Mobile Caregiver+ Claims User Guide

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Date: January 20, 2023 Version 3.6.0

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Terminology

The following terms are used throughout the application and throughout this User Guide:

• Administrator (Admin): A Mobile Caregiver+ User Role that grants a User full access to all available features and functions of the Provider's Mobile Caregiver+ Provider Portal. The Fiscal Agent and Fiscal Intermediary roles also grant Users the same access privileges as an Administrator. Users assigned the role of Administrator, Fiscal Agent, or Fiscal Intermediary will have access to data for all recipients in the provider agency. Depending on the Payer and Program, Administrators may have rights to Manage some, or all, objects in an agency's EVV portal.

Note: Multiple User roles can be assigned to a single User account. For example, if a User works in the Office as an Administrator and assists in providing coverage for Caregivers, the User will have to be assigned both the Administrator Role and the Caregiver Role.

- **Billing:** A Mobile Caregiver+ User role that grants a User limited access to the claims processing features and functions of an agency's Mobile Caregiver+ Provider Portal. The Biller Role can be assigned to contractors to allow them to effectively process claims, while limiting access to other confidential data.
- Monitor: A Mobile Caregiver+ User Role that grants a User limited view-only access to scheduling and Recipient data in an agency's EVV Portal; Provider Viewers can view, but are not allowed to edit, scheduled visit data and Recipient data. Users that are assigned the role of Provider Viewers will have access to view data for all Recipients in the provider agency.
- Caregiver: A limited Mobile Caregiver+ User Role that allow Users to download, install, and login to the Mobile Caregiver+ app to complete scheduled visits. The Caregiver User role is usually assigned to the following: Live-in Service Providers, Rendering Providers, Billing Providers, Home Health Aides, Adult Daycare Providers, Providers, Community Mental Health Providers, Agency Providers, PDS Employees, Independent Providers, Service Providers, Participant Directed Service Providers, Personal Care Providers, Group Home Providers, Direct Care Workers, Direct Service Providers, Non-Agency Providers.
- Healthcare Common Procedure Coding System (HCPCS): HCPCS is a standardized healthcare coding system that is used primarily to identify services provided; also

known as: Service Description: Billing Codes, Procedure Codes, Revenue Codes. (See also Service Codes).

- Service Code: A code, which can be a combination of letters and numbers, that represents a healthcare service conducted (see also HCPCS codes). Payers assign Service Codes to represent billable healthcare services.
- Modifier: (Supplement to the HCPCS Codes/Service Codes) Two digits used for billing to provide extra details (when applicable) concerning a service/care provided by a Caregiver; not all service codes have modifiers.
- Agency: A business established to provide a service and employs individuals to render care; also known as: Traditional Home Health Agency, Fiscal Management Agency (FMA), Provider Agency, and Billing Provider.
- **Payer:** The health plan or organization which provides payment to the Caregiver or Agency for services provided to Recipients by Caregivers.
- **Prior Authorization/Service Authorization:** Method through which Health plans authorize care for a Recipient for a specified period, for a specified unit (time increment for a service code), or for a specified number of visits.
- **Recipient:** An individual receiving services/care is also known as: Client, Participant, Individual, Family Member (child, parent, spouse, etc.) PDS Employer, or Beneficiary.
- Schedule: A plan for rendering services, which includes pre-planned visits. Visits can be planned/scheduled by Administrators for Caregivers to provide services to Recipients. In some environments, Caregivers may be responsible for scheduling visits.
- Visit: A scheduled date, time, and place for a Caregiver to provide services to a Recipient.

Note: All screenshots included in this user guide are fabricated test data and do not include any PHI.

Getting Started

You are here: Mobile Caregiver+ Claim Console > Getting Started Click on one of the below topics: Getting Started Viewing Dashboard Analytic Reports Main Menu About Claims Processing Claims Console Visit List The Work List Claim Review Prior Authorization Reports

Logging In

You are here: Mobile Caregiver+ Claim Console > Getting Started > Logging In

Note: Be sure pop-up blockers are turned off before logging in to the Mobile Caregiver+ Claim Console.

You can access the Mobile Caregiver+ Claim Console using any web browser.

1. Type mobilecaregiverplus.com in the address bar of your browser.

Mobile Caregiver+*	
RES	OURCES
TRAINING AN Visit this page for links to all your client resources, i	ID IMPORTANT LINKS



2. Click **EVV LOGIN** in the upper right-hand corner.

The system will display the Mobile Caregiver+ Claim Console Login dialog box.

- 3. Enter your Username and Password.
- 4. Click Login.



The Mobile Caregiver+ Claim Console opens to the Dashboard view.

Note: If you forget your password, click the Forgot Password link to conduct selfservice password reset. You will receive an email with a temporary link that will allow you to log in and change your password.

Users that are assigned the **Billing** or **Monitor** user roles will receive an email invitation to join the agency that issued the invitation. You have 36 hours to log in and activate your account; after that time the invitation expires.

If you do not find the email in your inbox, check your junk and spam folders for the email from the Mobile Caregiver+ System.

Viewing Dashboard Analytic Reports

You are here: Mobile Caregiver+ Claim Console > Getting Started > Viewing Dashboard Analytic Report

Topics Covered in this chapter

- My Claims Work Queue
- Released Claims Pending Submission
- Claims

When Providers login to the Mobile Caregiver+ Claim Console, the system automatically displays the Dashboard. The Dashboard provides a snapshot overview of near real-time and/or real-time EVV analytic data.

There are three Dashboard screens that display claims analytic data: My Claims Work Queue, Released Claims Pending Submission, and Claims. Scroll down to see claims analytic data.

My Claims Work Queue

You are here: Mobile Caregiver+ Claim Console > Getting Started > Viewing Dashboard Analytic Reports > My Claims Work Queue

The My Claims Work Queue displays information about service records in the Work List. Provider can select either a Pie Chart or a Table that displays the number of New, Matched, and Unmatched service records currently in the Work List.

Completed services are processed and transferred to Work List.

Mobile Caregiver+ uses "payer-rules" to screens (pre-adjudicates) service records that are transferred to the Work List. Service records that are screened are either labeled:

- Matched Service records which have no reported errors and can be released for remittance. Only Matched service records can be released for claims submission.
- **Unmatched** Service records which have reported errors that must be remediated and rescreened to change the status to Matched.

The My Claims Work Que report displays real-time information about service records in the Work List.

 From the View as tab, click Chart to view a Pie Chart report displaying the number of New, Matched, and Unmatched service records currently in the Work List.



- 2. Hover your cursor over a section of the pie chart to see the actual number of claims in each section.
- 3. Click on the chart to view the corresponding service records in the Work List.

4. From the View as tabs, click **Table** to view a Table report displaying the number of New, Matched, and Unmatched service records currently in the Work List.

Claims													Vie	w as: C	hart	Table
Custom	•	Choose start date 05/01/2021			Ē	Choose end c 05/17/202	Choose end date * 05/17/2021									C
Start Date	A	CCEPTED ADJUS	ED ADJUSTED DENIED		ORMATC	ED N		WPAID	PAID PART	TIAL REJECTED RELEASED		SUBMI	TTED VOID	ED UNMAT	CHED	
Saturday, May 1, 2021		0	0	0	0		0	0	0	0	0	0	0	0		
Sunday, May 2, 2021		0	0	0	0		0	0	0	0	0	0	0	0		
Monday, May 3, 2021		0	0	0	0		0	0	0	0	25	0	0	0		
Tuesday, May 4, 2021		0	0	0	0		0	51.66	0	0	0	0	0	77.009	999999	99999
Wednesday, May 5, 2021		0	0	0	0		0	0	0	0	48.9	0	0	55.55		
Thursday, May 6, 2021		0	51.	56 0	244.0	6	0	289.9	80	0	249.98	0	0	63.86		
Friday, May 7, 2021		0	0	0	0		0	0	0	0	0	0	0	0		

Released Claims Pending Submission

You are here: Mobile Caregiver+ Claim Console > Getting Started > Viewing Dashboard Analytic Reports > Released Claims Pending Submission

Providers will release Matched service records for claims submission.

The Release Claims Pending Submission report displays the total estimated payment amount for the corresponding list of released service records in Claim Review (service records that have not yet been submitted to a Payer).

1. Click on the displayed estimated payment amount to view the corresponding list of Release service records in Claim Review.



Claims Report

You are here: Mobile Caregiver+ Claim Console > Getting Started > Viewing Dashboard Analytic Reports > Claims Report

The Claims report displays analytic data for all service records and claims in Claim Review; Providers can choose to either view in a Chart or a Table the number of service records and claims currently in Claim Review.

- 1. From the View **as** tabs, click on the **Chart** tab to view a Chart report.
- Click on the dropdown list arrow located in the top left corner of the Claims report, to select a time range for the report, i.e., Today, Yesterday, This week, Last week, This month, Last month, or Custom. Providers can also select Custom, which will allow them to configure custom start and end dates for the Claims report; use the dropdown list to select a date range, and then click the refresh icon, C, on the right.
- 3. Hover the cursor over any data point on the report to view a list of visits by status.



- 4. Click on the Chart to view the corresponding service records in Claim Review.
- 5. From the **View as** tab, click on the **Table** tab to view a Table report.

Claims Tab	Claims Table Report													
Claims Drop down list					Choose end date *				View Tabs	>	View	as: Chart Table		
Custom	05/01/2021			ē	05/17/2021		Ē					C		
Start Date	ACCEPTED ADJUSTED	DENIE	DERRO	RMATCH	ED NE	WPAID	PAID PARTIA	l rejecte	D RELEASED	SUBMITTE	d voidei	D UNMATCHED		
Saturday, May 1, 2021	0	0	0	0	0	0	0	0	0	0	0	0		
Sunday, May 2, 2021	0	0	0	0	0	0	0	0	0	0	0	0		
Monday, May 3, 2021	0	0	0	0	0	0	0	0	25	0	0	0		
Tuesday, May 4, 2021	0	0	0	0	0	51.66	0	0	0	0	0	77.009999999999999		
Wednesday, May 5, 2021	0	0	0	0	0	0	0	0	48.9	0	0	55.55		
Thursday, May 6, 2021	0	51.66	0	244.06	0	289.9	80	0	249.98	0	0	63.86		
Friday, May 7, 2021	0	0	0	0	0	0	0	0	0	0	0	0		

Main Menu

You are here: Mobile Caregiver+ Claims Console > Viewing the Main Menu

The topics covered in this chapter is the Mobile Caregiver+ Claims Console menu options

Note: System Administrators have access rights to all menu options. Users assigned the "Billing" role will have restricted only access to the Claims Console menu options i.e., **Visits, Work Lists, Claim Review**, and **Prior Authorizations**.



Main Menu Icon

Mobile Caregiver+ Claims Console Menu Options

The Main Menu provides access to all the features and functions of a Provider's Mobile Caregiver+ Portal. The menu options used for the Claims Console are listed in the table below:



Menu Item	Description									
Dashboard	Displays real-time and near-real-time EVV analytic data for scheduled visits.									
Visits	Display all scheduled visits in a Provider's Mobile Caregiver+ Portal. The Visits menu option can be used to search for and to manage visits. The system will display all completed visits which have been completed using Mobile Caregiver+ as well as all visits sent from alternate EVV Systems.									
Work List	Displays service records available to be processed and released for claims submission. The Work List menu option can be used to locate, review, remediate, and release services for claim submission.									

Menu Item	Description
Claim Review	Displays a list chart, which depicts status and remittance data for all service records which have been released from the Work List. Providers will use the Claim Review menu option to obtain status and remittance data for released service records, as well as adjusting, void, and add Third Party Liability, EOB entries for Paid, and Partially Paid claims.
Prior Authorizations	Displays a list chart which depicts Prior Authorizations which have been added to a Provider's Mobile Caregiver+ Portal. Providers can use the Prior Authorization menu function to locate, and to review Prior Authorizations in their Provider EVV Portals. Depending on the Payer and Program, some Providers may be able to add and/or edit Prior Authorizations in their Provider Portals.
Reports	Displays a list of EVV Analytic Reports available in the Mobile Caregiver+ Provider Portal. Providers can use the Reports Menu Function to select, configure, run, and export reports from their Mobile Caregiver+ Portals.
Logout	Logs you out of the Mobile Caregiver+ Claims Console.

About Claims Processing

You are here: Mobile Caregiver+ Claims Console > Getting Started > About Claims Processing

Providers schedule visits using their Netsmart or an alternate EVV System.

Providers can use the Visits menu option to view completed visits.

Completed services are processed and transferred to the Work List.

Service records transferred to the Work List are screened (pre-adjudicated) using "payer rules."

Screened service records are labeled:

- **Matched** Service records that have no reported errors and can be released for remittance. Only Matched service records can be released for claims submission.
- **Unmatched** Service records with reported errors that must be remediated and rescreened to change the status to Matched.

Provider Admins can review, select, and release Matched service records for claims submission.

Providers must remediate and re-screen Unmatched service records to change the statuses to Matched.

Released service records are moved to Claim Review.

Netsmart will submit all service records that have been released to the Payer.

Providers can check for status and remittance information in Claim Review.

A chart of the Netsmart claims workflow process is illustrated below.



Claims Console Visits List

You are here: Mobile Caregiver+ Claims Console > The Visit List

Topics covered in this chapter:

- Managing the Visits List Filtering and searching for completed visits
- Visits from Alternate EVV Systems
- Reviewing Visits to Claim Status
- Manually transferring missing service records to the Work List
- Search Visits to Claim Reconciliation

Providers can view completed visits in the Visits List.

Note: The Visit List is primarily used for trouble-shooting – 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.

Visits are scheduled and completed using either the Mobile Caregiver+ System or an alternate EVV System. Services completed during the visit will be processed and transferred to the Work List for claims processing by either of the two below systems:

- **Mobile Caregiver+:** Scheduled visits are completed using Mobile Caregiver+. Visit data is automatically stored in Providers' Mobile Caregiver+ Portal.
- Alternate EVV: Scheduled visits are completed using alternate EVV systems. Providers must send visit data to their Mobile Caregiver+ Provider Portals.

Note: Visit data sent from alternate EVV Systems will be screened and validated; visits missing or having incorrect data, i.e., incorrect Provider ID, Medicaid ID, etc. will be rejected.

Providers using alternate EVV Systems should consult their vendors on how to locate rejected visit data.

Managing the Visits List

You are here: Mobile Caregiver+ Claims Console > Claims Console Visits List> Managing the Visits List

Providers can use the Visits List to search for and filter completed visits in their Mobile Caregiver+ Provider Portals.

Providers can view completed visits in the Visits List.

Note: The Visit List is primarily used for trouble-shooting – 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.

Completed visits in the Visit List will have one of two statuses:

- Completed: Visit completed within the scheduled time will be labeled as Completed.
- Completed, Late: Visit completed after the scheduled end time will be labeled as Completed, Late.

To access the Visit List:

=	Mobile Caregiver+										📕 Englis	h Leawood Agency 🗸	Elli Provider 🗸 🕯	Brad Phillips 🗸				
5	Dashboard	Visits					Filter F	Parame	eters					+				
Ē	Autoone -	Payer	Select Payer			Recipient	Select Recipient			Us	er	Select User						
₹	Visits		Enter Visit ID			Vieit Statue	Select Visit Status			- Vis	sit to Claim	Visit to Claim Status						
-	WORK LIST	Vian IC				Vian Status				Sta	atus							
0	Claim Review	Start Date	From		۲	Date End	То			Ē.								
	Prior Authorizations	Search Visits	Search Visit to Claim Rec	inciliation										Actions				
~	Reports													-				
	Users	Row Visit ID	User / Caregiver	Recipients	Procedure Codes	Scheduled Visit Start	Scheduled Visit End	Actual Visit Start	Actual Visit End	Visit Status	Visit	Status Detail Payer	Visit to Claim Sta	tus Actions				
8	Recipients	1 016967	6400 Bradley Caregive	Eliza Jayne	S5150 S9122	6/25/21, 10:30 AM	6/25/21, 10:45 AM	6/25/21, 10:27 AM	6/25/21, 10:28 AM	Complete	ed -	FLT1	SUCCESS	:				
8	Provider	2 14442	7488 Bradley Caregive	Franklin Henry	S5135	6/25/21, 9:00 AM	6/25/21, 9:15 AM			Missed		AETN						
*	Training	3 09132	9747 Bradley Caregive	Franklin Henry	S5135	6/25/21, 8:30 AM	6/25/21, 8:45 AM	6/25/21, 8:21 AM	6/25/21, 8:26 AM	Complete	ed -	AETN	SUCCESS					
\$	Settings	4 05947	1533 Bradley Caregive	Thomas Whiskey	S5150	6/24/21, 2:15 PM	6/24/21, 2:30 PM			Missed		FLT1						
€	Logout	5 32154	7178 Bradley Caregive	Thomas Whiskey	S5150	6/23/21, 2:15 PM	6/23/21, 2:30 PM			Missed		FLT1						
		6 115828	6807 Bradley Caregive	Thomas Whiskey	T1019	6/22/21, 2:30 PM	6/22/21, 2:45 PM	6/22/21, 2:17 PM	6/22/21, 2:18 PM	Complete	ed -	FLT1	SUCCESS					
		7 012210	4743 Bradley Caregive	Thomas Whiskey	S5150	6/22/21, 2:15 PM	6/22/21, 2:30 PM	6/22/21, 2:10 PM	6/22/21, 2:11 PM	Complete	- be	FLT1	SUCCESS	1				
		8 139414	0832 Brad Phillips	Bill Baker	T1019	6/19/21, 11:15 AM	6/19/21, 11:30 AM			Missed		FLT1		÷.				
		<										Terra per page: 20 -	1 - 18 of 18	< > >1				
	04	and Dellar			A	a @ 0004 Material T	2024 Matemad Tachoologias Jon All rights researed						Terms of Lise					

1. From the **Main Menu**, click **Visits**, $\overline{=}$.

Providers can search and filter the Visits List by using the fields located in the header – Providers can filter the Visits list by entering/selecting one or more search parameters in one or more of the following fields:

Field Name	Filter Description
Payer	Allows Providers to filter the Visits list to only display visits scheduled for Recipients insured by the selected Payer. Providers must select a Payer to use the Search Visit to Claim Reconciliation function.
Recipient	Allows Providers to filter the Visits List by selecting one or more Recipients – The system will only display visits for the selected Recipient(s).
User	Allows Providers to filter the Visits list to only display visits scheduled for a selected User.
Visit ID	Each visit in the Mobile Caregiver+ Portal is assigned a unique 10-digit Visit ID; enter a Visit ID in the Visit ID field to search for a specific visit.
Visit Status	The Visit Status field displays the list of statuses for scheduled visits i.e., IN PROGRESS, UNABLE TO COMPLETE, MISSED, NOT STARTED, LATE, IN PROGRESS, LATE, COMPLETED and COMPLETED, LATE. Users can select a Visit Status to filter the Visits list to only display visits whose statuses match the selected status.
Visit Status Details	Display status information for visit from alternate EVV Systems. The system will display " HOLD " in the Visit Status Details field for visits that are not ready to be billed. The system is waiting for acknowledgement from the Alternate EVV System that the visit is completed.
Visits to Claim Status	The Visit to Claim Status field displays processing status for transferring service records to the Work List.
	The system will display SUCCESS for all billable services successfully processed and transferred to the Work List The system will display ERROR for service records not successfully transferred to the Work List. Users can select one of the two Visit to Claim Statuses to filter the Visits list to only display visits that match the selected status.
Start Date	Users can filter the Visits List to a specific range of visits based on the scheduled date of services. Providers can enter the Start Date in combination with an End Date to filter the Visits list by the specified range.

Field Name	Filter Description
End Date	Users can filter the Visits List to a specific range of visits based on the scheduled date of service. – Users must enter the End Date in combination with a Start Date to filter the Visits list by the specified range.
Search Visits	Users must click the blue Search Visits command to see the list of visits matching the search parameters – Users must click the blue Search Visit command to update the list after making any changes to the search parameters.
Search Visit to Claims Reconciliation	The Search Visit to Claim Reconciliation function is a tool which can be used to view status and remittance information for completed visits and service(s) completed in visits. Users must select a Payer to use the Visit to Claims Reconciliation function.

Note: Providers should check the Visit to Claims Status for service records that do not transfer to the Work List.

- 2. Enter any optional search parameter.
- 3. Click the blue **Search Visits** command to see a list of visits matching the search parameters.

Visits from Alternate EVV Systems

You are here: Mobile Caregiver+ Claims Console > Claims Console Visits List> Visits from Alternate EVV Systems

This information is only for Providers using Alternate EVV Systems.

Note: The Visit List is primarily used for trouble-shooting – The Mobile Caregiver+ Claims Console will automatically process and transfer service records from completed visits to the Work List for Claims Processing. Providers can use the Visits list to trouble-shoot missing service records.

For visits scheduled and completed in alternate EVV Systems, Providers must send visit data to their Mobile Caregiver+ Provider Portals.

Note: Visit data sent from alternate EVV Systems will be screened and validated; visits with missing or have incorrect data, i.e., incorrect Provider ID, Medicaid ID, etc. will be rejected.

For visits that are successfully imported from Alternate EVV System, the Mobile Caregiver+ Claims Console will automatically process and transfer service records to the Work List for claims processing.

To review the Visit to Claim Status for completed visits:

≡	💇 Mobile	e Caregiver+									English	Sunshine Care (FL) 🗸	Ell Provider 🗸	😫 Dale Carr 🗸	
	Visits													+	
Ē	Payer	Sele	ct Payer			Recipients	Select Recipient		Sele	Select User					
	Visit ID Enter Visit ID					Visit Status	Select Visit State	19		 Visit to C Status 	Claim Select	Visit to Cleim Status CESS		-	
0	Start Date From 8				End Date	То			Ē						
							Search Visits Se	arch Visit to Claim Reco	nciliation						
~	Row	Visit ID	User / Caregiver	Recipients	Procedure Codes	Scheduled Visit Start	Scheduled Visit End	Actual Visit Start	Actual Visit End	Visit Status	Visit Status Detail	Payer	Visit to Claim Status	•	
22	01	0450325430	Dale Carr	Peter Parker	\$9122 \$5150	8/25/21, 7:00 AM	8/25/21, 8:00 AM	8/25/21, 7:00 AM	8/25/21, 8:00 AM	Completed		FLT1	SUCCESS	1	
Ê	2	3788872130	Dale Carr	Buck Rogers	T1019 \$9122 TT	8/25/21, 4:00 AM	8/25/21, 6:45 AM	8/25/21, 11:55 AM	8/25/21, 12:51 PM	Completed, Late		FLT1	SUCCESS	:	
•	3	0278377892	Dale Carr	Cadence Alualu	\$9122	8/24/21, 11:55 AM	8/24/21, 12:25 PM	8/24/21, 1:35 PM	8/24/21, 1:35 PM	Completed, Late		FLT1	SUCCESS	1	
	4	2597130347	Dale Carr	Anna Adeniyi	T1019 \$9122	8/24/21, 10:00 AM	8/24/21, 10:30 AM	8/24/21, 1:24 PM	8/24/21, 1:27 PM	Completed, Late		FLT1	SUCCESS	1	
€	<u>5</u>	3208400297	Dale Carr	Buck Rogers	\$9122 TT T1019	8/23/21, 4:00 AM	8/23/21, 7:00 AM	8/23/21, 4:00 AM	8/23/21, 7:00 AM	Completed		FLT1	SUCCESS	:	
	6	0814771806	Dale Carr	Don Diego Vega	S9122	8/22/21, 5:45 AM	8/22/21, 7:45 AM	8/22/21, 5:45 AM	8/22/21, 7:45 AM	Completed	-	FLT1	SUCCESS		
	7	2531159496	Dale Carr	Buck Rogers	\$9122	8/22/21, 4:00 AM	8/22/21, 6:00 AM	8/22/21, 4:00 AM	8/22/21, 6:00 AM	Completed		FLT1	SUCCESS		
	8	2575392714	Dale Carr	Buck Rogers	\$9122	8/21/21, 4:00 AM	8/21/21, 6:00 AM	8/21/21, 7:00 AM	8/21/21, 10:00 AM	Completed, Late		FLT1	SUCCESS		
												Items per page 20 💌	1 - 20 of 59 <	$\langle \rangle \rangle$	

1. From the Main Menu, click Visits, $\overline{=}$.

2. Locate and review visits from Alternate EVV Systems

Note: Review Alternate EVV System rejection report for missing visits.

The system will display "**HOLD**" in the Visit Status Details field for visits which are not ready to be billed.

Reviewing Visit to Claim Status

You are here: Mobile Caregiver+ Claims Console > Claims Console Visits List> Reviewing Visit to Claim Status

Providers can review the Visit to Claim Status to determine whether service records for completed visits were successfully transferred to the Work List.

Providers should review the Visit to Claim Status for any completed visit where the service record(s) do not transfer to the Work List.

To review the Visit to Claim Status for completed visits:

=	f Mobile	e Caregiver+										English	Sunshine Care (FL)	✓ 💵 Provider ✓	BDa	ale Carr 🗸
	Visits															+
Ē	Payer	Sele	ect Payer			Recipients	Select Recipient				Sele	ct User				
.	Visit ID	Ente	er Visit ID			Visit Status	Select Visit Stat	sı		Visit to Claim Status	Selec SUC	t Visit to Claim Status CESS			-	
0	Start Date	- Fror	m		Ē	End Date	То			Ē						
							Search Visits Se	arch Visit to Claim Reco	onciliation							
~	Row	Visit ID	User / Caregiver	Recipients	Procedure Codes	Scheduled Visit Start	Scheduled Visit End	Actual Visit Start	Actual Visit End	Visit Statu	s Vi	sit Status Detail	Payer	Visit to Claim Status		a î
**	0 1	0450325430	Dale Carr	Peter Parker	\$9122 \$5150	8/25/21, 7:00 AM	8/25/21, 8:00 AM	8/25/21, 7:00 AM	8/25/21, 8:00 AM	Comple	ted -		FLT1	SUCCESS	1	:
Ê	2	3788872130	Dale Carr	Buck Rogers	T1019 \$9122 TT	8/25/21, 4:00 AM	8/25/21, 6:45 AM	8/25/21, 11:55 AM	8/25/21, 12:51 PM	Comple	ted, Late -		FLT1	SUCCESS		:
•	3	0278377892	Dale Carr	Cadence Alualu	\$9122	8/24/21, 11:55 AM	8/24/21, 12:25 PM	8/24/21, 1:35 PM	8/24/21, 1:35 PM	Comple	ted, Late -		FLT1	SUCCESS		
\$	4	2597130347	Dale Carr	Anna Adeniyi	T1019 \$9122	8/24/21, 10:00 AM	8/24/21, 10:30 AM	8/24/21, 1:24 PM	8/24/21, 1:27 PM	Comple	ted, Late -		FLT1	SUCCESS		:
Ð	5	3208400297	Dale Carr	Buck Rogers	\$9122 TT T1019	8/23/21, 4:00 AM	8/23/21, 7:00 AM	8/23/21, 4:00 AM	8/23/21, 7:00 AM	Comple	ted -		FLT1	SUCCESS		:
	6	0814771806	Dale Carr	Don Diego Vega	\$9122	8/22/21, 5:45 AM	8/22/21, 7:45 AM	8/22/21, 5:45 AM	8/22/21, 7:45 AM	Comple	ted -		FLT1	SUCCESS		:
	7	2531159496	Dale Carr	Buck Rogers	S9122	8/22/21, 4:00 AM	8/22/21, 6:00 AM	8/22/21, 4:00 AM	8/22/21, 6:00 AM	Comple	ted -		FLT1	SUCCESS		:
	8	2575392714	Dale Carr	Buck Rogers	\$9122	8/21/21, 4:00 AM	8/21/21, 6:00 AM	8/21/21, 7:00 AM	8/21/21, 10:00 AM	Comple	ted, Late -		FLT1	SUCCESS		•
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1. From the **Main Menu**, click **Visits**, $\overline{=}$.

2. Locate visits and review the Visit to Claim Status field to locate any service records that were not successfully transferred to the Work List.

Manually Transferring Missing Service Records to the Work List

You are here: Mobile Caregiver+ Claims Console > The Visits List> Manually Transferring Missing Service Records to the Work List

Providers should review the Visit to Claim Status for any completed visit(s) where the service record(s) do not transfer to the Work List.

Providers can reprocess completed visit to regenerate and transfer service records to the Work List.

To review the Visit to Claim Status for completed visits:

=	💇 Mobile	e Caregive	r+									💶 Englis	n Pe	achy Home Care (GA) 🌱	💵 Provid	er Agency 🗸	eDal	e Carr 🌱
55	Visits																	+
Ē	Payer		Payer				Members	Member				User		Select User				
=	Visit ID		Enter Visit ID				Visit Status	Select Visit Statu	3		*	Visit to Claim Status		Select Visit to Claim Status ERROR				•
0	Start Date		From			۲	End Date	То			۲							
•								Search Visits Sea	rch Visit to Claim Recon	ciliation								
*	Row	Visit ID	User / Personal Support Aide	Members	Procedure Codes		Scheduled Start Time/Date	Scheduled End Time/Date	Clock In Time/Date	Clock Out Time/Date	Visit S	tatus	Visit Sta	itus Detail Payer		Visit to Claim	Status	٥
22	✓ 1	119881724	16 Hannah Patterson	n Elsa Emerhouse	T1019		8/26/21, 9:15 AM	8/26/21, 10:20 AM	8/26/21, 9:14 AM	8/26/21, 1:41 PM	Com	pleted, Late	1	GDCH		ERROR	e-Generate C	claim(s)
Ê	2	270188280	13 Jennifer Greene	Cadence Clearly	T1019 TF		8/20/21, 2:10 PM	8/20/21, 2:40 PM	8/20/21, 2:08 PM	8/20/21, 2:34 PM	Com	pleted	-	GDCH		ERROR		-
•	3	2/5752110	Jenniner Greene	Jili Jazzeny	TIGLATE		6/20/21, 12:45 PM	6/20/21, 1:00 PM	6/20/21, 12:40 FM	6/20/21, 1:30 PM	Com	pieteo, Late		SUCH		Ennon		:
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2																		
														items per page	20 -	1 - 3 of 3	I< <	> >1

1. From the **Main Menu**, click **Visits**, $\overline{=}$.

- 2. Locate and select one or more visits to reprocess.
- 3. Click on the cog icon, *, located on right.
- 4. From the shortcut submenu, click **Re-Generate Claims**(s).

Or

- 3. Provider Locate a visit to be reprocessed.
- 4. click on the **Actions** icon, ¹, to view the **Visit Status Detail**.

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	Visits		Vicit								+
Ē	Payer Se	ect Payer	Status:	Completed C		Visit Status	-		^ ier		
Ŧ	Visit ID En	er Visit ID	Caregiver:	Test Usertwo		Detail: Notes:	Provider Q&A		to Claim S	tatus	-
0	Start Date Fro	m	Recipients: Claims: (1 iter	Peter Parker m(s))					~		
Ē			Claim Status		Invoice ID #		Recipient				
~	Row Visit ID	cipients	PSUCCESS		be657477-2883-429	e-bc36-c9a512d464c0	Peter Parker			Visit to Claim Status	¢
	1 22364503	57 iers	Completed Ta	asks: (1 item(s))					^	SUCCESS	:
Ê	2 23420788	25 ws	HCPCS Code/Mods	HCPCS Description	Tasks Description					SUCCESS	:
•	3 26825857	71 ker	S9122 -	Home health aide or certifie	Personal Care - General	Medical Appointments	Shopping/Shopping Lis	t Laundry		SUCCESS	:
	4 32348801	55 ws	-		Supervision					SUCCESS	:
	5 27640559	31 ers							Print	SUCCESS	
								Iter	ms per page 20 👻	1 · 20 of 184 <	$\langle \rightarrow \rangle$
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5. Click on the refresh icon, $^{\mathbb{C}}$, to regenerate the service record.

Note: The system will display any reported error below the refresh icon. Please contact the Client Support Team for additional assistance.

Using Visit to Claim Reconciliation Tool

You are here: Mobile Caregiver+ Claims Console > Claims Console Visits List> Using Visit to Claim Reconciliation Tool

The Search Visit to Claim Reconciliation function is a "recon" tool which can be used to view status and remittance information for completed visit.

Provider can use the Search Visit to Claims Reconciliation function to view the status information for service(s) completed in visits.

Users must select a Payer to use the Visit to Claims Reconciliation function.

To use the Search Visit Claims Reconciliation function:

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-	Visits																				+
Ē	Payer	Select Payer FLT1				×	Recipients	Selec	ct Recipient				User	Si	elect Usi	er					
	Visit ID	Enter Visit ID 18627970)18			×	Visit Status	Selec	ct Visit Statu	s		-	Visit to Claim Status	Se SI	lect Visit to) Claim Status					
0	Start Date	From				Ē	End Date	То					010100								
								Search V	/isits Sea	arch Visit to Claim Re	conciliation										
~	Row Visit ID	U	ser / Caregiver	Recipien	s Procedure Ci	odes	Scheduled Visit Start	Schedule	d Visit End	Actual Visit Start	Actual Visit End	Visit St	atus	Visit Status (letail	Payer		Visit to Clain	Status		\$
**	1862797018 CON	IPLETED	7/6/21, 1:30 PM 7	7/6/21, 2:00 PM	7/6/21, 2:25 PM 7/6/	21, 2:25 PM	Buck Rogers	T1019			5b4ad13b-bb492		\$24.00	UNMATCHED				\$0.00		:	
Ê	1862797018 CON	IPLETED	7/6/21, 1:30 PM 7	7/6/21, 2:00 PM	7/6/21, 2:23 PM 7/6/	21, 2:25 PM	Buck Rogers	\$9122 TT	2 Mins		5f22b163-457a 1		\$15.00	UNMATCHED		-		\$0.00		:	
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*																					
Ð																					
																ems per page 2	· •	1-1 of 1	K <	>	×
		Privacy	Policy				Соруг	right © 2021	Netsmart To	echnologies, Inc. A	II rights reserved.						Terms	of Use			

1. From the Main Menu, click Visits, =.

- 2. Click in the **Payer** field and select a Payer.
- 3. Enter any additional filter parameter. For this example, we've entered a visit ID and chosen SUCCESS for the Visit to Claim Status.
- 4. Click the blue **Search Visit to Claim Reconciliation** command to view status information for the service records.

Note: Two services were completed in this visit. Provider must adhere to their Payer's policies and Procedures when scheduling visits.

5. The system displays the service record(s) status(es) in the Visit Status field.



Note: Based on the status, Providers can determine whether service records are currently in the Work List or Claim Review, whether they have been paid, rejected, as well as any amounts that have been paid.

The Work List

You are here: Mobile Caregiver+ Claims Console > The Work List

Topics covered in this chapter:

- Managing the Work List
- Reviewing and Making Optional Edits to Matched Service Records
- Remediating Unmatched Service Records
- Releasing Matched Service Records for Claims Submission
- Adding Shared of Cost and Third-Party Liability to Service Records
- Archiving Service Records

Service records that are successfully processed for completed visits will be transferred to the Work List, where they will be screened (Matched) using Payer defined preadjudication rules.

The Provider will use the Work List to locate, process, and release service records for claims submission.

Service records in the Work List will have one of five statuses:

- New: Services that are transferred to the Work List will have an initial status of New. When Providers edit Matched or Unmatched service records, the system will automatically set the status to New. New service records cannot be released from the Work List for claims submission.
- **Matched**: "Matched" service records are previously screened records that have no reported errors. Only Matched service records can be released from the Work List for Claims submission.
- **Unmatched**: "Unmatched" service records are previously screened service records that have reported errors. Unmatched service records cannot be release from the Work List for claims submission. Providers must remediate Unmatched service records to change their statuses to Matched.
- **Rejected**: "Rejected" service records are service records which were previously released for claims submission but were rejected and returned because of one or more technical error(s), such as missing and/or bad data. Providers must remediate

all reported errors and re-screen rejected service records to change their statuses to Matched.

• **Nack**: "Nack" service records are service records which were submitted to and rejected by a Payer for error(s). Providers must review and remediate all reported errors, then re-screen Nack service records to change their statuses to Matched.

Note: The Mobile Caregiver+ Claims Console will screen service records on a recurring cycle; during scheduled screening cycles the system will automatically screen all service records that have a New or an Unmatched status.

Managing the Work List

You are here: Mobile Caregiver+ Claims Console > The Work List > Managing the Work List

Service records which are successfully processed for completed visits will be transferred to the Work List, where they will be screened (Matched) using Payer defined preadjudication rules.

Provider will use the Work List to locate, process, and release service records for claims submission.

To access, filter, and manage service records in the Work List:

1. From the Main Menu, click on Work List.

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-	Dashboard	Worklist				
Ē	Schedule	Payer				-
Ŧ	Vicite	None				
	Work List	анса ва				
0	Claim Review	Statewide Medicaid MCO (Payer Feed)				
	Prior Authorizations					
~	Reports					
**	Users					
ß	Recipients					
Ê	Provider					
*	Training					
\$	Settings					
€	Logout					
	Privacy Policy	Copyright @ 2021 Netsmart Technologies, Inc. All rights reserved.			Terms of Use	

2. Click in the **Payer** field and select a Payer. Providers must select a Payer to display the Work List.

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55	Dashboard	Worklist	Work List Tabs		
Ē	Schedule	STATEWIDE MEDICAID MCO (PAYER FEED)	L,		•
Ŧ	Visits				
=	Work List				
0	Claim Review	Search Panel	Eile a D		^
	Prior Authorizations	Recipients Add Recipient	Filter Pa	status(e	i) Select Status
\sim	Reports	Procedure Select Procedure Code	Visit ID Enter Visit	D Authoriz	ation Enter Authorization
*	Users	Actual Service From	Actual Service To		
22	Recipients	Start	End		
Ê	Provider		Sear	th Clear New Claim	
1	Training	Search List			Rematch Export Dalaase Archive
\$	Settings	Solich List			
€	Logout	Row Recipient Last Name Recipient First Name	fedicaid ID Visit ID Status Procedure Codes/Mods	Diagnosis Code Service Date and Time Authorization Number	Payer Name Calculated Amount Billable Amount Paid Amount (\$)
		1 WHISKEY THOMAS	9991001 0122104743 UNMATCHED \$5150	F411 6/22/21, 2:10 PM -	FLT1 \$0.00 \$0.00 -
		2 JAYNE ELIZA	9991002 0169676400 UNMATCHED \$5150	- 6/25/21, 10:27 AM -	FLT1 \$0.00 \$0.00 -
		3 RILEY ROBERT	IS12345Z 2994388275 UNMATCHED S5150	F411 6/17/21, 3.02 PM -	FLT1 \$0.00 \$0.00 -
		4 BAKER BILL	S10001L 0677712598 UNMATCHED T1019	F411 6/15/21, 2:08 PM PAZZ7789	FLT1 \$12.00 \$0.00 -
		5 RILEY ROBERT	IS12345Z 0148347909 UNMATCHED S5150	F411 6/17/21, 12:42 PM -	FLT1 \$0.00 \$0.00 -
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The Work List has is composed of three tabs:

- Work List: Displays all billable services that are successfully processed and transferred to the Work List. Providers will use the Work List to locate, manage, review, remediate, and release billable services for claims submission.
- Archive: The Archive is for "miscellaneous storage." Providers can archive and remove service records from the Work List. The Archive can be used to store "bad" service records that will not be release for claims submission i.e., duplicates, trial/training samples, etc.
- New Claim: The New Claims tab displays a form used to manually create service records. Providers can use the New Claim form to manually create services to be submitted as claims for unscheduled visits or to create new claims to appeal denied claims.

Note: Unlike Rejected claims, which are returned to the Work List for remediation. Denied claims are not returned to the Provider's Mobile Caregiver+ Portal; Providers must use the New Claim function to manually create and submit a new service record in order to appeal a Denied claim.

Users can filter the list of service records displayed in the Work List by using the fields located in the header – Users can filter the Work List by entering/selecting one or more search parameters in one or more of the following fields:

Field Name	Filter Description
Payer	Users filter the Work List to only display service records for Recipients insured by a selected Payer. Users must select a Payer for the system to display the Work List.
Recipient	Users can filter the Work List by selecting one or more Recipients – The system will only display billable service records for the selected Recipient(s).
Payer ICN(s)	N/A – Billable service records are not assigned ICNs until they are accepted by Payers as claims.
Status(es)	Provider can filter the Work List by selecting one or more of the following statuses: New, Matched, Unmatched, and/or Rejected. The system will only display service records for the selected status(es).
Procedure Code	Providers can filter the Work List by selecting one or more Service Codes. The system will only display service records for the selected Procedure Code(s).
Visit ID	Each visit in a Provider's Mobile Caregiver+ Portal is assigned a unique 10-digit Visit ID number. Providers can enter a unique Visit ID to filter the Work List to only display the billable service(s) completed in the specified visit.
Authorization Number	Providers can enter a unique Authorization Number to filter the Work List to only display billable service(s) completed for the Recipient and the Service listed in the Prior Authorization.
Actual Service Start	Providers can filter the Work List to display a specific range of service records based on the reported start date and time – The Actual Service Start is the reported date and time recorded by the EVV device(s) used for completing services. Users must enter an Actual Service Start (From) date, in combination with an Actual Service End (To) date, to filter the Work List to display a list of services that one or more EVV devices reported as having been started in the specified date range.
Actual Service End	Providers can filter the Work List to display a specific range of service records based the reported end date and time – The Actual Service Start is the reported date and time recorded by the EVV device(s) used for completing services. Users must enter an Actual Service Start (From) date, in combination with an Actual Service End (To) date, in order to filter the to display a list of services that one or more EVV devices reported as having been started in the specified date range.

3. Enter any other optional search parameters.

4. Click the blue **Search** command to see a list of billable service records that match the search parameters.
Reviewing & Making Optional Edits to Matched Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Reviewing & Making Optional Edits to Matched Service Records

Service records successfully processed for completed visits will be transferred to the Work List, where they will be screened (Matched) using Payer defined pre-adjudication rules. Service records with no reported errors will be labeled as Matched. Only Matched service records can be released for claims submission.

Note: It is recommended that Providers review Matched service records to ensure the accuracy of service records.

To review Matched Service Records:

- English Sunshine Care (FL) 🗸 🔳 Provider 🗸 😮 Dale Carr 🗸 Worklist 55 Ē Payer = 0 N ... 20 Ê + Ф € Privacy Policy Copyright © 2021 Netsmart Technologies, Inc. All rights reserved Terms of Use
- 1. From the Main Menu click **Work List**, \equiv .

2. Click in the **Payer** field and select a Payer.

	Search Panel										^
	Recipient(s)	Add Recipient		Payer ICN(s)	Add Payer ICN		Stat	us(es)	Select Status Matched		
	Procedure Codes	Select Procedure Code	e	Visit ID	Enter Visit ID		Auti	norization hber(s)	Add Authorization	Number	
1	Actual Service Start	From		Actual Service End	То						
					Search Clear	New Claim		Fie	eld Labe	ls	
-	Search List							R	Expor	Kelease	Archive ^
I	Row Recipient Name	Last Recipient First Name	Medicaid ID Visit ID	Status Pro Cod	ocedure Diagnosis les/Mods Code	Service Date and Time	Authorization Number	Pay Nan	er Calculated ne Amount	Billable Amount	Paid Amount (S)
1	1 ROGE	ERS BUCK	BR123456789 25616400	64MATCHED	\$9122 A1812	8/16/21, 5:00 PM	BR12345678	FLT1	\$0.00	\$90.00	
	2 ROGE	ERS BUCK		<u> </u>		21, 11:55 AM	BRT101901234	15 FLT1	\$24.00	\$0.00	ě.
	3 ROGE	ERS BUCK	Matched	Service	Record	21, 12:25 PM	BR12345678	FLT1	\$9.00	\$0.00	8
								Items per	page 20 👻	1-3 of 3	< < > >
										-	

- 3. Optional Click in the Status(es) field and select Matched (to display only Matched service records).
- 4. Enter any other optional search parameters.
- 5. Click the blue **Search** command to see a list of service records matching the search parameters.

Field Name	Filter Description
Recipient Last Name	Displays the Recipient's last name for each service record.
Recipient First Name	Displays the Recipient's first name for each service record.
Medicaid ID	Displays the Recipient's Medicaid ID.
Visit ID	Displays the unique ten-digit Netsmart ID that is assigned to the visit. If allowed by the Payer, services that are scheduled and completed in a single visit will have the same Visit ID.
Status	Displays screening, pre-adjudication, results for the service records, Matched, for records that have no reported errors, and Unmatched, for records that have reported errors.

The Work List chart displays the following data:

Field Name	Filter Description
Procedure Codes/Mod	Displays the Procedure Code (Service Code) that is listed in the service record.
Diagnosis Code	Displays the Recipient's Diagnosis Code(s) that is listed in the service record.
	Most Payers require ICD-10 version Diagnosis Codes.
	Note: The system will retain the billing sequence of Recipients' Diagnosis Codes as displayed in service records in the Work List; for claims submission, Diagnosis Codes will be submitted in the same order as they appear in the Work List.
Service Date and Time	Displays the date and time values the EVV device recorded when the service was started.
Authorization Number	Displays the ID number that is assigned to the Authorization issued for the Recipient and service listed in the service record.
Payer	Displays the Name of the Payer the service will be submitted to.
Calculated Amount	Displays the estimated remittance amount the Provider will receive from the Payer for the rendered service.
	All Matched service records should display a Calculated Amount.
Billable Amount	Displays any manually adjusted remittance amount the Provider has entered.
	Billable field values will "over-ride" other values – Billable Values will be submitted to Payers.
Paid Amount	Displays the Remittance Amount that was issued for paid claims.

Note: The visits can be sorted by field label; Providers can click on a column header to sort the list by the field header.

6. Click on a Matched service record to view the service details.

	d										^
Recipient(s	Add Recipient		Payer ICN(s)	Add Payer ICN		Statu	Seis	et Statue Aatched			
Procedure	Select Procedure Cor	le	Visit ID	Enter Visit ID		Autho	rization Ad	d Authorization Nu	mber		
Actual Service	From	E	Actual Service End	То		E	ier(s)				
Start				Search Cle	ar New Claim						
Search List							Rema	tch Export	Release	Archive	~
Row Recipi	nt Last Recipient First me Name	Medicaid ID Visit ID	Status Pi Co	rocedure Diaj des/Mods C	mosis Service Date and ode Tame	Authorization Number	Payer Name	Calculated	Billable	Paid Amount (5)	
	GERS BUCK	BR123456789 256164006	4MATCHED	S9122 A18	812 8/16/21, 5:00 PM	BR12345678	FLT1	\$0.00	\$90.00	-	٦
					0/05/01 11 55 AM	BRT1019012345	FLT1	\$24.00	\$0.00	-	-
1 RC	GERS BUCK	BR123456789 378887213	OMATCHED	T1019 A18	112 0/23/21, 11.35 AM						
1 RC 2 RC 3 RC	GERS BUCK GERS BUCK	BR123456789 378887213 BR123456789 378887213	OMATCHED OMATCHED	59122 A10	8/25/21, 11:35 AM	BR12345678	FLT1	\$9.00	\$0.00	8	

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::	Dashboard	Recipient Name	Recipient Name BUCK ROGERS	Actual Check-In Phone	Actual Check-In Phone	Diagnosis Code	Diagnostis Code A0100
Ē	Schedule	Recipient Date Of Birth	Recipient Date Of Birth 07/04/1945	Actual Check-Out Phone	Actual Check-Out Phone	Procedure Codes/Mods	Procedure Codes/Mods \$9122
Ŧ	Visits	Recipient Medicaid ID	Recipient Medicaid ID BR123477789	IVR Approved Start Phone Number	IVR Approved Start Phone Number	Calculated Units	Calculated Units 2
•	Work List	Recipient Member ID	Recipient Member ID	IVR Approved End Phone Number	IVR Approved End Phone Number	Calculated Amount (\$)	Calculated Amount
Ē	Prior Authorizations	Payer	Payer STATEWIDE MEDICAID MCO (PAYER	Scheduled Visit Start	Scheduled Visit Start	Billable Units	Billable Units
~	Reports	Payer ICN	Payer ICN	Actual Service Start	Actual Service Start Nov 30, 2022, 11:00 AM	Billable Rate (\$)	Bilable Rate (\$) \$18.00
-	Users	Payer ACN	Payer ACN	Billable Service Start	Billable Service Start Nov 30, 2022, 11:34 AM	Billable Amount (\$)	Billable Amount (\$)
8	Recipients	Jurisdiction	Jurisdiction FL	Scheduled Visit End	Scheduled Visit End	Paid Amount (\$)	Paid Amount (\$)
	Training	Plan	Plan FMSP	Actual Service End	Actual Service End Nov 30, 2022, 1:00 PM	Third-Party Liability Paid (\$)	Third-Party Liability Paid (\$)
\$	Settings	Program	Program NUNE	Billable Service End	Billable Service End Nov 30, 2022, 1:34 PM	Last Modified	Last Modified 12/20/22
€	Logout	Contract Number	Contract Number	Visit Duration	Visit Duration 00:00:00	Last Modified By	Last Modified By Dale Carr
		Provider Medicaid ID	Provider Medicaid ID	Service Duration	Service Duration 02:00:00	Source System	Source System
	Privacy Policy		Copyright © 2021 N	Vetsmart Technologies, Inc	c. All rights reserved.		Terms of Use
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Edit - Medicaid ID		Edit - Provider Medicaid ID		Edit - Diagnosis Code
Medicaid ID * BR123456789		Provider Medicaid ID * 222222222		Disgnosis Code R69 🛞 R54 🛞
Reason Code * 9046 (Member Medicaid ID Corrected) Note Enter any Notes or comments here.	~	Reason Code * 9070 (Provider Agency Medicaid ID Corrected) Note	•	Reason Code * 9008 (Diagnosis Code C Note Enter notes or comment
	33 of 2000 characters Cancel Apply		0 of 2000 characters Cancel Apply	



Note: Providers can edit data in any field that displays an edit icon, \checkmark , a pencil. Providers can review and make edit to Matched service records, e.g., to update a non-ICD-10 Diagnosis Code or an incorrect Recipient or Provider Medicaid ID.

7. To edit the Diagnosis Code, click on the edit icon, ✓, located to the right of the Diagnosis Code field.

- 8. From the **Edit Diagnosis Code** dialog box, click in the **Diagnosis Code** field to edit the current Diagnosis Code(s):
 - You can remove an existing diagnosis code by clicking on the "x."
 - You can add a new diagnosis code by clicking in the Diagnosis Code field and then start typing out the desired code.
 - You must select the correct ICD-10 Diagnosis Code from the drop-down list.

Note: Providers can add one or more Diagnosis Code(s).

9. Click in the **Reason Code** field and select the most applicable reason for editing the field value.

Note: The system will retain the billing sequence of Recipients' Diagnosis Codes as displayed in service records in the Work List; for claims submission, Diagnosis Codes will be submitted in the same order as they appear in the Work List. Reg @ Ref @ ADD @ .

10. Enter any notes or comment in the **Notes** fields.

Notes are mandatory for some edits; the Apply command will be remain inactive until Provider enters any required notes.

- 11. Click the blue **Apply** command to save the edits.
 - Providers should review service data including, but not limited to, the Actual Service Start, Actual Service End, Calculated Units, Calculated Amount, Provider's Medicaid ID, Recipient's Medicaid ID, Diagnosis Code(s), etc.
 - Make any other optional edits to Matched service record to ensure timely remittance.
 - Providers must update Recipient's EVV profile data in their Mobile Caregiver+ Provider Portal or their Alternate EVV System to ensure that the error does not recur.
- 12. Select and release Matched service records for claim submission.

Remediating Unmatched Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Remediating Unmatched Service Records

Completed services are processed and transferred to the Work List.

Service records transferred to the Work List are screened (pre-adjudicated) using "payer-rules."

The system will display all errors that are detected when a service record is screened (pre-adjudicated) in the Edits & Error report, located in the bottom left corner of the service details screen. Providers must fix all reported errors to change the status of all Unmatched service records to Matched; the system will only allow Providers to release Matched service records for claims submission. When editing rendered service records, Providers are required to select Reason Codes to provide explanations for changing rendered service data. Depending on the Reason Codes selected, Providers may be required to enter mandatory notes providing additional details.

Note: Providers are not allowed to edit visit data recorded by EVV devices i.e., the Scheduled Visit Start, Actual Service Start/End, Start/End Verification Method, GPS Start/End Coordinates, etc.

Provider must make adjustments, remediations, by entering adjusted values in the "Billable" fields i.e., The Billable Service Start/End field are used to adjust the start and/or end time reported by the EVV device; the system will automatically calculate and post the Calculated Units and the Calculated Amount for which the claim will be submitted.

Depending on the Payer and Programs Recipients are enrolled with, some Providers may be able to make separate, and independent, adjustments for the number of units and the payment amounts that will be submitted for billable services. For more information and instructions, please refer to <u>Manually Adjusting Billable Units and Billable Amounts</u> for Claims.

Service records which are screened are either labeled as:

- Matched Service records that have no reported errors.
- **Unmatched** Service records that have reported errors that must be remediated and rescreened to change the status to Matched.

To locate and remediate Unmatched service records:

1. From the Main Menu click Work List, \equiv .

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2. Click in the **Payer** field and select a Payer.

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Worklist	Archive	New Claim						
Search Panel								
Recipient(s)	Add Recipient		Payer ICN(s)	Add Payer ICN		Status(es)	Unmatched O	
Procedure Codes	Select Procedure Code		Visit ID	Enter Visit ID		Authorization Number(s)	Add Authorization Ne	umber
Actual Service Start	From	10	Actual Service End	То		Ð		
				Search Clear	New Claim	Field L	abels	
Search List							Rematch Export	Release Archive
Recipient	Last Recipient First Mark	icaed ID Visit ID	Status	Procedure Diagnosis	Service Date and	Authorization Number	Payer Calculated	Dillable Paid Amount

- 3. Optional Click in the **Status(es)** field and select Unmatched (to display only Unmatched service records).
- 4. Enter any other optional search parameters.
- 5. Click the blue **Search** command to see a list of service records that match the search parameters.
- 6. Click on the Unmatched service record to view the service details.

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- 7. Remediate all reported errors.
 - a. Visit: Start Time Variance Greater Than Allowed.
 - i. Review data values in service details

	Scheduled Visit Start	
Scheduled Visit Start	Aug 20, 2021, 4:00 AM	
	Actual Service Start	
Actual Service Start	Aug 20, 2021, 5:00 PM	
	Billable Service Start	
lillable Service Start	Aug 20, 2021, 5:00 PM	
	Scheduled Visit End	
Scheduled Visit End	Aug 20, 2021, 7:00 AM	
	Actual Service End	
Actual Service End	Aug 20, 2021, 5:05 PM	
	Billable Service End	
illable Service End	Aug 20, 2021, 5:05 PM	

Scheduled Visit Start is 4:00 AM.

Actual Service Start is 5:00 PM – Actual Service Start is the time the EVV device reported the service was started on the device.

Checked and confirmed that Caregiver was not able to see Recipient in the morning and did start service at 5:00 PM. Provider cannot edit visit data values that are reported by EVV device; provide must edit Billable data values to make adjustment.

ii. Review Actual Start Time and Actual End Time to see when service was started and ended.

Confirm what happened – Caregiver did start service later than allowed by Payer; you must clear the reported error by providing legitimate reason for the service being starting late.

Edits & Error	s Visit Requirements		
Type	Item	Error Code	Reason/Error Code
() ERROR	Visit: Service Duration Less Than Minimum Allowed by Payer	VDUR	-

iii. Click on error message icon, ⁽¹⁾.

- iv. Click in **Reason Code** field and select the applicable Reason Code for the error.
- v. Click in **Note** field and enter any applicable notes or comments.
- vi. Click the blue **Apply** command to save the edits and clear the error message.
- b. Visit: Missing Start and/or End Verification
 - i. Review data values in service details.

Start Verification Method	Start Verification Method PC	Data indicates that this visit was manually
End Verification Method	End Verification Method PC	completed on a PC. Check and confirmed that
Actual Check-In Phone	Actual Check-In Phone	Caregiver completed the service but did not use an EVV device.
Actual Check-Out Phone	Actual Check-Out Phone	

Confirm what happened – Caregiver did not use EVV device to record service; you must clear the reported error by providing the legitimate reason why the Caregiver did not use the EVV device.

ii. Click on error message icon, ⁽⁾.

			Edit Error
() ERROR	Visit: Missing Start and/or End Verification	VVER -	UNIT MISSING START AND/OR END VERIFICATION
			Breach Gole** 9116 (eVV Device: Device Not Yet Operational Verified Services Performe*
			kets * Enter any notes or comments.
			28 of 2000 characters
			Cancel Apply

- iii. Click in **Reason Code** field and select the applicable Reason Code for the error.
- iv. Click in **Note** field and enter any notes or comments.
- v. Click the blue **Apply** command to save the edits and clear the error message.

Note: The system will display the **Add Aggregator Edit Visit Reason Code** dialog box for Providers who submit claims to Payers that require custom Reason codes when users:

- Clear the Visit: Missing Start and/or End Verification error message in the Edits and Errors Report
- Edit the Billable Start Time, Billable End Time, or Procedure Codes/Mods field using the Edit - Billable Time, Procedure Code/Modifiers, and/or Prior Auth. dialog box.

When the users click the **'Apply'** button, the **Add Aggregator Edit Visit Reason Code** dialog box will be displayed to allows users to select a Payer defined visit reason code from a dropdown and enter notes for editing the rendered service data.

Disclaimer: The **Add Aggregator Edit Visit Reason Codes** dialog box is only applicable for Providers that use the Mobile Caregiver+ Claims Console to submit claims to Netsmart Designated Payers, where Netsmart is not the designated state aggregator, and the Payer requires custom Reason Codes for editing the respective rendered service data.



vi. Click in the **Reason Code** and select a reason that best explains why the service record is missing any start/end visit verification data.

Note: Depending on the **Reason Code** you select, you may be required to enter a mandatory note to provide additional details.

- vii. Enter any notes or comments in the Notes field.
- viii. Click the blue **Apply** command to save the data and close the dialog box.
- c. Prior Authorization Not Found
 - i. Review data values in service details.



Admin accidentally added a Modifier to the Procedure Code; confirmed that correct service was performed. The Prior Authorization error message could also result from a Provider scheduling and completing a service before the Payer loads the approved "Auth" in the Mobile Caregiver+ Portal. This error would be cleared during the regular screening (Matching) cycle, once the Payer does load the Authorization.

Check to find cause of error; Prior Authorization not found error message can usually be remediated by adding a valid Authorization



to the Provider portal or fixing an inaccurate service code. The System will automatically clear error message when the service record is rescreened during Matching cycle.

ii. Click on the edit icon, ✓, for the **Procedure Code/Mods** field to edit the service code.

Note: The system will display the **Edit - Billable Time, Procedure Code/Modifiers, and/or Prior Auth** dialog box, which allows you to adjust one or more of the following:

- Billable Start and the Billable End Times.
- Calculated Units and the Calculated Amount.
- Prior Authorization.
- Procedure Code/Mod for the claim.

Billable Service Start		Time	
11/24/2021	Ē	5:15 AM	0
Billable Service End		Time	
11/24/2021	Ē	8:30 AM	0
Reason Code			*
Note			
Procedure Codes/Mods			0 of 2000 characters
T1019			
Reason Code			
0002 (Other (Cas Commo	nte))		*

After the procedure code is corrected to match the service code listed in the Authorization, the system will automatically clear the Prior Authorization not Found Error Message during the regular screening (Matching) cycle.

The Administrator can also manually rematch the service record demand.

- iii. Click in the Procedure Code/Mods field and select the correct service code.
- iv. Click in the Reason Code field and select the applicable reason for changing the procedure code.
- v. Click in **Note** field and enter any notes or comments.
- vi. Click the blue **Apply** command to save the change.

Note: The system will display the **Add Aggregator Edit Visit Reason Code** dialog box; the **Add Aggregator Edit Visit Reason Code** dialog box allows you to select a Visit reason code from a dropdown and enter notes (if applicable) for editing the rendered service data.



vii. Click in the **Reason Code** and select the reason for changing the procedure code.

Note: Depending on the **Reason Code** you select, you may be required to enter a mandatory note to provide additional details.

- viii. Enter any notes or comments in the **Notes** field.
- ix. Click the blue **Apply** command to save the data and close the dialog box.
- d. Visit: Service Duration Less Than Minimum Allowed by Payer
 - i. Review data values in service details.

Scheduled Visit Start	Scheduled Vieli Start Aug 20, 2021, 4:00 AM	Actual Service Start is 5:00 PM - Actual Service Start is
Actual Service Start	Actual Service Start Aug 20, 2021, 5:00 PM	the time the EVV device reported the service was
Billable Service Start	Billable Service Start Aug 20, 2021, 5:00 PM	 started on the device.
Scheduled Visit End	Scheduled Visit End Aug 20, 2021, 7:00 AM	Actual Service Start is 5:05 PM
Actual Service End	Actual Service End Aug 20, 2021, 5:05 PM	Provider Admin checked and confirmed that Caregiver
Billable Service End	Billable Service End Aug 20, 2021, 5:05 PM	worked from 5:00 PM to 8:00 PM, but accidently ended
		service on EVV device at 5:05.

- ii. Review **Actual Start Time** and **Actual End Time** to see what time the EVV device reported the service started and ended.
- iii. Click on the edit icon, ✓, to edit the Billable Service Start and/or the Billable Service End; you must use the Billable Service Start and/or the Billable Service End to adjust the start time and/or the end time for the service.

Billable Service Start		Time		
11/24/2021		5:15 AM		S
Billable Service End		Time		
11/24/2021	•	8:30 AM		C
		Set time		
Reason Code		66		-
You must make a selection!		08 : 00	AM	
Note		OC		
		Cancel	ок	4
Procedure Codes/Mods			0 of 2	1000 characters
T1019				

The system will automatically calculate and adjust the Calculated Units and the Calculated Amount to reflect any change to the Billable Start Time and/or the Billable End Time.

- iv. Click on the clock icon, O, and adjust the Billable Service Start and/or the Billable Service End times.
- v. Click in the **Reason Code** field and select the applicable reason for making the adjustment.
- vi. Enter any notes or comments in the Notes field.
- vii. Click the blue **Apply** command to save the adjustment.

Note: The system will display the **Add Aggregator Edit Visit Reason Code** dialog box; the **Add Aggregator Edit Visit Reason Code** dialog box allows you to select a Payer designated Visit reason code from a dropdown and enter notes (if applicable) for editing the rendered service data.

Disclaimer: The **Add Aggregator Edit Visit Reason Codes** dialog box is only applicable for Providers that use the Mobile Caregiver+ Claims Console to submit claims to Netsmart Designated Payers, where Netsmart is not the designated state aggregator, and the Payer requires custom Reason Codes for editing the respective rendered service data.

Add Aggregator Edit Visit Reason Code										
Reason	Code *									
You must	make a selection!				_					
Note										
Note Depend	ng on the sele	cted reas	on code, you	i may be requi	red to					
Note Depend enter a	ing on the sele nandatory not	cted reas le providin	on code, you ig additional	i may be requi details.	red to					
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viii. Click in the **Reason Code** and select a reason for editing the start/end time for the service.

Note: Depending on the **Reason Code** you select, you may be required to enter a mandatory note to provide additional details.

- ix. Enter any notes or comments in the Notes field.
- x. Click the blue **Apply** command to save the data and close the dialog box.
- xi. Scroll down to the Edits & Errors report to clear the error message.
- xii. Click on error message icon, $^{(1)}$.

			Edit Error
ERROR	Visit: Missing Start and/or End	VVER -	DTOR VISIT: MISSING START AND/OR END VERIFICATION
			Revent failst* 9110 (eVV Device: Device Nat Yel Operational, Verfied Services Performe. Note* Enter any solet or comments.
			23 to 2000-statutor Cancel Acety

- xiii. Click in **Reason Code** field and select the applicable Reason Code for the error.
- xiv. Click in **Note** field and enter any notes or comments.
- xv. Click the blue **Apply** command to save the edits and clear the error message.

After remediating all reported errors, to rescreen the service record your user can:

- Manually rescreen (Match) individual service record by clicking the "Recalculate Amount" icon, C, located in the service details screen.
- Manually rescreen (Match) multiple service records by selecting one or more records from the Work List, then clicking the "Rematch," [match], command, locate in the Search List header.
- Do nothing and allow the system to rescreen (Match) the service record(s), during the regular screening cycle.

Manually Adjusting Billable Units and Billable Amounts for Claims

You are here: Mobile Caregiver+ Claims Console > The Work List > Manually adjusting Billable Units and Billable Units for Claims Submission

Depending on the Payer and Programs Recipients are enrolled with, some Providers may be able to manually adjust the number of units and the payment amounts for submitted claims. Providers can edit the Billable Units to manually enter the number of units they are requesting remittance for; Providers can also edit the Billable Amount field to manually enter the payment amount they are requesting.

For all claims where Providers have manually edited the Billable Units and Billable Amounts, the manually entered billable values will over-ride all other field values for claims submission – when the system generates claims, the billable values will take precedence over any other values. Billable values will be added to claims submitted to Payers.

To manually adjust Billable Units and Billable Amounts for claims submission:

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1. From the Main Menu click Work List, \equiv .

2. Click in the Payer field and select a Payer.

Search Panel												^
Recipient(s)	Add Recipient		Payer ICN(s)	Add Pa	yer ICN			Status(es)	Select Status Matched			
Procedure	Select Procedure Code	2	Visit ID	Enter V	sit ID Autho		Authorization	Add Authorizatio	on Number			
Actual			Actual					Number(s)				
Service Start	From		Service B	End To								
				Search	Clear	New Claim	Field	Label	s			
Search List									ematcn Exp	on Release	Archive	^
Row Recipient Name	Last Recipient First Name	Medicaid ID Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Author Nun	ization Pay ther Nar	er Calculate ne Amount	d Billable Amount	Paid Amount (S)	e.
1 ROGE	RS BUCK	BR123456789 25616	40064MATCHED	\$9122	A1812	8/16/21, 5:00 PM	BR12345	678 FLT1	\$0.00	\$90.00	*	
2 ROGE					A1812	8/25/21, 11:55 AM	BRT1019	012345 FLT1	\$24.00	\$0.00		
3 ROGE	Matche	ed Service	Record	1	A1812	8/25/21, 12:25 PM	BR12345	678 FLT1	\$9.00	\$0.00	8	
								Items per	page 20 👻	1-3 of 3	< < >	>1
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- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records matching the search parameters.
- 5. Click on a service record to view the service details.

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R	ecipient(s)	Add Recipient			Payer ICN(s)	Add Paye	r ICN		Statu	s(es)	Select Status Matched O			
P	rocedure odes	Select Procedure Code			Visit ID	Enter Visi	t ID		Auth	prization ber(s)	Add Authorization	n Number		
A S S	ctual ervice tart	From		8	Actual Service Er	d To			Ð					
						Search	Clear	New Claim						
Sea	rch List									Re	match Expo	Release	Archive	^
D	nw Recipient L Name	ast Recipient First Name	Medicaid ID	Visit ID	Diatus	Procedure Codes/Mods	Diagnosis Code	Service Date and Tame	Authorization Number	Paye	r Calculates e Amount	i Biltable Arrount	Paid Amount (S)	¢.
	1 ROGE	RS BUCK	BR123456789	2561640064	MATCHED	\$9122	A1812	8/16/21, 5:00 PM	BR12345678	FLT1	\$0.00	\$90.00		
	2 ROGE	RS BUCK	BR123456789	3788872130	MATCHED	T1019	A1812	8/25/21, 11:55 AM	BRT101901234	5 FLT1	\$24.00	\$0.00	14 C	
	3 RÓGE	RS BUCK	BR123456789	3788872130	MATCHED	\$9122	A1812	8/25/21, 12:25 PM	BR12345678	FLT1	\$9.00	\$0.00	*	
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Ē	Recipient Member ID	Recipient Member ID	IVR Approved End Phone Number	IVR Approved End Phone Nu	L Calculated Amount	Calculated Amount 100 C
Ŧ	Payer	Payer AETNA OF FLORIDA	Scheduled Visit Start	Scheduled Visit Start Feb 19, 2021, 5:00 PM	Billable Units	Billable Units
0	Payer ICN	Payer ICN	Actual Service Start	Actual Service Start Feb 19, 2021, 4:53 PM	Billable Rate (\$)	Billable Rate (\$) \$100.08
Ē	Jurisdiction	Jurisdiction	Billable Service Start	Billable Service Start Feb 19, 2021, 4:53 PM	Billable Amount (\$)	Billable Amount (\$)
\sim	Plan	Plan	Scheduled Visit End	Scheduled Visit End Feb 19, 2021, 6:00 PM	Paid Amount (\$)	Paid Amount (\$)
"	Program	Program	Actual Service End	Actual Service End Feb 19, 2021, 5:01 PM	Third-Party Liability Paid (\$)	Third-Party Liability Paid
8	Contract Number	Contract Number	Billable Service End	Billable Service End Feb 19, 2021, 5:01 PM	Last Modified	Last Mydified 5/21/21
8	Provider Medicaid	Provider Medicaid ID	Mala Donalan	Visit Duration	Land Manufacture Dec	Last Modified By
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Edit - B	illable Units				Edit - Billable , mount	
Billable Un 1.5	itet				Billable Amount * 123.45	
Reason Co 400 (Bill	_{ade *} lable Units)	~			Reason Code * 5248 (Missing Billable Amoun	t Entered) 👻
Note Manuall	ly adjusted Billable Units to bill fo	or a specific number of Units.			Note Manually adjusted Billable Arr	ount to bill for a custom dollar amount.
		G				G
		72 of 2000 characters Cancel Apply				69 of 2000 characters Cancel Apply

- 6. To manually enter the estimated number of units to bill for, click on the edit icon,, located to the right of the **Billable Units** field.
- 7. From the **Edit Billable Units** dialog box, click in the **Billable Units** field the exact number of units to bill for.
- 8. Click in the **Reason Code** field and select the most applicable reason for editing the field value.
- 9. Enter any notes or comment in the **Notes** fields.
- 10. Click the blue **Apply** command to save the edits.
- 11. To manually enter a custom estimated dollar amount to bill for, click on the edit icon, ✓, located to the right of the **Billable Amount** field.
- 12. From the **Edit Billable Amount** dialog box, click in the **Billable Amount** field the exact dollar amount bill for.
- 13. Click in the **Reason Code** field and select the most applicable reason for editing the field value.



- 14. Enter any notes or comment in the **Notes** fields.
- 15. Click the blue **Apply** command to save the edits.

Note: For all claims where Providers have manually edited the Billable Units and Billable Amounts, the manually entered billable values will over-ride all other field values for claims submission – when the system generates claims, the billable values will take precedence over any other values. Billable values will be added to claims submitted to Payers.

Releasing Matched Service Records for Claims Submission

You are here: Mobile Caregiver+ Claims Console > The Work List > Releasing Matched Service Records for Claims Submission

Only Matched service records can be released for claims submission. Before releasing Matched service records for claims submission, Providers should review Matched service records and make any necessary corrections.

Warning: Providers submitting split-shift services, or any other situations where the same Caregiver renders the same service to the same Recipient multiple time times within the same day, must release all services for the day at the same time. For example, if a Provider reviews and release the morning service the same day the service occurs but forgets to review and release the afternoon service until the next day or later, the claim for the morning service will be paid, but the claim for the afternoon service that is submitted the next day will be denied as a duplicate.

To release Matched service records for claims submission:

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1. From the Main Menu click Work List, \equiv .

2. Click in the **Payer** field and select a Payer.

STATE	WIDE MEI	DICAID MCO (PAYER	R FEED)											•
v	Vorklist	Archive	Nev	/ Claim										
Searc	h Panel													^
Rec	ipient(s)	Add Recipient			Payer ICN(s)	Add	Payer ICN		SI	atus(es)	Select Status Matched			_
Pro	Procedure Codes Select Procedure Code		Visit ID	Ente	er Visit ID		AI N	uthorization umber(s)	Add Authorization					
Act Ser Star	ual vice rt	From		E	Actual Service I	and To	reb Clear	New Claim	0					
Searc	h List										Rematch Expo	ort Rolease	Archive	^
Row	Recipient L Name	ast Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Authorizati Number	on Pa Na	iyer Calculated ime Amount	i Billable Amount	Paid Amount (\$)	
1	ROGEF	RS BUCK	BR123456789	256164000	54MATCHED	\$9122	A1812	8/16/21, 5:00 PM	BR12345678	FLT1	\$0.00	\$90.00	8	
2	ROGEF	RS BUCK	BR123456789	378887213	BOMATCHED	T1019	A1812	8/25/21, 11:55 AM	BRT1019012	345 FLT1	\$24.00	\$0.00		
	ROGEF	RS BUCK	BR123456789	378887213	BOMATCHED	S9122	A1812	8/25/21, 12:25 PM	BR12345678	FLT1	\$9.00	\$0.00		
✓ 3												1	a a a.	122

- 3. Optional Click in the **Status(es)** field and select Matched (to display only Matched service records).
- 4. Enter any other optional search parameters.
- 5. Click the blue **Search** command to see a list of service records matching the search parameters.
- 6. Select one or more service records to be released; Provider can select all service records in the page by placing a checkmark in the checkbox row, located in the top left corner of the Search List.
- 7. Click the blue **Release** command.

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Ē	Worklist	Archive	New Claim								
Ŧ	Search Panel										^
=	Recipient(s)	Add Recipient	Payer		ver ICN			Sele	ct Status		
θ	(a)		ICN(s)		,		Status(is)	Matched O		
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\sim	Actual Service	From	Do not exit window until processing i	s complete and y	ou receive a conf	irmation.					
	Start		If for any reason the page is closed, o that were not completed will remain i	inly the already pr in original state.	ocessed claim in	voices will be execut	ed. The previously s	elected			
22											
Ê	Search List			Completed 2	out of 2 (100% C	omplete)			ch Export	Release	Archive
۲	Row Recipient I	Last Recipient First	Medicaid ID Visit ID Status			Service Date and	Authorization	Payer	Calculated	Billable	Paid Amount
\$	1 ROGE	RS BUCK	BR123456789 2561640064MATCHED	\$9122	A1812	8/16/21, 5:00 PM	BR12345678	FLT1	\$0.00	\$90.00	
Ð	2 ROGE	RS BUCK	BR123456789 3788872130MATCHED	T1019	A1812	8/25/21, 11:55 AM	BRT1019012345	FLT1	\$24.00	\$0.00	
	🛃 3 ROGE	RS BUCK	BR123456789 3788872130MATCHED	S9122	A1812	8/25/21, 12:25 PM	BR12345678	FLT1	\$9.00	\$0.00	
	Details: Buc	k Roaers								E Print	X Close
	Priva	icy Policy	Copyright	© 2021 Netsm	art Technologi	es, Inc. All rights re	eserved.			Terms of U	se

*****Warning**: For "split-shift service," where the same service is provided to the same Recipient multiple times within the same day, all rendered services being billed for the same day must be released together to avoid denial for duplicate claims.***

Wait until the progress meter in the Releasing in Process dialog box indicates that all service records have been release.

8. Click the close command, \times , to close the Releasing in Process dialog box.

i Release	
The selected MATCHED visit record(s) are being submitted for processing	
ок	

9. Click **OK** to close the Release confirmation dialog box.

Note: The system transfers all Released service records to Claim Review. Providers must use Claim Review to obtain status and remittance data for Released service records.

Adding Shared of Cost to Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Adding shared of cost data to Service Records.

Some Recipients may be enrolled in a supplemental program commonly called "share of cost" (SOC), where the Recipient must pay a portion of their income each month before Medicaid is approved. Share of cost is similar to a deductible based on a Recipient's monthly income.

To add a new share of cost entry to a service record:

≡	T Mobile Caregiver+))	English	Sunshine Care (FL) 🗡	💵 Provider 🛩	😫 Dale Carr 🗸
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Ē	Payer					•
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	Privacy Policy	Copyright © 2021 Netsmart Technologies, Inc. All rights reserve	ed.		Terms of Us	e

1. From the Main Menu click Work List, \cong .

2. Click in the **Payer** field and select a Payer.

=	Mobile Caregiver+				English Sunshine Care	(FL) 🌱 📲 🛯 Provider 🛩	😫 Dale Carr 🛩
55	Dashboard	1 ROGERS	BUCK BR123456789 3208400297UNMATCHED	T1019 A1812	8/23/21, 000 5:05 AM	FLT1 \$96.00 \$0.00	4
Ē	Schedule	Details: Buck Rog	gers			🖶 Print	× Close
Ŧ	Visits	Claim	Share Of Cost Messaging	Technical			
	Work List					Add No	PW SOC/TPL
0	Claim Review						
Ē	Prior Authorizations	Payer Name Paid By	Payer Address Payer Paid Date Payer Paid Amount Payer	Denied Date Payer Denied J	Amount Payer Deductible Paid Pay	er Deductible Paid Date Paid Amou	nt Actions
\sim	Reports			No Records Found			
*	Users	2 ALUALU C	CADENCE 1111110005 0278377892UNMATCHED	\$9122 G35	8/24/21, 1:35 PM	FLT1 \$0.00 \$0.00	8
8	Recipients	3 ADENIYI	ANNA 1111110003 2597130347UNMATCHED	T1019 A5003	8/24/21, 1:24 PM	FLT1 \$12.00 \$0.00	*
Ê	Provider	4 ADENIYI	ANNA 1111110003 2597130347UNMATCHED	S9122 A009	8/24/21, 1:26 PM	FLT1 \$0.00 \$0.00	
+	Training	5 ROGERS	BUCK BR123456789 3208400297UNMATCHED	S9122 (TT) A1812	8/23/21, 4:00 AM	FLT1 \$0.00 \$0.00	u
\$	Settings	6 ROGERS	BUCK BR123456789 3788872130MATCHED	T1019 A1812	8/25/21, 11:55 AM BRT1019012345	FLT1 \$24.00 \$0.00	
€	Logout	7 ROGERS	BUCK BR123456789 - UNMATCHED	S9122 A304	8/22/21, BR12345678 12:00 PM	FLT1 \$72.00 \$0.00	а.
		8 ROGERS	BUCK BR123456789 2656793510UNMATCHED	S9122 (TT) A1812	8/20/21, 5:00 PM	FLT1 \$0.00 \$0.00	8
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- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records that match the search parameters.
- 5. Locate and click on the service record you want to add the share of cost data to.
- 6. Click on the **Share of Cost** tab.
- 7. To add a new share of cost entry, click on blue **Add New SOC/TPS** command.

	T Mobile Caregiver+	🚚 English Sunshine Care (FL) 🗸 🖪 Provider 🗸 😝 Dale Carr 🗸	
	Dashboard	Search Panel	•
Ē	Schedule	Recipient(s) Add Recipient Payer Add Payer ICN Status(es) Select Status	
$\overline{\tau}$	Visits	Add SOC/TPL zation Add Authorization Number	l
=	Work List	Select Paul By Payer Name Enter Payer Name Paid By Recipient Share of Cost 👻	
0	Claim Review		
Ē	Prior Authorizations	Payer ID Enter Payer ID Payer Enter Payer Address Address	
~	Reports	Payer Paid Enter Payer Paid Date Date Payer Paid Enter Payer Paid Amount Ch Export Release Archive	
**	Users Recipients	Payer Deductible Enter Payer Deductible Pa Payer Deductible Paid Paid Date Paid Date Paid Payer Deductible Paid Paid Payer Deductible Payer	
Ô	Provider	Payer Denied Enter Payer Denied Date Payer Denied Amount Payer Denied Amount Payer Denied Amount PLT1 \$96.00 \$0.00 -	
۲	Training	Payer Denied Reason Code Select Payer Denied Reason Paid Amount 250	ł
\$	Settings	Save Cancel	
€	Logout	Add New SOC/TPL	
		Payer Name Paid By Payer Address Payer Paid Date Payer Paid Amount Payer Dented Date Payer Dented Date Payer Deductible Paid Payer Deductible Paid Date Paid Amount Actions	
	Privacy Policy	Copyright © 2021 Netsmart Technologies, Inc. All rights reserved. Terms of Use	

- 8. Enter the Recipient's payment information for the month in the Add SOC/TPL form:
 - i. Click in the **Select Paid By** field and select Recipient Share of Cost.
 - ii. Click in the **Paid Amount** field and enter the amount that the Recipient has paid.
- 9. Click the blue **Save** command to save and close the Add SOC/TPL form.

The Share of Cost entry will be added to the service record.

Editing Shared of Cost to Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Editing Shared of Cost data in Service Record.

Some Recipients may be enrolled in a supplemental program commonly called "Share of Cost" (SOC), where the Recipient must pay a portion of their income each month before Medicaid is approved. Share of cost is similar to a deductible based on a Recipient's monthly income.

To edit an existing share of cost data entry in a service record:

- English Sunshine Care (FL) 🗸 🔠 Provider 🗸 2 Dale Carr Worklist 55 首 Payer 0 Ē N ... 00 自 + ¢ € Privacy Policy Copyright @ 2021 Netsmart Technologies, Inc. All rights reserved. Terms of Use
- 1. From the Main Menu click Work List, \cong .

2. Click in the **Payer** field and select a Payer.

Note: Providers must select a Payer to display the Work List.

- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records that match the search parameters.

Note: The system will display any existing SOC/TPL entry that has already been added to the service record – Please note that Providers must add SOC data to each individual service record.



≡	Mobile	e Caregiver+								English	Sunshine C	are (FL) 🗸	≗ Provider ∨	BDa	ale Carr 🗸
5	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	I Billable Amount	Paid Ame (\$)	unt
Ē	□ 1	ROGERS	BUCK	BR123456789	32084002	97UNMATCHED	T1019	A1812	8/23/21, 5:05 AM	000	FLT1	\$96.00	\$0.00		
Ŧ	Deta	ils: Buck Roger	S										🖶 Print	× c	lose
=		Claim	Share Of C	Cost	Messaging	т	echnical								
0													Add	New SOC/	TPL
~	Paye	r Name Paid By	Payer Address	Payer Paid Da	te Payer	Paid Amount	Payer Denied Date	Payer Denie	d Amount Payer	Deductible Paid	Payer Deduct	tible Paid Date	Paid Amount	Actions	
*		SOCR	-	-	-		-	-	-		-		\$250.00	:	
盎	2	ALUALU	CADENCE	1111110005	02783778	2UNMATCHED	S9122	G35	8/24/21, 1:35 PM		FLT1	\$0.00	\$0.00	. /	Edit
Ê	3	ADENIYI	ANNA	1111110003	25971303	17UNMATCHED	T1019	A5003	8/24/21, 1:24 PM		FLT1	\$12.00	\$0.00		Delete
•	4	ADENIYI	ANNA	1111110003	25971303	17UNMATCHED	S9122	A009	8/24/21, 1:26 PM		FLT1	\$0.00	\$0.00		
\$	5	ROGERS	BUCK	BR123456789	32084002	7UNMATCHED	S9122 (TT)	A1812	8/23/21, 4:00 AM		FLT1	\$0.00	\$0.00		
€	6	ROGERS	BUCK	BR123456789	37888721	BOMATCHED	T1019	A1812	8/25/21, 11:55 AN	M BRT1019012345	FLT1	\$24.00	\$0.00		
	7	ROGERS	BUCK	BR123456789	-	UNMATCHED	S9122	A304	8/22/21, 12:00 PN	/ BR12345678	FLT1	\$72.00	\$0.00	•	
	□ 8	ROGERS	BUCK	BR123456789	26567935	OUNMATCHED	S9122 (TT)	A1812	8/20/21. 5:00 PM		FLT1	\$0.00	\$0.00		

- 5. Click on the Actions icon , \checkmark , for the existing SOC entry.
- 6. From the shortcut submenu, click **Edit**.

	Mobile								📕 English			Ell Provider 🗸	BDale Carr 🗸
55	Row	tecipient Last I Name	Recipient First Name	Medicald ID Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (S)
Ē	01	ROGERS	BUCK	BR123456789 3208400	297UNMATCHED	T1019	A1812	8/23/21, 5:05 AM	000	FLT1	\$96.00	\$0.00	
÷	Detai	ls: Buck Rogers		Edit SOC/TPL								🖶 Print	× Close
		Claim	Share Of C	o Payer Name	Enter Payer Na	ime	Paid By	Select Paid B Recipient	/ Share of Cost	•		_	
•		-		Payer ID	Enter Payer ID		Payer Address	Enter Paye	er Address			Add	New SOC/TPL
~	Payer	Name Paid By	Payer Address	Payer Paid Date	Enter Payer Pa	id Date 👘	Payer Paid Amount	Enter Paye	er Paid Amount		tible Paid Date	Paid Amount	Actions
**		SOCR		Payer Deductible Paid Date	Enter Payer De	ductible Pa 🛅	Payer Deductible Paid	Enter Paye	r Deductible Pa	iid		\$250.00	:
~~	2	ALUALU	CADENCE	Payer Denied	Enter Payer De	nied Date 🗉	Payer Deni	ed Enter Paye	r Denied Amou	nt	\$0.00	\$0.00	
6	3	ADENIYI	ANNA	Date			Amount	Enter Paid An	nount		\$12.00	\$0.00	
•	4	ADENIYI	ANNA	Payer Denied Reason Code	Select Payer D	enied Reason	Paid Amou	nt 250			\$0.00	\$0.00	
\$	5	ROGERS	BUCK			Save	Cancel				\$0.00	\$0.00	
Ð	0 6	ROGERS	BUCK	00120400109 0100012	ISUNIAS CITED	11019	AIVIA	0/20121, 11.00 MM	0011013012340	eu 1	\$24.00	\$0.00	
	7	ROGERS	BUCK	BR123456789 -	UNMATCHED	S9122	A304	8/22/21, 12:00 PM	BR12345678	FLT1	\$72.00	\$0.00	
	8	ROGERS	BUCK	BR123456789 2656793	510UNMATCHED	S9122 (TT)	A1812	8/20/21, 5:00 PM		FLT1	\$0.00	\$0.00	
		Privacy Policy			Copyright @	2021 Netsmart	echnologies, I	nc. All rights rese	rved.			Terms of U	se

- 7. Edit the Paid Amount.
- 8. Click the blue **Save** command to save the changes and close the Edit SOC/TPL form.

Adding Third-Party Liability for Paid and Partially Paid Claims to Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Adding shared of cost data to Service Records.

Some Recipients may be enrolled with multiple insurance companies; Providers who submit claims to a Recipient's primary or secondary insurer, may want to submit the claim to another insurer for additional reimbursement. Providers can use the Add SOC/TPL function to add Third Party Liability (TPL) data for denied, paid, or partially paid claims.

For this exercise we will demonstrate how to add TPL data for a paid or partially paid claim.

To add a Third-Party Liability entry for a paid or partially paid claim:

- English Sunshine Care (FL) 🗸 🔳 Provider 🗸 🕃 Dale Carr 🗸 Worklist 55 Ē Payer Ŧ 0 Ē N ----200 Ê + Ċ. € Terms of Use Privacy Policy Copyright @ 2021 Netsmart Technologies, Inc. All rights reserved
- 1. From the Main Menu click Work List, \cong .

2. Click in the **Payer** field and select a Payer.

=	Mobile Caregiver+							English	Sunshine Care	(FL) 🗸	Ell Prov	ider 🛩	🙁 Dale C	Carr 🗸
55	Dashboard	1 ROGERS	BUCK E	BR123456789	3208400297UNMATCHED	T1019	A1812	8/23/21, 5:05 AM	000	FLT1	\$96.00	\$0.00	4	
Ē	Schedule	Details: Buck	Rogers								•	Print	× Close	
Ŧ	Visits	Claim	Sh	are Of Cost	Messaging	Techn	iical							
	Work List		-		_							Add N	w SOC/TPL	
0	Claim Review											Constraints of		
Ē	Prior Authorizations	Payer Name Pai	d By Payer Addre	ss Payer Paid D	ate Payer Pald Amount Payer	Denied Date Pa	ayer Denied A	mount Payer	Deductible Paid Pay	er Deduct	ible Paid Date	Paid Amou	nt Actions	
~	Reports					No Recor	ds Found							
**	Users	2 ALUALU	CADENCE 1	111110005	0278377892UNMATCHED	S9122	G35	8/24/21, 1:35 PM	87	FLT1	\$0.00	\$0.00	8	
22	Recipients	3 ADENIYI	ANNA	1111110003	2597130347UNMATCHED	T1019	A5003	8/24/21, 1:24 PM	•	FLT1	\$12.00	\$0.00	-	
Ê	Provider	4 ADENIYI	ANNA	111110003	2597130347UNMATCHED	S9122	A009	8/24/21, 1:26 PM	17.	FLT1	\$0.00	\$0.00	<u>ت</u>	
*	Training	5 ROGERS	BUCK E	BR123456789	3208400297UNMATCHED	S9122 (TT)	A1812	8/23/21, 4:00 AM	a .	FLT1	\$0.00	\$0.00	ы.	
\$	Settings	6 ROGERS	BUCK E	BR123456789	3788872130MATCHED	T1019	A1812	8/25/21, 11:55 AM	BRT1019012345	FLT1	\$24.00	\$0.00		
€	Logout	7 ROGERS	BUCK E	BR123456789	- UNMATCHED	S9122	A304	8/22/21, 12:00 PM	BR12345678	FLT1	\$72.00	\$0.00	12	
		8 ROGERS	BUCK I	BR123456789	2656793510UNMATCHED	S9122 (TT)	A1812	8/20/21, 5:00 PM	8 4 (FLT1	\$0.00	\$0.00	×	
									Items per page 20	•	1-8 of 8	1<	$\langle \rangle$	×
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- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records that match the search parameters.
- 5. Locate and click on the service record you want to add Third Party Liability (TPL) data to.
- 6. Click on the Share of Cost tab.
- 7. Click on blue **Add New SOC/TPL** command.

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122	Search Li	st									Remat	ch Export	Release	Archive	^
Ē	Row	ciplent Last F Name	Recipient First Name	Medicaid ID Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Servio	e Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)	
Ŧ	D 1	ROGERS	BUCK	Add SOC/TPL								\$96.00	\$0.00		
=	Details	: Buck Rogers		Payer Name	Enter Payer Name AETNA HEALT	H INC CT	Paid By		Select Paid By Third-Part	, / Liability (Prima			🖶 Print	× Close	
•		Claim _	Share Of C	Payer ID	Enter Payer ID 1750999587		Payer Address		Enter Payer A 151 FARM	Idress	RTF				
~				Payer Paid Date	Enter Payer Paid D 08/12/2021	ate (B	Payer Pa Amount	id	Enter Payer Pi 250	aid Amount			Add	New SOC/TPL	
	Payer N	ame Paid By	Payer Address	Payer Deductible	Enter Payer Deduct 08/01/2021	ible Paid Date	Payer Deductib	le	Enter Payer D 25	eductible Paid		tible Paid Date	Paid Amount	Actions	
器				Paid Date Payer Denied	Enter Payer De	enied Date 🛛 🖲	Paid Payer De	nied	Enter Paye	r Denied Amoun	t				
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*	3	ADENIYI	ANNA	Payer Denied Reason Code	Select Payer D	enied Reason	Paid Am	ount	250			\$12.00	\$0.00		
¢	4	ADENIYI	ANNA			Save	Cancel					\$0.00	\$0.00		
Ð	5	ROGERS	BUCK									\$0.00	\$0.00		
	6	ROGERS	BUCK	BR123456789 3788872	130MATCHED	T1019	A1812	8/25/2	21, 11:55 AM	BRT1019012345	FLT1	\$24.00	\$0.00		
	7	ROGERS	BUCK	BR123456789 -	UNMATCHED	S9122	A304	8/22/2	21, 12:00 PM	BR12345678	FLT1	\$72.00	\$0.00	-	
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8. Enter the TPL data in the **Add SOC/TPL** form.

For this exercise, you can look up the Insurer's information using the <u>NPPES NPI</u> <u>Registry</u> website.

- i. Enter the Payer's Name in the **Payer Name** field.
- ii. Click in the **Paid By** field and select whether the TPL data being entered is from a primary, secondary, or tertiary insurer.
- iii. Enter the Insurer's official NPI number in the **Payer ID Field**.
- iv. Enter the insurer's address in the **Payer Address** field.
- v. Enter the remittance date in the **Payer Paid Date** field.
- vi. Enter the date if a deductible was paid.
- vii. Enter amount of the deductible paid.
- viii. Enter the remittance amount in the **Paid Amount** field.
- 9. Click to blue **Save** command to save the TPL entry and close the Add SOC/TPL form.

Adding Third-Party Liability for denied Claims to Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Adding shared of cost data to Service Records.

Some Recipients may be enrolled with multiple insurance companies; Providers who submit claims to a Recipient's primary or secondary insurer, may want to submit the claim to another insurer for additional payment. Providers can use the Add SOC/TPL function to add Third Party Liability (TPL) data for a denied, paid or partially paid claim.

For this exercise we will demonstrate how to add TPL data for a denied claim.

To add a Third-Party Liability entry for a denied claim:

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	Privacy Policy	copyright @ 2021 Netsmart Technologies, Inc. All rights rese	ervea.		Terms of Us	e

1. From the Main Menu click Work List, \equiv .

2. Click in the **Payer** field and select a Payer.

=	Mobile Caregiver+							📕 English	Sunshine Care	(FL) 🗸	E Provi	der 🗸	3 Dale	Carr 🗸
55	Dashboard	1 ROGERS	BUCK BR1	23456789	3208400297UNMATCHED	T1019	A1812	8/23/21, 5:05 AM	000	FLT1	\$96.00	\$0.00	4	
Ē	Schedule	Details: Buck	Rogers								6	Print	× Clos	se
Ŧ	Visits	Claim	Share	Of Cost	Messaging	Techn	ical							
100	Work List		-		_							Add Ne	w SOC/TR	2
0	Claim Review											and the second s		
Ē	Prior Authorizations	Payer Name Pai	d By Payer Address	Payer Paid D	ate Payer Pald Amount Payer	Denied Date Pa	iyer Denied A	mount Payer	Deductible Paid Pay	er Deducti	ble Paid Date	Paid Amou	nt Actions	
\sim	Reports					No Recor	ds Found							
	Users	2 ALUALU	CADENCE 111	1110005	0278377892UNMATCHED	S9122	G35	8/24/21, 1:35 PM	а.	FLT1	\$0.00	\$0.00	3	
8	Recipients	3 ADENIYI	ANNA 111	1110003	2597130347UNMATCHED	T1019	A5003	8/24/21, 1:24 PM		FLT1	\$12.00	\$0.00		
Ê	Provider	4 ADENIYI	ANNA 111	1110003	2597130347UNMATCHED	S9122	A009	8/24/21, 1:26 PM		FLT1	\$0.00	\$0.00	2	
*	Training	5 ROGERS	BUCK BR1	23456789	3208400297UNMATCHED	S9122 (TT)	A1812	8/23/21, 4:00 AM	a .	FLT1	\$0.00	\$0.00	a.	
\$	Settings	6 ROGERS	BUCK BR1	23456789	3788872130MATCHED	T1019	A1812	8/25/21, 11:55 AM	BRT1019012345	FLT1	\$24.00	\$0.00		
€	Logout	7 ROGERS	BUCK BR1	23456789	- UNMATCHED	S9122	A304	8/22/21, 12:00 PM	BR12345678	FLT1	\$72.00	\$0.00	2	
		8 ROGERS	BUCK BR1	23456789	2656793510UNMATCHED	S9122 (TT)	A1812	8/20/21, 5:00 PM	æ.	FLT1	\$0.00	\$0.00	*	
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- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records that match the search parameters.
- 5. Locate and click on the service record you want to add Third Party Liability (TPL) data to.
- 6. Click on the **Share of Cost** tab.
- 7. To and a new TPL entry, click on blue **Add New SOC/TPS** command.

	Enter Payer Name		Select Paid By
Payer Name	AETNA HEALTH INC CT	Paid By	Third-Party Liability (Prima 🔻
	Enter Payer ID		Enter Payer Address
Payer ID	1750999587	Payer Address	151 FARMINGTON AVE HARTF
Payer Paid Date	Enter Payer Paid Date	Payer Paid Amount	Enter Payer Paid Amount
Payer Deductible Paid Date	Enter Payer Deductible Pa 💼	Payer Deductible Paid	Enter Payer Deductible Paid
	Enter Payer Denied Date		Enter Payer Denied Amount
Payer Denied Date	08/10/2021	Payer Denied Amount	250
	Select Payer Denied Reason Code		Enter Paid Amount
Payer Denied Reason Code	119	Paid Amount	0
		Orman	

8. Enter the TPL data.

For this exercise we will look up the Insurer's information using the <u>NPPES NPI</u> <u>Registry</u> website.

- i. Enter the Payer's Name in the **Payer Name** field.
- ii. Select TPL data being entered is for a primary, secondary, or tertiary insurer.
- iii. Enter the Insurer's official NPI number in the **Payer ID** Field.
- iv. Enter the insurer's address in the **Payer Address** field.
- v. Enter the denial date in the **Payer Paid Date** field.
- vi. Enter the enter zero in the Paid amount field.
- 9. Click to blue **Save** command to save the TPL entry and close the Add SOC/TPL form.

Editing Third-Party Liability entries in Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Editing shared of cost data in Service Records.

Some Recipients may be enrolled with multiple insurance companies; Providers who submit claims to a Recipient's primary or secondary insurer, may want to submit the claim to another insurer for additional payment. Providers can use the Add SOC/TPL function to add and edit Third Party Liability (TPL) data.

For this exercise we will demonstrate how to edit TPL data for a paid or partially paid claim.

To edit a Third-Party Liability data entry (Explanation of Benefits) for a paid or partially paid claim:

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1. From the Main Menu click Work List, \cong .

2. Click in the **Payer** field and select a Payer.

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55	Search List					Rematch	Export Release	Archive ^
Ē	Recipient Last Name	Recipient First Medicaid ID Visit ID S	Procedure Status Codes/Mods	Diagnosis Service Date and Code Time	Authorization Number	Payer Name	Calculated Billable Amount Amount	Paid Amount (\$)
Ŧ	1 ROGERS	BUCK BR123456789 32084002970	UNMATCHED T1019	A1812 8/23/21, 5:05 AM	000	FLT1 \$	96.00 \$0.00	
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0	Claim	Share Of Cost Messaging	Technical					
							4	dd New SOC/TPL
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	AETNA HEALTH INC C	T TPLP 151 FARMINGTON AVE HARTFORD,	CT 06156	8/10/21 \$250.0	00 -		-	
â	AETNA HEALTH INC C	T TPLP 151 FARMINGTON AVE HARTFORD,	CT 06156 8/12/21 \$250.0	00	\$25.	00 8	/1/21 \$2	50.00
*	2 ALUALU	CADENCE 1111110005 02783778920	UNMATCHED \$9122	G35 8/24/21, 1:35 PM		FLT1 \$	0.00 \$0.00	- Edit
\$	3 ADENIYI	ANNA 1111110003 25971303470	UNMATCHED T1019	A5003 8/24/21, 1:24 PM	2	FLT1 \$	12.00 \$0.00	. Delete
€	4 ADENIYI	ANNA 1111110003 25971303470	UNMATCHED \$9122	A009 8/24/21, 1:26 PM	×	FLT1 \$	0.00 \$0.00	-
	5 ROGERS	BUCK BR123456789 32084002970	UNMATCHED \$9122 (TT)	A1812 8/23/21, 4:00 AM		FLT1 \$	0.00 \$0.00	
	6 ROGERS	BUCK BR123456789 37888721301	MATCHED T1019	A1812 8/25/21, 11:55 AM	BRT1019012345	FLT1 \$	24.00 \$0.00	-
	Privacy Polic	у	Copyright © 2021 Netsmart	Fechnologies, Inc. All rights res	erved.		Terms o	fUse

- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records that match the search parameters.
- 5. Click on the blue Add New SOC/TPL command.

Note: The system will display any exist SOC/TPL entry that has already been added to the service record – Please note that Providers must add TPL data to each individual service record.

- 6. Click on the Actions icon, \checkmark , for the TPL entry.
- 7. From the shortcut submenu, click **Edit**.

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Ŧ	01	ROGERS	BUCK	Add SOC/TPL							\$96.00	\$0.00	
=	Detai	ils: Buck Rogers	i)	Payer Name	Enter Payer Name AETNA HEAL	TH INC CT	Paid By	Select Paid By Third-Party	Liability (Prima			🖶 Print	× Close
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~				Payer Paid Date	Enter Payer Paid 0 08/12/2021	Date (E	Payer Paid Amount	Enter Payer Pa 250	id Amount			Add	New SOC/TPL
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۲	□ 3	ADENIYI	ANNA	Payer Denied Reason Code	Select Payer	Denied Reason	Paid Amount	Enter Paid Ame	sunt		\$12.00	\$0.00	
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	7	ROGERS	BUCK	BR123456789 -	UNMATCHEE	\$9122	A304 8/3	22/21, 12:00 PM B	R12345678	FLT1	\$72.00	\$0.00	
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For this exercise you can look up the Insurer's information using the <u>NPPES NPI</u> <u>Registry</u> website.

- 8. Edit the TPL data.
- 9. Click to blue **Save** command to save the TPL entry and close the Add SOC/TPL form.
Archiving Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Archiving Service Records.

Providers can use the Archive to store duplicates and other types of "non-submittable" service records. The Archive is a "miscellaneous storage container" providers can use to remove (archive) "bad" service records from the Work List.

Warning: Providers should recover Medical Authorization Units from service records that are to be archived. This will ensure that the system maintains an accurate count of available units.

To archive service records from the Work List:

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1. From the Main Menu click Work List, \cong .

2. Click in the **Payer** field and select a Payer.

Note: Providers must select a Payer to display the Work List.

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	Proced Codes Actual	ure Selec	ct Procedure Code	2		Visit ID Actual	Enter Visit	ID		Authoriz Number	(s) Add	Authorization N	lumber		
Ē	Service Start	From	1		E	Service End	1			•					
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0	Search L	ist									Remato	h Export	Release	Archive	~
ē	Row	ecipient 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 (\$)	П
\sim	1	ROGERS	BUCK	BR123456789	320840029	7UNMATCHED	T1019	A1812	8/23/21, 5:05 AM	BRT1019012345	FLT1	\$96.00			
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8	3	ADENIYI	ANNA	1111110003	259713034	7UNMATCHED	T1019	A5003	8/24/21, 1:24 PM	-	FLT1	\$12.00	\$0.00		
Ê	4	ADENIYI	ANNA	1111110003	259713034	7UNMATCHED	S9122	A009	8/24/21, 1:26 PM	-	FLT1	\$0.00	\$0.00	-	
*	5	ROGERS	BUCK	BR123456789	320840029	7UNMATCHED	S9122 (TT)	A1812	8/23/21, 4:00 AM	-	FLT1	\$0.00	\$0.00		
\$	6	ROGERS	BUCK	BR123456789	378887213	OMATCHED	T1019	A1812	8/25/21, 11:55 AM	BRT1019012345	FLT1	\$24.00	\$0.00		
€	7	ROGERS	BUCK	BR123456789	-	UNMATCHED	S9122	A304	8/22/21, 12:00 PM	1 BR12345678	FLT1	\$72.00	\$0.00		
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											tems per page	20 💌 1	-8 of 8 <	< > >	н
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- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to see a list of service records that match the search parameters.

Provider should recover Medical Authorization Units from service records that are to be archived; this will ensure that the system maintain an accurate count of available units.

Providers can detach an Authorization from a service record in order to return the Medical Authorization Units to the Authorization.

Use the following instructions to detach the Authorization from the service record to be archive:

- 5. Locate and click on the service record that is going to be archived (Provider can select and archive multiple service records simultaneously).
- 6. Click on the edit icon, ✓, for the Manual Override Auth No field.

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:=	1 ROGERS	BUCK BR123456789 320840029	7UNMATCHED T1019	A1812 8/23/21, 5:05 AM E	3RT1019012345 FLT1 \$96.0	00
0	Details: Buck Rogers	Enter Au	thorization Number			Print X Close
ē	Claim	Share Of Cost N 00	Click the icon t	o switch between manual and selecting from	n dropdown	
~	Status	UNMATCHED 9002	^{Code *} (Other (See Comments))		em-Assigned Auth No	BRT1019012345
**	Payer Approval Status	Payer Approval Status Note Option	nal note can be entered here		ual Override Auth No	Manual Override Auth No 🖍
22	Recipient Name	Recipient Name BUCK ROGERS			nosis Code	Diagnosis Code /
Ê	Recipient Date Of Birth	Recipient Date Of Birth 07/03/1945		33 of 2000	characters cedure Codes/Mods	Procedure Codes/Mods /
•	Recipient Medicaid ID	Recipient Medicaid ID BR123456789		Cancel	Apply	Calculated Units 8
*	Recipient Member ID	Recipient Member ID	IVR Approved End Phone	IVR Approved End Phone Number	Calculated Amount (\$)	Calculated Amount 96 C
퀸	Davier	Payer STATEWIDE MEDICAID MCO (PAYER FE	Number Scheduled Visit Start	Scheduled Visit Start Aug 23, 2021, 4:00 AM	Dillable Unite	Billable Units
	Paya		Scheduled Visit Start	Actual Service Start	omable offits	
	Payer ICN	Payer ICN	Actual Service Start	Aug 23, 2021, 5:05 AM	Billable Amount (\$)	Billable Amount (\$)
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- 7. Enter zero in the Authorization Number field.
- 8. Click in the **Reason Code** field and select a reason.
- 9. Enter any optional notes or comments in the Note field.
- 10. Click the blue **Apply** command to save the changes and close the Edit Manual Override Auth No dialog box. The system will return to the Search List.

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0	Procedure Codes	Select F	Procedure Code			Visit ID	Enter Visit	ID		Autho Numb	rization Add er(s) —	I Authorization N	Number	
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±	🔽 1 🛛 R	OGERS	BUCK	BR123456789	320840029	7UNMATCHED	T1019	A1812	8/23/21, 5:05 AM	BRT101901234	5 FLT1	\$96.00	\$0.00	
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€	🖬 3 🗛	DENIYI	ANNA	1111110003	259713034	7UNMATCHED	T1019	A5003	8/24/21, 1:24 PM		FLT1	\$12.00	\$0.00	
	4 A	DENIYI	ANNA	1111110003	259713034	7UNMATCHED	S9122	A009	8/24/21, 1:26 PM		FLT1	\$0.00	\$0.00	
	5 R	OGERS	BUCK	BR123456789	320840029	7UNMATCHED	S9122 (TT)	A1812	8/23/21, 4:00 AM		FLT1	\$0.00	\$0.00	
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11. Select the service record(s) to be archived, then click the blue **Archive** command.



12. Click **OK** to close the confirmation dialog box.



- 13. Wait until the progress meter indicates that all service records have been moved to the archive.
- 14. Click the close command, $\,^{ imes}$, to exit the Archiving in Process dialog box.

Restoring Archived Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Restoring Archived Service Records.

Providers can use the Archive to store duplicates and other types of "non-submittable" service records. The Archive is a "miscellaneous storage container" that providers can use to remove (archive) "bad" service records from the Work List.

Providers will not be able to edit or release archived service records. Provider can restore service records, that were inadvertently archived, back to the Work List.

To restore archived service records back to the Work List:

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1. From the Main Menu click Work List, \cong .

2. Click in the **Payer** field and select a Payer.

Note: Providers must select a Payer to display the Work List.

3. Click on the **Archive** tab.

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Recipients	Add	Archiv	e Tab		Payer ICN(s)	Add Payer ICN		Status(e	s) Sel	ect Status		
Procedure Codes	Selec	ct Procedure Code			Visit ID	Enter Visit ID		Authoriz	ation Ent	er Authorization		
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Search List Row Recip N 1 R 2 A 3 A	t Jogens	Recipient First Name BUCK CADENCE ANNA	Medicaid ID BR123456789 1111110005 1111110003	Visit ID 32084002 02783778 25971303	Status 197UNMATCHED 192UNMATCHED 147UNMATCHED	Search Clearch Procedure Codes/Modes Di T1019 A S9122 G T1019 A	Image: second	Authorization Number BRT1019012345	Payer Name FLT1 FLT1 FLT1	Rematc Calculated Amount \$96.00 \$0.00 \$12.00	h Export Billable S0.00 S0.00 S0.00	Restore Paid Amount (S) - -
Search List Recip Recip N Recip N Recip N Recip N N N N N N N N N N N N N	t Jame KOGERS ALUALU ADENIYI	Recipient First Name BUCK CADENCE ANNA	Medicaid ID BR123456789 1111110005 1111110003	Visit ID 32084002 02783776 25971303	Status 97UNMATCHED 192UNMATCHED 147UNMATCHED	Search Cles Procedure Codes/Mode DI T1019 A S9122 G T1019 A	ar New Claim asposis Service Date and Time 1812 8/23/21, 5:05 AM 35 8/24/21, 1:35 PM 3603 8/24/21, 1:24 PM	Authorization Number BRT1019012345	Payer Name FLT1 FLT1 FLT1 etems per page	Rematc Calculated Amount \$96.00 \$0.00 \$12.00 20	Export Billable Amount S0.00 S0.00 S0.00	Restore Paid Amount (5)

- 4. From the **Archive** tab, enter any optional search parameters.
- 5. Click the blue **Search** command to see a list of service records that match the search parameters.

Use the following instructions to restore a service record back to the Work List:

- 6. Locate and select the service record(s) you want to restore.
- 7. Click the blue **Restore** command to transfer the selected service records back to the Work List.



8. Click OK to close the confirmation dialog box.



- 9. Wait until the progress meter indicates that all service records have been restored to the Work List.
- 10. Click the close command, \times , to exit the Restoring in Process dialog box



Providers must manually relink Authorizations to the service records after restoring them from the Archive.

Use the following instructions to link an Authorization to a service record.

- i. From the **Work List** tab, locate and click on the restored service record.
- ii. Click on the edit icon, ✓, for the Manual Override Auth No field.
- iii. Place checkmark in the checkbox located in the **Select Authorization** field.
- iv. Click on the Authorization you want to link the service to.
- v. Click in the **Reason Code** field and select the applicable reason.
- vi. Enter any optional notes or comments in the Note field.

Claim	Share Of Cost	Messaging Tashalaal		
Status	Status UNMATCHED	Edit - Manual Override Auth No	-Assigned Auth	System-Assigned Auth No
Payer Approval Status	Payer Approval State	Select Authorization	Override Auth	Manual Override Auth No 00
Recipient Name	Recipient Name BUCK ROGERS	None	sis Code	Diagnosis Code A1812
Recipient Date Of Birth	Recipient Date Of Birth 07/03/1945	Procedure Code: S9122 PA: BR12345678 Dates: 05/01/2021-07/04/2024 Unit Type: Q Tasks:	ire Codes/Mods	Procedure Codes/Mods T1019
Recipient Medicaid ID	Recipient Medicaid ID BR123456789	Procedure Code: T1019 PA: BRT1019012345 Dates: 05/01/2021-07/04/2024 Unit Type: Q Tasks:	ted Units	Calculated Units 8
Recipient Member ID	Recipient Member II	0 of 2000 characters	ted Amount (\$)	Calculated Amount 96
Payer	Payer STATEWIDE MEDIC/	Cancel Apply	Units	Billable Units
	5 101	Actual Service Start		

vii. Click the blue *Apply* command link the Authorization and close the **Edit** – **Manual Override Auth No dialog** box.

Manually Creating New Service Records

You are here: Mobile Caregiver+ Claims Console > The Work List > Manually Creating New Service Records.

Provider can use the New Claim function to manually create new service records to appeal denied claims and to submit EVV claims for unscheduled visits.

To create and transfer service record to the Work List:

1. From the Main Menu click Work List, \equiv .

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2. Click in the **Payer** field and select a Payer.

Note: Providers must select a Payer to display the Work List.

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8	Worklist	Archive	New Claim	Vew Cla	aim Tab						Î
Ē	Select Recipient	Select Recipient * ANNA ADENIYI		×	Procedure Code	Select Procedure Code * S9122		X Diagnosis Code A00	osis Code 09		
-	Caregiver	Select Caregiver * TEST USER		×	Procedure Code Modifier	Select Procedure Code Modifier					
0			A	ctual Start A	ddress			Actual End Address			
			Start Address	Select Start Addre 2590 NE 43rd	ss (Option) Street Fort Lauderdal		End Address	Select End Address (Option) 2590 NE 43rd Street Fort Lauderdal	.		
~				Enter Street				Enter Street			
*			Street	2590 NE 43rd	Street		Street	2590 NE 43rd Street			
88			Apartment #	Enter Apartm	ent (Option)		Apartment #	Enter Apartment (Option)			
Ê			City	Enter City Fort Lauderda	ile	0	City	Enter City Fort Lauderdale			
*				Select a State			5.1.9	Select a State			
۵			State	FL			State	FL	*		
€			Zip Code	Enter Zip Code 33308-0000		0	Zip Code	Enter Zip Code 33308-0000	0		
			Address Type Actual Service Start	Select Address Ty Home/Reside DATE * 08/29/2021	ence ENTER TIME * 8:00 PM	° O	Address Type Actual Service End	Select Address Type Home/Residence DATE* ENTER TIME* 08/29/2021 🗂 8:10 PM	0		
						Clear Review					

- 3. After entering all service data, click the blue **Review** command.
- 4. Click on the New Claim tab
- 5. Enter the service data into the New Claim form.
 - i. Click in the **Select Recipient** field and select the Recipient
 - Click in the Procedure Code field and select the Service Code; click in the Procedure Code Modifier field to add a modifier to the selected Service Code.
 - iii. Click in the **Caregiver** field and select the Caregiver that completed the service.
 - iv. Enter the Address where the service started.
 - v. Enter the address where the service ended; you can click the blue circular button, with the arrow, to copy the start address as the end address.
 - vi. Enter the date and time the service started.
 - vii. Enter the date and time the service ended.

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\pm	Select Recipient	Select Careniver*	Status	Status NEW	Payer	Payer FLT1	Provider NPI	Provider NPI Number 1999990334	<u>^</u>		
:=	Caregiver	TEST USER		Recipient Name			Number	NPI Zip Code			
0			Recipient Name	ANNA ADENIYI	Payer ICN	Payer ICN	NPI Zip Code	152130000			
1			Recipient Date Of	Recipient Date Of Birth 10/02/1983	Jurisdiction	Jurisdiction	NPI Taxonomy	NPI Taxonomy 251E00000X	- 88		
~			Birth					Actual Start Address			
			Recipient Member ID	Recipient Member ID	Plan	Plan	Actual Start Address	2590 NE 43RD STREET			
-			Procedure Code	Procedure Code \$9122	Program	Program	Actual Service Star	Actual Service Start 08/29/2021	•		
22			December Orde		Ct	Start Verification Method		Actual End Address			
			Modifier	Procedure Code Modifier	Method	NON	Actual End Address	2590 NE 43RD STREET			
			Calculated Units	Enter Calculated Units	End Verification	End Verification Method NON	Actual Service End	Actual Service End 08/29/2021			
\$				Diagnosis Code	method						
€			Diagnosis Code	A009					- 10		
			Medicaid Treating Provider ID	Medicald Treating Provider ID					- 84		
			4	9rd Dame Liabilitu					•		
								Cancel	Submit		
						Clear Review					
		Privacy Policy			Copyright © 2021 Net	smart Technologies, Inc. All ri	rights reserved.			Terms of Use	

6. Review the service data and click the blue **Submit** command to create and transfer the service record to the Work List.

Click Cancel to return to the New Claim form to edit the service data.



7. Click **OK** to save the service records and close the confirmation dialog box.

The new service record will be transferred to the Work List, where it will be screened and labeled as Match or Unmatched.

Claim Review

You are here: Mobile Caregiver+ Claims Console > Claim Review

Topics covered in this chapter:

- Managing the Claim Review Search List
- Reviewing Status and Remittance Data for Released Service Records
- Locating and Remediating Rejected Claims
- Appealing Denied Claims
- Adjusting Paid and Partially Paid Claims
- Voiding Paid and Partially Paid Claims

Providers will use the Claim Review menu option to view status and remittance data for billable services that have been released from the Work List. In addition, Providers will use Claim Review to create and export remittance reports, as well as to void and adjust Paid and Partially Paid claims. The statuses of all billable service records that are released from the Work List will automatically be updated to Released. Released service records will be displayed in Claim Review.

Billable service records and claims displayed in Claim Review will have one of nine statuses:

- **Released**: Billable services that have been released from the Work List but have not yet been submitted to the Payer.
- **Submitted**: Billable services that have been submitted to the Payer.
- Accepted: Billable services that have been accepted by the Payer, which are then considered as claims to be reviewed for adjudication. Claim that are accepted by the Payers are assigned Internal Control Numbers (ICN) to be used for identification.

Note: In the Mobile Caregiver+ system, Medicaid, as well as some others, Payers will assign the same ICN to all claims submitted in a batch for a particular Recipient. You may have several claims with the same ICN; if any claim in the batch is adjusted and resubmitted, **all claims** with the same ICN must be resubmitted, including those that are not adjusted.

• **Rejected**: Billable services that have technical errors, such as bad or missing data will be labeled as "Rejected;" Rejected service records are returned to the Mobile Caregiver+ Work List for remediation.



• **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.

Note: Currently in the Mobile Caregiver+ System, Providers must manually create a new service record to resubmit for payment (appeal) for a denied claim.

- **Paid**: Claims that the Payer accepted, reviewed, and adjudicated to remit the full amount.
- **Paid Partial**: Claims that the Payer accepted, reviewed, and adjudicated to remit partial payment for. Providers may choose to adjust partially paid claims.
- **Adjusted**: Paid or Partially Paid claims that a Provider has edited (made changes to) and resubmitted for adjudication.
- Voided: Paid or Partially Paid claims for which a Provider has voided (reversed) payment.

Managing the Claim Review Search List

You are here: Mobile Caregiver+ Claims Console > Claim Review > Managing the Claim Review Search List

Providers will use the Claim Review menu option to view status and remittance data for billable services that have been released from the Work List.

To view status and remittance data for service records in Claim Review:

- Claim Review Tabs E Schedule Clain **Filter Parameters** - Visits laim Rev Add Payer ICN Payer Enter Visit ID Actual Ser End Ê Search Clear Search List Export 🏟 Setting ∃ Logout 6/16/21 FLT1 14.00 2 BAKER E411 6/11/21 ELT1 14.00 14.00 14.00 T1019 PA785913 3 WHISKEY 12.00 14.00 T1019 F411 6/22/21 0.00 Copyright @ 2021 Netsmart Tech
- 1. From the **Main Menu**, click on **Claim Review**.

Click in the **Payer** field and select a Payer (a Payer must be selected to proceed).
 Claim Review is composed of two tabs:

• **Claims:** Displays status and remittance data for all service records that have been release from the Work List. Providers will use the Claims tab to check on the status of billable services that have been released for claims submission, review remittance data from Payer, and review any reported error for Rejected and/or Denied claims.

• Voids and Adjustment: Providers will use the Voids and Adjustment tab to void and/or adjust Paid and Partially Paid claims. Providers will also use the Voids and Adjustment tab to view the list of claims that have been voided and/or adjusted.

Users can manage/filter the list of records in Claim Review by using the fields located in the header.

3. Filter the Search List by entering/selecting one or more search parameters in one or more of the following fields:

Field Name	Filter Description
Payer	Providers can select a Payer to filter the Claim Review list to only service records/claims for Recipients who are insured by the selected Payer. Providers must select a Payer to display status and remittance data for.
Payer ICN	Providers can enter an Internal Control Number to filter the Claim Review list to display on claims that have been assigned a designated ICN; Payers will assign an ICN number to claims once they have been accepted for payment adjudication.
Status(es)	Providers can filter the list of service records/claims by selecting one or more of the following statuses: Released, Submitted, Accepted, Rejected, Paid, Paid Partial, Denied. The system will only display service records for the selected status(es).
Procedure Code(s)	Providers can filter the list of service records in Claim Review by selecting one or more Service Codes. The system will only display service/claims for the selected Procedure Code(s).
Visit ID	Providers can enter a unique Visit ID to filter the list to display only billable service(s)/claim completed in the specified visit.
Authorization Number	Providers can enter a unique Authorization Number to filter the list of service records only display the billable service(s)/claims completed for the Recipient and the Service listed in the Prior Authorization.
Recipient	Providers can filter the list by selecting one or more Recipients – The system will only display service/claims records for the selected Recipient(s).
Member ID	Providers can enter a unique Member ID to filter the list to display only billable service(s)/claim completed for the specified member.

Field Name	Filter Description
Actual Start Date	Providers can filter Claim Review to display a specific range of service records, based the start date and time values the EVV device(s) reported for completed services. Providers must enter an Actual Service Start (From) date, in combination with an Actual Service End (To) date, to filter Claim Review to display a list of services that one or more EVV devices reported as having been started in the specified date range.
Actual End Date	Providers can filter the Work List to display a specific range of service records based the reported start date and time values from the EVV device(s) used for completed services. Providers must enter an Actual Service Start (From) date, in combination with an Actual Service End (To) date, to filter Claim Review to display a list of services that one or more EVV devices reported as having been started in the specified date range.

4. After entering all search parameters, click the blue **Search** command to see a list of service records that match the search parameter(s). Click the Clear command to clear all search parameters.

Reviewing Status and Remittance Data in Claim Review

You are here: Mobile Caregiver+ Claims Console > Claim Review > Reviewing Status and Remittance in Claim Review

Claim Review displays status and remittance data for all service records that have been released from the Work List. Providers will use Claim Review to check on the status of billable services that have been release for claims submission, review remittance data from Payer, and review any reported error for Rejected and/or Denied claims.

To view status and remittance data in Claim Review:

1. From the Main Menu, click Claim Review.

=	Mobile Caregiver+									=	English	Leawood Agency 💙	💵 Provider 🗸	Brad Phillip	ps 🗸	
55	Dashboard	Claims														
Ē	Schedule	Claim	Voids and Adjustments													
$\overline{\tau}$	Visits	Claim Review	-												^	
=	Work List		Salart Dever *													
•	Claim Review	Payer	Statewide Medicaid MCO (Payer F	🕲 (bee		Payer ICN(s)	Add Payer ICN			Status(es)	Se	lect Status				
Ē	Prior Authorizations	Procedure	Select Procedure Code			Visit ID	Enter Visit ID			Authorizatio	n Ad	d Authorization Number			_	
\sim	Reports	Select	Add Designment				Add Manker ID			Actual Serv	C0					
	Users	Recipient(s)	Add Hadpant			Member ID(s)	Add Weinber ID			Start		an		e	-	
22	Recipients	Actual Service End	To		Ð											
Ê	Provider						Searc	h Clear								
+	Training	Search List												Export	^	
\$	Settings														,	
∋	Logout	Row Recipient Las	t Name Recipient First Name	Visit ID	Member ID	Status 🤟	Procedure Codes/Mods	Diagnosis Code	Service Date	Authorization Number	Payer	Calculated Amount	Billable Amount	Paid Amount		
	*	1 BAKER	BILL	1901234978	KS10001L	RELEASED	T1019	F411	6/16/21	PA785913	FLT1	14.00	0.00			
		2 BAKER	BILL	0374382863	KS10001L	PAID	T1019	F411	6/11/21	PA785913	FLT1	14.00	14.00	14.00		
		3 WHISKEY	THOMAS	1158286807	99991001	PAID	T1019	F411	6/22/21	TW55889PA	FLT1	12.00	0.00	14.00		
												items per page: 20 *	1 – 3 of 3	$ \langle \rangle \rangle$	×	
	Privacy		Copyright © 2021 Netsmart Technologies, Inc. All rights reserved.								Terms of Use					

- 2. Click in the **Payer** field and select a Payer. You must select a Payer to continue.
- 3. Enter any other optional search parameters.
- 4. Click the blue **Search** command to display the list of claims and service records that match the search parameters.

The Search List displays the following data:

Field Name	Description
Recipient Last Name	Displays the Recipient's last name for each record.
Recipient First Name	Displays the Recipient's first name for each record.

Field Name	Description
Visit ID	Displays the unique ten-digit Netsmart ID that is assigned to the visit. If allowed by the Payer, services that are scheduled and completed in a single visit, will have the same Visit ID.
Member ID	Displays the ID that the Payer has assigned to the Recipient.
Status	Displays the status of the service record or claim i.e., Released, Submitted, ACK, NACK Accepted, Rejected, Paid, Partially Paid, and/or Denied:
	 Released – Billable service record(s) that have been transferred to Claim Review to be transmitted to a Payer.
	 Submitted – Billable service records(s) that have been transmitted and are enroute to Payer.
	 ACK – Transmitted service records for confirmation has been received that the transmitted data has been received by the Payer. Service records waiting to be screened for acceptance for claims adjudication.
	 NACK – Transmitted service record(s) for which no confirmation has been received that the transmitted data has been received by the Payer.
	 Accepted – Billable service records that passed initial screening for technical errors and have become claims that await Payer adjudication for remittance.
	 Rejected – Billable service records that failed initial screening for technical errors and have been returned to the Claim Console, Work List for remediation and resubmission.
	• Paid – Adjudicated claims for which the Payer has paid the full amount for rendered services.
	• Partially Paid – Adjudicated claims for which the Payer has paid a partial amount for rendered services.
	 Denied – Adjudicated claims for which the Payer has denied (refused) payment.
Procedure Codes/Mod	Displays the Procedure Code (Service Code) that is listed in the service record or claim.

Field Name	Description
Diagnosis Code	Displays the Recipient's Diagnosis Code(s) that is listed in the service record or claim.
Service Date	Displays the date and time values the EVV device recorded when the service was started
Authorization Number	Displays the ID number that is assigned to the Authorization that has been issued for the Recipient and service listed in the service record.
Payer	Displays the Name of the Payer that the service will be submitted to.
Calculated Amount	Displays the estimated remittance amount the Provider will receive from the Payer for the rendered service.
Billable Amount	Displays any manually adjusted remittance amount the Provider has entered.
Paid Amount	Displays the Remittance Amount issued for paid claims.

5. Click on any record to view the service details.

=	Mobile Caregiver+				English Sunshine Ca	are (FL) V 🛯 🛛 Provider V 🕒 Dale Carr V
	Claim	Share Of Cost Messaging	Technical			ŕ
		Status		Scheduled Visit Start		System-Assigned Auth No
Ē	Status	RELEASED	Scheduled Visit Start	Aug 18, 2021, 4:00 AM	System-Assigned Auth No	BR12345678
		Recipient Name		Scheduled Start Address		
Ŧ	Recipient Name	BUCK ROGERS	Scheduled Start Address	800 Fairway Drive Deerfield Beach FL 33441	Manual Override Auth No	Manual Override Auth No
		Recipient Date Of Birth		Actual Service Start		Procedure Codes/Mods
	Recipient Date Of Birth	07/03/1945	Actual Service Start	Aug 18, 2021, 4:00 AM	Procedure Codes/Mods	S9122
				Billable Service Start		Calculated Units
	Recipient Member ID	Recipient Member ID	Billable Service Start	Aug 18, 2021, 4:00 AM	Calculated Units	2
		Recipient Medicaid ID		Start Verification Method		Calculated Amount
	Recipient Medicaid ID	BR123456789	Start Verification Method	GPS	Calculated Amount	36
\sim		Davater		Start Coordinates		
	Paver	STATEWIDE MEDICAID MC0 (PAYER FEED)	Start Coordinates	26.3402557, -80.1293263	Billable Amount	Billable Amount
-				Second Marian and Adding a		
00	Paver ICN	Payer ICN	Start Variance (Miles)	1.3	Paid Amount	Paid Amount
20						
Ê	Jurisdiction	Jurisdiction	Scheduled Visit End	Scheduled Visit End Aug 18, 2021, 6:00 AM	Billable Units	Billable Units
					Dillable of Hits	
*	Plan	Plan	Cabadulad End Address	Scheduled End Address 800 Eairway Drive Dearfield Reach EL 33441	and Boots Linkility	3rd Party Liability
	Fian		Scheduled End Address	boortan way brive been led beach re obeen	Sid Party Liability	Stor Fully Elaberty
				Actual Service End		Last Modified
	Program	Program	Actual Service End	Aug 18, 2021, 6:00 AM	Last Modified	08/19/2021
€		Provider NPI Number		Billable Service End		Last Modified By
	Provider NPI Number	1999990334	Billable Service End	Aug 18, 2021, 6:00 AM	Last Modified By	Dale Carr
		NPI Zip Code		End Verification Method		Source System
	NPI Zip Code	15213	End Verification Method	OTHER	Source System	EVVW

 \land

Locating and Remediating Rejected/Nack Claims

You are here: Mobile Caregiver+ Claims Console > Claim Review > Locating and Remediating Rejected Claims

Claim Review displays status and remittance data for all service records that have been released from the Work List. Providers will use Claim Review to check on the status of billable services that have been release for claims submission, review remittance data from Payer, and review any reported error for Rejected and/or Denied claims.

Claims that have technical error i.e., incorrect Medicaid ID, invalid (non) ICD-10 Diagnosis Code, or any other missing or bad data will be rejected and returned to the Work List for remediation.

To locate Rejected claims in Claim Review:

- English Sunshine Care (FL) 🗸 🔠 Provider 🗸 BDale Carr ~ Claims Dashboard 营 Schedule Claim Voids and Adjustments Visits Ŧ Claim Review Work List vide Medicaid MCO (Payer Add Payer ICN Status(es) Select Status ICN(s) Pave Prior Authorizations Authorization Select Procedure Code Visit ID Enter Visit ID Add Authorization Numb → Reports Number(s) Actual Membe Users Add Member ID Servic E) Recini ID(s) Secipients Servic End Provider Clea + Training Search List C Settings Export ^ Recipient Last Name Visit ID Member ID Code First Name 1 ROGERS BUCK 0419345942BR123456789RELEASED S9122 A1812 7/27/21 BR12345678 FLT1 2 ROGERS BUCK 0920762111BR123456789RELEASED S9122 A1812 8/18/21 BR12345678 FLT1 2021 Netsmart Technologies Inc. All rights res
- 1. From the Main Menu, click Claim Review.

- 2. Click in the Payer field and select a Payer. You must select a Payer to continue.
- 3. Click in the Status(es) field and select Rejected/Nack.
- 4. Enter any other optional filter parameter.
- 5. Click the blue **Search** command.
- 6. Locate and click on a Rejected service record to view the service details.



≡	👮 Mobile Caregiver+				English	Sunshine Care (FL) 🗸	E Provider	∽ 🙁 Dale Carr ∽
	Dashboard	NPI Taxonomy	NPI Taxonomy 251E00000X	End Coordinates	End Coordinates 26.3402036, -80.1294406			
Ē	Schedule	Caregiver Name	Caregiver Name DALE CARR	End Variance (Miles)	End Variance (Miles) 1.3			
Ŧ	Visits	Medicaid Treating Provider ID	Medicaid Treating Provider ID 113456782	Diagnosis Codes	Diagnosis Codes A1812			
:=	Work List	Denial Date	Denial Date 💼					
•	Claim Review							
	Prior Authorizations	Denial Reason	Denial Reason					
\sim	Reports	Referring Physician Name	Referring Physician Name					
*	Users	Referring Physician ID	Referring Physician ID					
88	Recipients	Referring Physician NPI Taxonomy	Referring Physician NPI Taxon.	88 11				
Ê	Provider	Edits & Errors	Visit Requirements					
*	Training	Item	Reason/Error Code	ason/Error Code Description	Change		Modified On	Modified By Notes
¢	Settings	Service Code	9040 Pr Co	ocedure Code/Modifiers prrected	S9122,TT,null,null,null > S9122,nu	il,null,null,null	8/12/21, 2:39 PM	Dale dem Carr o
€	Logout	C ERROR	Invalid/Missing Medica Missing/Invalid Diagno	id ID osis Code	· •			
	Privacy Policy		Copyright © 2021 Ne	tsmart Technologies, Inc.	All rights reserved.		Terms	of Use

Rejected/Nack service records will be returned to the Work List. Providers cannot remediate rejected/Nack service records in the Work List.

Warning: Do not rematch and resubmit Rejected/Nack service records until you have corrected all reported errors. Service records that are rematched and resubmitted without remediation will be rejected.

Note: Providers using alternate EVV Systems can archive Rejected/Nack service records and use their alternate EVV system to create and submit new service records to appeal denied claims

- 7. Scroll down to the Edits and Errors Report to view reported errors.
- 8. Go to the **Work List** to remediate any reported errors.
- 9. From the Main Menu, click on Work List.
- 10. Click in the **Payer** field and select the Payer.
- 11. Click in the **Status(s)** field and select **Rejected/Nack**.
- 12. Click the blue **Search** command to see a list of Rejected service records that match the search parameters.
- 13. Click on a rejected service record to view the service details.
- 14. Remediate any errors that were reported for the rejected service record.
- 15. Rescreen and Release Matched service record.

Locating and Remediating Denied Claims

You are here: Mobile Caregiver+ Claims Console > Claim Review > Locating and Remediating Denied Claims

Claim Review displays status and remittance data for all service records that have been released from the Work List. Providers will use Claim Review to check on the status of billable services that have been release for claims submission, review remittance data from Payer, and review any reported error for Rejected and/or Denied claims.

Payers may Deny claims for duplication submission, untimely submission, etc.

Providers can use the Search List in Claim Review to locate, and review reported error for Denied claims. Denied claims are not returned to the Work List for Remediation; Provider must use the Work List to manually create new service records in to appeal Denied claims.

To locate and appeal Denied Claims in Claim Review:

	Mobile Caregiver+								English	Sunshine Care (FL) 💙	Provid	ler 🛩	😫 Dale Carr 🗸
	Dashboard	Claims												
Ē	Schedule	Claim	Voids ar	nd Adjustmen	ıts									
Ŧ	Visits	Claim Review												^
	Work List		Select Paver *											
٩	Claim Review	Payer	Statewide Medicaid MCO (Payer Seed) Select Procedure Code Add Recipient		Payer ICN(s)	Add Payer ICN Enter Visit ID			Status(es)	Selec	t Status			
Ē	Prior Authorizations													
\sim	Reports	Procedure Codes			Visit ID				Authorizatio Number(s)	Add #	Authorization			
	Users	Select Recipient(s)				Member ID(s)	Add Member ID			Actual Service	From			Ð
22	Recipients	Actual Service	То							Guit				
Ê	Provider	End												
+	Training						Search	Clear						
\$	Settings	Search List											1	Export ^
€	Logout	Recipient Last Name	Recipient First Name	Visit ID	Member ID	Status 🕹	Procedure Codes/Mods	Diagnosis Code	Service Date	Authorization Number	ayer	Calculated Amount	Billable Amount	Paid Amount
		1 ROGERS	BUCK	041934594	42BR1234567	789RELEASED	S9122	A1812	7/27/21	BR12345678	LT1	0.00	36.00	~
		2 ROGERS	BUCK	09207621	11BR1234567	789RELEASED	S9122	A1812	8/18/21	BR12345678	EUT1	36.00	0.00	3 2 7
	Photo		-	onvright @	2021 Neter	art Technolo	aiec Inc. All r	ighte recen	had			Tor	me of Lica	

1. From the Main Menu, click **Claim Review**.

- 2. Click in the **Payer** field and select a Payer. You must select a Payer to continue.
- 3. Click in the **Status(es)** field and select Denied.
- 4. Enter any other optional filter parameter.
- 5. Click the blue **Search** command.



6. Locate and click on a Denied claim to view the service details.

≡	👮 Mobile Caregiver+				English	Sunshine Care (FL) 🗸	Ell Provider 🗸	😩 Dale Carr 🗸
	Dashboard	NPI Taxonomy	NPI Taxonomy 251E00000X	End Coordinates	End Coordinates 26.3402036, -80.1294406			ŕ
Ē	Schedule	Caregiver Name	Caregiver Name DALE CARR	End Variance (Miles)	End Variance (Miles) 1.3			
Ŧ	Visits	Medicaid Treating Provider ID	Medicaid Treating Provider ID 113456782	Diagnosis Codes	Diagnosis Codes A1812			
=	Work List	Denial Date	Denial Date	21				
•	Claim Review	benia bate						
Ē	Prior Authorizations	Denial Reason	Denial Reason					
\sim	Reports	Referring Physician Name	Referring Physician Name					
*	Users	Referring Physician ID	Referring Physician ID					
8	Recipients	Referring Physician NPI Taxonomy	Referring Physician NPI Tax	con				
Ê	Provider	Edits & Errors	Visit Requirements					
*	Training	Item	Reason/Error Code	Reason/Error Code Description	Change		Modified On By	ified Notes
\$	Settings	Service Code	9040	Procedure Code/Modifiers Corrected	S9122,TT,null,null,null > S9122,n	ull,null,null	8/12/21, Dale 2:39 PM Carr	e dem
€	Logout	ERROR	Invalid/Missing Med Missing/Invalid Dia	icaid ID pnosis Code	-			
	Privacy Policy		Copyright © 2021	~ Netsmart Technologies, Inc	. All rights reserved.		Terms of U	se

Note: Denied claims will not be returned to the Work List for remediation and resubmission.

Providers must use the New Claim function in the Work List to create new service records to appeal a denied claim.

Note: Providers using alternate EVV Systems can use their alternate EVV system to create and submit new service records to appeal denied claims.

- 7. Scroll down to the Edits and Errors Report to view reported errors.
- 8. From the Main Menu, click on Work List.
- 9. Click in the **Payer** field and select the Payer.
- 10. Click on the **New Claim** Tab.
- 11. Use the New Claim form to create a new service record to appeal the denied claim.

Adjusting Paid and Partially Paid Claims

You are here: Mobile Caregiver+ Claims Console > Claim Review > Adjusting Unpaid/Partially Paid Claims

Claim Review displays status and remittance data for all service records that have been released from the Work List. Providers will use Claim Review to check on the status of billable services that have been release for claims submission, review remittance data from Payer, and review any reported error for Rejected and/or Denied claims.

Providers will use Claim Review to locate, review, and adjust paid and partially paid claims. Only Paid and Partially Paid claims can be adjusted.

Note: The Mobile Caregiver+ Claims Console allows Providers to manually adjust the Billable Service Start and/or the Billable Service End Time(s) for Paid and Partially Paid claims – the system will automatically calculate and adjust the Billable Units and the Billable Amount values for all Paid and Partially Paid claims where Providers have adjust the Billable Start/End Time(s).

Note: Medicaid, as well as some other Payers, assign the same ICN to all claims submitted in the same batch for a Recipient. You may have multiple claims with the same ICN; if any claim in a batch is adjusted and resubmitted, **all claims** with the same ICN must be resubmitted, including those that were not adjusted.

To adjust the **Billable Service Start** and/or the **Billable Service End** time for "Paid" or "Partially Paid" claims:

1. From the Main Menu, click **Claim Review**.

=	Mobile Caregiver+								English	Sunshine Care (FL) 🗸	Ell Provider		BDale Car	r~
	Dashboard	Claims													
Ē	Schedule	Claim	Voids a	nd Adjustments											
Ŧ	Visits	Claim Review												,	
=	Work List		Select Payer *			Davies									
	Claim Review	Payer	Statewide Mer Feed)	dicaid MCO (Payer	٢	ICN(s)	Add Payer I	CN		Status(es)	Select	Status			
-	Prior Authorizationa	Develop								t at state					
\sim	Reports	Codes	Select Procedure	e Code		Visit ID	Enter Visit II	D		Mumber(s)	n Add Au	uthorization Nu	mber		
	Users	Select Recipient(s)	Add Recipient			Member ID(s)	Add Membe	er ID		Service Start	From			Ē	
20	Recipients	Actual Service	То												
Ê	Provider	End					Course	Clear							
+	Training						Search	Clear							_
\$	Settings	Search List												Export	•
€	Logout	Recipient Last Name	Recipient First Name	Visit ID Me	mber ID	Status 🕹	Procedure Codes/Mods	Diagnosis Code	Service Date	Authorization F Number	o _{ayer} C	Calculated Amount	Billable Amount	Paid Amount	
		1 ROGERS	BUCK	0419345942BR	1234567	89RELEASED	S9122	A1812	7/27/21	BR12345678	FLT1	0.00	36.00		
		2 ROGERS	BUCK	0920762111BR	1234567	89RELEASED	S9122	A1812	8/18/21	BR12345678 F	FLT1	36.00	0.00	121	
		Last Name I ROGERS 2 ROGERS	BUCK BUCK	0419345942BR 0920762111BR	1234567 1234567	789RELEASED	Codes/Mods S9122 S9122	Code A1812 A1812	Date 7/27/21 8/18/21	Number P BR12345678 F BR12345678 F	-uyer -CT1 -CT1	Amount 2 0.00 36.00	Amount 36.00 0.00	A	

- 2. Click in the **Payer** field and select a Payer.
- 3. Click the Voids & Adjustments tab.

E I Mobile Caregiver+		English	Sunshine Care (FL) 🗸	💵 🛛 Provider 🗸	🕒 Test User 🗸
Dashboard	Ciaim Volds and Adjustments				
Schedule	Voids and Adjustments				^
- Visits	Select Payer *				
Work List	Payer Aetna of Florida 🔘				
Claim Review	Add ICAW 1755.44 10				
Prior Authorizations					
✓ Reports	Search Clear				
Users					
Recipients					
Provider					
Training					
Settings					

- 4. From the **Voids and Adjustment** tab, click in the **Payer** field and select a Payer.
- 5. If you know the ICN, enter it in the ICN# field. You can copy the ICN number from the service details of the record on the claims tab.
- 6. Click the blue **Search** command.

					- Engin			Thomas .	O rest Os	
Dashboard	Claim Voids and A	idjustments								
Schedule	Voids and Adjustments									^
Work List Claim Review		Payer A	et Payer * Statewide Medicald MCO (Par 100# 544441002	(er Feed) 🕲						
Prior Authorizations Reports			Search Clear							
Users	Search List									^
Provider	TRX# ICN	# Ct ubmitted	Claim Date Range	Claim Billed Amount	Claim Paid Amount	Claim Status	ADJ/VOID	Status ADJ/	VOID Date	
J Training Settings	20211111103414202	21111110341411/11/21	6/9/2021- 6/9/2021	\$143.44	\$143.44	PAID	-	-		
Logout	20211217123025-	12/17/21	5/24/2021- 6/17/2021	\$22.00	\$22.00	PAID	-	-		
					Items per	page 20 💌	1 - 2 of 2	< - <	>	>1
		Copyright © 2021 Netsma	rt Technologie	s, Inc. All rights r	eserved.		Terms of Use			
		terns per page: 20	▼ 1 - 1 of 1	$ \langle \rangle \rangle$	×					
Priva	icy Policy	Copyright © 2021 Netsmart Technologies. Inc. All rights reserved.								

7. Locate and click anywhere on the record of the claim you want to adjust, to view the details.

=	1 Mobile Caregiver+	💴 English UAT Tellus Demo 🗸 🖪 Provider 🗸 😝 Dale Carr 🗸	
5	Dashboard	Search	ľ
Ē	Schedule	Search List	
Ŧ	Visits	TRX# ICN# Claim Submitted Claim Date Claim Billed Claim Paid Claim Status ADJ/VOID Status ADJ/VOID Date	
\equiv	Work List	202111111034142021111110341411/11/21 6/9/2021 \$44.00 \$143.44 RELEASED ADJUSTED 1/4/22	ĺ
0	Claim Review	Adjust Vold	
•	Prior Authorizations	Adjust Billable Amount System- Original Billable Billable	
\sim	Reports	Recipient Diagnosis Procedure Assigned PA Manual Billed Original Pail Service Service Billable Rate Billab SOC/TPL Name Code Codes/Mods # Override PA # Amount Start End	
**	Users	AMON A000,H200 T1019 / 503321001+ / \$143.44 \$143.44 6/9/2021, 6/9/2021, / \$0.00 8 / \$143.44 :	
8	Recipients	TOTAL \$143.44 \$143.44 \$143.44	
Ê	Provider	Adjust Cancel	
*	Training	20211217123025- 12/17/21 5/24/2021- (13/2001 \$22.00 \$22.00 PAID)	
\$	Settings	0/1//2021	l
	Privacy Policy	Copyright © 2021 Netsmart Technologies, Inc. All rights reserved. Terms of Use	

- 8. Click on the Action icon, ¹, located to the right of the claim you want to adjust.
- 9. From the shortcut submenu, click *Edit Billable Time, Procedure Code/Modifiers, and/or Prior Auth.*

The system will display the *Edit - Billable Time, Procedure Code/Modifiers, and/or Prior Auth* dialog box, which allows you to adjust one or more of the following:

- Billable Start and the Billable End Times.
- Billable Units and the Billable Amount.
- Prior Authorization.
- Procedure Code/Mod for the claim.

Note: The system will also display the Edit - Billable Time, Procedure Code/Modifiers, and/or Prior Auth dialog box if you click on the edit icon, , for the Procedure Codes/Mods, Manual Override PA, Billable Service Start and/or the Billable Service End fields.

Adjusting the Billable Service Start time and Billable Service End time:

i. Click on the clock icon, ^{(IIII}), to adjust the **Billable Service Start** and/or the **Billable Service End** time(s).

Billable Service Start		Time		
06/09/2021	•	10:30 AM		Q
Billable Service End		Time		
06/09/2021		12:30 PM		S
		Set time		
Reason Code		66		Ŧ
		01 : 30	РМ	
Note				
		Cancel	ок	
Procedure Codes/Mods			0 of	2000 characters
T1019				
Reason Code				-
You must make a selection!				
Note				
				_

- ii. Select a Reason Code.
- iii. You can also add text in the Note field to help clarify the reason for the change.
- iv. Click Apply to save the adjusted Billable Service Start and/or Billable Service End time(s).

Adjusting the Prior Authorization Number:

i. Click on the checkbox in the **Select Authorization** field. The system will display all active Authorizations for the Recipient.

141 041 2022	-	12.10 F W		\odot
Reason Code				
0002 (Other (See Comn	nents))			*
lote				
Inter note here				
				0
				G _{li}
rocedure Codes/Mods			16 of 2000 char	acters
				_
S5150				Î
S5150				
S9124 A1				
1113				
00100				
\$9122				

- ii. Select the Authorization you want to use.
- iii. You can also add text in the Note field to help clarify the reason for the change.

Adjusting the Service Code

i. Click in the **Procedure Code/Mods** field. The system will display all active Authorizations for the Recipient.

 -

- ii. Select the service code you want to use.
- iii. You can also add text in the Note field to help clarify the reason for the change.
- iv. Click *Apply* to apply the service code the claim.

10. Click the blue **Adjust** after adjusting the line(s) that should be adjusted.

Click Cancel to exit the Adjust Claim window and return to the Voids and Adjustments Search List; all adjustment will be saved; providers can make review and/or make additional adjustments.



Clicking **OK** *will adjust and release the claim to be submitted to the Payer. Providers will not be able to make any further adjustment.*

11. Click **OK** to Release the adjusted claim for resubmission.

Manually Adjusting Billable Units/Billable Amount for Paid and Partially Paid Claims

You are here: Mobile Caregiver+ Claims Console > Claim Review > Manually Adjusting Billable Units and Billable Amount for Paid and Partially Paid Claims

Providers will use Claim Review to locate, review, and adjust paid and partially paid claims. Only Paid and Partially Paid claims can be adjusted.

Note: The Mobile Caregiver+ Claims Console allows Providers to manually adjust the Billable Units and/or the Billable Amounts, without changing the Billable Service Start and/or the Billable Service End Time(s), for Paid and Partially Paid Claims.

To Manually enter the Billable Units/Amount for "Paid" or "Partially Paid" claims:

=	Mobile Caregiver+							Englist	n Sunshine Care (FL) 🗸 🖪	🛚 Provider 🗸	😫 Dale Carr 🗸
	Dashboard	Claims										
Ē	Schedule	Claim	Voids ar	nd Adjustments								
Ŧ	Visits	Claim Review										^
:=	Work List		Select Paver *									
•	Claim Review	Payer	Statewide Med Feed)	dicaid MCO (Payer	Payer ICN(s)	Add Payer	ICN		Status(es)	Select Stat	us	
-	Prior Authorizations											
\sim	Reports	Procedure Codes	Select Procedure	e Code	Visit ID	Enter Visit	ID		Authorizatio Number(s)	Add Author	rization Number	
	Users	Select Recipient(s)	Add Recipient		Member ID(s)	Add Memb	per ID		Actual Service Start	From		Ē
22	Recipients	Actual Service	То									
Ê	Provider	End										
*	Training					Search	Clear					
\$	Settings	Search List										Export ^
€	Logout	Row Recipient Last Name	Recipient First Name	Visit ID Membe	er ID 🛛 Status 🕹	Procedure Codes/Mods	Diagnosis Code	Service Date	Authorization Number	Payer Calcu Amo	lated Billable ount Amount	Paid Amount
		1 ROGERS	BUCK	0419345942BR123	456789RELEASED	S9122	A1812	7/27/21	BR12345678	FLT1 0	.00 36.00	
		2 ROGERS	BUCK	0920762111BR123	456789RELEASED	S9122	A1812	8/18/21	BR12345678	FLT1 34	6.00 0.00	141
	B		-	Convright @ 2021 No	etemart Technoli	oniee Inc All	rinhte racan	hou			Terme of Her	

1. From the Main Menu, click Claim Review.

- 2. Click in the **Payer** field and select a Payer.
- 3. Click the Voids & Adjustments tab.

E 🕂 Mobile Caregiver+		English	Sunshine Care (FL) 🗸	Ell Provider 🗸	🕒 Test User 🗸
Dashboard	Claim Volds and Adjustments				
Schedule	Voids and Adjustments				^
- Visits	Select Payer *				
Work List	Payer Aetna of Florida 🕲				
Claim Review	Add ICN#				
Prior Authorizations	ICNII (7/3044 @)				
✓ Reports	Search Clear				
Users					
Recipients					
Provider					
Training					
C Settings					

- 4. From the **Voids and Adjustment** tab, click in the **Payer** field and select a Payer.
- 5. If you know the ICN, enter it in the ICN# field. You can copy the ICN number from the service details of the record on the claims tab.
- 6. Click the blue **Search** command.

nobile Caregiv 🖉	ver+				Englis	h Sunshine Care	(FL) 🗸 🔰	💵 🏽 Provider 🗸	😫 Test User 🗸
Dashboard	Claim Volds and Adjustments								
Schedule	Voids and Adjustments								^
Work List		s Payer	elect Payer * Statewide Medicald MCO (Pay	er Feed) 🕲					
Claim Review		ICN#	4444410002 @						
Prior Authorizations Reports			Search Clear						
Users	Search List								^
Recipients									
Provider	TRX# ICN#	Ctopubmittee	l Claim Date Range	Claim Billed Amount	Claim Paid Amount	Claim Status	ADJ/V0	ID Status ADJ	/VOID Date
Training Settings	20211111103414202111111	0341411/11/21	6/9/2021- 6/9/2021	\$143.44	\$143.44	PAID	-		
Logout	20211217123025-	12/17/21	5/24/2021- 6/17/2021	\$22.00	\$22.00	PAID	-		
					Items per j	bage 20 💌	1 - 2 of 2	2 < -	< > >
	Copyrig	ht © 2021 Netsm	art Technologies	s, Inc. All rights r	eserved.			Terms of U	Jse
							llems per page:	20 💌 1-1of1	$ \langle \rangle \rangle > \rangle$
Priva	icy Policy	Сору	right © 2021 Netsmart Tech	nologies, Inc. All rights rese	rved.			Terms of Use	

7. Locate and click anywhere on the record of the claim you want to adjust to view the details.

≡	Mobile Caregiver+			English UAT	Netsmart Demo 🗸 🛛	💵 Provider 🗸	😫 Dale Carr 🗸
	Search List						^
Ē	TRX# ICN# C	laim Submitted Date Claim Date Range	Claim Billed Amount Claim	Paid Amount Claim St	tatus ADJ/VOID S	Status ADJ/VOID	Date
:=	20211111103414488 20211111103414488 1	1/11/21 6/9/2021-6/9/2021	\$48.00 \$143.	.44 RELEAS	SED ADJUSTE	D 3/11/22	
0	Adjust Void						
	Recipient Name Diagnosis Code Procedure Codes/Mods	System- Manual Override Original E Assigned PA # PA # Amou	Billed Original Paid Billab nt Amount Service S	le Billable Bil Start Service End	llable Rate Billable Units	Billab	
\sim	AMON AARON A000,H20011 T1019	5033210014 TEST 🖍 \$48.0	00 \$143.44 6/9/202 09:30 AI	21, 🕜 6/9/2021, 🌈 M 01:30 PM	\$3.00 16	\$48.00	:
*	TOTAL AMOUNT	\$48.0	00 \$143.44			\$48.00	
8			Adjust Cancel				
Ê							
*	20211217123025257 - 12	2/17/21 5/24/2021-6/17/2021	\$22.00) SUBMI	TTED -		
\$				Items	s per page 20 💌 1	- 2 of 2 < <	> >1
	Privacy Policy	Copyright © 2021 Nets	mart Technologies, Inc. A	Il rights reserved.		Terms of U	se

8. Clicking on the edit icon, </br>//</

Edit - Billable Amount	Edit - Billable Units
Billable Amount	Billable Units
47.78	15
Reason Code *	Reason Code *
5260 (Billable Dollar Amount Increased)	5140 (Number of Billable Units Decreased) -
Note Enter note for adjusting Billable Amount	Note Enter note for adjusting Billable Units.
Cancel Apply	Cancel Apply

Note: The Mobile Caregiver+ Claims Console allows Providers to manually adjust the Billable Units and/or the Billable Amounts, without changing the Billable Start/End Time(s), for Paid and Partially Paid Claims.

- 9. Manually type in the units/amount you want to bill for the service.
- 10. Click in the **Reason Code** field and select a reason for adjusting the **Billable Units/Amount.**
- 11. Enter any optional note in the **Note** field.
- 12. Click the blue **Apply** command.
- 13. Click the blue Adjust after adjusting the line(s) that should be adjusted.

Click Cancel to exit the Adjust Claim window and return to the Voids and Adjustments Search List; all adjustment will be saved; providers can make review and/or make additional adjustments.



Clicking **OK** will adjust and release the claim to be submitted to the Payer. Providers will not be able to make any further adjustment.

14. Click **OK** to Release the adjusted claim for resubmission.

Voiding Paid and Partially Paid Claims

You are here: Mobile Caregiver+ Claims Console > Claim Review > Voiding Paid and Partially Paid Claims

Claim Review displays status and remittance data for all service records that have been released from the Work List. Providers will use Claim Review to check on the status of billable services that have been release for claims submission, review remittance data from Payer, and review any reported error for Rejected and/or Denied claims.

Providers will use Claim Review to locate, review, and void paid and partially paid claims. Only Paid and Partially Paid claims can be adjusted.

Medicaid, as well as some other Payers, assign the same ICN to all claims submitted in the same batch. Voiding a claim will void all lines in the claim. The system will void all claims that have the same ICN.

To Void a "Paid" or "Partially Paid" claim:

=	Mobile Caregiver+							English	Sunshine Care (FL) 🗸	💵 Provider 💙	😫 Dale Carr 🗸
	Dashboard	Claims										
Ē	Schedule	Claim	Voids an	d Adjustments								
Ŧ	Visits	Claim Review										^
	Work List		Select Paver *									
•	Claim Review	Payer	Statewide Med Feed)	icaid MCO (Payer	B Payer ICN(s)	Add Payer	ICN		Status(es)	Select S	Status	
Ē	Prior Authorizations											
\sim	Reports	Procedure Codes	Select Procedure	Code	Visit ID	Enter Visit	ID		Authorizatio Number(s)	Add Au	thorization Number	
**	Users	Select Recipient(s)	Add Recipient		Member ID(s)	Add Memb	ier ID		Actual Service	From		Ē
28	Recipients	Actual Service	То						Start			
Ê	Provider	End				_						
+	Training					Search	Clear					
\$	Settings	Search List										Export ^
€	Logout	Row Recipient Last Name	Recipient First Name	Visit ID Membe	er ID Status 🕹	Procedure Codes/Mods	Diagnosis Code	Service Date	Authorization Number	Payer C	alculated Billable Amount Amoun	Paid Amount
		1 ROGERS	BUCK	0419345942BR123	3456789RELEASED	S9122	A1812	7/27/21	BR12345678	FLT1	0.00 36.0	0 -
		2 ROGERS	BUCK	0920762111BR123	3456789RELEASED	S9122	A1812	8/18/21	BR12345678	FLT1	36.00 0.00	

1. From the Main Menu, click Claim Review.

- 2. Click in the Payer field and select a Payer.
- 3. Click the Voids & Adjustments tab.

=	Mobile Caregiver+					English	Leawood Agency 🗸	💵 Provider 🖌	🕒 Brad Phillips 🗸
	Dashboard	Claims							
	Schedule	Claim	Voids and Adjustments						
Ŧ	Visits	Voids and Adjustn	nents						^
=	Work List				Select Payer*				
0	Claim Review			Payer	Statewide Medicald MCO (Payer Feed)				
•	Prior Authorizations			ICN#	4444410002 ©				
~	Reports				Scareb Claar				
**	Users								
**	Recipients								
E	Provider								
•	Training								
¢	Settings								
€	Logout								
	Privacy	Policy		Copy	right © 2021 Netsmart Technologies, Inc. All rights reserved.		Ten	ns of Use	

- 4. From the **Voids and Adjustment** tab, click in the **Payer** field and select a Payer.
- 5. If you know the ICN, enter it in the ICN# field. You can copy the ICN number from the service details of the record on the claims tab.
- 6. Click the blue **Search** command.

=	9 Mobile Caregiver+							-	English	Leawood Agency 🗸	💵 Provider 🐱	😫 Brad Phillips 🗸
5	Dashboard	Claims										
Ē	Schedule	Claim	Voids and Adjustments									
Ŧ	Visits	Voids and Adjustme	nts									^
=	Work List				Select Paver 1							
0	Claim Review				Payer Statewide Medicaid MCO (Payer	Feed) 🕲						
•	Prior Authorizations				Add ICN#							
~	Reports											
*	Users				Search							
88	Recipients	Search List										^
Ê	Provider	TROW	ICNW	Submitted Date	Date Range 🖕	Total Billed Amount	Paid Amount	Status		ADJ/VOID Status	ADJ/VOID Dat	le .
•	Training	2021062110190077777	444410002	6/21/21	6/22/2021-6/22/2021	\$12.00	\$14.00	PAID				
•	Settings	Adjust	Void									
⊉	Logout	Recipient Name	Start Date/Time	End Date/Time	System-Assigned Auth No Manual Override A	dh No Procedure Codes/Mods	Status	Original Amount	Paid Amou	nt Void Am	ount	
		THOMAS WHISKEY	6/22/2021, 02:17 PM	6/22/2021, 02:18 PM	TW55889PA -	T1019	PAID	\$12.00	\$14.00	\$12.00		1
		TOTAL AMOUNT						\$12.00	\$14.00	\$12.00		
						Void Cancel						
	Privacy	Policy			Copyright © 2021 Netsmart Techno	logies, Inc. All rights reserv	ed.			Ter	ms of Use	

Warning: If the claim contains multiple lines, all lines in the claim that have the same ICN, will be voided.

7. Click anywhere on the record of the claim you want to void to view the details.

8. Click the blue **Void** command.

Note: You click Cancel to exit the Void Claim window and return to the Voids and Adjustments Search List.

Search List										^
TRX#	ICN#	Submitted Date	Date Range ↓	Total Billed Amount	Paid Amount	Status	ADJ/VC	DID Status	ADJ/VOID Date	
2021050806214913	34 2021121003121		4/30/2021-4/30/202	21 \$51.66	\$51.66	PAID				
Adjust	Void									
Member Name	Start Date/Time E	nd Date/Time Syste Auth	i Are you su	re you want to Vo	oid this Claim?	Driginal Amount	Paid Amount	Void Amount		
IONY IOPE	4/30/2021, 05:00 4 AM A	/30/2021, 07:00 M		0	K Cancel	\$51.66	\$51.66	\$51.66	:	
TOTAL AMOUN	т			_	_	\$51.66	\$51.66	\$51.66		
				Void Cance	H					

9. Click **OK** to void the claim.

Prior Authorization

You are here: Mobile Caregiver+ Claims Console > Prior Authorization

Topics covered in this chapter:

- Managing the Prior Authorization Search List
- Reviewing Prior Authorization Search List
- Manually Adding Prior Authorization to a Provider's Portal
- Editing Prior Authorizations
- Deleting Prior Authorizations

The Prior Authorization Menu option allows Providers to locate, review, and manage Prior Authorizations in their Mobile Caregiver+ Provider Portals. Depending on what the Payer and Program Recipients are enrolled in, some Providers may be able to manually add Prior Authorizations to, and/or edit existing Prior Authorizations in their Provider Portals.

Note: Providers should review the prior Authorization(s) that are loaded in their Mobile Caregiver+ Portals to ensure that none are missing. Provider should ensure that data listed in Prior Authorizations are correct, including, but not limited to, the Procedure Code (Service Code), the number of units authorized, the effective start date, the expiration date, the unit type, the limit type, the limit, etc. As an ongoing practice, Providers should review Prior Authorizations to increase the likelihood of receiving timely remittance.

Prior Authorizations that are loaded in a Provider's Mobile Caregiver+ Portal will have one of three statuses:

- New: A Prior Authorization that has a New status indicates that the Recipient has not received any service that has been billed/charged against the Authorization. The Units Used value for New Authorizations will be zero. New Authorizations have the full amount of units issued available to reimburse Providers for rendering service in the future.
- **Partially** Used: A Prior Authorization that has a Partially Used status indicates that the Recipient has received at least one or more services which has been billed against the Authorization. The Units Used value for Partially Used Authorizations will be greater than zero and less than the value of the Total Units Authorized. Partially
Used Authorizations still have remaining unit available that can be used to reimburse Providers for rendering service in the future.

• **Used**: A Prior Authorization that has a Used Status indicates that the Recipient has received the full amount of service that was authorized by the Payer. The Units Used value will be equal to the Number of Units Authorized value. Used Prior Authorization will have no (zero) units available to reimburse Providers for rendering service in the future.

Managing the Prior Authorization Search List

You are here: Mobile Caregiver+ Claims Console > Prior Authorizations > Managing the Prior Authorization Search List

The Prior Authorization Menu option allows to Providers to locate, review, and manage Prior Authorizations in their Mobile Caregiver+ Provider Portals.

To access the Prior Authorization List:

1. From the Main Menu, click on **Prior Authorizations**.

	Mobile Caregiver+												English	Leawood Agency 🗸	💵 Providar 🗸	😩 Brad Phillip	
1	Dashboard	Auth	orization														÷
3	Schedule			Select Payer					0.1.1	- D 0			Authorization	False Area Deal of a	One of the back	dealers the	
	Visits	Paye	50	STATEWIDEM	EDICAD MCO (P	(TER FEED)	X P	rocedure Code	Select one or mo	e Procedure Co	des		Number	Enter Any Part of a	i Payer Prior Auto	nzation Nu	-
-	Work List	Sele	ct Recipient	Select one or m	ore Recipients		P M	rocedure Code Iodifier	Select one or mo	e Procedure Co	de Modifier		Authorization Status	Select Authorizatio	n Status		-
	Claim Review																
)	Prior Authorizations								Search	Clear							
/	Reports	Sear	ch List Prior Au	thorizations												Print	^
	Users		Restored First and						1. Bucketter						Record of them		
	Recipients		Name	Medicaid ID	Member ID	Procedure Code	From Date 1	To Date	Number	Status	Payer	Program	Authorized	Units Used	Remaining	Limit Type	
	Provider		THOMAS	99991001	FLT1-99991001- 19700202	T1019	6/1/21	9/30/21	TW55889PA		FLT1	OTHR	99	1	98.99%	N (None)	÷
]	Training		BILL BAKER	KS10001L	FLT1-KS10001L- 19900101	T1019 (TF)	6/1/21	6/30/21	PA785913	NEW	FLT1	OTHR	50	2	96%	N (None)	÷
;	Settings													llems per page: 20		$ \langle \rangle \rangle$	\geq
	Logout																
	Privacy	Policy					Copyright © 20	021 Netsmart Techr	tologies, Inc. All rig	hts reserved.				Ter	ms of Use		

2. Click in **Payer** field and select a Payer. Provider must select a Payer to proceed.

Users can filter the list of Prior Authorizations by using the fields located in the header – Users can filter the Prior Authorization List by entering/selecting one or more search parameters in one or more of the following fields:

Field Name	Filter Description
Payer	Providers must select a Payer the system will display all Authorizations for all Recipients insured by the selected Payer. Providers should routinely check to ensure that all authorizations are loaded in their Provider Portals, for all the Recipients they provide service to. Providers must select a Payer.

Field Name	Filter Description
Procedure Code	Providers can filter the list of Authorizations by selecting one or more Service Codes. The system will only display Prior Authorizations for the selected Procedure Code(s).
Authorization Number	Providers can enter a unique Authorization Number to filter the list to display a specific Authorization.
Recipient	Providers can filter the list by selecting one or more Recipients – The system will only display Prior Authorizations for the selected Recipient(s).
Procedure Code Modifier	Providers can select one or more modifier(s) to add to selected Procedure Code(s). The system will further filter the list to only display Authorizations that contain both the combination of the selected Service Code(s), along with the selected Modifier(s).
Authorization Status	Providers can filter the list of Prior Authorizations by selecting one of the following Prior Authorization statuses: New, Partially Used, or Used.

- 3. Click the blue **Search** command to see a list of Prior Authorizations that match the search parameters.
- 4. Click on a Prior Authorization record to view the Prior Authorization details.

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	Claim	Share Of Cost	Messaging	Technical				
Ē	Status	Status RELEASED		Scheduled Visit Start	Scheduled Visit Start Aug 18, 2021, 4:00 AM	System-Assigned Auth No	System-Assigned Auth No BR12345678	
÷	Recipient Name	Recipient Name BUCK ROGERS		Scheduled Start Address	Scheduled Start Address 800 Fairway Drive Deerfield Beach FL 33441	Manual Override Auth No	Manual Override Auth No	
:=	Recipient Date Of Birth	Recipient Date Of Birth 07/03/1945	Ē	Actual Service Start	Actual Service Start Aug 18, 2021, 4:00 AM	Procedure Codes/Mods	Procedure Codes/Mods \$9122	
•	Recipient Member ID	Recipient Member I	D	Billable Service Start	Billable Service Start Aug 18, 2021, 4:00 AM	Calculated Units	Calculated Units 2	
	Recipient Medicaid ID	Recipient Medicaid ID BR123456789		Start Verification Method	Start Verification Method GPS	Calculated Amount	Calculated Amount 36	
	Payer	Payer STATEWIDE MEDIC	AID MCO (PAYER FEED)	Start Coordinates	Start Coordinates 26.3402557, +80.1293263	Billable Amount	Billable Amount	
22	Payer ICN	Payer ICN		Start Variance (Miles)	Start Variance (Miles) 1.3	Paid Amount	Paid Amount	
Ê	Jurisdiction	Jurisdiction		Scheduled Visit End	Scheduled Visit End Aug 18, 2021, 6:00 AM	Billable Units	Billable Units	
*	Plan	Plan		Scheduled End Address	Scheduled End Address 800 Fairway Drive Deerfield Beach FL 33441	3rd Party Liability	3rd Party Liability	
۵	Program	Program		Actual Service End	Actual Service End Aug 18, 2021, 6:00 AM	Last Modified	Last Modified 08/19/2021	
€	Provider NPI Number	Provider NPI Number 1999990334		Billable Service End	Billable Service End Aug 18, 2021, 6:00 AM	Last Modified By	Last Modified By Dale Carr	
	NPI Zip Code	NPI Zip Code 15213		End Verification Method	End Verification Method OTHER	Source System	Source System EVVW	

Reviewing Prior Authorization Search List

You are here: Mobile Caregiver+ Claims Console > Prior Authorizations > Managing the Prior Authorization Search List

The Prior Authorization Menu option allows Providers to locate and review Prior Authorizations in their Mobile Caregiver+ Provider Portals.

To Review the Prior Authorization Search List:

1. From the Main Menu, click **Prior Authorizations**.

		Auth	orization														•
1	Dashboard	Addin	onzation														
-	Schedule Visits	Paye	21	Select Payer STATEWIDE M	EDICAID MCO (PA	YER FEED)	×	Procedure Code	Select one or mo	e Procedure Co	ies		Authorization Number	Enter Any Part of a	I Payer Prior Autho	vization Nu	_
	Work List	Sele	ct Recipient	Select one or m	ore Recipients			Procedure Code Modifier	Select one or mo	e Procedure Co	te Modifier		Authorization Status	Select Authorizatio	n Status		Ŧ
•	Claim Review Prior Authorizations								Search	Clear							
~	Reports	Sear	ch List Prior Au	thorizations												Print	^
1. 8.	Users Recipients		Recipient First/Last Name	Medicald ID	Member ID	Procedure Code	From Date	↑ To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percont of Units Remaining	Limit Type	
	Provider		THOMAS	99991001	FLT1-99991001- 19700202	T1019	6/1/21	9/30/21	TW55889PA		FLT1	OTHR	99	1	98.99%	N (None)	-
٢	Training		BILL BAKER	KS10001L	FLT1-KS10001L- 19900101	T1019 (TF)	6/1/21	6/30/21	PA785913	NEW	FLT1	OTHR	50	2	96%	N (None)	÷
2	Settings													Barns per page: 20		$\langle \cdot \rangle$	>1
Þ	Logout																
	Privary	Policy				c	Copyright @	2021 Netsmart Techn	tologies. Inc. All rig	hts reserved.				Ter	ms of Lise		

- 2. Click in **Payer** field and select a Payer. Provider must select a Payer to proceed.
- 3. Enter any other optional search parameters. For this exercise we want to review all Prior Authorizations that are currently in our Provider Portal for all Recipients that are insured by the selected Payer.
- 4. Click the blue **Search** command.

Manually Adding Prior Authorizations to a Provider's Portal

You are here: Mobile Caregiver+ Claims Console > Prior Authorizations > Manually Adding Prior Authorizations to a Provider's Portal

The Prior Authorization Menu option allows to Providers locate, review, and manage Prior Authorizations in their Mobile Caregiver+ Provider Portals.

Depending on the Payer and Programs Recipients are enrolled with, some Provider may be allowed to manually add and/or edit Prior Authorizations in their Provider Portals. Providers who can manually add Prior Authorizations to their portals will see the Add New Prior Authorization icon, , , in the top right corner of the Prior Authorization screen.

Warning: All values being entered into the Add New Authorization form should be taken directly from an actual Authorization from the Payer – Please contact your Payer to obtain a copy of the actual Authorization.

To manually add a Prior Authorization to a Provider's Portal:

		Auth	orization													(Ð
	Dashboard																
-	Schedule	Pave	21	Select Payer STATEWIDE ME	EDICAID MCO (P	AYER FEED)	×	Procedure Code	Select one or mor	e Procedure Co	des		Authorization	Enter Any Part of a	a Payer Prior Autho	rization Nu	
	VISICS							Procedure Code					Authorization				
	Claim Review	Sele	ct Recipient	Select one or m	ore Recipients			Modifier	Select one or mor	e Procedure Co	de Modifier		Status	Select Authorizatio	in Status		*
•	Prior Authorizations								Search	Clear							
v	Reports	Sear	ch List Prior Au	thorizations												Print	^
1	Users		Recipient First/Last						Juttorization	Authorization			Total Linits		Percent of Units		
8	Recipients		Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Number	Status	Payer	Program	Authorized	Units Used	Remaining	Limit Type	
	Provider		THOMAS	99991001	FLT1-99991001- 19700202	T1019	6/1/21	9/30/21	TW55869PA		FLT1	OTHR	99	1	98.99%	N (None)	:
	Training		BILL BAKER	KS10001L	FLT1-KS10001L- 19900101	T1019 (TF)	6/1/21	6/30/21	PA785913	NEW	FLT1	OTHR	50	2	96%	N (None)	1
>	Settings													llerre per page: 20	▼ 1-2 of 2	$ \langle \rangle \rangle$	>
•	Logout																
	Debugers	Delini				,	Convicted @	2024 Notemark Tasks	eleging Ing All sig	his second				Ter	ms of Lise		

1. From the Main Menu, click on **Prior Authorizations**.

- 2. Click in **Payer** field and select a Payer. Provider must select a Payer in order to proceed.
- 3. Click the Add New Prior Authorization icon, [●], in the top right corner of the screen.



Dashboard	Authorization > Add New			•
Schedule	Insurance / Payer	Billing Provider	Program	
Visits	Select Payer *	Billing Provider Leawood Agency	Select Program * OTHR	×
Work List				
Claim Review	Authorization Number	Start Date	End Date	
Prior Authorizations	Enter Authorization Number *	Choose start date *	Choose end date *	0
Reports	Procedure Code	Modifier 1-4	Description	
	Select Procedure Code *	Select one or more Procedure Code Modifier		
users .	Select Payer to start searching for Procedure Codes	Select Procedure Code to start searching for Modifiers		
Recipients	Total Linits Authorized	Units Used	Units Remaining	
Provider	Finter Total Units Authorized *	Units Used	Linits Remaining	
] Training				
I Settings	Percent of Units Remaining	Billing Rate Per Unit	Authorization Status	
Logout	Percent of Units Remaining	Billing Rate Per Unit	NEW	-
	Recipient First/Last Name	Recipient ID	Date of Birth	
	Recipient First/Last Name	Select Recipient ID *	Date of Birth	
		Select Payer to start searching for Recipient		
	Add Recipient			
	Add Recipiant			
	Privacy Bolicy Convricts	0 2021 Natemart Tachinologias Jpc. All rights reserved	Terms of Lise	

- 4. Enter the data for the Prior Authorization into the Add New form.
 - i. Click in the Payer field and select the Payer.
 - ii. Be sure the Program is set to "OTHR."
 - iii. Enter the Authorization Number.
 - iv. Enter the Start Date for the Authorization.
 - v. Enter the expiration date in the End Date field.
 - vi. Click in the Procedure Code field and select the Service Code.
 - vii. Click in the Modifier field and select any applicable Modifier(s).
 - viii. Enter the total number of units that are currently available in the Total Units Authorized field.

Note: If any unit have already been deducted from the Authorization, please be sure to enter the actual number of units that are available at the time of adding the Authorization.

- ix. Click in the Recipient ID field and select the Recipient.
- x. Click in the Limit Type field and select the Limit Type.
- xi. Enter the actual unit limits in the respective fields.
- xii. Click in the Unit Type field and select the Unit Type.

5. Click the blue Save command to save the Authorization and close the Add New Form.



Editing Prior Authorizations

You are here: Mobile Caregiver+ Claims Console > Prior Authorizations > Prior Authorizations > Editing Prior Authorizations

The Prior Authorization Menu option allows Providers to locate, review, and manage Prior Authorizations in their Mobile Caregiver+ Provider Portals.

Depending on the Payer and Programs Recipients are enrolled with, some Providers may be allowed to manually add and/or edit Prior Authorizations in their Provider Portals.

To edit an existing Authorization in a Provider's Portal:

1. From the Main Menu, click on **Prior Authorizations**.

≡	💇 Mobile Care	giver+						-	English	Sunshine Care	(FL) 🗸	💵 Provider 🗸	8	ale Carr 🗸
	Authorization													ŧ
Ē	Payer Select	Select Payer STATEWIDE MEDICAI) MCO (PAYE)	× Pr Co Pr	rocedure ode rocedure	Select one	or more Pro	cedure Cod	es	Authorization Number Authorization	Enter Any	Part of a Paye	er Prior A.	
•	Recipient			— M	odifier	Search	Clear			Status				
~	Search List F	Prior Authorizations												Edit Delete
3	Recipient First/Last Name	Medicaid ID Member ID	Procedure Code	From Date 🕇	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	u 🙃	Print
Ê	BUCK ROGERS	BR123456789-	S9122	5/1/21	7/4/24	BR12345678	8 NEW	FLT1	OTHR	2000	42	97.9%	D (Daily)	:
-	BUCK ROGERS	BR123456789-	T1019	5/1/21	7/4/24	BRT1019012	3NEW	FLT1	OTHR	2000	54	97.3%	W (Weekl	0
\$	PETER PARKER	PPSM123456-	S5150	5/1/21	7/4/23	PP1234567	NEW	FLT1	OTHR	2700	0	100%	W (Weekl	<i>v</i>) :
	Privacy	Policy		Copyrig	ht © 2021	Netsmart Tech	nologies, In	c. All rights	reserved			Terms	of Use	

- 2. Click in **Payer** field and select a Payer. Provider must select a Payer to proceed.
- 3. Locate and click on the Actions icon for the Prior Authorization you want to edit.
- 4. From the shortcut submenu, click **Edit**.

Dashboard	Authorization > Add New			•
Schedule	Insurance / Paver	Billing Drovider	Program	
000000	and the second	Billing Provider	Select Program *	
Visits	Select Payer*	Leawood Agency	OTHR	×
Work List				
Claim Review	Authorization Number	Start Date	End Date	
	Enter Authorization Number *	Choose start date *	Choose end date *	E
Prior Authorizations				
 Reports 	Procedure Code	Modifier 1-4	Description	
Users	Select Procedure Code *	Select one or more Procedure Code Modifier		
	Select Payer to start searching for Procedure Codes	Select Procedure Code to start searching for Modifiers		
Recipients	Total Units Authorized	Units Used	Units Remaining	
Provider	Foter Total Lipits Authorized 1	linits lited	Lints Remaining	
] Training		0110 0000	constraints and	
	Descent of Linite Demaining	Billing Date Der Ligit	Authorization Status	
# Settings	Percent of Onus Remaining	Dilling Rate Per Offic	Select Authorization Status	
] Logout	Percent of Units Remaining	Billing Rate Per Unit	NEW	•
	Recipient FirstiLast Name	Recipient ID	Date of Birth	
	Recipient First/Last Name	Select Recipient ID *	Date of Birth	
		Select Payer to start searching for Recipient		
	Add Recipient			
	Add Recipient			
Pr	ivery Policy Convicts	1/0 2021 Natemart Tacheologies. Inc. All rights reserved	Terms of Lise	

- 5. Edit the data for the Prior Authorization.
 - i. Be sure the Program is set to "OTHR."
 - ii. Provider can edit the Authorization Number.
 - iii. Provider can edit the Start Date for the Authorization.
 - iv. Provider can edit the End Date field.
 - v. Provider can edit the Procedure.
 - vi. Provider can edit the Service Code Modifier(s).
 - vii. Provider can edit Total Units Authorized field.
 - viii. Provider can edit the Limit Type.
 - ix. Provider can edit the actual unit limits in the respective fields.
 - x. Provider can edit the Unit Type.
- 6. Click the blue Save command to save the changes and close the Add New Form.

Deleting a Prior Authorizations

You are here: Mobile Caregiver+ Claims Console > Prior Authorizations > Deleting a Prior Authorizations

The Prior Authorization Menu option allows Providers to locate, review, and manage Prior Authorizations in their Mobile Caregiver+ Provider Portals.

Depending on the Payer and Programs Recipients are enrolled with, some Providers may be allowed to delete Prior Authorizations in their Provider Portals.

To delete a Prior Authorization from your Provider's Portal:

1. From the Main Menu, click on **Prior Authorizations**.

≡	💇 Mobile Care	giver+						-	English	Sunshine Care	(FL) 🗸	💵 Provider 🗸	8	ale Carr 🗸
	Authorization													ŧ
Ē	Payer Select	Select Payer STATEWIDE MEDICAI) MCO (PAYE)	× Pr Co Pr	rocedure ode rocedure	Select one	or more Pro	cedure Cod	es	Authorization Number Authorization	Enter Any	Part of a Paye	er Prior A.	
•	Recipient			— M	odifier	Search	Clear			Status				
~	Search List F	Prior Authorizations												Edit Delete
3	Recipient First/Last Name	Medicaid ID Member ID	Procedure Code	From Date 🕇	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	u 🙃	Print
Ê	BUCK ROGERS	BR123456789-	S9122	5/1/21	7/4/24	BR12345678	8 NEW	FLT1	OTHR	2000	42	97.9%	D (Daily)	:
-	BUCK ROGERS	BR123456789-	T1019	5/1/21	7/4/24	BRT1019012	3NEW	FLT1	OTHR	2000	54	97.3%	W (Weekl	0
\$	PETER PARKER	PPSM123456-	S5150	5/1/21	7/4/23	PP1234567	NEW	FLT1	OTHR	2700	0	100%	W (Weekl	<i>v</i>) :
	Privacy	Policy		Copyrig	ht © 2021	Netsmart Tech	nologies, In	c. All rights	reserved			Terms	of Use	

- 2. Click in **Payer** field and select a Payer. Provider must select a Payer to proceed.
- 3. Locate and click on the Actions icon for the Prior Authorization you want to edit.
- 4. From the shortcut submenu, click **Delete**.



5. Click **OK** to delete the Prior Authorization and close the confirmation dialog box.



Reporting

You are here: <u>Mobile Caregiver+ Provider Portal User Guide</u> > Reporting

Click a topic below: Generating a Report Exporting a Report

俞

Generating a Report

You are here: <u>Mobile Caregiver+ Provider Portal User Guide</u> > <u>Reporting</u> > Generating a Report

The Provider Portal offers several reports, including the Time Log report that gives you a list of hours worked by a Caregiver, and the Visit Report that lets you see a list of completed tasks for Recipients (tasks are not shown in Visit Detail).

The Time Log report is used as an example in these instructions to show you how to generate a report. Filters are different for each report but making selections and generating all reports is the same.

To generate one of the standardized reports:

1. From the Main Menu, click **Reports**.

=	Mobile Caregiver+		English	Behavioral Care (FL) 🗸	Billing Provider 🗸	e Dale Carr 🗸
55	Dashboard	Reports				
Ē	Schedule	Report Name	Report	t Description		
$\overline{\pm}$	Visits	Recipients List	List o	f Recipients		
:=	Work List	Recipients With Address Changes	List o	f Recipients With Address Ch	hanges	
0	Claim Review	Time Log	Payro	II Worked Hours Data		
	Prior Authorizations	Visit	Stand	lard Visit Detail Report		
~	Reports	Visit Completed Not Pre-scheduled	Visit	Completed but Not Pre-schee	duled before	
	Users	Visit Detail	This	report includes the four obse	rvation questions	
8	Recipients	Visit Report	Visits	by Recipient, User, Status or	Date Range (ad-hoc)	
Ê	Billing Provider			items per page: 20	▼ 1-7 of 7	< > >i
+	Training					
\$	Settings					
€	Logout					
	Privacy Policy	Copyright © 2021 Netsmart Technologies, In	c. All rights re	eserved.	Terms o	fUse

2. Click the name of the report you want to generate.

Filter Paran	neters	Export 🗸 Zoom i	n Q Zoom ou	t Q						
2020-05-06		Previe	ew Report	– Cur	rent Da	ıy's EVV	TE Time Lo	LLUS DEMO Time L co: May 6, 20	ACCOUNT Log 020 - May 6, 2020	
2020-05-06		Caregiver	Recipient Name	Payer ID	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Recipient	Selected: 0	Dale Carr	Jimmy Marley	AETN	T1019	05/06/2020 9:05:40 AM	05/06/2020 9:35:40 AM	0.50	05/06/2020 9:05:40 AM	05/06/2020 10:35: 40 AM
Search list	Q	Dale Carr	John Chung	AETN	\$9122 TT	05/06/2020 10:15: 49 AM	05/06/2020 10:45: 49 AM	0.50	05/06/2020 10:15:49 AM	05/06/2020 10:45: 49 AM
Jimmy Marley John Chung 🗸 All 🗶 None Caregiver	Invert	orano rotas.						1.00		
Search list Dale Carr	Q									

The system will generate a report based on the current days EVV activity.

- 3. Configure filter parameters Use the fields located to the left of the sample report to configure custom filter parameter for your report.
- For some reports, like the Time Log Report shown, you may be able to enter a range, such as dates, for the data you want to see. Use the dropdown calendar for the **Start Date** and **End Date** to choose the date range you want to see payroll for.
- Filters like **Recipient** that have tabs titled **Available** and **Selected** allow you to select on or more Recipients for the report:

- Click *All* at the bottom of the list to add all data elements that appear on the **Available** tab.
- Click on individual elements on the Available tab to select and unselect elements what will be included in the report. The total number of selections will be displayed on the Selected tab.
- Remove all selected data elements by clicking *None* on the *Available* tab; the Selected tab will be updated accordingly.

Reports >	Time	Log	
Start Date			
2020-01-01			
End Date			
2020-05-27			
Recipient			
Available:	44	Selected: 4	
Search list			Q
Aaron Becker			^
Mary Doe			
fernando dura	nd		
Bradley Marte			
Jimmy Marley			
Bob Hammon	d		
Nikita Buslov			
Chris Fernican	1		
Beres Brown			
Fred Flintston	e		•
🗸 All	× No	ne 🔀 Inve	rt
	-	-	
Caregiver			
Available:	39	Selected: 0	
Search list			Q

4. Scroll down and click the blue **Apply** command to generate the report.

	Button	Description	
Use	Zoom in Q	Zoom in to enlarge report.	the
	Zoom out Q	Zoom out to reduce size of report.	
	Page 2 of 36	See the number of the page displayed as well as the total number of pages in the report.	
	1<	Return to the first page of the report.	
	<	Move back one page.	
	>	Move forward one page.	
	>1	Move to last page of the report.	

buttons listed below to view the contents of the report. Zoom options appear at the top of the page; paging options appear at the bottom of the page. You may need to scroll



down to see them. You can also export the report.

Button	Description
Zoom in 🗨	Zoom in to enlarge report.
Zoom out Q	Zoom out to reduce size of report.
Page 2 of 36	See the number of the page displayed as well as the total number of pages in the report.

Related Topic

• Exporting a Report

Exporting a Report

You are here: <u>Mobile Caregiver+ Provider Portal User Guide</u> > <u>Reporting</u> > Exporting a Report

To generate one of the standardized reports:

1. From the Main Menu click **Reports**.

=	Mobile Caregiver+		English	Behavioral Care (FL) 🗸	Billing Provider 🗸	eDale Carr 🗸
55	Dashboard	Reports				
Ē	Schedule	Report Name	Report	t Description		
Ŧ	Visits	Recipients List	List o	f Recipients		
:=	Work List	Recipients With Address Changes	List o	f Recipients With Address Cł	hanges	
0	Claim Review	Time Log	Payro	Il Worked Hours Data		
Ē	Prior Authorizations	Visit	Stand	dard Visit Detail Report		
~	Reports	Visit Completed Not Pre-scheduled	Visit	Completed but Not Pre-schee	duled before	
	Users	Visit Detail	This	report includes the four obse	rvation questions	
88	Recipients	Visit Report	Visits	by Recipient, User, Status or	r Date Range (ad-hoc)	
	Billing Provider			Items per page: 20	▼ 1 - 7 of 7	< > >1
+	Training					
\$	Settings					
€	Logout					
	Privacy Policy	Copyright © 2021 Netsmart Technologies, Ir	nc. All rights re	eserved.	Terms of	fUse

- 2. Click the name of the report you want to generate.
- 3. Use the filters to <u>select the data</u> you want included on your report and then click **Apply**.

Start Date	Export 🗸	Zoom in Q Zo	om out Q					
2019-09-18					Payroll Pe	TELLU: P riod: Septen	S DEMO ACCOU ayroll Report aber 18, 2019 - Se	NT ptember 18, 20
2019-09-18	Caregiver Name	Recipient Name	Procedure Code	Scheduled Start	Scheduled End	Scheduled Hours	Actual Start Time	Actual End
Available: 4 Selected: 0 Search list Q	555555555 18282704609 cameron.salazar@	4tellus.com	1					
Bob Hammond		Maria, Marte DOB: 02/05/1934	T1019	09/18/2019 2:45:33 PM	09/18/2019 4:45:33 PM	2.00	09/18/2019 2:50:48 PM	09/18/2019 2:56:27 PM
fernando durand	Totals:					2.00		
Peter Cliff	Dale, Carr 19547194556 dale.carr@4tellus.	com						
Select Desele Invert		Bob, Hammond	S5130	09/18/2019 2:45:05 PM	09/18/2019 3:00:05 PM	0.25	09/18/2019 1:50:37 PM	09/18/2019 1:52:19 PM
Select Desele		DOB: 01/23/1961			09/18/2019 11:30	0.50	09/18/2019 1:20:59	09/18/2019 1:23:58
Caregiver Available: 2 Selected: 0		DOB: 01/23/1961 John, Chung DOB: 01/01/1967	S5130	09/18/2019 11:00: 54 AM	54 AM	0.50	PM	PM
Caregiver Available: 2 Selected: 0 Search list Q		DOB: 01/23/1961 John, Chung DOB: 01/01/1967 Peter, Cliff DOB: 01/23/1961	S5130 S5130	09/18/2019 11:00: 54 AM 09/18/2019 2:05:26 PM	54 AM 09/18/2019 2:35:26 PM	0.50	PM 09/18/2019 1:46:27 PM	09/18/2019 1:48:59 PM

4. Click the **Export** dropdown and select the format for your report.

E Da	ishboard	Reports > Time Log										
F Sc	hedule				0 7	. 0						
= Vid	cite	Start Date	PDF	2m	1 Q 200m ou	n Q						
		2020-05-07	E Evre	(Decinated)					TE	ELLUS DEMO	ACCOUNT	
≡ We	ork List	End Date	- CAUC	(r againtea)					Time L	og: May 7, 2	020 - May 7, 2020	
Ch	aim Review	2020-05-07	箇 XLS)	(Paginated)	Recipient Name	Payer ID	Procedure	Scheduled Start	Scheduled End	Scheduled	Actual Start	Actual End
		Recipient	_	-	Chris Ratter	ARTN	55132	05/07/2020 12:20.	05/07/2020 12:50	0.10	05/07/2020 12:20:21	05-07(2020 12:50
Pri	ior Authorizations	Available: 3 Selected:	0					21.PM 05/07/0020 12:25	21 PM 05/07/2020 2:25:22		PM 05/07/2020 12:25:22	21 PM 05/07/2020 2 25 22
✓ Re	ports	Search list	Q,	Conrado Cadeco	Peter Panar	AET/4	55130	22 PM	PM	2.00	PM	PM
		Aaron Becker		Dale Car	Aaron Becker	AETN	55130	05-07/2020 5-05-12 AM	05/07/2820 5 50 12 AM	0.75	05/07/2020 7 30 12 AM	05/07/29/29 9 30 12 AM
L Us	iers	Chris Barker		Grand Totals:						3.25		
0.0-	- Information	Peter Parker										
Ke Ke	cipients	✓ All 🗙 None 🖾 Inv	ert									
Pro	ovider	Caregiver										
Se Se	ttings	Available: 2 Selected:	0									
		Search list	Q									
 Tra 	aining											
		Date Carr Conrado Caducio										
	gout											
Lo												

When the report is downloaded, it will appear at the bottom left of your screen.

Dashboard	Reports > Time Log								
Schedule		Export 🗸	Zoom in Q	Zoom out	Q				
Visite	V Preview Mode								
- VISIUS	Start Date								Allegi
Work List	2022-06-01							Time	e Log: Jur
Claim Paview	End Date	Caregiver	Employee ID	Recipient Name	Payer ID	Scheduled Visit Start	Scheduled Visit End	Scheduled Visit Duration	Actual V Start
	Recipient	ADSITT STEFFI		Hanna Boswell	GATE	06/01/2022 1:30:00 PM	06/01/2022 2:30: 00 PM	1.00	06/01/2022 00 Ph
Prior Authorizations	Available: 7 Selected: 7	ADSITT STEFFI		Betsy Roethlisberger	GATE	06/22/2022 1:50:00 PM	06/22/2022 3:50: 00 PM	2.00	06/21/2022 00 Ptv
✓ Reports	Search list Q	Austin Fuller		Kelsi Canaday	GATE	06/01/2022 1:00:00 PM	06/01/2022 2:00: 00 PM	1.00	06/01/2022 00 Ph
Users	Elsa Monroe Kelsi Canaday	Austin Fuller		Elsa Monroe	GATE	06/16/2022 5:35:00 PM	06/16/2022 6:35: 00 PM	1.00	06/16/2022 00 Ptv
Recipients	Cadence Alualu Hanna Boswell	John Brownfield		Cadence Alualu	GATE	06/01/2022 1:15:00 PM	06/01/2022 4:15: 00 PM	3.00	06/01/2022 00 P%
Provider	Betsy Roethlisberger Iony Harrison II	John Brownfield		Betsy Roethlisberger	GATE	05/02/2022 4:15:00 PM	06/02/2022 5:15: 00 PM	1.00	06/02/2022 00 Ptv
- istuci	Della Berry II	Jonathon Berry		Betsy Roethlisberger	GATE	06/20/2022 4:35:00 PM	06/20/2022 6:35: 00 PM	2.00	06/20/2022 00 Ph
Training	All X K Invert	LABSTHAR DARS		Volni Conodou	CATE	06/23/2022 11:35:00	06/23/2022 12:35:		06/23/2022
Privacy Policy	Copyright (2021 Netsmart Te	chnologies, Ir	nc. All rights r	eserved.			Terms of Use	

5. Click the download indicator to open the report.



Mobile Caregiver+ Provider Report List

Missed Visit Report

This report is available for Providers that have Mobile Caregiver+ Provider Portal subscriptions.

By default, the **Missed Visit Report** displays analytic data for visits that were cancelled for the current day.

The report will the display following data for each visit: Recipient Last Name, Recipient First Name, Recipient Medicaid ID, Recipient Member ID, Recipient DOB, Recipient Diagnosis Code, Payer, Service Code, Visit ID, Caregiver, Scheduled Start, Scheduled End, Missed Visit Reason Code, Missed Visit Reasons Notes, Missed Visit Action, Missed Visit Action Notes.

Providers can customize the default report using the controls on the left to select the following parameters:

- The Start Date and End Date for Missed visits.
- Caregiver(s).
- Recipient(s).
- Missed Visit Reason(s).
- Missed Visit Action(s).

										Date R	ange: Marcl Report	h 1, 2022 Date: 06/21	June 21, 2022 /22			
Record Count	Recipient Last Name	Recipient First Name	Recipient Medicaid ID	Recipient Member ID	Recipient DOB	Recipient Diagnoses	Payer	Service Code	Visit ID	Caregiver	Scheduled Start	Scheduled End	Missed Visit Reason	Missed Visit Reason Notes 🔻	Missed Visit Action	Missed Visit Action Notes 🔻
1	Auelu	Cadence	1111110005		03/31/1955		FLT1	59122	0922505733	Dale Carr	06/10/2022 12: 55:00 PM	05/10/2022 1: 25:00 PM	OTHR	training	SCHD	taining
2	Borry	Della	1111110006		10/07/1989		FLT1	59122	2484288079	Dalo Car	04/12/2022 11: 00:00 AM	04/12/2022 12: 00:00 PM	MCAN	Recipient refused care	SCHS	schedul
3	Marie	Sophia	85971325	987854321	04/05/1986		FLT1	59122	0155591313	Isabella Khatri Schissler	04/03/2022 5: 00.00 PM	04/03/2022 B 00:00 PM	MCAN	Recipient did not need services this day.	scito	Rescheduled for April 4 at same time.
4	Borry	Della	1111110006		10/07/1989		PLT1	59122	2245873858	Dalo Carr	05/26/2022 11: 00:00 AM	05/25/2022 12: 00:00 PM	OTHR	prov prt	OTHR	prov prt
5	Berry	Della	111110006		10/07/1989		R.TI	59122	2023361133	Dale Carr	05/12/2022 11: 00:00 AM	05/12/2022 12: 00:00 PM	OTHR	Provider Portal Training	OTHR	Provider Portal Training
6	Berry	Della	1111110006		10/07/1989		FLT1	S9122	3041927304	Dale Carr	04/28/2022 11: 00:00 AM	04/25/2022 12: 00:00 PM	MCAN	Provider Portal Training	OTHR	Provider Portal Training

Recipient List Report

This Report is available for Providers that have Mobile Caregiver+ Provider Portal subscriptions.

By default, the **Missed Visit Report** displays demographic data for all active Recipients.

The report will the display following data for each record: Recipient Name, Date of Birth, Gender, Recipient Address, Recipient Phone Number, Emergency Contact Name, Emergency Contact Phone.

Providers can customize the default report using the controls on the left to select the following parameters:

- Recipient(s).
- Gender.

	Recipient List									
Account Name	R.Count	Recipient Name	Date of birth	Gender	Recipient Address	Recipient Phone Number	Emergency Contact Name	Emergency Contact Phone		
Sunshine Care of Florida										
	1	Anna Adeniyi	Oct 3, 1983	FEMALE						
	2	Anna Adeniyi	Oct 3, 1983	FEMALE	3651 FAU Boulevard Boca Raton FL 33431	(305) 745-4848	Adele Smith	3057845454		
	3	Betsy Roethlisberger	Nov 15, 1951	FEMALE						
	4	Betsy Roethlisberger	Nov 15, 1951	FEMALE						
	5	Buck Rogers	Jul 4, 1945	MALE	800 Fairway Drive Deerfield Beach FL 33441	(555) 658-6789	Wilma Deering	15556566789		
	6	Cadence Alualu	Mar 31, 1955	FEMALE						

Recipient With Address Change Report

This report is available for Providers that have Mobile Caregiver+ Provider Portal subscriptions.

By default, the **Recipient with Address Change Report** displays a list of Recipients whose Primary Address(es) were changed within the current date.

The report will the display following data for each Primary Address that has been changed: Primary Address, Change Date, Address, City, State, Zip.

Providers can customize the default report using the controls on the left to select the following parameters:

• The Start Date and End Date for Primary Address that were Changed.

	Red	cipient With Address Change			
Report Date: 6/21/2022					
Report Date Range: 2/1/2022 - 6/21/2022					
Primary Address	Change Date	Address	City	State	Zip
Anna Adeniyi					
Previous	03/03/2022	8998 Lewisburg Highway	Cornersville	TN	37047
Previous	02/17/2022	1598 Crestview Drive, Madison, TN, USA	Nashville	TN	37115
Previous	02/03/2022	2588 Loring Road Northwest	Kennesaw	GA	30152
Buck Rogers					
Previous	06/09/2022	887 Joe Stevens Road	Cedarbluff	MS	39741
Previous	05/26/2022	365 Court Street	West Point	MS	39773
Previous	05/19/2022	1313 Mockingbird Lane	The Villages	FL	32163
Cadence Alualu					
Previous	03/17/2022	0989 County Road 4	Wiggins	со	80654
Elsa Monroe					
Previous	03/31/2022	788 West Marietta Street Northwest	Atlanta	GA	30318

Time Log Report

This feature is available for Providers that have Mobile Caregiver+ Provider Portal subscriptions.

By default, the **Time Log Report** displays time reported time log for visit completed in the current day by scheduled, actual and billable date and time.

The report will the display following data for each Completed visit: Caregiver, Employee ID, Recipient Name, Payer ID, Procedure Code, Scheduled Start, Scheduled End, Scheduled Hours, Actual Start Time, Actual End Time, Actual Hours, Billable Start Time, Billable End Time, Billable Hours, Billable-Actual Hours.

Providers can customize the default report using the controls on the left to select the following parameters:

- The Start Date and End Date for Completed visits.
- Recipient(s).
- Caregiver(s).



						Sunshine (Care of Florida							
					Ti	me Log: May 2	2022 - May 27	, 2022						
Caregiver	Employee ID T	Recipient Name	Payer ID	Procedure Code	Scheduled Start	Scheduled End	Scheduled Hours	Actual Start Time	Actual End Time	Actual Hours	Billable Start Time	Billable End Time	Billable Hours	Billable-Actual Hours
Dale Carr		Buck Rogers	FLT1	S9122 TT	05/02/2022 4:00: 00 AM	05/02/2022 7:00: 00 AM	3.00	05/02/2022 4:00: 00 PM	05/02/2022 4:05: 00 PM	0.00	06/02/2022 4:00: 00 PM	06/02/2022 7:00: 00 PM	2.92	2.92
Dale Carr		Buck Rogers	FLT1	S9122 TT	05/20/2022 4:00: 00 AM	05/20/2022 7:00: 00 AM	3.00	05/20/2022 4:00: 00 AM	05/20/2022 7:00: 00 AM	3.00	06/20/2022 5:05: 00 AM	08/20/2022 7:00: 00 AM	1.92	-1.08
Dale Carr		Buck Rogers	FLT1	T1019	05/26/2022 4:00: 00 AM	05/28/2022 7:00: 00 AM	3.00	05/28/2022 4:00: 00 AM	05/28/2022 7:00: 00 AM	3.00	05/28/2022 4:00: 00 AM	05/26/2022 7:00: 00 AM	3.00	0.00
Dale Carr		Buck Rogers	FLT1	S9122 TT	05/06/2022 4:00: 00 AM	05/06/2022 7:00: 00 AM	3.00	05/08/2022 5:00: 00 PM	05/08/2022 5:00: 00 PM	0.00	05/06/2022 6:05: 00 PM	06/06/2022 4:30: 00 AM	2.50	2.50
Dale Carr		Buck Rogers	FLT1	T1019	05/24/2022 4:00: 00 AM	05/24/2022 7:00: 00 AM	3.00	05/24/2022 4:00: 00 AM	05/24/2022 7:00: 00 AM	3.00	05/24/2022 4:00: 00 AM	05/24/2022 7:00: 00 AM	3.00	0.00

Visit Report

The Visit Report displays visit details for Completed visits.

Provider must configure and select the following report parameters to filter and display the Visit Reports for specific a visit:

- The Start Date and End Date for the Completed visits.
- Recipient.
- Caregiver.

	_			
	Export 🗸	Zoom in 🔍 Zoom out 🤤		
Start Date				Bur Data: 6/24/202
2022-06-01			Visit	Run Date. 6/2//2022
End Date			VISIL	
2022-06-21	Provider:	Sunshine Care of Florida		
Caregiver	Date Range:	6/1/2022 6/21/2022		
Test User	v			
Recipient	Visit ID: 3118583346			
Don Diego Vega	v			
Apply Reset	Status	COMPLETED	Actual Start Time:	6/11/22 7:00:00 AM
	Caregiver:	Test User	Actual End Time:	6/11/22 9:00:00 AM
	Recipient:	Don Diego Vega	Duration:	02:00:00
	HCPCS Code/Mod(s):	S9122		
	Completed Tasks:	Laundry, Supervision		



Visit Service Report

This report is available for Providers that have Mobile Caregiver+ Provider Portal subscriptions.

By default, the **Visit Service Report** displays all scheduled visits for the current day.

The report will the display following data for each scheduled visit: Caregiver, Recipient Name, Service/HCPCS Code, Tasks, Recipient Address, Visit Start Date, Visit End Date, Actual Start Date, Actual End Date, Duration, Billable Start Time, Billable End Time, Status.

Providers can customize the default report using the controls on the left to select the following parameters:

- The Start Date and End Date for scheduled visits.
- Recipient(s).
- Caregiver(s).
- Status(es).

Viein-Services Report SUNSHINE CARE OF FLORIDA Date Range: June 1, 2022 - June 21, 2022													
Caregiver	Recipient Name	Service/HCPCS Code	Tasks	Recipient Address	Visit Start Date	Visit End Date	Actual Start Date	Actual End Date	Duration	Billable Start Time	Billable End Time Co	olumn1	Status
TEST USER	BUCK ROGERS	S9122	Medical Appointments, Shopping/Shopping	800 Fairway Drive Deerfield Beach FL 33441	Jun 3, 2022 2:00:00 AM	Jun 3, 2022 3:00:00 AM	Jun 3, 2022 2:00:00 AM	Jun 3, 2022 3:00:00 AM	01:00:00	Jun 3, 2022 2:00:00 AM	Jun 3, 2022 3:00:00 AM		Completed
DALE CARR	BUCK ROGERS	T1019	Housework/Chore, Grooming	365 Court Street West Point MS 39773	Jun 7, 2022 3:30:01 PM	Jun 7, 2022 4:30:01 PM	Jun 7, 2022 2:27:27 PM	Jun 7, 2022 2:29:27 PM	00:02:00	Jun 7, 2022 2:27:27 PM	Jun 7, 2022 2:29:27 PM		Completed
DALE CARR	BUCK ROGERS	S9122	Shopping/Shopping List, Medical Appointments,	365 Court Street West Point MS 39773	Jun 7, 2022 3:30:01 PM	Jun 7, 2022 4:30:01 PM	Jun 7, 2022 2:29:27 PM	Jun 7, 2022 2:30:31 PM	00:01:04	Jun 7, 2022 2:29:27 PM	Jun 7, 2022 2:30:31 PM		Completed
TEST USERTWO	BUCK ROGERS	S9122	Medical Appointments, Shopping/Shopping	800 Fairway Drive Deerfield Beach FL 33441	Jun 11, 2022 6:00:00 AM	Jun 11, 2022 8:00:00 AM	Jun 11, 2022 6:00:00 AM	Jun 11, 2022 8:00:00 AM	02:00:00	Jun 11, 2022 6:00:00 AM	Jun 11, 2022 8:00:00 AM		Completed
ISABELLA KHATRI SCHISSLER	BUCK ROGERS	S9122	Medical Appointments, Laundry,	800 Fairway Drive Deerfield Beach FL 33441	Jun 11, 2022 7:00:00 AM	Jun 11, 2022 9:00:00 AM	Jun 11, 2022 7:00:00 AM	Jun 11, 2022 9:00:00 AM	02:00:00	Jun 11, 2022 7:00:00 AM	Jun 11, 2022 9:00:00 AM		Completed
DALE CARR	BUCK ROGERS	S9122	Supervision, Personal Care - General	365 Court Street West Point MS 39773	Jun 8, 2022 11:15:01 PM	Jun 9, 2022 12:45:01 AM							in Progress, Late
TEST USER	BUCK ROGERS	S9122	Medical Appointments, Supervision,	800 Fairway Drive Deerfield Beach FL 33441	Jun 1, 2022 8:00:00 AM	Jun 1, 2022 10:00:00 AM							Missed
TEST USER	BUCK ROGERS	S9122	Medical Appointments, Shopping/Shopping	800 Fairway Drive Deerfield Beach FL 33441	Jun 1, 2022 8:00:00 AM	Jun 1, 2022 4:00:00 PM						1	Missed
TEST USER	BUCK ROGERS	S9122	Personal Care - General, Supervision,	365 Court Street West Point MS 39773	Jun 2, 2022 8:00:00 AM	Jun 2, 2022 10:00:00 AM							Missed