

Starting from Slide 6 to Slide 15 only

Slide 6

Hello! This is the last of the three part series of the Provider responsibility: Submitting True and Accurate Claims! This time – A Deeper Dive into submitting true and accurate claims for Independent providers.

Next slide please

In this slide, we want to introduce the concept of Roll-up as it relates to Claims.

DHHS defines the concept of roll-up as: All visits within one day must be released at the same time so Tellus can CONSOLIDATE them into one Claim to DHHS.

Let's show you what this means as it relates to rolling up of claims. First, you will need to pick a paid claim and then copy the ICN number off the paid claim line.

As a reminder, ICN number can be found in the Visits tab under Search Visit to Claim reconciliation button. After you click the button, you can find all the visits and claim reconciliation. Choose a paid claim line with an ICN number. The ICN number always starts with the Letter T Infront of a series of numbers behind.

Now that you have an ICN number, Let's briefly walk you through how roll up means.

Next slide please

In the Claims Review tab, click Voids and Adjustment button

Next slide please

Paste or type in the ICN number here in the ICN number line. Click search.

You will see that the search list has a PAID status. When you click on the paid status line, it will unfurl and you will see that All visits within one day has been roll-up and associate these visits under one unique ICN number. This is what DHHS means when we use the term Roll-up of claims.

Before we move onto another slide, DHHS wants to warn all providers against using the VOID tab. The state of Nebraska does not use the Void tab. If you accidentally release claims that you should not have released, you will have to wait until the claim has been rejected. Then fix the rejected claims. Again, we are

advising all providers against using the VOID tab. Using the VOID tab will not Void your released claims or void your rejected claims.

Next slide please

AGED and DISABLED (AD) Waiver program:

Each 15 mins = .25 units

Or, 1 unit= 1 hour

This is ONLY specific to AD waiver providers using EVV mandated service code so 1691, 1113, 2500.

Personal Assistance Services (PAS)

Each 15 mins = 1 unit

- If one task is 8 mins, it will round up to 15 mins, therefore it's 1 unit
- If one task is 7 mins, it will round down and it will be 0 unit

This is ONLY specific to PAS providers using the EVV service code of 4475

Next slide please

Let move deeper into the PAS program. We will get to the AD waiver program next.

In the example here:

PAS (15 mins = 1Unit)

Here the example of a rollup:

On May 17, 2021:

8AM to 8:15 AM = 15 mins = 1 Unit (Anything more than 8 mins)

9AM to 9:15 AM = 15 mins = 1 Unit (Anything less than 8 mins)

12 PM to 12:30 PM =30 mins = 2 Units

7 PM to 7:15 PM = 15 mins = 1 Unit

Remember, you must Release claims for the ENTIRE DAY, but, not on May 17. You can release the above claims any other day except May 17th to avoid duplicate claims. SO in this example, we are releasing it on May 18, 2021.

How the system will Roll-up of the entire visits for May 17 will look like this:
 $15+15+30+15= 5$ Units

If they are all paid, they all have the same ICN number assigned to them.

Next slide please

Next, this is the AD waiver example of rollup for each shift.

Since AD waiver (15 mins = 0.25Unit)

The example here is On May 17, 2021:

8AM to 9:14AM =1.25Units

1PM to 2 PM = 1 Unit

7PM to 8:30PM= 1.50Unit

Remember, you must Release claims for the ENTIRE DAY, but, not on May 17.
You can release the above claims any other day except May 17th to avoid duplicate claims. SO in this example, we are releasing it on May 18, 2021.

Roll-up for the entire visit for the May 17:

How the system will Roll-up of the entire visits for May 17 will look like this
 $1.25+1+1.50=3.75$ units = 3 hours and 45 mins

If they are all paid, they all have the same ICN number assigned to them.

Next slide please

This is another common mistake made in the mobile app

In this slide and the next few slides thereafter, we want to remind our providers how to deselect tasks the right way.

Everyone should be very familiar with the mobile app and this is where you are about to End Visit.

Some providers prefer to deselect or uncheck the box right beside the service code and program name. However when you do so, all the check mark will be uncheck. Providers will then go in the check the tasks they have done. But take a look at the next screen. Look at the time after you uncheck the box beside the service code and program name. The app has reset the duration time to zero.

DHHS is warning providers not to deselect the box right beside the service code and program name.

Next slide please

In case you accidentally uncheck or deselect the box right beside the service code and program name, you can fix your mistake. Click on the little clock face, and reference the total time and adjust your duration to that time. Here's a warning: you cannot adjust your duration more than what is already recorded on the Total time. If you attempt to do so, it will give you an error message. The error message will say to Please adjust your time spent on each service so that they sum to the total visit time.

Next slide please

Finally, on this slide, you can see that if you have deselected your task the accurate way, this is how the app should capture all the information. Now focus on that little mini timer...it's not been reset. It captured your time-of-service duration accurately.

I hope this has been helpful.

We will open up for Questions and Answers now, Diane, back to you.

Thank you.