


Mobile Caregiver+ Quick Reference Guide Common Billing Questions for EVV Administrators

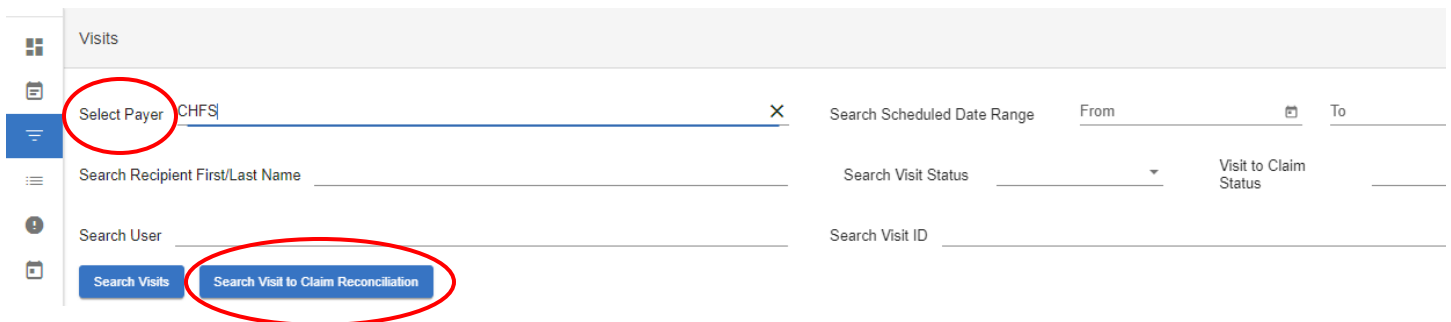
This quick reference guide (QRG) outlines the most common billing and claims questions EVV administrators have. Topics in this QRG include:

- [Billing Claims Denied for Being a Duplicate](#)
- [How to Submit a Denied Claim for Payment](#)

Billing Claims Denied for Being a Duplicate

This occurs when a paid caregiver has more than one visit with the same participant on the same date of service using the same service code. For example, a paid caregiver might provide Personal Assistance to a participant from 9 a.m. to 11 a.m. and again from 4 p.m. to 6 p.m. the same day. If the direct service provider agency or financial management agency (FMA) releases each claim at different times, the Mobile Caregiver+ system identifies one of the claims as a duplicate and it will be denied. **To avoid this scenario, agencies should release these types of claims together so they go out in the same 837 file.** If the claims are not released at the same time and one is denied, agencies should follow the steps below to receive payment.

Log into the Mobile Caregiver+ Provider Portal. Select the **Visits**  page on the left side of the screen. Click in the **Payer** field to generate Kentucky Department for Medicaid Services as the payer. Use the other fields (**Date**, **Recipient**, **Visit Status**, **Visit to Claim Status**, **User** or **Visit ID**) at the top of the page to search for the affected claims. If you want to search claims on a specific date, enter that date in the **Start Date** and **End Date** fields. Once you have entered your search criteria, click the blue **Search Visit to Claim Reconciliation** button.



The screenshot shows the 'Visits' search interface. The 'Select Payer' dropdown is set to 'CHFS' and is circled in red. The 'Search Visit to Claim Reconciliation' button is also circled in red. Other search fields include 'Search Scheduled Date Range', 'Search Recipient First/Last Name', 'Search Visit Status', 'Search User', and 'Search Visit ID'.

After the results appear, review the list and look for any visits for the same participant with the same date of service using the same service code that have different start and end times. To assist you in your search, you can sort the results by Visit ID, Scheduled Service Start, Scheduled Service End, Actual Service Start, Actual Service End, Visit Status, Recipient Name, or HCPCS Code/Mods. Click in the column title once to view results in ascending order or click the column title twice to view results in descending order. Note that the results in the

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picture below are sorted by Recipient name as indicated by the up arrow to the right of the column title.

Visit ID	Scheduled Service Start	Scheduled Service End	Actual Service Start	Actual Service End	Visit Status	Recipient Name	HCP/CS Code/Mod	Service Duration	Standalone	Claim Invoice ID#	Units	Amount	Claim Invoice Status	TRX#	ICN	Amount Paid
0641637447	3/5/21, 8:25 AM	3/5/21, 8:40 AM	3/5/21, 8:25 AM	3/5/21, 8:40 AM	COMPLETED	GLORY TELLUS	580	15 Mins	<input type="checkbox"/>	44af51a4-27...1	1	\$2.90	MATCHED	-	-	\$0.00
3911444942	3/10/21, 11:25 AM	3/10/21, 11:40 AM	3/10/21, 11:25 AM	3/10/21, 11:40 AM	COMPLETED	GLORY TELLUS	580	15 Mins	<input type="checkbox"/>	b37c9b1e-6...1	1	\$2.90	PAID	20210310170...	2021069001002	\$2.90
0971039233	4/13/21, 2:40 PM	4/13/21, 2:55 PM	4/13/21, 2:41 PM	4/13/21, 2:49 PM	COMPLETED	GLORY TELLUS	580	8 Mins	<input type="checkbox"/>	70c0ea91-8...1	1	\$2.90	PAID	20210413150...	2121103001008	\$2.90
1718955035	2/28/21, 1:15 PM	2/28/21, 1:30 PM	2/28/21, 1:15 PM	2/28/21, 1:30 PM	COMPLETED	GLORY TELLUS	580	15 Mins	<input type="checkbox"/>	f92aa2-7b...1	1	\$2.90	SUBMITTED	20210228190...	-	\$0.00
0282969640	3/11/21, 10:40 AM	3/11/21, 10:55 AM	3/11/21, 10:38 AM	3/11/21, 10:53 AM	COMPLETED	GLORY TELLUS	580	15 Mins	<input type="checkbox"/>	23c71e63-3...1	1	\$2.00	MATCHED	-	-	\$0.00
2038685583	3/8/21, 3:55 PM	3/8/21, 4:10 PM	3/8/21, 3:55 PM	3/8/21, 4:10 PM	COMPLETED	GLORY TELLUS	580	15 Mins	<input type="checkbox"/>	dec9ea24-6...1	1	\$2.90	DENIED	20210308220...	2021067001009	\$0.00
1203903263	3/8/21, 11:15 AM	3/8/21, 11:30 AM	3/8/21, 11:15 AM	3/8/21, 11:30 AM	COMPLETED	GLORY TELLUS	580	15 Mins	<input type="checkbox"/>	7accad9a-9...1	1	\$2.90	PAID	20210308170...	2021070001004	\$2.90

You should have one PAID claim for the participant on that date of service. Any other claims* for the participant provided at different times on the same date of service using the same service code will be listed as DENIED.

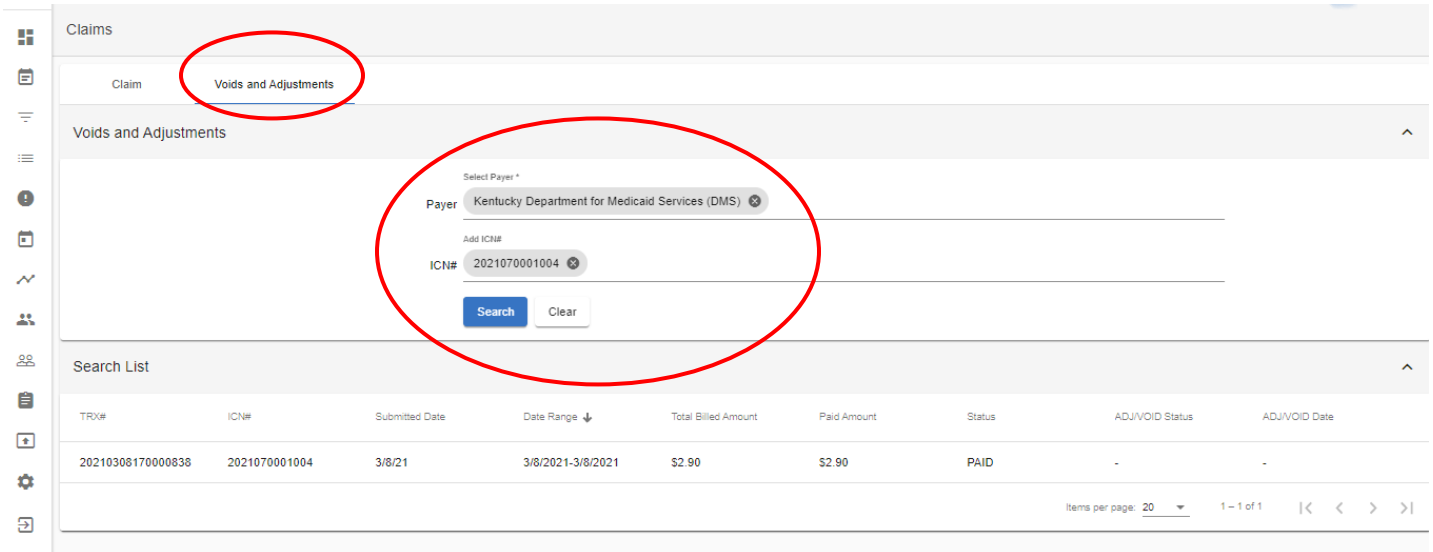
In the example above, there are two claims for Glory Tellus for service code 580 provided on 3/8/21. One visit where services were rendered the morning of 3/8/21 is PAID. A second visit where services were rendered the afternoon of 3/8/21 is DENIED.

Make sure there are no PAID claims for the date of service and timeframe of the DENIED claim(s). Once you have confirmed none of the DENIED claims have been paid out, write down the ICN for the PAID claim. The ICN is found in the second to last column from the right.

***Note:** If you have more than two visits for the same participant on the same date of service using the same service code, you may have one PAID claim and multiple DENIED claims.

Next, go to **Claims Review** on the left side of the Provider Portal. When the page loads, choose the **Voids and Adjustments** tab. Click in the **Payer** field to generate the Kentucky Department for Medicaid Services as the payer, type the ICN into the **ICN#** field, and click the blue **Search** button. When the PAID claim appears, click anywhere in the row. This will open up the claim details.

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Claims

Claim Voids and Adjustments

Voids and Adjustments

Select Payer *

Payer Kentucky Department for Medicaid Services (DMS)

Add ICN#

ICN# 2021070001004

Search Clear

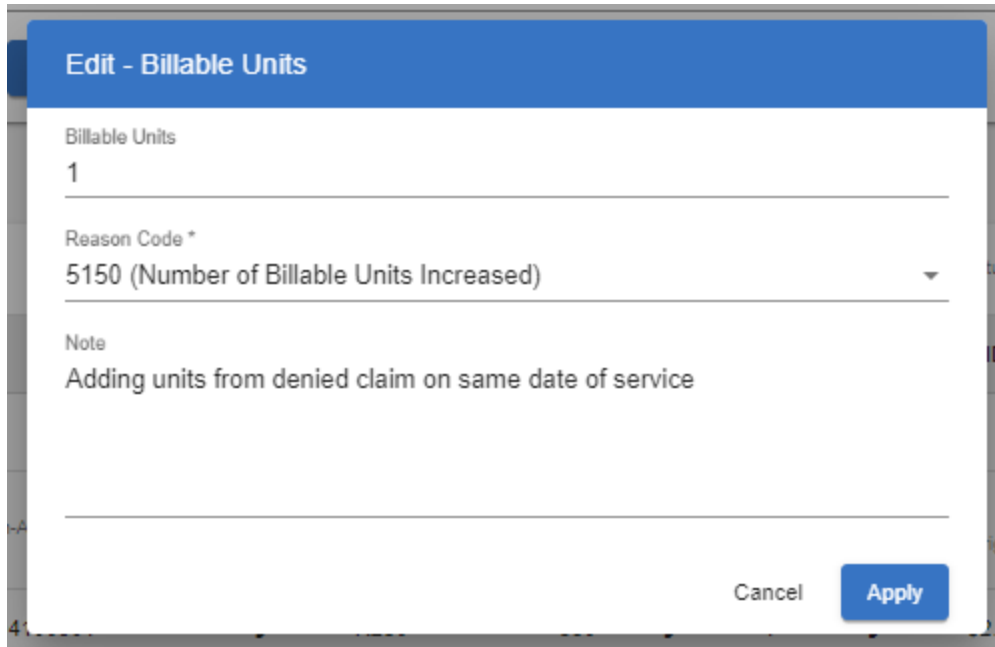
Search List

TRX#	ICN#	Submitted Date	Date Range ↓	Total Billed Amount	Paid Amount	Status	ADJ/VOID Status	ADJ/VOID Date
20210308170000838	2021070001004	3/8/21	3/8/2021-3/8/2021	\$2.90	\$2.90	PAID	-	-

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Look for the **Billable Units** field and click the pencil icon next to edit it. A box will appear. Add the number of units from the DENIED duplicate claim(s). Once you have done this, you will need to add a reason code. Use reason code 5150 (Number of Billable Units Increased). You also need to enter a note indicating you are adding units from a claim(s) with the same date of service that was denied. After making these edits, click **Apply**.

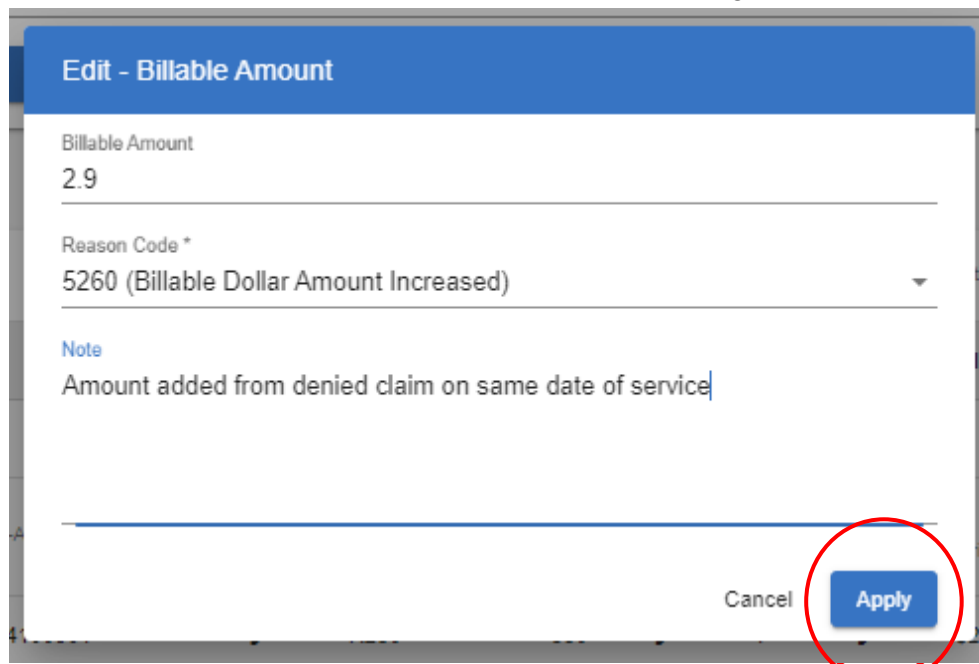
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Next, you will adjust the **Amount**. Click

the **Billable Amount** field. A box will appear. Adjust the billable amount to reflect the total is should be for both the PAID claim and the DENIED duplicate claim(s). Again, you will need to enter a reason code. Choose 5260 (Billable Dollar Amount Increased) and enter a note indicating you are adding the dollar amount from a claim(s) with the same date of service that was denied. After making these edits, click **Apply**.

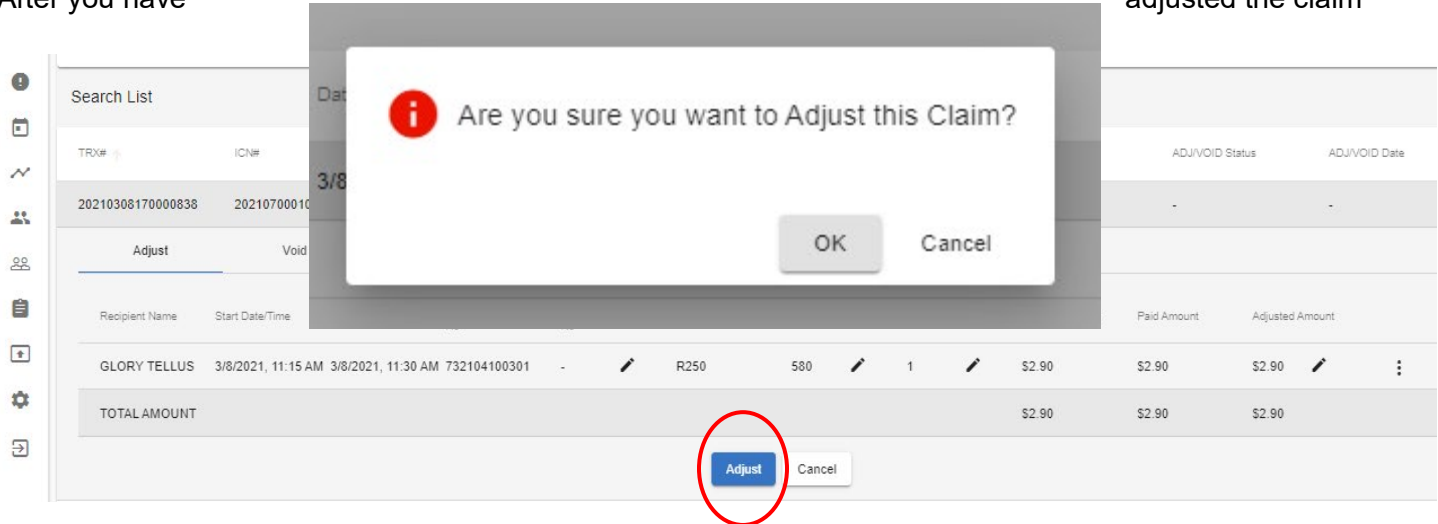
also need to **Billable** the pencil icon



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After you have

adjusted the claim



The screenshot shows a mobile application interface with a confirmation dialog box overlaid. The dialog box contains a red information icon and the text "Are you sure you want to Adjust this Claim?". Below the dialog box, a table lists claim details. At the bottom of the table, a blue "Adjust" button is circled in red, with a "Cancel" button next to it.

TRX#	ICN#	ADJ/VOID Status	ADJ/VOID Date
20210308170000838	20210700010	-	-
Recipient Name	Start Date/Time	Paid Amount	Adjusted Amount
GLORY TELLUS	3/8/2021, 11:15 AM 3/8/2021, 11:30 AM 732104100301	\$2.90	\$2.90
TOTAL AMOUNT		\$2.90	\$2.90

using the steps above, click the blue **Adjust** button.

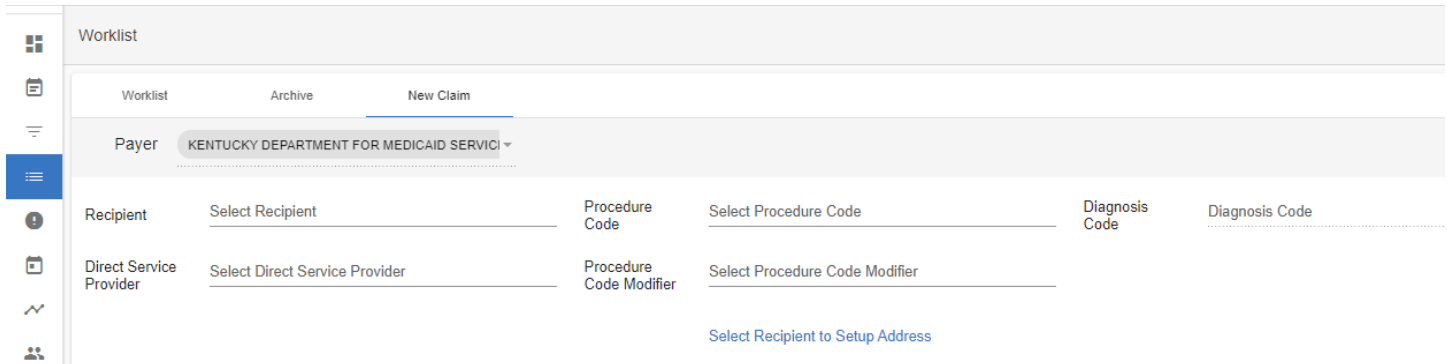
A confirmation message will appear. Click **OK**.

The claim is now adjusted and is viewable under the **Voids and Adjustments** tab under **Claim Review**.

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How to Submit a Denied Claim for Payment

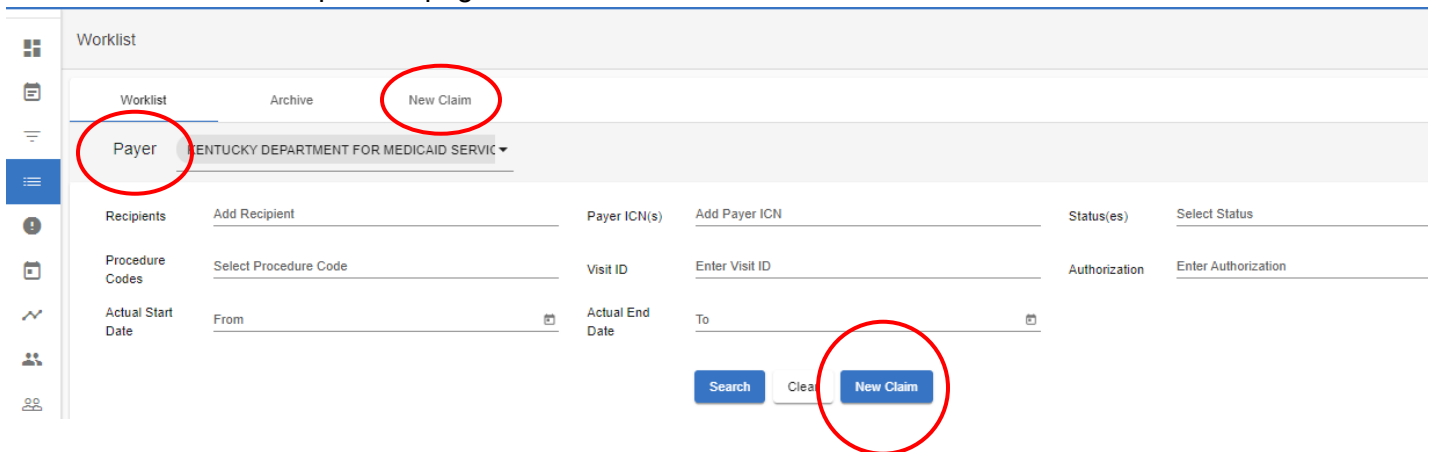
Denied claims cannot be adjusted in the Mobile Caregiver+ system nor can a user resubmit a denied claim. If



The screenshot shows the 'Worklist' interface with the 'New Claim' tab selected. The 'Payer' dropdown is set to 'KENTUCKY DEPARTMENT FOR MEDICAID SERVICES'. Below this, there are fields for 'Recipient' (Select Recipient), 'Procedure Code' (Select Procedure Code), and 'Diagnosis Code' (Diagnosis Code). There are also fields for 'Direct Service Provider' (Select Direct Service Provider) and 'Procedure Code Modifier' (Select Procedure Code Modifier). A blue link 'Select Recipient to Setup Address' is visible at the bottom.

an agency needs to submit a denied claim for payment, the user will need to create and submit a manual claim following the steps below. **You can only create and submit a manual claim if the original claim was denied for incorrect diagnosis, incorrect provider ID, or incorrect member ID.**

Log into the Mobile Caregiver+ Provider Portal. Choose the **Work List** icon on the left side. First, click in the **Payer** field to generate the Kentucky Department for Medicaid Services as the payer. Next, click either the **New Claim** tab at the top of the page or the blue **New Claim** button.



The screenshot shows the 'Worklist' interface with the 'New Claim' tab highlighted in a red circle. The 'Payer' dropdown is also highlighted in a red circle. Below the form fields, there are 'Search', 'Clear', and 'New Claim' buttons. The 'New Claim' button is highlighted in a red circle.

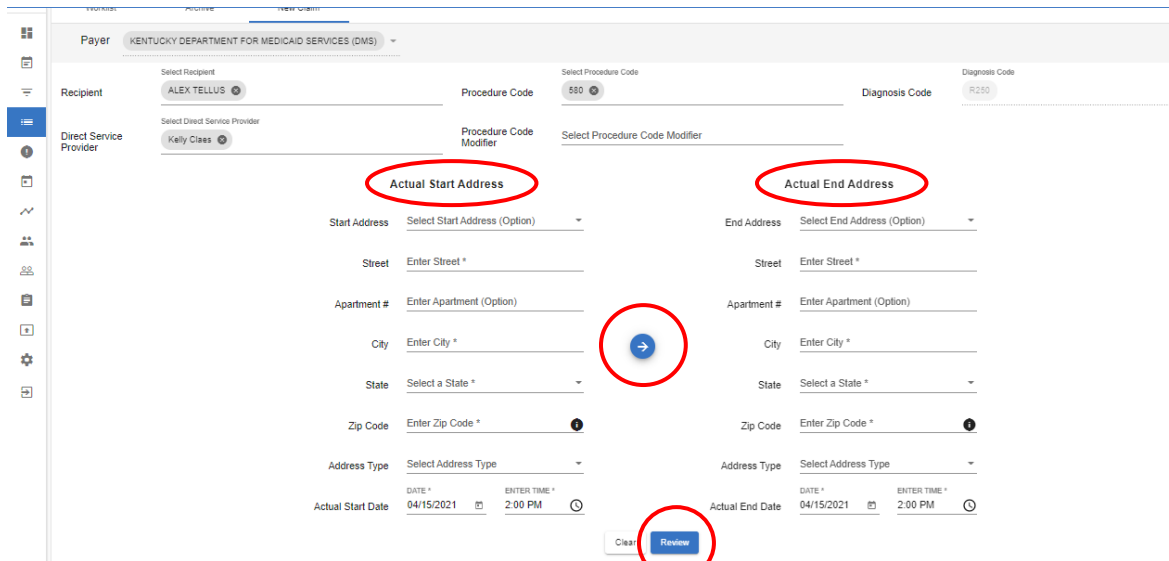
You must enter the **Recipient Name**, the **Direct Service Provider** name (or PDS employee name), and the **Procedure Code**. These are required fields.

Once you have done this, additional fields will populate. Enter the **Actual Start Address** and the **Actual End Address** for the service visit. You can use the down arrow in the **Start Address** field to select from the

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addresses stored in the system for the recipient or you can add the address manually. If the **Actual Start Address** and **Actual End Address** are the same, you can click the blue arrow between the two fields to automatically populate the **Actual Start Address** in the **Actual End Address** field.

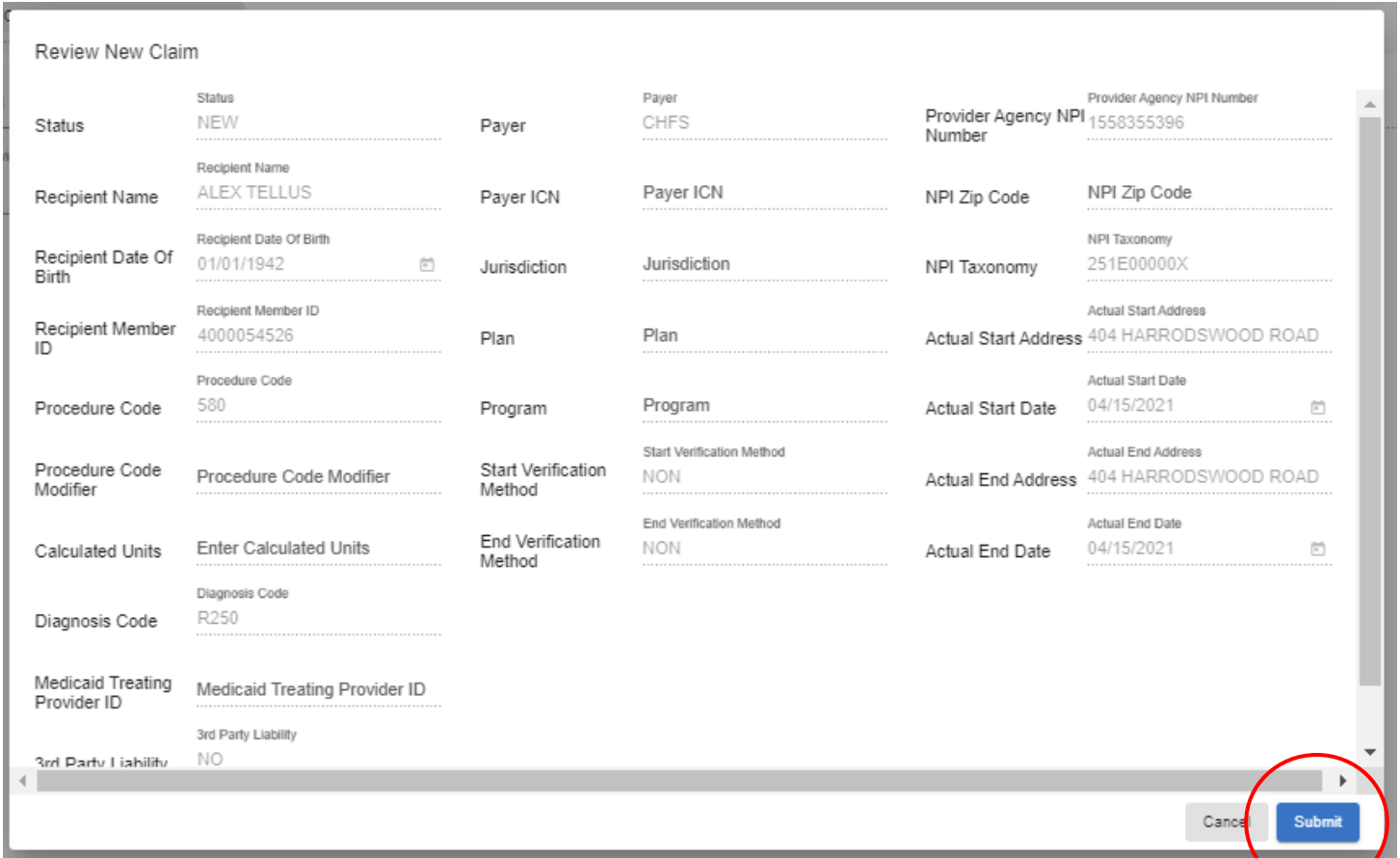
Next, enter the date and time of the visit in the **Actual Start Date** and the **Actual End Date** fields. Once you have done this, click the blue **Review** button.



The screenshot displays the EVV system interface for a new claim. The payer is set to 'KENTUCKY DEPARTMENT FOR MEDICAID SERVICES (DMS)'. The recipient is 'ALEX TELLUS', the procedure code is '580', and the diagnosis code is 'R250'. The direct service provider is 'Kelly Class'. The form includes fields for 'Actual Start Address' and 'Actual End Address', each with sub-fields for Street, Apartment #, City, State, and Zip Code. Below these are 'Actual Start Date' (04/15/2021, 2:00 PM) and 'Actual End Date' (04/15/2021, 2:00 PM). A blue arrow button is positioned between the address fields, and a blue 'Review' button is at the bottom right. Red circles highlight the 'Actual Start Address' and 'Actual End Address' labels, the blue arrow button, and the 'Review' button.

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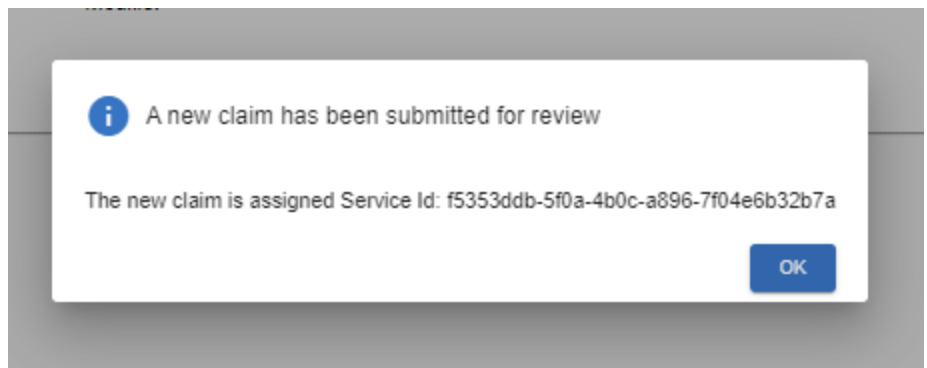
After clicking **Review**, a box will appear with all of the information you entered. Please review the information and, after verifying it is correct, click the blue **Submit** button.



Review New Claim					
Status	NEW	Payer	CHFS	Provider Agency NPI Number	1558355396
Recipient Name	ALEX TELLUS	Payer ICN	Payer ICN	NPI Zip Code	NPI Zip Code
Recipient Date Of Birth	01/01/1942	Jurisdiction	Jurisdiction	NPI Taxonomy	251E00000X
Recipient Member ID	4000054526	Plan	Plan	Actual Start Address	404 HARRODSWOOD ROAD
Procedure Code	580	Program	Program	Actual Start Date	04/15/2021
Procedure Code Modifier	Procedure Code Modifier	Start Verification Method	NON	Actual End Address	404 HARRODSWOOD ROAD
Calculated Units	Enter Calculated Units	End Verification Method	NON	Actual End Date	04/15/2021
Diagnosis Code	R250				
Medicaid Treating Provider ID	Medicaid Treating Provider ID				
3rd Party Liability	NO				

You should receive a confirmation message that your claim has been submitted for review and giving you a service ID for the claim.

The visit will now appear in the work list with a status of New until the pre-adjudication process occurs. After that, the visit status will be changed to



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Matched or Unmatched. Once in Matched status, a visit can be released for payment. Unmatched visits must be updated and Matched before being released for payment.



Additional Resources

A complete list of EVV resources is available in the [EVV QRG: Who to Call](#) listing, the DMS EVV website at <https://bit.ly/kywaiverEVVinfo>, or by scanning the QR code to the left using your mobile device.

If your direct service provider agency or FMA has a technical issue with Mobile Caregiver+, you can submit a support ticket using the [Netsmart Customer Support Portal](#) or by calling (833) 483-5587.

If you have a question about EVV policy, contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.