



Understanding the In-Home Supports Assurance System ISAS

Welcome Supports Planners!

7/15/16



Training Agenda

1. Welcome
2. ISAS Overview
3. Supports Planner's Role in ISAS
4. Understanding ISAS Billing
5. Monitoring Participant's Care
6. One Time Password Device (OTP)
7. Medicaid Eligibility
8. Plan of Service
9. Emergency Care
10. Questions



ISAS: What is ISAS?

- In-Home Supports Assurance System
- A phone-based billing system for in-home Service providers





ISAS: The ISAS Team

- The ISAS Division at DHMH consists of the people who administer the ISAS system
- We ensure the system runs smoothly, assist providers with the system, and review manually entered shifts
- The ISAS team currently has 14 full-time analysts and is led by Division Chief Whitney Moyer





ISAS: Why Do We Use ISAS?

- Improve quality of Service
- Increase provider accountability
- Decrease fraud and abuse
- Simplify and modernize the billing process
- Allow providers to view their service information online in real-time



ISAS: Who Uses ISAS?

- All Personal Assistance Providers giving direct Service to Medicaid participants in the following programs:
 - Community First Choice (CFC)
 - Community Options (CO)
 - Community Personal Assistance Services (CPAS)
 - Increased Community Services (ICS)

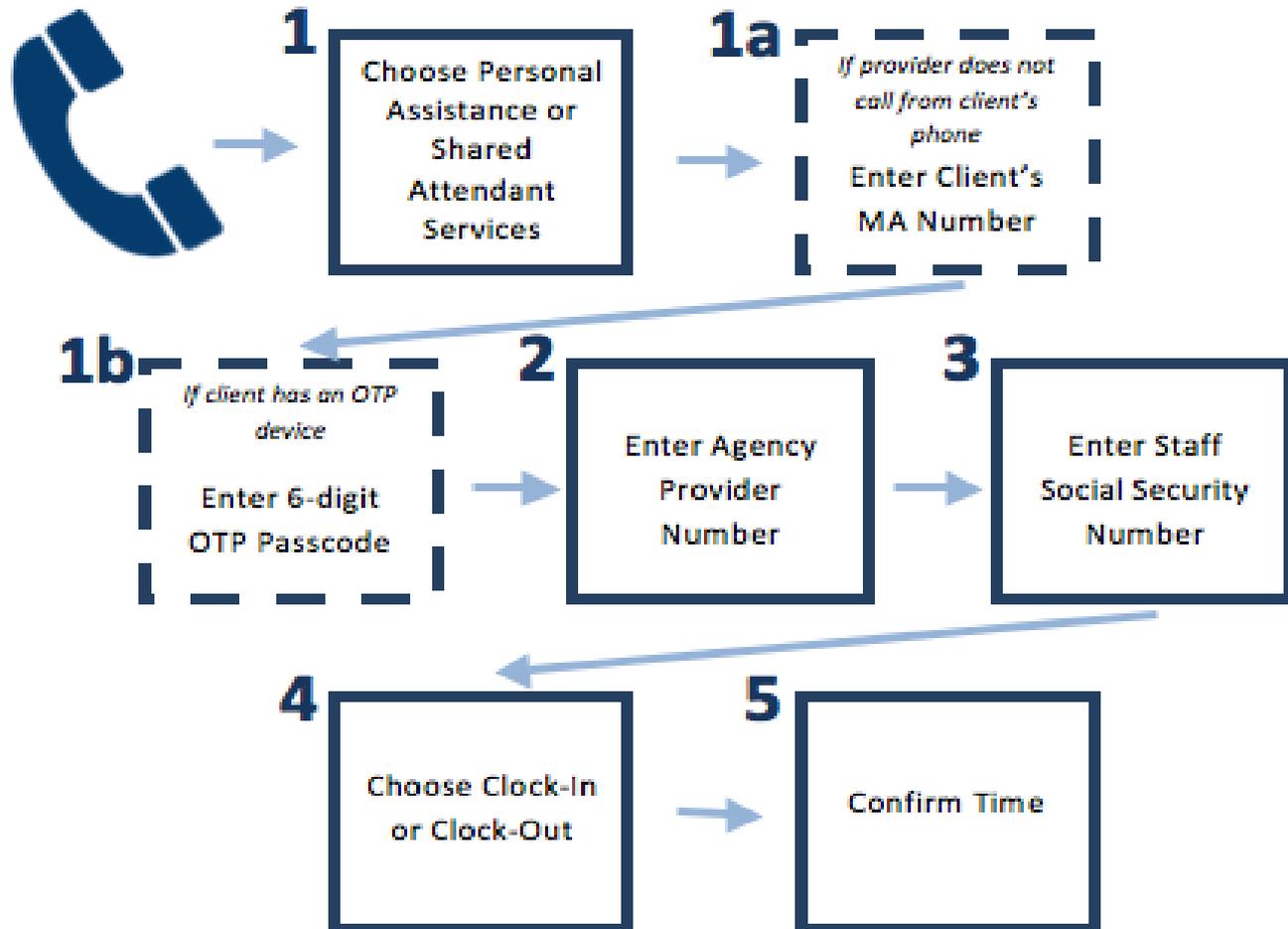


1. How Does ISAS Work?

- Providers call our toll-free number
 - ISAS verifies
 - Who is providing the service
 - Personal Assistance or Shared Attendant Services
 - Agency provider number
 - Staff member's Social Security Number
 - Who is receiving the service
 - Client's MA Number & OTP Device Code*
- *more information about OTPs to follow



1a. Call-In System Flow Chart





2. How Does ISAS Work?

- Providers must use either participant's phone, or an OTP device, to prove that they are with the participant
- An OTP device is:
 - A small keychain-sized device that generates a 6 digit time stamp every minute of the day
 - The OTP device stays with the **participant** at all times



3. How Does ISAS Work?

- The ISAS system checks the phone call against the participant's Plan of Service (POS)
 - The phone number used should match the participant's phone number, else, an OTP device is used
- The ISAS system will not allow providers to be paid for more hours than are listed on the POS



4. How does ISAS Work?

- Client eligibility information is compared to MMIS* records for each service
 - *MMIS stores all participant and provider eligibility and claims information for the State of Maryland.
- The state issues weekly payments to provider agencies based on the ISAS calls

A photograph of two women sitting at a table. The woman on the left is a Black woman with dark hair pulled back, wearing a pink button-down shirt. She is looking towards the other woman with a calm, attentive expression. The woman on the right is a white woman with long blonde hair in a ponytail, wearing a blue and red plaid shirt. She has her head buried in her hands, suggesting she is distressed or overwhelmed. The background is a blurred office or meeting room setting.

Supports Planner's Role in ISAS



Supports Planner's Role in ISAS

- Writing an accurate Plan of Service
- Notifying providers when they are authorized to begin or stop service.
- Serving as a gatekeeper for quality service
 - ensure that providers are giving good service
 - ensure that providers are accurately billing
- Helping the ISAS team resolve participant service concerns



Understanding ISAS Billing



Account	Encumbrances	Balance
000160	0.00	0.00
000163	0.00	0.00
000169	0.00	0.00
000171	0.00	0.00
000172	0.00	0.00
000180	0.00	0.00
000199	0.00	0.00
000201	0.00	0.00
000202	0.00	0.00
000203	0.00	0.00
000205	0.00	0.00
000207	0.00	0.00
000211	0.00	0.00

Account	Encumbrances	Balance
000160	0.00	0.00
000163	0.00	0.00
000169	0.00	0.00
000171	0.00	0.00
000172	0.00	0.00
000180	0.00	0.00
000199	0.00	0.00
000201	0.00	0.00
000202	0.00	0.00
000203	0.00	0.00
000205	0.00	0.00
000207	0.00	0.00
000211	0.00	0.00



ISAS Billing: Definitions

- **Service:** One clock-in and One clock-out pair to make a Service
 - i.e. Jane clocked in at 7am, and clocked out at 8am. Her 1 hour shift is called a “service”
- **Claim:** One or more service(s) that has been bundled together to make a claim. Claims are bundled services with the same:
 - Date of Service
 - Provider Number
 - Client MA Number
 - Service Type (i.e. personal assistance)

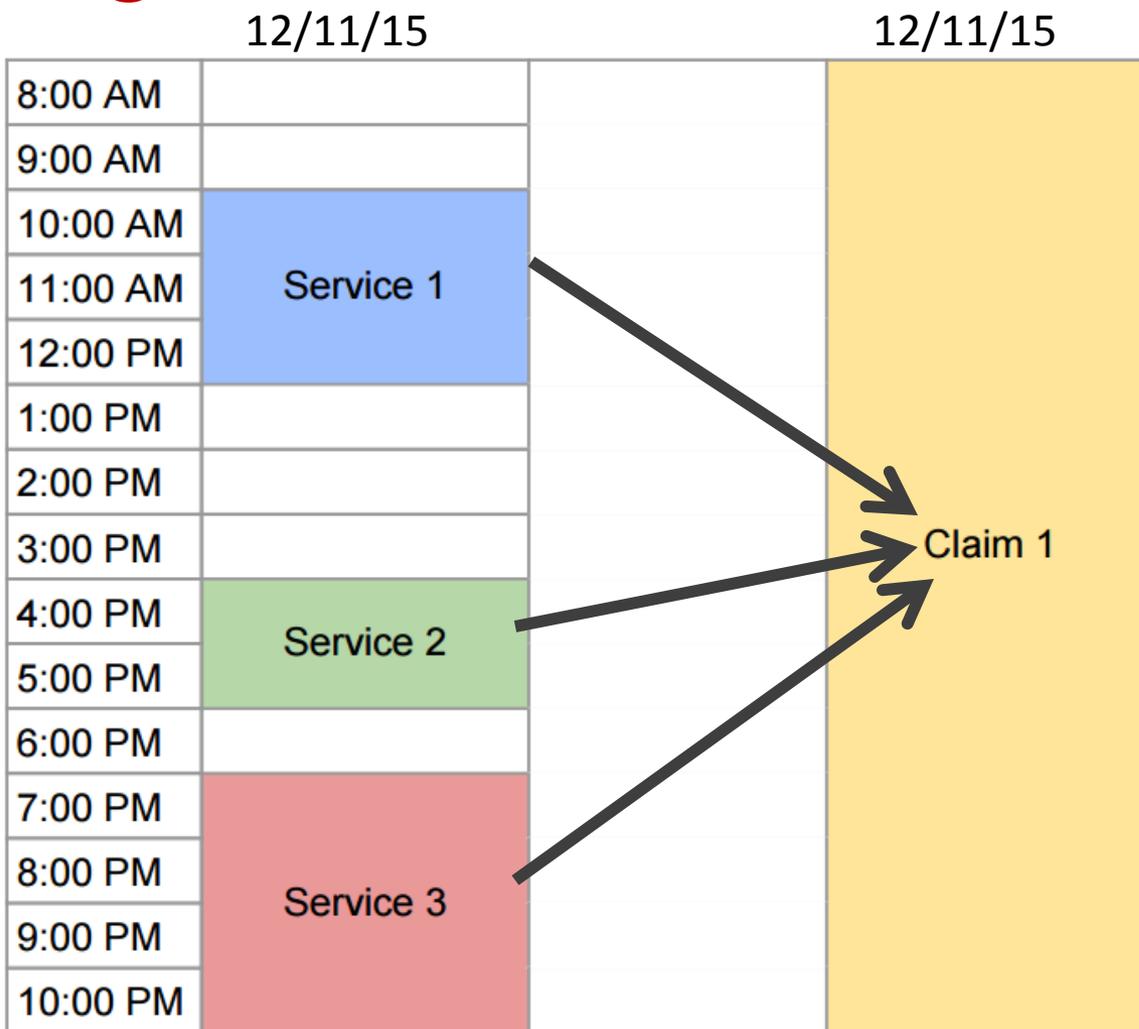


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ISAS Billing: Service vs. Claim





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ISAS Billing: Definitions

- **Missing Time:** Adding service information
 - Enter one Missing Time to complete a Service
 - Enter two Missing Times to create an entirely new Service ONLY if no other claim exists on that same day
- **Adjustment:** Adding service time to a CLAIM (services that have already been paid or rejected)



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ISAS Billing: Definitions

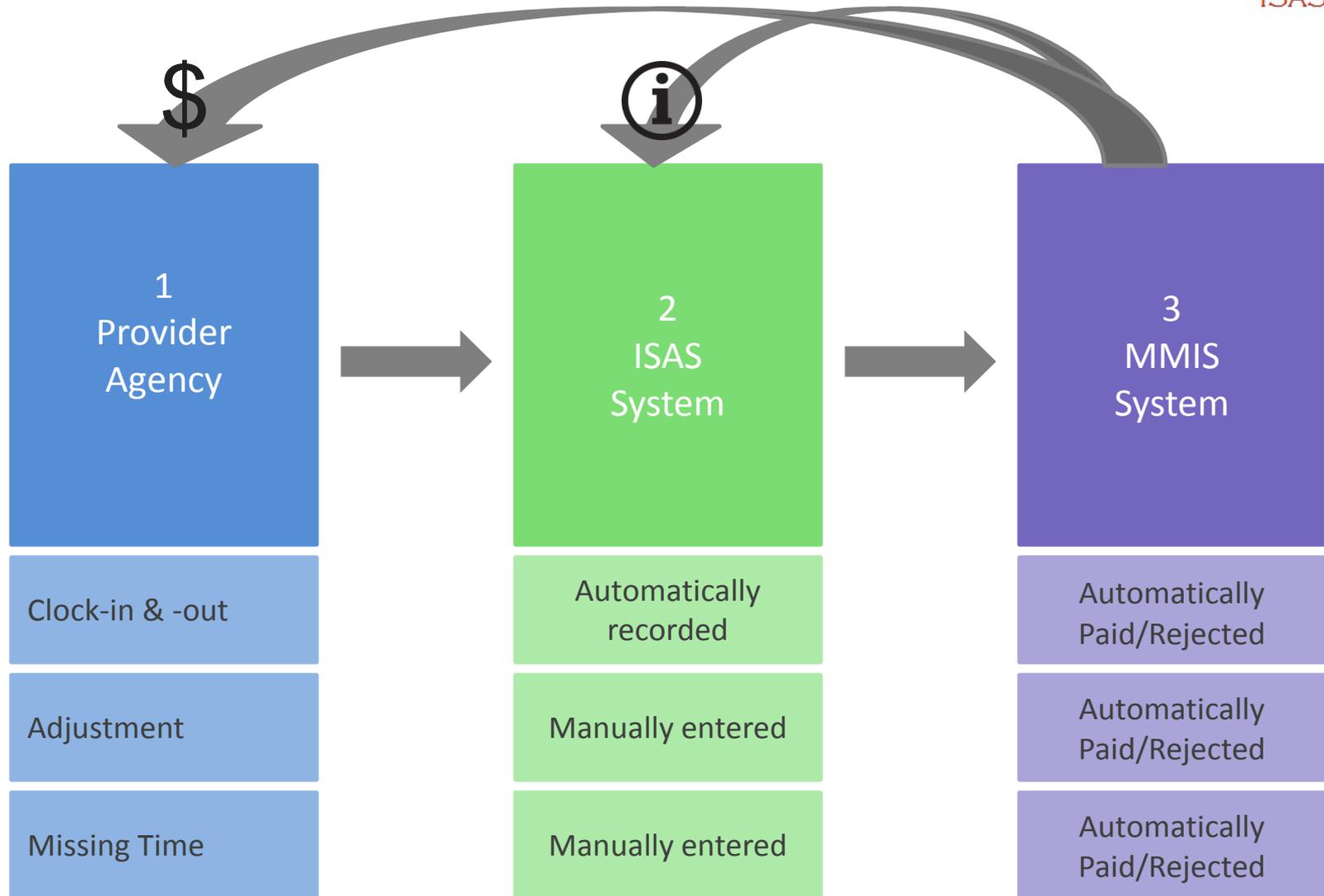
- **Missing Time/Adjustment Policies**

- An agency can only submit 4 unexcused missing times/adjustments per staff provider each month (agency staff providers must remember to clock-in and -out over the telephone!)
- Unexcused MTR/adjustments are penalized 1 point per missed clock in OR out.
- Missing times must be submitted no later than 2 business days after the end of the previous month



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- One paycheck will include services performed in one Work Week (Thurs-Weds)
- One paycheck may also include Adjustments or Missing Time Requests from other work weeks

Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				(Begin) WORK WEEK		
(End)				WORK WEEK 2		
				WORK WEEK 3		



ISAS Billing: Claims

- What is the timeline for payment of claims?

Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				I worked!		
	I worked!	I worked!				MMIS Pays Services
			ISAS updated to show paid/rejected claims			I get my check soon after this, depending on whether it is mailed or direct deposit



• What is the timeline for payment of Missing Times?

	Work Week 1	Work Week 2	Work Week 3	Work Week 4
Thursday	Claim 1			
Friday				
Saturday	Claim 2	MMIS Pays Claim 1 & 2		MMIS pays Work Week 1 Missing Time. It is included in with my payment for Work Week 3
Sunday				
Monday	Missing Shift			
Tuesday			I enter the Missing Time from Work Week 1. DHMH approves it.	
Wednesday				

A healthcare professional, likely a nurse or doctor, is seated at a desk in a clinical setting. She is wearing light blue scrubs and has a red stethoscope around her neck. Her hair is pulled back in a bun. She is looking intently at a computer monitor, with her hand resting on her chin in a thoughtful pose. Her other hand is on a white keyboard. The background shows a window with blinds and a blue office chair.

Monitoring Participant's Services



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Monitoring Participant's Service

- Use the ISAS website to regularly review your participant's service
 - Check to see if the agency staff provider is clocking in or out at your participant's home
 - Review which agency staff providers are working for your participant
 - See any unusual behavior or missed shifts



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Monitoring Participant's Service

Using the Services Rendered Report Advanced,
you can:

- Calculate POS hours
- Monitor services by staff provider or participant
- View clock -in and -out times for staff
- Research patterns in staff behavior
- Review claim status with detail
- Make sure the providers only start giving service after the POS becomes active



Monitoring Participant's Service: Services Rendered Advanced

Year**	2015	Month**	December
Week**	11/26/2015 - 12/02/2015	Provider Name	
Provider Number**	All Providers	Staff Name	
Client ID / MA #		Client Name	
Show Comments**	Yes		

[View Report](#)



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Using the LTSS/ISAS Web Application: Services Rendered Advanced

Date Created: 12/7/2015 1:47:46 PM

ISAS - Services Rendered Report *Client Summary Level*

Search Criteria:

Year: 2015

Month: NOVEMBER

Week: 10/29/2015 -11/04/2015,11/05/2015 - 11/11/2015, 11/12/2015 -11/18/2015,11/19/2015 - 11/25/2015, 11/26/2015 - 12/02/2015

Provider Name: ALBERT'S AGENCY

Provider Number: ALBERT'S AGENCY - 123456789, ALBERT'S AGENCY - 123456894, ALBERT'S AGENCY - 123456123

Staff Name:

Client ID/MA#: 99999999999

Client Name:

Comments View: Yes

Report Date: 12/7/15

Total Number of Records Returned: 5

Client Name	Client MA#	Provider Number	Week	Service Type	Weekly POS Hours	Hours Worked
HOWARD TENPENNY	99999999999		10/29/2015 - 11/04/2015	Personal Assistance Agency	14.00	14.00
HOWARD TENPENNY	99999999999		11/05/2015 - 11/11/2015	Personal Assistance Agency	14.00	14.00
HOWARD TENPENNY	99999999999		11/12/2015 - 11/18/2015	Personal Assistance Agency	14.00	14.00
HOWARD TENPENNY	99999999999		11/19/2015 - 11/25/2015	Personal Assistance Agency	14.00	14.00
HOWARD TENPENNY	99999999999		11/26/2015 - 12/02/2015	Personal Assistance Agency	14.00	21.00



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Services Rendered Advanced; Client and Provider Information

Click on the [blue text](#) (hyperlinks) for more details. Note: Click the "[New Missing Time](#)" hyperlink to submit a missing time request. If you are unable to click the "[New Missing Time](#)" link, you must login under the provider number associated with the service to enter

* Column Amount Paid in ISAS (Gross)* will be updated every Wednesday

Total Number of							
Client Name	Provider Number	Day Of Service	Date of Service	Clock In Time	Clock Out Time	Staff Name	Service Initiation Source
Howard Tenpenny	123456789	Monday	11/30/2015	11/30/2015 12:59 PM	11/30/2015 7:59 PM	FARTHING ONE	Telephone
		Tuesday	12/1/2015	12/1/2015 12:59 PM	12/1/2015 8:05 PM	FARTHING ONE	Telephone
		Wednesday	12/2/2015	12/2/2015 1:00 PM	12/2/2015 8:01 PM	FARTHING ONE	Telephone



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Monitoring Participants' Care

- Providers or staff providers may have questions about payment
- Please direct Agency Administrators to speak directly to DHMH ISAS (dhmh.isashelp@maryland.gov)
- Please direct staff providers to speak to their agencies
 - ISAS does not direct employ staff providers. Therefore, all questions about payment *must* be directed to their agency employer



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Communicating with DHMH ISAS

- Activity Notes:
 - When submitting Activity Notes, please be detailed & specific
- Reportable Events:
 - When submitting REs, please be detailed and specific
 - For example: please include the exact times a client was hospitalized
- Email/Phone:
 - We like to hear from you!
 - DHMH.ISAShelp@maryland.gov 410-767-1719



One Time Password Device (OTP)





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One Time Password - OTP

- One Time Password Devices should be used when:
 - The participant does not have a reliable phone
 - Reminder: The agency staff provider's phone number should never be on the participant's profile
 - Multiple participants live in the same home
- Supports Planners should only assign OTP devices to participants who absolutely need one. If assigned, the device must be used each time a provider clocks in or out.



One Time Password - OTP

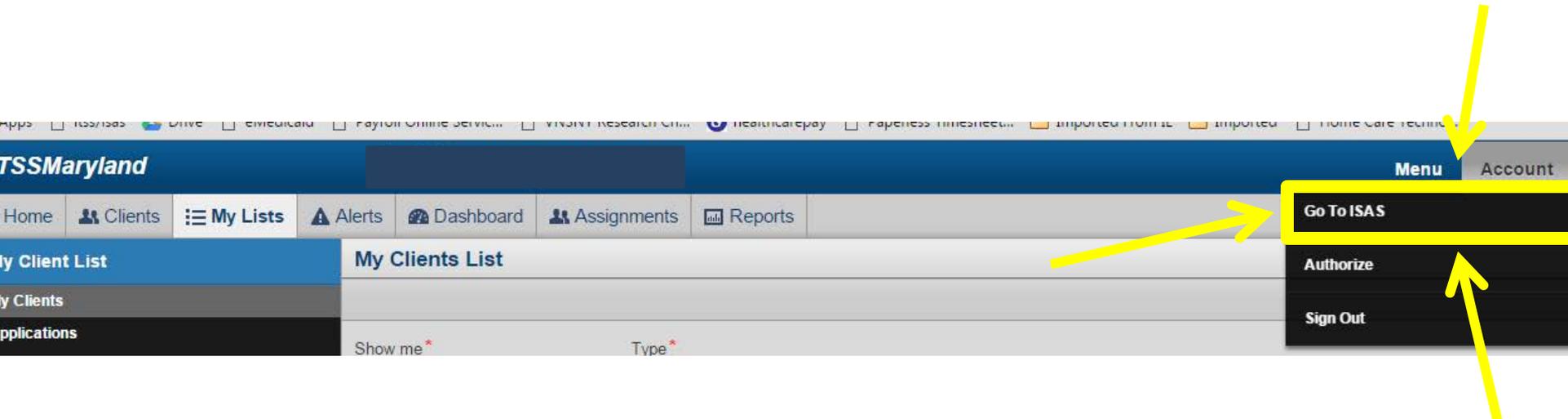
- Time synchronized device
- Keychain sized
- Randomly generates a 6 digit time stamp
- Providers use the number on the OTP device when clocking-in and out on the phone to prove that they are with the participant
 - OTP devices must ALWAYS stay WITH THE PARTICIPANT
 - OTP devices should NEVER be taken by the provider
 - Supports planners should submit a reportable event if OTP device is missing



One Time Password - OTP

Step 1

- How to assign an OTP device





One Time Password - OTP

Step 2

How to assign an OTP device

ISAS Menu Account

Location: [REDACTED]

Home Providers Clients Reports **Client Details**

ID: [REDACTED] DOB: [REDACTED]
MFP Eligible: N/A

Client Profile Expand All

[Back To Search](#)

Client Information

- Client Demographics
- Contact Information
- Client OTP** Assign
- Client Eligibility Determination





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One Time Password - OTP

- Providers and/or participants must report any OTP issues to the Supports Planner immediately
- Supports Planners should check for the OTP during home visits
 - The OTP MUST stay with the participant
 - Submit RE (Reportable Event) if OTP device is missing
- Broken OTP – un-assign and send back to DHMH
- Document information about the OTP in the participant's Activity Notes



Plan of Service



What's
the
plan?

Plan of Service

- A participant's Plan of Service (POS) directs how many hours of service a participant may receive
 - A provider's hours, recorded through ISAS, are automatically capped according to the plan of service
 - *Example:* Patrick is allowed to receive 14 hours of personal assistance per week. His agency staff provider works for 15 hours and records his shifts through ISAS. His agency staff provider's agency will only be paid for 14 hours of care.



What's
the
plan?

Plan of Service

- Only enter one service line per provider
 - Do not enter two lines of personal assistance services for the same provider
 - *Example:* Vanessa has a POS with two lines on it. One line lists Whitney's Caring Heart as the provider for 45 hours of service per week. The other line lists Whitney's Caring Heart as the provider for 58 hours of service per week. This POS should only have **one** line with the correct total number of hours

Plan of Service: Signatures and Effective Date



- The POS is not Active and Approved until DHMH has given it final approval
- Providers sign the POS prior to DHMH review and approval
- Please clearly communicate with providers about when to start services by sending them the Service Notification Form



Medicaid Eligibility



accepted



Eligibility: Spans

- Clearly communicate the eligibility start and end dates with the provider and the participant
- Encourage the provider to use Eligibility Verification System (EVS) regularly to determine if a participant is eligible
 - Dial 1-866-710-1447
OR visit website www.emdhealthchoice.org.
- If a participant loses eligibility the state will not pay for services



Eligibility

- A participant loses eligibility:
 - The provider may continue to provide services at their own risk if they believe the participant will regain eligibility
 - The provider **MUST** clock-in and -out during the period of ineligibility in order to receive payment once eligibility is restored
 - Payment will not be issued to the provider until eligibility is restored



Eligibility: Appeals

- A participant enters the appeals process:
 - The provider may continue to provide services at the participant's risk
 - If the participant wins the appeal, all claims will be paid by the state
 - If the participant loses the appeal, the participant will be responsible for paying the provider for the services rendered during the appeal process



Eligibility: after the 15th of the month

- Participant gains eligibility 1st-15th
 - Claims pay normally
- Participant gains eligibility 16th-31st
 - Claims for the 16th-31st are not processed normally
 - Claims will be manually processed by DHMH for dates between the 16th-31st, and should process normally starting on the 1st of the following month
 - Payment will be delayed 2- 5 weeks

Emergency & Back-Up Services





Back-Up Services

- When the assigned provider cannot provide services, so an approved back-up provider gives services:
 - All back-up providers must be listed on the POS
 - Only Medicaid-enrolled personal assistance providers may bill for back-up services
 - If a MA-enrolled back-up provider bills for services, they can receive payment



Back-Up Services Payment

- If the back-up provider is not also listed as a regular provider on the POS, they will receive payment
- If the back-up provider is also listed as a regular provider on the POS, they will receive payment
 - Claims will be capped at the provider's regular approved hours
 - To be paid for the additional hours they worked in lieu of another regular provider, they will need to submit an adjustment

Emergency Services



- When a participant has an emergency and needs extra hours of Service beyond what is written on the POS:
 - Less than 7 days in duration
 - More than 7 days in duration

Emergency Services: Less than 7 days



- Notify DHMH ISAS Division via email
- Describe the emergency and the number of additional hours in participant's Activity Notes
- Direct the provider to give extra Service, and to clock – in and –out for their services
 - The services will be cut to match the hours listed on the POS, the provider must use the adjustment process to regain any time that is automatically cut. Providers have been made aware of this process but can always use a reminder
- Submit a Reportable Event (RE) if necessary

Emergency Services: More than 7 days



- Notify DHMH ISAS Division via email
- Describe the emergency and the number of additional hours in participant's Activity Notes
- Revise the POS to match the participant's emergency needs
 - *Remember to submit a new POS after the emergency period ends that reduces the hours back to the appropriate level for the participant
- Submit a Reportable Event (RE) if necessary

Emergency Backup:



- When a participant's usual provider cannot provide services so an emergency **backup** provider must substitute and provide services for the participant during this time.
 - The emergency backup provider must be an approved provider on the participant's POS in order to provide services, and listed in the Emergency Backup provider section.
 - The backup provider must not exceed the authorized hours on the POS.
 - The backup provider must follow the participant's POS and perform all regular duties and tasks.
 - The participant's case activity notes must be updated to record all emergency backup information as soon as the Supports Planner becomes aware



Supports Planners: Partners w/ ISAS

- We're here to help
- Contact us anytime 410-767-1719
dhmh.isashelp@maryland.gov
- Open communication is key
- Quality Service for participants is most important



Questions

