



# **South Carolina Care Call**

## **Users' Manual**

### **In-Home Services**

**Community Long Term Care  
Department of Health and Human Services  
State of South Carolina**

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## **Section 1 – Introduction**

The South Carolina Division of Community Long Term Care (CLTC) has developed User's Manuals to provide instruction and reference for providers who use Care Call. These manuals are available from the link labeled Care Call Manuals on the Care Call website at <https://scc.govconnect.com>. These manuals, coupled with training provided by CLTC and careful attention to both the instructions on the Interactive Voice Response System (IVRS) and each web screen, enable providers to perform Care Call's routine functions.

If questions remain after review of the User's Manual, contact CLTC via email at [carecall@scdhhs.gov](mailto:carecall@scdhhs.gov) or by phone at 803-898-2590.

### **1.1 Background**

The Care Call system is an automated system used for service documentation, service monitoring, web-based reporting, and billing to MMIS. For documentation of personal care and other services provided in a participant's home, workers call a toll free number upon starting and ending services. In all cases, services documented are compared with the prior authorization to determine if the service was provided appropriately.

For monitoring of service delivery and reporting, real time reports allow providers and case managers to monitor participants more closely to ensure receipt of services. Care Call generates electronic billing to MMIS twice a week for services provided. Only authorized services and the total units provided (up to the maximum authorization) are submitted to MMIS for payment. This billing ensures accuracy of claim processing.

### **1.2 How does Care Call Work?**

Care Call is based on simple principles.

1. The worker goes to the home of the participant to provide a service that has been prior authorized.
2. The worker uses the participant's touch-tone phone to call the toll-free Care Call number.
3. Using caller ID technology, Care Call identifies the participant and the services authorized for that participant. The Interactive Voice Response (IVR) system prompts the worker to enter his Worker ID number and verify the service he is there to provide.
4. The system advises the worker that he or she is "checked in".
5. When the worker completes the service, the worker calls the same toll-free number and "checks out".
6. From that telephone interaction, Care Call generates a claim that is submitted electronically to MMIS for processing.
7. Claims are submitted for processing twice a week on Thursday and Sunday. Payment is made directly to the Provider.

8. The provider uses the web to run reports that monitor services being provided, claims submission and payment by MMIS.

## Section 2 – Using the Care Call Website

### 2.1 Getting Started

To use the Care Call Website, the provider needs

1. Access to the Internet
2. For first time users, their Provider ID, password, and FEIN
3. For repeat users, their Provider ID and password

The Care Call website is <https://scc.govconnect.com>.

The Welcome screen below is the first Care Call screen. The first time the provider uses the website, you must enter your Provider ID in the Provider Log In section under “I am a new user (I need a password)”. Press Create Password.

**Welcome**

Welcome to the South Carolina Care Call Service Monitoring system. This is a fast, powerful, and accurate system that provides real-time access to information about client care. The online database provides an effective solution to manage information about cases, providers, aides, and client services and ensures that payment is made for only authorized services that have been performed. This system also generates automated billing on a weekly basis based on verified delivery of services.

With this system, you have the ability to do the following:

- Ensure DHHS pays only for services rendered.
- Verify authorized services are provided.
- Produce on-line, real-time reports of services rendered with the ability to produce standardized and ad-hoc reports in a secure, Internet environment. The reports will be available to CLTC staff and DHHS specified providers Internet.
- Create reports for services not delivered as authorized.
- Create weekly provider reports of billed and unbilled activities, missed visits, and reasons for unbilled activities.
- Eliminate opportunities for fraud.

**SC DHHS Links**

- [DHHS Home Page](#)
- [Medicaid Information](#)
- [Provider Information Center](#)
- [Long Term Care Information](#)
- [Medicaid Provider Manuals](#)
- [CLTC Scopes of Services](#)
- [DHHS Telephone Directory](#)
- [SC Access](#)

**SC CLTC Staff Log In**  
(South Carolina DHHS Employees Only)

Enter User ID:

Enter Password:

**Log In**

**Provider Log In**  
Select the item below which applies to you

**I am a REGISTERED USER (I Have a Password)**

Enter Medicaid Provider ID:

Enter Password:

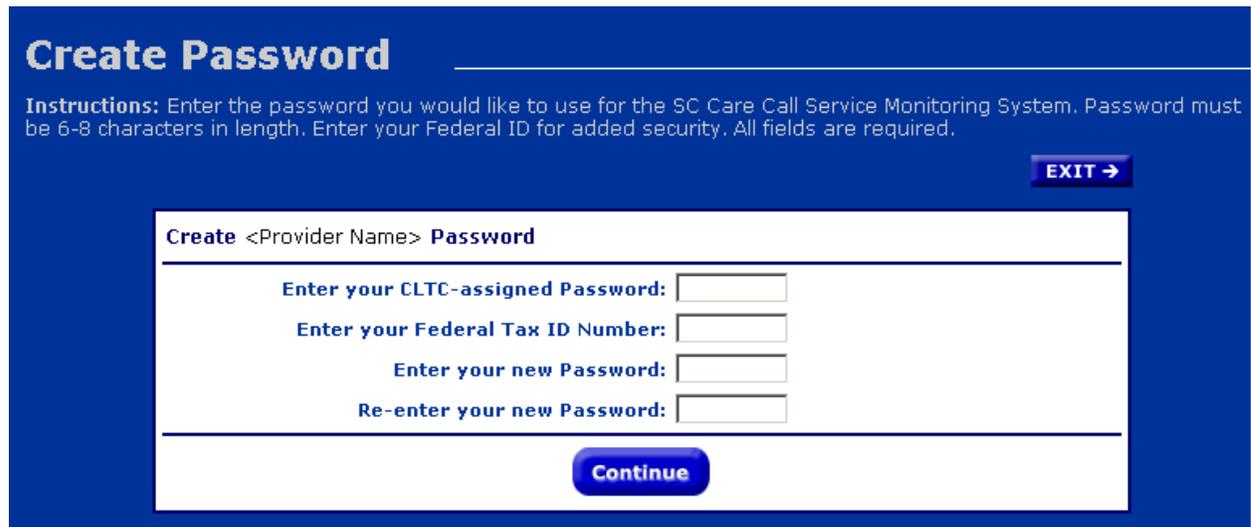
**Log In**

**I am a NEW USER (I Need a Password)**

Enter Medicaid Provider ID:

**Create Password**

The next screen requires you to enter your CLTC assigned password, Federal Tax ID number, and a new password and then click Continue.



(If you do not know your CLTC assigned password, contact Community Long Term Care at 803-898-2590.)

The next screen indicates that you have successfully created a new password and can now use the website. Pressing Continue takes you to the Main Menu.



**Please make a note of your password and save it in a safe place.** If you lose your password, you must go through the new user process again and create a new password.

You will only need to set up your agency as a user one time. In the future, you will enter your ID and password from the Welcome Screen under Provider Log In to access your Care Call information. A provider user can only see information specific to the participants assigned to that provider.

## 2.2 Maintaining Your Provider Information

On the lower left side of the Main Menu is your Provider Information.

The screenshot shows the 'Main Menu' interface with a blue header and a white background. The 'Provider Information' section is highlighted with a red border. It contains the following text:

**Provider Information**  
Select Edit to change

**Name:** Alexander, Chris  
**eMail1:** calexander@sccworks.com  
**eMail2:** cra@fuse.net  
**Phone1:** 803-555-1212  
**Phone2:** 803-241-5678  
**Fax:** 803-555-1234

An **Edit** button is located at the bottom of the section.

Other sections visible in the menu include:

- Administrative Functions**
  - Data Reconciliation
    - [Add/Edit/Delete Users](#)
    - [Worker Registration/Termination](#)
    - [Enter Missed Visit Codes](#)
    - [Submit Resolutions and Old Claims](#)
- Create Report Template**
  - Activity Reports
    - [Client Activity](#)
    - [Provider Activity](#)
    - [Authorized Services - Exceptions](#)
  - Worker Reports
    - [Workers by Provider](#)
    - [Infractions by Worker](#)
    - [Worker SSN Check](#)
  - Provider Reports
    - [Billing Invoice](#)
    - [Remittance Advice](#)
    - [Provider Schedule](#)
    - [Time & Attendance](#)
    - [Preliminary Invoice](#)
    - [Resolutions](#)
  - Service Quality Reports
    - [Open Authorizations](#)
    - [Unauthorized Phone Number](#)
    - [Overlapped Claims](#)

At the bottom of the 'Create Report Template' section, there is a **View Reports** button and the text: "Select the button below to view previously run reports or execute previously created report templates."

It is the place to record the contact information for your agency. . Please check the information periodically to assure that it is complete and current.

This information will be used by CLTC to quickly communicate with you and give you information of importance to your agency. Examples include problems with the Care Call IVR System, changes in payment dates, notifications of referrals, authorizations and terminations from Phoenix and other programmatic information. Please be sure that you keep your contact information updated so you can receive this information quickly.

To add or change any of the information, click on the Edit button. Care Call will allow you to edit each field except the Name field. When you have finished, click on Save and your provider information will be updated on the Menu Screen.

## 2.3 Adding Other Users from Your Agency

Many people within an agency can use the website. You can create other users at any time from the Main Menu by selecting Add/Edit/Delete Users.

## Main Menu

Instructions: Select a menu item below.

**EXIT →**

### Administrative Functions

**Data Reconciliation**

- Add/Edit/Delete Users
- Worker Registration/Termination
- Enter Missed Visit Codes
- Submit Resolutions and Old Claims

### Create Report Template

**Activity Reports**

- Client Activity
- Provider Activity
- Authorized Services - Exceptions

**Provider Reports**

- Billing Invoice
- Remittance Advice
- Provider Schedule
- Time & Attendance
- Preliminary Invoice
- Resolutions

**Worker Reports**

- Workers by Provider
- Infractions by Worker
- Worker SSN Check

**Service Quality Reports**

- Open Authorizations
- Unauthorized Phone Number
- Overlapped Claims

Select the button below to view previously run reports or execute previously created report templates.

**View Reports**

### Provider Information

Select Edit to change

Name:

eMail1:

eMail2:

Phone1:

Phone2:

Fax:

You need to ensure that this information is accurate, complete and updated.

**Edit**

You will see the following screen:

## Provider Administrative Functions

### Add or Edit a Provider

**EXIT →**

Add or Edit a Provider By Entering or Selecting the Criteria Below:

Admin	Name	Provider ID	PWD	Verify PWD	Terminate
<input checked="" type="checkbox"/>	Maxine Jones	EX6543	floyd4	<input type="text"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Christopher Daley	EX6543	1besco	<input type="text"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Jo Ann Jax	EX6543	charles8	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**Add**
**Continue**

This screen lists each person at your agency who is able to use Care Call via the web and a blank line for you to add another by entering his name and password.

Considerations with this screen:

- Checking Admin allows the worker to create other users, do claims resolution, missed visit documentation, manage workers and run reports. It is important to remember that when you give a worker administrative rights, that worker can update the information for all other workers in your agency. Only give these rights to workers in your agency who need them.

- If the worker only needs to run reports, do not check Admin.
- When a worker no longer needs access to Care Call, use this screen to terminate their password and Care Call access. If the user leaves your agency, they will still have access to your information unless you terminate their password.

Click Continue to view the changes you have made to web users. Then, on this screen, click Accept to save your changes.

**Confirm Changes** EXIT →

Select "Accept" to save any changes or select "Edit" to go back to the previous screen to make additional changes.

Admin	Name	Provider ID	PWD	Verify PWD	Terminate
<input checked="" type="checkbox"/>	Maxine Jones	MJ2345	floyd4		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Christopher Daley	CD6665	1bosco		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Jo Ann Jax	JAJ946	charles8	charles8	<input type="checkbox"/>
<input checked="" type="checkbox"/>	James Newuser	JN0919	mentor1	mentor1	<input type="checkbox"/>

When training your agency's users, please assure that they understand what functions they are authorized to perform on the web and that their status (admin or not) determines the screens that are displayed when they log in to Care Call.

## Section 3 – Managing Workers

Providers must use the web to edit services for existing workers, add new workers and terminate existing workers. They may also view a worker's strikes.

From the main menu screen, click on Worker Registration/Termination.

The screenshot shows the 'Main Menu' interface with a blue header and a white content area. The header contains the title 'Main Menu' and instructions: 'Instructions: Select a menu item below.' An 'EXIT →' button is in the top right. The main area is divided into four panels:

- Administrative Functions:** Contains a 'Data Reconciliation' section with links: 'Add/Edit/Delete Users', 'Worker Registration/Termination' (circled in red), 'Enter Missed Visit Codes', and 'Submit Resolutions and Old Claims'.
- Provider Information:** Contains a form with fields for Name, eMail1, eMail2, Phone1, Phone2, and Fax. A red text box says: 'You need to ensure that this information is accurate, complete and updated.' An 'Edit' button is at the bottom.
- Create Report Template:** Contains two columns of report categories: 'Activity Reports' (Client Activity, Provider Activity, Authorized Services - Exceptions) and 'Worker Reports' (Workers by Provider, Infractions by Worker, Worker SSN Check). Below these are 'Provider Reports' (Billing Invoice, Remittance Advice, Provider Schedule, Time & Attendance, Preliminary Invoice, Report Name) and 'Service Quality Reports' (Open Authorizations, Unauthorized Phone Number, Overlapped Claims). A 'View Reports' button is at the bottom, circled in red. Text below the button reads: 'Select the button below to view previously run reports or execute previously created report templates.'

### 3.1 Existing Workers

From the Main Menu, the user will first access the Provider Worker Edit screen::

## Provider Worker Edit

**Instructions:** To update worker's information, change any of the editable fields and then select "Save" for that worker in the "Action" column, click on "Continue" and verify changes by submitting them on the next screen. To add a worker, click on the "Add Worker" button below, and follow the same procedure as the one described above.

**EXIT** →

Use the up and down arrows to sort workers by last name.

Worker ID	Lastname Firstname MI	SSN	Nurse Supv.	Prior Year/ Current Strikes	Start Date Term Date	Record Create Date
EX3456	Pringle Corine	123456789	Yes	5/1	07/25/2007 12/25/1007	07/30/2007
EX4567	James Catherine A	111223333	No		07/25/2007 12/25/2007	07/30/2007
EX5678	Ball Lucille	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX6789	Burns George	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX7890	Fischer Peggy	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX3456	Sherlock James	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX2345	Bausmith Allison G	675849302	No		07/25/2007 12/25/2007	07/30/2007
EX3426	Porter Harry	675849302	No		07/25/2007 12/25/2007	07/30/2007

<p><b>Worker ID:</b> EX1251      <b>Social Security Number:</b> 111223333</p> <p><b>Last Name:</b> James      <b>First Name:</b> Catherine      <b>Middle Initial:</b> A</p> <p><b>Nurse Supervisor:</b> <input type="checkbox"/></p> <p><b>Start Date:</b> 07/25/2007</p> <p><b>Termination Date:</b> 12/15/2007 Ex. 02/05/2007 <input type="text"/> <a href="#">Calendar</a>      <b>Strike Removal Date:</b> 01/16/08</p>	<p><input type="checkbox"/> Case Management</p> <p><input checked="" type="checkbox"/> Personal Care II</p> <p><input checked="" type="checkbox"/> Personal Care I</p> <p><input type="checkbox"/> Attendant Care</p> <p><input type="checkbox"/> Adult Day Care</p> <p><input type="checkbox"/> RN</p> <p><input type="checkbox"/> LPN</p>
--	---

When first viewed, all the provider's workers will be sorted by Worker ID. You can use the arrows by the worker's last name to change this so that workers are listed alphabetically rather than by Worker ID.

Highlighting a worker line displays that worker's information on the bottom of the screen for editing. The provider can edit the worker's services, termination date and check/uncheck the Nurse Supervisor box. To save your changes, click Continue. You will be given an opportunity to verify and confirm your changes before completion.

Note: If the worker changes his/her name, the provider must contact the CLTC office to have that change made in Care Call.

### 3.2 Rehiring a Worker

Highlight the worker line that will cause the worker's information to be displayed on the bottom of the screen. Delete the worker's termination date and click Continue to save your changes. You will see that the worker is now active again.

Rehired workers will not have the 30-day grace period for strikes given to new workers. Any existing strikes that are still current will still apply.

The worker's gap in service will not be recorded in Care Call. This must be documented in your agency's records.

### 3.3 Adding a Worker

To add a new worker, click on the Add Worker button at the bottom of the Provider Worker Edit screen above and the Add a New Worker screen below appears:

**Add a New Worker**

Instructions: All fields marked with an asterisk "\*" are required entries. **EXIT** →

Worker ID	Lastname Firstname MI	SSN	Nurse Supv.	Prior Year/ Current Strikes	Start Date Term Date	Record Create Date
EX3456	Pringle Corine	123456789	Yes	5/1	07/25/2007 12/25/1007	07/30/2007
EX4567	James Catherine A	111223333	No		07/25/2007 12/25/2007	07/30/2007
EX5678	Ball Lucille	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX6789	Burns George	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX7890	Fischer Peggy	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX3456	Sherlock James	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX2345	Bausmith Allison G	675849302	No		07/25/2007 12/25/2007	07/30/2007
EX3426	Porter Harry	675849302	No		07/25/2007 12/25/2007	07/30/2007

Worker ID\*:  Social Security Number\*:  (Do not include dashes, Ex. 444309999)

Last Name\*:  First Name\*:  Middle Initial:

Nurse Supervisor:

Start Date\*:  Ex. 02/05/2007  Calendar

Termination Date\*:  Ex. 02/05/2007  Calendar Strike Removal Date: 01/16/08

Worker Entered By\*: Rich Feaster

Case Management  
 Personal Care II  
 Personal Care I  
 Attendant Care  
 Adult Day Care  
 RN  
 LPN  
 Companion  
 Companion  
 Chore-Errands  
 Chore-Escort

If the Provider ID logged in is not a Group Provider ID, the Worker ID field will pre-populate with the first four digits of the Worker ID. Complete at least the fields with an asterisk for any new worker. Clicking on Continue takes the user to a verification screen to confirm added information. By clicking on Add, you can add as many workers as you wish before clicking on Continue to save them all. You will be given an opportunity to verify and confirm your additions before completion.

All new workers have a 30-day grace period for strikes. That grace period begins the day the worker is registered and Care Call registration is effective immediately. Therefore, it is best that you not register the worker in Care Call until he/she has a participant and is ready to perform services.

### 3.4 Verify and Save Worker Information Changes

As noted above, clicking the Continue button after adding or editing worker information brings you to the Verification page. The page shows worker additions and highlights information changes in red for you to review. If there is an issue with the changes, click Cancel to go to the previous screen and continue editing. If you are done, click Submit to save the information into Care Call.

## Verify Changes - Worker Edit

Instructions: Please verify the changes below and select "Submit" to save your changes or "Cancel" to return to the previous page without saving your changes.

[EXIT →](#)

Worker ID	Last Name First Name MI	SSN	Nurse Supv.	Prior Year / Current Strikes	Start Date Termination Date	Record Create Date	Services
76012002	Phillips Karen	55555555	No	0 / 0	01/01/2002 / /		PC2, PC1, RN, COMA
76012004	Kennedy Susan		No	0 / 0	01/01/2002 / /		PC2, PC1, COMA, SUPV
76012005	Heidi	647247247	No	0 / 0	01/01/2002 / /		PC2, PC1, COMA

[Cancel](#) [Submit](#)

Once the information is successfully saved to Care Call, you will see the Confirmation screen:

## Worker Changes Verified and Saved

Instructions: Your changes to worker information have been saved.

[EXIT →](#)

Worker ID	Last Name First Name MI	SSN	Nurse Supv.	Prior Year / Current Strikes	Start Date Termination Date	Record Create Date	Services
76012002	Phillips Karen	55555555	No	0 / 0	01/01/2002 / /		PC2, PC1, RN, LPN, COMA
76012004	Kennedy Susan		No	0 / 0	01/01/2002 / /		PC2, PC1, RN, COMA, SUPV
76012005	Heidi	647247247	No	0 / 0	01/01/2002 / /		PC2, PC1, COMA

[Return to Main Menu](#)

This screen can be printed to keep a record of all changes and new additions.

### 3.5 View Worker Strikes

If you want to view the strikes for a worker, highlight the line with the worker's name and click on the Strikes Against Worker button on the Provider Worker Edit screen:

**Provider Worker Edit**

**Instructions:** To update worker's information, change any of the editable fields and then select "Save" for that worker in the "Action" column, click on "Continue" and verify changes by submitting them on the next screen. To add a worker, click on the "Add Worker" button below, and follow the same procedure as the one described above. **EXIT** →

Use the up and down arrows to sort workers by last name.

Worker ID	Lastname Firstname MI	SSN	Nurse Supv.	Prior Year/ Current Strikes	Start Date Term Date	Record Create Date
EX3456	Pringle Corine	123456789	Yes	5/1	07/25/2007 12/25/1007	07/30/2007
EX4567	James Catherine A	111223333	No		07/25/2007 12/25/2007	07/30/2007
EX5678	Ball Lucille	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX6789	Burns George	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX7890	Fischer Peggy	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX3456	Sherlock James	675849302	Yes		07/25/2007 12/25/2007	07/30/2007
EX2345	Bausmith Allison G	675849302	No		07/25/2007 12/25/2007	07/30/2007
EX3426	Porter Harry	675849302	No		07/25/2007 12/25/2007	07/30/2007

Worker ID: EX1251    Social Security Number: 111223333  
 Last Name: James    First Name: Catherine    Middle Initial: A  
 Nurse Supervisor:   
 Start Date: 07/25/2007  
 Termination Date: 12/15/2007 Ex. 02/05/2007  Calendar    Strike Removal Date: 01/16/08

Case Management  
 Personal Care II  
 Personal Care I  
 Attendant Care  
 Adult Day Care  
 RN  
 LPN

**Cancel**    **Add Worker**    **Strikes Against Worker**    **Continue**

You will then see a screen that reflects the strikes for the worker selected.

**Provider Worker Strikes** **EXIT** →

Worker ID: 1234567  
 Worker Name: Jackson, Mike

CLTC #	Date of Service	Last Update By	Last Update Date
1234567 Clark, Catherine	01/01/02	Feaster, Larry T	01/01/02
7654321 Wells, Dawn	09/05/05	Munster, Herman L	09/05/06
9382746 Adler, Carol	11/13/06	Seinfeld, Jerry P	03/05/07

**Continue**

## Section 4 – Entering Claims Using the IVRS

CLTC has available to providers an IVRS training phone line. Workers must use a touch-tone phone when using the IVRS.

### 4.1 Care Call IVRS Training Line



The telephone number is 866-388-2371



For all scenarios listed below, the first four digits of the worker ID is the last four digits of the Medicaid provider ID



The last four digits of the worker ID determine the scenario that will be played back by the IVR.



For every scenario the aide's name will be Jane Ready



Worker ID scenarios are listed below – Enter the last four digits of the Medicaid provider ID and the scenario number listed below for the specific scenario. For example: If your Medicaid provider ID is EX0965, to get the first scenario listed below enter the worker ID as 09651111.



1111 One participant (Mary Brown) in the home with Personal Care 2 service



2222 Two participants (Joe Brown and Mary Brown) in the home with Personal Care 2 services



3333 One participant (John Smith) in the home with Attendant and Companion services – This scenario will be used by the CLTC office staff.



4444 Two participants in the home (Mary Brown and Joe Brown) with two services each Personal Care 1 and Personal Care 2



5555 More than 3 participants in the home - The seven digit CLTC number must be entered. The CLTC number is the last four digits of the provider ID and the number next to each participant below. For example: If your Medicaid provider ID is EX0965, enter the worker ID as 09655555. When asked to enter the CLTC number, enter 0965123 to get the first participant listed below.

Number	Participant	Service(s)
123	Mary Brown	Personal Care 2
223	Joe Brown	Personal Care 2
323	Mary Brown	Personal Care 2

423	John Smith	Attendant & Companion
523	Mary Brown	Personal Care 1 & 2
623	Joe Brown	Personal Care 1 & 2
723	Sally Murphy	Personal Care 2
823	Sally Murphy	Personal Care 2



6666 Terminated worker ID - Because the worker ID is terminated, the message will be to call your supervisor or local CLTC office.



7777 Unrecognized telephone number - Because the telephone number is unrecognized, the CLTC number will have to be entered. The CLTC number is the last four digits of the Medicaid provider ID and the number next to each participant below. For example: If your Medicaid provider ID is EX0965, enter the worker ID as 09657777. When asked to enter the CLTC number, enter 0965123 to get the first participant listed below.

Number	Participant	Service(s)
123	Mary Brown	Personal Care 2
223	Joe Brown	Personal Care 2
323	Mary Brown	Personal Care 2
423	John Smith	Attendant & Companion
523	Mary Brown	Personal Care 1 & 2
623	Joe Brown	Personal Care 1 & 2
723	Sally Murphy	Personal Care 2
823	Sally Murphy	Personal Care 2



1234 Unrecognized worker ID – Because the worker ID is unrecognized, only the provider name will be played. The IVR will not call out a worker name. The participant will be Susan Jones with Personal Care 1 and Personal Care 2 services

## 4.2 IVRS Training Materials

Key chains and wallet cards can be obtained by contacting the CLTC Regional Office

## 4.3 Worker Instructions

The last three pages of this manual are IVRS instructions for workers (including a sample script) that can be copied and given to new workers for use until familiar with the Care Call system.

## Section 5 – Claims Resolution

Providers must use the web to resolve issues with pending claims or to add claims as allowed by CLTC policy. The claims resolution process is only for claims being submitted to MMIS for payment. A provider can only submit a resolution to edit a specific existing claim to CLTC for review ONE time. Providers should check the claim information carefully before submitting resolutions to complete any changes or edits to each claim since the resolution for any claim can only be submitted one time.

Claims resolution can be done for dates of service back one calendar year. However, to be timely, providers must submit the resolution within 10 days from the Sunday following the date of service.

Click on Submit Resolutions and Old Claims.

The screenshot shows a web application interface with a blue header and a white main content area. The header contains the text "Main Menu" and "Instructions: Select a menu item below." with an "EXIT →" button. The main content area is divided into four panels:

- Administrative Functions:** Contains a list of options: "Add/Edit/Delete Users", "Worker Registration/Termination", "Enter Missed Visit Codes", and "Submit Resolutions and Old Claims". The last option is circled in red.
- Provider Information:** Contains a form with fields for "Name:", "eMail1:", "eMail2:", "Phone1:", "Phone2:", and "Fax:". A red message reads: "You need to ensure that this information is accurate, complete and updated." Below the form is an "Edit" button.
- Create Report Template:** Contains a list of report categories and options:
  - Activity Reports:** "Client Activity", "Provider Activity", "Authorized Services - Exceptions".
  - Worker Reports:** "Workers by Provider", "Infractions by Worker", "Worker SSN Check".
  - Provider Reports:** "Remittance Advice", "Provider Schedule", "Time & Attendance", "Preliminary Invoice", "Resolutions".
  - Service Quality Reports:** "Service Authorizations", "Unauthorized Phone Number", "Overlapped Claims".A red box highlights the "Provider Reports" section, and a "View Reports" button is located below it.

### 5.1 Resolving an Existing Claim

From the Main Menu, the user will first access the Resolution Search screen seen below:

## Resolution Search

**Instructions:** If you logged in as a Provider Group, select your Provider ID. If you are adding Resolutions for Adult Daycare, Meals or Case Management, select the Service and press "Add Resolution". If you are adding or editing Resolutions for In Home services, select the Service and press "Add Resolution". Then provide a Date of Service range and select "Search."

[EXIT →](#)

**Provider ID:**

**Select Service:**

Cancel
Add Resolution

The provider ID will be pre-populated unless a Group Provider ID has been used to log in. If a Group Provider is logged in, the user must select one of the Provider ID's in the Group from the dropdown box. The user must select the Service. When In-Home is selected, the screen below appears.

## Resolution Search

**Instructions:** If you logged in as a Provider Group, select your Provider ID. If you are adding Resolutions for Adult Daycare, Meals or Case Management, select the Service and press "Add Resolution". If you are adding or editing Resolutions for In Home services, select the Service and press "Add Resolution". Then provide a Date of Service range and select "Search."

[EXIT →](#)

**Provider ID:**

**Select Service:**

**Date of Service:** From:  [Calendar](#) To:  [Calendar](#)

Cancel
Search

You must specify the Date(s) of Service and click on the Search button. Then the Edit Resolutions screen appears:

## Provider Edit Resolutions

**Instructions:** To prepare a claim resolution for an existing claim, make the necessary corrections to Worker ID, Service, and Check-in or Check-out, select a reason, and select the submit action. To remove an existing claim from the list of possible resolutions, select the delete action. To add a claim resolution, enter the claim information in the bottom section of the screen, along with a reason, and select the submit action. Additional blanks for adding claims can be added by pressing the "add claim" button. When all of the desired resolutions have been entered, press the "continue" button to verify the entries.

**EXIT** →

**In Home Services**  
**Date Range: 12/28/2001 to 01/03/2002**  
**Provider: EX0887**

D.O.S:	Claim:	CLTC #:	Worker ID	Service	Check in/out (HH:MM am/pm)	Exceptions /Timely	Reason	Action
01/01/02	12345678901	1234567	49390885 Clark, Catherine	PCI	In: 2:20 pm Out: 2:47 pm	22 Yes	.....	.....
01/01/02	12345678902	8465187	00493844 Wells, Dawn	PCI	In: 2:20 pm Out: : : pm	22 No	.....	.....
01/01/02	12345678901	1598754	20498859 Adler, Carol	PCI	In: 3:45 pm Out: 4:45 pm	22 Yes	.....	.....
01/01/02	12345678904	6541135	20489495 Chueng, Josh	PCI	In: : : pm Out: 2:50 pm	22 Yes	.....	.....
01/01/02	12345678905	9944561	30004982 Sandul, Andrew	PCI	In: 3:55 pm Out: 4:55 pm	22 Yes	.....	.....

Date of Service	CLTC #	Worker ID	Service	Check in/out (HH:MM am/pm)	Timely	Reason	Action
Calendar	1234567 Jones, Mary	49390885 Clark, Catherine	PCI	In: 02 : 20 pm Out: 02 : 47 pm	Yes	.....	.....

The screen will display all existing claims with exception codes that prevent submission to MMIS that match the date(s) of service specified in your search, that have not already been submitted on a previous resolution and that can be corrected through the Claims Resolution process. These include:

- A4 – Participant is authorized for a different service. The resolution should be to change the service to the one that is authorized.
- C1 – No check-in but check-out exists. The resolution should be to add a check-in time.
- C2 – No check-out but check-in exists. The resolution should be to add a check-out time.
- I2 – Worker is not registered. There are three possible resolutions:
  - Correct the Worker ID if it is incorrect;
  - Register the worker if it is a new worker that has not yet been registered by your agency; or
  - Delete the claim if it is incorrect.

After editing the appropriate fields, you must specify a reason that the resolution is being submitted. The choices are:

- Care Call not functioning
- Client's phone not available
- Client's phone not functioning
- Client emergency
- Not submitted to MMIS
- Client not in Care Call
- Worker Error

You must then choose the action for each claim. The choices are:

- Blank - Take no action. Claim will continue to reappear in this list. If you are not sure whether or not this claim should be submitted, you should leave the action blank.
- Submit - Submit the changes to the claim as a Claim Resolution
- Delete - Do not submit, and remove the claim from this list in the future. An example would be a check-in without a checkout. If the worker has a successful claim for that day, this would be a duplicate claim. Deleting it will prevent seeing it when you do future resolutions.

Click on the Continue button to have the claim saved in Care Call and forwarded to CLTC for review and resolution.

## 5.2 Adding a Claim

There is a blank field at the bottom of the screen where you can enter a new claim that was not added via the IVR at the time the service was provided. Example - You would add a claim if your worker provided services but was unable to check-in and check-out when services were provided, so that Care Call does not have any claim for that service.

Date of Service	CLTC #	Worker ID	Service	Check in/out (HH:MM am/pm)	Timely	Reason	Action
<input type="text"/>	1234567 Jones, Mary	49390885 Clark, Catherine	PCI	In: 02:20 pm Out: 02:47 pm	Yes	<input type="text"/>	<input type="text"/>

Adding a claim via the Claims Resolution process must follow existing CLTC policy.

To add a claim, you must enter the following information:

- Date of Service
- The participant's CLTC #,
- The Worker ID,
- The type of service (from the drop down)
- The check-in time
- The check-out time
- Reason (from the drop down)
  - Care Call not functioning
  - Client's phone not available
  - Client's phone not functioning
  - Client emergency
  - Not submitted to MMIS
  - Client not in Care Call
  - Worker Error
- Action
  - Leave blank (claim will not be submitted)
  - Submit

If there are additional claims to add, click on the Add Claim button for each additional line needed.

When you have finished updating and/or adding claims press Continue and you will see the screen below which allows you to verify the changes/additions you have made. The changes/additions you made show on the screen in red.

**Provider - Verify Resolutions and Old Claims**

**Instructions:** Review highlighted items. Click "Edit Changes" to return to previous screen and make corrections. Click "Submit" to record the entries in the database.

**EXIT →**

Service Date Claim #	Submission Date	Provider	Worker ID Name Strikes, Removal	CLTC Area, # Client Name	SVC Units	Check In Check Out	Exceptions Reason	Timely
12/10/2007 07121011235	12/18/2007	EX0875	08753433 Smitherod, Harriet 0 2/4/2008	14 1456788 Milwood, Henrietta	PC2 1.1	9:48 AM 10:52 AM	C2, I1 Client's phone not functioning	Yes
12/12/2007 0712120453	12/18/2007	EX0875	08753433 Smitherod, Harriet 0 2/4/2008	14 1456788 Milwood, Henrietta	PC2 1.1	9:48 AM 10:52 AM	C2 Worker error	Yes
12/10/2007 0712011235	12/18/2007	EX0225	08753433 Smitherod, Harriet 0 2/4/2008	14 1423537 Feaster, Ramona	COMA 2.5	2:24PM 4:53PM	A4 Worker error	Yes
12/12/2006 "New Claim"	12/18/2007	EX0875	08753433 Smitherod, Harriet 0 2/4/2008	14 1456788 Milwood, Henrietta	PC1 2.0	7:45AM 9:46AM	Not submitted to MMIS	No
12/10/2006 "New Claim"	12/18/2007	EX0225	08753433 Smitherod, Harriet 0 2/4/2008	14 1423537 Feaster, Ramona	PC2 2.2	6:02AM 8:10AM	Not submitted to MMIS	No

Edit Changes
Submit

Note that a claim added through this resolution process is not assigned a claim number until approved by CLTC. If the information on this screen is not correct, you can click the Edit Changes button to revert to the Edit Resolutions screen for additional changes.

When you click on Submit, you will see the confirmation screen. This screen can be printed for your records.

## Provider - Resolutions and Old Claims Confirmed

EXIT →

Service Date Claim #	Submission Date	Provider	Worker ID Name Strikes, Removal	CLTC Area, # Client Name	SVC Units	Check In Check Out	Exceptions Reason	Timely
12/10/2007 07121011235	12/18/2007	EX0875	08753433 Smitherod, Harriet 0 2/4/2008	14 1456788 Milwood, Henrietta	PC2 1.1	9:48 AM 10:52 AM	C2, I1 Client's phone not functioning	Yes
12/12/2007 0712120453	12/18/2007	EX0875	08753433 Smitherod, Harriet 0 2/4/2008	14 1456788 Milwood, Henrietta	PC2 1.1	9:48 AM 10:52 AM	C2 Worker error	Yes
12/10/2007 0712011235	12/18/2007	EX0225	08753433 Smitherod, Harriet 0 2/4/2008	14 1423537 Feaster, Ramona	COMA 2.5	2:24PM 4:53PM	A4 Worker error	Yes
12/12/2006 "New Claim"	12/18/2007	EX0875	08753433 Smitherod, Harriet 0 2/4/2008	14 1456788 Milwood, Henrietta	PC1 2.0	7:45AM 9:46AM	Not submitted to MMIS	No
12/10/2006 "New Claim"	12/18/2007	EX0225	08753433 Smitherod, Harriet 0 2/4/2008	14 1423537 Feaster, Ramona	PC2 2.2	6:02AM 8:10AM	Not submitted to MMIS	No

Return to Main Menu

The CLTC regional office will be automatically notified through Care Call when you submit resolutions to be processed. They will research the resolution to determine whether to accept or reject and whether or not to add a strike. Strikes will be given in all cases up to the limit when the resolution is not submitted timely. The screen above shows whether it is timely or not.

You can check on the status of the processing of the Resolutions by running a Resolutions report for the date(s) of service. If a Resolution is accepted by CLTC, the claim or claim edits will then appear in the regular claim reports. This report is described in more detail in Section 8 of this manual.

## Section 6 – Strikes

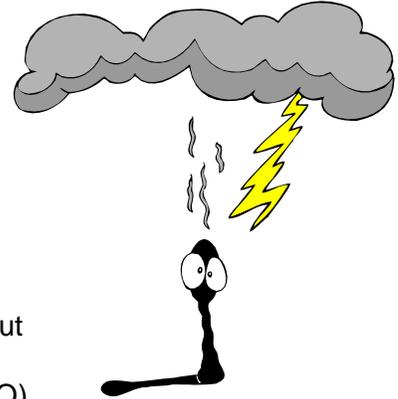
One strike will be given to a worker for each incident where a resolution must be done and no valid reason is given. After the sixth strike, CLTC staff will no longer accept resolutions for claims if no valid and verified reason is given.

- Workers will be given one strike per incident, per participant. For example, if worker is providing personal care 1 & 2 services for a participant and checks in for both services but fails to check out for both services, only one strike will be given to correct both claims.
- Workers who are new to the Care Call system will have a one-month grace period to learn the system before strikes begin to be counted. However, workers returning to work will not get this grace period since they should already know how to use the Care Call system.
- After one year, each worker begins a new strike period. This means that the six-strike policy is an annual policy rather than a lifetime policy. For new workers, the annual date begins on the worker start date keyed in the worker registration section of Care Call.
- Resolutions not submitted timely will receive a strike. Providers must submit the resolution within 10 days from the Sunday following the Date of Service to be timely. Any resolutions submitted after that date will have strikes counted. These strikes will be assigned to the worker on the claim(s) although it is the responsibility of the provider agency to submit the resolutions timely.
- Please remember existing policy that requires providers to inform the assigned case manager or nurse consultant by phone of any change in the participant's condition. In addition, providers should inform the appropriate CLTC office of any problems in using the agreed upon phone. If there are phone problems, they should be reported no later than after the second time it happens to keep strikes from being counted.
- Providers may run the Infractions by Worker report on the Care Call website to monitor the worker strikes.

## Examples of when strikes will be given and will not be given

### Strikes

- Worker forgets to check in
- Workers forgets to check out
- Worker forgets to check in and worker forgets to check out
- Resolutions submitted late (unless told not to strike by CO)
- Participant's phone not available and the provider DID NOT notify CM by the second time it happened
- Participant's phone not functioning and the provider DID NOT notify CM by the second time it happened



### Non Strikes



- Worker makes a mistake during the grace period
- Care Call not working and central office has said not to issue strikes
- Local telephone problems and central office has said not to issue strikes
- CM has been notified client's phone is not functioning
- CM was notified client's phone was not available
- Worker checks in with incorrect worker ID
- Worker checks in for the incorrect service

## Section 7 – Managing Missed Visits

Providers must use the web to document the reason for a missed visit.

Click on Enter Missed Visit Codes from the Main Menu

The screenshot shows a web application interface with a blue header and a white main content area. The header contains the text "Main Menu" and "Instructions: Select a menu item below." with an "EXIT →" button. The main content area is divided into two columns. The left column has two sections: "Administrative Functions" and "Provider Information". The "Administrative Functions" section lists several options, with "Enter Missed Visit Codes" circled in red. The "Provider Information" section has a form with fields for Name, eMail1, eMail2, Phone1, Phone2, and Fax, and an "Edit" button. The right column has a section titled "Create Report Template" which lists various report categories and options. A red box highlights the "View Reports" button at the bottom of this section.

**Main Menu**  
Instructions: Select a menu item below. EXIT →

**Administrative Functions**

- [Add/Edit/Delete Users](#)
- [Worker Registration/Termination](#)
- [Enter Missed Visit Codes](#)
- [Submit Resolutions and Old Claims](#)

**Provider Information**  
Select Edit to change

Name:   
eMail1:   
eMail2:   
Phone1:   
Phone2:   
Fax:

[Edit](#)

**Create Report Template**

**Activity Reports**

- [Client Activity](#)
- [Provider Activity](#)
- [Authorized Services - Exceptions](#)

**Worker Reports**

- [Workers by Provider](#)
- [Infractions by Worker](#)
- [Worker SSN Check](#)

**Provider Reports**

- [Billing Invoice](#)
- [Remittance Advice](#)
- [Provider Schedule](#)
- [Time & Attendance](#)
- [Preliminary Invoice](#)
- [Resolutions](#)

**Service Quality Reports**

- [Open Authorizations](#)
- [Unauthorized Phone Number](#)
- [Overlapped Claims](#)

Select the button below to view previously run reports or execute previously created report templates.

[View Reports](#)

From the Main Menu, the user will first access the Add or Edit a Missed Visit Reason Code screen seen below:

## Add or Edit a Missed Visit Reason Code

Please follow the instructions provided for each step.

EXIT →

Search for a claim by entering information in the fields below:

Search By Date of Service (DOS)	Search By Provider ID:	Search By CLTC #:
Enter DOS:*	Provider ID:	Enter CLTC #*:
From: <input type="text"/>  <a href="#">Calendar</a>	MJ2345	<input type="text"/>
To: <input type="text"/>  <a href="#">Calendar</a>	*required	*optional
*required		

Back

Cancel

Continue

The provider ID will be prepopulated. The user must specify the Date(s) of Service as search criteria. The participant's CLTC# is not required.

When you click on the Continue button, the following screen appears:

## Select a Missed Visit Reason Code

Please follow the instructions provided for each step.

EXIT →

Select the Missed Visit Reason Code for <provider name> from the dropdown menu below:

Client Name	CLTC #	Date of Service	Services	Missed Reason
Clark, Catherine	1234567	01/01/2008	PC 1	.....
Wells, Dawn	1234567	01/01/2008	PC 2	Missed Visit Service Interruption Not a Missed Visit
Adler, Carol	1234567	01/01/2008	Comp	.....

Cancel

Continue

It lists all missed visits for the Date(s) of Service specified in your search. You may choose the reason the visit was missed:

- Missed Visit – This should be used if this is truly a missed visit, when the participant desired services and the agency was not able to provide them.

- Service Interruption – This should be used when the participant is unavailable for services. An example would be if the participant is hospitalized.
- Not a Missed Visit – This should be used if Care Call shows a missed visit for a day when the authorization did not indicate services should be provided. This should be used very rarely. Example: There were system or phone problems where the worker was unable to check in/out and it showed as a missed visit in Care Call when the worker was actually in the home.

Click on the Continue button to have the missed visit reason saved in Care Call.

## Section 8 – Reports

Included in Care Call are multiple reports that providers can use to review and manage their activities. These reports are accessible via the web at any time and contain real-time, current information that can be displayed in four different formats: Comma Delimited, Excel, Web Archive or PDF.

When you log in, you are automatically taken to the Main Menu screen where each report type is listed.

The screenshot displays the 'Main Menu' interface with a blue header and a white background. At the top left, the title 'Main Menu' is followed by the instruction 'Instructions: Select a menu item below.' and an 'EXIT →' button. The interface is divided into three main sections:

- Administrative Functions:** Contains a 'Data Reconciliation' section with links for 'Add/Edit/Delete Users', 'Worker Registration/Termination', 'Enter Missed Visit Codes', and 'Submit Resolutions and Old Claims'.
- Provider Information:** Includes a form for 'Name', 'eMail1', 'eMail2', 'Phone1', 'Phone2', and 'Fax'. A red message states: 'You need to ensure that this information is accurate, complete and updated.' An 'Edit' button is located below the form.
- Create Report Template:** A red-bordered box containing four categories of reports:
  - Activity Reports:** Client Activity, Provider Activity, Authorized Services - Exceptions
  - Worker Reports:** Workers by Provider, Infractions by Worker, Worker SSN Check
  - Provider Reports:** Billing Invoice, Remittance Advice, Provider Schedule, Time & Attendance, Preliminary Invoice, Resolutions
  - Service Quality Reports:** Open Authorizations, Unauthorized Phone Number, Overlapped ClaimsA 'View Reports' button is at the bottom of this section.

Select the report you want to run by clicking on the title or click on the View Reports button to see a previously run report or display a previously created report.

If you click on a specific report, the next screen displayed will be the Report Filtering and Sorting screen. Most reports have a filtering and sorting screen like the one shown below:

## Report Filtering & Sorting Activity and Provider Reports

Instructions: Select or enter the filtering and sorting options below then click "Run Report" to generate the report. See the Online Instructions for a detailed explanation of these options.

[EXIT →](#)

**1 Select Your Filtering Options (Narrow the Report Details)**

→ Select SERVICE Date or Date Range (For 1 day's information, select the same date for "from" and "to")

From:  [Calendar](#) To:  [Calendar](#) [Specific Dates](#) ▼

→ Select CLTC Area: [All](#) ▼

→ Enter a Case Manager ID:

→ Enter a CLTC #:  \* At Risk Flag:  \*

→ Select Service: [All](#) ▼  
Hold down Ctrl key to make multiple selections.  
Personal Care 1  
Personal Care 2  
Attendant Care

→ Enter a Provider ID #:  \*

→ Enter a Worker ID #:  \*

→ Select an Exception Code: [All: All exception codes \(excluding A2-Non-Authorized Service Period\)](#) ▼  
A1: No Authorization To Match Service Delivery  
B: Non-Authorized Service Period  
C1: No CheckIN but CheckOUT exists

View Details  View Summary Only  View List

\*If any of these fields are left blank, your report will contain all available data for the items you selected.

---

**2 Select the Item(s) By Which You Would Like Your Report To Be Sorted**

Select Sort 1: [None](#) ▼

Select Sort 2: [None](#) ▼

Select Sort 3: [None](#) ▼

---

**3 Give a name and description to the report template**

\* Template Name  Template Description

[Save as Template](#) [Run Report](#) [Save and Run](#) [Cancel](#)

By this screen, a user can specify a date range or specific values to be matched in the Care Call database for inclusion in the report. Depending on the report, users have a Detail, Summary or List View of the report data. On most reports the user can select custom record sorting (though users should be aware that grouping in the reports overrides the sort criteria).

**NOTE:** Some reports have their own unique Filtering and Sorting screen that may be different from the example above. Users must pay careful attention to the available criteria as well as the View formats listed for the report.

After selecting your report criteria, you can Save as a Template, Run a Report or Save and Run. When you make your selection, a screen similar to the one below will appear:

The screenshot shows a web interface titled "Reports". At the top, it says "Instructions: Select a menu item below." and has an "EXIT" button with a right arrow. Below this is a "Return to Main Menu" button. The interface is divided into two main sections: "Report Templates" and "View Reports".

**Report Templates** (with a "[Delete Selected Templates]" link):

- [Provider Act - Last Week](#) Edit

**View Reports** (with "[Refresh]" and "[Delete Selected Reports]" links):

<input type="checkbox"/> Name	Submit Time	Status
<input type="checkbox"/> <a href="#">Provider Act - Last Week</a> 	Today 9:58 PM	Completed
<input type="checkbox"/> <a href="#">ClientActivityDetails 01/27/2008 21:00</a> 	Today 9:00 PM	Completed
<input type="checkbox"/> <a href="#">ClientActivityDetails 01/27/2008 20:00</a> 	Today 8:00 PM	Completed

On the left side are any Report Templates you have saved. Many users find this feature helpful if they need to routinely run reports with the same filter and sort criteria. You can also edit parts of the report, such as the date range or worker ID. Click on the name of the template to open and run it.

On the right, are the reports in progress and reports that have been run in the last three days. The first one on the list, when you first access this screen will show the Status as "in process" and the Status will change to complete when the report has collected the data you specified and is ready for your review. Click on the appropriate icon for the report to open the report for viewing, saving to your hard drive or printing. From this page, the user can return to the Main Menu or Exit Care Call.

This manual will provide a brief description of the reports available to providers. Only by using them can the provider determine which best meet his needs and obtain the full benefit from the robust reporting capabilities Care Call offers. It is important to remember that reports are available on demand (unless otherwise noted) and contain current, up-to-the minute information.

## 8.1 Client Activity Report

Known as the "core report", the Client Activity report contains all services provided in a given time period, specifying the overall picture of the service that was provided from the time the worker arrives at the participant's site through submission of the claim. It includes all relevant information related to the service delivery (worker, client, units, date/time and any exceptions). The report can be grouped and sorted using several different criteria including case manager, client, worker and date of service.

## 8.2 Exception Report

This report displays claims for which exceptions are indicated. The user may select all exceptions or any subset of exceptions for all or any subset of services. Included in the report is the ability to list missed visits or the absence of a claim for a visit that was authorized and should have been made. Exceptions are used to readily identify claims that do not meet the business rules established by CLTC for the program. Exceptions are discussed in more detail in the last section of this manual.

Missed Visits (claims with A2 exception codes) are listed on the bottom of the Exception Report.

## 8.3 Unauthorized Phone Number Report

This is a separate report listing all exceptions where the number called by the worker does not match any of the authorized numbers in Care Call.

An integral component of Care Call program is the use of caller ID to track telephone numbers used by workers when performing in home or community based care. If the calls are made from the phone number associated with the participant, there is validation that the worker was actually in the home or appropriate setting at the time the calls were made. If the calls are made from a number other than the home, there are concerns that the care was not provided at all or the length of time spent in the home performing the service is not valid. This report will indicate if the call was made from a number recognized by Care Call, but not authorized for that participant. For example, if a check-out for one participant is made from another participant's phone, this information will be included in the report.

## 8.4 Resolutions Report

The Resolutions Report shows claim resolutions submitted by providers along with CLTC status and disposition. It is used to view and check status of claim corrections and any strikes that have been assessed as a result.

## 8.5 Preliminary Invoice Report

This report is designed to provide detailed information about claims that were and were not submitted to MMIS for processing. It includes

- Claims that were submitted to MMIS for processing and payment, regardless of when they were entered into Care Call.
- Claims entered since the last claim submissions that were not submitted to MMIS due to some critical exception condition.

This report is made available via the web every Sunday. This replaces the e-mail report that providers have been receiving. **It is important that you run this report each week if you want to have the preliminary invoice information. A history of this report is not maintained on the web; only the current report is available.**

## **8.6 Billing Invoice Report**

This gives a list of claims for each service date, along with the MMIS billing status and amount. With this report, providers have documented what was submitted for payment each week and then monitor the Remittance Advice to ensure that each claim was adjudicated as expected.

## **8.7 Provider Schedule Report**

This report lists, by date and participant, all home visits for the current week. It is a tool for providers to use in scheduling visits for the work period. Note that this report only works for Daily services, where Providers are supposed to visit on specific days.

## **8.8 Provider Activity Report (Worker Activity Report)**

This report lists by worker all services performed during a given time period and the total dollars billed to MMIS for that worker.

## **8.9 Overlapped Claim Report**

For services requiring a check in and check out, this report indicates any occasion where a worker has checked in for two or more services or for two or more participants at overlapping times. This would not include the valid case where a worker checks in for two services on one phone call.

NOTE: This report displays claim pairs where the second claim has a check-in time between the check-in and check-out of the first claim on the same date of service by the same worker, for hourly services.

Monitoring this report enables the user to identify participants whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same or another participant. This report is also helpful in determining patterns for specific workers that may need targeted training/retraining or reminders of program requirements and expectations.

## **8.10 Open Authorizations**

This report lists all open authorizations for the provider user. Open means that the authorization has a Start Date on or before the selected Date of Service, and the End Date is either after the Date of Service or there is no end date for that authorization. The report includes information about the participant, the date authorized, the service, and the authorized units.

### **8.11 Remittance Advice Report**

This report allows the provider to download the electronic remittance advice that is generated by MMIS on a weekly basis.

### **8.12 Workers by Provider Report**

This report lists all workers registered by the provider. It can report either all workers or all active workers. It can be used by providers to determine workers that are employed to provide care.

### **8.13 Infractions by Worker Report**

This report lists strikes that have been entered for registered workers. Providers can use this information when doing performance appraisals for employees and/or to identify the need for progressive discipline.

### **8.14 SSN Worker Report**

This report is designed to allow the State to trace the employment history of a worker by SSN or name across providers. However, it can be used by providers to identify if the worker's SSN is already registered in Care Call. Running this report will indicate how many different times Care Call recognizes the social security number. This indicates if the worker has worked for or is currently working for other agencies.

### **8.15 Time and Attendance Report**

This report lists by worker all services performed during a given time period. It is a useful tool for providers who need to know the revenue billed by a selected worker for a specified time period.

## Section 9 – Exception Codes

### 9.1 Initial Exception Codes

Care Call assigns an Exception Code to a claim that does not meet all the established criteria for a “clean claim”. Providers should run Exception Reports routinely to identify and address claims needing resolution to assure that all services provided are submitted for payment in a timely manner.

Because claim data displayed in reports is real time, exception codes can change as the issue is naturally resolved by the system. (Example – When the worker calls in for a service, that claim carries a C2 exception until the worker calls out and completes the claim. Then the exception is removed.)

Some exceptions do not keep the claim from submitting to MMIS if there are no other issues with the claim (exception with “Yes” in the Submit to MMIS column below). Others (marked “No”) cannot be submitted to MMIS for payment until or unless the information on the claim is updated. Updates that can be made by the provider are specified in the Claims Resolution Process section of this manual. Others (such as A1) must be addressed by CLTC.

#### Exception Codes effective April 2008

Symbol	Definition	Submitted to MMIS	Comments
A1	No authorization to match service delivery	No	
A2	Service Not Performed	No	No check-in or checkout performed on authorized date of service. Needs to be addressed as a missed visit.
A3	Participant is authorized for a different Day	No	
A4	Participant is authorized for a different service	No	
B	Non-authorized service period	Yes	Service authorized for a specific time period of the day but performed outside that time period.
C1	No check-in but checkout exists	No	
C2	No checkout but a check-in exists	No	
D	Daily units provided less than units authorized	Yes	Claim submitted for units provided only
E	Daily units provided exceed units authorized	Yes	Claim submitted for authorized units only
F	Weekly hours worked more than hours authorized	Yes	Claim submitted for authorized hours
G1	Check-in and checkout phone numbers do not match authorized	Yes	
G2	Checkout phone number does not match authorized	Yes	

G3	Check-in phone number does not match authorized	Yes	
G4	Check-in and checkout phones match other participant or provider	Yes	
G5	Checkout phone number matches different participant or provider	Yes	
G6	Check-in phone number matches different participant or provider	Yes	
I1	Worker entered is not registered to perform service	No	
I2	Worker is not registered	No	
M	Missing Data	No	For Financial Management Service participants only

## 9.2 Exception Codes after Claims Resolution Process

As explained in the Claims Resolution Section of this manual, providers and CLTC staff perform claims resolution activities via the web. There are two steps to the process,

1. The provider updates and/or adds old claims, specifying the reason, and submits it to CLTC for review.
2. After review, CLTC may accept the changed/added claim and submit it for payment or deny the claim.

Using the Resolution report, the provider can review CLTC's determination of these claims:

- If CLTC accepts the provider's changes/additions:
  - For an existing claim, the exception code can change to AR, CR, IR or MR as appropriate. For example, a claim missing a check-out would change from C2 to CR if CLTC accepts the resolution.
  - For a new claim submitted via the claims resolution process, it will be assigned a claim number.
- If CLTC denies the provider's changes/additions:
  - For an existing claim, the exception code can change to AX, CX, IX or MX as appropriate. For example, a claim missing a check-out where the worker has reached the maximum number of strikes would be changed from C2 to CX.
  - For a new claim submitted via the claims resolution process, the resolution will be marked denied and the claim will not be entered.

## Attachment – Worker IVRS Instructions

To use the Interactive Voice Response System (IVRS) (Care Call Phone System), the worker needs

1. Access to the participant's **touch-tone** telephone,
2. Their Worker ID number,
3. Knowledge of service(s) being provided, and
4. The participant's CLTC number.

When arriving at the participant's home, the worker will call **1-888-978-2273**.

Sample script of a **check in** call with no errors:

Care Call	Worker Response
Welcome to the South Carolina Care Call Voice Response System. To continue this call in English press 1.	<b>Press 1</b>
To check-in, press 1. To checkout, press 2.	<b>Press 1</b>
Please enter your eight-digit South Carolina Care Call Worker ID. To return to the main menu press the pound (#) key.	<b>The correct 8 digits are pressed</b>
You have entered <b>(the provider name and worker name will be spoken)</b> . If this is correct, press 1, otherwise, press 2.	<b>Press 1</b>
Please enter the participant's seven-digit CLTC number. <b>(Care Call will skip if calling from a telephone number that is authorized for the participant.)</b>	<b>The correct 7 digits are pressed</b>
You have selected to provide services for <b>(participant's name is spoken)</b> . If this is correct, press 1. If this is not correct, press 2.	<b>Press 1</b>
If the service is <b>(the authorized service for this participant will be spoken)</b> press 1. If the service is not listed press 8.	<b>Press 1 (If there is more than one service, each service will be spoken followed by the number to press to select it)</b>
You have entered <b>(the service is repeated)</b> . If this is correct, press 1. If this is not correct press 2	<b>Press 1</b>
If you have completed entering services, press 1. If you need to enter a second service, press 2.	<b>Press 1 (only personal care services, PC 2 and PC1 may be entered on the same phone call)</b>
<b>(The worker and provider names are repeated)</b> You are providing <b>(the service is repeated)</b> for <b>(the participant name is repeated)</b> . If this is correct, press 1. If this is not correct, press 2.	<b>Press 1</b>

Your check-in is successful at <b>(the time is given)</b> . Don't forget to checkout before leaving this clients home. To end this call, press 9.	<b>Press 9</b>
Thank you for calling the South Carolina Care Call system.	

Sample script of a **check out** call with no errors:

<b>Care Call</b>	<b>Worker Response</b>
Welcome to the South Carolina Care Call Voice Response System. To continue this call in English press 1.	<b>Press 1</b>
To check-in, press 1. To checkout, press 2.	<b>Press 2</b>
If you are working for <b>(the provider's name is repeated)</b> and provided <b>(the service is repeated)</b> for <b>(the participant's name is repeated)</b> , press 1. If not, press 2. To return to the main menu, press the pound (#) key.	<b>Press 1</b>
Your check out has been successful. This claim record is closed as of <b>(the time is given)</b> . To end this call, press 9.	<b>Press 9</b>
Thank you for calling the South Carolina Care Call system	
<b>OR if more than one service has a check in call</b>	
Welcome to the South Carolina Care Call Voice Response System. To continue this call in English press 1.	<b>Press 1</b>
To check-in, press 1. To checkout, press 2.	<b>Press 2</b>
Please enter your eight-digit South Carolina Care Call Worker ID. To return to the main menu press the pound (#) key.	<b>The correct 8 digits are pressed</b>
You have entered <b>(the provider name and worker name will be spoken)</b> . If this is correct, press 1. If not, press 2.	<b>Press 1</b>
If the client is <b>(the participant's name is repeated)</b> , Press 1. If the client is not listed, press 8 to identify the participant.	<b>Press 1</b>
You have entered <b>(the participant's name is repeated)</b> . If this is correct, press 1. If not, press 2.	<b>Press 1</b>
If you have provided <b>(the service is repeated)</b> , press 1. If not, press 2.	<b>Press 1</b>

(The provider's name is repeated) you provided (the service is repeated) for (the participant's name is repeated). If this is correct, press 1. If not, press 2.	<b>Press 1</b>
Your check out has been successful. This claim record is closed as of (the time is given). To end this call, press 9.	<b>Press 9</b>
Thank you for calling the South Carolina Care Call system	

<b>What do I do if . . .</b>	
. . . I forget my worker ID or my participant's CLTC ID?	Call your supervisor who has both numbers on file.
. . . I check-in but forget to check-out?	Call your supervisor and let him know what participant you were serving and the time you left the participant's home.
. . . I forget to check-in?	If you are near the beginning of your visit, go ahead and do a check-in. Then let your supervisor know the check-in was phoned in late and what time you started providing care. If you don't remember until the end of your visit, go ahead and check-out when you leave. Let your supervisor know you forgot to check-in and what time you arrived at the participant's home.
. . . I forget to check-in and check-out?	Call your supervisor and explain what happened.
. . . I am in the process of checking in and realize I have made a mistake?	Hang up and call again.
. . . I have already checked in and realize I made a mistake?	Go ahead and check out but call your supervisor and explain what happened.
. . . I have checked in and checked out and realize I have made a mistake?	Call your supervisor and explain what happened.
. . . the participant does not have a touch-tone phone, refuses to let me use the phone, or the phone is out of order?	Call your supervisor and explain what happened.
...the Care Call IVR is not working when I try to check-in or check out?	Call your supervisor and explain what happened.