



South Carolina Care Call

Medical Supply Providers

Users' Manual

*South Carolina Department of Health and Human Services
Community Long Term Care – Waiver Management*

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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 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 or by phone at 803-898-2590.

1.1 Background

The Care Call system is an automated system used for prior authorization of services, service documentation, service monitoring, web-based reporting, and billing to MMIS. For documentation of medical supply service, providers will use the Care call website to document service delivery. 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. Twice weekly Care Call generates electronic billing to MMIS 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 provider delivers the service that has been prior authorized.
2. For services personal care services provided in a participant's home, the provider uses a touch-tone phone, **in the client's home**, to call the toll-free Care Call number to document service delivery.
3. **For medical supply services and services not provided in a participant's home, such as Adult Day Care, the provider documents service delivery on a secure website via the internet.**
4. Claims are submitted to MMIS for processing on Thursday and Sunday. Payment is made directly to the provider.
5. The provider uses the web to run reports to monitor services that were provided, claims submission and payment by MMIS.

Section 2 – How to Use 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, CLTC assigned 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)”. Click 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.

Create Password

Instructions: Enter the password you would like to use for the SC Care Call Service Monitoring System. Password must be 6-8 characters in length. Enter your Federal ID for added security. All fields are required.

EXIT →

Create <Provider Name> Password

Enter your CLTC-assigned Password:

Enter your Federal Tax ID Number:

Enter your new Password:

Re-enter your new Password:

Continue

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

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

Success

EXIT →

Your new Password has been successfully created. Please make note of your Password and keep it in a safe place.

Continue

Please make a note of your password and save it in a safe place. If you lose your password, you must call FDGS Client Services at 1-800-747-1374; press 2 for Client Services.

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 clients 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. At the top, it says 'Instructions: Select a menu item below.' and has an 'EXIT' button with a right arrow. There are four main menu items:

- Administrative Functions** (Administrator Access Only):
 - [Add/Edit/Delete Users](#)
 - [Submit Resolutions and Old Claims](#)
 - [Enter New Claims](#)
- 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
 - Edit** button
- Create Report Template**:
 - Activity Reports**
 - [Client Activity](#)
 - [Provider Activity](#)
 - [Authorized Services - Exceptions](#)
 - Service Quality Reports**
 - [Open Authorizations](#)
 - [Unauthorized Phone Number](#)
 - [Overlapped Claims](#)
 - Provider Reports**
 - [Billing Invoice](#)
 - [Remittance Advice](#)
 - [Provider Schedule](#)
 - [Time & Attendance](#)
 - [Preliminary Invoice](#)
 - [Resolutions](#)
 - Select the button below to view previously run reports or execute previously created report templates.
 - View Reports** button

It is the place to record the contact information for your agency. The first time you sign on to the website, it will be prepopulated with the information Care Call has in its database for your agency or provider group. Please check the information 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 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

Administrator Access Only

- [Add/Edit/Delete Users](#)
- [Submit Resolutions and Old Claims](#)
- [Enter New Claims](#)

Create Report Template

Activity Reports

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

Service Quality Reports

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

Provider Reports

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

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="checkbox"/>
<input checked="" type="checkbox"/>	Christopher Daley	EX6543	1bosco		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Jo Ann Jax	EX6543	charles8		<input type="checkbox"/>
<input type="checkbox"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" 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 working by entering his or her name and password.

Considerations with this screen:

- Checking Admin allows the worker to create other users, do claims resolution 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 users 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 confirm the changes you have made to web users:

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"/>

Buttons: Edit, Accept

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 – Entering Claims via the Web

To use the Care Call Website, the provider needs

1. Access to the Internet,
2. Their Provider ID and password

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

On the Welcome page, complete your provider log in:

Welcome

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- 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

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- [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:

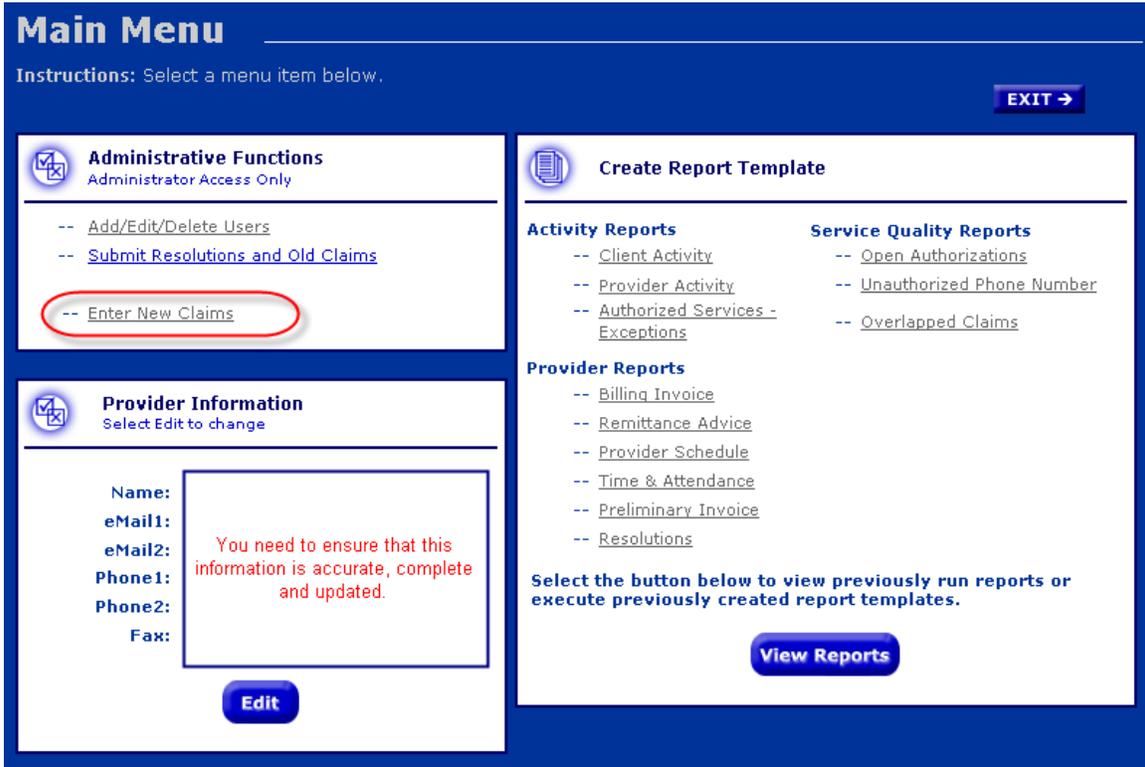
Log In

I am a NEW USER (I Need a Password)

Enter Medicaid Provider ID:

Create Password

When you log in, you are automatically taken to the Main Menu, click on Enter New Claims.



On the next screen select the service and month you would like to enter claims for. Claims for nutritional supplement can be entered for the current and previous months. Claims for incontinence supplies can be entered for the current quarter and the most recent quarter. If the current quarter is in the first or second month, only these months will be displayed. Quarters are January – March, April – June, July – September, and October – December.



After clicking “Search”, the next screen (shown below) will list each client authorized to receive service for the month you entered.

- Under “Units” indicate the number of units provided

- Under “Action” select “save”
- If you need to add a claim for a client who is not listed, select the Add Claim button and another line will appear with the client field blank.

Selecting Calculate Total Units will display the number of units you indicated were provided for the specified month.

Provider Add Claim(s)

Instructions: Please follow the instructions provided for each step. EXIT →

Date Range: 04/01/2010 to 04/30/2010

1 Enter the claim information below.

Date Range	Client	Service	Frequency	Authorized Cases	Undelivered Cases	Number Per Case	Date of Delivery	Cases	Action
04/01/10-04/30/10	7710021 Letterman, David	PCSD	Bi-Monthly	1	1	1	Calendar	0	
04/01/10-04/30/10	7710022 Letterman, David	PCSD	Bi-Monthly	1	1	1	Calendar	0	
04/01/10-04/30/10	7710024 Smith, Debra	PCSD	Bi-Monthly	1	1	1	04/12/2010 Calendar	1	Save
04/01/10-04/30/10	7710022 Smith, Harry	PCSD	Bi-Monthly	1	1	1	Calendar	0	

Calculate Total Cases 0 Add Claim

Cancel Record Claims

When you have finished adding claims, click Record Claims and you will see the Confirmation screen that lists each claim you have entered and saved.

Provider Functions Confirmation

EXIT →

You have added the following claims for April 01-30 2010
Total cases added were 1

Claim #	Client	Cases
10092700004	Debra Smith	1

Return To Main Menu

Please note: All sizes of **diapers and briefs, under pads, incontinence pads, and wipes** are listed as **“Incontinence Supplies”**. All clients authorized for incontinence supplies will be displayed. Nutritional Supplement has to be entered as a different service. **Regular and diabetic nutritional supplement** are listed as **“Nutritional Supplements”**.

Section 4 – Resolutions

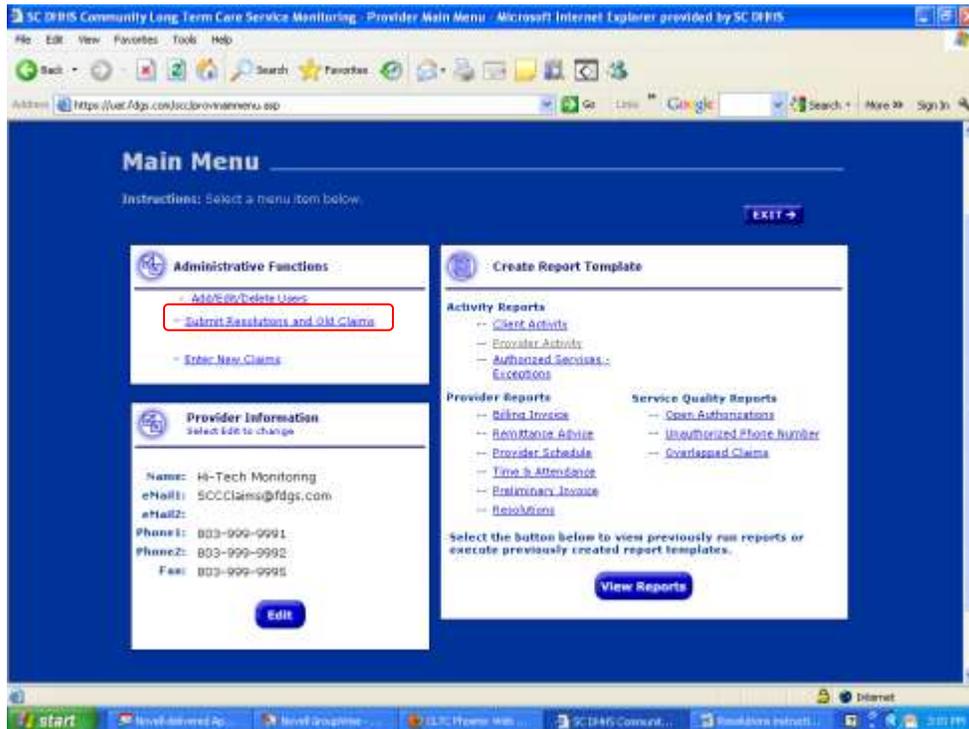
Providers may enter claims for Specialized Medical Equipment or Specialized Medical Supplies by phone using the Care Call Interactive Voice Response System, during the month the service was provided. Claims for any prior months will have to be keyed on the web using the resolution process. Providers may enter claims for Nutritional Supplements or Nutritional Supplements Diabetic by the normal process on the web for the current month and the previous month. Claims for months prior to that will have to be keyed on the web using the resolution process. Providers may enter claims for incontinent supplies on the web by the normal process for the current quarter and previous quarter. Claims for months prior to that will have to be keyed as a resolution. These claims are considered “old claims”.

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

On the Welcome page, complete the provider Log In:

The screenshot shows a Microsoft Internet Explorer browser window displaying the SC DHHS Community Long Term Care Service Monitoring website. The address bar shows <https://scc.govconnect.com/web/Welcome.asp>. The page content includes a welcome message, a list of capabilities, and two login options. The "Provider Log In" section is highlighted with a red circle. It contains two radio button options: "I am a REGISTERED USER (I have a Password)" and "I am a NEW USER (I need a Password)". The registered user option includes fields for "Enter Medicaid Provider ID:" and "Enter Password:", followed by a "Log In" button. The new user option includes a field for "Enter Medicaid Provider ID:" and a "Create Password" button. A "SC DHHS Links" section is visible at the bottom left, listing various resources like "DHHS Home Page", "Medicaid Information", and "Provider Information Center".

Once you log in, you will be on the Care Call Main Menu screen. Click on Submit Resolutions and Old Claims.



From the Main Menu, the user will be taken to the Resolution Search Screen seen below:



The provider ID will be populated. The user must select the appropriate service from the list.

After choosing the appropriate service, click the Add Resolution button (see above). The resolution screen will appear:

South Carolina Department of Health & Human Services
Community Long Term Care
Service Monitoring

Message Center Care Call Manuals CLTC Offices Resources

Provider Edit Resolutions - Nutr. Supplement

Enter claim information in the blanks. To enter additional claims, click the "Add Resolution" button to add additional lines for new claim. When all of the claims have been entered, click "Continue" to verify the claim information.

EXIT →

Nutr. Supplement
Provider: EX786B (Hi-Tech Monitoring)

Enter the Claim information below

CLTC #	Units	Date of Service	Reason	Action
<input type="text"/>				

Calculate Total Units Total Units : 0

Cancel **Add Resolution** **Continue**

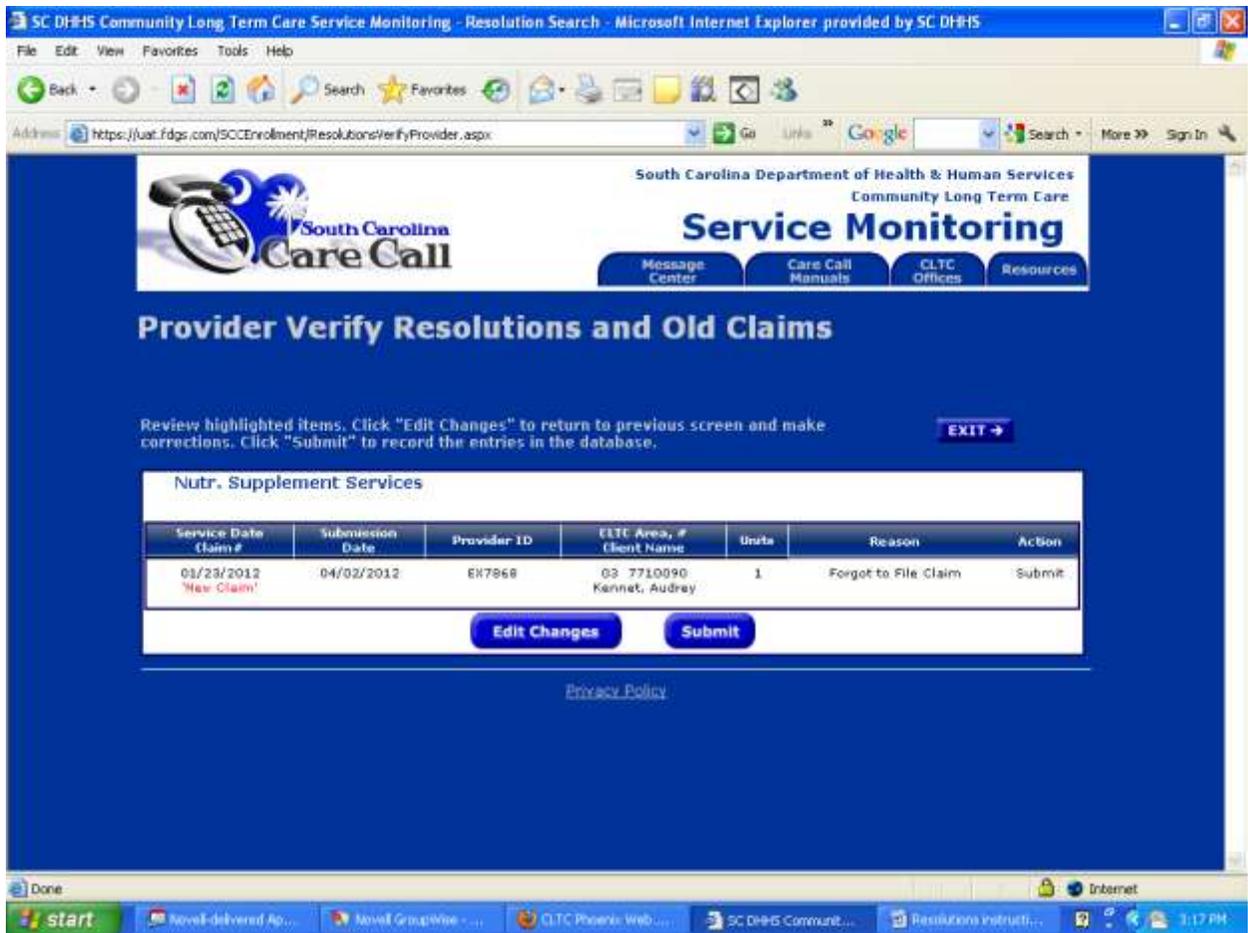
[Privacy Policy](#)

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

- The participant's CLTC number
- Units provided
- Date of Service
- Reason (selected from the drop down list)
- Action (if this is left blank, the claim will not be submitted)

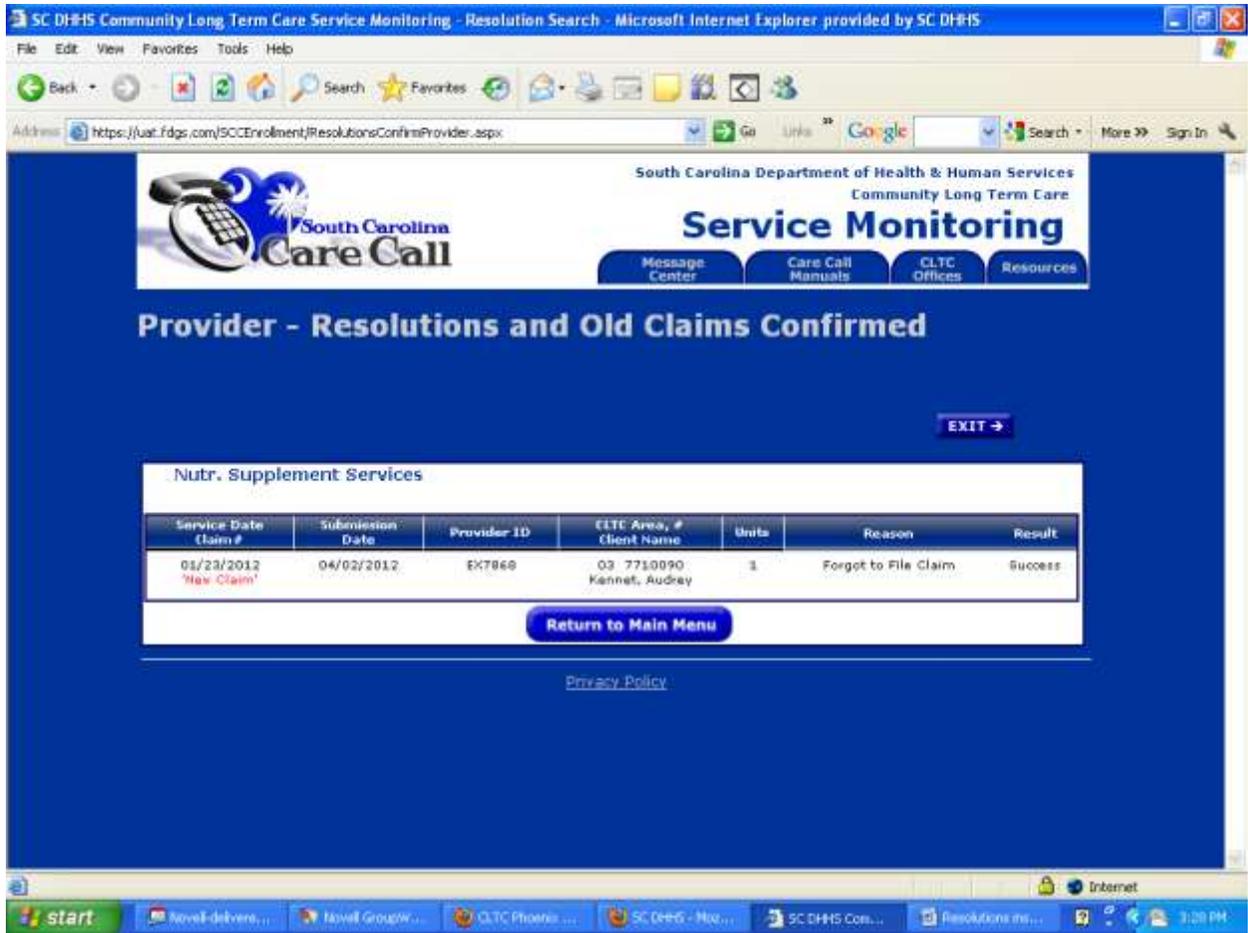
If additional claims need to be added, click Add Resolution for each additional line needed. Clicking the Calculate Total Units button will display the number of claims you have entered.

Once all claims have been added, click Continue. A verification screen will appear:



Note that a claim added by the resolution process is not assigned a claim number until it is reviewed and accepted by CLTC. It will also not be submitted for payment until it the claim is accepted by CLTC.

If information on this screen is not correct, the user may click Edit Changes to go back to the prior screen to make corrections. If the information on the screen is correct, click Submit. This will take the user to the Confirmation screen:



The user will see a result of Success if the claim was successfully submitted. The CLTC regional office will automatically be notified through Care Call when resolutions are submitted to be processed. They will research the resolution and accept or reject it.

The provider may check the status of the resolution by running a Resolutions report for the date(s) of service. The Resolution report can be found on the Main Menu screen of Care Call. If the resolution is accepted, it will appear in the regular claim reports and a claim number will have been assigned.

Section 5 – 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: MHTML, Excel, CSV or PDF.

To use the Care Call Website, the provider needs

1. Access to the Internet,
2. Their Provider ID and password

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

On the Welcome page, complete your provider log in:

The screenshot shows the 'Welcome' page of the SC CLTC Staff Log In system. The page has a blue background and contains the following elements:

- Welcome** section: A paragraph describing the system's purpose and capabilities, followed by a list of functions it enables.
- SC CLTC Staff Log In (South Carolina DHHS Employees Only)** form: A white box with input fields for 'Enter User ID' and 'Enter Password', and a 'Log In' button.
- Provider Log In** section: A white box with a red border containing two options: 'I am a REGISTERED USER (I Have a Password)' and 'I am a NEW USER (I Need a Password)'. The registered user option has input fields for 'Enter Medicaid Provider ID' and 'Enter Password', and a 'Log In' button. The new user option has an input field for 'Enter Medicaid Provider ID' and a 'Create Password' button.
- SC DHHS Links** section: A white box with a list of links: [DHHS Home Page](#), [Medicaid Information](#), [Provider Information Center](#), [Long Term Care Information](#), [Medicaid Provider Manuals](#), [CLTC Scopes of Services](#), [DHHS Telephone Directory](#), and [SC Access](#).

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

Main Menu

Instructions: Select a menu item below.

EXIT →

Administrative Functions

Administrator Access Only

- [Add/Edit/Delete Users](#)
- [Submit Resolutions and Old Claims](#)

- [Enter New Claims](#)

Create Report Template

Activity Reports

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

Service Quality Reports

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

Provider Reports

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

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:

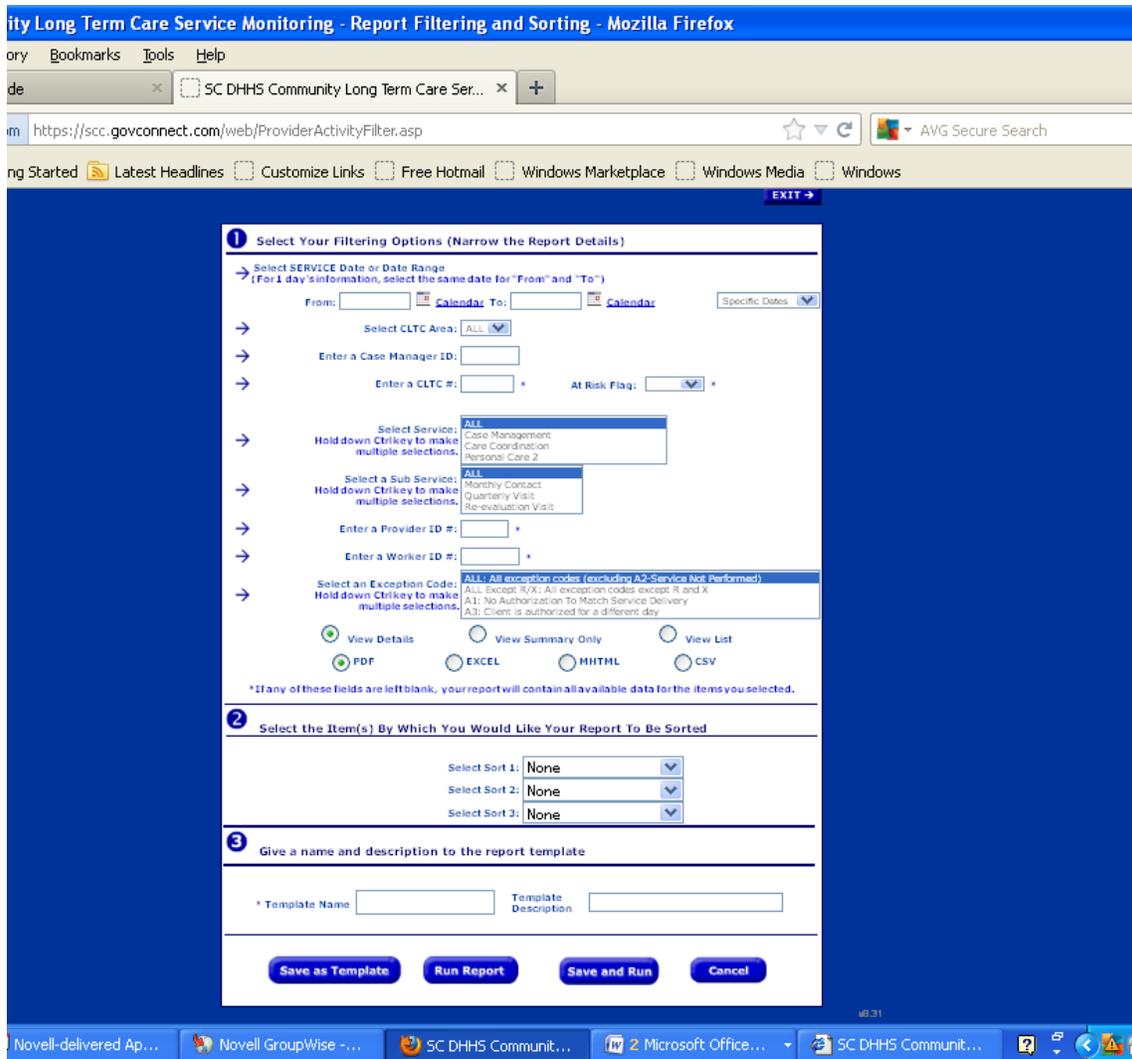
Fax:

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

Edit

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

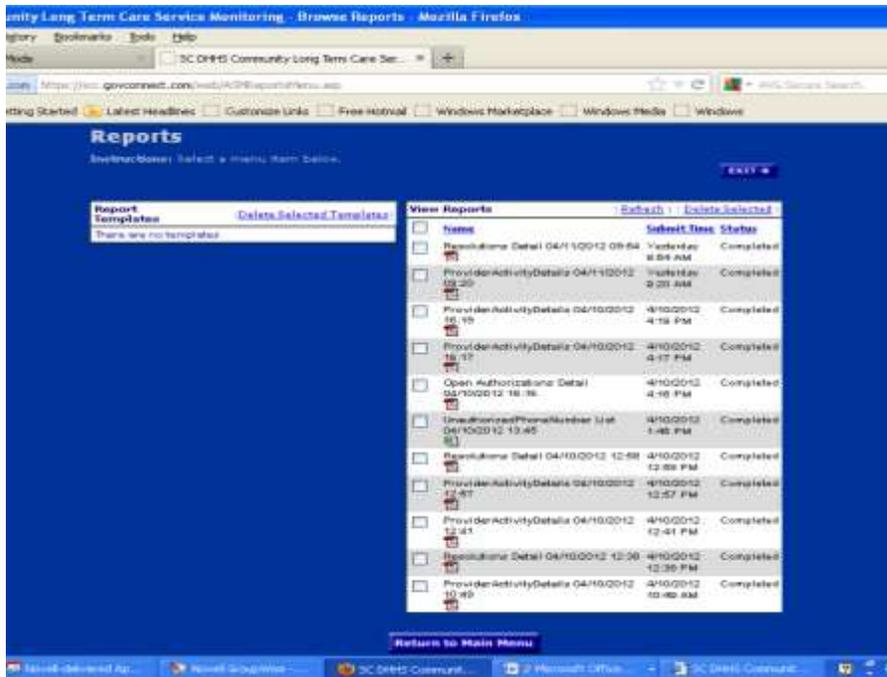
If you click on a specific report, the next screen displayed will be the Report Filtering and Sorting screen. Most reports have a filtering and sorting screen like the one shown below:



On 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:



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 recent 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.

The following details only the reports that can be beneficial to Pest Control providers:

5.1 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 client’s site through submission of the claim and payment to the worker or Agency. 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.

5.2 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.

5.3 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.**

5.4 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.

5.5 Open Authorizations

This report lists all open authorizations for the provider. Open means that the authorization has a Start Date before the selected Date of Service, and the End Date is either after the Date of Service or the End Date is blank. The report includes information about the client, the date authorized, the service, and the authorized units. The report also can display either all open authorizations, or only duplicate pairs of authorizations: authorizations issued, perhaps at different times that overlap on the Date of Service.

5.6 Remittance Advice Report

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

5.7 Provider 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.

Section 6 – 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 entering claims, the client is not listed so the CLTC number is entered. The claim has an A1 exception because the service is not authorized. If the service becomes authorized, the exception code no longer appears.)

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 using are specified in the Claims Resolution Process section of this manual.

Other exceptions that prevent submission for payment are resolved when additional information is given to Care Call. These include A1 (No authorization to match service delivery). For this exception, you should contact the CLTC office if you believe the exception is not warranted. CLTC can add an authorization to cover the visit if warranted.

The only exception code applicable for medical supply providers is A1, no authorization to match service delivery. If a claim has this exception code, the claim will not be submitted to MMIS for payment. If the case manager enters an authorization, the exception code will change and the claim will be submitted to MMIS for payment.

Symbol	Definition	Submitted to MMIS	Comments
A1	No authorization to match service delivery	No	
A2	Service Not Performed	No	Not applicable
A3	Client is authorized for a different Day	No	Not applicable
A4	Client is authorized for a different service	No	Not applicable
B	Non-authorized service period	Yes	Not applicable
C1	No check-in but checkout exists	No	Not applicable
C2	No checkout but a check-in exists	No	Not applicable
D	Daily units provided less than units authorized	Yes	Not applicable
E	Daily units provided exceed units authorized	Yes	Not applicable
F	Weekly hours worked more than hours authorized	Yes	Not applicable

G1	Check-in and checkout phone numbers do not match authorized	Yes	Not applicable
G2	Checkout phone number does not match authorized	Yes	Not applicable
G3	Check-in phone number does not match authorized	Yes	Not applicable
G4	Check-in and checkout phones match other client or provider	Yes	Not applicable
G5	Checkout phone number matches different client or provider	Yes	Not applicable
G6	Check-in phone number matches different client or provider	Yes	Not applicable
I1	Worker entered is not registered to perform service	No	Not applicable
I2	Worker is not registered	No	Not applicable
M	Missing Data	No	Not applicable