

# NE Specific Mobile Caregiver+ Provider Portal Quick Reference Guide

Date: December 18, 2023



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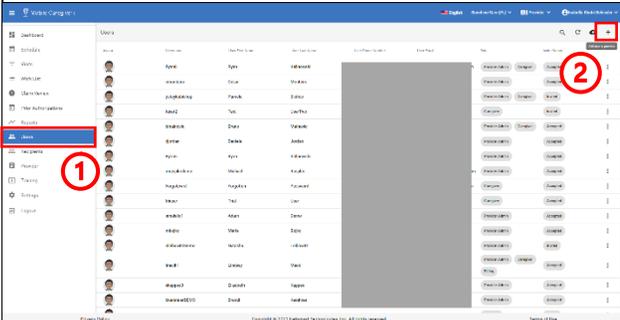
## How to Manually Add a Caregiver to an Active Agency



This Quick Reference Guide does not replace solution training. This document is for those in the Provider Administrator role, or those who manage the EVV System and will have unlimited access to all Caregiver and Recipient data. This document will give step by step instructions on 4 separate functions that Provider Administrators are most likely to use in the Mobile Caregiver+ Provider Portal.



If a Caregiver is providing care, the Caregiver must be added under the User's tab BEFORE Provider Administrators can schedule a visit.



1. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Users** tab from the Main Menu.
2. Click the **Add user to provider** icon, in the top right corner of the screen.



3. The **Invite user to provider** pop-up will appear. Type in the email address OR phone number of the Caregiver that needs to be added in the provided field and click **Search**.
4. The system will scan the entered email or phone number to see if an existing user exists in the system. If no existing user is found, the **Invite user to provider** form will appear.
5. Fill out the form with the required fields and click **Invite New User** at the bottom of the form.
6. The added user will receive an email or a text message, inviting the User to join the Agency.





- If an existing User is in the system, the system will display a list of existing Users in the Agency:
  - a. Find the User that needs to be added, select a role that the User will be added as.
  - b. Select **Invite User**.

Invite user to provider ✕

**1** Users found based on the Search parameters  
Choose user for sending an Invite.

Search on full matching email or complete phone number \*  
inkhatri01@gmail.com

Search

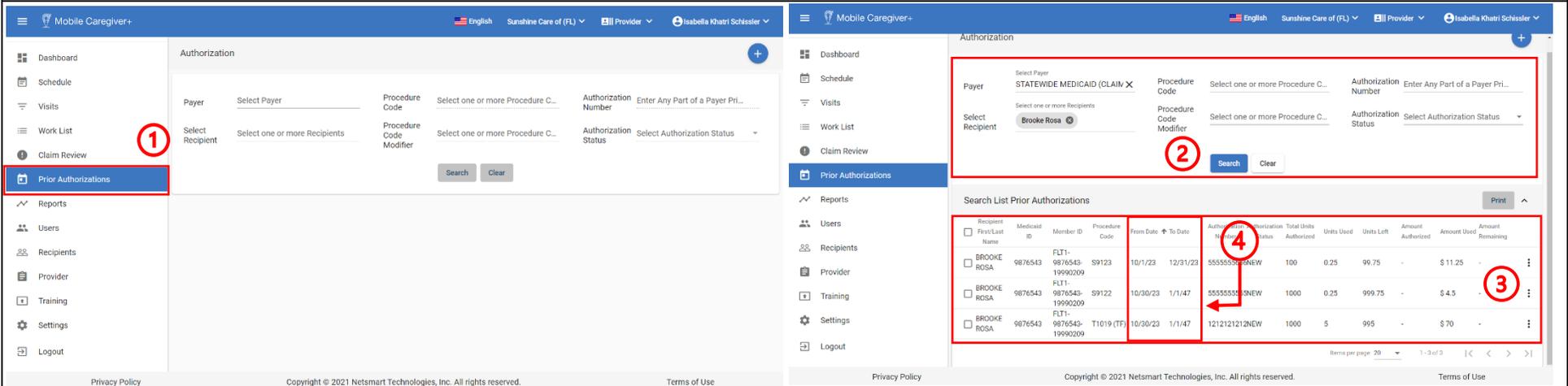
Avatar	User First Name	User Last Name	User Phone Number	User Email	Roles	Invite Status
	Judge	Judy			Roles <b>a</b>	<b>Invite User</b> <b>b</b>
	Trial	User			Caregiver	Invited
	Example	User			Roles	<b>Invite User</b>

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Change Search Criteria Invite a Different User

## How to Review Prior Authorizations

- Providers are able to review Prior Authorization(s) that are loaded in the Mobile Caregiver+ Provider Portal. Providers must ensure that the data listed in the Prior Authorizations are correct. As an ongoing practice, Providers should review Prior Authorizations before scheduling visits and submitting claims to increase the likelihood of receiving timely remittance.



The screenshots show the 'Authorization' search interface. The first screenshot highlights the 'Prior Authorizations' menu item (1). The second screenshot shows the search filters (2) and the resulting table of prior authorizations (3). The table includes columns for Recipient, Medicaid ID, Member ID, Procedure Code, From Date, To Date, Authorization Number, Authorization Status, Total Units Authorized, Units Used, Units Left, Amount Authorized, Amount Used, and Amount Remaining. A red arrow points to the 'Authorization Number' column (4).

1. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Prior Authorizations** in the main menu.

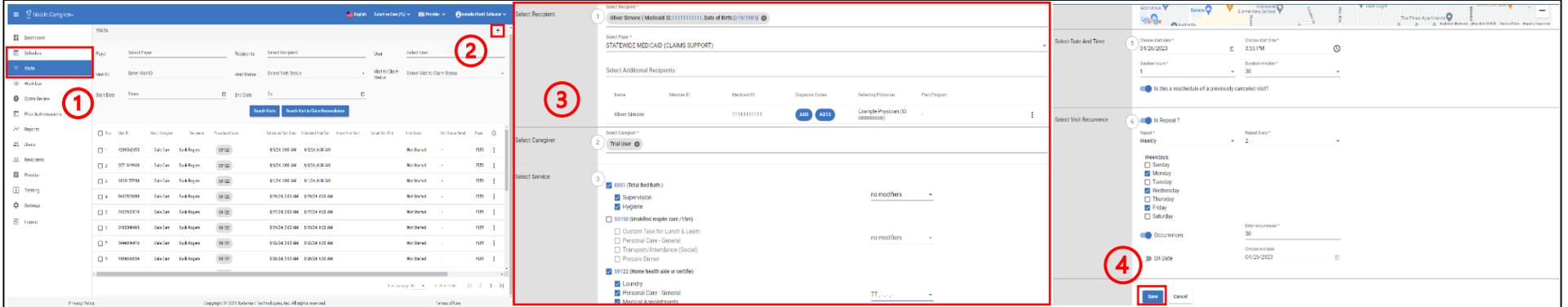
- Use the filter header to search and locate the Prior Authorization(s) that need to be reviewed and click **Search**.
- The system will update to show Prior Authorizations that match the search criteria.
- Using the **From Date** and **To Date** columns, ensure that the Prior Authorization is valid and has not expired.

- ⚠ a. Providers should complete this step BEFORE visits are scheduled. Prior Authorizations should be valid, and Providers must use the Procedure Code attached with the Prior Authorization to schedule visits and submit respective claims.**

- Using the **Total Units Authorized, Units Used, Units Left** columns, make sure there are enough units available for the respective Procedure Code to schedule and bill services.



## How to Schedule a Visit



2. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Visits OR Schedule** tab from the Main Menu.
  5. Click the **Add New Visit** icon, in the top right corner of the screen.
- \*\*\*Please review the policies and procedures set by Payers BEFORE filling the Add New Visit Form. A Provider Administrator should follow the Payer's set guidelines.\*\*\***
3. Fill out the **Add New Visit Form** with all necessary data.
    - a. Section 1 – Select Recipient(s).
    - b. Section 2 – Select Caregiver.
    - c. Section 3 – Select Service(s).
      - ▲ i. **Select a Service Code that matches a Prior Authorization for the selected Recipient.**
    - d. Section 4 – Select Location(s).
    - e. Section 5 – Select Date and Time.
      - ▲ i. If the visit is a **one-time visit**, Provider Administrators can save the visit without filling out Section 6.
      - ▲ ii. If the visit being created was previously canceled and is being rescheduled, activate the **reschedule switch**. The visit will be saved as a 'rescheduled' visit and will be marked with the following icon, .
    - f. Section 6 - Visit Recurrence Selection.
      - ▲ i. Section 6 is only for visits that will be **repeating**.
  4. Click **Save** once the form has been completed. Once saved, the system will use the designated Payer's business rule to screen the scheduling entries to ensure that the visit adheres to the Payer's policies and procedures. The system will return one of the three outcomes:
    - a. **No Error:** The visit being scheduled has no reported error; the system will automatically save the visit.
    - b. **Critical Error:** A Critical Error indicates that the visit being scheduled has at least one major error and cannot be saved. Users will only be given the option to **MAKE CORRECTIONS** for the displayed error(s).
    - c. **Warning Error:** A Warning Error indicates that the visit being scheduled has at least one error, but the User can save the visit without making corrections.

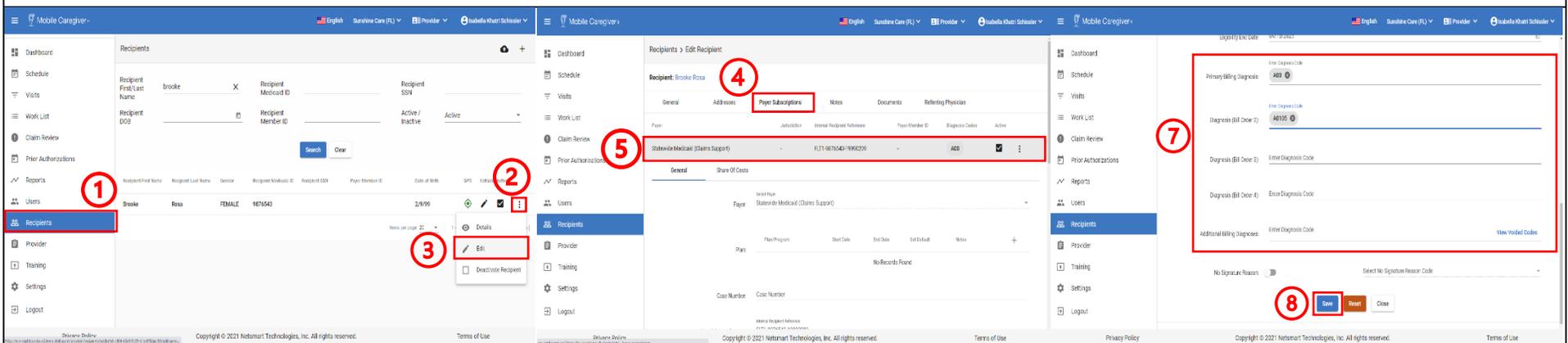
5. Once the recently created visit(s) are saved, they will display in the Visits List and Schedule of the Provider Portal as well as the Caregiver's Visits List in the mobile application.

- Scheduling a visit will link the Caregiver with the Recipient. Once linked, the Recipient's PHI will display in the Caregiver's mobile application.



### How to Add a Diagnosis Code to a Recipient's Profile

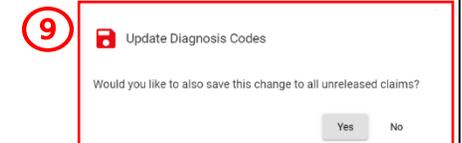
- Every Recipient must have a diagnosis code listed in his/her EVV profile before visits are scheduled.



The screenshot shows the Mobile Caregiver+ Provider Portal interface. It is divided into three panels illustrating the process:

- Panel 1 (Left):** Shows the 'Recipients' list. A recipient named 'Brooke Rose' is highlighted. A red box and number '1' are around the 'Recipients' menu item. A red box and number '2' are around the 'Edit' action icon in the dropdown menu.
- Panel 2 (Middle):** Shows the 'Edit Recipient' page for 'Brooke Rose'. A red box and number '3' are around the 'Payer Subscriptions' tab. A red box and number '4' are around the 'Payer Subscriptions' tab. A red box and number '5' are around the 'State/Medicaid (Thoms Support)' record, with an 'ADD' button highlighted.
- Panel 3 (Right):** Shows the 'Primary Billing Diagnosis' form. A red box and number '6' are around the 'ADD' button. A red box and number '7' are around the 'Diagnosis (Bill Order 2)' field, which contains 'A8105'. A red box and number '8' are around the 'Save' button.

1. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Recipients** tab from the Main Menu.
2. Locate the Recipient that needs a diagnosis code added and click on the action's icon.
3. In the submenu, select **Edit**.
4. Click on the **Payer Subscriptions** tab.
5. Locate and click on the record for the Payer subscription for which you want to add the Recipient's Diagnosis Code.
6. Scroll to the bottom of the page.
7. In the **Primary Billing Diagnosis, Diagnosis (Bill Order 2), Diagnosis (Bill Order 3), Diagnosis (Bill Order 4), Additional Billing Diagnosis** fields, add the necessary diagnosis codes.
8. Click **Save**.
9. A pop-up will appear, asking if the added diagnosis code(s) should be added to unreleased claims. Select the applicable response.



**Update Diagnosis Codes**

Would you like to also save this change to all unreleased claims?

Yes No

- If **Yes** is selected, the system will add the recently listed diagnosis code(s) to all the selected Recipient's unreleased claim(s).
- If **No** is selected, the system will save the listed diagnosis code(s) and will include the recently added diagnosis code(s) to all future claims for the selected Recipient.

