

General ISAS, EVV and Provider Portal FAQ

1. What does ISAS stand for?

- ISAS stands for In-Home Supports Assurance System. Providers use the ISAS call-in system to record their clock in and out times for Personal Supports services.

2. What is the ISAS website address?

- Providers can manage their ISAS billing in the Provider Portal, found at <https://ltss.health.maryland.gov/>.

3. Can providers have a training event to better understand Provider Portal?

- The ISAS team is currently developing a general Provider Portal training.

4. When the claim status says "Submitted to MMIS" how long does it take for that status to change to Paid?

- Update to the status can take 7-14 days depending on the date of submission.

5. Can the DSP work more than 8 hours in a day? For example the service is 40 hours in a week, 10 hours for 4 days?

- DSPs are able to provide more than 8 hours of service per day. To understand the restrictions of Personal Supports billings, you can review the Personal Supports PolicyStat page on the DDA webpage. A link to the policy can be found at this address: <https://dhmh.policystat.com/policy/9887613/latest/>

6. Does Provider Portal usage apply to Self-Directed participants?

- No. Self directed services are paid outside of the Provider Portal system.

7. Does MDH approve service and ISAS tracks the service? How are they related to DDA?

- The ISAS team is a division under the MDH Medicaid Office. The ISAS team is responsible for helping providers with EVV service billing issues and reviewing EVV service entries in the provider portal. The DDA is the operating agency for the Medicaid Community Pathways, Community Supports, and Family Supports waivers.

Exceptions

1. How long does my agency have to correct pending exceptions in the Provider Portal??

- Providers have up to 365 days from the date of service to resolve services in an exception status.

2. What should we do if another provider agency is not working on addressing the overlap issues?

- If your staff is having trouble with overlapping times across agencies, please email the participant's CCS. They can work with the participant and other assigned providers to better align work schedules. If issues persist, please contact the MDH ISAS team .

3. How is an overlap with a different provider resolved?

- The ISAS team will review the services and resolve the overlapping times.

4. What does it mean when a service has the exception "Client ineligible for Medicaid"

- This exception means that the participant is either ineligible for Medicaid or that they are missing essential Medicaid information in their LTSS profile. You will need to follow up with the participant's CCS and the eligibility team to ensure their account is up to date and that they are eligible for Medicaid-covered services.

Billing Entries/Adjustments

1. I keep correcting the error but the exception is not clear. What should I do next to correct the issues?

- If you have a repeated issue with service modifications, whether they be exceptions or rejected services, please email the ISAS team at mdh.isashelp@maryland.gov so the issue can be investigated.

2. Why does the " Needs Authorization" in the service status keep disappearing after some days of editing and submitting the service provided?

The Needs Authorization status just means that it is awaiting ISAS action. After our team reviews the service, this status will disappear and go to the next stage in the billing process.

3. What if a claim is closed but needs to be adjusted?

- You will need to submit an adjustment request. Please see the [DDA Provider Portal Reference Guide](#) on pages 149-155 for the step-by-step instructions.

4. How long after the date of service can agencies submit a missing time request?

- When there is no claim associated with a date of service, agencies have 30 days after the initial service date to submit a manual entry for payment.

5. How long do providers have to submit an adjustment request?

- Agencies have 365 days from the date of service to submit an adjustment. However, to allow time for the service to process we recommend submitting adjustments 14 days before the deadline.

6. Can I resubmit a voided service?

- Yes, you can resubmit voided services as an adjustment once the claim is in the paid status.

7. If the claim has a "needs authorization status" will ISAS or MDH know to take action or does the provider have to notify them of the status?

- The ISAS team is aware of services that are in a "Needs Authorization" status. However, if it has been a few weeks with no action, please email the ISAS team to ask us to take a look.

8. For the pending authorization, can I get back payment when it is viewed and passed?

- If the ISAS team reviews and approves the service, and the service passes all exceptions, the service will be submitted to MMIS for payment.