



**Provider Activity Reporting**

**Nursing Facility Staff User Guide**

**Version**

**1.0**



Revision History

Version	Date	Author	Changes
1.0	10/16/2023	Rhonda Dick	Initial Draft

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## Section A: Welcome

Thank you for joining the Nursing Facility staff training class! This class will not cover policies and procedures. In this class, you will learn how to submit requests for Long Term Care and Short Term Stays in the myMDTHINK Consumer Portal. After completing this class, you will be confident and ready to perform your tasks!

### General Approach

This guide serves as a tool to help guide participants through instruction and activities on how to perform their jobs through the myMDTHINK Consumer Portal. To experience hands-on practice in the system, participants will input data from activities and scenarios directly into the myMDTHINK Consumer Portal. The activities and scenarios are developed based on real-life situations and confidentiality has not been violated.

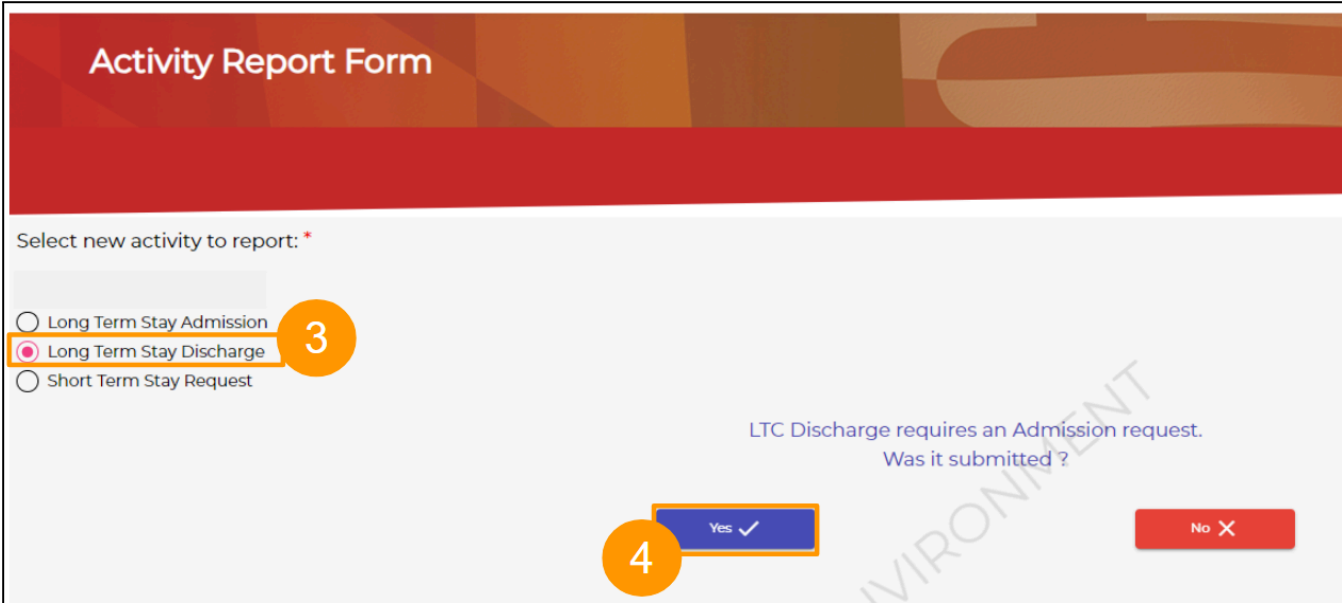
The format of this participant guide includes process steps, scenarios, and scenarios as described below under module format. It contains descriptions and explanations of how to perform a specific function (or set of tasks) through the myMDTHINK Consumer Portal and all information needed to participate in the training.

### Module Format

#### 1) Steps to the Process

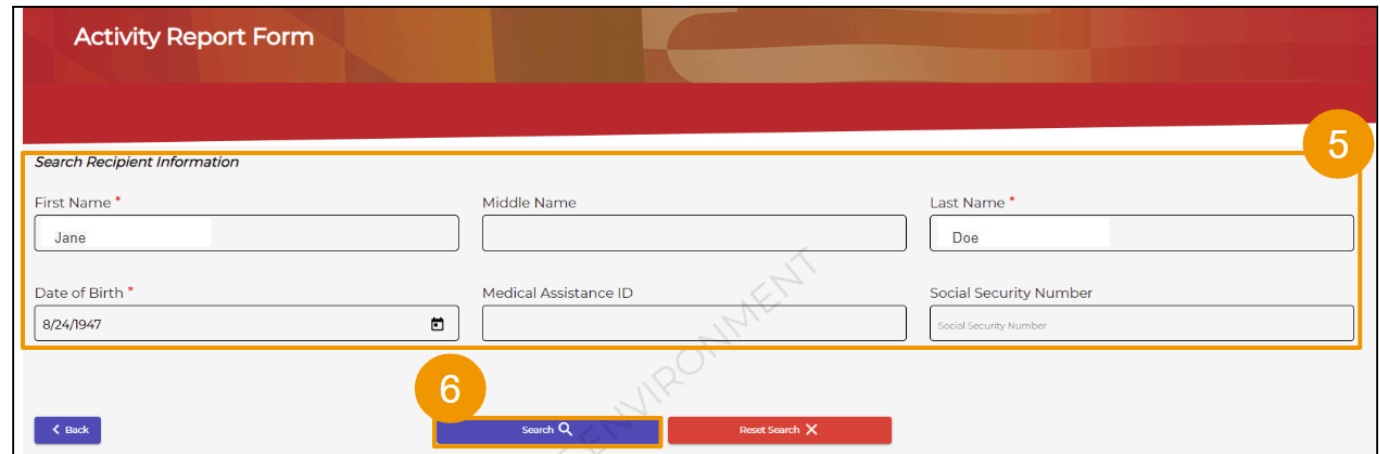
The process for performing a task in the myMDTHINK Consumer Portal is described in steps presented in a two-column table format with a steps column and action column. The step numbers in the steps column correspond with the numbers on the images in the action column which indicate where the task is to be performed on the screen. Below is an example of how the tables are set up.



Example Steps	Example Actions
<ul style="list-style-type: none"><li>On the Activity Report Form, <i>click</i> the radio button to the left of <b>Long Term Stay Discharge (3)</b>.</li></ul> <p><b>Note:</b> After selecting Long Term Stay Discharge, the prompt “LTC Discharge requires an Admission request. Was it submitted?” displays.</p> <p>If the Admission request has been submitted, <i>click</i> the blue <b>Yes</b> button (4).</p> <p>If it was not submitted, <i>click</i> the red <b>No</b> button. <b>Note:</b> <i>Clicking No</i> returns the user back to the dashboard.</p>	 <p>The screenshot shows the 'Activity Report Form' interface. At the top, there's a red header with the title 'Activity Report Form'. Below it, a section titled 'Select new activity to report: *' contains three radio button options: 'Long Term Stay Admission', 'Long Term Stay Discharge' (which is selected and highlighted with a yellow box and a circled '3'), and 'Short Term Stay Request'. To the right of these options, a message states 'LTC Discharge requires an Admission request. Was it submitted ?'. Below this message are two buttons: a blue 'Yes ✓' button (highlighted with a yellow box and a circled '4') and a red 'No ✕' button.</p>

- Search for the recipient by entering the First Name, Middle Name, Last Name, Date of Birth, Medical Assistance ID, and Social Security Number (5).

- Click **Search (6)**. **Note:** When *clicking* the red **Reset Search** button next to the Search button, all fields are cleared, and a new search can be performed. Click the **Back** button on the bottom left to return to the previous screen.



## 2) Activities

The module includes activities that are designed to provide an opportunity to practice inputting data into the myMDTHINK Consumer Portal. The activities contain mock data with step-by-step instructions for navigating through the system to complete a task or part of a process.

## 3) Scenarios

Scenarios involve the application of the training to on-the-job performance. At the end of the class, you are provided several scenarios that will mimic your daily responsibilities in the myMDTHINK Consumer Portal. We hope to impact engagement and increase retention of the material covered in this class!



## Section B: Lesson Goal and Learning Objectives

**Goal:** To provide Nursing Facility Staff/Providers with the tools needed to successfully submit activity reports in the myMDTHINK Consumer Portal.

**Objectives:** By the end of this module, participants will be able to:

1. Demonstrate how to register and manage a MDTHINK user account in the Consumer Portal.
2. Explain the components and functionality of the NF Dashboard.
3. Demonstrate how to initiate and submit Short Term Stay Activity Reports.
4. Demonstrate how to initiate and submit Long Term Care Admission Activity Reports.
5. Demonstrate how to initiate and submit a Long Term Care Discharge Activity Report.
6. Explain various alerts, error messages, notifications, and correspondences.



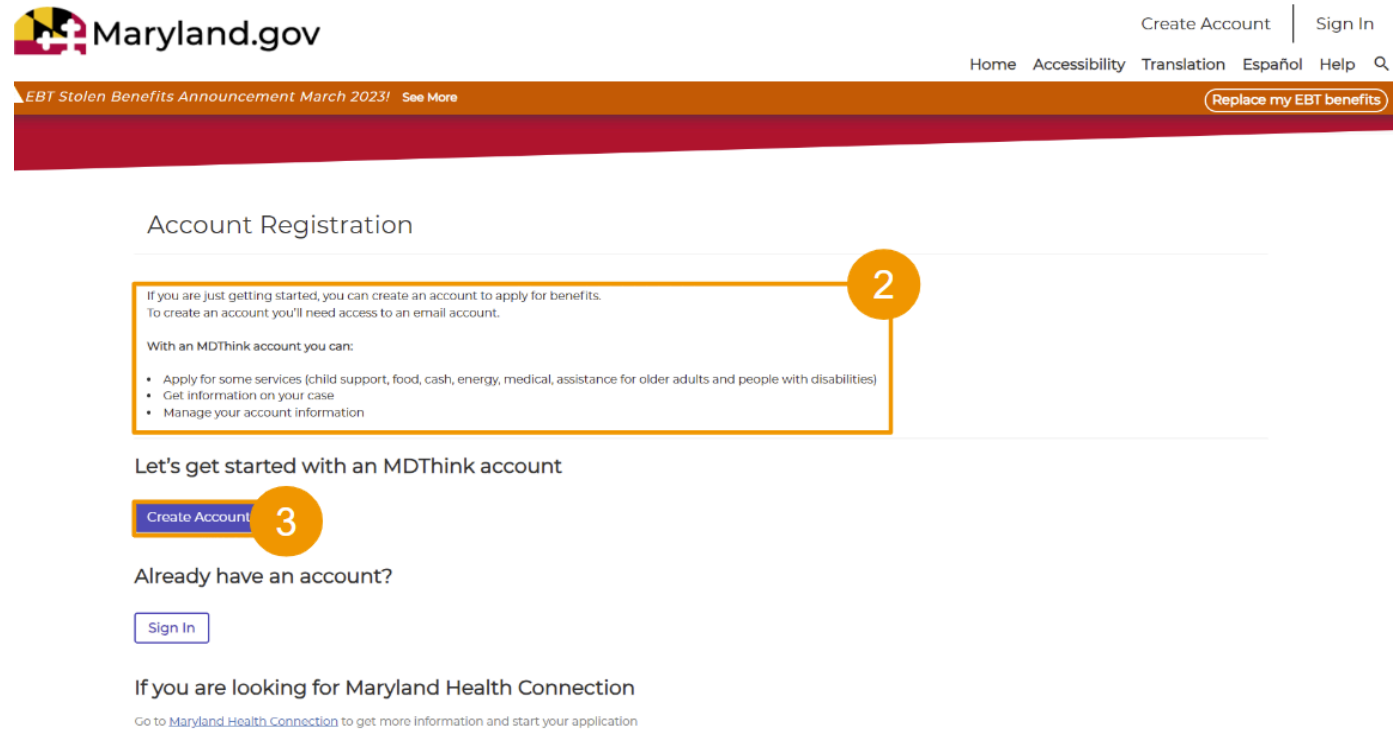
Section C: Register for a myMDTHINK Consumer Portal Account

Before we get started with submitting activity reports, you must register for a myMDTHINK Consumer Portal Account. If you already have an account, use the same account credentials to log in for this class.

Steps	Actions
<ul style="list-style-type: none"><li>Select <b>Create Account</b> on the myMDTHINK Consumer Portal Landing page (1).</li></ul>	

- The Account Registration screen displays instructions to get started with creating an account. Read the instructions **(2)** and *click* **Create Account (3)**.

**Note:** If you already have an account, *click* the **Sign In** button located under the Create Account button.



**Maryland.gov**

Create Account | Sign In

Home Accessibility Translation Español Help

EBT Stolen Benefits Announcement March 2023! [See More](#) [Replace my EBT benefits](#)

### Account Registration

If you are just getting started, you can create an account to apply for benefits. To create an account you'll need access to an email account.

With an MDThink account you can:

- Apply for some services (child support, food, cash, energy, medical, assistance for older adults and people with disabilities)
- Get information on your case
- Manage your account information

Let's get started with an MDThink account

[Create Account](#) **3**

Already have an account?

[Sign In](#)

If you are looking for Maryland Health Connection

Go to [Maryland Health Connection](#) to get more information and start your application

- On the Create an account screen, *click* the **radio button** to the left of “I’m applying on behalf of someone else (4).”
- *Select* **Nursing Facility Staff** from the “I’m registering as... menu (5).
- *Click* **Continue** (6).
- **Note:** After clicking Continue, the window advances to the Create an account screen.

Create an account

Who is applying? \*

☐ I'm applying for myself or my family

☒ I'm applying on behalf of someone else 4

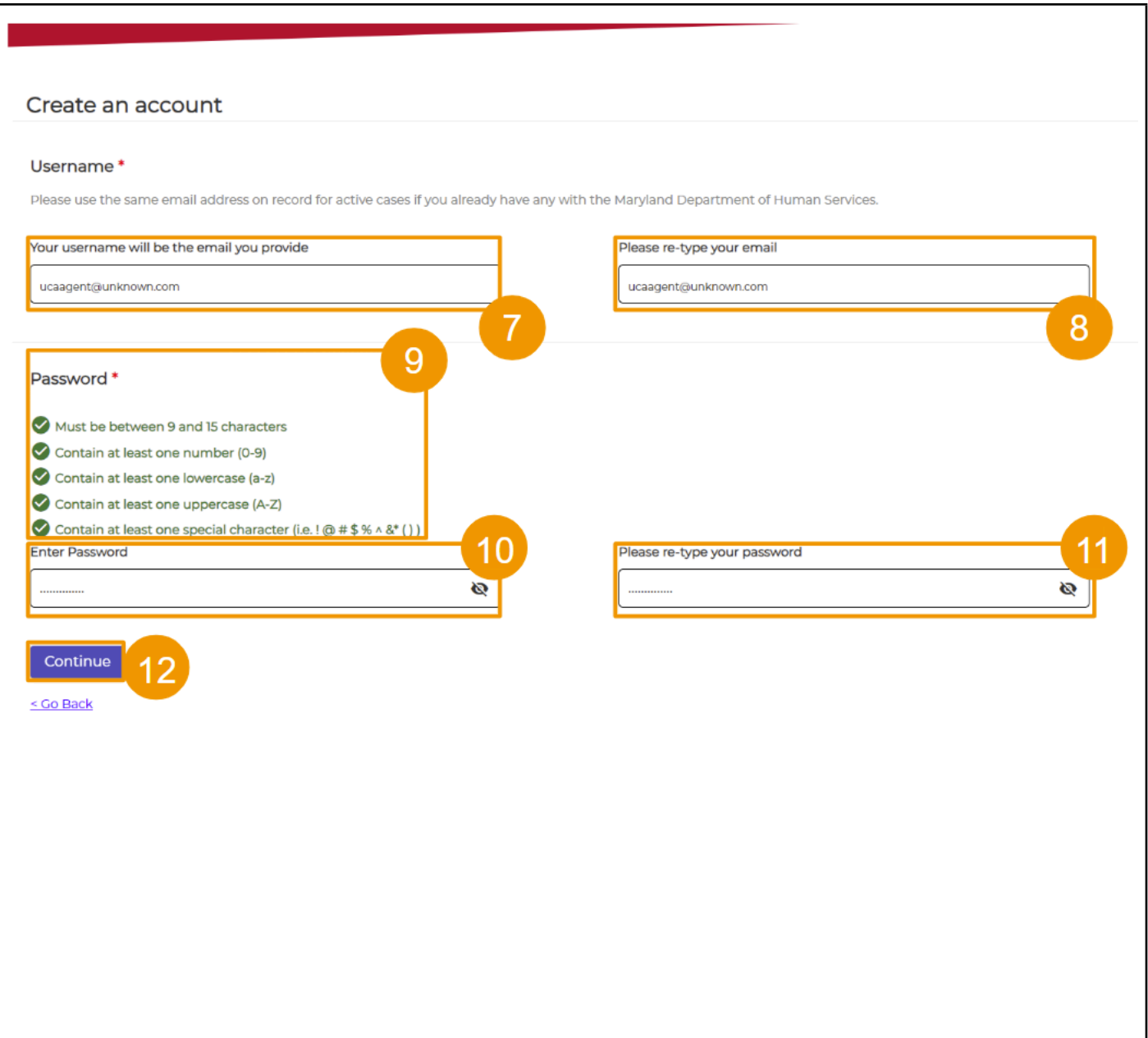
I'm registering as... \*

Nursing Home User 5

Continue 6

[< Go Back](#)

- On the Create an account screen, enter your **username** into the “Your username will be the email you provide” field (7).
- *Re-type* your **username** into the “Please re-type your email” field (8).
- Read the Password Requirements (9).
- Read the Password Requirements (9).
- *Type* your **password** in the “Enter Password” field (10).
- *Re-type* your **password** into the “Please re-type your password” field (11).
- Click **Continue** (12).



**Create an account**

Username \*

Please use the same email address on record for active cases if you already have any with the Maryland Department of Human Services.

Your username will be the email you provide

ucaagent@unknown.com

Please re-type your email

ucaagent@unknown.com

Password \*

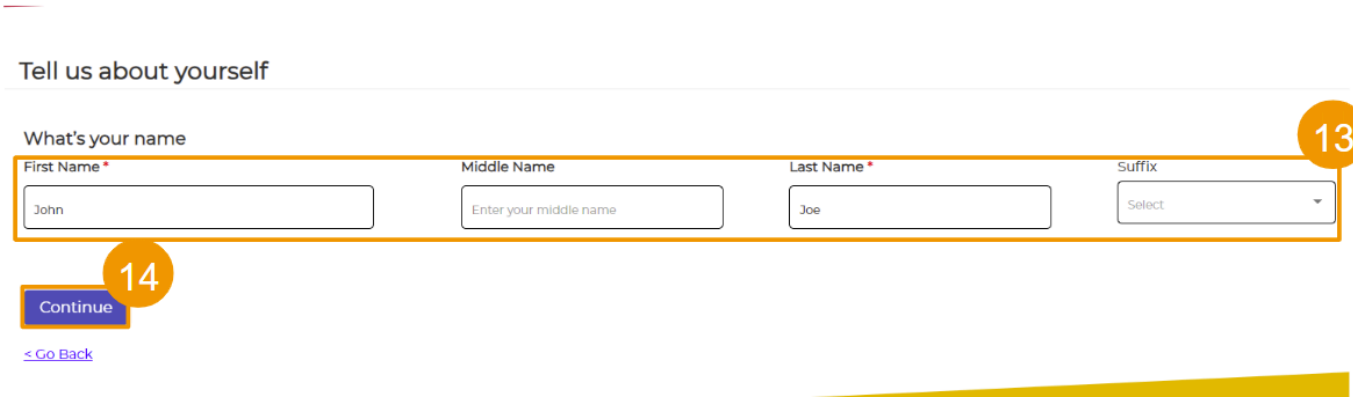
- ✓ Must be between 9 and 15 characters
- ✓ Contain at least one number (0-9)
- ✓ Contain at least one lowercase (a-z)
- ✓ Contain at least one uppercase (A-Z)
- ✓ Contain at least one special character (i.e. ! @ # \$ % ^ & \* ( ) )

Enter Password

Please re-type your password

Continue

[Go Back](#)

<ul style="list-style-type: none"><li>On the “Tell us about yourself” screen, <i>type</i> your <b>First Name, Middle Name, Last Name, and Suffix (13)</b>. <b>Note:</b> First Name and Last Name are mandatory fields.</li><li>Click <b>Continue (14)</b>.</li></ul> <p><b>Note:</b> After <i>clicking Continue</i>, the screen advances to the Confirmation screen.</p>	
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- On the Confirmation screen, *check* the **box** next to “I confirm that I’m allowed to fill out forms, check statuses, etc. on behalf of customers **(15)**.
- Electronically sign by entering your **First Name** and **Last Name** into their respective fields. *Type* the **date** into the Date field or *click* the calendar icon to select a date **(16)**.
- *Click* **Create Account** **(17)**.

## Confirmation

☒ I confirm that I'm allowed to fill out forms, check statuses, etc. on behalf of customers.

## Electronic Signature

First Name \*

John

Last Name \*

Doe

Date \*

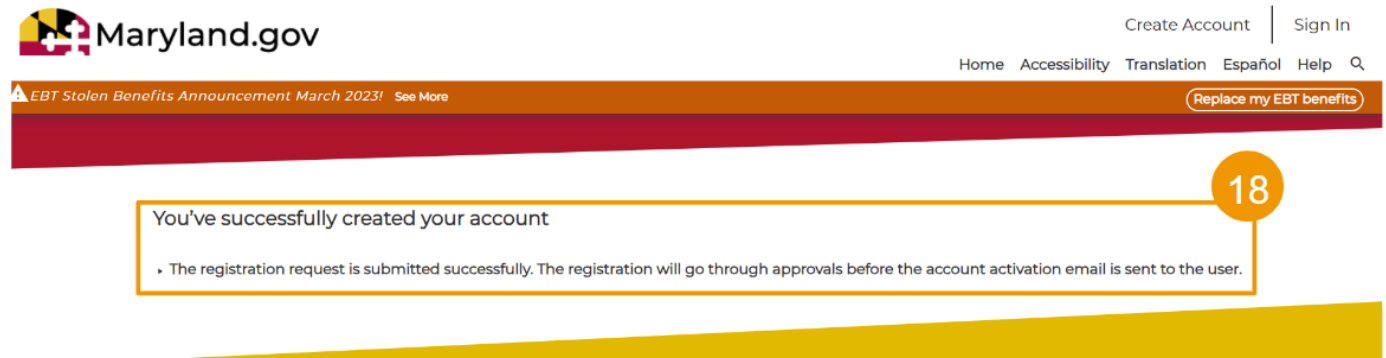
12/5/2023

Create Account

16

17


- After *clicking* **Create Account** on the previous screen, “You’ve successfully created your account” will display along with information on the approval and account activation process **(18)**.



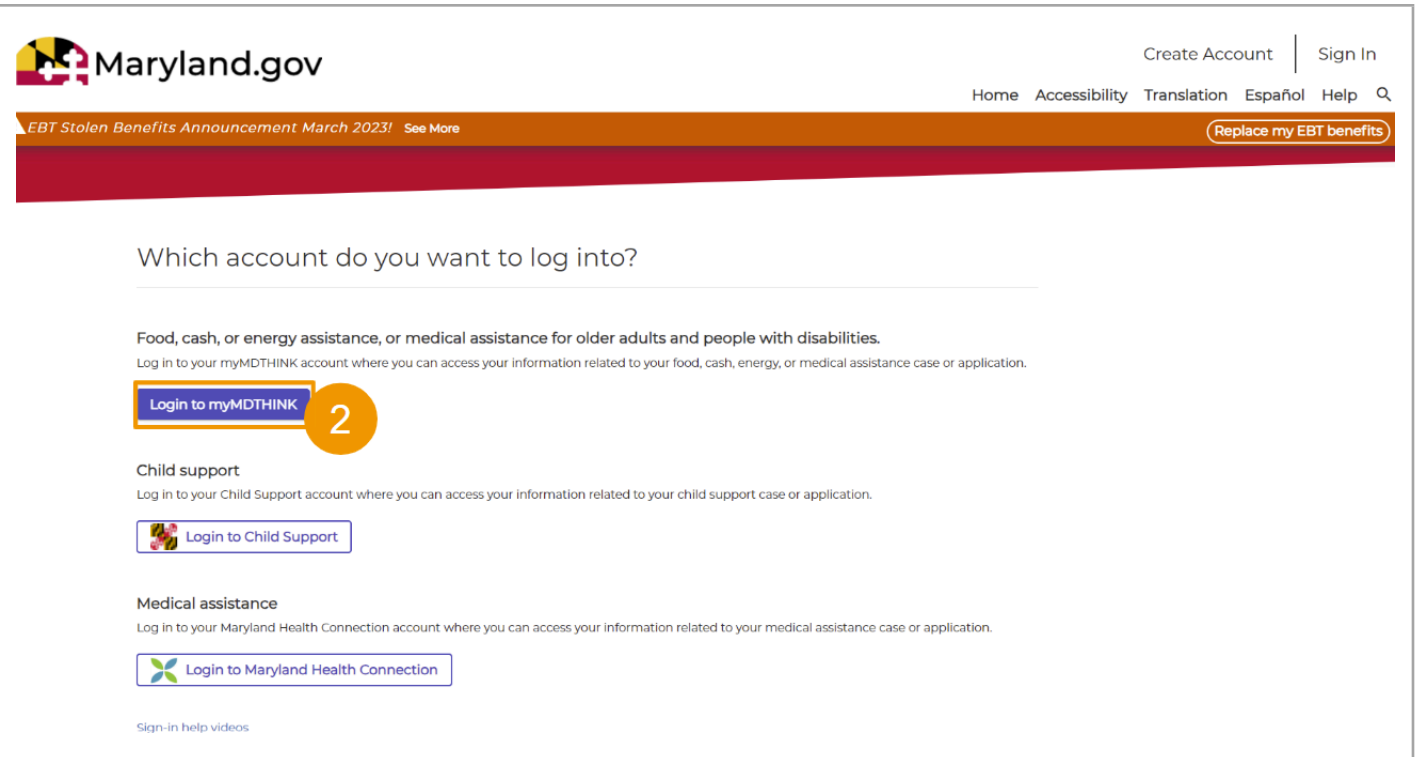


Section D: Log into the myMDTHINK Consumer Portal

Now that you’ve registered for an account, let’s log in to the myMDTHINK Consumer Portal!

Steps	Actions
<ul style="list-style-type: none"><li>On the upper right corner of the myMDTHINK Consumer Portal Landing page, click <b>Sign In (1)</b>.</li></ul>	

- Click the **Login to myMDTHINK** button (2).



The screenshot shows the Maryland.gov website. At the top, there is a navigation bar with links for Home, Accessibility, Translation, Español, and Help. A search icon is also present. Below the navigation bar, there is a banner for "EBT Stolen Benefits Announcement March 2023!" with a "See More" link. On the right side of the banner, there is a button labeled "Replace my EBT benefits".

The main content area is titled "Which account do you want to log into?". Below this title, there are three login options:

- Food, cash, or energy assistance, or medical assistance for older adults and people with disabilities.**  
Log in to your myMDTHINK account where you can access your information related to your food, cash, energy, or medical assistance case or application.  
A button labeled "Login to myMDTHINK" is highlighted with a red box and a red circle containing the number 2.
- Child support**  
Log in to your Child Support account where you can access your information related to your child support case or application.  
A button labeled "Login to Child Support" is shown.
- Medical assistance**  
Log in to your Maryland Health Connection account where you can access your information related to your medical assistance case or application.  
A button labeled "Login to Maryland Health Connection" is shown.

At the bottom of the page, there is a link for "Sign-in help videos".

- Login to Your Account by entering your Username and Password (3).
- Click the **SIGN IN** button (4).



### Login to Your Account

Username:

nursinghomeusers1@gmail.com

Password:

\*\*\*\*\*

3

[I've forgotten my password](#)

SIGN IN

4

[Create an account](#)

[Sign-In Help Videos](#)

- You have successfully logged into the myMDTHINK Consumer Portal Nursing Facility dashboard!

**Consumer Dashboard**

**Hello Pat Simcox**  
Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!






[Link Open Case](#)

[Customer Benefits](#) [Customer Applications](#) [Customer Documents](#) [Customer Changes](#) [Customer Redetermination](#) [Customer Benefit Review Forms](#) [Report Activity](#)

[Report Activity](#) Search Activity

[Report New Activity](#)

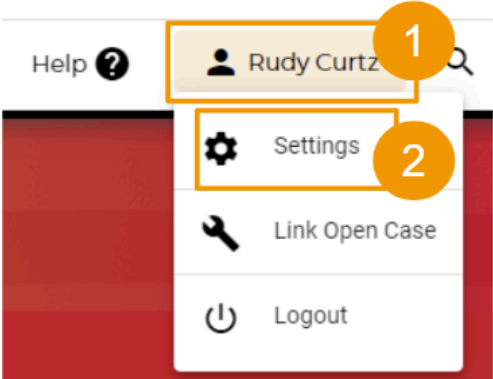
Search & Filter

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01377138	00000000000	Rodolfo	Unknown	Dec 20, 2023	Pending		Submitted	
AR01377141	00000000000	Liam	Unknown	Dec 20, 2023	Pending		Submitted	
AR01377071	00000000000	Liam	Unknown	Dec 19, 2023	Certified		Pending	
AR01377072	00000000000	Iris	Unknown	Dec 19, 2023	Pending		Submitted	
AR01377073	00000000000	Liam	Unknown	Dec 19, 2023	N/A		Submitted	



Section E: Change Password

Now that you’ve successfully logged into the myMDTHINK Consumer Portal with the credentials created during the registration process, you will now learn how to manage your password.

Steps	Actions
<ul style="list-style-type: none"><li>On the upper right corner of the myMDTHINK Consumer Portal Dashboard, <i>click</i> your name to view the menu options <b>(1)</b>.</li><li><i>Click</i> <b>Settings (2)</b>.</li></ul> <p><b>Note:</b> After <i>clicking</i> <b>Settings</b>, the Accounts settings pop up window displays.</p>	

- On the Account Settings pop up window, *click Change Password (3)*.
- **Note:** Click either the **Discard** button at the bottom of the window or the **X** in the upper right corner to close the window and return to the dashboard.

**Account Settings**

Use The Links Below To Change Your Sign-In Email And/Or Password:

Email / User Name:  
hospiceusers1@gmail.com

Password:

 Change Password

3

Update Account Details:

 Update Account Details

Discard



- On the Account Settings screen, enter your old password into the Old Password field (4).
- Enter your new password into the New Password field (5). *Retype* your new password into the Retype New Password field (6).
- Click the **Confirm Password** button (7).

### Account Settings

Use The Links Below To Change Your Sign-In Email And/Or Password:

Email / User Name:

nursinghomeusers1@gmail.com

Password:

Old Password:

\*\*\*\*\*

New Password:

\*\*\*\*\*

Re-type New Password:

\*\*\*\*\*

✓ Confirm Password

Update Account Details:

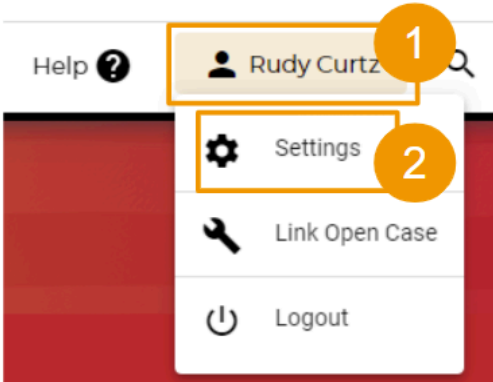
✎ Update Account Details

Discard



Section F: Update Account Details

There may be instances where you need to update your personal account details. This next section details the steps to update your information.

Steps	Actions
<ul style="list-style-type: none"><li>On the upper right corner of the myMDTHINK Consumer Portal Dashboard, <i>click</i> your name to view the menu options <b>(1)</b>.</li><li><i>Click Settings</i> <b>(2)</b>.</li></ul> <p><b>Note:</b> After <i>clicking Settings</i>, the Accounts settings pop up window displays.</p>	

- On the Account Settings pop up window, *click Update Account Details (3)*.
- **Note:** *Click* either the Discard button at the bottom of the window or the X in the upper right corner to close the window and return to the dashboard.

**Account Settings**


Use The Links Below To Change Your Sign-In Email And/Or Password:

Email / User Name:  
nursinghomeusers1@gmail.com

Password:

 Change Password

Update Account Details:

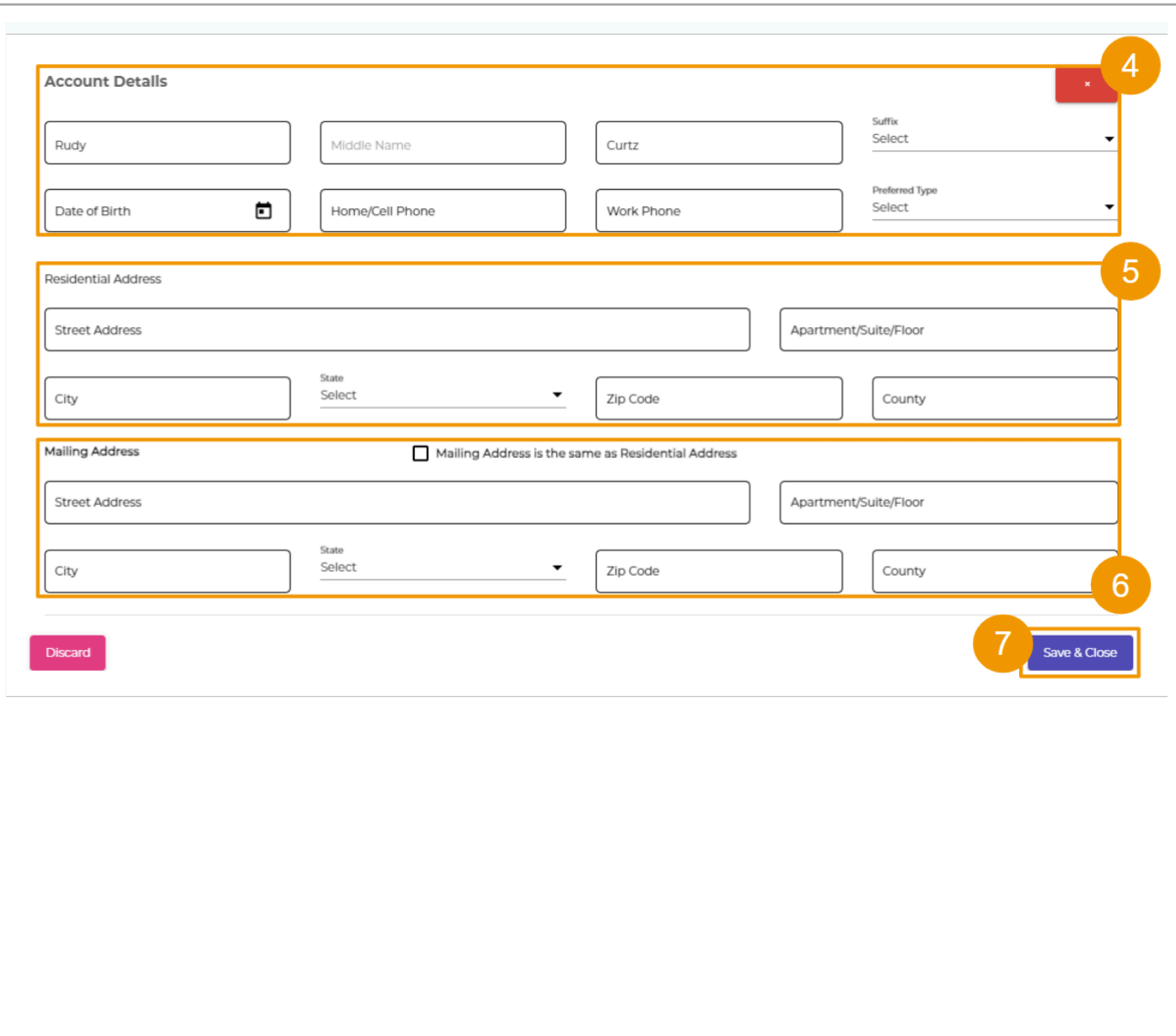
 Update Account Details

3

Discard

On the Account Details window, updates can be made to the following fields:

- First Name, Middle Name, Last Name, Suffix, Date of Birth, Home/Cell Phone, Work Phone, Preferred Type **(4)**
- Residential Address **(5)**
- Mailing Address **(6)**  
**Note:** If the mailing address is the same as the residential address, *click* the box to the left of “Mailing address is the same as Residential Address.”
- After the updates are complete, *Click Save & Close (7).*



The screenshot displays the 'Account Details' form. It is divided into three main sections: 'Account Details', 'Residential Address', and 'Mailing Address'. The 'Account Details' section includes fields for First Name (Rudy), Middle Name, Last Name (Curtz), Suffix (Select), Date of Birth, Home/Cell Phone, Work Phone, and Preferred Type (Select). The 'Residential Address' section includes fields for Street Address, Apartment/Suite/Floor, City, State (Select), Zip Code, and County. The 'Mailing Address' section includes similar fields for Street Address, Apartment/Suite/Floor, City, State (Select), Zip Code, and County. A checkbox labeled 'Mailing Address is the same as Residential Address' is located between the Residential and Mailing Address sections. At the bottom left is a 'Discard' button, and at the bottom right is a 'Save & Close' button. Numbered callouts (4, 5, 6, 7) are placed over the form to indicate the sequence of updates: (4) points to the Account Details fields, (5) points to the Residential Address fields, (6) points to the Mailing Address fields, and (7) points to the 'Save & Close' button.

## Next: Activity Report Submissions

### Important information about dates

In the upcoming sections of this guide, you will submit activity reports for short term stay, long term care admission, and long term care discharge. As you go through the submission process, you will be asked to enter dates, such as admission date, begin pay dates, and discharge date or date of death. Before we get started with submitting activity reports, take some time to review the rules regarding dates.

**Admission Date:** Is the date the recipient was admitted to your facility.

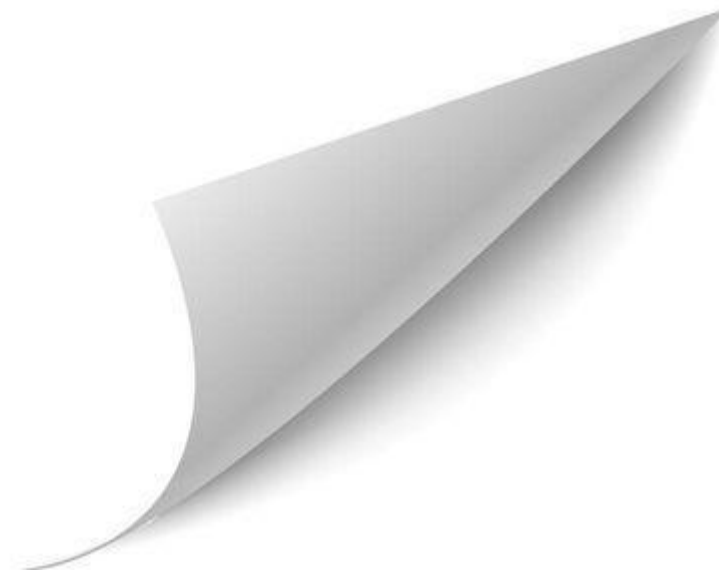
- It cannot be a future date.
- It cannot be after the beginning date.
- It cannot be after the discharge date.
- It can be the same as the discharge date.

**Begin Pay Date:**

- It can be equal to the admission date.
- It can be the same as the discharge date.
- It cannot be prior to the admission date.
- It cannot be a future date.

**Discharge Date or Date of Death:**

- It can be equal to the admission date\begin date.
- It should not be more than 30 days from the begin date.
- It cannot be prior to admission date & begin date.
- It cannot be a future date.





## Section G: Short Term Stay Activity Reports

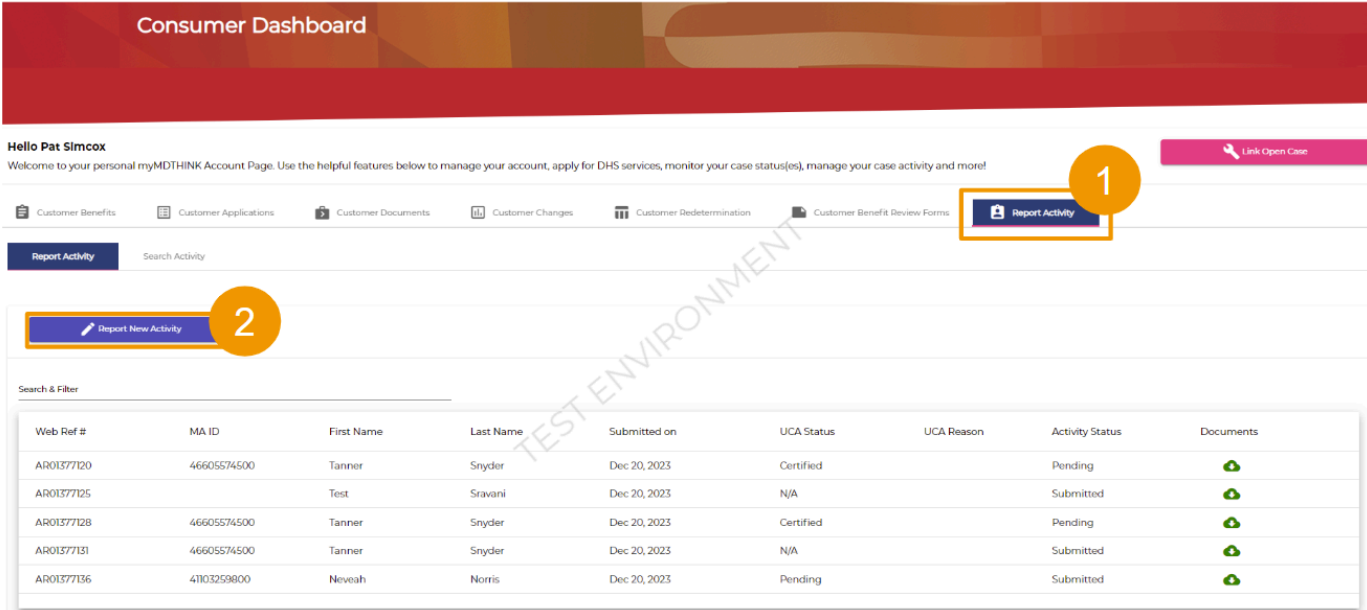
Short-term stay typically lasts several weeks or a few months, maybe longer, depending on the severity of the condition being treated. During a short term stay, patients are provided targeted care and are discharged as soon as their condition is resolved. Nursing Facility staff can now initiate and submit activity reports electronically for short term stays in the myMDTHINK Consumer Portal. There are four subtypes or coverage types available to select from regarding how services are paid for Recipients.

- Community MA - Full MA (Medical Assistance)
- Community MA (Waiver/REM) – Full MA
- Community MA – Medicare A Copayment
- Community MA – (Waiver/REM) – Medicare A Copayment

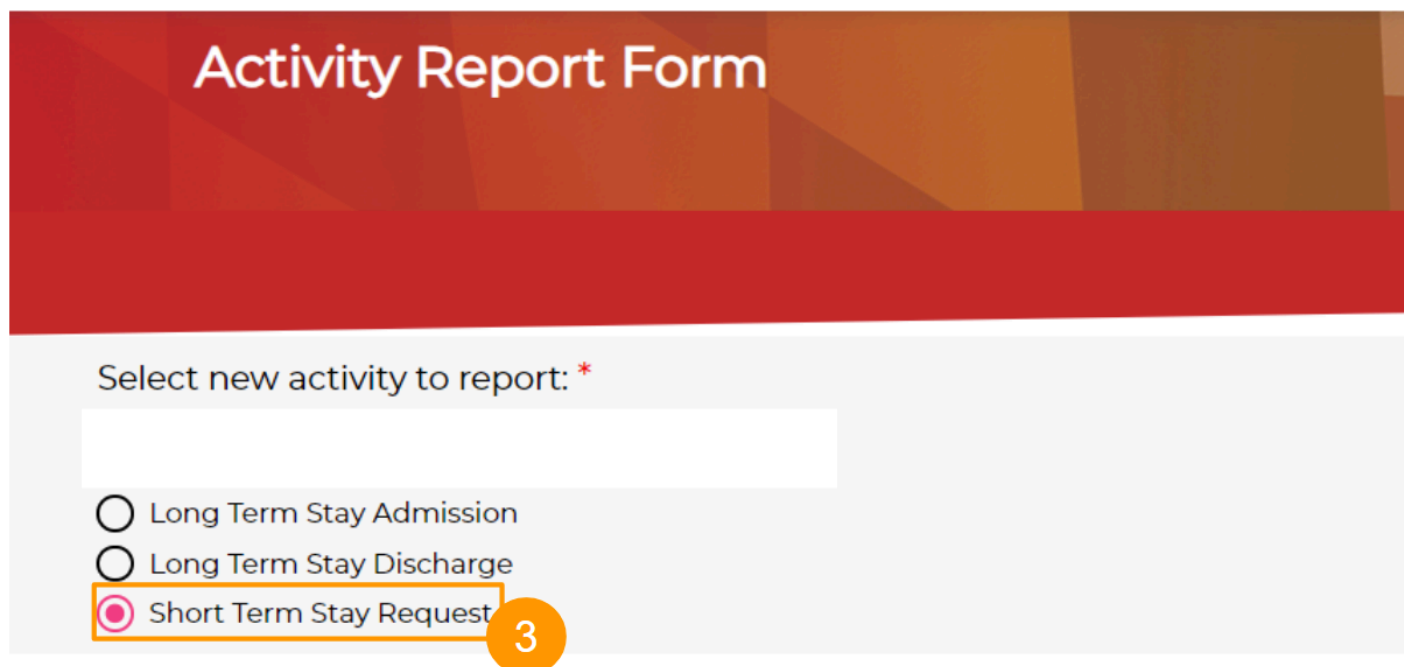
In this section, the instructor will guide you through the process of submitting activity requests utilizing each subtype or coverage group.

## Community MA - Full MA (Medical Assistance)

**Medicaid**, also called **Medical Assistance (MA)**, pays the medical bills of needy and low-income individuals. It is administered by the State and pays medical bills with Federal and State funds. Recipient applications submitted for full medical assistance must be routed in real time to Utilization Control Agents (UCA) to evaluate the efficiency, appropriateness, and medical necessity of the treatments, services, procedures requested. After submitting the request, the application will show as pending in the UCA Status column of the Search & Filter section of the dashboard. When the evaluation is complete, UCA Agents will decide to reject or approve, and the status will update in the Nursing Facility dashboard. The next steps describe how to submit a Short Term Stay application where the recipient is receiving Community MA – Full MA with a reason for discharge as death.

Steps	Actions																																																						
<ul style="list-style-type: none"> <li>On the myMDTHINK Dashboard for Providers, <b>click Report Activity (1). Click Report New Activity (2).</b></li> </ul>	 <p><b>Consumer Dashboard</b></p> <p>Hello Pat Simcox Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!</p> <p>Customer Benefits Customer Applications Customer Documents Customer Changes Customer Redetermination Customer Benefit Review Forms <b>Report Activity</b> Link Open Case</p> <p>Report Activity Search Activity</p> <p><b>Report New Activity</b></p> <p>Search &amp; Filter</p> <table border="1"> <thead> <tr> <th>Web Ref #</th> <th>MA ID</th> <th>First Name</th> <th>Last Name</th> <th>Submitted on</th> <th>UCA Status</th> <th>UCA Reason</th> <th>Activity Status</th> <th>Documents</th> </tr> </thead> <tbody> <tr> <td>AR01377120</td> <td>46605574500</td> <td>Tanner</td> <td>Snyder</td> <td>Dec 20, 2023</td> <td>Certified</td> <td></td> <td>Pending</td> <td></td> </tr> <tr> <td>AR01377125</td> <td></td> <td>Test</td> <td>Sravani</td> <td>Dec 20, 2023</td> <td>N/A</td> <td></td> <td>Submitted</td> <td></td> </tr> <tr> <td>AR01377128</td> <td>46605574500</td> <td>Tanner</td> <td>Snyder</td> <td>Dec 20, 2023</td> <td>Certified</td> <td></td> <td>Pending</td> <td></td> </tr> <tr> <td>AR01377131</td> <td>46605574500</td> <td>Tanner</td> <td>Snyder</td> <td>Dec 20, 2023</td> <td>N/A</td> <td></td> <td>Submitted</td> <td></td> </tr> <tr> <td>AR01377136</td> <td>4703259800</td> <td>Neveah</td> <td>Norris</td> <td>Dec 20, 2023</td> <td>Pending</td> <td></td> <td>Submitted</td> <td></td> </tr> </tbody> </table> <p>Items per page: 5 Page Number: 1 / 77</p>	Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents	AR01377120	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending		AR01377125		Test	Sravani	Dec 20, 2023	N/A		Submitted		AR01377128	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending		AR01377131	46605574500	Tanner	Snyder	Dec 20, 2023	N/A		Submitted		AR01377136	4703259800	Neveah	Norris	Dec 20, 2023	Pending		Submitted	
Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents																																															
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AR01377136	4703259800	Neveah	Norris	Dec 20, 2023	Pending		Submitted																																																

- On the Activity Report Form, *click* the radio button to the left of **Short Term Stay Request (3)**.



The screenshot shows the 'Activity Report Form' with a red header. Below the header, there is a light gray box containing the text 'Select new activity to report: \*'. Underneath this text is a white text input field. Below the input field are three radio button options: 'Long Term Stay Admission', 'Long Term Stay Discharge', and 'Short Term Stay Request'. The 'Short Term Stay Request' option is selected, indicated by a pink dot in the radio button. An orange rectangular box highlights the 'Short Term Stay Request' text, and an orange circle with the number '3' is positioned to the right of the box.

## Activity Report Form

Select new activity to report: \*

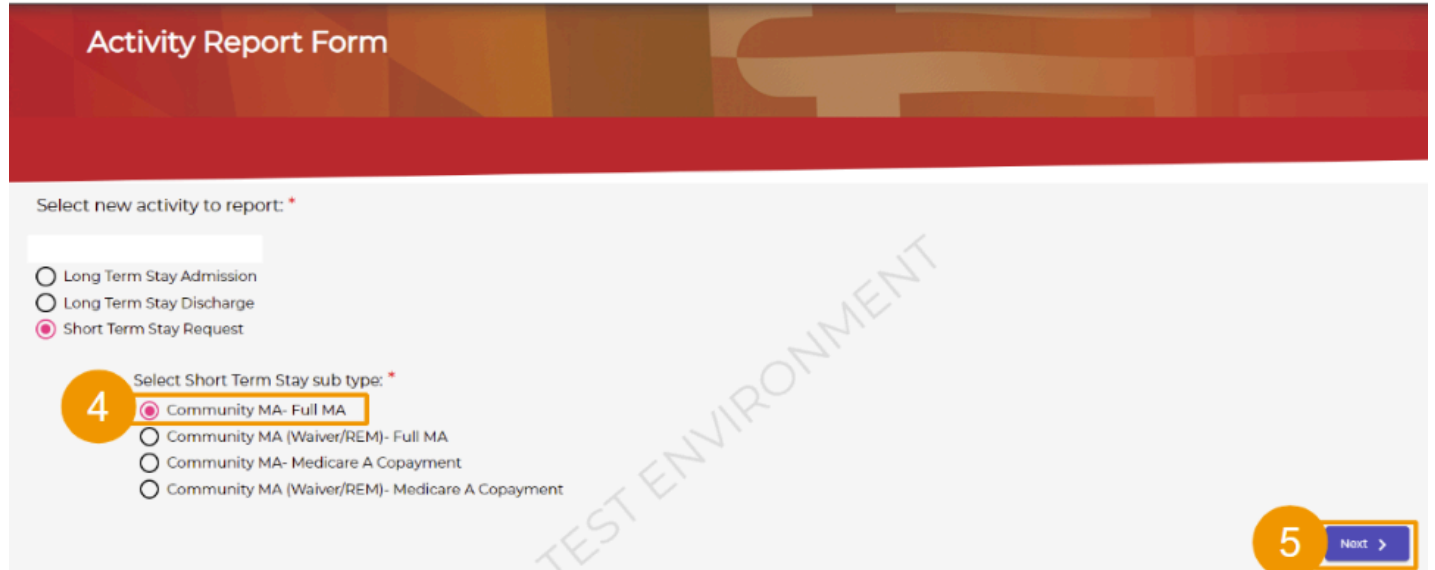
☐ Long Term Stay Admission

☐ Long Term Stay Discharge

☒ Short Term Stay Request 3

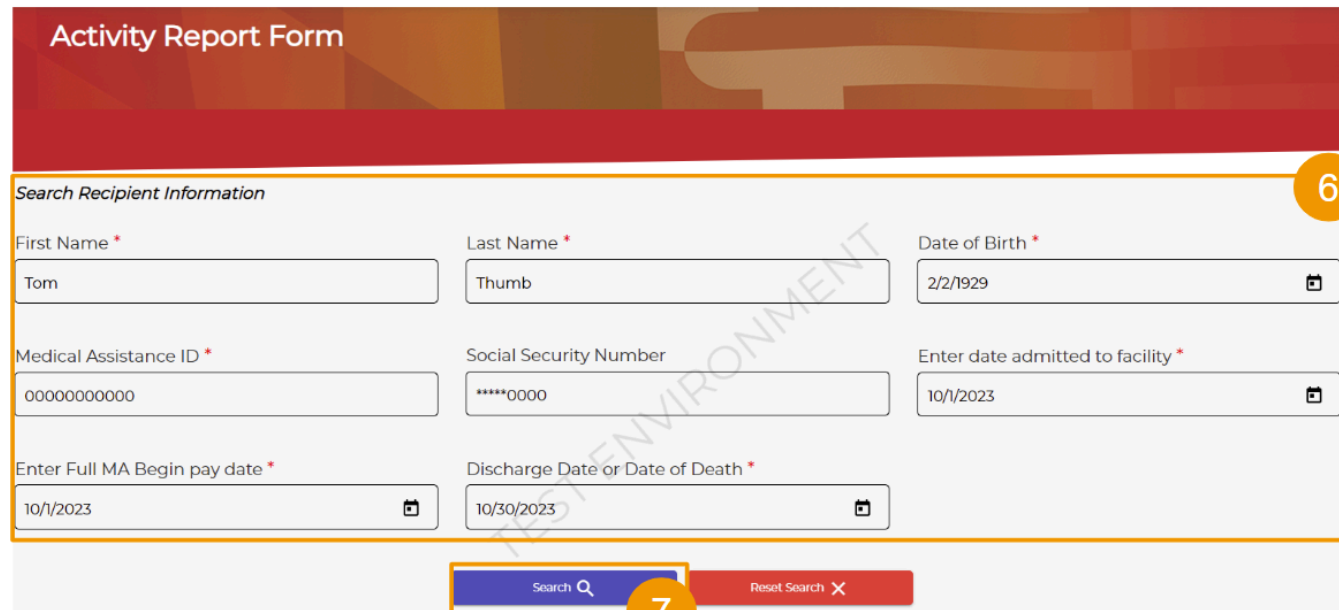


- After *clicking* the radio button to the left of Short Term Stay Request, the Short Term Stay subtype options display. *Click* the radio button to the left of Community MA - FULL MA (4).
- *Click Next* (5).

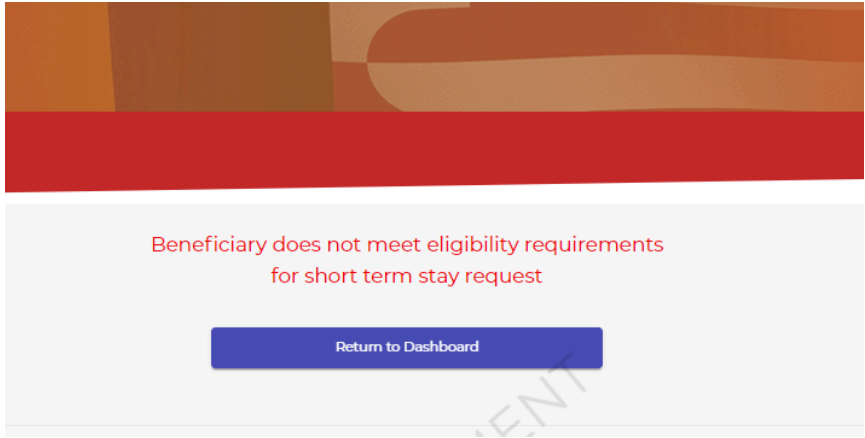
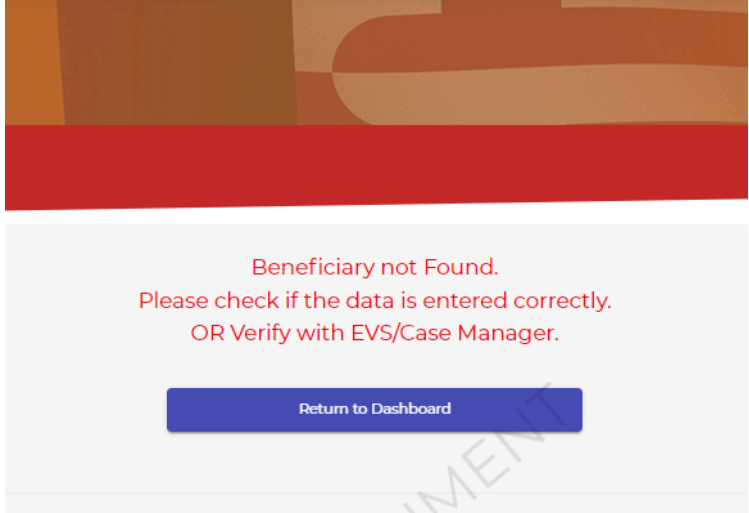


The screenshot shows the 'Activity Report Form' interface. At the top, there's a red header with the title 'Activity Report Form'. Below the header, a section titled 'Select new activity to report: \*' contains three radio button options: 'Long Term Stay Admission', 'Long Term Stay Discharge', and 'Short Term Stay Request'. The 'Short Term Stay Request' option is selected. Below this, a section titled 'Select Short Term Stay sub type: \*' contains four radio button options: 'Community MA- Full MA' (highlighted with a yellow box and a yellow circle with the number 4), 'Community MA (Waiver/REM)- Full MA', 'Community MA- Medicare A Copayment', and 'Community MA (Waiver/REM)- Medicare A Copayment'. At the bottom right, there is a yellow circle with the number 5 next to a blue button labeled 'Next >'.

- Search for the recipient by entering the First Name, Last Name, Date of Birth, Medical Assistance ID, Social Security Number, Enter the date admitted to the facility, Enter Full MA Begin pay date, and Discharge Date of Death (6).
- Click **Search (7)**. **Note:** When clicking the red **Reset Search** button next to the Search button, all fields are cleared, and a new search can be performed.



The screenshot shows the 'Activity Report Form' interface. It features a search section titled 'Search Recipient Information' with several input fields: First Name (containing 'Tom'), Last Name (containing 'Thumb'), Date of Birth (containing '2/2/1929'), Medical Assistance ID (containing '0000000000'), Social Security Number (containing '\*\*\*\*\*0000'), Enter date admitted to facility (containing '10/1/2023'), Enter Full MA Begin pay date (containing '10/1/2023'), and Discharge Date or Date of Death (containing '10/30/2023'). A blue 'Search' button with a magnifying glass icon is highlighted with a yellow box and a yellow circle containing the number 7. A red 'Reset Search' button with an 'X' icon is located next to it. A yellow circle containing the number 6 is positioned in the top right corner of the search section.

<ul style="list-style-type: none"><li>● <b>Note:</b> If the recipient does not meet eligibility requirements, a message will be displayed as shown below. <i>Click the <b>Return to Dashboard</b> button</i> to return to the Provider dashboard.</li></ul>	
<ul style="list-style-type: none"><li>● <b>Note:</b> If the recipient is not found, a message will display as shown below. Read the instructions. <i>Click the <b>Return to Dashboard</b> button</i> to return to the Provider dashboard.</li></ul>	

- If the recipient is found and is eligible for a short term stay, the screen advances displaying the Provider details and Recipient Information. Select the Provider type by *clicking* the radio button next to either the Nursing Facility or Chronic/Special Hospital **(8)**. Verify the Provider details **(9)**.

**Note:** These fields are auto populated and cannot be edited. You may discontinue the process by *clicking* the **Cancel** button located on

Beneficiary Name: **Tom Thumb** Date Of Birth: **11/17/1944**

**Provider Details**

Please select Provider type: \* ☒ Nursing Facility ☐ Chronic/Special Hospital

**8**

Provider Name: ARLINGTON WEST CARE  
 Provider Number: 907396500  
 Address of Facility: 3939 PENHURST AVENUE, , BALTIMORE, MD, 21215  
**9**

Contact Name: Pat Simcox  
 Telephone: 571-698-1234  
 E-mail Address: nursinghomeusers1@gmail.com

**Recipient Information**

Recipient First Name: Tom  
 Recipient Last Name: Thumb  
 Gender: ☒ Male ☐ Female  
 Date of Birth: 11/17/1944  
 Social Security Number: 000000000000  
 Medicaid ID Number: 000000000000  
 Recipient Phone: 5555555555

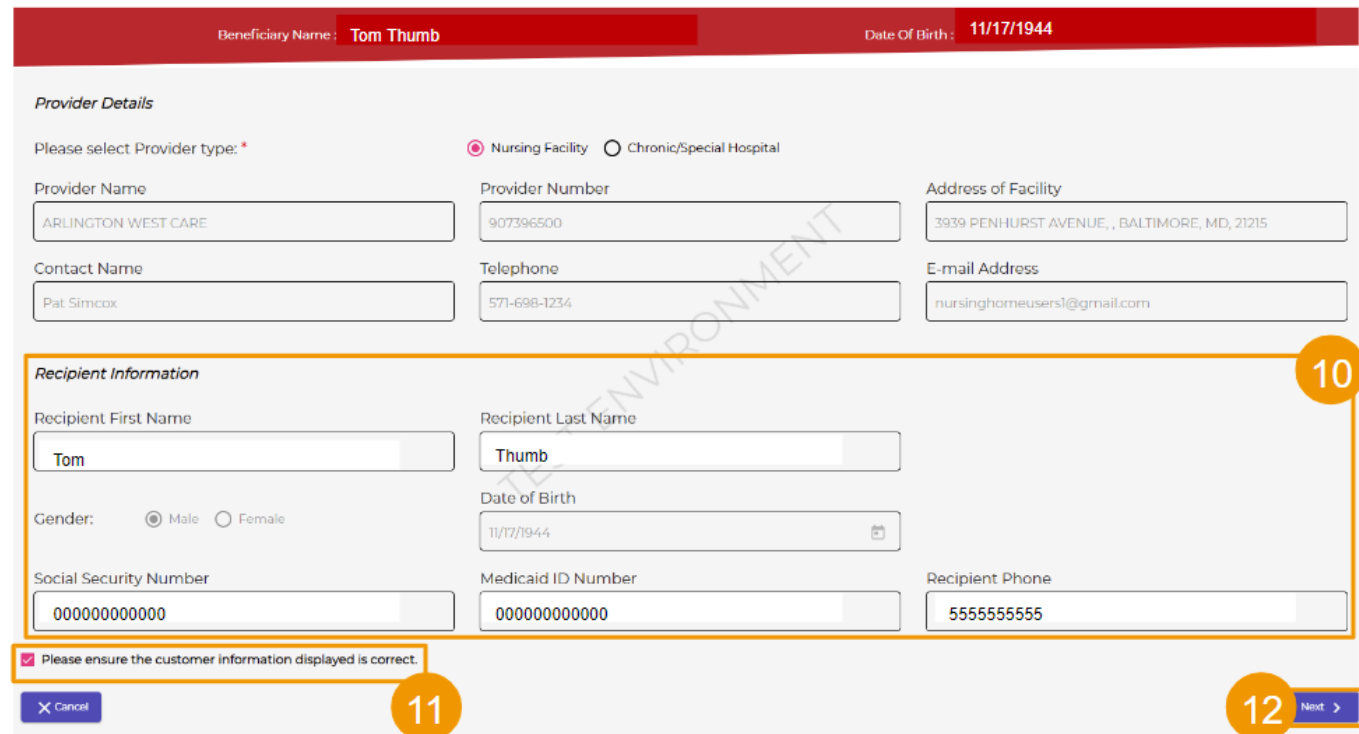
☒ Please ensure the customer information displayed is correct.

the bottom left section of the screen.

- On the same screen, confirm that the Recipient's details are correct (10).

**Note:** These fields are auto populated and cannot be edited.

- Check the box next to "Please ensure the customer information displayed is correct (11)."
- Click **Next** (12).



Beneficiary Name: Tom Thumb Date Of Birth: 11/17/1944

**Provider Details**

Please select Provider type: ☒ Nursing Facility ☐ Chronic/Special Hospital

Provider Name: ARLINGTON WEST CARE Provider Number: 907396500 Address of Facility: 3939 PENHURST AVENUE, , BALTIMORE, MD, 21215

Contact Name: Pat Simcox Telephone: 571-698-1234 E-mail Address: nursinghomeusers1@gmail.com

**Recipient Information**

Recipient First Name: Tom Recipient Last Name: Thumb

Gender: ☒ Male ☐ Female Date of Birth: 11/17/1944

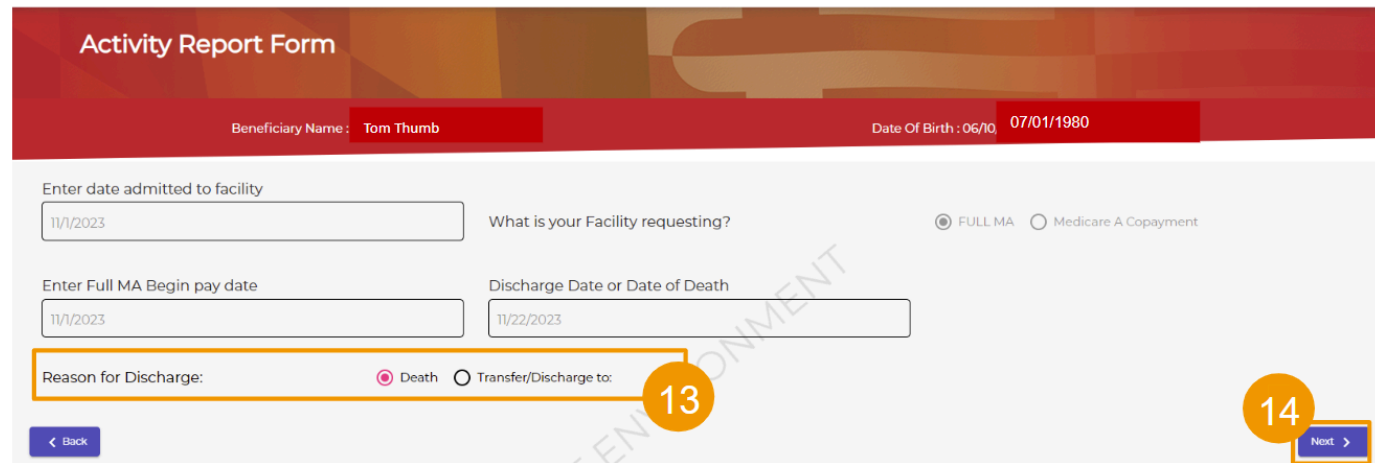
Social Security Number: 000000000000 Medicaid ID Number: 000000000000 Recipient Phone: 5555555555

☒ Please ensure the customer information displayed is correct.

- Select the Reason for Discharge as **Death** by *clicking* the radio button to the left of Death **(13)**.

- Click **Next (14)**.

**Note:** Click **Back** located in the bottom left section of the screen to return to the previous screen, if necessary.



The screenshot shows the 'Activity Report Form' for a beneficiary named Tom Thumb, born 07/01/1980. The form includes fields for 'Enter date admitted to facility' (11/1/2023), 'Enter Full MA Begin pay date' (11/1/2023), and 'Discharge Date or Date of Death' (11/22/2023). Under 'What is your Facility requesting?', 'FULL MA' is selected. The 'Reason for Discharge' section has 'Death' selected with a radio button, highlighted by an orange box and callout 13. A 'Next' button is highlighted by an orange box and callout 14. A 'Back' button is visible in the bottom left.

- On the Signature page, read the Sworn Statement **(15)**.
- Electronically sign by *clicking* the radio button next to **Electronically sign (16)**.
- Select **Self** from the person signing dropdown menu **(17)**.
- Type your name into the Signature of the Provider Contact field **(18)**.
- Type the date into the Date field or *click* the calendar icon to select a date **(19)**.

Signature

Sworn Statement \*

I hereby certify that the previous statements are true to the best of my knowledge.

Signatures \*

☒ Electronically sign

☐ Person Signing

Self

Pat Simcox

Date \*

11/16/2023

Upload Documents

Only documents with these file format extension can be uploaded: .doc, .docx, .pdf, .xls, .xlsx, .ppt, .pptx, .txt, .csv, and images. Upload time will greatly depend on your internet speed, quality, and performance of your internet connection.

Document Type: Medical

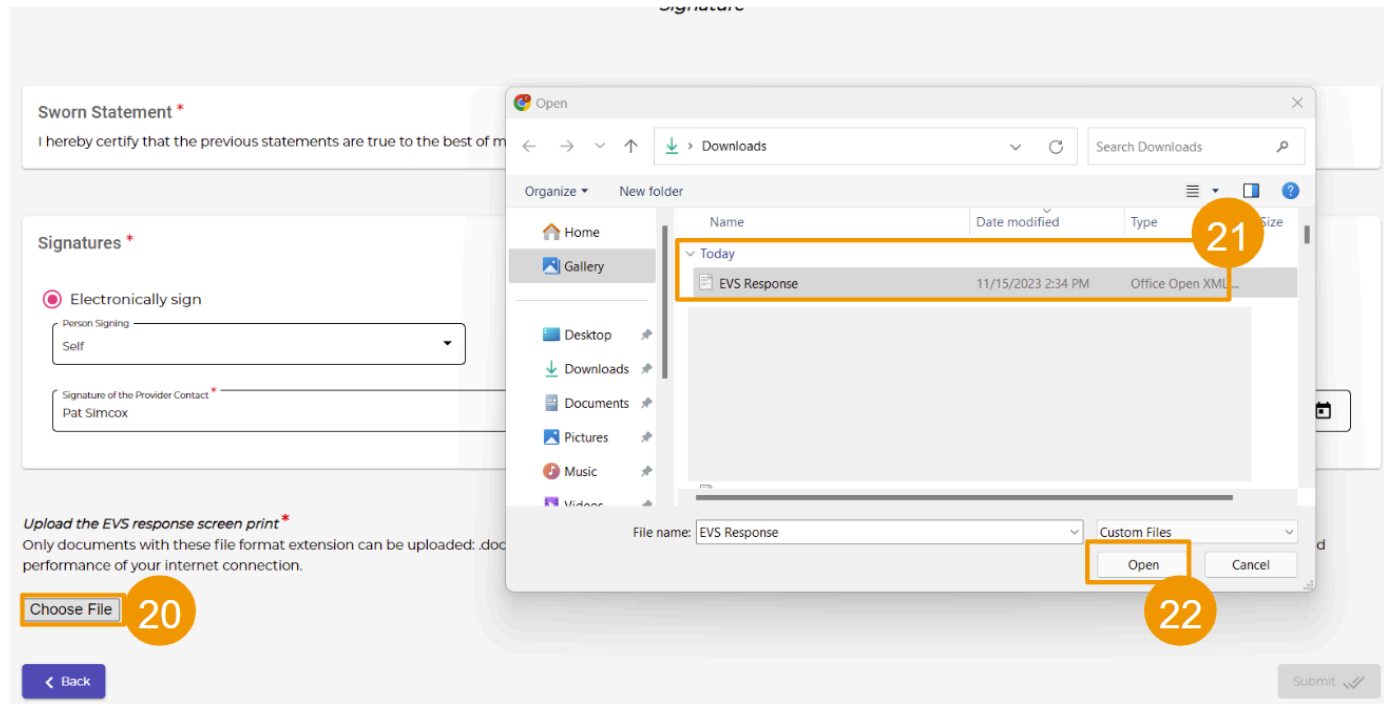
Document SubType:

Choose Files

< Back

Submit ✓

- On the same screen, *click* the **Choose** button (20) to upload the EVS Response screen print.
- Select the EVS Response screen print document from the desktop or laptop (21).
- Click **Open File** (22).





- On the same page, confirm that the correct document was uploaded **(23)**.
- Click **Submit (24)**.  
**Note:** Documents will appear in a list format and can be deleted and reuploaded, if necessary, by clicking the icons in the Actions column.

Signatures \*

☒ Electronically sign

Person Signing  
Self



Signature of the Provider Contact \*  
Pat Simcox

Date \*  
11/15/2023

Upload the EVS response screen print \*

Only documents with these file format extension can be uploaded: .doc, .docx, .pdf, .xls, .xlsx, .ppt, .pptx, .txt, .csv, and images. Upload time will greatly depend on your internet speed, quality, and performance of your internet connection.

Choose File

#	Member	Create Date	Uploaded By	Document Type	Document Subtype	File Name	Actions
1	Tom Thumb	11/15/2023	Pat Simcox	Medical	MED-EVS	EVS Response.docx	 

Items per page: 5

Page Number: 1 / 1

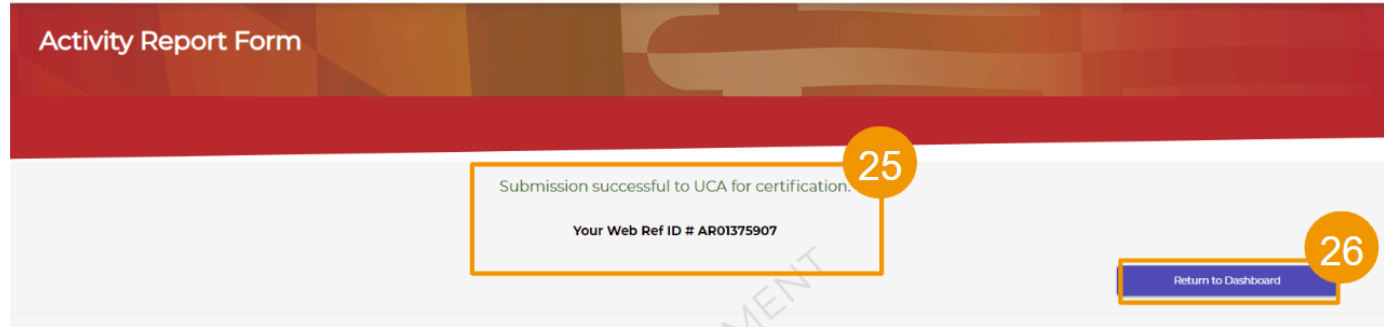
< Back

Submit ✓

- After submitting the request, a confirmation message displays with a Web Ref ID number **(25)**.

**Note:** The case is routed to the Utilization Control Agent (UCA) for review.

- Click the **Return to Dashboard** button to return to the Provider dashboard **(26)**.



The screenshot shows the 'Activity Report Form' confirmation page. It features a red header bar with the title 'Activity Report Form'. Below the header, a light gray box contains the text 'Submission successful to UCA for certification.' and 'Your Web Ref ID # AR01375907'. A yellow callout bubble with the number '25' points to this text. To the right, a blue button labeled 'Return to Dashboard' is highlighted with a yellow callout bubble containing the number '26'.

- After returning to the Provider Dashboard, locate the case under the Search & Filter section of the dashboard (27).

**Note:** The case will display a Pending status in the UCA status column until the level of care certification is approved or rejected. Case information can be downloaded by *clicking* the download icon located in the Documents column.

**Consumer Dashboard**






Hello Pat Simcox  
Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!

Customer Benefits Customer Applications Customer Documents Customer Changes Customer Redetermination Customer Benefit Review Forms Report Activity


Report Activity Search Activity

Report New Activity

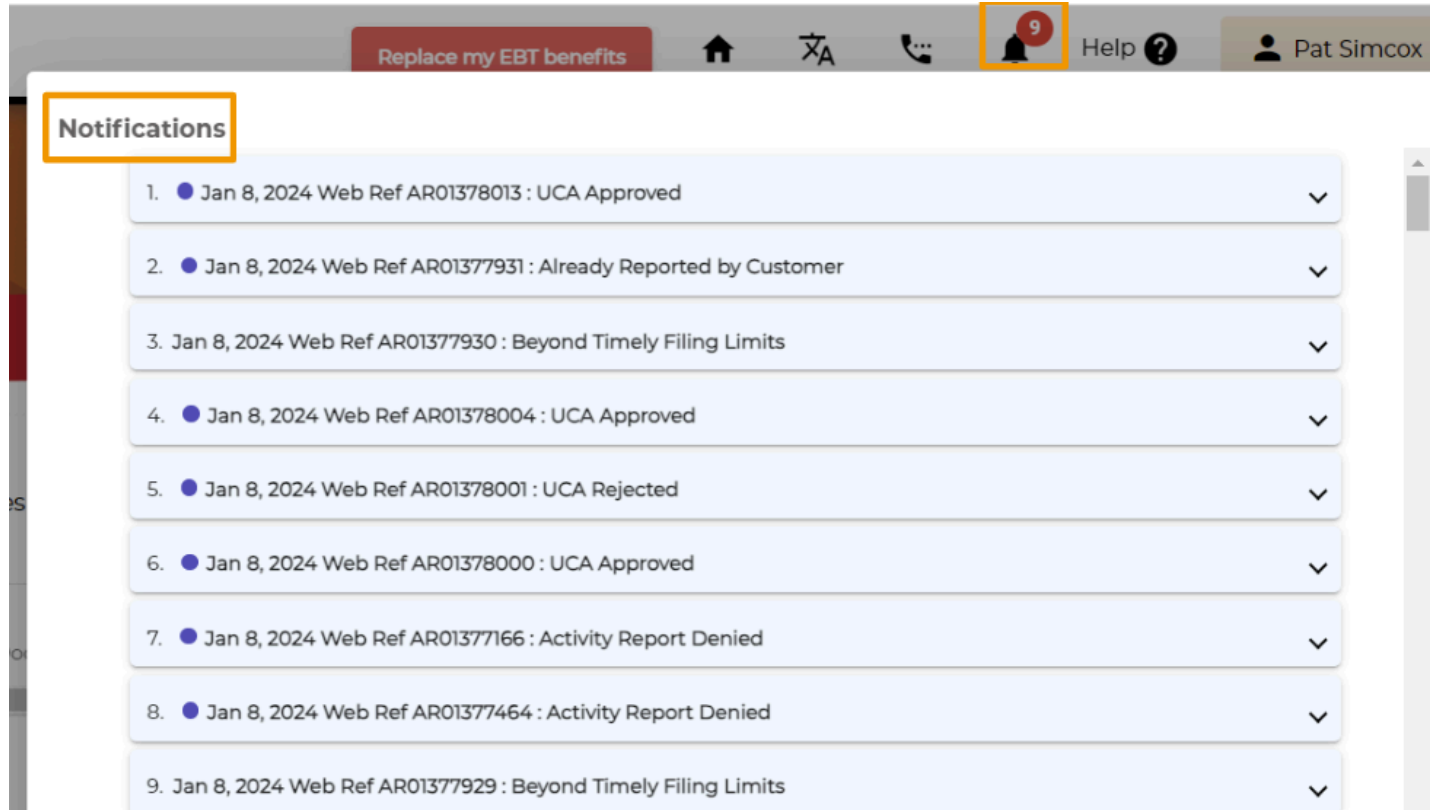
Search & Filter **27**

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01376688	40008827600	Jane	Doe	Dec 11, 2023	Certified		Pending	
AR01376690	40008827600	Jane	Doe	Dec 11, 2023	Pending		Submitted	
AR01376691	40008827600	Jane	Doe	Dec 11, 2023	Pending		Submitted	
AR01376692	40008827600	Jane	Hauger	Dec 11, 2023	Pending		Submitted	
AR01376628	40008827600	Jerry	Jones	Dec 8, 2023	Pending		Submitted	

Page 1 of 1

- After the UCA agent completes the level of care evaluation by accepting or rejecting the request, a notification is sent to the NF dashboard alerting NF of the decision.
- Click the bell  icon located in the top right corner of the screen to view notifications.

**Note:** The red number is the number of new notifications. The blue dot next to the notification means that the notification has not been viewed.



The screenshot displays the myMDTHINK Nursing Facility Staff User Guide dashboard. At the top, there is a navigation bar with a red button labeled "Replace my EBT benefits", a home icon, a search icon, a phone icon, a bell icon with a red notification badge showing the number "9", a "Help ?" link, and a user profile icon labeled "Pat Simcox". Below the navigation bar, a "Notifications" section is highlighted with an orange box. It contains a list of nine notifications, each with a blue dot indicating it has not been viewed. The notifications are as follows:

1. Jan 8, 2024 Web Ref AR01378013 : UCA Approved
2. Jan 8, 2024 Web Ref AR01377931 : Already Reported by Customer
3. Jan 8, 2024 Web Ref AR01377930 : Beyond Timely Filing Limits
4. Jan 8, 2024 Web Ref AR01378004 : UCA Approved
5. Jan 8, 2024 Web Ref AR01378001 : UCA Rejected
6. Jan 8, 2024 Web Ref AR01378000 : UCA Approved
7. Jan 8, 2024 Web Ref AR01377166 : Activity Report Denied
8. Jan 8, 2024 Web Ref AR01377464 : Activity Report Denied
9. Jan 8, 2024 Web Ref AR01377929 : Beyond Timely Filing Limits

## Complete the following activity:

In the previous section, you completed a Short-Term activity request with Community MA-Full MA with a **discharge reason of death**. For this activity, complete an activity request Community MA-Full MA. This time, select a Reason for Discharge as **Transfer**. The options for transfer are:

- Community/Home
- Assisted Living facility
- Community/Home
- Hospice
- Hospital
- Nursing Facility
- Other

Complete the scenario by uploading the required documentation and submit the request for UCA certification. Once complete, locate the recipient in the Search and Filter section of the screen and check the UCA status.

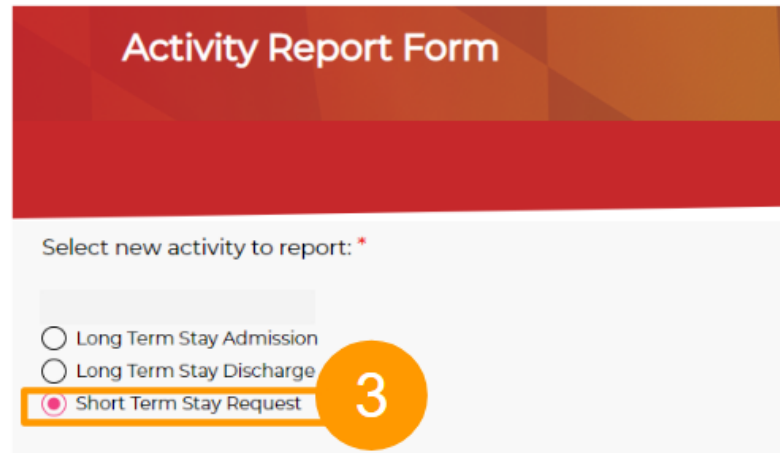
## Community MA (Waiver/REM)- Full MA

Community MA (Waiver/REM)- Full MA is the Rare and Expensive Case Management (REM) waiver program where recipients with specified rare and expensive conditions are fully covered. The Managed Care Organization, the recipient's doctor or any other concerned person, can refer a recipient to the REM Program. Before a recipient can be referred to the REM Program, the MCO must first identify the recipient as a potential REM candidate. A recipient can also refer himself or herself. The referral can take place at the time of diagnosis or anytime afterwards.

In this section, you will follow the steps to complete a Short Term stay with **Community MA (Waiver/REM)- Full MA** where **the Reason for Discharge is Transfer**. This activity report will be routed to the Utilization Control Agent for level of care review and evaluation.

Steps	Actions																																																						
<ul style="list-style-type: none"><li>On the myMDTHINK Dashboard for Providers, <i>click</i> <b>Report Activity (1)</b>. Click <b>Report New Activity (2)</b>.</li></ul>	<div><div>Consumer Dashboard</div><div><div>Hello Pat Simcox</div><div>Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!</div><div><div>Customer Benefits</div><div>Customer Applications</div><div>Customer Documents</div><div>Customer Changes</div><div>Customer Redetermination</div><div>Customer Benefit Review Forms</div><div><div>Report Activity</div></div></div><div><div>Report Activity</div><div>Search Activity</div></div><div><div>Report New Activity</div></div><div><div>Search &amp; Filter</div><table><tr><th>Web Ref #</th><th>MA ID</th><th>First Name</th><th>Last Name</th><th>Submitted on</th><th>UCA Status</th><th>UCA Reason</th><th>Activity Status</th><th>Documents</th></tr><tr><td>AR01377120</td><td>46605574500</td><td>Tanner</td><td>Snyder</td><td>Dec 20, 2023</td><td>Certified</td><td></td><td>Pending</td><td></td></tr><tr><td>AR01377125</td><td></td><td>Test</td><td>Sravani</td><td>Dec 20, 2023</td><td>N/A</td><td></td><td>Submitted</td><td></td></tr><tr><td>AR01377128</td><td>46605574500</td><td>Tanner</td><td>Snyder</td><td>Dec 20, 2023</td><td>Certified</td><td></td><td>Pending</td><td></td></tr><tr><td>AR01377131</td><td>46605574500</td><td>Tanner</td><td>Snyder</td><td>Dec 20, 2023</td><td>N/A</td><td></td><td>Submitted</td><td></td></tr><tr><td>AR01377136</td><td>4703259800</td><td>Neveah</td><td>Norris</td><td>Dec 20, 2023</td><td>Pending</td><td></td><td>Submitted</td><td></td></tr></table></div></div></div>	Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents	AR01377120	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending		AR01377125		Test	Sravani	Dec 20, 2023	N/A		Submitted		AR01377128	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending		AR01377131	46605574500	Tanner	Snyder	Dec 20, 2023	N/A		Submitted		AR01377136	4703259800	Neveah	Norris	Dec 20, 2023	Pending		Submitted	
Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents																																															
AR01377120	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending																																																
AR01377125		Test	Sravani	Dec 20, 2023	N/A		Submitted																																																
AR01377128	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending																																																
AR01377131	46605574500	Tanner	Snyder	Dec 20, 2023	N/A		Submitted																																																
AR01377136	4703259800	Neveah	Norris	Dec 20, 2023	Pending		Submitted																																																

- On the Activity Report Form, *click* the radio button to the left of **Short Term Stay Request (3)**.



Activity Report Form

Select new activity to report: \*

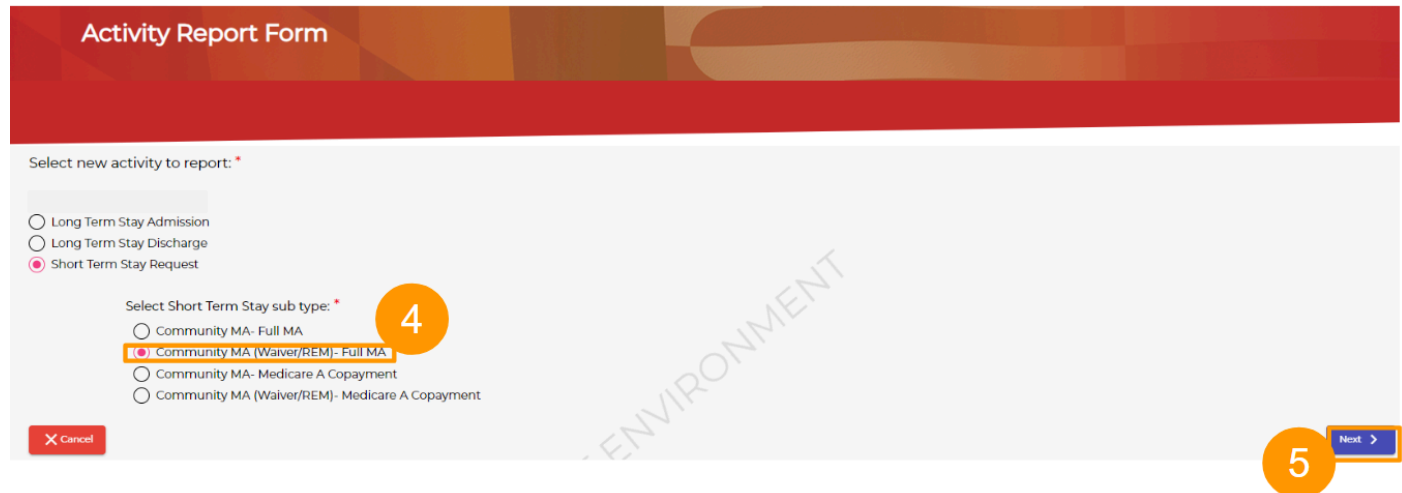
☐ Long Term Stay Admission

☐ Long Term Stay Discharge

☒ Short Term Stay Request

3

- After *clicking* the radio button to the left of Short Term Stay Request, the Short Term Stay subtype options display. *Click* the radio button to the left of Community MA (Waiver/REM)- Full MA (4).
- Click* **Next (5)**.



Activity Report Form

Select new activity to report: \*

☐ Long Term Stay Admission

☐ Long Term Stay Discharge

☒ Short Term Stay Request

Select Short Term Stay sub type: \*

☐ Community MA- Full MA

☒ Community MA (Waiver/REM)- Full MA

☐ Community MA- Medicare A Copayment

☐ Community MA (Waiver/REM)- Medicare A Copayment

Cancel

Next >

5

- Search for the Recipient by entering the First Name, Last Name, Date of Birth, Medical Assistance ID, Social Security Number, Enter the date admitted to facility, Enter Full MA Begin pay date, and Discharge Date of Death (6).
- Click **Search** (7).



The screenshot shows the 'Activity Report Form' interface. A red header bar at the top contains the title 'Activity Report Form'. Below it, a section titled 'Search Recipient Information' is highlighted with a yellow border. This section contains nine input fields arranged in a 3x3 grid. The first row contains 'First Name \*' (with 'Jane' entered), 'Middle Name', and 'Last Name \*' (with 'Doe' entered). The second row contains 'Date of Birth \*' (with '10/2/2000' and a calendar icon), 'Medical Assistance ID \*' (with '0000000000'), and 'Social Security Number' (with a placeholder 'Social Security Number'). The third row contains 'Enter date admitted to facility \*' (with '1/4/2024' and a calendar icon), 'Enter Full MA Begin pay date \*' (with '1/4/2024' and a calendar icon), and 'Discharge Date or Date of Death \*' (with '1/4/2024' and a calendar icon). A yellow circle with the number '6' is positioned to the right of the search fields. Below the search section, a blue button with a left arrow and the text '< Back' is on the left. A yellow circle with the number '7' is positioned above a blue button with a magnifying glass icon and the text 'Search'. To the right of the 'Search' button is a red button with the text 'Reset Search' and a close icon 'X'.

Activity Report Form

Search Recipient Information

First Name \*  
Jane

Middle Name

Last Name \*  
Doe

Date of Birth \*  
10/2/2000

Medical Assistance ID \*  
0000000000

Social Security Number  
Social Security Number

Enter date admitted to facility \*  
1/4/2024

Enter Full MA Begin pay date \*  
1/4/2024

Discharge Date or Date of Death \*  
1/4/2024

< Back

7 Search

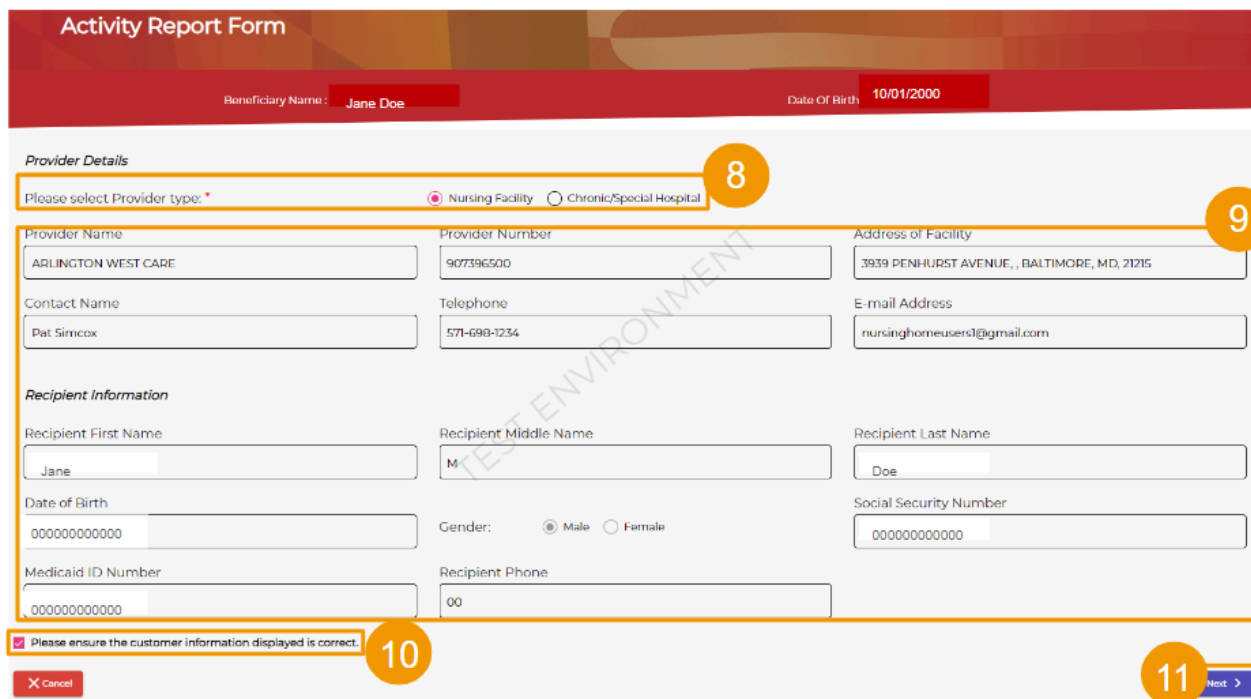
Reset Search X



- Select the Provider type by *clicking* the radio button next to either the Nursing Facility or Chronic/Special Hospital **(8)**.
- On the same screen, confirm that the Recipient's details are correct **(9)**.

**Note:** These fields are auto populated and cannot be edited.

- *Check* the box next to "Please ensure the customer information displayed is correct **(10)**."
- Click **Next (11)**.



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 10/01/2000

**Provider Details**

Please select Provider type: ☒ Nursing Facility ☐ Chronic/Special Hospital **(8)**

**(9)**

Provider Name ARLINGTON WEST CARE	Provider Number 907396500	Address of Facility 3939 PENHURST AVENUE, , BALTIMORE, MD, 21215
Contact Name Pat Simcox	Telephone 571-698-1234	E-mail Address nursinghomeuser1@gmail.com

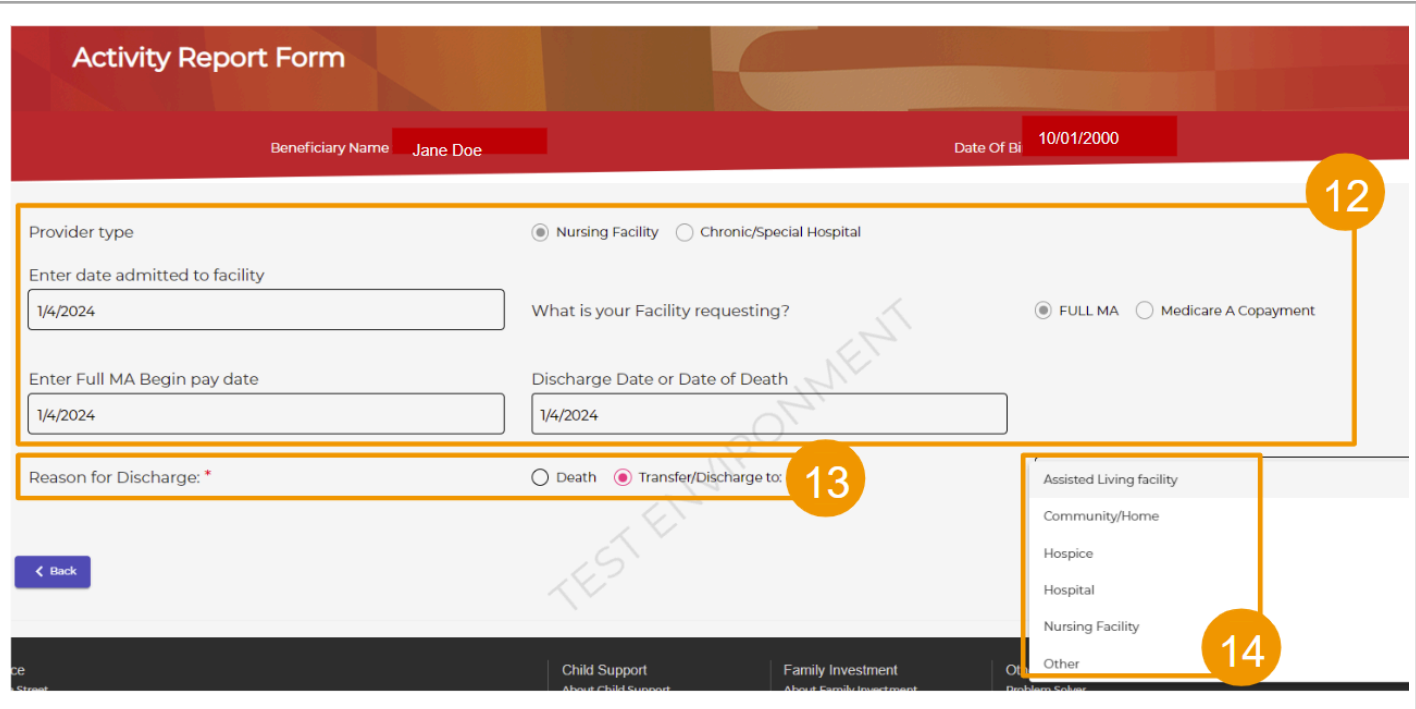
**Recipient Information**

Recipient First Name Jane	Recipient Middle Name M	Recipient Last Name Doe
Date of Birth 000000000000	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Social Security Number 000000000000
Medicaid ID Number 000000000000	Recipient Phone 00	

☒ Please ensure the customer information displayed is correct. **(10)**

**(11)**

- Verify the pre populated Provider and date details **(12)**.
- Select a Reason for Discharge as **Transfer/Discharge (13)**.
- Select **Nursing Facility** for this example **(14)**.



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 10/01/2000

Provider type: ☒ Nursing Facility ☐ Chronic/Special Hospital

Enter date admitted to facility: 1/4/2024

What is your Facility requesting? ☒ FULL MA ☐ Medicare A Copayment

Enter Full MA Begin pay date: 1/4/2024

Discharge Date or Date of Death: 1/4/2024

Reason for Discharge: \* ☐ Death ☒ Transfer/Discharge to:

[< Back](#)

Assisted Living facility  
Community/Home  
Hospice  
Hospital  
Nursing Facility  
Other

Child Support  
Family Investment  
Other

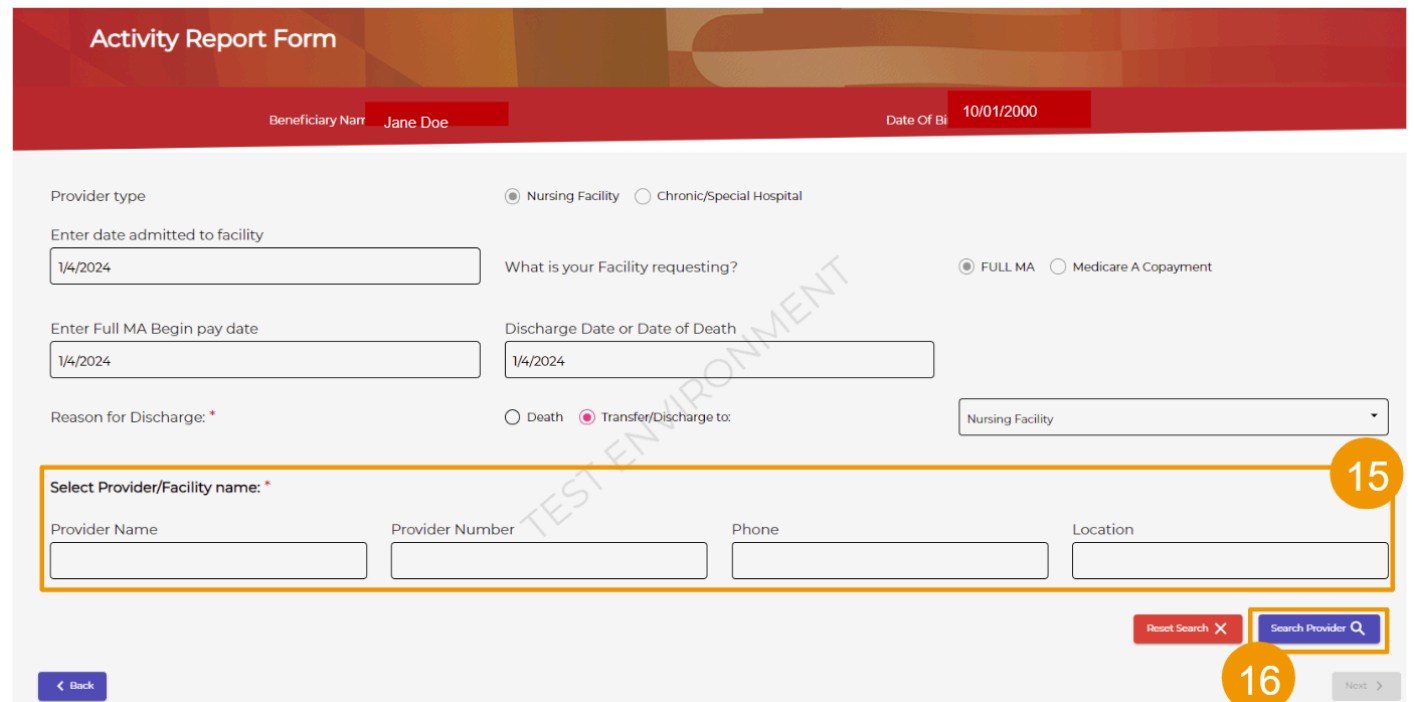
12

13

14

- Search for a Provider/Facility Name by entering the Provider Name, Provider Number, Phone, and/or Location (15).
- Click Search Provider (16).

**Note:** Clicking Search Provider without entering search criteria will also generate a list of Providers/Facilities.



The screenshot shows the 'Activity Report Form' interface. At the top, a red header bar contains the title 'Activity Report Form'. Below this, a white bar displays 'Beneficiary Name: Jane Doe' and 'Date Of Birth: 10/01/2000'. The main form area is white and contains several sections. The 'Provider type' section has two radio buttons: 'Nursing Facility' (selected) and 'Chronic/Special Hospital'. The 'Enter date admitted to facility' section has a text input field with '1/4/2024'. The 'What is your Facility requesting?' section has two radio buttons: 'FULL MA' (selected) and 'Medicare A Copayment'. The 'Enter Full MA Begin pay date' section has a text input field with '1/4/2024'. The 'Discharge Date or Date of Death' section has a text input field with '1/4/2024'. The 'Reason for Discharge:' section has two radio buttons: 'Death' and 'Transfer/Discharge to:' (selected). The 'Transfer/Discharge to:' section has a dropdown menu with 'Nursing Facility' selected. A large orange box labeled '15' highlights the 'Select Provider/Facility name:' section, which contains four text input fields: 'Provider Name', 'Provider Number', 'Phone', and 'Location'. Below this section, there are two buttons: 'Reset Search' (red) and 'Search Provider' (blue). A blue button labeled 'Back' is at the bottom left, and a grey button labeled 'Next' is at the bottom right. A blue circle labeled '16' highlights the 'Search Provider' button.

- Check the box next to the Provider/Facility where the Recipient is being transferred to (17).
- After selecting the Provider/Facility, the Provider/Facility details populate their respective fields (18).
- Click **Next** (19).

Reason for Discharge: \* ☐ Death ☒ Transfer/Discharge to: Nursing Facility

Select Provider/Facility name: \*

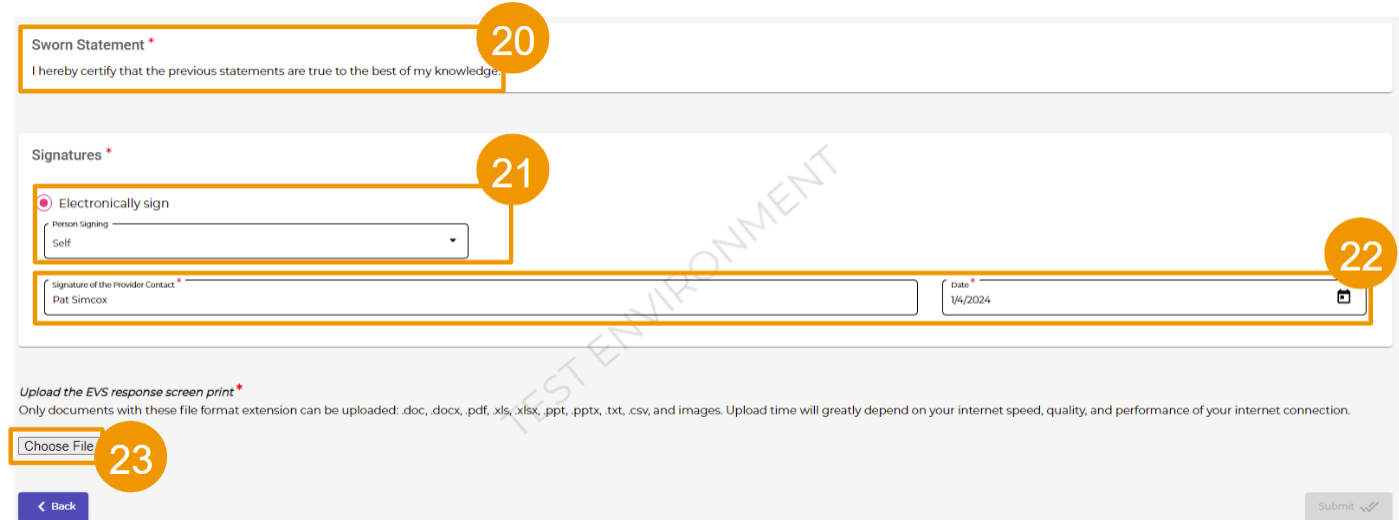
Reset Search X Search Provider Q

	Provider Name	Provider Number	Phone Number	Address
<input checked="" type="checkbox"/>	1102 WASH. ST. OPERA	270012300	0-0	1102 WASHINGTON STREET,, MD, 0
<input type="checkbox"/>	9701 MEDICAL CTR DR	562108900	301-3151900	9701 MEDICAL CENTER DR., ROCKVILLE, MD, 20850
<input type="checkbox"/>	Acc Green House Resi	420913300	410-6466524	1010 East 33rd Street., Baltimore, MD, 21218
<input type="checkbox"/>	ADELPHI NSG & REHAB	160468600	301-4340500	1801 METZEROTT ROAD., ADELPHI, MD, 20783

Page Number: 1 / 403

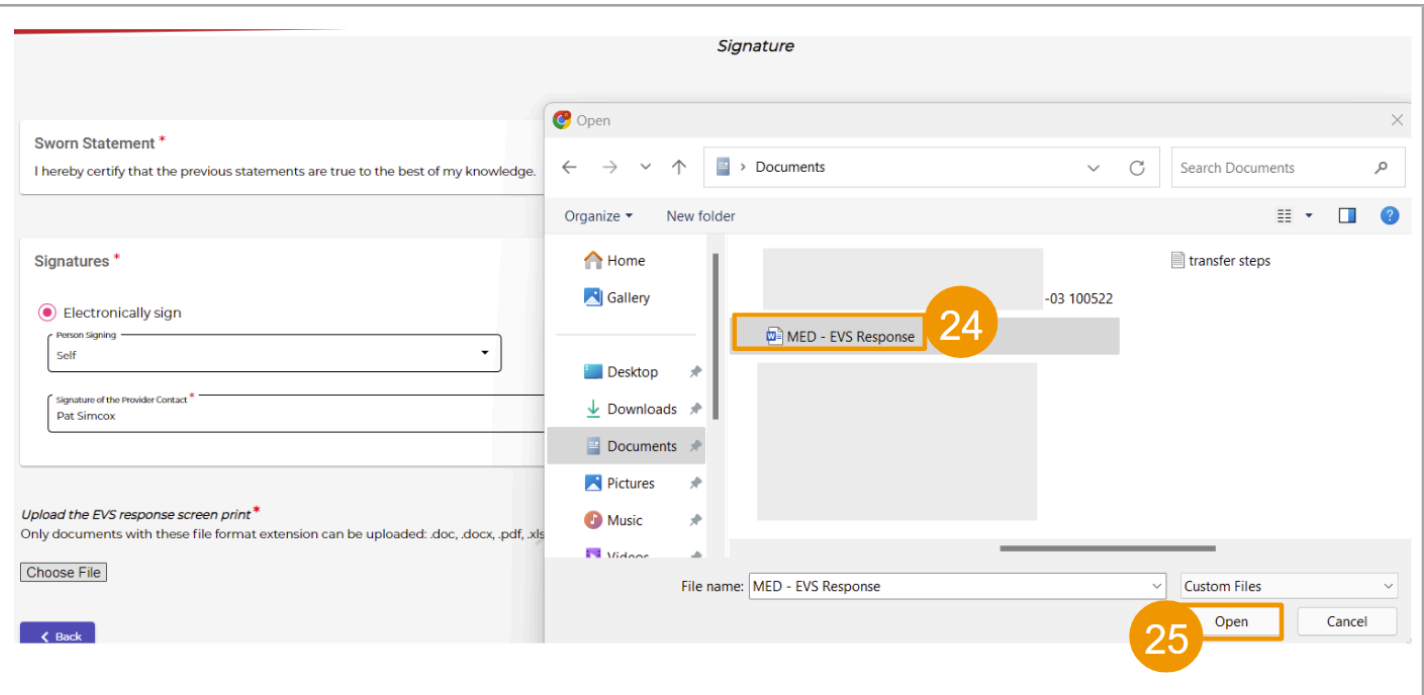
< Back Next >

- On the Signature page, read the Sworn Statement **(20)**.
- Electronically sign by *clicking* the radio button next to **Electronically sign**. Select **Self** from the person signing dropdown menu **(21)**.
- Type your name into the Signature of the Provider Contact field **and** type the date into the Date field or *click* the calendar icon to select a date **(22)**.
- Click **Choose File** to upload the EVS Response Screen print **(23)**.



The screenshot shows the 'Signature' page of the myMDTHINK system. It includes a 'Sworn Statement' section (20) with a text area for a declaration. Below is the 'Signatures' section (21) with a radio button for 'Electronically sign' and a dropdown menu for 'Person Signing' set to 'Self'. The 'Signature of the Provider Contact' field (22) contains the name 'Pat Simcox', and the 'Date' field (22) shows '1/4/2024' with a calendar icon. At the bottom, there is an 'Upload the EVS response screen print' section (23) with a 'Choose File' button. A 'Back' button is on the left and a 'Submit' button is on the right. A large diagonal watermark 'TEST ENVIRONMENT' is visible across the page.

- Select the EVS Response Screen print from the desktop or laptop **(24)**.
- Click **Open (25)**.



- Verify that the correct document was uploaded **(26)**.
- Click **Submit (27)**.

Sworn Statement \*

I hereby certify that the previous statements are true to the best of my knowledge.

Signatures \*

Electronically sign

Person signing  
Self



Signature of the Provider Contact  
Pat Simcox

Date  
1/4/2024

Upload the EVS response screen print \*

Only documents with these file format extension can be uploaded: .doc, .docx, .pdf, .xls, .xlsx, .ppt, .pptx, .txt, .csv, and images. Upload time will greatly depend on your internet speed, quality, and performance of your internet connection.

Choose File

#	Member	Create Date	Uploaded By	Document Type	Document Subtype	File Name	Actions
1	Jane Doe	01/04/2024	Pat Simcox	Medical	MED-EVS	MED - EVS Response.docx	 

Items per page:  
5

Page Number: 1 / 1

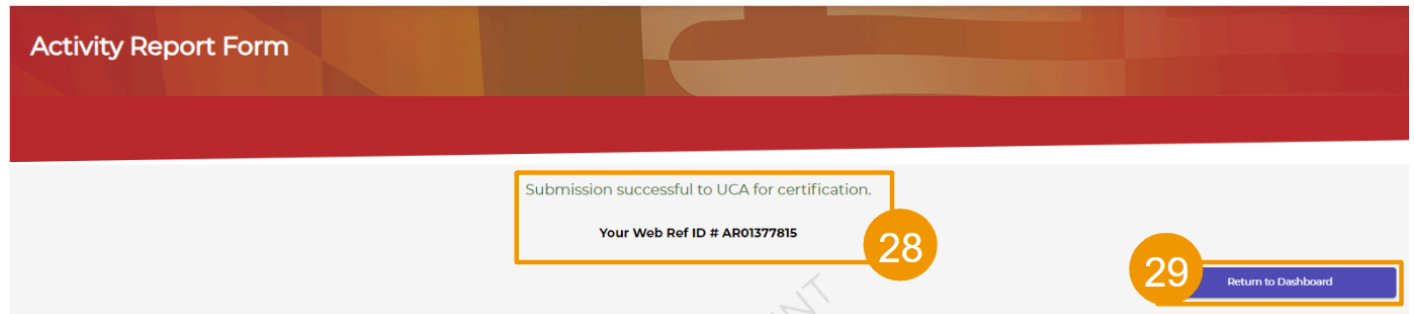
< Back

27 Submit

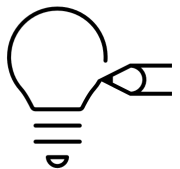
- After submitting the request, a confirmation message displays with a Web Ref ID number **(28)**.

**Note:** The case is routed to the Utilization Control Agent (UCA) for review.

- Click the **Return to Dashboard** button to return to the Provider dashboard **(29)**.



Please answer the following:



After returning to the Nursing Facility Dashboard, list 2 ways in which you can locate the submission recently completed:

---

---

---

---



### Complete the following activities:

Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Medicare A Copayment options do not route to the Utilization Control Agent. After submitting these reports, return to the dashboard and locate the Recipient. The UCA status column will display N/A or not applicable. For Medicare A Copayment options, three **documents are mandatory** and must be uploaded with the submission.

- EVS Response screen print
- Coinsurance Worksheet
- Medicare Explanation of Benefits (EOB)

**Please submit the two remaining short term stay activity report types and subtypes:**

- **Short Term Stay - Community MA – Medicare A Copayment (Discharge Reason is Death)**
- **Short Term Stay - Community MA – (Waiver/REM) – Medicare A Copayment (Discharge Reason is Transfer)**

Let the instructor know if you need assistance.



## Section H: Long Term Stay Admission Activity Report

Long Term Services and Supports target individuals over 65, individuals with physical disabilities, individuals with intellectual disabilities, chronically ill children, and individuals eligible for both Medicaid and Medicare (“dual eligibles”). Medicaid covers certain services available to these participants based on medical necessity and technical and financial eligibility. The coverage type options are:

- Medicare A Copayment
- Full MA (Medical Assistance)
- Medical A Copayment to Full MA

Follow the steps in this section to submit an activity report for **Long Term Stay Admission – Medicare A Copayment**.

## Steps

## Actions

- On the Nursing Facility dashboard, *click* the **Report Activity** tab (1).

**Consumer Dashboard**






Hello Pat Simcox  
Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!

Customer Benefits Customer Applications Customer Documents Customer Changes Customer Redetermination Customer Benefit Review Forms **Report Activity** Link Open Case

**Report Activity** Search Activity

[Report New Activity](#)

Search & Filter

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01377138	000000000000	Rodolfo	Unknown	Dec 20, 2023	Pending		Submitted	
AR01377141	000000000000	Liam	Unknown	Dec 20, 2023	Pending		Submitted	
AR01377071	000000000000	Liam	Unknown	Dec 19, 2023	Certified		Pending	
AR01377072	000000000000	Iris	Unknown	Dec 19, 2023	Pending		Submitted	
AR01377073	000000000000	Liam	Unknown	Dec 19, 2023	N/A		Submitted	

- Click Report New Activity (2).

Consumer Dashboard

Hello Pat Simcox

Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!

Link Open Case

Customer Benefits

Customer Applications

Customer Documents

Customer Changes

Customer Redetermination

Customer Benefit Review Forms

Report Activity

Search Activity

Report New Activity

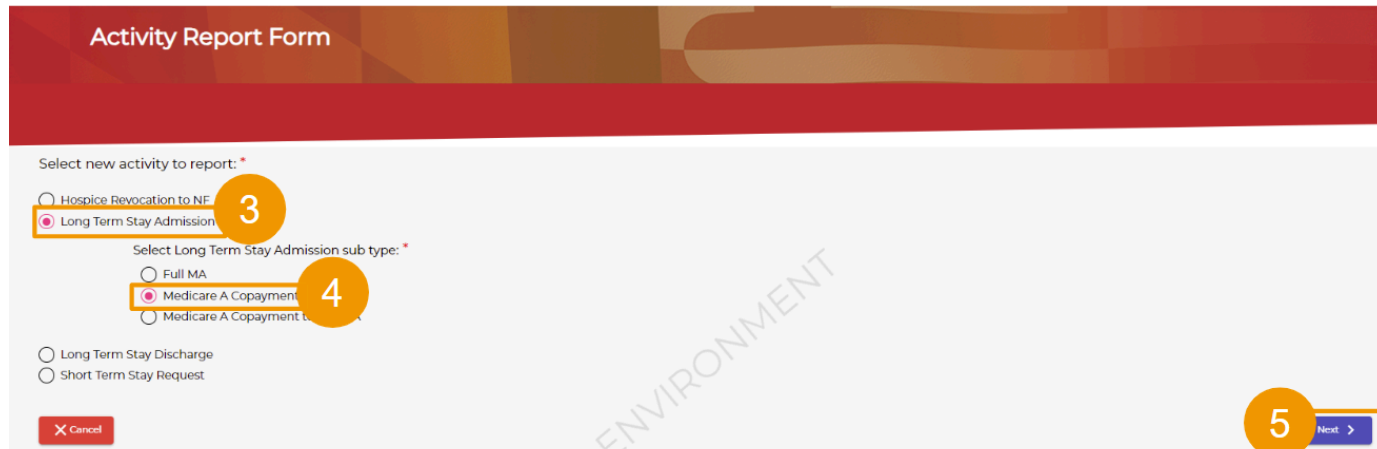
Search & Filter

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01375350		Jane	Doe	Nov 3, 2023	Certified		Pending	

- On the Activity Report Form, *click* the radio button to the left of Long Term Stay Admission **(3)**.

**Note:** After *clicking* the radio button to the left of Long Term Stay Admission, the Long Term Stay Admission subtypes display.

- *Click* the radio button to the left of Medicare A Copayment **(4)**.
- *Click* **Next** **(5)**.

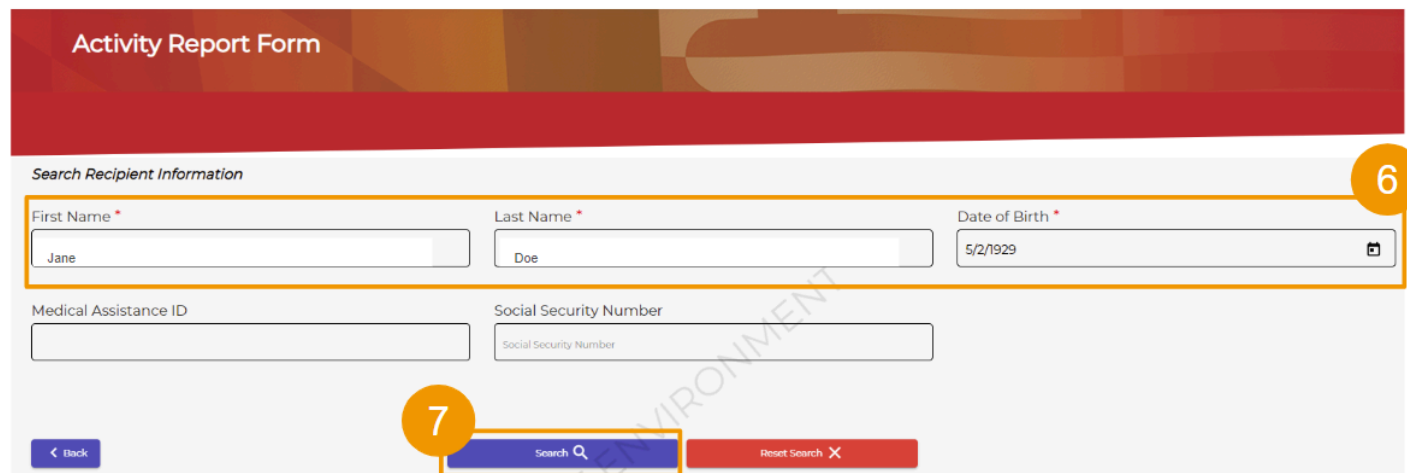


The screenshot shows the 'Activity Report Form' interface. At the top is a red header with the title 'Activity Report Form'. Below the header, the form has a light gray background. The first section is titled 'Select new activity to report: \*'. It contains two radio buttons: 'Hospice Revocation to NF' and 'Long Term Stay Admission'. The 'Long Term Stay Admission' option is selected and highlighted with an orange box and a yellow circle with the number 3. Below this, there is a section titled 'Select Long Term Stay Admission sub type: \*'. It contains three radio buttons: 'Full MA', 'Medicare A Copayment', and 'Medicare A Copayment (b)'. The 'Medicare A Copayment' option is selected and highlighted with an orange box and a yellow circle with the number 4. At the bottom left of the form is a red 'Cancel' button. At the bottom right is a blue 'Next >' button, which is highlighted with an orange box and a yellow circle with the number 5. A large, faint watermark reading 'ENVIRONMENT' is visible across the center of the form.

- Search for the recipient by entering the First Name, Last Name, and Date of Birth **(6)**.

- Click **Search (7)**.

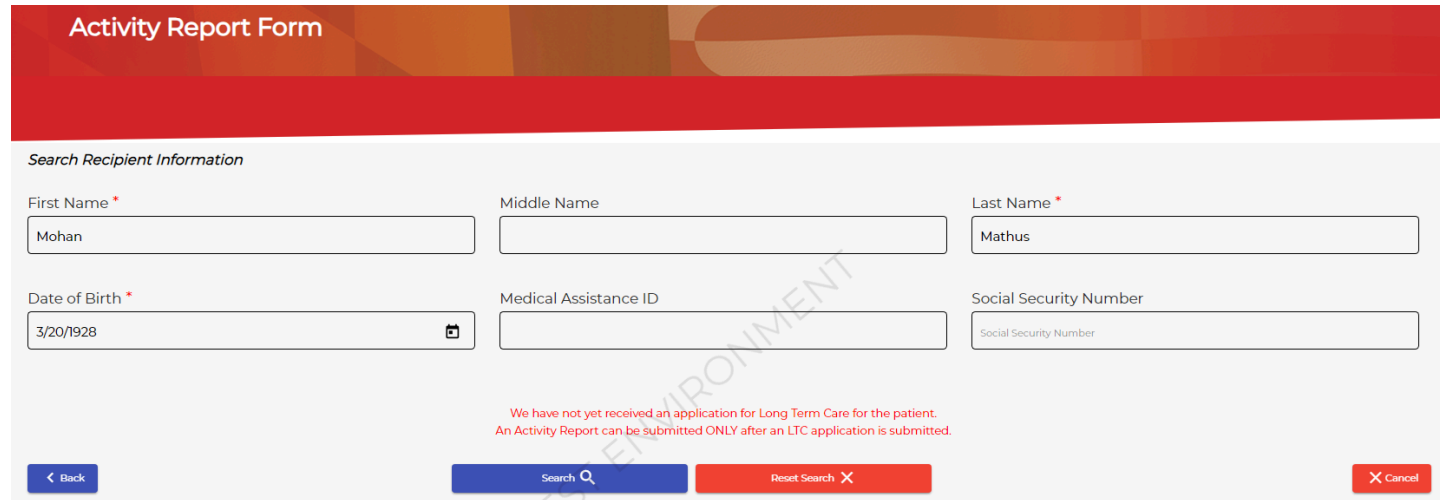
**Note:** The screen advances to the next page of the Activity Report Form. When *clicking* the red Reset Search button next to the Search button, all fields are cleared and a new search can be performed. Click **Back** located in the bottom left section of the screen to return to the previous screen, if necessary.



The screenshot shows the 'Activity Report Form' search interface. At the top is a red header with the title 'Activity Report Form'. Below it is a section titled 'Search Recipient Information' which is highlighted with a yellow border and a yellow circle containing the number 6. This section contains three input fields: 'First Name \*' with the value 'Jane', 'Last Name \*' with the value 'Doe', and 'Date of Birth \*' with the value '5/2/1929'. Below these are two more input fields: 'Medical Assistance ID' and 'Social Security Number'. At the bottom of the form are three buttons: a blue '< Back' button, a blue 'Search' button with a magnifying glass icon (highlighted with a yellow border and a yellow circle containing the number 7), and a red 'Reset Search' button with an 'X' icon.

- If the Recipient **is not** found, a message will display in red as shown below.


“We have not yet received an application for Long Term Care for the patient. An Activity Report can be submitted ONLY after an LTC application is submitted.”



**Activity Report Form**

*Search Recipient Information*

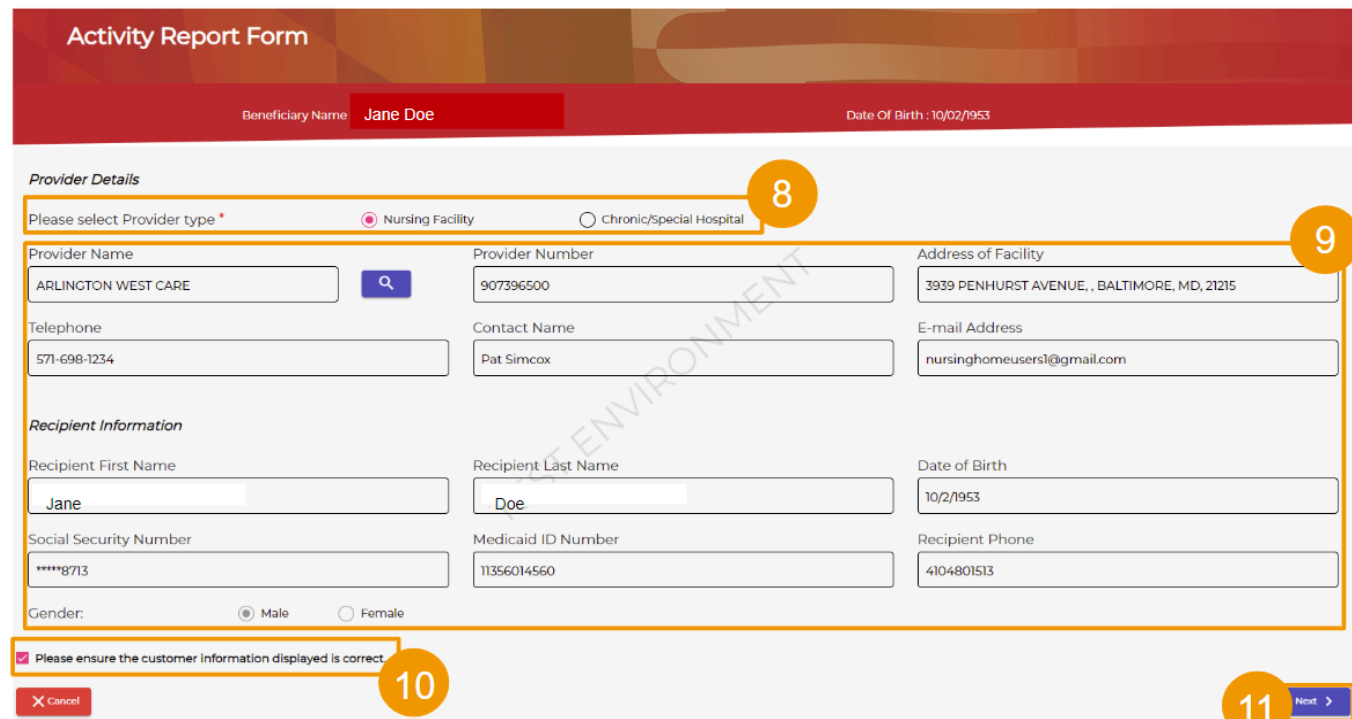
First Name \*  Middle Name  Last Name \*

Date of Birth \*   Medical Assistance ID  Social Security Number

We have not yet received an application for Long Term Care for the patient.  
An Activity Report can be submitted ONLY after an LTC application is submitted.

[< Back](#) [Search !\[\]\(b30870b01f6912817b74108aeb4113d6\_img.jpg\)](#) [Reset Search !\[\]\(c9c2c26b457775c78f3ae824a83c019e\_img.jpg\)](#) [X Cancel](#)

- If the recipient is found, select a **Provider type** by *clicking* the radio button next to either the Nursing Facility or Chronic/Special Hospital **(8)**.
- Review the Provider and Recipient details **(9)**. These fields are automatically populated and cannot be edited.
- *Check* the box next to “Please ensure the customer information displayed is correct **(10)**.”
- *Click* **Next (11)**.



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 10/02/1953

**Provider Details**

Please select Provider type \* ☒ Nursing Facility ☐ Chronic/Special Hospital

Provider Name: ARLINGTON WEST CARE Provider Number: 907396500 Address of Facility: 3939 PENHURST AVENUE, BALTIMORE, MD, 21215

Telephone: 571-698-1234 Contact Name: Pat Simcox E-mail Address: nursinghomeusers1@gmail.com

**Recipient Information**

Recipient First Name: Jane Recipient Last Name: Doe Date of Birth: 10/2/1953

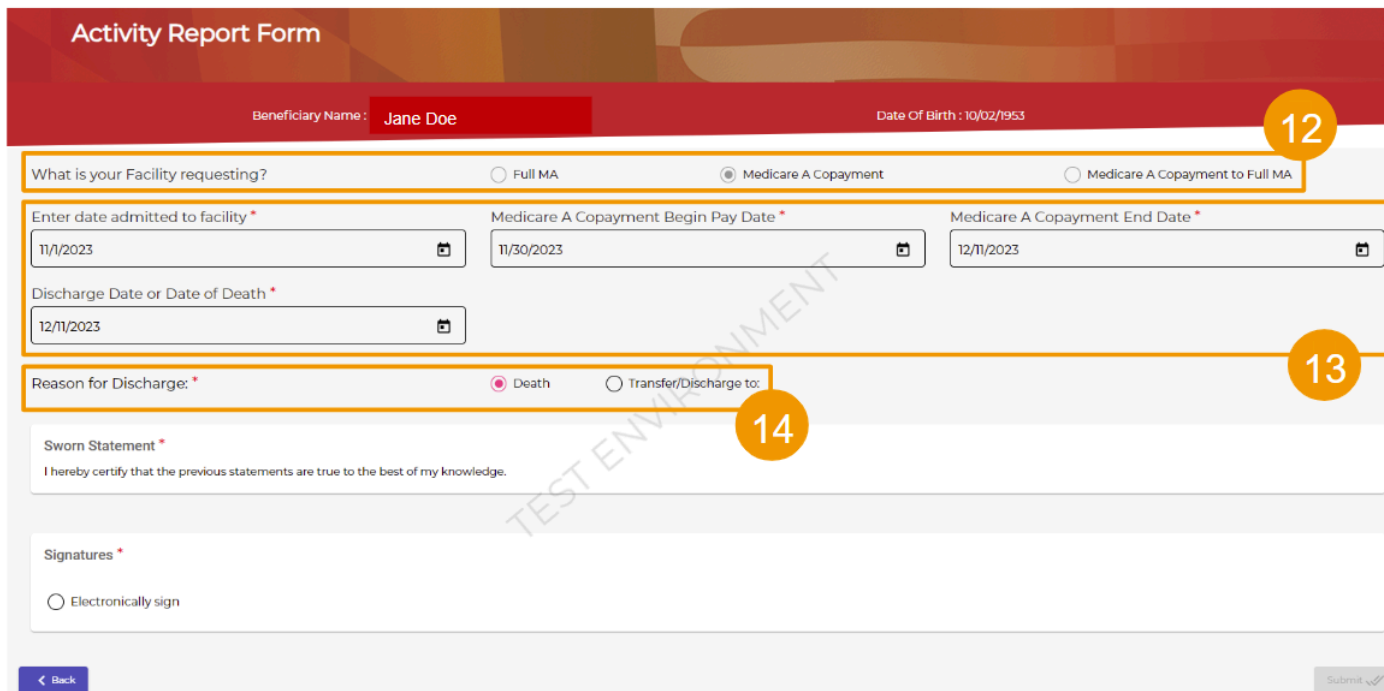
Social Security Number: \*\*\*\*\*8713 Medicaid ID Number: 11356014560 Recipient Phone: 4104801513

Gender: ☒ Male ☐ Female

☒ Please ensure the customer information displayed is correct.



- What is your facility requesting? **(12)**.
- Enter the date admitted to the facility, Medicare A Copayment Begin Date, Medicare Copayment End Date, and Discharge Date or Date of Death by *typing* into the respective fields or by *clicking* the calendar icon to select a date **(13)**.
- *Click* the radio button to the left of **Death** to select a Reason for Discharge **(14)**.



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 10/02/1953

What is your Facility requesting? ☐ Full MA ☒ Medicare A Copayment ☐ Medicare A Copayment to Full MA

Enter date admitted to facility \* 11/1/2023

Medicare A Copayment Begin Pay Date \* 11/30/2023

Medicare A Copayment End Date \* 12/11/2023

Discharge Date or Date of Death \* 12/11/2023

Reason for Discharge: \* ☒ Death ☐ Transfer/Discharge to:

Sworn Statement \*

I hereby certify that the previous statements are true to the best of my knowledge.

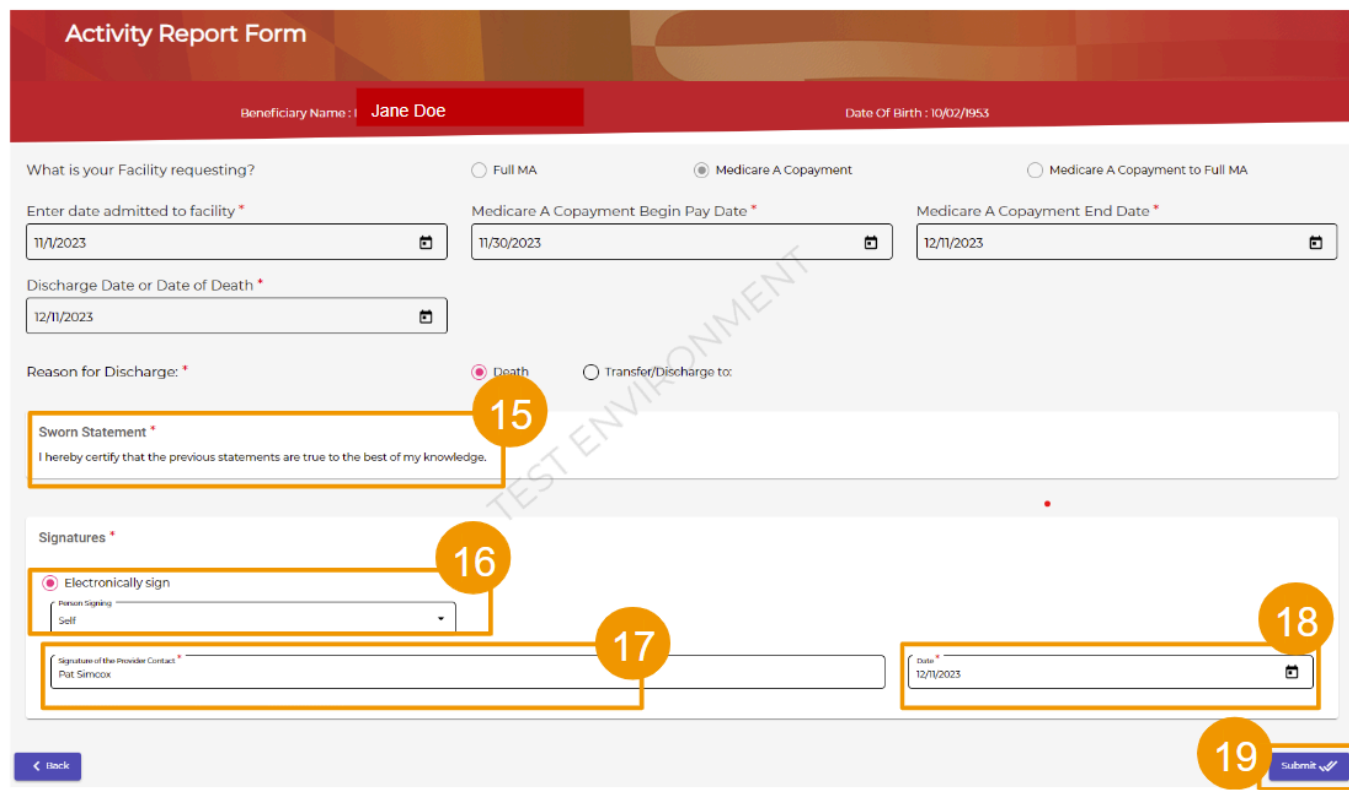
Signatures \*

☐ Electronically sign

[< Back](#) [Submit](#)

TEST ENVIRONMENT

- On the same screen, read the Sworn Statement **(15)**.
- Electronically sign by *clicking* the radio button next to **Electronically sign** and select **Self** from the person signing dropdown menu **(16)**.
- Enter your name into the Signature of the Provider Contact field **(17)**.
- Type the date into the Date field or *click* the calendar icon to select a date **(18)**.
- Click **Submit** **(19)**.



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 10/02/1953

What is your Facility requesting? ☐ Full MA ☒ Medicare A Copayment ☐ Medicare A Copayment to Full MA

Enter date admitted to facility \* 11/1/2023 Medicare A Copayment Begin Pay Date \* 11/30/2023 Medicare A Copayment End Date \* 12/11/2023

Discharge Date or Date of Death \* 12/11/2023

Reason for Discharge: \* ☒ Death ☐ Transfer/Discharge to:

**Sworn Statement \*** (15)  
I hereby certify that the previous statements are true to the best of my knowledge.

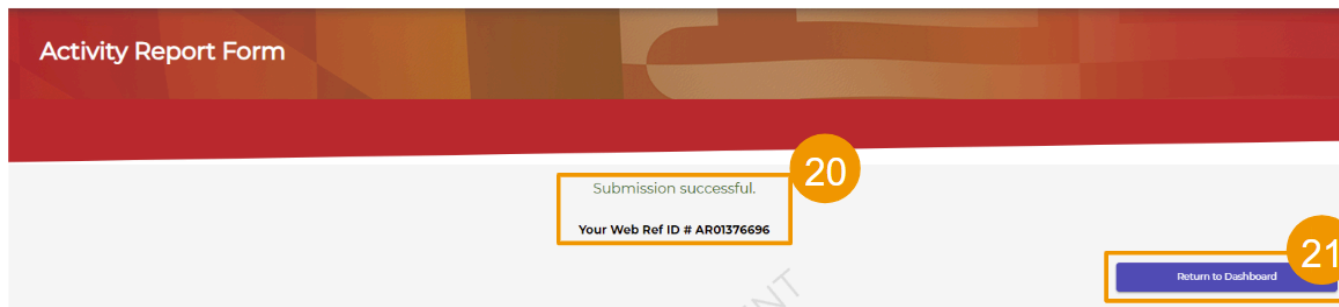
**Signatures \*** (16)  
☒ Electronically sign  
Person Signing: Self

Signature of the Provider Contact \* Pat Simcox (17)

Date \* 12/11/2023 (18)

**Submit** (19)

- After submitting the request, a confirmation message displays with a Web Ref ID number (20). Click **Return to Dashboard** to return to the Provider dashboard (21).



Activity Report Form

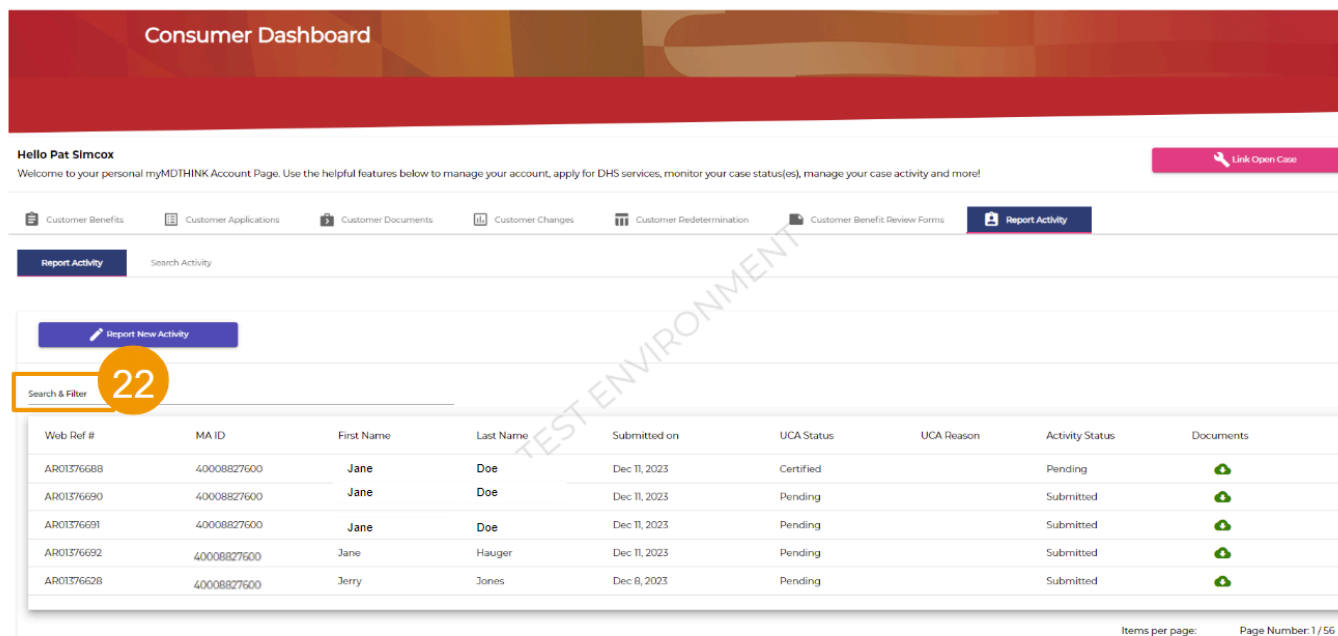
Submission successful.

Your Web Ref ID # AR01376696

Return to Dashboard

- After returning to the Provider Dashboard, locate the case under the Search & Filter section of the dashboard (22).

**Note:** Case information can be downloaded by *clicking* the download icon located in the Documents column.



Consumer Dashboard

Hello Pat Simcox  
Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!






Link Open Case

Customer Benefits Customer Applications Customer Documents Customer Changes Customer Redetermination Customer Benefit Review Forms Report Activity

Report Activity Search Activity

Report New Activity

Search & Filter

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01376688	40008827600	Jane	Doe	Dec 11, 2023	Certified		Pending	
AR01376690	40008827600	Jane	Doe	Dec 11, 2023	Pending		Submitted	
AR01376691	40008827600	Jane	Doe	Dec 11, 2023	Pending		Submitted	
AR01376692	40008827600	Jane	Hauger	Dec 11, 2023	Pending		Submitted	
AR01376628	40008827600	Jerry	Jones	Dec 8, 2023	Pending		Submitted	

Items per page: Page Number: 1 / 56

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**Complete the following activities:**

Now that you have completed a Long Term Admission – Medicare A Copayment, complete the following activity report submissions.

- **Long Term Care Admission - Full MA (Medical Assistance)**
- **Long Term Care Admission - Medical A Copayment to Full MA**

Let the instructor know if you need assistance.





## Section I: Long Term Discharge Activity Report

- On the myMDTHINK Dashboard for Providers, click **Report Activity (1)**. Click Report New Activity **(2)**.

**Consumer Dashboard**

**Hello Pat Simcox**  
Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!

Customer Benefits Customer Applications Customer Documents Customer Changes Customer Redetermination Customer Benefit Review Forms **Report Activity** [Link Open Case](#)

**Report Activity** Search Activity

**Report New Activity**

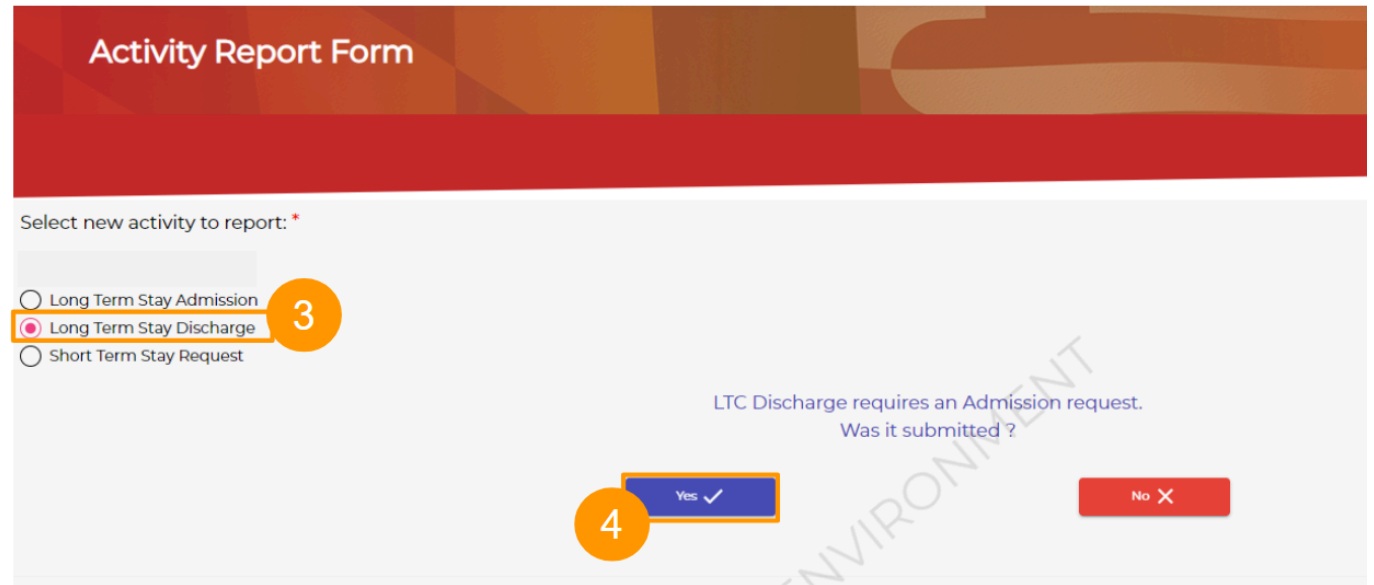
Search & Filter

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01377120	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending	
AR01377125		Test	Sravani	Dec 20, 2023	N/A		Submitted	
AR01377128	46605574500	Tanner	Snyder	Dec 20, 2023	Certified		Pending	
AR01377131	46605574500	Tanner	Snyder	Dec 20, 2023	N/A		Submitted	
AR01377136	41103259800	Neveah	Norris	Dec 20, 2023	Pending		Submitted	

Items per page: 5 Page Number: 1/77

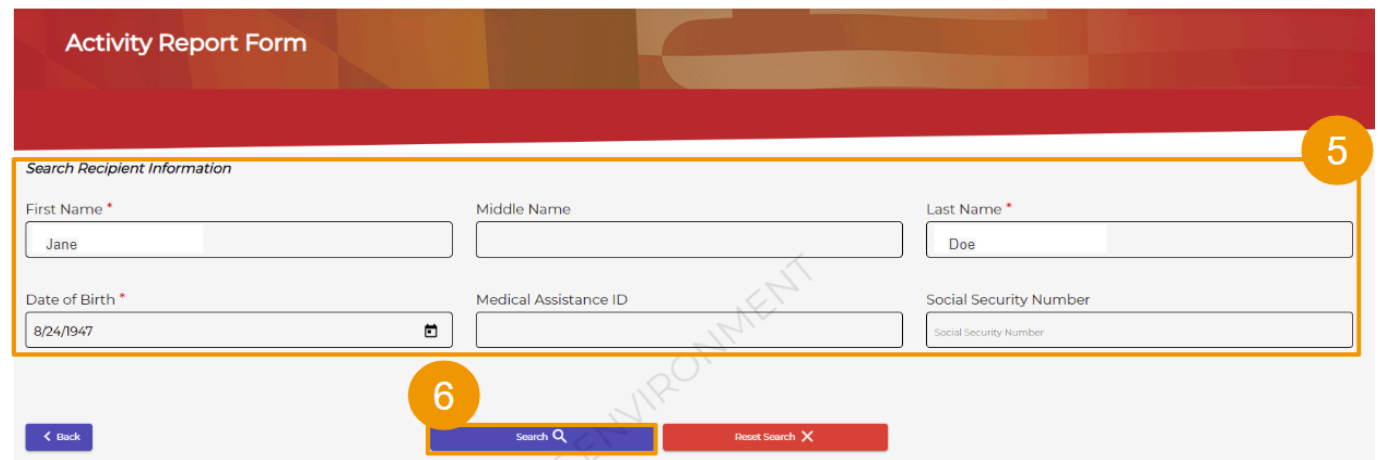
- On the Activity Report Form, *click* the radio button to the left of **Long Term Stay Discharge (3)**.
- After selecting Long Term Stay Discharge, the prompt “LTC Discharge requires an Admission request. Was it submitted?” displays. If the Admission request has been submitted, *click* the blue **Yes** button. If it was not submitted, *click* the red **No** button **(4)**.

**Note:** Clicking **No** returns the user back to the dashboard.



The screenshot shows the 'Activity Report Form' interface. At the top, there's a header with the title 'Activity Report Form'. Below this, a section titled 'Select new activity to report: \*' contains three radio button options: 'Long Term Stay Admission', 'Long Term Stay Discharge' (which is selected and highlighted with an orange circle and the number 3), and 'Short Term Stay Request'. Below the radio buttons, a message states 'LTC Discharge requires an Admission request. Was it submitted?'. At the bottom of this section, there are two buttons: a blue 'Yes ✓' button (highlighted with an orange circle and the number 4) and a red 'No ✕' button.

- Search for the recipient by entering the First Name, Middle Name, Last Name, Date of Birth, Medical Assistance ID, and Social Security Number (5).
- Click **Search (6)**. **Note:** When *clicking* the red **Reset Search** button next to the Search button, all fields are cleared, and a new search can be performed.
- Click the **Back** button on the bottom left to return to the previous screen.



The screenshot shows the 'Activity Report Form' search interface. It features a red header with the title 'Activity Report Form'. Below the header is a search section titled 'Search Recipient Information'. This section contains six input fields arranged in two rows: First Name (with a red asterisk), Middle Name, Last Name (with a red asterisk), Date of Birth (with a red asterisk and a calendar icon), Medical Assistance ID, and Social Security Number. The First Name field contains 'Jane' and the Last Name field contains 'Doe'. The Date of Birth field contains '8/24/1947'. Below the input fields are three buttons: a blue 'Back' button on the left, a blue 'Search' button with a magnifying glass icon in the center, and a red 'Reset Search' button with an 'X' icon on the right. A yellow circle with the number '5' is positioned at the top right of the search section, and a yellow circle with the number '6' is positioned at the top of the 'Search' button.

- If the Recipient is **not** found, a message will display in red as shown below.

“We have not yet received an application for Long Term Care for the patient. An Activity Report can be submitted **ONLY** after an LTC application is submitted.”

**Activity Report Form**

*Search Recipient Information*

First Name *	Middle Name	Last Name *
<input type="text" value="Mohan"/>	<input type="text"/>	<input type="text" value="Mathus"/>
Date of Birth *	Medical Assistance ID	Social Security Number
<input type="text" value="3/20/1928"/>	<input type="text"/>	<input type="text" value="Social Security Number"/>

We have not yet received an application for Long Term Care for the patient.  
An Activity Report can be submitted **ONLY** after an LTC application is submitted.

[< Back](#) [Search 🔍](#) [Reset Search ✕](#) [✕ Cancel](#)

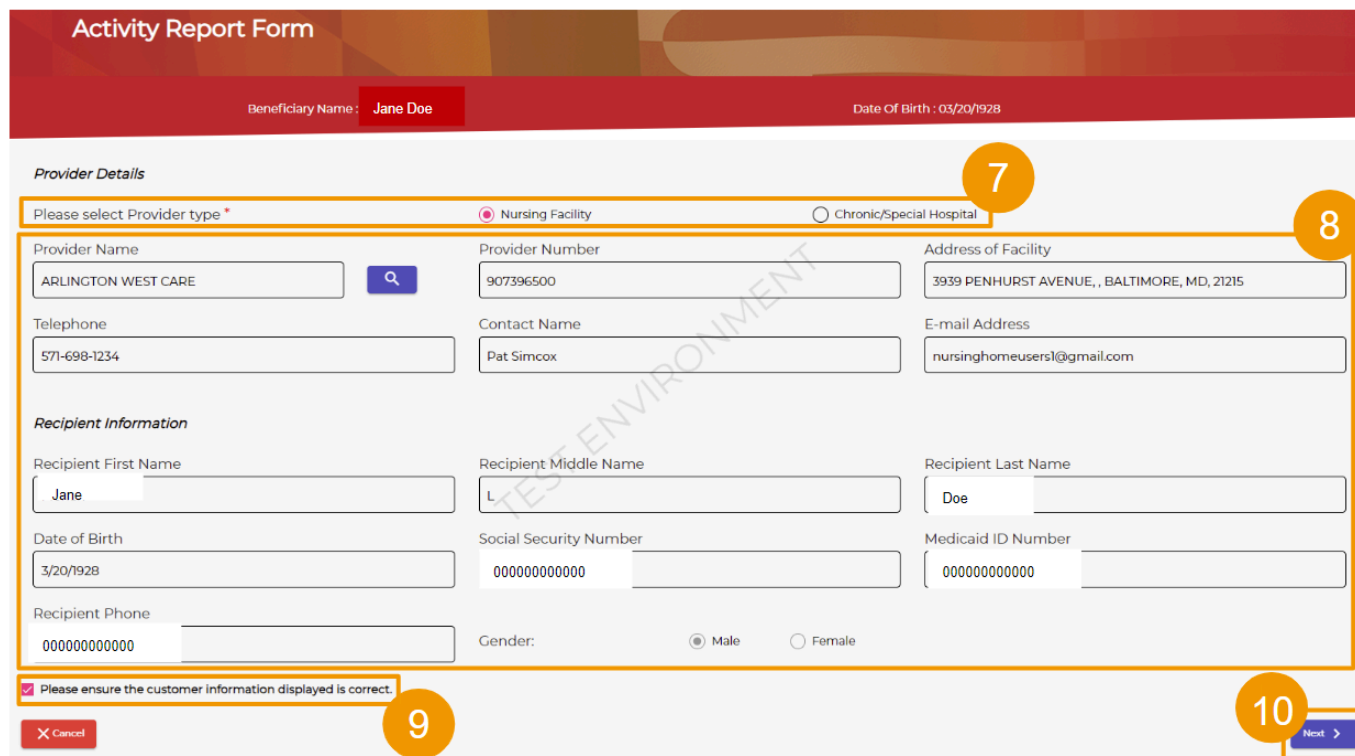


- If the recipient **is** found, the screen advances displaying the Provider details and Recipient Information. Select the Provider type by *clicking* the radio button next to either the Nursing Facility or Chronic/Special Hospital **(7)**.

- Verify the Provider and Recipient details **(8)**.  
*Check* the box next to “Please ensure the customer information displayed is correct **(9)**.”

- Click **Next** **(10)**.

**Note:** These fields are auto populated and cannot be



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 03/20/1928

**Provider Details**

Please select Provider type \* ☒ Nursing Facility ☐ Chronic/Special Hospital

Provider Name: ARLINGTON WEST CARE Provider Number: 907396500 Address of Facility: 3939 PENHURST AVENUE, , BALTIMORE, MD, 21215

Telephone: 571-698-1234 Contact Name: Pat Simcox E-mail Address: nursinghomeusers1@gmail.com

**Recipient Information**

Recipient First Name: Jane Recipient Middle Name: L Recipient Last Name: Doe

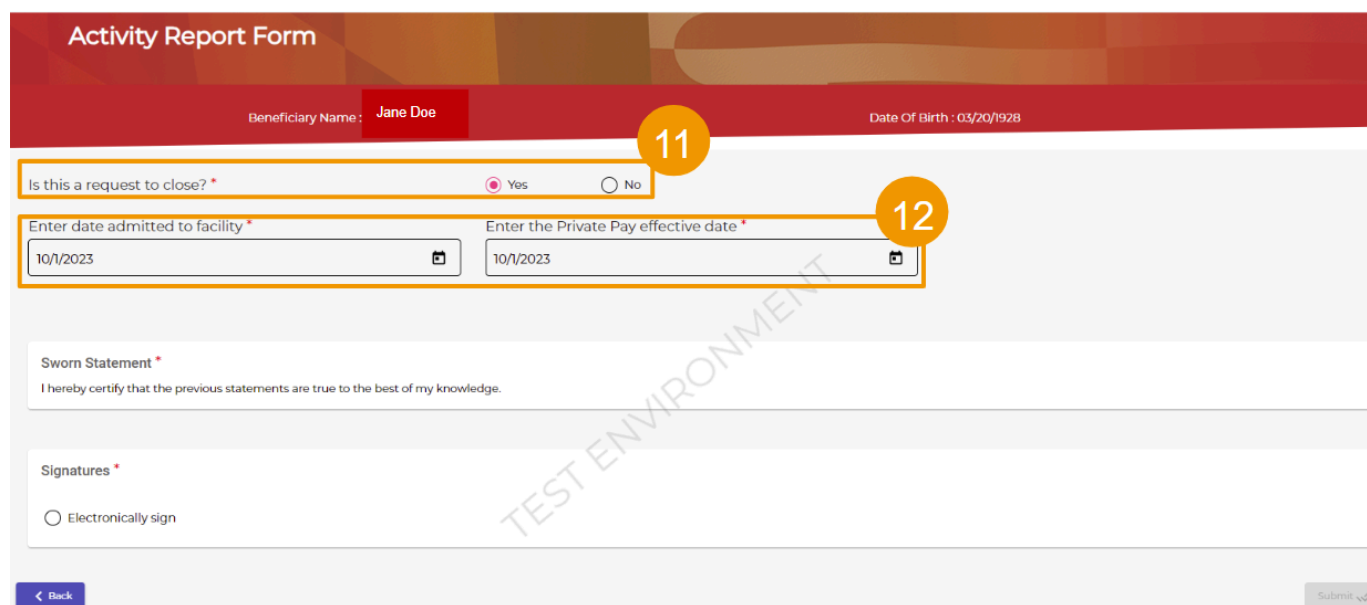
Date of Birth: 3/20/1928 Social Security Number: 000000000000 Medicaid ID Number: 000000000000

Recipient Phone: 000000000000 Gender: ☒ Male ☐ Female

☒ Please ensure the customer information displayed is correct.

edited. You may discontinue the process by *clicking* the **Cancel** button located on the bottom left section of the screen.

- On the next page of the Activity Report Form, answer the question, “Is this a request to close?”, by *clicking* the radio button next to either **Yes** or **No (11)**. **For this example, Yes is selected.**
- Enter the date admitted to the facility and the Private Pay effective date by typing into the respective fields or by *clicking* the calendar icon to select a date **(12)**.



**Activity Report Form**

Beneficiary Name: Jane Doe Date Of Birth: 03/20/1928

Is this a request to close? \* ☒ Yes ☐ No

Enter date admitted to facility \* 10/1/2023

Enter the Private Pay effective date \* 10/1/2023

Sworn Statement \*

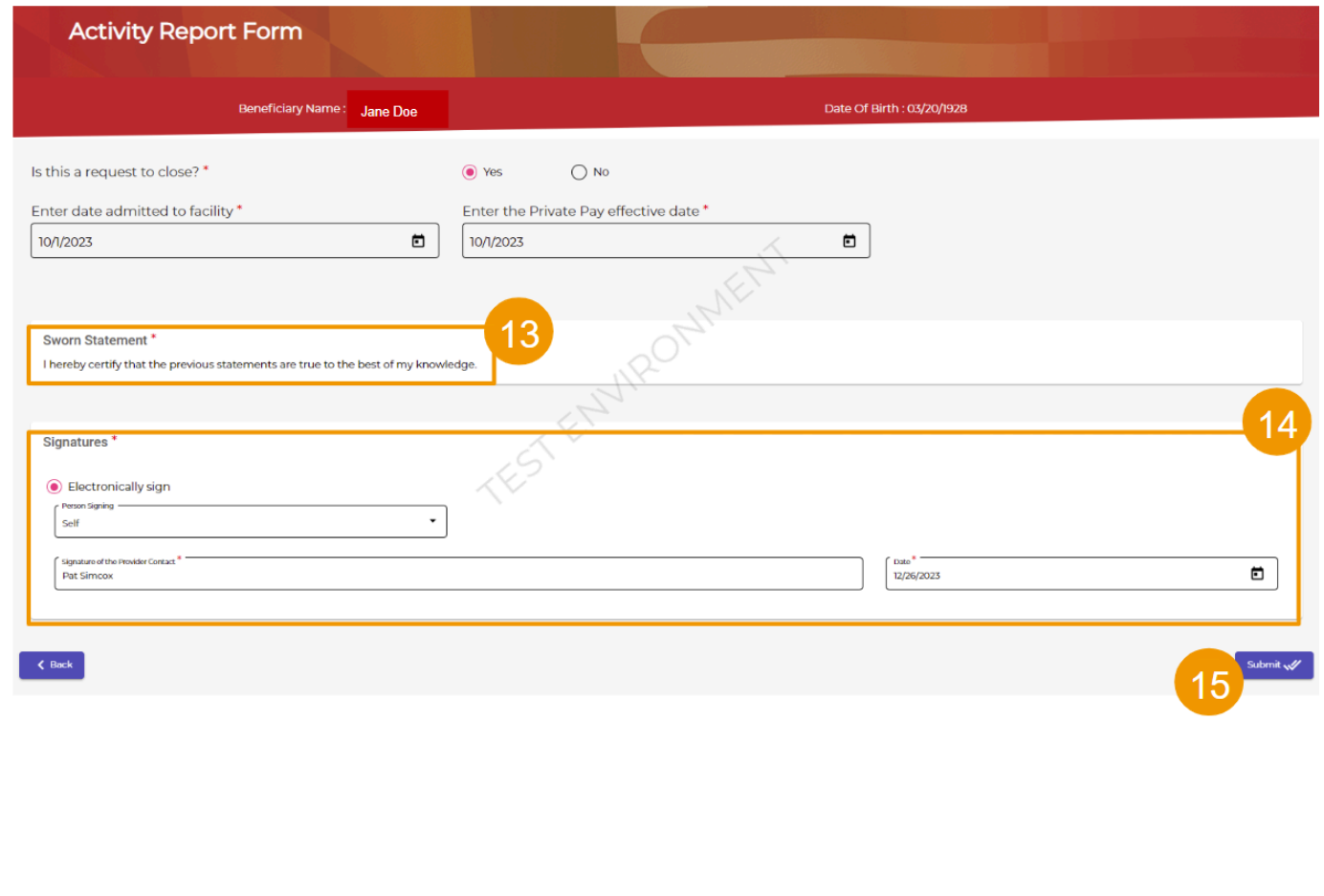
I hereby certify that the previous statements are true to the best of my knowledge.

Signatures \*

☐ Electronically sign

< Back Submit ✓

- On the same screen, read the Sworn Statement (13).
- Electronically sign by *clicking* the radio button next to **Electronically sign** and select **Self** from the person signing dropdown menu. *Type* your name into the Signature of the Provider Contact field.
- *Type* the date into the Date field or *click* the calendar icon to select a date (14). *Click* **Submit** (15).



**Activity Report Form**

Beneficiary Name : Jane Doe Date Of Birth : 03/20/1928

Is this a request to close? \* ☒ Yes ☐ No

Enter date admitted to facility \* 10/1/2023

Enter the Private Pay effective date \* 10/1/2023

**13** Sworn Statement \*  
I hereby certify that the previous statements are true to the best of my knowledge.

**14** Signatures \*  
☒ Electronically sign  
Person Signing: Self  
Signature of the Provider Contact \* Pat Simcox  
Date \* 12/26/2023

**15** [Back](#) [Submit](#)

- After submitting the request, a successful submission message displays with a Web Ref ID number **(16)**.

- Click **Return to Dashboard** to return to the Provider dashboard **(17)**.

- After returning to the Provider Dashboard, locate the case under the Search & Filter section of the dashboard **(18)**.

**Note:** The case will display as **In progress** under the **Activity Column** until it is reviewed by the PRU team. Case information

**Activity Report Form**

Submission successful.

Your Web Ref ID # AR01377367

Return to Dashboard

**Hello Pat Simcox**

Welcome to your personal myMDTHINK Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity and more!

Customer Benefits Customer Applications Customer Documents Customer Changes Customer Redetermination Customer Benefit Review Forms **Report Activity**

**Report Activity** Search Activity

**Report New Activity**

Search & Filter

Web Ref #	MA ID	First Name	Last Name	Submitted on	UCA Status	UCA Reason	Activity Status	Documents
AR01377362	00000000000	Jane	Doe	Dec 26, 2023	Rejected	Physician order unclear	Rejected	
AR01377363	00000000000	Jane	Doe	Dec 26, 2023	N/A		In Progress	
AR01377365	00000000000	Jane	Doe	Dec 26, 2023	Pending		Submitted	
AR01377366	00000000000	Jane	Doe	Dec 26, 2023	Pending		Submitted	
AR01377367	00000000000	Jane	Doe	Dec 26, 2023	N/A		In Progress	

Download the report Download the notice View Rejected comments

Items per page: Page Number: 1 / 86



can be downloaded by <i>clicking</i> the download icon located in the Documents column.	
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## Section J: Lesson Exercises

### Background

Now, it's time to use what you've learned! The instructor will provide the timeframe for completing each scenario and will be available to answer questions and provide support as needed.

### Participant Exercises

Using the Recipient's from the list provided, submit an Activity Report for the following:

- o Long Term Care - Full MA
- o Long Term Care – Medicare Copayment to Full MA
- o Short Term Stay - Medicare Copayment
- o Short Term Stay – Full MA

[illegible]