

# Provider Portal User Guide

For

**Home Support** 

**Providers** 

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#### 1. Access to the Portal

You will receive an email with the Provider Portal Website Address (URL) with your Username which will be your email address.

You will then receive a phone call from the Provider Portal Helpdesk with your Password.

Once you log in to the portal with your email address and NCC generated password, you will be prompted to change your password.

- Please use a strong password. Your Password must contain a minimum of 9 characters, a capital letter, at least one alphabetic character and two numeric value characters.
- You will then need to create a 6 digit numeric passcode as a second line of security. You are unable to use ascending numbers of more than three or descending numbers of more than three. Please do not use your birthday or easily guessed dates, make it secure.

**Passwords protect your business** – Never share your login IDs or passwords, never write them down.

Make it harder to guess – Reduce the level of risk by using random words. Don't use names and ages that make it easy to guess, think outside the box.

**Act on suspicions** – If you suspect that someone knows your password, change it immediately on all systems.

**Never store on your system** – Every time you are prompted to store a password reject it. If your initial login details are hacked it then becomes easier to access these systems.

If you enter an incorrect password 3 times you will be locked out of the portal and you will need to request your password to be reset.

Your password will expire after 12 months and you will need to choose a new password (system prompt)

If you do not use the Portal for 60 days, your access will be suspended.

#### For Password and Security code resets you can either:

Telephone: 01603 495702 and select Option 1

Email: adults.providerportal@norfolk.gov.uk

Each Contact that is added to the system for Provider Portal Access has a Security role which is based on what functions (Icons) they can use in the Portal.



# 2. Security Roles (Access Profiles)

The Security Roles available to you in the Portal are:

- 1. Super User (Actuals) Edit access to all functions except Scheduled Payments
- 2. Super User (Scheduled) Edit access to all functions
- **3.** Payments Edit access to Actuals, Invoice/Credit Notes, One-Off Claims, Contract Documents and Actions/Change Requests
- **4. Administration** Edit access to Organisation & Service Details, Contacts, Care Package Line Items, Contract Documents, Actions & Change Requests
- Reports Edit access to Organisation & Service Details. Reports, Actions & Change Requests
- 6. Invoice Only Edit access to Invoice/Credit Notes
- 7. Read Only Read only access to all functions

If you have a Security Role of Super User or Administration, you will be in control of the Security roles for your Organisation and you will need to ensure that you send Change Requests to amend and remove access to users in the Provider Portal.



# 3. Contacts in the Provider Portal

# Adding / Amending / Removing Contacts

Name

Address

The Security Roles of Super User and Administration will allow you to Add, Amend and Remove Contacts for your Organisation.

When adding a new Contact you will need to provide:

#### Telephone Numbers Email address **Security Role** Oasis Care and Support - Contact Creation Request Title Mr Forename John Surname Smith Address 1 1 Oasis Street Address 2 Address 3 Town Ipswich County Postcode IP1 2TN Country UPRN USRN Mobile 07726 022369 Telephone 01473 225566 Fax jsmith@testsystem.co.uk **Provider Portal Email Address** jsmith@testsystem.co.uk Role Organisation: Oasis Care and Support Finance Assistant $\vee$

Please put the your email address in both the Email and Provider Portal Email Address boxes.

Please use the UPRN or USRN field to select what Security Role you wish to allocate the Contact. Please see Section 2 for Profiles and the number associated with Profile required.

Once a Contact is listed to your Organisation you can update any details that change by using the Edit function.

If an Employee leaves the Organisation or does not require access to the Portal you need to select the "Removal Role" function. It is the Providers responsibility to request the removal of employees. The Provider Portal Helpline staff will remove the Contacts access from the Provider Portal from the Change Request received once the Role Removal button has been pressed.

Norfolk County Council

Submit Contact Creation Request

# 4. Icons (Functions) on the Provider Portal

Press the hyperlink to view the Training Video that accompanies the function.

## 1. Contract Documents (ISO's)

The Ability to view and manage ISO's. There is a function to download into a PDF document and the ability to Accept and Reject authorisation.

#### 2. Care Package Line Items (Service Agreements)

The ability to view all Care Package Line Items and download into an Excel Spreadsheet displaying cost and breakdown of care.

#### 3. Contacts

The ability to add/amend/remove employees to use various functions of the Portal for information and payment.

#### 4. Organisation & Service Details

The ability to manage contact information like address, phone and email details for your Organisation and Services.

#### 5. Actuals

- a) The ability to manually <u>Upload Actuals</u> to a Service Users Care Package Line Items on a weekly basis via the Calendar screen.
- b) The ability to <u>Download Actuals</u> on a 4-weekly basis for all services into an Excel spreadsheet to manually update the actuals.
- c) The ability to <u>Upload Actuals</u> after you have downloaded the file from the Portal or the ability to upload actuals straight from your own systems.

#### **6. Invoice & Credit Notes**

The ability to create and submit an Invoice/Credit Note for payment electronically after uploading actuals.

#### 7. Reports

The ability to view and download a detailed Remittance Advice for services provided after the payment has been processed.

# **8. Actions and Change Requests**

The ability to communicate with various Norfolk County Council teams regarding payments, Care Documentation and Procurement Contracts.



# 5. Actuals Updating on the Provider Portal

The system will generate an Actual for each Care Package Line Item on a 4-weekly basis. The Actual is the Commissioned/Planned Service that is on the ISO.

You will need to update the Actual if the Service User has had more or less hours of care for a particular week. There are two ways in which you can update Actuals.

Firstly you can change an Actual in the Calendar Screen by selecting Actuals Icon in the Main Menu and using the Calendar to find the week to update.



Total: £1,269.00 of £1,269.00

Pages: 1

By pressing the *Add/Edit* button on the Service Users CPLI line, you will drill down into the CPLI to be able to edit.



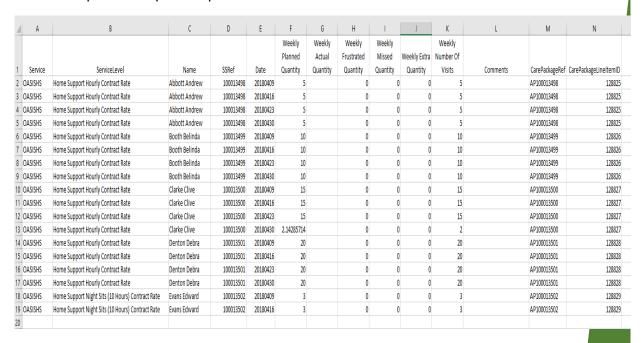
You need to change the Actual to the amount of hours (decimal) the Service User has received for that particular week. Please do not use the Missed, Extra or Visits boxes, they are not required. For the Frustrated Box and recording Aborted visits, please see **Section 6**.



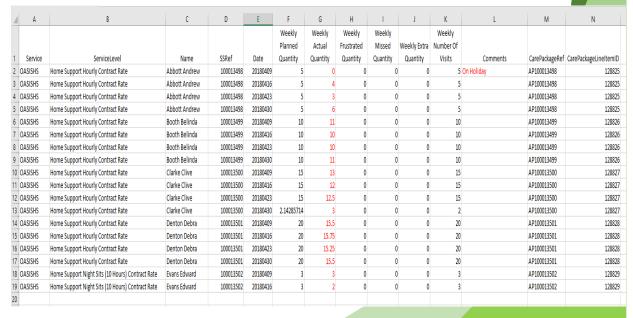
Generate Actuals

If the Actual for the week is '0' please can you leave a comment to why there was no service delivered for that week.

Secondly, you can download Actuals into an Excel Spreadsheet "CSV" format and amend in bulk by pressing the *Actuals Bulk Export* Link. Select the 4-week period you want to update and press Export.



You need to enter the amount of hours (decimal) the Service User has received for that particular week in the Actual column. Please do not use the Extra, Missed or Visits columns, they are not required. For the Frustrated Column and recording Aborted visits, please see **Section 6**.



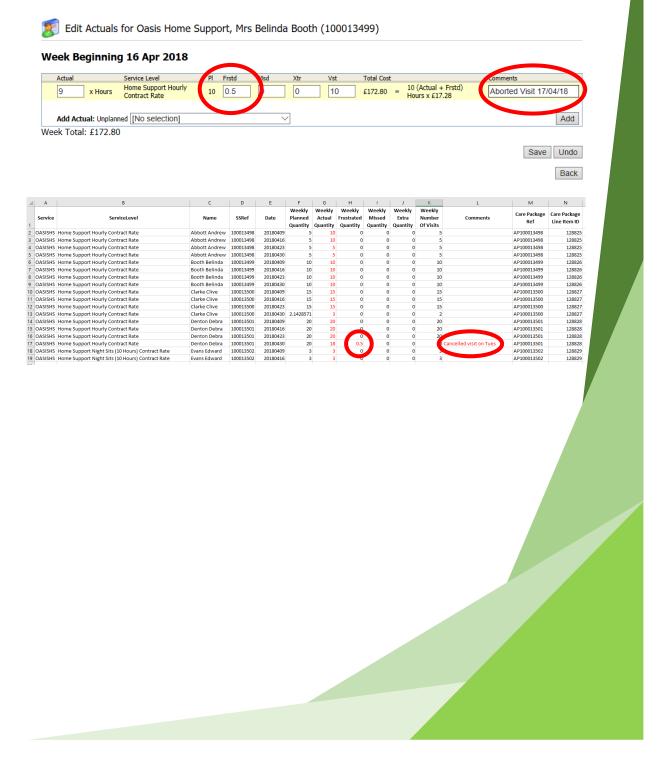
If the Actual for the week is '0' please can you leave a comment to why there was no service delivered for that week.



# 6. Aborted Visit submission on the Provider Portal

When updating Actuals by either method (Calendar or Bulk Export), you will have the ability to record Aborted Visits. (Please see **Section 7** - the Aborted Visit guide for claiming Aborted Visits). You need to record Aborted Visits in the "Frustrated" column (decimal) leaving a comment of the date(s) of the Aborted visit(s). The Actual will also need to be reduced as care has not been provided to the Service User.

The sum of the Actual and Frustrated values is what the Provider will be paid for that Service User for that week.



# 7. Aborted Visits Guide

Below is an explanation of the different contracts and how you should apply Aborted Visits to the Provider Portal when updating the Actuals for Service delivered.

## **Spot/Old Block Contract**

Aborted: We will pay a maximum of 30 minutes for an Aborted visit. If the visit is for less than 30 minutes you claim for the length of actual visit.

Notice: You can claim an aborted visit for less than 24 hours notice of cancellation of visit.

Nights: For a cancellation of night sit/sleep within 24 hours of start time, we will pay 25% of full rate (if night sleep/sit interrupted by hospitalisation or death then we will pay full amount)

#### 2013 Block Contract

Aborted: We will pay a maximum of 30 minutes for an Aborted visit. If the visit is for less than 30 minutes you claim for the length of actual visit.

Notice: You can claim an aborted visit for less than 24 hours notice of cancellation of visit.

Nights: For a cancellation of night sit/sleep within 24 hours of start time, we will pay 25% of full rate (if night sleep/sit interrupted by hospitalisation or death then we will pay full amount)

# **2015 Block and Framework Contract**

Aborted: Aborted visits paid at 50%

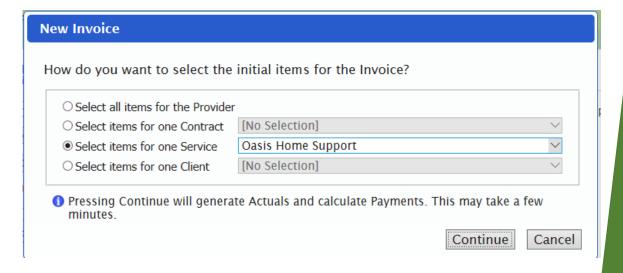
Notice: You can claim an aborted visit for less than 24 hours notice of cancellation of visit.

Nights: For a cancellation of night sit/sleep within 24 hours of start time, we will pay 25% of full rate (if night sleep/sit interrupted by hospitalisation or death then we will pay full amount)

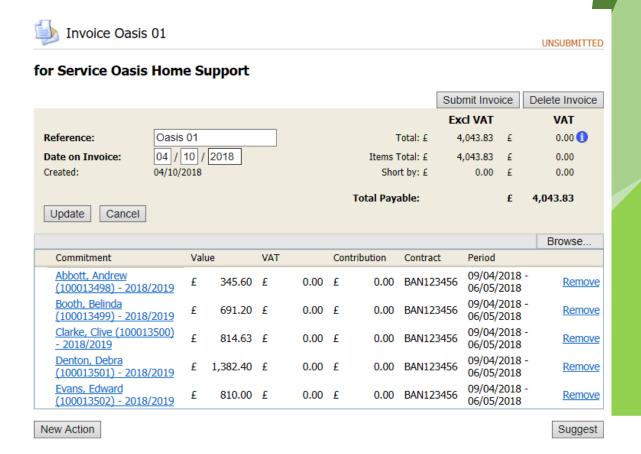


## 8. Invoice Submission on the Provider Portal

Once you have updated the Actuals for a four week period you can use the Invoice creation wizard to create an invoice for the 4 week period you have just updated the Actuals for. You will need to create the Invoice at Service Level.

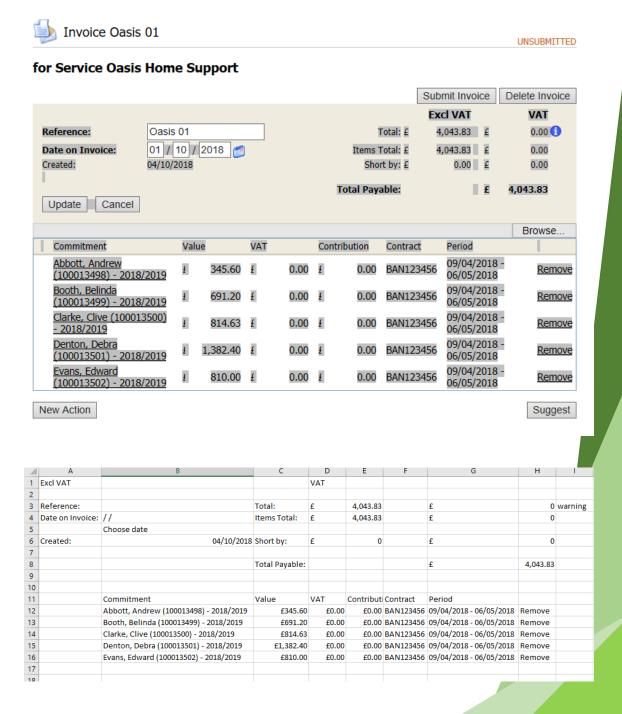


The Portal will calculate all available CPLI's to include in the invoice and create a pre-invoice template. You will need to enter an Invoice Number in the Reference Field and give the pre-invoice template a date. You have the ability to untick any CPLI's you do not wish to be included in the Invoice. By pressing the *Create* the Portal will produce an electronic Invoice.





There is no facility to download a copy of the Invoice, but if you wish to create a copy of the Invoice, you can drag the mouse across the Invoice (highlighting all fields) and use the "Copy & Paste" facility to produce an Excel Document of the Invoice.



Press the Submit button to send the Invoice through to the Payments Team for processing.

If there is a dispute on an Invoice that has been submitted through, the Payments Team have the option to place the Invoice on hold. This allows for the next 4 week period to open for editing while the dispute is resolved.



# 9. 20% Over Exception Invoice Submission

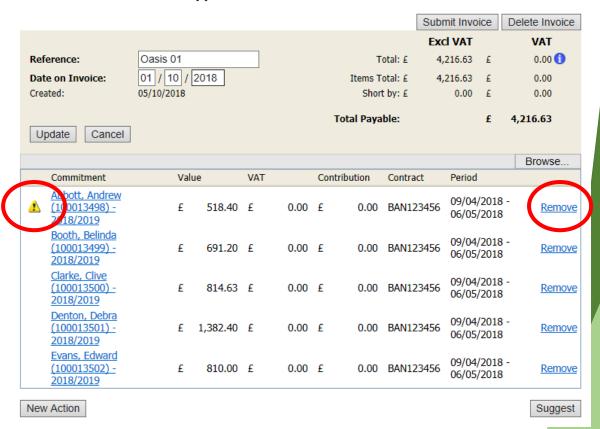
Once you have updated the Actuals for a four week period and have used the Invoice Wizard to create an Invoice Template, you will have to remove any Care Package Line Items (CPLI's) on the Invoice Template that have a yellow exception triangle next to them by clicking on *Remove*. The yellow triangle appears when the CPLI has breached an increase of care of over 20%.



Invoice Oasis 01

UNSUBMITTED

## for Service Oasis Home Support



Once the Exceptions have been removed you can now submit the Invoice through for Payment. You will then need to send a Conversation through to the Service Brokerage Team giving full details of the Care provided to the Service User(s) CPLI that has breached the 20% Exception level. The Service Brokerage Team will communicate with Locality Staff to arrange a Temporary CPLI to be generated on the system. If this is successful, an ISO will appear in the Contract Documents part of the Portal. Once the Temporary CPLI is viewable in the Contract Documents screen it will appear as a CPLI in the Actual Screens.

You will need to reduce the Actual of the original CPLI back to the Planned quantity. This will remove the Yellow triangle.

You can now create an Invoice and include the original CPLI and the Temporary CPLI and submit for payment.



# 10. Unplanned Absence Claims in the Provider Portal

If you have a Block or Framework Contract that allows you to claim for Unplanned Absences (Hospital or Emergency Respite stays) you will need to send in a One-Off Claim form.

To create a One-Off claim, click the One-Off Claims Icon and click *Add New Provider Item*.

One-Off Claim for Oasis Care and Support - Oasis Home Support			
		Update Submit Claim	Delete Claim
Date of Claim:			
Notes:			
Total Payable:	£0.00		•
Client Items			
		Add New	Client Item
	No One-Off Claim Client Items		
Provider Items			
		Add New P	rovider Item
	No One-Off Claim Provider Items	s	

The information we will need to approve an Unplanned Absence claim is as follows:

Service User Name

Service User Reference Number

The dates of the Unplanned Absence with preceding Hospital stay or Respite Stay

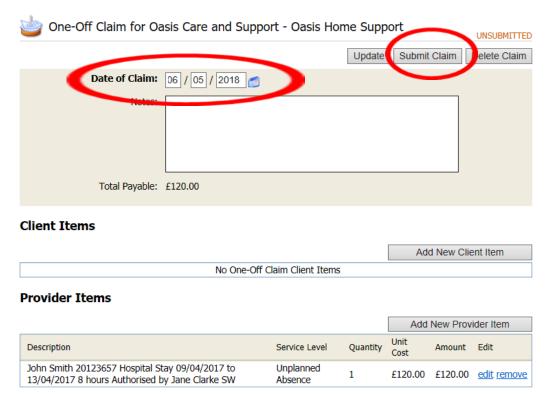
The quantity of hours you are claiming for the dates.

If the claim is for 4-7 days you will need to state the authorising Locality workers name.





Once the details have been entered you press *Create*. If you have multiple Service users on the claim you can attach a Word Document with all the Service Users details regarding the claim in the set format.



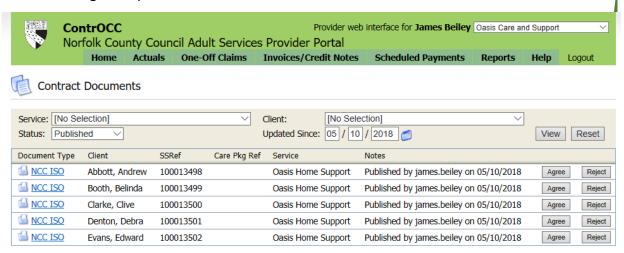
Please enter the end date of the Four Week Period in the Date of Claim and press *Submit Claim*.

Once you have submitted the One-Off claim for Unplanned Absences, this will be approved by the Payments Team. They will communicate via the Portal with a conversation stating that the claim has been approved and that you can now create an Invoice at "Contract Level" to submit the claim as an invoice.



# 11. Contract Documents (The Individual Service Order)

You will receive new ISO's from within the Provider Portal. By using the filters you can view all the latest ISO's that have been activated by selecting the status "Published" and selecting an "Updated Since" date.

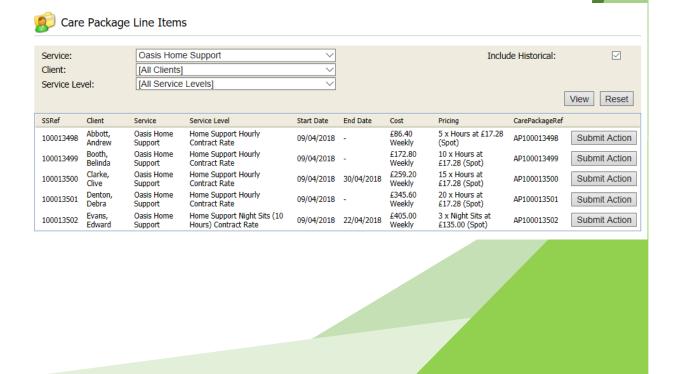


All Published ISO's will have the option to be Agreed or Rejected. The Rejected ISO function is to highlight any errors on the document and not to refuse Care Packages.

You have the ability to open up the ISO into a PDF document to view or to download for your records.

You can use the "status" field to view all Published, Accepted or Rejected ISO's.

In the Portal the ISO translates to a Care Package Line Item (CPLI). These can be viewed in bulk by selecting the Care Package Line Item Icon.





# 12. Communicating with NCC Teams with Actions in the Portal

When Creating a New Conversation, you will need to select a "Type"

Below is a guide to using the different Types.

## To pass on Death Notification details

Type: Death Notification

Related to: Client

**Entity: Service User Name** 

Assign to: Service Brokerage Team

#### To share information with NCC Teams

Type: Information

Related to: The options are: Contract, Spot Commitment, Value Commitment, Client,

Service, Contact & Provider

Entity: This is linked to the Related to field and the options will relate to what is

chosen above.

Assign to: The teams that you can communicate within the Portal.

#### To raise a query relating to functions of the Portal

Type: Query

Related to: Options are: Contract, Spot Commitment, Value Commitment, Client,

Service, Contact & Provider

Entity: This is linked to the Related to field and the options will relate to what is

chosen above.

Assign to: The teams that you can communicate within the Portal.

# To pass on Respite Stay details

Type: Respite Stay

Related to: Client

**Entity: Service User Name** 

Assign to: Service Brokerage Team



The "Related to" and "Entity" fields are linked and work in tandem to what you select in Related to.

Selecting Contract will give you the option to select the different Contracts you have with the Procurement Team.

Selecting Spot Commitment will allow you to select the different Spot Commitments you have in the system.

Selecting Value Commitment will allow you to select the Block Top Up and Unplanned Absence levels if applicable to your Organisation.

Selecting Client will allow to select a Service User you are providing service for.

Selecting Service will allow you to select the Services you provide that sit under the Contract level.

Selecting Invoice will allow you to select any invoices that you have created in the Portal.

Selecting Contact will allow you to select any contact name you have given access to the Portal.

Selecting Provider will allow you to select your Organisation name.

The Teams that you can send conversations to are:

The Billing Team

The Financial Assessment Team

The Payments Team

The Procurement Team

The Service Brokerage Team

FES System Administration Team (For issues regarding the Portal)

Please **DO NOT** assign any Conversations to **Z Information Messaging – Internal Use Only** as these conversations will not be read. This function is for the Service
Brokerage Team to send through the Care documentation forms to you from the
Liquid Logic System. If you need to reply to these conversations, please select the
Service Brokerage Team in the Assign to: drop down list.

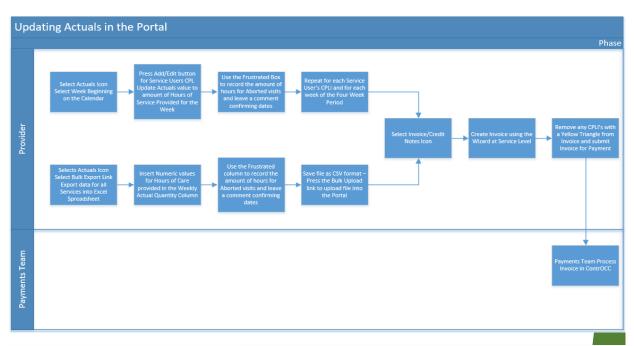


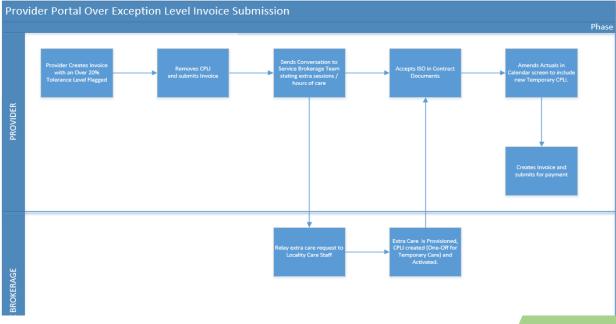
# 13. ISO & CPLI Queries

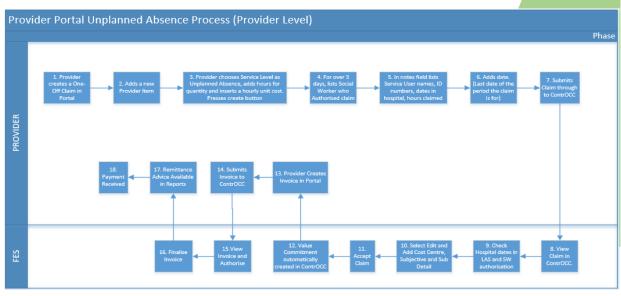
- If the ISO is displaying incorrect Information then you will need to use the Reject function in Contract Documents. If the ISO has already been agreed, you will need to create an Action/Conversation and send through to the Service Brokerage Team with the related to field displaying client name.
- When viewing the Care Package Line Items section and there are missing CPLI's, you will need to send a Action/Conversation to the Service Brokerage Team.
- If you are waiting for CPLI's to appear on the system after the Social Worker has agreed a new placement or increased/decreased a current one, you will need to send a Action/Conversation through to the Service Brokerage Team.
- When you are updating your 4 week period of Actuals or creating a four week invoice and notice a over exception yellow triangle, you will need to send a Action/Conversation to the Service Brokerage Team requesting a Temporary Care Package Line Item.



# 14. Process Flowcharts







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# 15. Glossary

**Actuals** – Service Delivered for Invoiced based Payments

Care Package Line Item – Service Agreement

**Change Requests** – When a Provider updates a Contact, Organisation or Service details that are sent through to NCC staff to accept

**Contract** – The Overarching Contract for Services provided issued by the Procurement Team

**Contract Documents** – Where the ISO appears in the Portal

Conversations – The method to communicate in the Portal with various NCC Teams

One-Off Claims – Used to create Unplanned Absence payments

**Over 20% Exception Yellow Triangle** – The Portal will display a yellow triangle next to a Care Package Line Item when updating Actuals if the Care Provided is more than 20% of the Commissioned Service

**Scheduled Payments** – 4 weekly automatic payment paid 2 weeks in advanced and 2 weeks in arrears

**Service Level** – The different levels in which services are provided – Home Support Contract Rate, Home Support Block Rate, Night Sits, Live in Care, Breaks for Carers Day Sitting Rate

