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PCS Provider Webinar

September 24, 2026

Acentra
HEALTH

Housekeeping

Intended Audience: Personal Care Services (PCS) Medicaid Direct Providers

Presentation Details:

- The presentation will last 45 minutes
- There will be time for Q&A at the end
 - You can type in questions about today's topics in the Q&A chat at any time



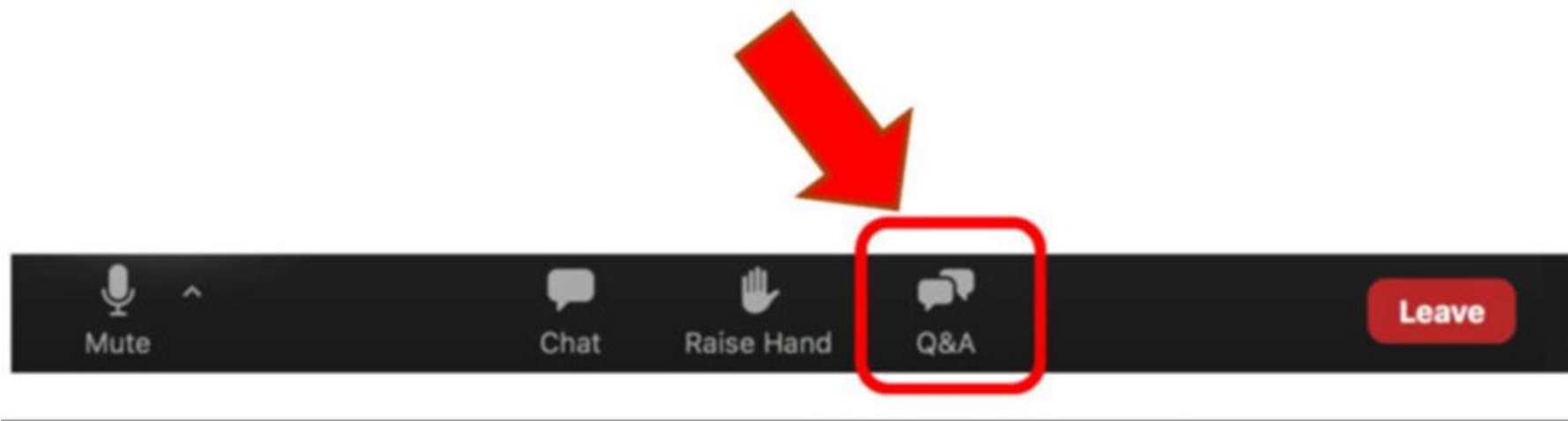
After the Presentation:

- A survey will prompt (We want to hear your feedback)
- The recording, Q&A and PowerPoint will be posted on the NCLIFTSS Website (hosted by Acentra Health) within 14 business days

Q&A Instructions

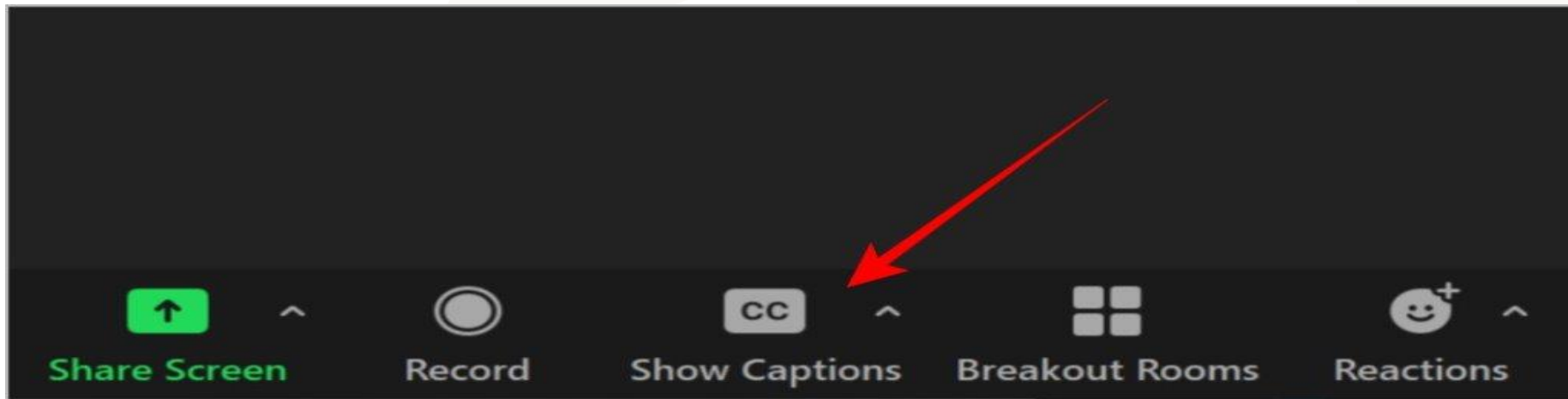
How to ask a question:

- To ask a question, click the Q&A button at the bottom of your Zoom screen (icon below).
- A box will pop up, and you can type your question there.



How to Display Captions

- Click on the Show Captions button
- If your language is not already set, click on the language you want.
- Once selected, the captions will display at the bottom of your screen.



Today's Discussion Topics

- **QiRePort Provider Interface**
 - Overview
 - Capabilities
 - Provider Responsibilities
 - Referral Acceptance
 - Beneficiary Discharge
 - Service plan
 - Supporting Documents
- **Question & Answer Session**

Today's Presenter:

Shannon Malorzo, RN - PCS Program Manager for NCLIFTSS

PERSONAL CARE SERVICES

QiRePort Provider Interface Overview

What is QiRePort?

- The QiReport Provider Interface is a secure, web-based system used by NCLIFTSS to support the Personal Care Services (PCS) Independent Assessment process. It serves as the primary tool for agencies to access and manage information related to PCS assessments.
- QiRePort was developed and is hosted by VieBridge, Inc.

QiRePort Provider Interface Registration

- To use QiRePort, all individuals must be registered users. This helps ensure the security and confidentiality of participant information.
- Each PCS agency is responsible for submitting a User Registration Form and identifying the staff members or designated representatives who are authorized to access the system on the agency's behalf.
- Registration forms with detailed instructions can be found on the QiRePort Provider Interface home page at www.qireport.net.
- For all training materials regarding navigation through the Provider Interface and execution of tasks, please reference the training materials available under the "Training Resources" link in the left-hand toolbar of the Home Page.

PERSONAL CARE SERVICES

QiRePort Capabilities

QiRePort Provider Interface Capabilities

The Provider Interface enables PCS agencies to:

Manage Referrals

- Receive and respond to PCS referrals online

Access Important Documents

- View independent assessments
- Access referrals and notification letters

Manage Beneficiary Services

- Develop and submit online service plans
- Submit Non-Medical Change of Status requests
- Discharge beneficiaries online

QiRePort Provider Interface Capabilities

Update Provider Information

- Transfer beneficiaries between provider offices within the same agency (NPI changes)
- Update counties served (IHC Providers Only)
- Update billing modifiers (ACH Providers Only)

Receive Notifications

- Appeal submissions and resolutions
- Upcoming annual beneficiary assessments
- Old Provider Discharge notifications
- Assessment Pullback notifications

PERSONAL CARE SERVICES

Provider Responsibilities in QiRePort

Provider Responsibilities

Providers are responsible for:

- ✓ Registering and maintaining access to the QiReport Provider Interface
 - Maintaining access to the Provider Interface is essential. Loss of access may result in missed referrals, delayed communication, and an inability to receive new clients or updated assessments for current beneficiaries.
- ✓ Receiving and responding to PCS referrals online
- ✓ Reviewing the NCLIFTSS independent assessment for each referred beneficiary
- ✓ Developing and submitting a new online PCS Service Plan for every referral, based on the beneficiary's assessed needs
- ✓ Validating service plans within required timelines

PERSONAL CARE SERVICES

Referrals & Provider Acceptance

Referral & Provider Acceptance

Referral Acceptance Process

- Providers have 2 business days to accept or reject a referral in QiReport. If no response, Acentra Health rejects the referral and submits the referral to the next provider choice.
- A referral indicates that the beneficiary has selected your agency to provide PCS services.
- Providers are responsible for determining whether they can serve the beneficiary before making an acceptance decision.
- Acceptance or rejection must be completed directly in QiReport.
- Once a referral is accepted, the provider may develop and upload the service plan.
- PAs are based on the beneficiary service authorization date.
- **NOTE: PAs will not be made retroactive for failure to respond to a referral timely.**

Referrals & Provider Acceptance

Access to all beneficiary information and account management can be found under the 'Referrals' tab.

The screenshot displays the QiRePort web application. At the top, the logo "QiRePort" is visible next to navigation tabs: "Home", "Referrals", "Plan", and "Reports". The "Referrals" tab is currently selected. Below the tabs, a blue header bar contains the word "Referrals". To the left of the main content area is a sidebar with two sections: "Referral Info" and "Beneficiary Info". The "Referral Info" section includes links for "Referrals for Review", "Accepted (last 1 year)", and "Denials (last 6 months)". The "Beneficiary Info" section includes links for "Search Beneficiaries", "Beneficiary Summary", "Beneficiary Profile", "Supporting Docs", "Change of Status Request", "Discharge", and "Provider Number Change". A blue arrow points from the "Referrals for Review" link to a table. The table has columns: "Name", "MID", "Notification Type", "Action Date", "Provider No.", "Notification Letter", and "Hours". Above the table, the text "Referrals / Notifications for Review" is displayed. A blue arrow points from the "Referrals" tab to the table. A text box in the center of the table area states: "Access links are located in the left side toolbar". Another text box at the bottom right of the screenshot states: "Click the 'Referrals' tab to access beneficiary information".

QiRePort

Home | Referrals | Plan | Reports

Referrals

Referral Info

- Referrals for Review
- Accepted (last 1 year)
- Denials (last 6 months)

Beneficiary Info

- Search Beneficiaries
- Beneficiary Summary
- Beneficiary Profile
- Supporting Docs
- Change of Status Request
- Discharge
- Provider Number Change

Referrals / Notifications for Review

Name	MID	Notification Type	Action Date	Provider No.	Notification Letter	Hours
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Access links are located in the left side toolbar

Click the 'Referrals' tab to access beneficiary information

Referrals for Review

How to Review Referrals and Make Acceptance Decisions.

Referrals

Referral for Acceptance Review

* = Required [Print](#)

Recipient Data			
Recipient Name		Medicaid ID	
Address 1		Address 2	
City, State Zip		County	
Phone		DOB	
Gender		Status	

Requests for Independent Assessment				
Recipient Name	MID	Phone Number	Request Date	Request Type

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
4/25/2014	[comments]	Change of Status	39
5/7/2013	[comments]	Admission	39

Referral Decision * -- select --

Comment

Click here to access a copy of the assessment

Provider should select a response to request by selecting the appropriate response decision

Hours awarded is displayed here

Save

Referral History

Accepted and reviewed referrals remain accessible for up to one year.



Home | Referrals | Plan | Reports

Referrals

Referrals Accepted/Reviewed Last 1 Year

Beneficiary Name	MID	Accept Date	Notification Type	Action Date	Provider No.	Notification Letter	Beneficiary Notice	Hours
		03/17/2015	Annual Assessment	03/09/2015		[letter]	[letter]	71
		12/01/2014	Annual Assessment	12/01/2014		[letter]	[letter]	54
		11/13/2014	Annual Assessment	11/12/2014		[letter]	[letter]	80
		05/13/2015	Change of Provider	10/02/2014		[letter]	[letter]	50
		01/21/2015	Annual Assessment	01/20/2015		[letter]	[letter]	80
		07/08/2015	Annual Assessment	07/07/2015		[letter]	[letter]	80
		03/12/2015	Annual Assessment	02/26/2015		[letter]	[letter]	80
		05/04/2015	New Request	05/04/2015		[letter]	[letter]	55
		07/02/2015	MOS	06/08/2015		[letter]	[letter]	174
		07/31/2014	New Request	07/31/2014		[letter]	[letter]	80

↑

Displays notification type

↑

Click active link to access notifications

↑

See total hrs.

PERSONAL CARE SERVICES

Beneficiary Discharge

Entering a Beneficiary Discharge

Note: Providers should enter discharges within 7 business days

Review

est 1 year)

t 6 months)

fo

eficiaries

Summary

Profile

Docs

status Request

ier Change

nber Change

Reference

QiRePort

Home | Referrals |

Referrals

?

Referrals / Notifications for Review

Name	MID	Notification Type	Action Date	Provider No.
------	-----	-------------------	-------------	--------------

1. Select the 'Referrals' tab

2. Select 'Discharge' to discharge beneficiary.

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If Services Cannot Be Provided After Acceptance

If a referral has been accepted but the provider later determines services cannot be delivered and can not enter a discharge:

- Contact NCLIFTSS to advise that services can not be provided and the service plan can not be completed.
- NCLIFTSS will remove the Service plan.
- The Provider will be able to enter the discharge the next day.
- Notify the beneficiary as soon as possible.

Why This Matters:

- Prompt communication helps ensure the beneficiary can select a new provider and avoid delays or interruptions in receiving PCS services.

Key Reminder:

- Accept referrals only when your organization is reasonably able to provide services, but if circumstances change, timely documentation and communication are essential to support continuity of care.



PERSONAL CARE SERVICES

Service Plan



PCS Service Plan Development

Provider Responsibilities

- Develop and submit the PCS Service Plan through QiRePort.
- Review the NCLIFTSS Independent Assessment before creating the service plan.
- Ensure the service plan addresses the beneficiary's specific needs identified in the assessment.
- Develop a new service plan for every NCLIFTSS referral and assessment.

Key Takeaway:

The PCS Service Plan must be based on the results of the NCLIFTSS Independent Assessment after each of the following:

- New admission assessments
- Annual assessments
- Change of Status (COS) assessments
- Change of Provider (COP) requests
- Maintenance of Service (MOS) notifications
- Result of Mediation assessments

PCS Service Plan Requirements

What Must Be Included?

- Address all unmet:
 - Activities of Daily Living (ADLs)
 - Instrumental Activities of Daily Living (IADLs)
 - Special Assistance Needs
 - Delegated Medical Monitoring Tasks
- Reflect the service frequencies identified in the assessment.
- Include any special scheduling requirements (such as weekends).
- Involve the beneficiary and/or legally responsible person in service plan development whenever possible.
- Ensure the beneficiary fully understands the plan.

Validation & Timelines

Required Validation and Timeframes

- Service plans must be developed and validated within 7 business days of accepting a NCLIFTSS referral. PCS Providers who do not complete their service plans will be referred to Office of Compliance and Program Integrity.
- Service plans are validated through the Provider Interface to ensure consistency with the assessment.
- Obtain beneficiary or legally responsible person signature on the service plan and upload it to Supporting Documents within 14 business days of plan completion.
- Provide a copy of the signed and validated service plan within 3 business days of a verbal request from the beneficiary or legally responsible party.

Completing the Service Plan

Viewing New or In-Process Service Plans

- Select the **Plan** tab.
- Click **In Process Plans** in the left navigation panel.
- Review all new and in-process service plans awaiting completion.

QiRePort Home | Referrals | **Plan** | Reports

Plan

In Process Service Plans

MID	Beneficiary Name	Assessment Type	Authorized Hours	Action Date	Last Date	REF	Author	Status
		Annual Review	88	7/8/2015	7/15/2015	1366748428-003		New
		Admission (Appeal) (Revision)	174	7/2/2015	7/10/2015	1366748428-003		Add Info Request

Completing the Service Plan (continued)

QiRePort Home | Referrals | **Plan** | Reports

Plan

Beneficiary Info

- Search Beneficiaries
- Beneficiary Summary
- Beneficiary Profile
- Discharge
- Supporting Docs

Plan Info

- In Process Plans
- Beneficiary Service Plan List
- Person Centered Goals

Help

- Service Plan Training Videos
- Service Plan Instructions

Plan Links

- Current Service Plan
- Service Plan History
- Auto Task Sheet
- Service Plan Print

Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Bathing (ADL) - On-site Laundry Tasks	2 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Dressing - ADL Tasks					
Dressing - Shoes/Clothing On	7 days / Y	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Dressing - Shoes/Clothing Off	7 days / Y	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Dressing - Fastening	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Dressing - Braces/Splints	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Mobility - ADL Tasks					
Mobility - Transfer To/From Bed	7 days / N	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Mobility - Ambulation room to room	7 days / N	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Mobility - Transfer To/From Chair	7 days / N	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Mobility - IADL Tasks					
Mobility (IADL) - Clear Pathways / Minimize Clutter	7 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Toileting - ADL Tasks					
Toileting - Xfer BSC/Toilet	7 days / Y	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Toileting - IADL Tasks					
Toileting (IADL) - Clean BSC / Urinal / Bed pan / Toileting Area	7 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Toileting (IADL) - Empty Trash / Dispose of Incontinence Supplies	7 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Eating - ADL Tasks					
Eating - Clean Meal Service Area	7 days / Y	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Eating - Clean Utensils/Dishes, Empty Trash	7 days / Y	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Eating - Open Packages	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Eating - Heat / Assemble Food	7 days / Y	1 - Extensive	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Special Assistance Tasks					
Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Delegated Medical Monitoring Tasks					
Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Service Outcomes					
Service Outcome	Comment				
Service Outcome Entry					

Providers must ensure the frequency listed matches the number of days selected for each task.

Completing the Service Plan (continued)

QiRePort Home | Referrals | **Plan** | Reports

Plan Weekly Service Plan

* = Required

Plan Start Date: 07/19/2015 Projected End Date: 07/18/2016 Monthly Hours: 80

Service Schedule Summary

Day	Shift 1 - From / To	Shift 2 - From / To	Shift 3 - From / To	Daily Hrs	Daily Units
Monday				0	0.00
Tuesday				0	0.00
Wednesday				0	0.00
Thursday				0	0.00
Friday				0	0.00
Saturday				0	0.00
Sunday				0	0.00

Weekly Hours: 0.00 Units: 0.00
 Weekly Hours Limit: 18.50 Units: 74
 Over(+)/Under(-) Limit: -18.50 Units: -74.00

PCS Tasks

Bathing - ADL Tasks

Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Bathing - Tub Bath/Shower	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing - Upper Body	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing - Lower Body	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing - Transfer	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing - Skin Care (includes Face / Hands / Feet)	7 days / Y	1 - Limited	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing - Nail Care	1 days / N	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing - Shaving	4 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐

Bathing - IADL Tasks

Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Bathing (IADL) - Change linens	1 days / N	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing (IADL) - Make bed	7 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐
Bathing (IADL) - Tidy / Clean Bathroom	7 days / Y	1 - Total	1	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su	☐

Weekly hours are already divided by 4.35

Left sidebar menu:

- Beneficiary Info
 - Search Beneficiaries
 - Beneficiary Summary
 - Beneficiary Profile
 - Discharge
 - Supporting Docs
- Plan Info
 - In Process Plans
 - Beneficiary Service Plan List
 - Person Centered Goals
- Help
 - Service Plan Training Videos
 - Service Plan Instructions
- Plan Links
 - Current Service Plan
 - Service Plan History
 - Auto Task Sheet
 - Service Plan Print

This is where provider enters the shifts to calculate the daily hours.

Completing the Service Plan (continued)

The screenshot displays the QiRePort 'Plan' page. On the left is a navigation menu with categories: Beneficiary Info, Plan Info, Help, and Plan Links. The main content area includes a table for 'Assigned Aide' with columns for 'Qualifications', 'Effective Date', and 'Reason'. Below this are text input fields for 'Assigned Aide Entry', 'Medical Monitoring Parameters', 'Aide Instructions', and 'Narrative'. The 'Author' field is populated with '2Rios-Rivera, Jaylene'. At the bottom, there is a section for 'Is Service Plan Complete?' with radio buttons for 'Yes' and 'No'. To the right of this is a 'Date Completed' field. At the very bottom are 'Save' and 'Show Errors' buttons.

Before submitting service plan provider needs to select if the service plan is completed. ➡

Once complete, select save to submit the service plan ➡

Manual Service Plan

- A manual service plan should be completed when the approved service hours do not match the hours reflected in the assessment.
- Upload the completed manual service plan to QiRePort.
- Contact NCLIFTSS to report the discrepancy and receive further guidance.

Note:

- Failure to upload the manual service plan may result in incomplete beneficiary records and will prevent prior authorization records from processing.

Manual Service Plan Reasons

A manual service plan may be required in the following situations:

- EPSDT Short Term Increase (STI) Hours Changes
- Settlement Agreements
- Expedited Assessments
- Change of Provider (COP) Cases with an Active Appeal
- Change of Provider (COP) Cases where a settlement authorizes additional hours not reflected on the service plan
- Assessment errors identified after the service plan has been accepted

Note: Manual service plans must be uploaded to the Supporting Documents section of the Provider interface and providers should contact NCLIFTSS for assistance and to ensure that PA's are generated.

PERSONAL CARE SERVICES

Supporting Documents

Supporting Documents

Accessing Supporting Documents

- Search for and select the beneficiary within **QiRePort**.
- From the left navigation menu, click **Supporting Docs** to view documents associated with the beneficiary's record.
- To upload a new document, select **Add**.
- Locate the document on your computer and upload it to the beneficiary's account.
- Verify that the document has been successfully uploaded and is available within the **Supporting Docs** section.

Record Date	Document Type	Other Description	Document	Uploaded By
<u>08/03/2015</u>	Beneficiary Service Plan Consent Form	Signed SP	doc20150803110750025710 (1).pdf	[redacted]

[Add](#)

Supporting Documents

Supporting Documents

- Providers are required to upload all signed service plans to the Supporting Docs section.
- If a service plan cannot be completed in QiRePort, providers must upload a copy of the manually completed service plan to Supporting Docs.
- Providers may upload additional beneficiary-related documentation, including relevant medical or personal information.
- Acentra Health has access to all documents uploaded to Supporting Docs.

Important: Supporting documents do not transfer when a beneficiary changes providers. Providers should ensure all necessary documentation is maintained within their records.

Contact Information

VieBridge Support

- Support Phone: 888-705-0970
- Support Email: support@qireport.net
- PCS Portal (QiRePort): <https://www.qireport.net>

NCTracks Support

- Support Phone: 800-688-6696 [PCS FTE by Region.xlsx](#)
- Support Email NCTracksprovider@nctracks.com.

NCLIFTSS

- Support Phone: (833) 522-5429
- Support Fax: (833) 470-0597
- Support Email: NCLIFTSS@acentra.com

Question & Answer



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HEALTH

Accelerating
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