AuthentiCare®
New Mexico

User Manual

Prepared by: First Data.

Version 6.3

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Chapter 1   Introduction

New Mexico Centennial Care utilizes AuthentiCare for six (6) specific services provided to clients assessed as eligible to receive one or more of the services provided through New Mexico Centennial Care providers. New Mexico Centennial Care is comprised of three different Managed Care Organizations (MCOs): Blue Cross and Blue Shield of New Mexico, Presbyterian Health Services, and Western Sky Community Care.

Providers of selected services (procedures) are required to use AuthentiCare to capture and bill for services provided to New Mexico Centennial Care members who are known in AuthentiCare as "clients." (See Appendix A.1 for the list of included services.)

AuthentiCare is web-based electronic visit verification, scheduling, tracking, reporting and billing system that:

- Automatically captures and invoices accurate services provided to clients
- Provides the ability to automate scheduling, time and attendance, billing and reporting functions
- Assists in identifying and responding to unmet client needs (missed and late visits)
- Provides New Mexico Centennial Care MCOs data to assist in making policy decisions regarding the delivery of services

1.1   Common Terminology/Acronyms

Users must be familiar with the terms and acronyms used in AuthentiCare in order to take full advantage of the functionality and follow the instructions in this User Manual. These include:

Term/Acronym	Meaning/Use
835	The 835 is the electronic remittance advice (RA) that applicable New Mexico Centennial Care MCOs provide to providers reporting the adjudication status of each claim submitted.
837P	The 837 Professional (P) is the electronic billing file of confirmed claims that AuthentiCare submits each weekday morning on behalf of each provider. Providers will be reimbursed for services rendered on their current payment schedule.

Term/Acronym	Meaning/Use
Attendant/ Caregiver	SDCB term for worker. Refer to worker meaning/use below.
Case Manager	The case management entity at each New Mexico Centennial Care MCO is a Care Coordinator.
Claim	Each episode of service captured in AuthentiCare is known as a claim. Each will have a unique claim number. Claims may be entered into AuthentiCare by the mobile device, IVR, or the Web.
Client	The New Mexico Centennial Care member is known as client throughout this manual and is the person receiving Centennial Care services.
Client Support Services	Client Support Services is the First Data help desk established to assist AuthentiCare users. Contact information for them is located in Chapter 14 of this User Manual.
Employer of Record (EOR)	SDCB term for representative. A representative is a person employeed by the SDCB member to act on their behalf. In some cases, the member is the EOR.
External Client ID	The client ID number that a provider has created in the provider's own client data system can be captured in the AuthentiCare system for the provider's accounting purposes.
Event	For those providers who use the Scheduling functionality in AuthentiCare, an event is a visit scheduled in advance for service to a client.
First Data	The company that operates AuthentiCare for New Mexico Centennial Care.
High Risk Indicator	The box on the Client Entity Settings page that is open to MCO-user-edit to designate a client with more risk than other clients in regard to his/her services delivery.
IVR	The Interactive Voice Response system used by AuthentiCare contains pre-recorded information that the Worker interacts with via touch tone phone when calling a designated toll-free number. For more information, see Chapter 10 of this User Manual.

Term/Acronym	Meaning/Use
Jurisdiction	The portion of state or federal government services in which AuthentiCare has been implemented to provide accurate time reporting and/or claims submission of Medicaid services on behalf of eligible providers is known to First Data as an AuthentiCare jurisdiction.
MCO	A managed care organization is referred to as an MCO or health plan. In AuthentiCare New Mexico Centennial Care, an MCO staff member utilizing AuthentiCare is referred to as a New Mexico Centennial Care Administrator user.
Member	SDCB term for Client (reference Client meaning/use above)
Mobile Device	A GPS enabled mobile device (smartphone) can be used to record services provided for a client. For more information, see Chapter 11 of this User Manual.
Multi-Branch	A provider who has several branch offices is referred to in NMCC as a multi-branch provider. Authorizations, schedules, late/missed visit alerts are divided and tracked by branch location. For more information, see Chapter 14 of the User Manual.
No Tech Zone Indicator	The box on the Client Entity Settings page that indicates the client lives in an area with no cell telephone or landline telephone access.
Provider	"Provider" designates the provider agency that is authorized to deliver services for a client.
Role	A role is the individual user's defined term that designates what information the user may access and what actions the user may perform on the AuthentiCare website. At each provider location, all users are created by the AuthentiCare initial administrator user who and then assigns other roles. The role each user is assigned allows users to do their designated work while assuring that all data is maintained in a private and secure manner. For a description of each role, see Appendix A.4 of this User Manual.
Service	The procedure provided for the client through AuthentiCare New Mexico Centennial Care is known as the service. For a list of the services for which the provider is required to use AuthentiCare, see Appendix A.1 of this User Manual.

Term/Acronym	Meaning/Use
Staff	Staff members at each of the New Mexico Centennial Care MCOs who oversee the services applicable to AuthentiCare are the staff members who have access to information in AuthentiCare.
Support Broker	SDCB term for case manager. Refer to Case Manager meaning/use above.
Timesheet	SDCB term for Claim. Refer to Claim meaning/use above)
Worker	The worker is the employee of the provider who actually provides the service to the client. Each worker is assigned a unique 5-digit Worker ID number for each provider and/or provider location where they work to use when recording services via the IVR, mobile device, or the Web.

1.2 Overview of AuthentiCare

The core of AuthentiCare is a database containing information on the clients, services, authorizations, providers and workers. This information is updated each week day via entry provided by New Mexico Centennial Care MCO staff or Web entry by provider staff. The basic use of AuthentiCare requires these steps:

- The worker goes to the home of the client to provide a service.
- The worker uses the client's touch-tone phone to call the toll-free AuthentiCare
- Number or uses a GPS enabled mobile device.
- Using caller ID or GPS technology, AuthentiCare identifies the client and the services authorized for that client, and prompts the worker to enter his/her Worker ID number and to verify the service to be provided.
- The system verifies the information and advises the worker that he/she is "checked in" as of the time the contact was initiated.
- When the worker completes the service, the worker calls the same toll-free number or uses the GPS enabled mobile device to "check out.

The worker is advised that he/she is "checked out" as of the end of the contact.

From that telephone/mobile device interaction, AuthentiCare creates a claim.

After the provider reviews and approves it, the claim is submitted electronically for adjudication.

Claims are submitted for processing in the early morning of each week day.

In situations where the IVR system cannot be used (example: the phone is out of order) and the worker does not have a GPS enabled mobile device or in situations where the worker makes an error (example: forgets to check out); the worker notifies his/her supervisor and provides the information about the visit.

The provider enters the visit information into AuthentiCare via the Web, thus creating a claim for the service provided.

1.3   Organization of the Data

The data in AuthentiCare is organized under four main areas:

- Entities - includes people or agencies that are involved in providing care as well as individuals receiving care. In AuthentiCare, the Entities are: Providers, Workers and Clients.
- Services – those procedures defined by New Mexico Centennial Care MCOs for reporting through AuthentiCare are listed in Appendix A.1.
- Authorizations - specify the types and amount (units) of service that providers are pre-authorized to provide based to clients.
- Claims- Visits that are submitted in AuthentiCare for billing purposes.
- Under certain pre-defined circumstances several visits may be combined to create one claim for billing purposes. If a client receives the same service in different shifts throughout the day, and those visits are confirmed the same date for that date of service, those separate visits are "rolled" into one claim for export in the early morning hours of the next day. Each claim created in AuthentiCare has a unique claim number which is retained and displayed in AuthentiCare claims reports for audit purposes. Refer to Chapter 12 for additional claims information.

1.4   AuthentiCare Users

The user of AuthentiCare is assigned one of several different roles. This User Manual is designed to provide each user, regardless of role, with the ability to maximize use of the system on a daily basis.

The client is the heart of any in-home and facility care system, but clients do not interact directly with AuthentiCare. Those who do have active roles in AuthentiCare are:

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- The Worker is the person who calls the IVR or uses a GPS mobile device to check in upon arrival at a client's home and again to check out after completing services.
- The Provider staff members who use the secure website to:
  - Manage worker information
  - Schedule workers' visits to clients' homes (optional)
  - Add claims for services where the use of the IVR or mobile device was not feasible
  - Modify a claim that was incorrectly entered by the worker using the IVR or mobile device

Review and confirm claims for billing prior to their submission for payment

Acknowledge and provide an explanation of missed visits

View reports of real-time information to assist in record keeping and management

New Mexico Centennial Care MCO Staff, including Case Managers, use the secure website to monitor services being provided to clients.

AuthentiCare helps to reduce paperwork and gives the user tools to assist in managing staff resources, service delivery and reimbursement through access to real-time information via Internet Explorer at any time.

1.5   Security

AuthentiCare maintains extensive security protocols to protect the information available via the website while at the same time making it readily available to authorized users. There are two levels of security controlling access to the data:

The first level of security is dependent on the role that the user has in the system. The roles in AuthentiCare are Provider Administrative User, Blue Cross and Blue Shield of New Mexico Administrative User, Presbyterian Health Systems Administrative User, and Western Sky Community Care Administrative User.

✍	*Each Provider can designate another Administrator role or other role within their agency. Each role has the ability to perform specific functions within the system. See Appendix A.4 for a description of the roles.*

The second level of security is referred to as data scoping. Data scoping restricts what information the user has access to within the assigned role.

A Provider user has the access only to information associated with the agency ID. A provider is not able to view the data of other providers for confidentiality reasons.

New Mexico Centennial Care MCO Administrative users can view all data in AuthentiCare related to their clients.

1.6   Using This Web Application

The AuthentiCare Web component is accessible from any computer that has a connection to the Internet. Examples of unique functions:

Hyperlinks - a hyperlink, or link, is a connection from your current location in the application to another page in the application or another website or Web application. When the mouse is placed on a hyperlink, the text may change, and the cursor changes from an arrow to a hand. Hyperlinks only require a single click. Below is an example of a text hyperlink in AuthentiCare.

Pictures, graphics, or icons can also be used as hyperlinks. If the cursor arrow changes to a hand, then there is a link. In the example below, the graphic does not change in appearance but a pop up box indicates what the hyperlink does and the arrow changed to a hand.
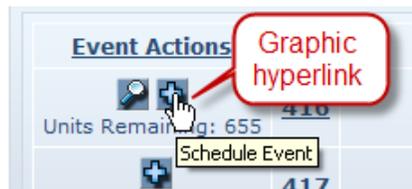
Web applications use a Web browser. The Web browser has the ability to maintain the Web addresses of your "favorite" websites, to add an address to your favorites, to enter a Web address (also known as a URL), to go back to the previous page, to go forward to the next Web page assuming you have viewed it previously, to reload or refresh the current page, and to cancel the loading of the current page.

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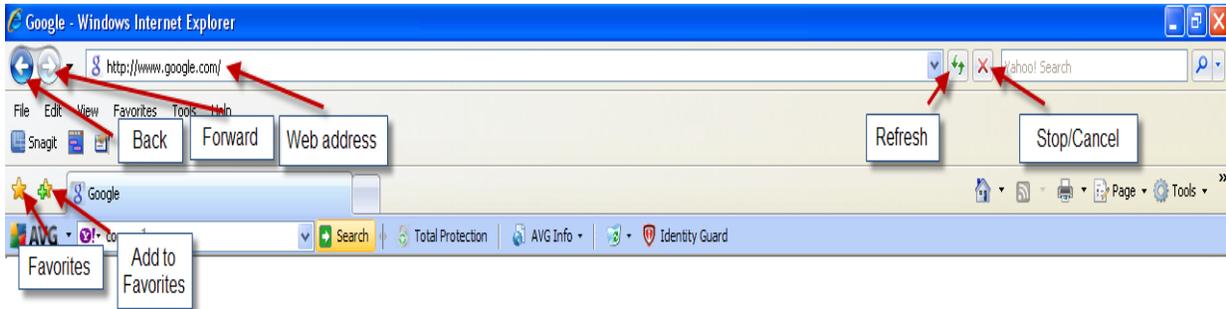
Web applications can use breadcrumbs to assist in navigation. As the name suggests, this provides you with a history of the Web pages you used in getting to your current page in the event that you wish to return to any of the previous Web pages. The Web pages identified in the breadcrumb are hyperlinks, and by clicking on them, you will be returned to that Web page.

Hover Text -additional information is displayed when the mouse cursor is placed over the hover link. This functionality is utilized in AuthentiCare to provide additional information rather than having to navigate to another page in the application to get the same information.

There are also several icons unique to AuthentiCare that you will see on the Web pages. These include:

- Schedule Event icon 🟦 - used on the Authorizations page to schedule an event for the authorization
- Looking Glass icon 🔍 - provides the ability to look up values for fields linked to other existing data in the system
- Information icon 🔵 - provides the ability to display more detailed data when you place the mouse over the icon (hover text)
- Entity icon 🟦 - provides a link to view the associated data for the value displaying in a certain field
- Exceptions icon ⚠️ - provides an ability to view the exceptions on a claim
- Run Report icon 📄 - provides the ability to run a report from a previously created report template

1.7   Using this Manual

This manual is designed to provide the information you need to use AuthentiCare. Each section within a chapter provides step-by-step instructions. Each section may also have one of the following boxes:

✍	*Notes – The information provided in these boxes is intended to assist and further explain the material. It may include an important tip or hint to using the system.*
💡	*Important – The information provided in these boxes highlights specific rules that are critical to the proper functioning of the system.*

⚠️	*Caution – The information provided in these boxes highlights actions that if taken in the system may have an adverse effect.*

The information provided in all of these boxes is essential when using the system and should not be ignored.

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Chapter 2   Getting Started

This chapter is designed to help you begin using AuthentiCare by walking through the provider registration process, adding new users, logging in, logging out, and changing your password. The AuthentiCare website is www.AuthentiCare.com/nmcc. The use of an Internet Explorer Web browser is preferable.

2.1   Establishing a User Account

To log into AuthentiCare, you must have a user account which consists of a username (email address) and a password. There are several ways that a user may obtain a username and password.

For all providers, an initial user account for an Administrator user is created by First Data and provided to a manager. Proceed to Section 2.2 for instructions on logging into AuthentiCare. After logging in, the Administrator user can create user accounts for other users for that provider (refer to Section 2.1.1 for further instructions).

For New Mexico Centennial Care administrators, user accounts are created by First Data when authorized by New Mexico Centennial Care MCOs. The registration process is not required. First Data will provide the username (email address) and password so that Centennial Care administrators are able to log into and use AuthentiCare. Proceed to Section 2.2 for instructions on logging into AuthentiCare.

For New Mexico Centennial Care Self-Directed Community Benefit Support Brokers, access is granted using a self-registration process via the AuthentiCare system.

For New Mexico Centennial Care Self-Directed Community Benefit Employer of Record (EOR) users, access is granted by a Support Broker

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2.1.1 NMCC SDCB Support Broker Self-Registration

1. Type https://www.authenticare.com/nmcc in your web browser

2. Click **Register for Access**

3. Select *CaseManager* from the **Entity Type** dropdown list

4. Enter support broker agency ID and PIN

5. Enter your email address

6. Create and confirm your password

7. Click **Register**

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2.2 Logging In to AuthentiCare

Navigate to the AuthentiCare website at www.AuthentiCare.com/nmcc .
The *Welcome* page displays.
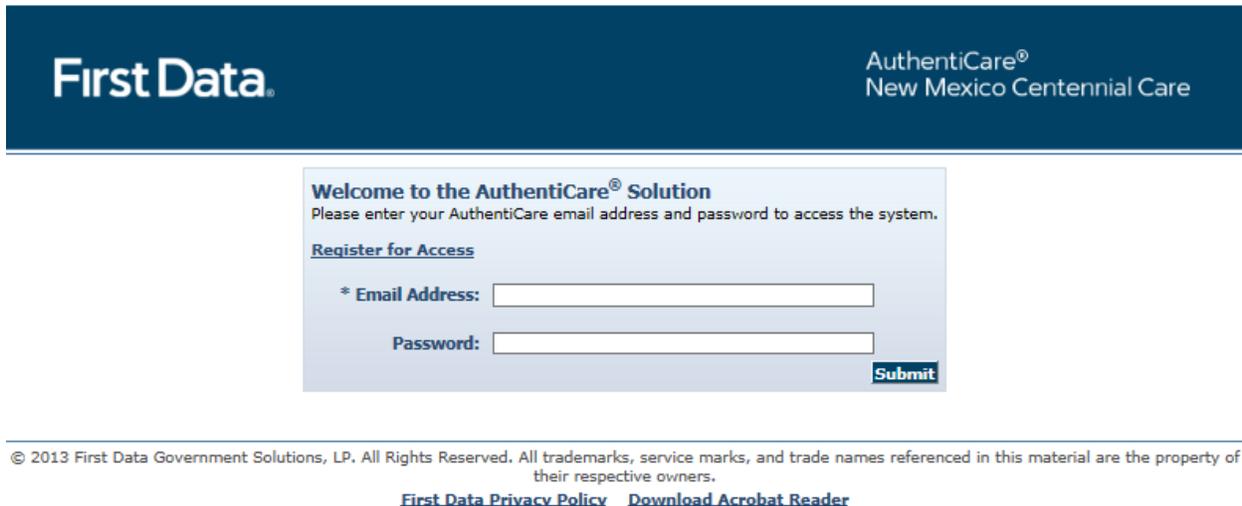
Enter your AuthentiCare Email Address and Password.

Click **Submit**.

The *Home* page displays and varies in appearance based on the user's role. Your view of the Home page may be different from what is displayed in this User Manual as this is the Provider Administrator's view. From the *Home* page, you can access the functionality available in AuthentiCare.

2.3   Logging out of AuthentiCare

For security and privacy reasons, it is important for users to log off AuthentiCare when leaving the work station. After a 15 minute period of inactivity, AuthentiCare automatically logs the user off the system. Select Logout from the Main Menu.

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2.4　Adding New Users

A provider staff member with the NM_Administrator role *can* create additional user accounts, including another user with the NM_Administrator role and a variety of other roles.

A NMCC SDCB Support Broker user can add EOR users.

An MCO staff member, a New Mexico Centennial Care Administrator user, *cannot* add another New Mexico Centennial Care Administrator user to AuthentiCare. To add an MCO New Mexico Centennial Care Administrator user, contact AuthentiCare.Support@firstdata.com.

An AO_Administrator user (created for MultiBranch authorization work) *cannot* add another AO_Administrator user to AuthentiCare. To add another AO_Administrator user, contact AuthentiCare.Support@firstdata.com.

(lightbulb icon)	***Important*** *– For MCOs, an MCO New Mexico Centennial Care Administrator user cannot add another MCO NMCC Administrator user.* ***Important*** *– For providers, an AO_Administrator user cannot add another AO_Administrator user.* *To add these users, contact AuthentiCare.Support@firstdata.com.*

For providers, enter your AuthentiCare Email Address and Password. Click Submit.

Upon successful completion of logging in, the *Home* page displays.

1. If you want to narrow your search you may choose an Entity Type. Enter the name of your provider or some portion of the name in the Entities Search >.

2. Click Go!

The *Provider Entity Settings* page displays with the information about this provider.

Provider Entity Settings		Entity Addresses/Phones				
* Indicates a required field.		**Add Address**				
ID:	5919					
PIN:	*****	Address Type:	Work	**Delete**		
First Name:		* Address Line 1:	1234 Hunter Avenue			
Middle Name:		Address Line 2:				
Last Name:		* City:	Las Cruces			
* Company Name:	CMC Test Provider	* State:	NM * Zip: 99999			
SSN:						
FID:	*****9999					
Gender:						
Birth Date:		**Add Phone**				
Email:	cmc@cmctestprovider.com	**Phone Type Phone Number**				
Begin Date:	7/1/2014	Work	(888) 123-4567	**Delete**		
End Date:		Fax	(888) 123-4569	**Delete**		
Language:						
Status:	Active	**Registered Users**				
* Entity Qualifier:	Business	**Add User**				

User Name	Role	Registered On	Enabled	Delete
AOcmc@testprovider.com	AO_Administrator	06/24/2015	☑	☐
Assistant@testprovider.com	NM_HumanResources	08/17/2014	☑	☐
cb_fd@test.com	NM_Administrator	08/20/2014	☑	☐
claude@cmctestprovider.com	NM_ClaimsMgt1	05/25/2016	☑	☐

Extra Claim Review: ☑
Mileage: ☐
NPI: 8888888888
Personal Care - Consumer Delegated
Personal Care - Consumer Directed
Personal Care - Consumer Directed Visit
Personal Care - Consumer Directed Training

3. Click Add User.

Provider Entity Settings		Entity Addresses/Phones
* Indicates a required field.		**Add Address**
ID:	20472	
PIN:	*****	**Add Phone**
First Name:		
Middle Name:		**Registered Users**
Last Name:		**Add User**
* Company Name:	Test Provider	
SSN:		
* FID:	999999999	

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The *Register* page displays.

Choose the Administrator role *only* from the list below. There is an additional role of Assignment Office Administrator for Multi-Branch providers (AO_Administrator) that only First Data can assign. Refer to Chapter 14 for an explanation of this User role. When you choose the NM_Administrator role or a different role, the screen will refresh to display on the right the list of rights for that role. See Appendix A.4 for a description of functions the Administrator role and each different role can perform. The NM_Administrator role and available provider roles are listed here:

- AO_Administrator
- NM_Administrator
- NM_AdminAssistant
- NM_Payroll/Billing
- NM_HumanResources
- NM_Payroll/Billing/HumanResources
- NM_Scheduler/Coordinator
- NM_ClaimsMgt1
- NM_ClaimsMgt2
- NM_IntakeReferral

💡	*There can be only one role per email address. When creating a new user account, one cannot use the same email address in existence for another account. If the person needs to be assigned to more than one role, each role will require its own distinct email address.*

Enter an **Email Address**.

	*This email address serves as a User Name and is not used to contact the provider. It does not have to be a valid email address, but it must be in the **format** of an email address.*
	For example, a provider with a facility called. "Special Care, Inc." may wish to type in the User Name: specialcare @inc.com.

Enter a **Password**. The password must have at least one uppercase letter, at least one lower care letter, at least one number, at least one special character, and must be at least eight characters in length.

	*Special Characters of * and + are not accepted in the AuthentiCare password format.*

Re-enter the password in **Confirm Password**.

	This password is used in the future along with the email address to access the website so it is important to write them down and store both email address and password in a secure place.

The *Register* page displays with the entered information.

Click Register.

You are returned to the *Home* page. A message in the top left hand corner informs you that the registration was completed successfully. The user you just registered displays

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in the Registered Users section of the *Provider Entity Settings* page specifying the email address, the role assigned and that he is enabled.
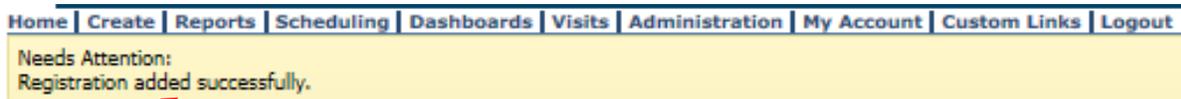
2.4.1 NMCC SDCB Support Brokers Adding EOR Users

1. From the **Homepage**, search for and select the EOR you wish to add

2. On the **Representative Entity Page**, go to the *Registered User* section

3. Click **Add User**
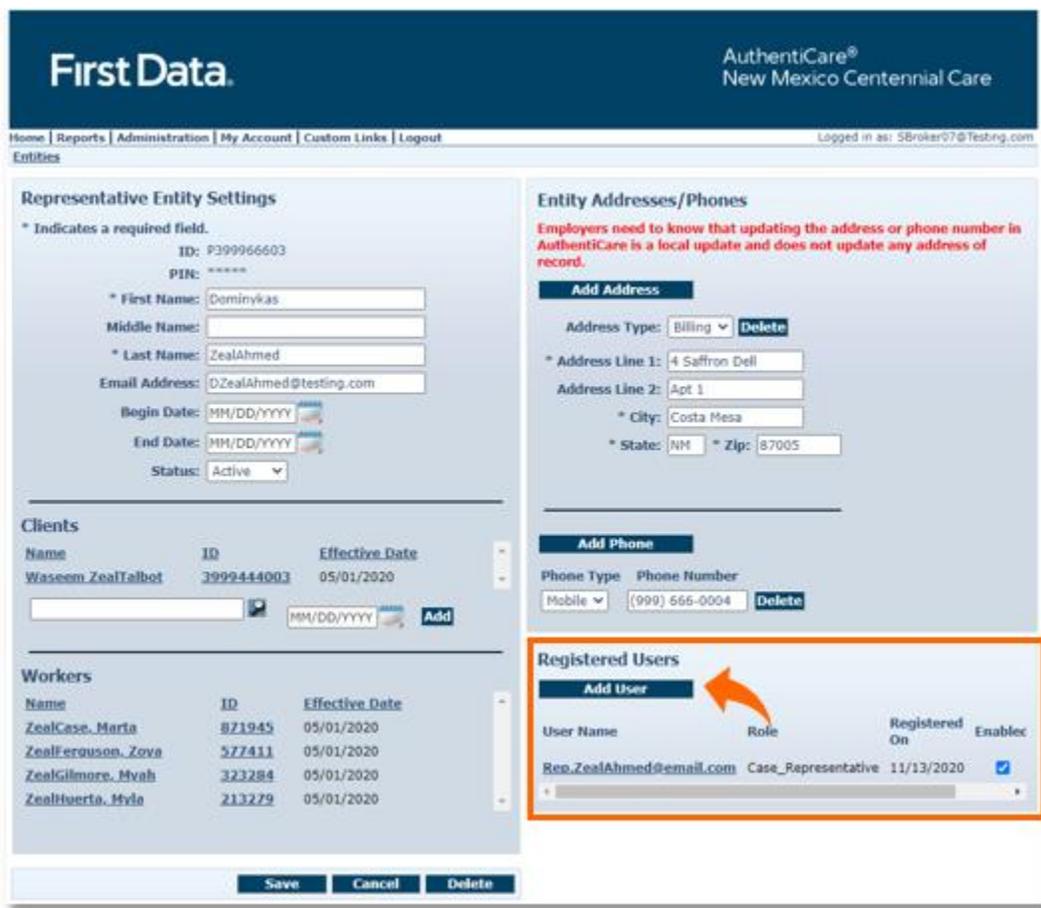
4. On the **Register** screen enter the e-mail address of the new user

5. Create and confirm password following the strong password rules

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6. Select the *Case_Representative* user role

7. Click **Register**
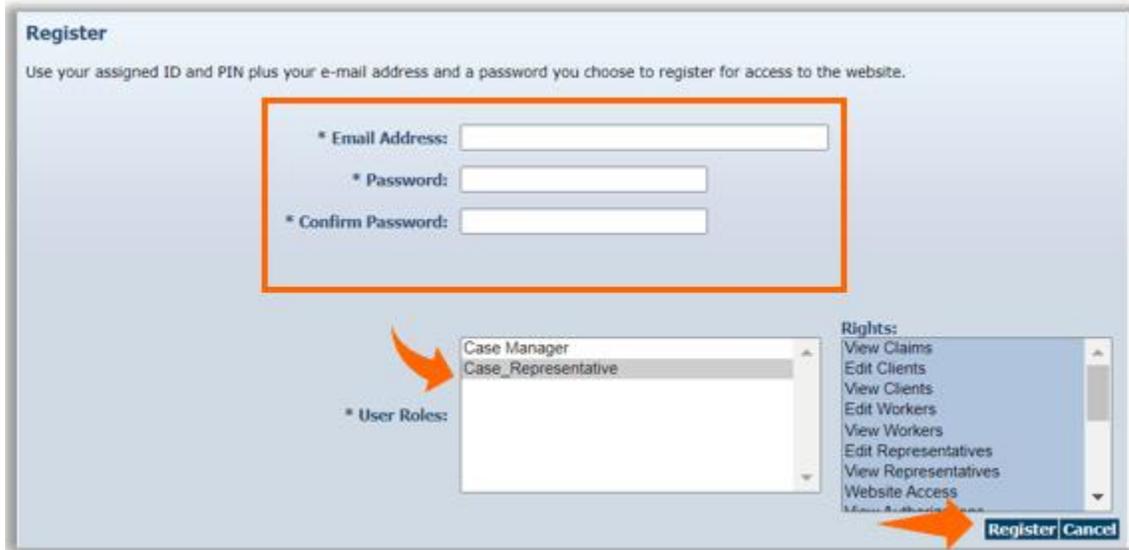
- New user will be listed in the Registered Users section.

- Be certain to send the new user their AuthentiCare login credentials!

2.5   Disabling a User

2.5.1   Providers

If an employee of the provider has left the company and that person had access to AuthentiCare as an agency Administrator or as one of the roles, it is critical that the user account is disabled immediately. Because you can log in to AuthentiCare anywhere you can access the Internet, a former employee would still have access to your agency's information. *Only someone with the NM_Administrator role can disable an account.*

> *Only someone with the Administrator role at the provider agency can disable an account.*

Navigate to the *Provider Entity Settings* page by entering the name of the provider or some portion of the name in the Entities Search > field and click Go!

Entities

Add New >   Worker

Entity Type >   [▼]

Search >   [   ]

[Go!]

The Provider Entity Settings page displays with the information about this provider.

Provider Entity Settings
* Indicates a required field.
ID: 5919
PIN: *****
First Name:
Middle Name:
Last Name:
* Company Name: CMC Test Provider
SSN:
FID: *****9999
Gender:
Birth Date:
Email: cmc@cmctestprovider.com
Begin Date: 7/1/2014
End Date:
Language:
Status: Active

* Entity Qualifier: Business
Extra Claim Review: ☑
Mileage: ☐
NPI: 8888888888

* Provider Services:
Personal Care - Consumer Delegated
Personal Care - Consumer Directed
Personal Care - Consumer Directed Visit
Personal Care - Consumer Directed Training
Consumer Directed Administrative Fee
Respite
Consumer Directed Advertisement Reimbursement
Supervisory Home Visit
Stipend G9006U1
Stipend G9006U2

Taxonomy Code: 99999999999
Travel Time: ☐

Entity Addresses/Phones
[Add Address]

Address Type: [Work ▼] [Delete]
* Address Line 1: [1234 Hunter Avenue]
Address Line 2: [   ]
* City: [Las Cruces]
* State: [NM]   * Zip: [99999]

[Add Phone]

Phone Type Phone Number
[Work ▼]   (888) 123-4567   [Delete]
[Fax ▼]   (888) 123-4569   [Delete]

Registered Users
[Add User]

User Name	Role	Registered On	Enabled	Delete
AOcmc@testprovider.com	AO_Administrator	06/24/2015	☑	☐
Assistant@testprovider.com	NM_HumanResources	08/17/2014	☐	☐
cb_fd@test.com	NM_Administrator	08/20/2014	☑	☐
claude@cmctestprovider.com	NM_ClaimsMgt1	05/25/2016	☑	☐
CMB@testprovider.com	NM_Administrator	12/05/2014	☑	☐
cmc@testprovider.com	NM_Administrator	07/25/2014	☑	☐
jamiao@nm.com	AO_Administrator	06/16/2015	☑	☐
jamitest@nm.com	First Data	06/16/2015	☑	☐
Jason@cmctestprovider.com	NM_ClaimsMgt1	09/15/2015	☑	☐

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Click the Enabled checkbox and the check mark will disappear.

Click Save.

You are returned to the *Home* page which displays a message that the provider agency's office staff member change was saved successfully.

This user will <u>no longer</u> be able to log into AuthentiCare. All changes are done in real time from the time of the save.

> ⚠️ *Do not click the "delete" check box to disable the user. That will hamper the functions in AuthentiCare that automatically track by user name (email) actions that were taken in the system.*

2.5.2   New Mexico Centennial Care Administrative Users

If a user should no longer have access to AuthentiCare, contact First Data Client Support Services at AuthentiCare.Support@firstdata.com to have the account disabled.

2.6   Changing Your Password

There are several reasons why an AuthentiCare user would want or need to change his/her password:

Password Expiration: The password expires every 60 days and a new one needs to be chosen. There is a password rotation of ten (10) passwords which means that you cannot use any of your previous ten passwords when creating a new password.

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Security: Users may want to secure their password by creating a new one if they feel this information has been compromised.

Account Lockout: After three (3) failed attempts to log-in in a single session the account is automatically disabled. To re-establish access:

> For Providers – someone with an Administrator role can manage registrations and change the password for the locked out user.

> For New Mexico Centennial Care Administrators – contact First Data Client Support services at 1-800-441-4667, option 6, or email AuthentiCare.Support@firstdata.com.

✍	*When creating a new user account, you cannot use the same email address as the account that has been locked out. When creating a new user account, one cannot use the same email address in existence for another account. The locked out account is determined to be "in existence."*

Enter your AuthentiCare Email Address and Password.

Click Submit.

The *Home* page displays and varies in appearance based on the user's role. From the Home page, you can access the functionality available in AuthentiCare.

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First Data

AuthentiCare®
New Mexico Centennial Care

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout

Logged in as: cmc@nmtest.com

Entities

Add New >   **Worker**

Entity Type >   [▼]

Search >   [   ]

[Go!]

Services and Authorizations

Search Type: ○ Service
               ◉ Authorization

Service: [   ]
Authorization ID: [   ]
Service Type: [▼]
Authorization Start: [MM/DD/YYYY] 📅
Authorization End: [MM/DD/YYYY] 📅
Client: [   ]
Provider: [   ]
Worker: [   ]
Payer: [   ]
Service Period: [   ]
Procedure Code: [   ]

[Go!] [Clear]

Claims

Add New >   **Claim (Standard)**
Add New >   **Claim (Express)**

               ◉ Claim
Search Type: ○ Confirm Billing - View
               ○ Confirm Billing - Bulk

Claim ID: [   ]

[Go!] [Clear]

Claim Status: [▼]
Claim Start: [MM/DD/YYYY] 📅
Claim End: [MM/DD/YYYY] 📅
Service: [   ]
Authorization ID: [   ]
Client: [   ]
Provider: [   ]
Worker: [   ]
Payer: [   ]
Procedure Code: [   ]
User Option: [▼]
☐ Include Inactive Claims?

[Go!] [Clear]

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PASSWORD CHANGE REMINDER

A reminder to change passwords will appear once a User logs in and if the password is to be changed within the next 5 days. Users will also receive a reminder each of the next 4 days after that as illustrated here with a 3-day reminder. A provider has the ability to select 'Yes' to change the password or 'No' to bypass. Once the number of days has expired, the user will be required to change his/her password in order to log in to AuthentiCare.

Follow the steps below to change your password.

Place the curser on **My Account** in the main menu, and when **Change Password** displays, click on that.
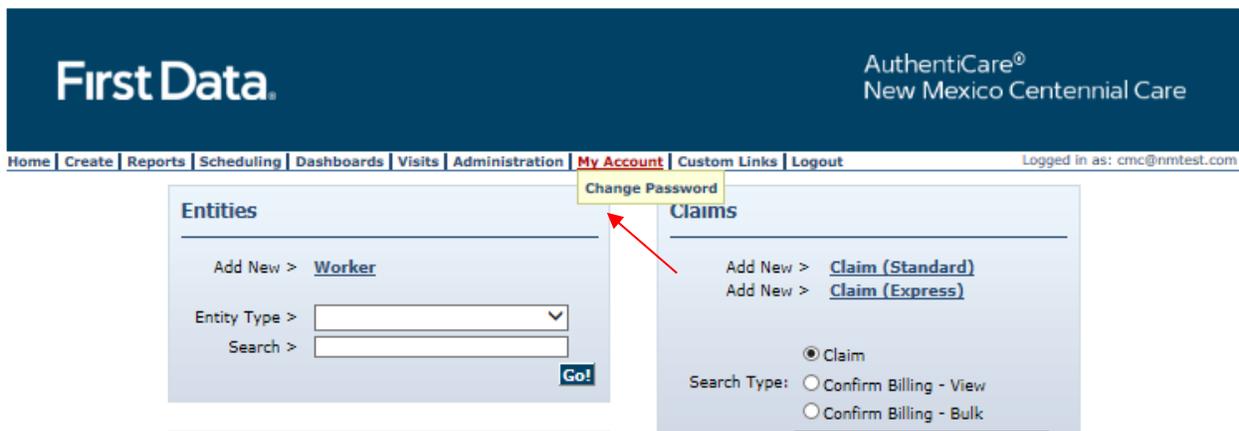
The *Change Password* page displays.

Enter your Existing Password.

Enter a New Password.

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✍	The Password must have at least one uppercase letter, at least one lower case letter, at least one number, at least one special character, and be at least eight characters in length. Do not utilize * or + in your password. This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place. The password entered cannot be the same as any of the previous ten passwords you have used.

Re-enter the password in Confirm Password.

Click Submit.
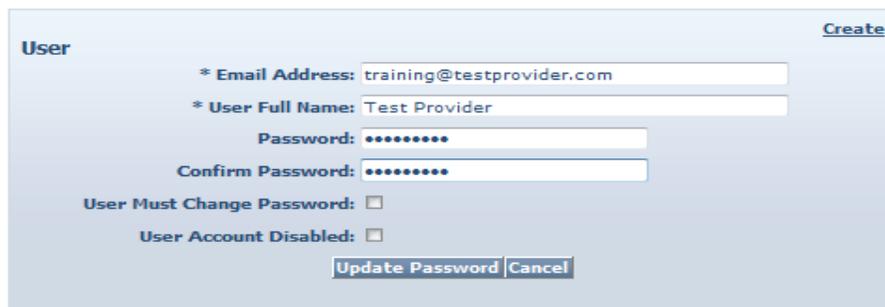
The AuthentiCare *Home* page displays with a confirmation that you successfully changed your password.

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Chapter 3   An Introduction to Navigating AuthentiCare

AuthentiCare provides several "starting points" from which to navigate through the system. All users will see the *Home* page when first logging in to the system. From this point, the user can access all data and functionality allowed by the assigned role.

For providers with the role of Administrator, and roles of AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources, there are two additional navigation tools that are listed on the top tool bar, *Provider Dashboard, Worker Dashboard, and Exceptions Dashboard*. These are short cuts to data that is essential to daily operations.

3.1   Home Page

The *Home* page is the central location in AuthentiCare. From this page users can navigate to any of the other areas of the system. This page differs depending on the

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user role, and therefore, controls the information users can access in the system. The user name is displayed in the upper right-hand corner of the *Home* page. All actions taken by the user are tracked in AuthentiCare to maintain an accurate record of activity.

The Main Menu on the tool bar across the top of the page allows the user to navigate to different pages to perform different tasks. The Main Menu functions are discussed in detail throughout this manual. The options on the main menu differ depending on the user's role and appear on every page in the system.

✎	*All users have a **Custom Links** option on the tool bar that links to sites or information that is outside of AuthentiCare.*

NMCC SDCB Support Broker Homepage and Navigation Bar

The *Home* page is divided into three sections:

Entities – Entities is a broad category within AuthentiCare that designates people and agencies involved in the care giving experience including:

Clients (the members served by New Mexico Centennial Care)

Providers (each provider agency)

Workers (those employed by a provider agency)

Representatives (SDCB only; the representative hired by the member to act on their behalf)

There is an optional Entity Type to narrow the search. Providers can choose from either Client or Worker.
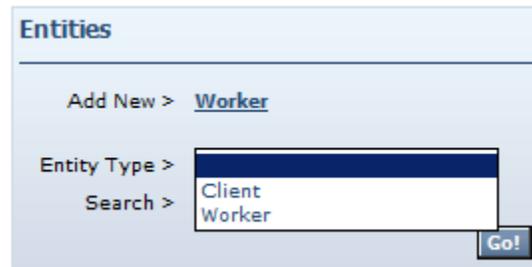
Services and Authorizations – This section of the Home page allows the user to perform detailed searches for existing services and authorizations by clicking on **Go!**

Claims – While most claims are created using the IVR phone system or the GPS enabled mobile device, designated provider roles can also create claims using the website. All claims, whether they were created using the IVR, mobile device or the website, can be viewed from the website. Providers may perform detailed searches for existing claims from the Home page. Refer to Chapter 12, Managing Claims.

The Search and Create functions are described in more detail throughout the manual.

3.2   Provider Dashboard

In addition to the *Home* page, AuthentiCare includes a Provider Dashboard where information is presented in a graphical format and provides easy navigation to the source data represented in the dashboard. The Provider Dashboard is only available to users who have the Administrator, AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources roles in the system.

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Place your cursor on **Dashboards** in the Main Menu and click on **Provider Dashboard.**
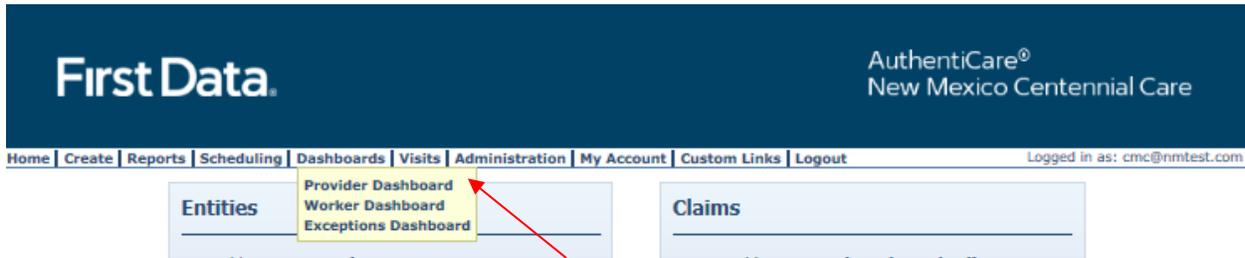
The Provider Dashboard displays with real time information.
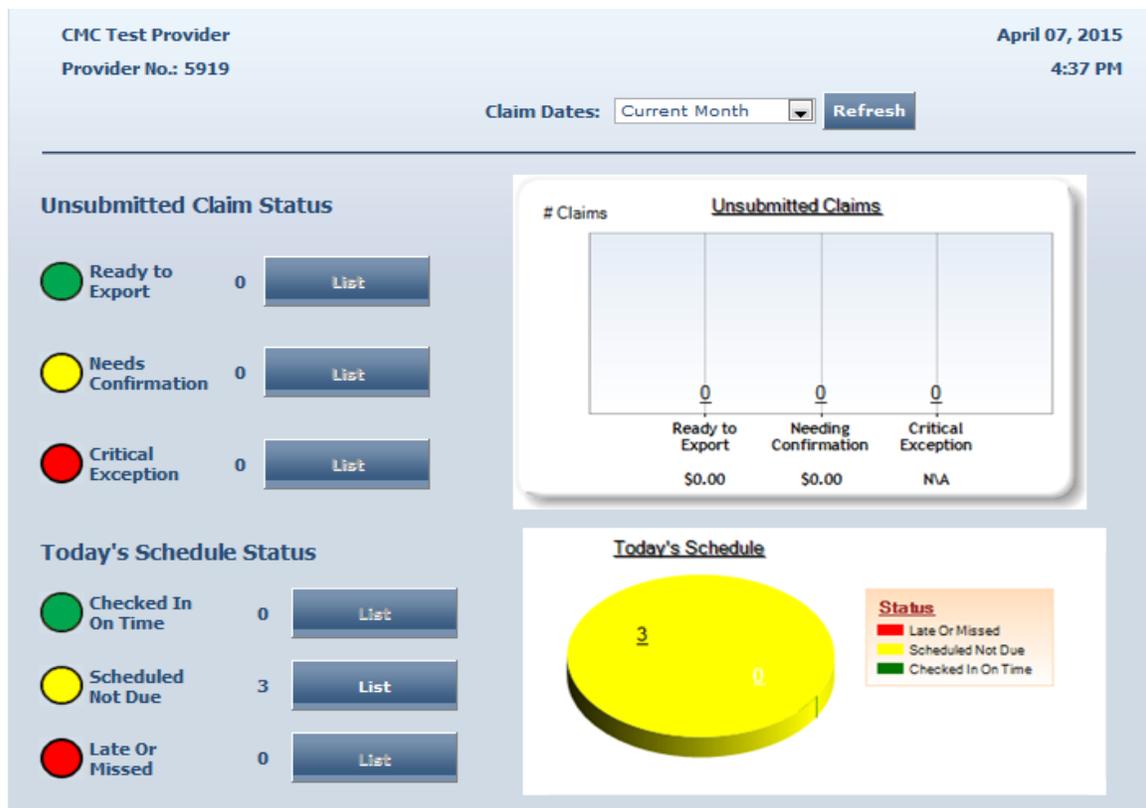
3.2.1   Unsubmitted Claim Status

The *Unsubmitted Claim Status* section provides information on the number of claims that fall into the following categories:

Ready to export – This gives the number of claims that have been confirmed by the provider, but have not yet been submitted for adjudication. These claims may have informational exceptions, but they do not have any critical exceptions. In the next

routine system export, these claims will be submitted. Click on the **List** button to view these claims on the *Claim Search Results*. Refer to Section 12.1 for more information.

Needs Confirmation – This represents the number of claims that are ready to be confirmed for billing to allow submission for payment. In other words the only critical exception on these claims is billing confirmation. Once a claim has been confirmed for billing, it will be moved to the "ready to export" group. Click on the **List** button to view the *Confirm Billing* page where providers can confirm these claims. Refer to Section 12.6 for more information.

Critical exception – This represents the number of claims with one or more critical exceptions in addition to billing confirmation. A critical exception means the claim did not pass one of the system edits that are based on Centennial Care business rules. These exceptions prevent the claim from being confirmed for billing and exported. Click on the **List** button to view the *Claim Search Results* which will list these claims and provide a link to the claim so that details about the exception can be viewed and addressed.

3.2.2 Today's Schedule Status

The *Today's Schedule Status* section provides information for the events scheduled for the current day only if the provider is using the scheduling functionality of AuthentiCare. Refer to Chapter 9, Scheduling for further information. The information in this section of the dashboard is divided into the following three categories:

3.2.2.1 Checked In On Time – Consumer-Delegated

This represents the number of events (visits) where the worker has checked in on time. (On time is defined as checking in between 60 minutes prior to the scheduled event start time and up to 60 minutes after the scheduled event start time.) For further information about these events, click List to view the Worker Dashboard which will display all events identifying the worker, the check-in time, and the check-out time (if the visit has been completed). Refer to Section 3.3 for further information.

3.2.2.2 Checked In On Time – Consumer-Directed (99509)

This represents the number of events (visits) where the worker has checked in on time. (On time is defined as checking in within 4320 minutes of the scheduled end time.) The Early and Late thresholds are disabled for Consumer-Directed service.

3.2.2.3 Scheduled Not Due

This represents the number of events scheduled for later in the day. To view these scheduled events, click **List** to view the *Worker Dashboard* which will display the

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scheduled events and the worker assigned to each event scheduled to occur later in the day. Refer to Section 3.3 for further information.

3.2.2.4   Late or Missed

Consumer-Delegated - This represents the number of scheduled events where the worker either checked in Late (between 60 and 120 minutes after the scheduled start time of the event), has not yet checked in and the current time is between 60 and 120 minutes after the scheduled start time of the event, or the worker did not check in within 120 minutes of the scheduled start time of the event.

If a worker checks in more than 60 minutes before the scheduled start time of the event or 120 minutes or later after the scheduled start time of the event, the check in will not match to the scheduled event and the event status will be "Missed". For further information about these events, click **List** to view the *Worker Dashboard* which will display all late or missed events for the current day. Refer to Section 3.3 for further information.

Consumer-Directed - The Missed Visit Threshold for Consumer-Directed (99509) clients' services is 72 hours (4320 minutes).

☞	*Reminder: For consumer-directed clients' schedules, the Early and Late visit thresholds are disabled.*

In a provider agency does not use the scheduling functionality in AuthentiCare this part of that provider's Dashboard will be blank.

3.3   Worker Dashboard

In addition to the Provider Dashboard, AuthentiCare also includes a Worker Dashboard to facilitate quick access to information about the current day's schedule. The Worker Payroll/Billing, Payroll/Billing/Human Resources, and Scheduler/Coordinator roles.

In your provider agency does not use the scheduling functionality in AuthentiCare the Worker Dashboard will be blank.

Place your cursor on **Dashboards** in the Main Menu, and click on **Worker Dashboard.**
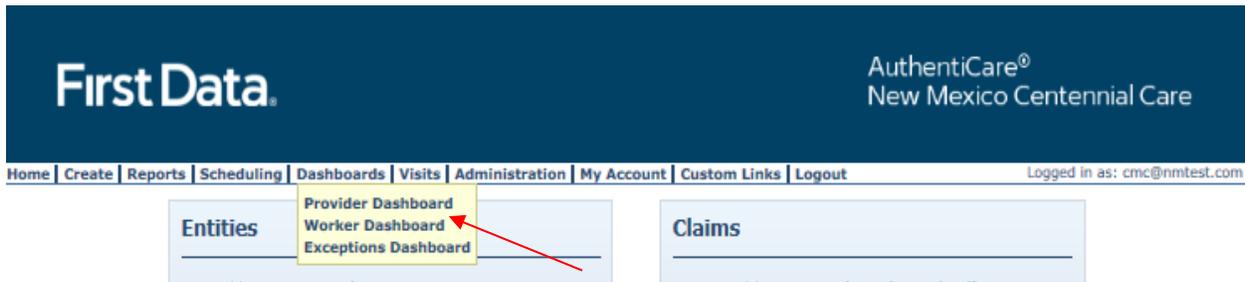
The Worker Dashboard displays with real time information about the scheduled events for the current day.

| CMC Test Provider | | | | | | April 07, 2015 |
| Provider No.: 5919 | | | | | | 4:25 PM |

Today's Scheduled Workers	Worker ID	Scheduled Check-In Time	Actual Check-In Time	Client Name	Client ID	Status
worker1, test	13365	05:30 PM		Test, Client2	49457	○ Scheduled Not Due
worker1, test	13365	06:00 PM		Test, Client2	49457	○ Scheduled Not Due
Worker3, Test	07098	06:15 PM		Test, Client4	58108	○ Scheduled Not Due

Each column has a sort option. By default the Worker Dashboard displays the scheduled events in ascending alphabetical order of the worker's last name.

To change the order of the sort, click on the title of the column, then the arrow in the column name on which you wish to have the information displayed. For instance, if you click on the up arrow in the Worker ID column, the information will be sorted in ascending Worker ID order.

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Today's Scheduled Workers ▼	Worker ID	Scheduled Check-In Time	Actual Check-In Time	Client Name	Client ID	Status
CMC Test Provider Provider No.: 5919						April 07, 2015 4:30 PM
Worker3, Test	07098	06:15 PM		Test, Client4	58108	⬤ Scheduled Not Due
worker1, test	13365	05:30 PM		Test, Client2	49457	⬤ Scheduled Not Due
worker1, test	13365	06:00 PM		Test, Client2	49457	⬤ Scheduled Not Due

The Status column displays one of the following three statuses:

### 3.3.1	Checked In On Time

Consumer-Delegated: This means the worker checked in between 60 minutes prior to the scheduled event start time and up to 60 minutes after the scheduled event start time.

Consumer-Directed: This means the worker checked in within 72 hours of the scheduled end time.

### 3.3.2	Scheduled Not Due

This means the event is scheduled to occur later in the day based on the current time in AuthentiCare.

### 3.3.3	Late or Missed

For Consumer-Delegated, this means either the worker checked in late (between 60 and 120 minutes after the scheduled start time of the event), has not yet checked in and the current time is between 60 and 120 minutes after the scheduled start time of the event, or the worker did not check in within 60 minutes prior to the scheduled start time of the event. Setting different service visit thresholds for Early, Late and Missed Visits is explained in 3.5 of this User Manual.

For Consumer-Directed, the Early and Late visit thresholds are disabled. A missed visit is one that is not provided within 72 hours (4320 minutes) of the scheduled end time.

Each of the data items displayed on the Worker Dashboard is a hyperlink.

Clicking on the worker name or worker ID will take you to the *Worker Entity Settings* page. This allows you to view the information about the worker. Refer to Section 4.4 for further information.

Clicking on the scheduled check in time will take you to the *Scheduled Event* page. This allows you to view the information about the event. Refer to Section 9.2 for further information.

Clicking on the actual check in time (if there is one) will take you to the *Claim* page. This allows you to view the information captured for the claim. Refer to Section 12.1 for further information.
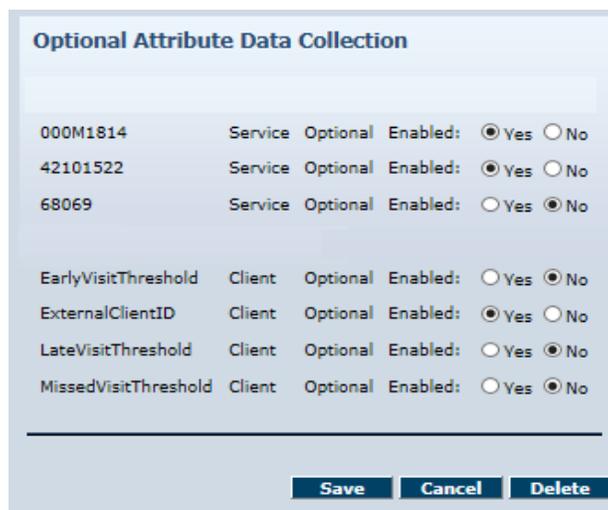
Clicking on the client name or client ID will take you to the *Client Entity Settings* page. This allows you to view the information about the client for whom the event is scheduled. Refer to Section 4.3 for further information.

3.4   Setting Early, Late and Missed Visits Thresholds

Providers are allowed to set client-specific thresholds for Early, Late and Missed Visits.

Providers can set ONLY these client-specific thresholds. In AuthentiCare all services reference the default jurisdictions threshold settings that are set by First Data with agreement from the NMCC MCOs.

Providers with the NM_Administrator role have the ability to set client level thresholds for Early, Late and Missed visits by turning on the custom attributes found on the Provider Entity Settings page.

Providers have access to set the client threshold for services provided by each of their specific agencies. If the client is receiving services from multiple providers, each

provider will have the capability to add a separate client threshold for Early, Late and Missed visits. When providers log into the AuthentiCare system, they can view only the client thresholds set by them for their provider agency.

If client level thresholds are set for Early, Late and Missed visits, then service thresholds will be overwritten by client thresholds set by the provider.

To set the client thresholds for Early, Late and Missed Visits, *all three custom attributes have to be set to 'Yes'* on the Provider page as shown above, and then the thresholds appear on the Client Entity Settings page for each client receiving services through that provider.

If the above custom attributes are set to NO, there is no change in how the Late and Missed visits are handled. Early, Late and Missed visit thresholds from the service settings are referenced to create Late and Missed visit notifications. Providers receive email notification for Late and Missed visits based on the thresholds set.

If these custom attributes for the Early, Late and Missed client thresholds are set to Yes on the Provider Entity Settings page, the service thresholds will be overwritten by the client thresholds.

3.4.1   Steps to Set New Early, Late and Missed Alerts:

- Open the Provider Entity Settings page.
- In the Optional Attributes Data Collection section, select "Yes" for all three, the Early, Late and Missed Visits alerts. (Set all three thresholds to Yes even if one or two are the same as the default setting.)
- Select Save.
- On Client Entity Settings pages, for those clients needing unique thresholds, enter those new thresholds in minutes.
- Select Save.

The Late and Missed Visit alerts are now set based on the information entered by providers.

3.4.2 Thresholds Exceptions/Notifications Scenarios:

Worker checks in earlier than the Early Visit Threshold:

- There will be an Early Visit exception on the claim.
- The provider will not receive an email notification for Late and Missed Visit.

Worker checks in within the Early Visit Threshold:

- There will be no exceptions on the claim.
- The provider will not receive any email notification.

Worker Checks in Later than the Late Visit Threshold:

- There will be a Late Visit exception on the claim.
- The provider will receive notification for a Late Visit.

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Worker Checks in Later than the Missed Visit Threshold:

- The provider will receive two notifications, one for Late Visit and one for a Missed visit.

Worker Checks in when multiple events are scheduled for the day:

- When there are multiple events scheduled with the same

Provider/Client/Worker/Service combination:

- The first appointment that has the status set to scheduled or late will be considered.
- Status of this appointment is updated to On Time or Late complete

An Early or Late exception is received on the claim depending on the check-in time of the visit with reference to the scheduled event.

Worker Checks in when no events are scheduled for the day:

- Claims created for the day will receive an event matching exception (E1).

3.5   Exceptions Dashboard

Place your cursor on **Dashboards** in the Main Menu, and click on **Exceptions Dashboard.**
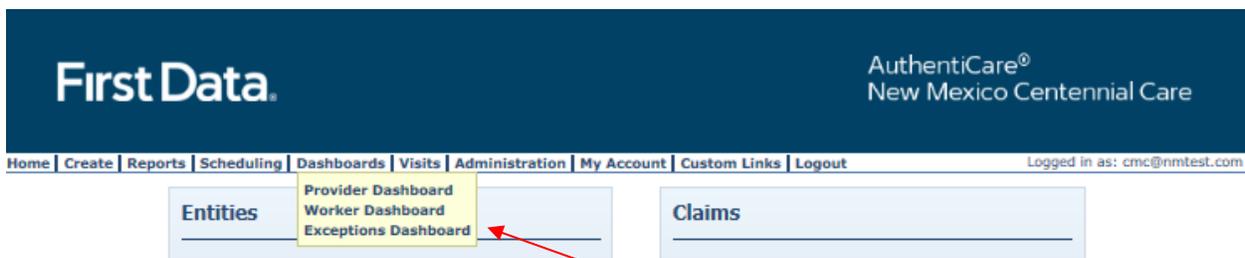
The Exceptions Dashboard displays with real time information about the scheduled events for the current month or for the current day. Once a provider selects Claim Review Needed, Claim Review Needed displays as an exception.

| CMC Test Provider | | July 08, 2016 |
| Provider No.: 5919 | | 1:02 AM |

* Claim Dates: Current Month ☐   Search

● No Authorization	0	List
● Authorized For Different Service	0	List
● Outside Of Authorized Period	0	List
● Authorized Units Exhausted On	0	List
● Authorized Units Exhausted Before	0	List
● Incomplete Claims Outside Check Out Window	0	List
● Incomplete Claims Within Check Out Window	0	List
● Eligibility Exceptions	0	List
● Duplicate Exceptions	0	List
● Unenrolled Provider Service Exception	0	List
● Claim Review Needed	0	List
● Other	0	List

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Chapter 4   Search and Viewing People and/or Agencies

The extent to which a user is able to view people and/or agencies depends on his/her role in the system.

Centennial Care Administrative users can view all data in AuthentiCare related to their clients who receive Personal Care and/or Adult Day Health Care. Provider agency users can view the information in AuthentiCare about their agency as well as information about all clients served by the agency and all workers who work for that agency.

4.1   Searching for People and/or Agencies

Enter a name, partial name or ID in the Search field and click Go!

> ✍   *If nothing is entered in the **Search** field, then all entities will be returned in your search results. Finding just one client or worker in the list will take longer than searching for one entity.*

The search results display all Entities which match the search criteria entered on the Home page. If there is only one entity that matches the search criteria entered, then that entity is displayed immediately rather than the Entity Search Results page.

Note the columns displayed in the search results:

ID – Click this link to go to the *Entity Settings* page for this entity

Name – Identifies the name for the Entity

User Type – Identifies the type of Entity: Provider, Client or Worker

Click the column heading for the search results to sort using a different column. Click the heading once to change the sort to ascending order for that column. Click the heading again to change it to descending order for that column.

Position the cursor over the **Information icon** to display a pop-up to view more detailed information.

Click the **ID** number in the first column next to the entities name to view the *Entity Settings* page. The *Entity Settings* page that displays is dependent on the type of entity.

4.1.1   Viewing Providers

If you click on a provider, that *Provider Entity Settings* page displays.

This page provides information regarding the provider: the services the provider is enrolled to provide, the provider's workers, address and phone information, holidays, and work hours. This information is data scoped (restricted) to match the rights of the user who is logged in. A provider can only see information specific to his/her agency. The Centennial Care Administrator has provided the provider information via the Web.

For additional information regarding the Provider Entity Settings page, refer Chapter 5, Managing Provider Information.

4.1.2 Viewing Clients

If you click on a client, the *Client Entity Settings* page displays.
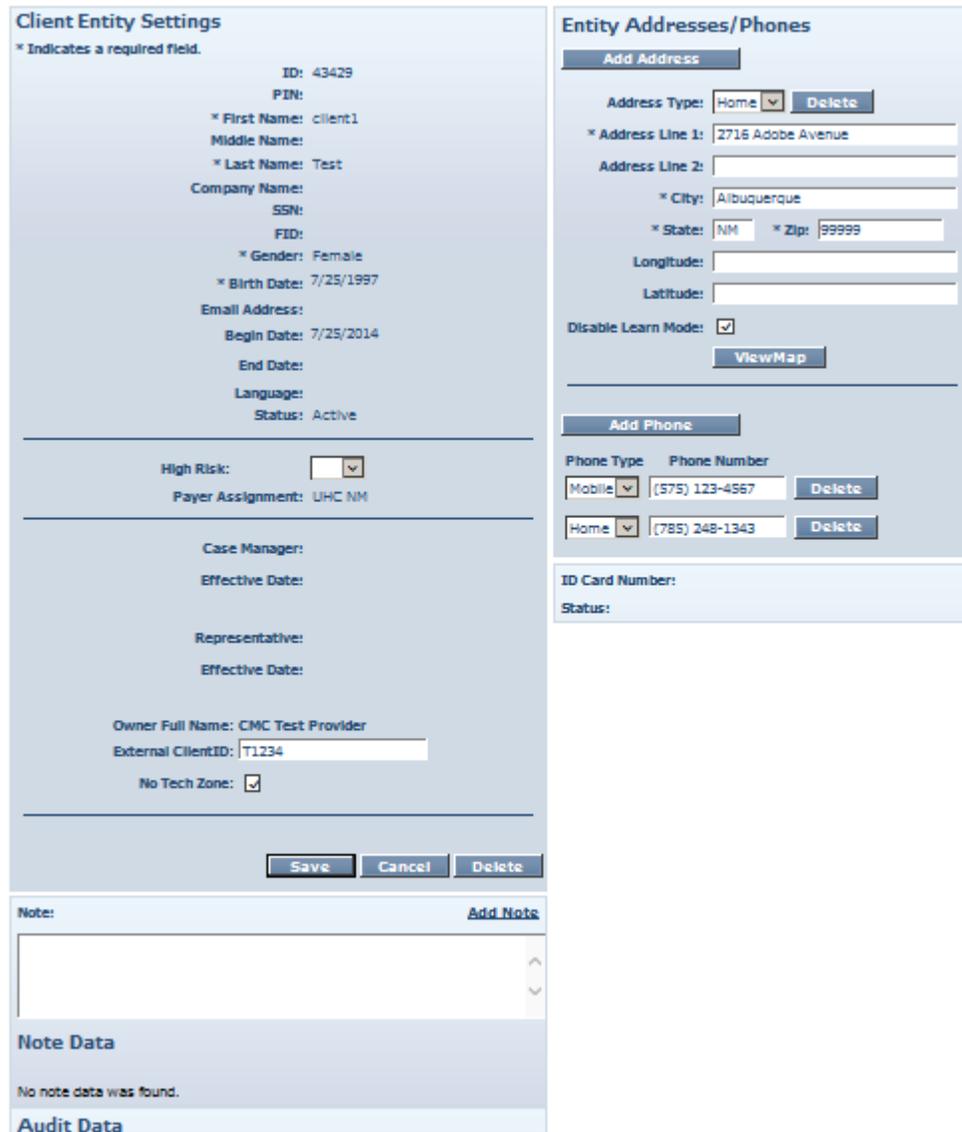
This page provides client information required for claims processing, scheduling and using the IVR/mobile device.

The Centennial Care Administrator user at the MCO and the Provider Administrator user can:

- Add or edit client telephone information via the Web;
- Select "Yes" on the *Provider Entity Settings* page to open Early, Late and Missed Visit thresholds that can be set by the provider; and
- Add an External Client ID unique to the provider agency.

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4.1.2.1 No Tech Zone Indicator on Client Entity Page

The Client Entity Page has a check box indicator field, "No Tech Zone" that is utilized, if applicable, for the client by each provider of record. Providers should choose the No Tech Zone designation if the client resides in a no tech zone. Should the client's area of residence become a full service zone, or should the client move to a residence in a full service zone, the provider should remove the check mark from the No Tech box. For additional information on the No Tech Zone indicator, refer to Chapter 7, Managing Client Information.

4.1.2.2 High Risk Indicator on Client Entity Page

The *Client Entity* Page now has a new check box indicator field, "High Risk" that is utilized, if applicable, for the client by the MCO of record. Providers should contact the MCO if there is evidence clients not designated as High Risk might need that designation.

4.1.2.3 Viewing Workers

If you click on a worker, the *Worker Entity Settings* page displays. This page provides information about the worker that is required for scheduling and capturing service activities via the IVR. This information is entered and maintained by the provider.

Chapter 5   Managing Provider Information

5.1   Editing Provider Information

AuthentiCare receives provider information from New Mexico Centennial Care MCO staff. Each provider has access in AuthentiCare to only the information associated with that specific provider agency.

When first signing on to the AuthentiCare system, the Provider Administrator user must view the agency's information in AuthentiCare to verify that information is correct. If the information is not correct, or if information needs added, providers should contact the agency's contracted MCOs. Find MCO contacts listed in Chapter 14 of this manual.

A provider should also enter an **Email Address** on the *Provider Entity Settings* page. This is the email address used for notification of late and/or missed visits.

A provider may also enter holidays and working hours for the agency. If entered, this will drive some of the pop-up messages in the Scheduling system.

Providers should verify their information in the system on a regular basis to make sure that it is up-to-date and that no changes are required.

Follow the Search and View instruction above to access the *Provider Entity Settings* page.

Verify the existing data is correct. Request the Email Address be entered. This is where AuthentiCare will automatically send alerts for missed and late visits.

✍	*Unlike the email address you use for your user name, AuthentiCare uses this address to automatically send an alert if a worker is late checking in for a scheduled service and/or if a worker does not check in at all to provide a scheduled service (missed visit).*
	There can only be one email address but it can be an individual or an address that distributes the email to multiple employees within your agency.

Providers who have provider-specific client identification numbers and want that number reflected in AuthentiCare can select edit the Optional Attribute Data Collection field located under the Worker list on the Provider Entity Settings page. Providers can select "yes" and "save" to open the External Client ID on the Client Entity Settings page. The selection on the Provider Entity Settings page opens the External Client ID field for each client associated with the provider agency. For more information about External Client ID, refer to Chapter 7, Managing Client Information.

5.1.1   Adding Negotiated Rates for Each Service by MCO

On the *Provider Entity Settings* page, find the three MCOs listed in the Optional Attributes section.

Choose Yes for the first three attributes listed, then select Save.

- o 42101522:   Blue Cross/Blue Shield of New Mexico
- o 000M1814:   Presbyterian Health Services
- o 68069:   Western Sky Community Care

Search for services from the Home page by moving the radio button from Authorizations to Service, then selecting Go!

Services and Authorizations

Search Type:	⦿ Service
	◯ Authorization
Service:	
Authorization ID:	
Service Type:	▼
Authorization Start:	▼
Authorization End:	▼
Client:	
Provider:	
Worker:	
Payer:	
Service Period:	
Procedure Code:	

Go! **Clear**

The Services page displays with a list of NMCC services in AuthentiCare. Note that at this time, Respite claim information is not available in AuthentiCare.

Services

ID	Name	Description	Procedure Code	Authorization Required	Service Type
99509U1	Respite	Respite	99509	True	Time Based
G9006	Consumer Directed Administrative Fee	Consumer Directed Administrative Fee	G9006	True	Unit
G9012	Consumer Directed Advertisement Reimbursement	Consumer Directed Advertisement Reimbursement	G9012	True	Unit
S5110	Personal Care - Consumer Directed Training	Personal Care - Consumer Directed Training	S5110	True	Time Based
99509	Personal Care - Consumer Directed	Personal Care - Consumer Directed	99509	True	Time Based
T1019	Personal Care - Consumer Delegated	Personal Care - Consumer Delegated	T1019	True	Time Based
X9999	Supervisory Home Visit	Supervisory Home Visit	X9999	False	Unit
99509V	Personal Care - Consumer Directed Visit	Personal Care - Consumer Directed Visit	99509	True	Time Based
G9006U2	Stipend G9006U2	Stipend G9006U2	G9006	False	Unit
G9006U1	Stipend G9006U1	Stipend G9006U1	G9006	False	Unit

View a Service Settings page by clicking on the link designating the procedure code.

- Note that since all four MCOs were chosen, all four MCOs have an open field on the Service Settings page.
- Input a negotiated rate for each of the MCOs.
- Select Save Rates.
- Select each service to add negotiated rates for each service for each MCO.
- Select Save Rates.

Service Settings
* Indicates a required field.

ID:	G9006U1
* Name:	Stipend G9006U1
Description:	Stipend G9006U1
Procedure Code:	G9006
Authorization Required:	No
Auto Claim Allowed:	No
* Mobile Enabled:	No
* IVR Enabled:	No
* Service Type:	Unit
Default Units:	1
* Early Visit Threshold:	Disable Threshold Checking
* Late Visit Threshold:	Disable Threshold Checking
* Missed Visit Threshold:	Disable Threshold Checking

Rate:	20.0000

* Location Code:	99
Modifier:	U1
Service Period:	9

Service Activity Codes

Molina Service Rate:	
Presbyterian Service Rate:	
BCBS Service Rate:	
UHC Service Rate:	

Administrative Email Contacts
(one email address per line)

[Save Rates] [Cancel]

Each provider will be responsible for adding the appropriate rate for each of these services for each MCO on the Service Settings page. It will also be the providers' responsibility to ensure the correct rates are entered. If negotiated rates are not entered, then the default rates are the rates billed through AuthentiCare.

Requesting Dual Confirmation from the Provider Entity Settings page is on the left side of the Provider Entity Settings page in the Entity Qualifier section. If the provider clicks on this box, then saves the change, a check mark indicates that a Dual Confirmation process will take place on each claim before claims export.
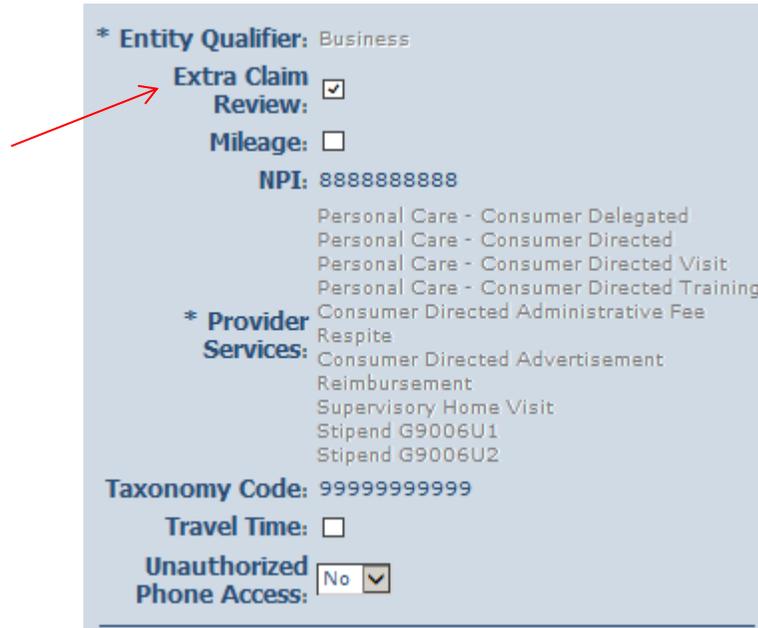
On the right side of the Provider Entity Settings page is the Request Schedule section. Schedule information here is optional.

Providers may choose to request that Holidays/Days Off be entered for the agency. These are days that the agency does not provide services to clients, not days that the office is closed.

To add a single day: Type in the **Date** OR choose a date from the calendar then click **Add**.

To add a date range for a multi-day agency closure: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.
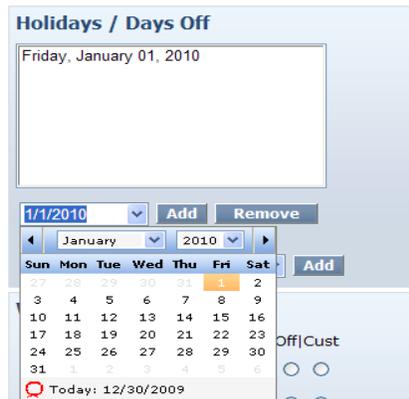
Providers may choose to request that Work Hours be entered. These are the hours that workers from the agency may provide services for clients and does not reflect the office hours of the agency.

To apply the **default hours (12:00 AM to 11:59 PM)**, no change is needed.

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To **enter specific service hours** for one or more days of the week:

- Click the radio button in the column labeled "**Cust**" (for Custom)
- Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.

To **establish days of the week (for every week)** that the agency's workers do not provide services (for example on Sunday):

- Check the circle in the column labeled "**Off**".

💡	*Entering details in this section causes warning notices to display if the provider attempts to schedule a worker for a time that falls outside of the agency's work hours. However, providers are not prevented from scheduling a visit outside normal work hours. Refer to Chapter 9.*

Click Save.

A successful save message displays at the top of the page indicating the provider information was saved successfully.

Successfully saved Provider - CMC Test Provider (ID: 5919)

5.2 Electronic Remittance Advice (835) from NMCC MCOs

AuthentiCare New Mexico Centennial Care submits claims on the provider's behalf to the appropriate Payer in a HIPAA compliant 837 electronic file in the early morning hours of each week day. The Payer, the appropriate MCO, provides adjudication results to the provider in a HIPAA compliant 835 electronic remittance advice file.

Each provider must decide whether or not to load the 835 remittance advice into AuthentiCare New Mexico Centennial Care. The advantage to loading the 835 into AuthentiCare New Mexico Centennial Care is that providers will have a complete history of each claim in one system, from the worker's IVR call/mobile device contact or claim web entry through adjudication with the amount paid linked to each service episode. Another advantage for providers is that, if the data collection of the External Client ID is selected, providers will have each client's External Client ID with each client's claim information on the 835.

If you choose to not upload the 835 remittance advice into AuthentiCare New Mexico Centennial Care, many of your reports will be incomplete; having no information about a claim beyond the date it was submitted to the applicable MCO for adjudication.

If you choose to request and upload the 835, use the process outlined below.

5.2.1 Uploading the 835 into AuthentiCare

Providers can upload the 835 files they receive from the applicable MCO into AuthentiCare New Mexico Centennial Care whenever they want to do so, 24/7. The ability to upload the file is a right assigned to the person(s) with an Administrator role in

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the system. AuthentiCare will accept the 835 file with an ".edi" extension, as a zip file having a ".zip" extension or with an ".rsp" extension.

Once uploaded, the 835 file will be queued in the background for the remittance data to be imported. The provider will be notified by email when the processing is complete. The provider can enter up to three email addresses to be used to report file processing results.

If the file is successfully processed, providers will be able to run the remittance reports to see the data processed from the 835 files.

If the file is unsuccessful, the reason will be provided in the email along with contact information for Customer Support for assistance in resolving the issue.

To begin the upload process, hover over the **Administration** tab on the tool bar and click on the **File Upload** tab when it appears.
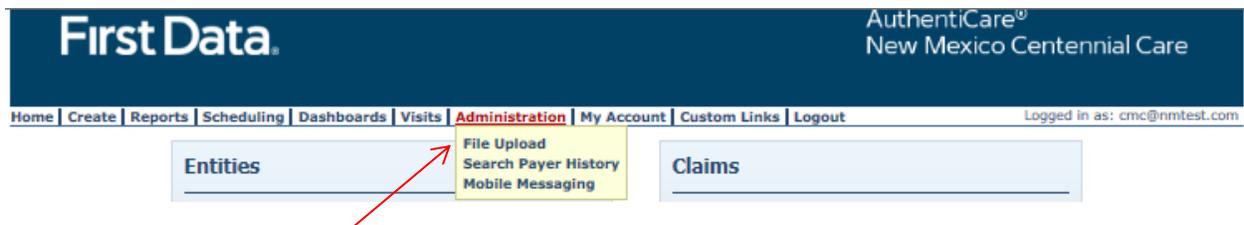
Once providers select "File Upload," the selection of the 835 will remain the same.

The screen below displays where you can upload your 835 file.

Do not close your browser or move away from this page until you get a confirmation message that the file has been successfully uploaded.

* Indicates a required field.

    * File Type: 835 - .rsp, .edi, .zip
                   Schedules - .xml, .zip

   * Select File: Browse...   Attach It

Please upload one file at a time. Select a file with an appropriate extension. For 835 upload, zip files(.zip) containing more than one of the ".rsp" or ".edi" files are also allowed.

* Email Address:

Enter your email address above to receive notification when your file is processed. You can enter multiple email addresses separated by commas. (e.g. joe@anymail.com,lisa@anymail.com,tim@anymail.com)

For 835 upload, if email indicates success you should be able to see remittance data in the remittance advice and remittance data listing reports.

If email indicates failure, please contact the helpdesk at clientsupport@firstdata.com or call 800-441-4667 option 6.

A 90 day rolling history will be displayed that shows details about the files uploaded (date, time, uploaded and processed, success/failure, payment date in the file, client ID in the file).

There is an added choice of "Schedules." For further information regarding uploading worker schedules, refer to Chapter 9, Section 9.7.

Chapter 6   Managing Worker Information

A worker is all the provider's staff member who will be providing services for a client (does not include office staff using the Web only). Prior to implementation, worker information for each provider is pre-populated in AuthentiCare. Prior to implementation, providers must verify that the worker information is correct. Workers hired by the provider after the files were sent to First Data for pre-populating must be added via the Web.

Worker information requires regular maintenance to add new workers, update current worker information and inactivate workers that no longer work for a provider agency. The following sections describe how these maintenance activities are accomplished.

6.1   Adding a Worker

Workers are vital to the AuthentiCare process. In order for the IVR system to document services provided by a worker, the worker must be in the system and have a system-generated ID number. This will enable accurate scheduling, use of the IVR and billing for services provided.

Prior to adding a new worker, it is recommended that a search be performed to determine if the worker has already been added. For details on searching, refer to Section 4.4.

Click **Create** in the menu bar and select "**New Worker**".

   OR

Click **Worker** adjacent to "Add New >" in the Entities section of the *Home* page.

The Worker Entity Settings page displays. The Worker Entity Settings page is similar to the Client Entity Settings page.

1. Enter the worker's First Name and Last Name.
2. Select the worker's Gender from the drop down box.
3. Enter the worker's Birth Date in mm/dd/yyyy format.
4. Select Language. Selecting either *English* or *Spanish* will determine the language the worker will hear when using the IVR. If *Other* is selected, the IVR language will default to *English.*
5. If the provider chooses, an External Worker ID can be entered. Many providers already have an ID number for their workers and want to capture that information here.
6. Select the Worker Services. Providers must select at least one service this worker may provide, but may select more than one if needed. To do so, hold down the Control key (Ctrl) on the keyboard while clicking the selections in the list.

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7. Enter additional information in the appropriate fields if desired.

. ✍	**Provider** *is automatically populated with the name of the provider that corresponds to the user that is presently logged into AuthentiCare and creating this worker. <u>Do not use the Add Provider button.</u>*

Enter the following schedule information, if desired.
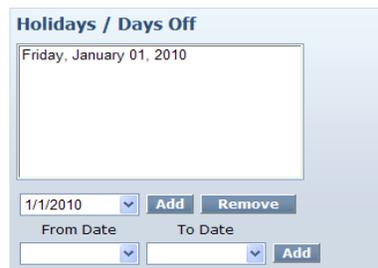
💡	*Entering details in this section causes warning notices to display if the provider attempts to schedule a worker for a planned day off. For details on scheduling, refer to the Chapter 9, Scheduling.*

A) Providers may choose to add **Holidays/Days Off** for each worker to assist with scheduling.

- To add a single day: Type in the **Date** OR choose a date from the calendar, then click **Add**.
- To add a date range: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.

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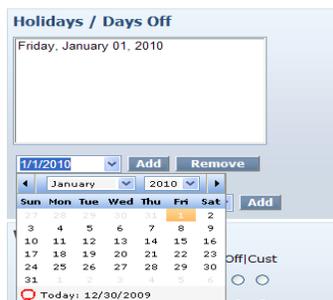
B) Providers may choose to Work Hours for the worker.

- To apply the **default hours** to the worker, no change is needed.

🖎	*The default (Def) hours are the work hours of the provider and AuthentiCare automatically checks the circles in the column labeled "Def" for each day.*	
	To see the hours set for the provider, click on the link icon next to the provider's name. Clicking this icon displays the Provider Entity Settings *page.*	

To **enter hours** that differ from the provider's work hours for one or more days of the week:

- Check the circle in the column labeled "**Cust**" (for Custom)
- Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.

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To **establish ongoing days off** (for example if the worker never works on Monday or Tuesday):

- Check the circle in the column labeled "**Off**".

Click Save/Create Another at the bottom of the page, to save the worker and create another worker.

 OR

Click Save, to save the worker and return to the Home page.

A successful save message displays at the top of the page indicating the worker was saved successfully.

Successfully saved Worker - Test Worker3 (ID: 07057)

✎	*The worker ID appears in this message. The worker must use this ID when calling the IVR from the client's home. Be sure to record this ID on the Worker Instruction sheet to be supplied to the worker. The ID can also be found by viewing the Worker Entity Setting page.*

6.2 Deleting a Worker

If a worker is entered in error, the worker can be deleted from the system, but this must be done immediately after the mistake is made. *Once an event is scheduled or a claim is created for this worker, the worker cannot be deleted.*

Search for the worker you wish to delete according to the instructions in Section 4.4.

Entities

Add New > **Worker**

Entity Type > [▼]

Search > [   ]

[Go!]

The *Worker Entities* Settings page displays.

Click Delete.

The system asks you to confirm the deletion. By clicking **OK**, the worker is permanently deleted from the system. If you do not wish to proceed with permanently deleting the worker, then click **Cancel**.
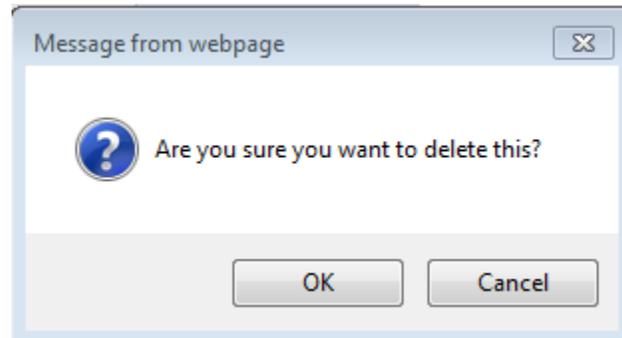
Click OK to permanently delete this entity.

Return to the *Home* page. A message displays in the upper left hand corner confirming the deletion. If the worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.

OR

Enter a name, partial name or ID in the Search field and click Go!
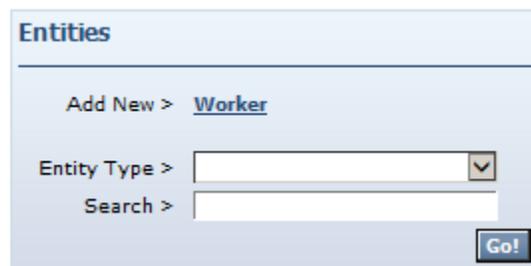
The *Entity Search Results* page displays with the results of your search.

Entity Search Results

ID	Name	User Type	Information	Delete Selected
05378	Worker, 6.24.1	Worker		☐
26720	Worker, AdminFee	Worker		☐
82215	Worker, AS1	Worker		☐
20909	Worker, BillingService	Worker		☐
99623	Worker1, Frontier	Worker		☐
13365	Worker1, test	Worker		☐
27453	Worker10, Test	Worker		☐

Click the checkbox in the **Delete Selected** column.

Entity Search Results

ID	Name	User Type	Information	Delete Selected
05378	Worker, 6.24.1	Worker		☐
26720	Worker, AdminFee	Worker		☐
82215	Worker, AS1	Worker		☐
20909	Worker, BillingService	Worker		☐
99623	Worker1, Frontier	Worker		☐
13365	Worker1, test	Worker		☐
27453	Worker10, Test	Worker		☑

Click the Delete Selected column heading to delete the worker you wish to delete. Once an event is scheduled or a claim is created for this worker, the worker cannot be deleted.

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The system asks you to confirm the deletion. By clicking **OK**, the worker is permanently deleted from the system. If you do not wish to proceed with permanently deleting the worker, then click **Cancel**.

Click OK to permanently delete this worker.

The *Home* page displays if the deletion was successful. A message displays in the upper left hand corner confirming the deletion.
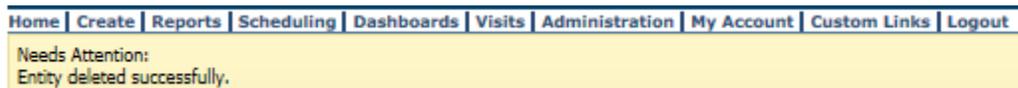
If the worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.

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Needs Attention:
Entity has Claim Dependency so Entity cannot be deleted.

6.3   Editing Workers

Search for the worker you wish to edit according to the instructions in Section 4.4.
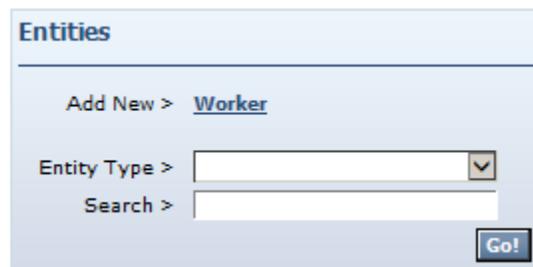
The Worker Entities Settings page displays.

Verify, and if needed, update the appropriate fields such as **First Name, Last Name, Gender, Birth Date, Worker Services,** and scheduling information. Click **Save** at the bottom of the page to save the worker and return to the Home page.

A successful save message displays at the top of the page indicating the worker was saved successfully.

Needs Attention:
Successfully saved Worker - test Worker1 (ID: 13365)

6.4   Suspending/Inactivating/End-Dating Workers

A worker cannot be deleted once there are any relationships created for the worker. In other words, if a worker has been scheduled for an event or if a claim has been created for which the worker provided the service, then the worker cannot be deleted from AuthentiCare. If the worker no longer works for the provider or simply will not be providing services any longer, there are three options for editing the worker file:

Change the worker's status to "Suspend". The worker cannot use the IVR but claims can be entered via the Web. All claims (pending and new) will show a critical exception that the worker is not eligible.

Change the worker's status to "Inactive". The worker can still use the IVR and have claims entered via the Web but all claims (pending and new) will show a critical exception that the worker is not eligible.

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Populate the "**End Date"** field on the worker's screen. The worker can still use the IVR and have claims entered via the Web. Claims with a Date of Service (DOS) prior to the end date will be processed normally. Claims with a DOS after the end date will generate a critical exception that the worker is not eligible.

At any time the "**End Date**" can be removed or the worker's status changed back to active, making the worker again eligible to provide services and/or removing the "worker not eligible" critical exception from pending claims.

Populate the "End Date" when a worker terminates. Once the End Date is populated, all future scheduled appointments are deleted automatically by AuthentiCare. This reduces the late and missed visit alerts to providers.

To suspend, inactivate, and/or end date a worker, search for the worker you wish to inactivate according to the instructions in Section 4.4.

The *Worker Entities Settings* page displays.

Change **Status** to Suspend or Inactive or enter an End Date.

Click Save at the bottom of the page to save the worker and return to the *Home* page.

A successful save message displays at the top of the page indicating the worker was saved successfully.

	If a worker is rehired, that worker should not be re-entered because the worker still exists in the system. Instead, the **Status** should be changed back to Active and/or the End Date removed.

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6.5   Creating a Worker for Consumer-Directed Admin Fee

Every claim in AuthentiCare has to have an associated worker and associated authorization for service to submit successfully for payment. Providers will be able to set up an "administrative" worker for AuthentiCare to automatically create claims for the Consumer-Directed Admin Fee. If providers choose to add the "administrative" worker for this purpose, the provider is granting approval to AuthentiCare to create these claims.

Claims will not be created for any month an authorization for the Consumer-Directed Admin fee is not present. Once the AdminFee Worker is created, and an authorization for that service is present, claims will be created for those clients. The first weekend of the next month, new claims for the clients of that service for that month will be created. Providers need to create *only one* "administrative" worker with the name AdminFee Worker. That worker will be present in AuthentiCare month after month.

Providers will utilize the following procedure to create an "administrative" worker for Consumer-Directed Admin Fee claims.

- Log into AuthentiCare. From the *Home* page, select **Add Worker**
- On the *Worker Entity* page, add an "administrative" worker with the exact name "AdminFee" as the first name and "Worker" as the last name
- Highlight the service "Consumer Directed Admin Fee"
- If desired, create and add any other data, birthdate, etc. for this new worker
- Click Save to save the new worker, "AdminFee Worker"

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6.6   SDCB Support Brokers/EORs Creating a Worker

1. Search for Attendant from *Entities* section on **Homepage**

2. From the **Entity Search Results** page select the Attendant whose profile you will edit by clicking the ID

3. Verify that the language is correct; this determines the language the Attendant will hear in the IVR

4. Verify the mobile settings

- Select the Mobile Enabled option

- Enter a temporary password

- Check the **Worker Must Change Password** box

- Enter the Attendant's **mobile phone number**

- Copy/paste the **Device ID** the Attendant provided

  Click **Save**

Chapter 7   Managing Client Information

MCO Members are referred to as clients in AuthentiCare. Clients are created in AuthentiCare by New Mexico Centennial Care MCO staff. New Mexico Centennial Care MCO staff members verify the client list and confirm that a correct telephone number(s) is provided (unless the client does not have a phone). Providers also verify clients' telephone numbers, and have access to edit telephone information as needed.

Search for the client you wish to edit according to the instructions in Section 4.3.

The *Client Entity Settings* page displays:

Verify the **Phone Type** and **Phone Number** for the client. If the client does not have a phone, then this field should be populated with 999-999-9999.

Manage the client's telephone information. Correct or delete an incorrect number and add a correct number or additional numbers. The number(s) listed is the one AuthentiCare will use to verify if the worker is calling from the client's home.

Click Save at the bottom of the page to save the client information and to return to the Home page.

A successful save message displays at the top of the page indicating the client was saved successfully.

Needs Attention:
Successfully saved Client - client1 Test (ID: **43429**)

7.1   External Client ID

If the provider has selected **Yes** in the Optional Attribute Data Collection field on the Provider Entity Settings page, the External Client ID field displays on the Client Entity Settings page. Providers can input the provider-specific client identification number from the provider's own data system, and select **Save** to record the new information.

Click **Save** at the bottom of the page to save the client information and to return to the *Home* page.

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A successful save message displays at the top of the page indicating the client was saved successfully.

Needs Attention:
Successfully saved Client - client1 Test (ID: **43429**)

The External Client ID (if present on the Client Entity Settings page) is displayed in a designated column on the Claim Data Listing Report, the Remittance Advice Report, and the Time and Attendance Report.

AuthentiCare® Time and Attendance Report

Report Date: June 21, 2016 09:17:59 PM
Date Range: 2016-06-19 to 2016-06-25
Provider Id: 5919
Worker Id:
Client ID:

Total Records Returned: 2
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception:All

Provider Id : 5919 — Provider Name: CMC Test Provider
Worker Id : 13365 — Worker Name : Worker1, test

Claim Number	Client ID	Client Name	Date of Service	Service	Worker Name	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Actual Amount	Auth Amount	Export Date	Exceptions	Payer Name	External ClientID
8872	86169	Test, Client3	06/21/2016	T1019	Worker1, test	13365	9:00AM	10:00AM	4	4	19.32	19.32		E1	BCBSNM	T100
8888	86169	Test, Client3	06/21/2016	T1019	Worker1, test	13365	1:00PM	1:30PM	2	2	9.66	9.66		E1	BCBSNM	T100
								Worker Total :	6	6	28.98	28.98				
								Provider Total :	6	6	28.98	28.98				

For additional information on all reports, refer to Chapter 13, Reporting.

7.2   No Tech Zone Indicator

Providers can select the No Tech Zone indicator on the Client Entity Settings page for clients who reside and receive services in a location when cell telephone or landline service is not available and/or for the situations of clients not having an available telephone of either kind.
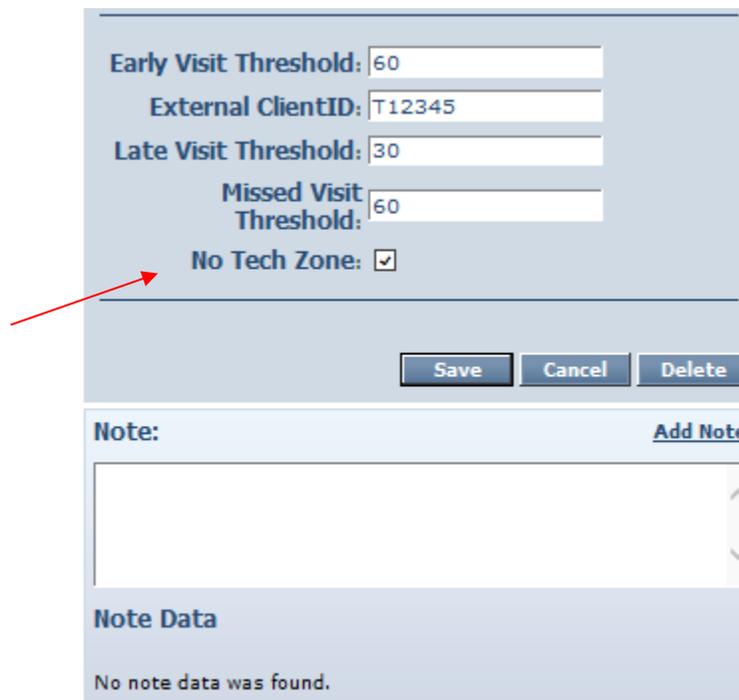
Click **Save** at the bottom of the page to save the client information and to return to the *Home* page.

A successful save message displays at the top of the page indicating the client was saved successfully.

The No Tech Zone designation displays on the Eligible Client Data Listing Report. For additional information on all reports, refer to Chapter 13, Reporting.

7.3   High Risk Client Indicator

MCO Users can designate a client as a "High Risk" client. Providers have view/read-only access of the High Risk indicator box.
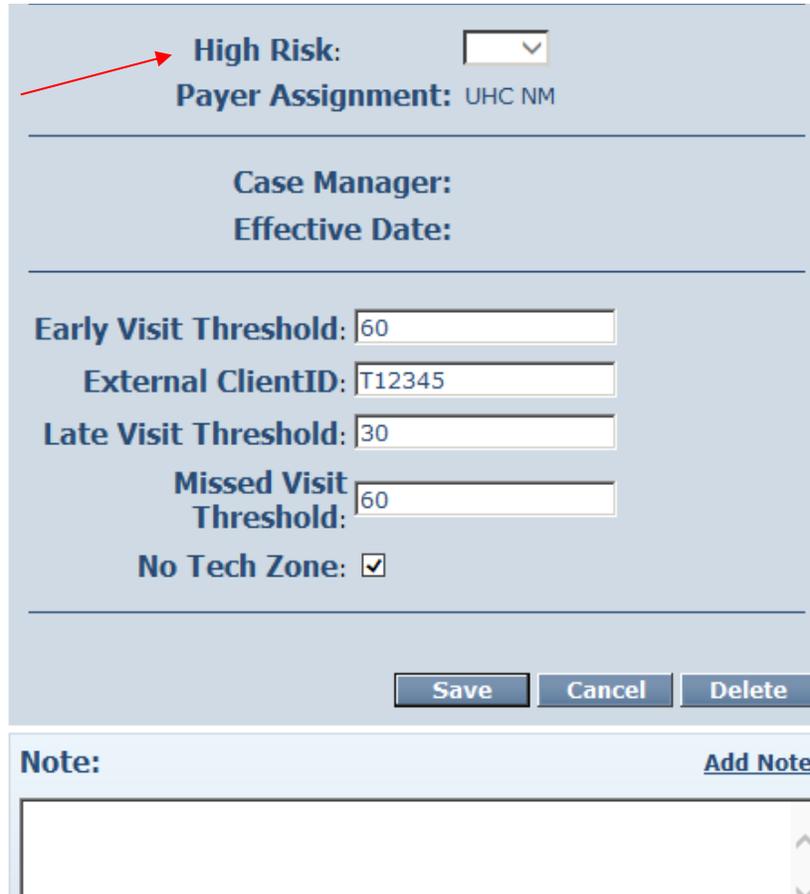
The High Risk indicator is displayed in the Eligible Client Data Listing Report and in the Late and Missed Visit Report.

For additional information on all reports, refer to Chapter 13, Reporting.

Chapter 8   Search and View Authorizations

A service to be provided for a client must have a valid authorization documented in AuthentiCare in order to be scheduled and for the claim to be submitted for payment.

.✎	*A worker can use the IVR to record services without a valid authorization in AuthentiCare. A claim will be created but will have a critical exception and will not be submitted for payment until the authorization is in place.*

All authorizations for clients are loaded into AuthentiCare by Centennial Care MCOs. The provider cannot add a new authorization or edit an existing authorization.

For providers to search and view an authorization:

Click the **Authorization** radio button in the Services and Authorizations section of the *Home* page.

Enter search criteria in any of the fields, if desired and click **Go!**

The search results display all authorizations which match the search criteria entered on the *Home* page.

Event Actions	ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates	Information
Units Remaining: 400	M0000000504-1-V	Personal Care - Consumer Directed Visit (99509V)	Test, Client4 (58108)	CMC Test Provider (5919)		Molina (000M1808)	Weekly	04/01/2015 - 12/31/2020	
Units Remaining: 40	B009501	Personal Care - Consumer Directed (99509)	Test, Client3 (86169)	CMC Test Provider (5919)		BCBSNM (42101522)	Weekly	04/01/2015 - 12/31/2020	
Units Remaining: 160	B009501-V	Personal Care - Consumer Directed Visit (99509V)	Test, Client3 (86169)	CMC Test Provider (5919)		BCBSNM (42101522)	Weekly	04/01/2015 - 12/31/2020	

> ✍ *If nothing is entered in the **Search** field, then all entities will be returned in your search results. Finding just one client or worker in the list will take longer than searching for one entity.*

Note the columns displayed in the search results:

Event Actions – Click the **Schedule Event icon** to schedule an event for this authorization. Refer to Chapter 9, Scheduling, for further instructions. This column also indicates how many units remain in the authorization by comparing the total number of units authorized and the total number of units scheduled. This is **not** a comparison with the units actually provided to date but with those scheduled to date.

> **ID** – Click the ID hyperlink to view/edit the *Authorization Settings* page for this Authorization. Proceed to Step 7.
>
> **Service ID** – Identifies the service and its service code
>
> **Client** – Identifies the client and the client ID
>
> **Provider** – Identifies the provider assigned to the authorization and the provider's ID
>
> **Worker** - Field is blank as authorizations are issued to the provider, not the provider's individual workers.
>
> **Effective Dates** – Identifies the start and end dates of the authorization

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Click the column heading if you wish for the search results to sort using a different column than the default, which is the ID (Authorization) column in ascending order. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

Position the cursor over the **Information icon** 🔒 to display an Additional Information pop-up about the authorization.

Click on the **ID** hyperlink in the **ID** column to view the authorization.

The *Authorization Settings* page displays.

Authorization Settings
* Indicates a required field.

Service Information
Service ID: T1019   Service Type: Time Based
Name: Personal Care - Consumer Delegated Procedure Code: T1019
Description: Personal Care - Consumer Delegated

ID: 1003
Client: Client, Third
Provider: Provider 1 Test
Worker:
Effective Date Start: 1/1/2012
Effective Date End:
Authorization Number:
Diagnosis Qualifier:
Diagnosis Code:

* Total Units: 1000
* Rate: 3.0000
Payer Assignment: MOLINA HEALTHCARE OF NEW MEXICO

Cancel

Note Data
No note data was found.

Audit Data
[View Audit Data]

Click **Cancel** to return to the *Authorization Search* Page.

8.1   Auto End-dating of Authorizations

When a client transfers from one MCO (payer) to another (as indicated in the payer assignment on the Client Record itself), then AuthentiCare will end date the existing authorizations for the "sending" MCO. The "receiving" MCO will be expected to send in new authorizations records to replace those. MCOs will have access in AuthentiCare to the historical authorization data for a client to help facilitate this transition.

8.2   NMCC MCO Deletion of Authorizations

If an MCO deletes an authorization on the Web that was previously sent to AuthentiCare, any scheduled visits in the future that are associated with that authorization will also be deleted. This means the provider will not receive late and missed visits notifications against an authorization which is now invalid, but will need to reschedule that client's services against a more current authorization.

8.3   Authorizations with Zero Units

In the case where there may be duplicate and overlapping authorizations, and one of those authorizations may be for zero units, the authorizations for zero units are ignored. This allows providers' claims to bill against other authorizations with available units when providers confirm and submit claims.

Chapter 9   Scheduling

Providers may use AuthentiCare to schedule workers' service visits to clients. A scheduled visit is called an event. Events may be scheduled only for authorized client/service/provider/worker combinations. The scheduling feature in AuthentiCare also accommodates scheduling of both primary and back-up workers for each event.

AuthentiCare tracks the number of service units available for scheduling events, and notifies the scheduler through an alert if an event exceeds the total number of units available. On the Event Acknowledgement page, providers are offered a choice to Discard, Accept or Change the event if either the client or the worker had previously been scheduled for that timeframe.

AuthentiCare compares the scheduled events to the actual Check-In and Check-Out times of the worker. Alerts are sent to the provider via email if a worker is late, and then another alert is sent if the event is missed as compared to the scheduled event.

If a worker is scheduled for an event on a regularly occurring day off as noted on the Worker Entity Settings page, AuthentiCare displays a warning message alerting the scheduler to this conflict. The scheduler may choose to change the event or to save it even though a conflict exists. AuthentiCare's scheduled warnings are meant to assist schedulers, but not to prevent the scheduler from scheduling an event with a conflict.

AuthentiCare will prevent the scheduler from scheduling events that do not have valid authorizations and/or sufficient units to cover the events within a selected service period. Schedulers cannot create scheduled events for clients before receiving the service authorizations from the MCOs.

If a client moves from one MCO (payer) to another, existing schedules of the client will not be deleted, they will remain in AuthentiCare. But, the Client's existing schedules cannot be edited until service authorizations from the current MCO (Payer) are received.

This chapter is designed to assist schedulers in scheduling non-recurring (single) and recurring events. Additionally, there are instructions for searching for an event, viewing an event, maintaining events, and acknowledging a missed event as compared to the schedule.

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9.1   Using the Calendar

AuthentiCare allows you to view your calendar of events by the day, week, or month. This section describes the three views.

Select **Scheduling** from the Main Menu toolbar on the Home page.

Click **View Calendar** from the **Scheduling** drop-down.

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The **Event Scheduling** page displays with the calendar.

9.1.1   Daily

The default view of the calendar is the daily view.

The Daily view of your calendar enables you to view all events scheduled for your agency for one day at a time. This is the default view of your calendar which means the date that displays when you open the calendar is the current date.

Click the **Daily** link above the calendar to display a chosen date's events.

The day displays in hourly increments.
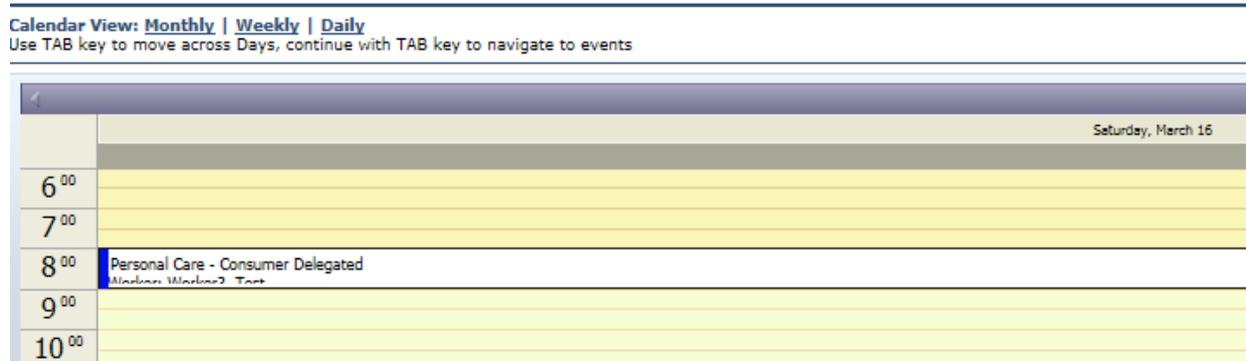
Position the cursor over the event and a pop-up box with additional detail displays.

Double click an event, to see the details and to display the Scheduled Event page.

Click **Eventscheduling** in the top left corner of the page to return to the calendar or click **Home** to return to the Home page.

Click the left and right arrows in the calendar's date display bar to view the day before or the day after the displayed date.
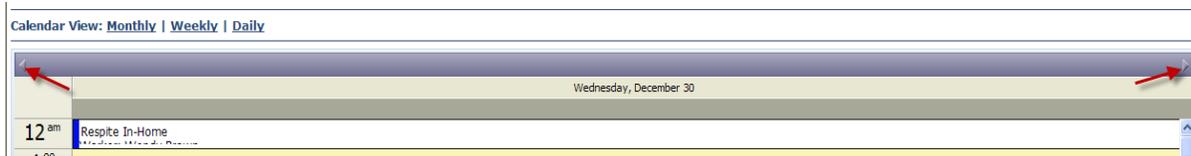
9.1.2   Weekly

The Weekly view of the calendar enables a view all of events scheduled for your agency for one week at a time.

Click the **Weekly** link above the calendar to display the entire week.

The week's schedule now displays. When using Weekly view, simply click an event in any given date to view its details.

Position the cursor over the event and a pop-up box with additional detail displays.

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Double click an event to display the Scheduled Event page and to see the details of the event.
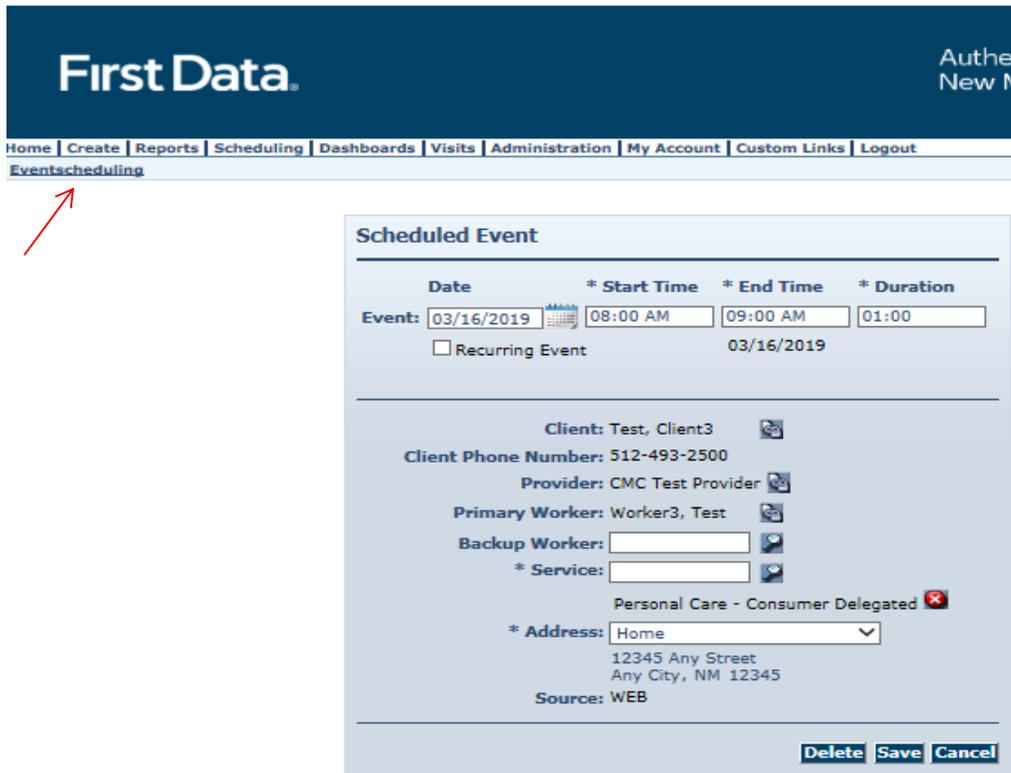
Click **Eventscheduling** in the top left corner of the page to return to the calendar or click **Home** to return to the Home Page.

Click the left and right arrows in the date display bar to view the week before or the week after the week currently displayed.
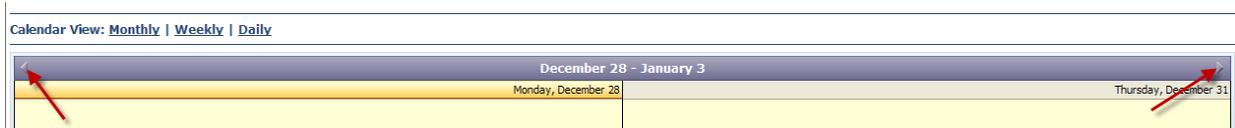
9.1.3   Monthly

The Monthly view of your calendar displays a view all of all events scheduled for your agency for one month at a time. When using Monthly view, simply click an event in any given date to view its details.

Position the cursor over the event and a pop-up box with additional detail displays.

Double click an **event** to view all event information.

The Scheduled Event page displays.
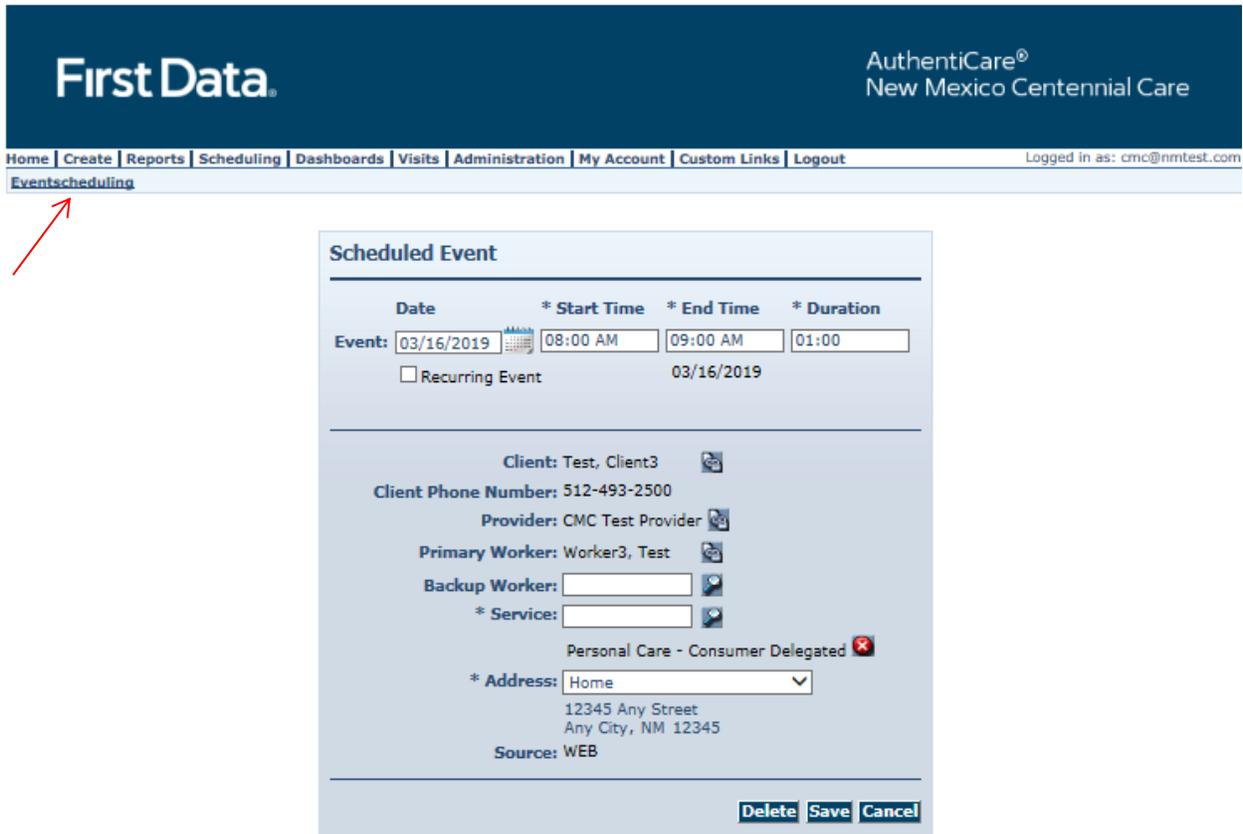
Click **Eventscheduling** in the top left corner of the page to return to the calendar or click **Home** to return to the Home page.

Click the left and right arrows in the date display bar to view the month before or the month after the month currently displayed.

9.2   Searching for Scheduled Events in the Calendar

After an event has been scheduled, you are able to search for this event in the calendar. AuthentiCare provides a variety of options for searching for an event in the calendar.

Navigate to the Event Scheduling page.
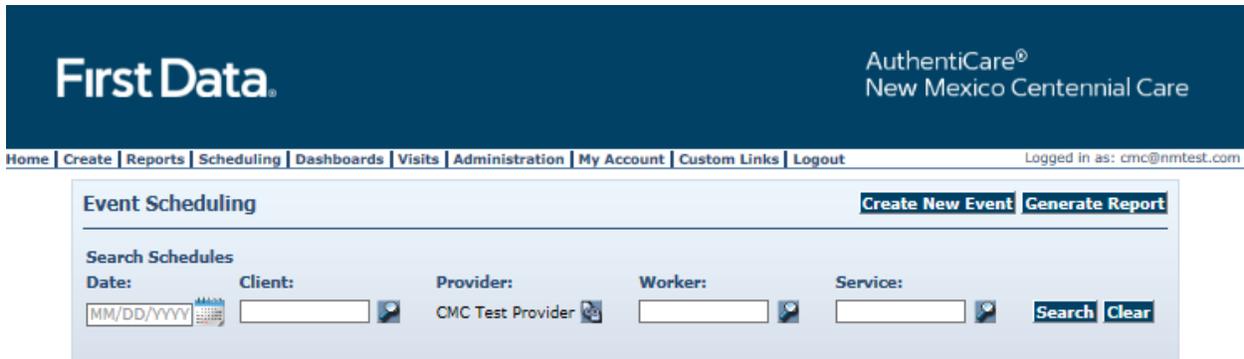
Enter at least one of the following search criteria to locate event(s) in the calendar.

Each search criteria field is described below:

Enter a **Date** (mm/dd/yyyy) or click the calendar to select the date. Click **Search**.
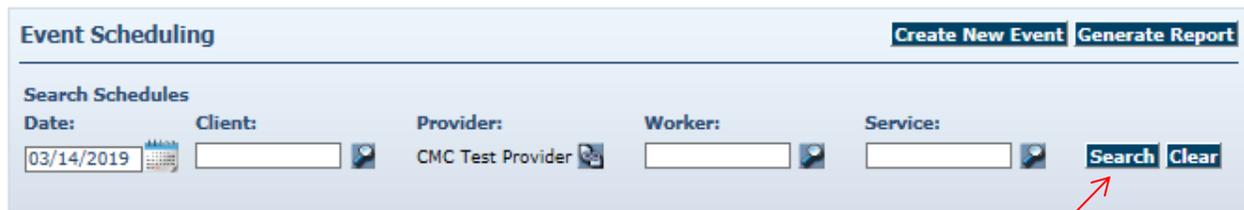
The calendar displays events from this date forward.

Enter the **Client** ID, full name or partial name and click the **Looking Glass icon** to find the client, and then click **Search**.
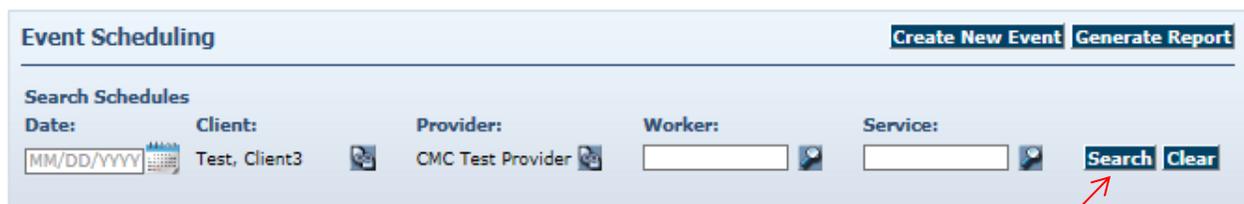
The calendar displays all the events scheduled for this client.

Enter the **Primary Worker** ID, full name or partial name and click the **Looking Glass icon** 🔍 to find the worker, and then click **Search**.

The calendar displays all the events scheduled for this worker.

Enter the **Service** name or partial name and click the **Looking Glass icon** 🔍 to find the services, and then click **Search**.
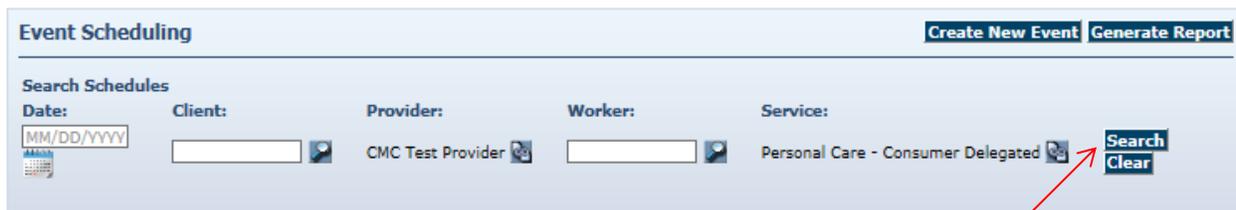
The calendar displays all the events scheduled by your agency for this service.

✎ ✎	*The more search criteria you enter, the more narrow the search results. Be aware, there is the potential no results will display because some of the criteria may conflict.*

✎	*Click **Clear,** if you have entered incorrect information in the search criteria fields at any time or would like to start a new search.*

9.3   Scheduling Service Visit Events

Events are the visits the worker makes to the client to deliver an authorized service. Events can be of varying durations, at any time of the day, and on any day of the week. An event may be a one-time, non-recurring, service event (single) or a service event that is provided on an ongoing, regularly-scheduled basis (recurring).

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9.3.1   Scheduling A Non-recurring (Single) Event

Once units are authorized in AuthentiCare, providers can successfully schedule service events.

Click Scheduling in the Main Menu toolbar.
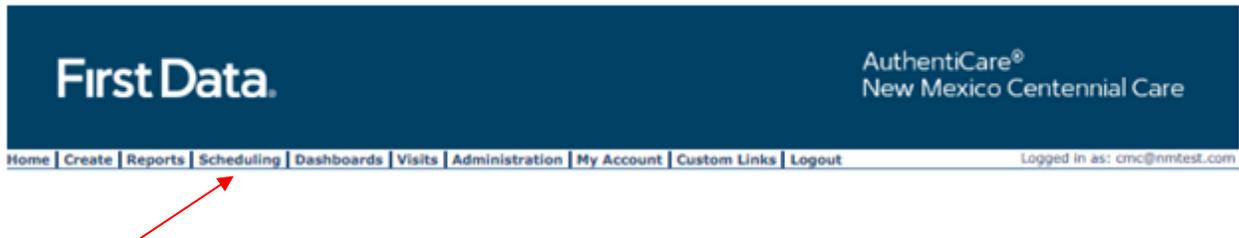
From the Scheduling drop-down, click **Schedule Event.**
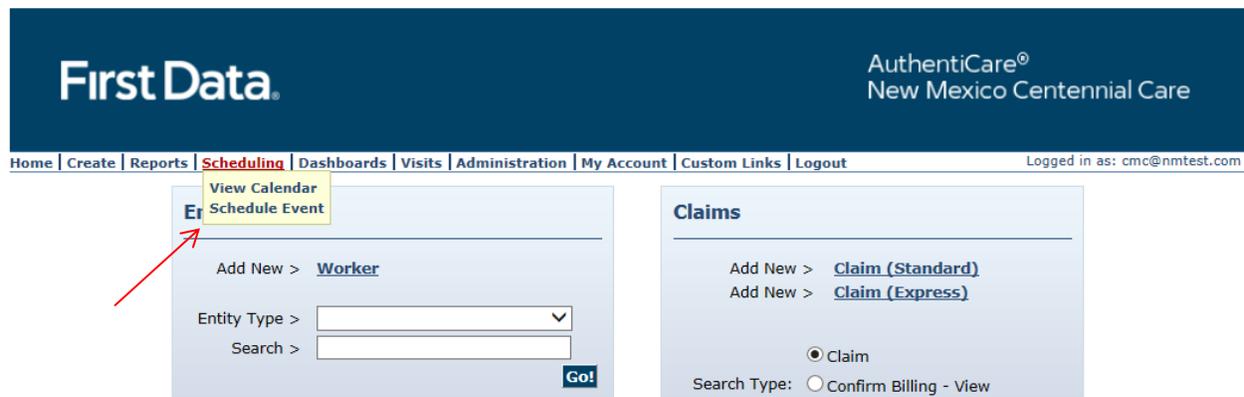
The Select Client to schedule event page displays. Enter the Client ID or client's last name, first name (all or part), and then click the **Looking Glass icon**, or Tab on the computer keyboard, to display the client's full name. Click **Continue.**

The Scheduled Event page displays.

January 1, 2021

> ✍ *The **Client, Client Phone Number and Client Address** fields are auto-populated since this page displayed after the Select Client to Schedule Event page was completed. The **Provider** field is populated based on the provider agency associated with the scheduler's login ID.*
>
> *If the **Client** field is not populated on the Scheduled Event page, you did not fully "load" the client on the Select Client page.*

Enter the **Date** of the event or select a date from the calendar.

Enter **Start Time and End Time**. Start and end times must include AM or PM. The **Duration** is automatically calculated by AuthentiCare.

When a worker visits a client one time, or a variety of times not in a normal, repeated schedule, this is considered a non-recurring (single) event. When a worker visits a client on a regular basis, at the same time of the day, this is considered a recurring event.

Enter the **Primary Worker**. You may enter the worker ID, a full name or partial name. Then click the **Looking Glass icon** . Select the worker from the list displayed. You may leave this field blank if you do not know who will be conducting the service.

Enter the Backup Worker, if applicable. Enter a worker ID, full name or partial name and click the **Looking Glass icon** .

Look up and select the Service by clicking **Looking Glass icon** .

Click **Save**.

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The client's phone number displays on the Scheduled Event page as long as the client has a phone number on the Client Entity Settings page. For Client, if the home phone number is not available, the first available phone number is displayed on the Scheduled Event page. If there are no phone numbers associated with Client, that field on the Scheduled Event page is blank.

The client's address is defaulted to the first address on the Client page, usually the home address. The dropdown displays all the address types listed on the Client Entity Settings page. Select the address for the scheduled event, related address details will be populated.

If AuthentiCare discovers scheduling conflicts or issues with the attempted scheduled event, a message displays at the top of the page advising the scheduler of the conflict. In this example the event scheduled for March 20, 2019 exceeds the total number of authorized units. The error message is "Authorization 900000501-V: This Event will exceed the total units allowed on the authorization."

- o **Accept** is disabled, thus not an option for the scheduler.
- o Click **Change** to return to the event and change the information, OR
- o Click **Discard** to discard the event and return to the Scheduled Event page.

The scheduler will have to click **Change** to modify the **Start** and **End time** of the event not to exceed the authorized units of the authorization listed on the error message.

There is an alert if a client and/or worker are already scheduled for events within the attempted event's timeline.

The scheduler can:

- o Click **Discard** to discard the event and return to the Scheduled Event page.
- o Click **Accept** to save the event.
- o Click **Change** to return to the event in order to change the information.

Messages that may display on the Event Acknowledgment page:
• Authorization (Authorization Number)
• Authorization does not exist for this event.
• This event will exceed the total units allowed on the authorization.
• Multiple authorizations exist. Modify event to cover (Authorization Number).
• This event occurs outside the effective dates of the authorization.
• This event falls on the worker's day off.
• The status of the primary worker is inactive or the event date is outside the effective date range.
• The status of the client is inactive or the event date is outside the effective date range.
• This event falls outside the range of the worker's assigned business hours.

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Messages that may display on the Event Acknowledgment page:
• This event falls outside the range of the backup worker's assigned business hours. • This event will exceed the worker's assigned hours for the week. • This event falls on a provider holiday. • The status of the provider is inactive or the event date is outside the effective date range. • This event falls on the backup worker's day off. • The status of the backup worker is inactive or the event date is outside the effective date range.

If no scheduling conflicts or issues arise, the Event Acknowledgment page displays with the authorization number noted. The scheduler has the choice of **Discard, Accept**, or **Change**.

Event Acknowledgment

Authorization B123456

Start
Mar 19, 2019 4:00 PM

End
Mar 19, 2019 5:00 PM

Recurrence
None

Client
Test, Client3 (86169)

Provider
CMC Test Provider (5919)

Primary Worker
Worker3, Test (07098)

Backup Worker
None

Service
Personal Care - Consumer Delegated (T1019)

Discard Accept Change

Once the scheduler clicks the **Accept** icon, the Home page displays with the "Successfully scheduled event" message.

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout
Needs Attention:
Successfully scheduled event.

9.3.2 Scheduling a Recurring Event

When a worker visits a client on a regular basis, at the same time of the day, the provider can establish an event that occurs repeatedly. This is considered a recurring event. This is an efficient way to schedule. The basic information is entered only one time to populate multiple days.

A recurring event can be created for as long as necessary.

Once units are authorized in AuthentiCare, providers can successfully schedule service events.

Click **Scheduling** in the Main Menu toolbar.
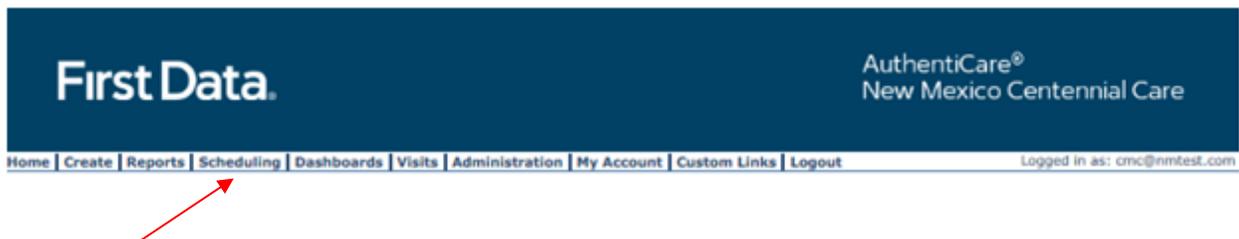
From the Scheduling drop-down, click **Schedule Event.**
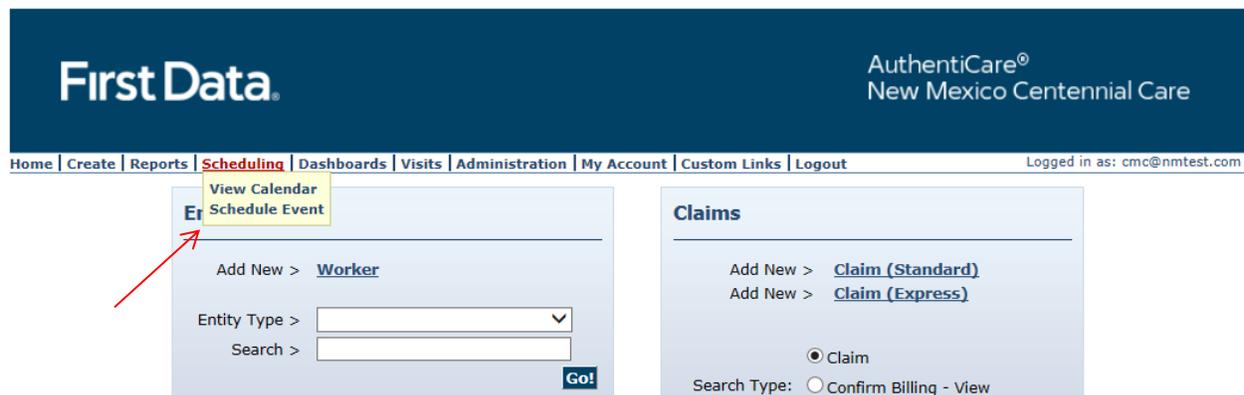
The Select Client to schedule event page displays. Enter the Client ID or client's last name, first name (all or part), and then click the looking glass icon to display the client's full name. Click **Continue.**

The Scheduled Event page displays.

✍	The **Client, Client Phone Number and Client Address** fields are auto-populated since this page displayed after the Select Client to Schedule Event page was completed. The **Provider** field is populated based on the provider agency associated with the scheduler's login ID.
	If the **Client** field is not populated on the Scheduled Event page, you did not fully "load" the client on the Select Client page.

Enter the **Date** of the event or select a date from the calendar.

Enter **Start Time and End Time**. **Start Time** and **End Time** must include AM or PM. The **Duration** is automatically calculated by AuthentiCare.

Click the **Recurring Event** check box.

The page expands to display scheduling options.

Follow the steps outlined below to create a Daily, Weekly or Monthly recurring event.

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9.3.2.1   Daily Recurring Event

AuthentiCare defaults to **Daily** recurrence. To schedule an event to occur more than once in the same week, use the Daily occurrence option.

a. Select the **frequency** of the recurring event by entering the number of times the event shoulf occur (every 2 days or every 3 days for example) or by choosing **Every weekday**.

b. Enter the **number of occurrences** of the event or enter an **End by** date for the event.

c. Complete remaining fields on the Scheduled Event page: **Worker, Backup Worker**, if applicable, and **Service**. Click **Save.**

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In this example, the event scheduled from March 28, 2019 and reccuring for 20 days has multiple authorizations during the period of the scheduled reccuring event. Event Acknowledgement page lists a scheduling exception.

- o **Accept** is disabled, thus not an option for the scheduler.
- o Click **Change** to return to the event and change the information, OR
- o Click **Discard** to discard the event and return to the Scheduled Event page.

If a recurring event spans over multiple service authorizations, AuthentiCare will not allow the scheduler to save the scheduled event. The scheduler will have to click Change to modify the Start Date and End Date of the recurring event to be within the effective dates and authorized units of the authorization listed on the Event Acknowledgement page and save the event. Effective dates of the authorization can be found by performing an Authorization search from the Home page. A second event will have to be scheduled for the remaining period of the recurring event using the second authorization available for the service.

9.3.2.2   Weekly Recurring Event

To schedule an event to occur on the same day or days for multiple weeks, select the **Weekly** occurrence option.

- a. Select the **frequency** of the event by entering the number of times the event should occur (every week, every 2 weeks for example).
- b. Select the **day** or **days** of the week the event should occur.
- c. Select the **number of times** the event should occur or enter an **End by** date for the event.
- d. Complete remaining fields on the Scheduled Event page: **Worker, Backup Worker**, if applicable, and **Service**. Click **Save.**

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9.3.2.3   Monthly Recurring Event

To schedule an event to occur on a monthly, bi-monthly or quarterly basis, select the **Monthly** occurrence option.

    a. Select the **frequency** of the event by entering the calendar day of the month (the 15th day of every month or the 1st day of every 2nd month, for example) or by entering the weekday of the month (the 1st Monday of every month of the last Friday of every 3rd month, for example).

    b. Select the **number of times** the event should occur or enter an **End by** date for the event.

    c. Complete remaining fields on the Scheduled Event page: **Worker, Backup Worker**, if applicable, and **Service**. Click **Save.**

If AuthentiCare discovers scheduling conflicts or issues, for the event, a message displays at the top of the page advising the scheduler of the conflict.

    o **Accept** is disabled, thus not an option for the scheduler.

    o Click **Change** to return to the event and change the information, OR

    o Click **Discard** to discard the event and return to the Scheduled Event page.
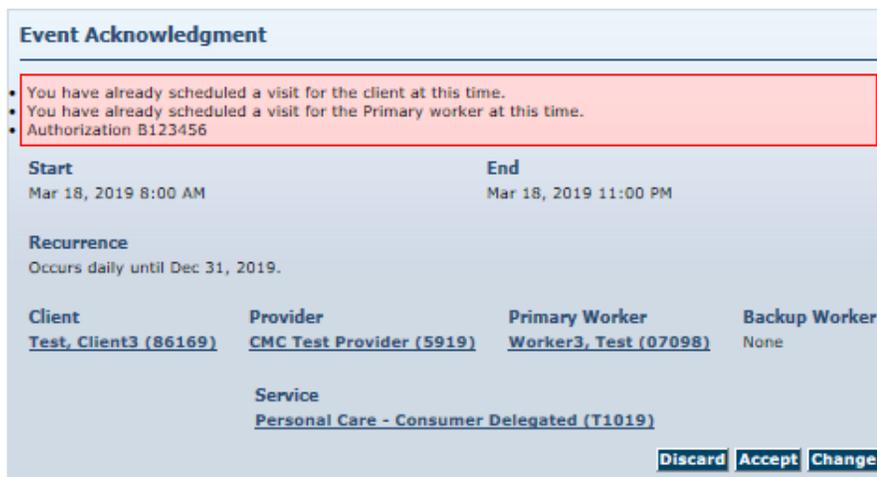
Event Acknowledgment

- You have already scheduled a visit for the client at this time.
- You have already scheduled a visit for the Primary worker at this time.
- Authorization B123456

Start	End
Mar 18, 2019 8:00 AM	Mar 18, 2019 11:00 PM

Recurrence
Occurs daily until Dec 31, 2019.

Client	Provider	Primary Worker	Backup Worker
Test, Client3 (86169)	CMC Test Provider (5919)	Worker3, Test (07098)	None

Service
Personal Care - Consumer Delegated (T1019)

Discard Accept Change

The scheduler will have to click **Change** to modify the **Start Date** and **End Date** of the recurring event to be within the effective dates and authorized units of the authorization listed on the error message.

There is an alert if a client and/or worker are already scheduled for events within the attempted event's timeline.
The scheduler can:

- o Click **Discard** to discard the event and return to the Scheduled Event page.
- o Click **Accept** to save the event.
- o Click **Change** to return to the event in order to change the information.

9.4   Editing an Event

> ⚠ *If the date or time of a scheduled event has already passed, the event cannot be edited or deleted.*

When information changes for an event, AuthentiCare allows you to make adjustments up to the end time of an event. The following instructions discuss editing an event **Date**, **Time**, **Client**, and/or **Worker**.

Scheduled events of Clients that have changed enrollment from one MCO to another

Scheduled Event

	Date	* Start Time	* End Time	* Duration
Event:	03/13/2019	11:00 AM	12:00 PM	01:00

☑ Recurring Event   (3/13/2019)

○ Daily ◉ Weekly ○ Monthly

Recur every `1` week(s) on:
☐ Sunday ☑ Monday ☑ Tuesday ☑ Wednesday
☐ Thursday ☑ Friday ☐ Saturday

○ End after ___ occurrences
◉ End by `04/30/2019`

Client: Test, Client3
Client Phone Number: 512-493-2500
Provider: CMC Test Provider
Primary Worker: Worker1, test
Backup Worker: ___
* Service: Personal Care - Consumer Delegated
* Address: Home
12345 Any Street
Any City, NM 12345
Source: WEB

Save Cancel

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cannot be edited until the Client receives service authorizations from the current MCO.

Click **Scheduling** from the Main Menu toolbar on the Home page. Click **View Calendar** from the drop-down.

Find the event on the calendar that needs to be changed (use Search or choose from various views available to do so). Double click the event on the calendar to display the details on the Scheduled Event page.

> *If this is a recurring event, AuthentiCare asks you to confirm whether you are editing the single event or the whole series.*
>
> Click **Edit this occurrence, Edit the series or Edit Multiple Occurrences** on the Scheduled Event page.
>
> **Scheduled Event**
>
> This is a recurring event. Do you want to edit only this occurrence or the series?
>
> ○ Edit this occurrence
> ⦿ Edit the series
> ○ Edit Multiple Occurrences

Click the field for the item to be corrected. Initially it looks like the fields are not editable, but once you click on the field it changes to an editable field. The Scheduled Event page will allow a worker in series to be edited without first clicking on editing the occurrence
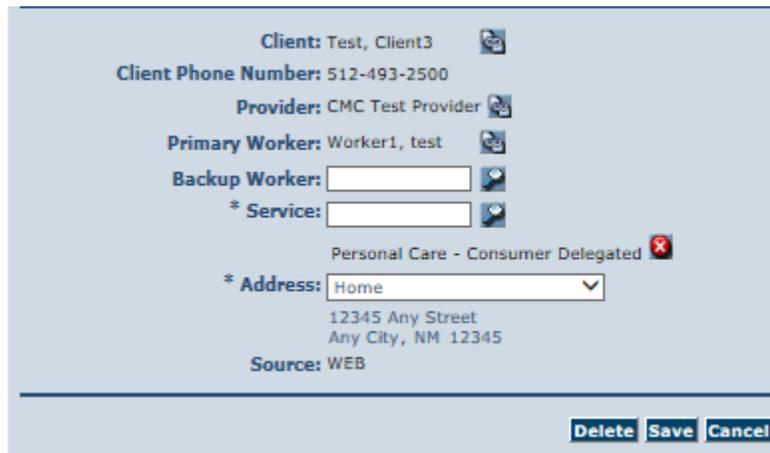
Enter the new information.

Click **Save.**

When providers add a new worker to scheduled events, the change will update only the first event and all future scheduled events, leaving historic information on past events intact.

⚠️ *If this is a recurring event, and you have forgotten to select whether you are editing the single event or the whole series, a message displays.*

    a. *Click **Edit this occurrence, Edit the series** or **Edit Multiple Occurrences** on the Scheduled Event page.*

    b. *Click **Save** again.*

Scheduled Event

This is a recurring event. Do you want to edit only this occurrence or the series?
- ⦿ Edit this occurrence
- ○ Edit the series
- ○ Edit Multiple Occurrences

If AuthentiCare discovers scheduling conflicts or issues, a message displays at the top of the page indicating the conflict found in the system. On the message are three options from which to choose. Select one of the following three options:

- o Click **Change** to return to the event and change the information, **OR**
- o Click **Accept** to accept the event with the conflict, **OR**
- o Click **Discard** to discard the event and return to the Scheduled Event page.

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An example of an error message displays here. Choices for proceeding are listed at bottom right.

If no scheduling conflicts or issues arise, a message displays at the top of the page that indicates the event was scheduled successfully.

9.5   Deleting an Event or a Series after It Is Scheduled

If you need to delete an event that means it was either entered in error or needs to be cancelled. Deletions must be done prior to the end time of the event. Once the event end time has passed, the system will not allow you to delete the event.

Double click on the event to display the details in the Scheduled Event page.

Click Cancel if the event is to continue as scheduled.

- Review the event carefully. Click **Delete** if certain the event should be deleted.

⚠	*Once you click Delete, the event is permanently deleted. There is no pop up dialog box asking you to confirm the deletion, so prior to clicking Delete, be sure this is the event you want to delete.*

The Calendar and Event Scheduling page displays with a note at the top indicating the event was deleted successfully.

Needs Attention:
Successfully deleted the scheduled event.

Scheduled Event

	Date	* Start Time	* End Time	* Duration
Event:	03/13/2019	11:00 AM	12:00 PM	01:00

☐ Recurring Event   03/13/2019

Client: Test, Client3
Client Phone Number: 512-493-2500
Provider: CMC Test Provider
Primary Worker: Worker1, test
Backup Worker: [   ]
* Service: [   ]

Personal Care - Consumer Delegated ❌

* Address: [Home   ▾]
12345 Any Street
Any City, NM 12345
Source: WEB

Delete Save Cancel

⚠	*If this is a recurring event, and you have forgotten to select whether you are deleting the single event or the whole series, a message displays.*
	a. Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.
	b. *Click* **Delete** *again. If you selected Edit this Occurrence, then only the specific event you chose will be deleted. If you selected Edit the Series, then all of the recurring events will be deleted.*
	Once you click Delete, the event, or the series, is permanently deleted. There is no pop up dialog box asking you to confirm the deletion, so prior to clicking Delete, be sure this is the event or the series you want to delete.

- Click **Cancel** if the event or series is to continue as scheduled.
- Review the series carefully. Click **Delete** if certain the series should be deleted.

The Calendar and Event Scheduling page displays with a note at the top indicating the event was deleted successfully.

Needs Attention:
Successfully deleted the scheduled event.

Note: Future scheduled appointments are deleted automatically by AuthentiCare when the worker is terminated or end dated. This reduces the late and missed visit alerts to providers. The scheduler could edit the Worker field on the event so the event is not automatically deleted.

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9.6 Acknowledging Missed Visits

Payers and Providers associated with a client in AuthentiCare receive email notifications for Late and Missed visits.

When a worker uses the IVR or the GPS mobile device for both Check-Ins and Check-Outs, the event (visit) information is captured in AuthentiCare immediately. Providers may need to refresh computer screens for updates to display depending on what system processes are being completed at the time.

AuthentiCare links worker Check-Ins and Check-Outs to scheduled events continuously, and provides notice of late and missed visits to providers via email so that backup coverage can be initiated. In addition to email messages, these late and missed visits are posted on the *Late and Missing Events* page of the system.

If a worker, other than the worker noted on the client's schedule, provides services timely, i.e. within the early and late threshold of the scheduled event, AuthentiCare will not generate a late and/or missed visit alert to the provider. "Timely" is defined in the definitions listed below for **Late Visit** and for **Missed Visit**.

Definition of a Late Visit: For Consumer-Delegated clients, if the worker does not check in within 60 minutes of the event **start** time the event receives a Late Visit designation. The Late Visit is removed if the worker checks in. The visit becomes a Missed Visit if the worker does not check in within the next 60 minutes (a total 120 minutes after the event start time). For Consumer-Directed clients, the Early and Late visit thresholds are disabled.

Definition of a Missed Visit: For Consumer-Delegated clients, if the worker does not check in within 120 minutes of the event **start** time the visit is designated as Missed. For Consumer-Directed clients, if the worker does not check in within 72 hours (4320 minutes) of the visit end time, the visit is designated as Missed.

If providers set Early, Late and Missed Visit Thresholds for clients, the jurisdictions thresholds for those clients for specific services will take precedence. For more information on setting Early, Late and Missed Visit Thresholds, see Chapter 3.

The late and missed visits are recorded in three ways:

The *Late and Missing Events* page: lists all scheduled events that are late or missed.

This page is available from the menu bar to the following roles: Administrator, AdminAssistant and Scheduler/Coordinator.

The Late/Missed Visits Report: Refer to Chapter 13, Reporting, for more information.

An email is sent to the email address on the provider's record each time an event is late and/or missed. Examples of these emails are included below with the difference that the worker, client and provider names have been replaced.

Late:

This is an AuthentiCare late visit notification. Worker Test Worker (ID Number) for provider Test Provider (ID) was scheduled to provide service Personal Care (GO156) on 01/05/2015 at 09:00 PM for Client1 Test. An AuthentiCare visit is considered late when the service is not provided within 60 minutes of the scheduled start time. To view this scheduled event in more detail, log in to the AuthentiCare website at: www.authenticare.com/nmcc.

Please do not reply to this email as it is intended for notification purposes only.

Missed:

This is an AuthentiCare missed visit notification. Test Worker (ID number) for provider Test Provider (ID) was scheduled to provide service Personal Care (GO156) on 01/04/2015 at 09:00 PM for Client1 Test, but missed the appointment. An AuthentiCare visit is considered missed when the service is not provided within 120 minutes of the scheduled start time. To view this scheduled event in more detail, log in to the AuthentiCare website at: www.authenticare.com/nmcc.

Please do not reply to this email as it is intended for notification purposes only.

To view the list of late and missed visits, place your cursor on **Visits** in the toolbar of the Main Menu, and then click **Late and Missed Visits**.
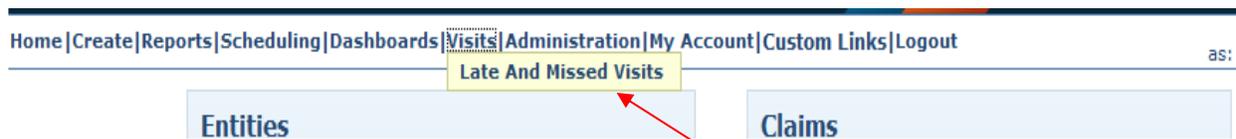
You will see a selection criteria screen that allows you to choose the visits you want to work. If you do not choose, all visits will be displayed.
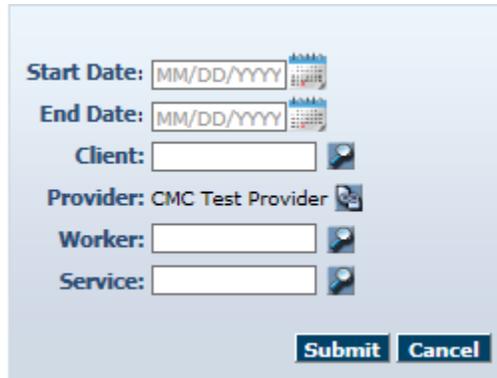
The Late and Missing Events page displays if there are scheduled events for this provider which have been identified as late or missed.

Note: The columns, except the Notes column, on the Late and Missed Visits page are sortable. Click on each header to sort the column in ascending or descending order. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

Select the appropriate missed visit code from the missed visit code dropdown list for each of the missed visits listed on the *Late and Missing Events* page. Do not choose missed visit codes for events that have a status of "Late". There is a note section for each missed visit for additional documentation if needed.

Description	Code
Hospital	1
Nursing Facility temporary	2
Consumer refusal	3

Description	Code
Consumer not available – justify in notes	4
Family voluntarily provided temporary service instead	5
Other (consumer driven) – justify in notes	6
Consumer deceased	7
No staff available	A
No staff willing	B
Natural disaster/Inclement Weather	C
Late plan from Case Manager	E
Other (provider driven) – justify in notes	F
No Landline or Cell Phone Service	L
Not a Missed Visit – must justify in notes	N

Click the **Save Missed Visit Code** link column heading. This saves the missed visit codes which can be viewed on the Late and Missed Visits Report (refer to Section 13.5.6 for further information). A missed visit will remain on the list until it is acknowledged by adding the missed visit code and adding a note.

Late and Missing Events

If you have not received emails informing you of these late / missed visits, please click here and verify your email address.

Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Save Missed Visit Code	Notes
Missed	06/02/2016 08:00 AM	06/02/2016 09:00 AM	Yes	Test, Client3	CMC Test Provider	Worker3, Test		Personal Care - Consumer Delegated		
Missed	06/02/2016 08:00 AM	06/03/2016 09:00 AM	Yes	Test, Client3	CMC Test Provider	Worker3, Test		Personal Care - Consumer Delegated		

Once Save is selected the Visits page displays with the message in the upper left hand corner that states "Successfully updated late and missed visit(s) codes". A search can be started from this page for another client's missed visit(s), or a click of **Home** will display the Home page.

9.7 Uploading Worker Schedules

On the tool bar in AuthentiCare, providers will find "File Upload" in the dropdown.
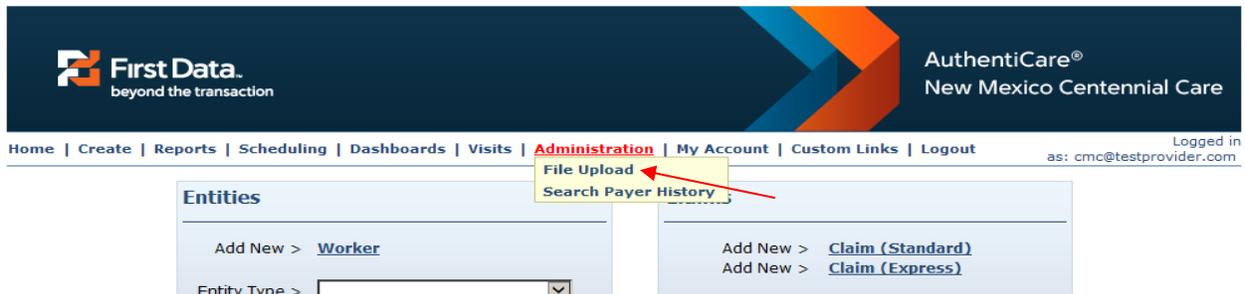
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Once providers select "File Upload," the selection of the 835 and "Schedules" will display.

Select "Schedules" to upload worker schedules in either .xml or .zip format.

Uploaded schedules cannot be edited using AuthentiCare web scheduling feature. The providers have to re-upload the schedules for updates and deletes before the appointment "Start" time. ?

If providers send a revised schedule, the second one will overwrite the first one only if it has the same EntityXRef field (appointment ID from Provider's system, part of the import layout) and the schedule is uploaded by the same web user ID and role as the first one (EX: Provider ID should be same).

Chapter 10   The AuthentiCare IVR

Much of the functionality and data described in Chapters 2 through 9 leads to in-home workers using the Interactive Voice Response (IVR) to record services provided for the client by calling in from the client's home when service begins and calling out from the client's home when service is completed. Each worker has a 5-digit worker ID number that identifies him/her as a worker for a specific provider location. That worker ID is recorded in the IVR each time the worker makes a call.

	Important – If a worker works for more than one provider and/or provider location, he/she is assigned a different number for each location. Caution workers to make sure they use the correct Worker ID for each client visit.

10.1   IVR Flow

The IVR (available in English and Spanish) is designed to capture the information required to create a claim for the service being provided. Section 10.3 below walks the worker step-by-step through what he/she can expect to hear when calling AuthentiCare.

If the phone number the worker is calling from matches the number for the client as recorded in AuthentiCare, then the client's name will be read by the IVR. If the system does not recognize the number, then the worker is asked to enter the ID number of the client.

Workers the ability to select option 8 on the Main Menu in the IVR to select their language preference. Once a worker has changed the language preference from the Main Menu in the IVR, the language preference will automatically update the Language Preference field on the Worker Entity Settings page.

	When checking out, if the IVR reads more than one name, that means the worker has not checked out for previous claim(s) for which he/she had checked in. In order to resolve this, the claim(s) must be completed on the Web with the appropriate check out times.

The IVR then reads the list of services that the worker could potentially be providing for this client. For consistency, the services for a specific client are read in the same order on all calls. This same list also applies during check out calls. Additionally, during check out the worker must specify activities (tasks) completed during the visit if the services provided required activity codes.

✍	*A worker can use the IVR even if there is no authorization yet for the client. However, the client <u>must exist</u> in AuthentiCare in order for the call to be completed.*

The IVR then reads back all of the information in order for the worker to verify its accuracy. If there are any errors, the worker has the option to start over and correct the errors. If the information is correct, then the call is completed and the worker is checked in or out depending on the option chosen at the beginning of the call.

✍	*If the worker is there to provide services for more than one client, the worker must check in for the first client and at the end of the call when given the option to return to the main menu, choose that option and check in for the second client. The worker can repeat this process as many times as necessary.* *When checking out, the worker will need to follow the same process – check out for the first client, return to the main menu as needed to check out for additional clients.* *Each time the worker returns to the main menu on either a check-in or check-out call, the beginning time of the call is reset.*

10.2   Safeguard - Workers with More Than One Worker ID

Workers who have more than one worker ID, because they work for more than one provider, cannot accidently sign in using the ID not matched to the client. If they try, the IVR will play the following message "You have entered an incorrect worker ID. Please enter a different worker ID followed by the pound sign."

10.3   Activity Codes for Personal Care Services

Upon check-out, workers must enter activity codes for the tasks provided to the client during their visit to provide Personal Care Services. Activity Codes for Personal Care Services are listed in Appendix A.2. Activity Codes for SDCB services are listed in Appendix A.8.

10.4 Checking-In/Out from an Unauthorized Phone Number

Providers can prevent workers from performing a Check-In or Check-Out from a phone number not on the client record or matched to another client phone number in AuthentiCare.

If a worker is calling from an unauthorized phone number he/she will hear the phrase, "You are calling from an unauthorized phone number. Please contact your provider" followed by the goodbye phrase.

If the phone he/she are attempting to call from is valid, the provider can update the client record with the new number(s) and the worker can re-attempt the call.

By default, the Jurisdiction Setting for Unauthorized Phone Access to IVR is set to No on the Provider Entity Settings page.

By default, the Provider setting for 'Unauthorized Phone Access' is set to No. If providers want to enable this feature, they should change this value to Yes. A change to Yes allows all workers associated with the provider agency the opportunity to check in from an unauthorized phone number.

* Entity Qualifier:	Business
Extra Claim Review:	☑
Mileage:	☐
NPI:	8888888888
* Provider Services:	Personal Care - Consumer Delegated Personal Care - Consumer Directed Personal Care - Consumer Directed Visit Personal Care - Consumer Directed Training Consumer Directed Administrative Fee Respite Consumer Directed Advertisement Reimbursement Supervisory Home Visit Stipend G9006U1 Stipend G9006U2
Taxonomy Code:	99999999999
Travel Time:	☐
Unauthorized Phone Access:	No

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10.4.1   Worker Instructions - Using the IVR

Instructions to **Check-in**	
1	Dial 1-800-944-4141 from the client's touch-tone phone.
2	Enter your worker ID number followed by the pound (#) sign when prompted.
3	Press 1 for Check-in (Choices are 1, 2 for Check-Out, and 8 to select language preference.)
4	You will then hear the name of the client you are there to serve. If it is correct, press 1.

If AuthentiCare does not recognize the phone number you are calling from, you will be asked to enter the client's ID number followed by the pound (#) sign. Do not input the client's number. Call your agency. |
5	You will hear a list of services available for the client and be asked to choose the one you are there to perform by pressing the appropriate number on the phone key pad.
6	AuthentiCare will then repeat back your name, your agency's name, the client's name, and the service to be provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call.
7	If the information is correct you will be told that the check-in was successful at (states the time). At this point you will be instructed to press 2 to end the call.

Instructions to **Check-out**	
1	Dial 1-800-944-4141 from the client's touch-tone phone.
2	Enter your worker ID number followed by the pound (#) sign when prompted.
3	Press 2 for Check-out.
4	If you failed to check in, the IVR will read the client back to you or, if it does not recognize the phone number you are calling from, you will be asked to enter the client's assigned ID number followed by the pound (#) sign. You will also be asked to select a service.
6	AuthentiCare will repeat back your name, your agency's name, the client's name and the service you provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call.
7	If the information was correct you will be told that you have successfully filed your claims, the time of day, and to press 2 to end your call.

What do I do if . . .

. . . I forget my worker ID	Call your supervisor who has your worker ID on file.
. . . I check-in but forget to check-out?	Call your supervisor and let him know what client you were serving and the time you left the client's home.
. . . I forget to check-in?	If you are near the beginning of your visit, go ahead and do a check-in. Then let your supervisor know the check-in was phoned in late and what time you started providing care. If you don't remember until the end of your visit, go ahead and check-out when you leave. Let your supervisor know you forgot to check-in and the time you arrived at the client's home.
. . . I forget to check-in and check-out?	Call your supervisor and explain what happened.
. . . I am in the process of checking in and realize I have made a mistake?	AuthentiCare will let you change the information before you complete the check-in. You can go back by pressing 2 at the confirmation heard during Step 6 of the Check-in process or Step 6 of the Check-out process. Re-enter the correct information when prompted.
. . . I have already checked in and realize I made a mistake?	Go ahead and check out after you provide service, but call your supervisor and explain what happened.
. . . .I have checked in and checked out and realize I have made a mistake?	Call your supervisor and explain what happened.
. . . The client does not have a touch-tone phone, refuses to let me use the phone, or the phone is out of order?	Call your supervisor and explain what happened.

January 1, 2021

Chapter 11   The AuthentiCare® 2.0 Mobile Application

11.1   Introduction – Android Mobile Application

First Data offers both an Android and an iOS mobile application (app) for workers to use as a means of Check-In/Check-Out in English or in Spanish. The AuthentiCare mobile applications provide the same capabilities as the Interactive Voice Response (IVR) and, with GPS technology, have the ability to base their validation process on the location of the mobile device. The following sections detail features of the Android AuthentiCare mobile app, list the setup processes to prepare providers and workers for mobile application operation and the steps for workers to utilize AuthentiCare mobile app features and process Check-Ins/Check-Outs of client service visits. The AuthentiCare Mobile Application is available to Android operating systems 4.4 and newer.

11.1.1   Service Zones

In a **Standard Service Zone**, GPS location coordinates can be determined. GPS coordinates are captured and used to match (verify) the location of the device during Check-In/Check-Out against the client's GPS coordinates on record. The mobile app does not validate the clients' locations against their physical addresses. Instead the mobile app is being sent the GPS coordinates to validate each client's location.

In a **Limited Service Zone**, there is no internet access/data coverage. GPS location coordinates can still be captured most of the time. The banner on the mobile app screen displays in a dark color in a Limited Service Zone with the message, "No data connection."

If the worker gets to a client visit location that is outside the Standard Service Zone, the worker will proceed through the same Check-In and Check-Out steps. The data is stored on the mobile device as the Check-In and Check-Out are completed. The visit will show as "Completed Not Synced."

A Warning Message is displayed after 60 minutes when there are claims not synced on the mobile device informing the user to return to a Standard Service Zone with internet coverage.

When the mobile device detects its return to a Standard Service Zone, a sync of the Check-In/Check-Out data will automatically begin. Once the data is synced, the banner on the screen will return to its original color, and the visit will display as Completed.

11.1.2   Core AuthentiCare Preparation

The following settings have been set by First Data at the application jurisdiction level, typically across the whole state:

- The mobile messaging feature has been turned on.
- Messaging has been enabled.
- Message expiration has been enabled.
- Message polling has been enabled.
- The GPS geo-fence distance has been set so that there is a defined maximum distance surrounding the client's location that can be acquired on the app without creating an exception on the claim. An exception is an indicator that a worker is found outside the specific radius of a client's home. Exceptions are triggered on Check-In and Check-Out.
- The timeout duration is set (in minutes) before the mobile app logs the worker out of the system due to inactivity.

11.1.3   Application Setup Done by Providers

11.1.3.1   One Time Application Settings – Provider Entity Settings

On the Provider Entity Page:

The Provider and Worker must be active within AuthentiCare, and have active IDs.

1. **Mobile Enabled** is defaulted to Yes to allow workers to use the AuthentiCare mobile app.
   - If **Yes** is not selected for **Mobile Enabled**, workers will receive a Login failed message when they try to log into the mobile app on their phones.
2. Select **Messaging Enabled** to send messages to workers.

- If **Messaging Enabled** is not selected, workers will not view a Messaging option at the bottom of their device screen.

3. A provider can also register provider-owned phones for mobile app use and can provide a name assigned (temporarily or permanently) to the phone by entering the following information:
   a. Enter the mobile phone number, including area code, of the provider's phone assigned to the worker.
   b. The Device ID of the provider's phone assigned to the worker.
   c. The Worker ID or the worker's name under Assignment.

Once all information is entered, the provider can select **Add** to save.

11.1.3.2   Worker's Mobile Device Information – Worker Entity Settings

On the Worker Entity Page:

1. Add the worker's email address so that the worker can receive a passcode if the worker forgets the password to log into the mobile app.
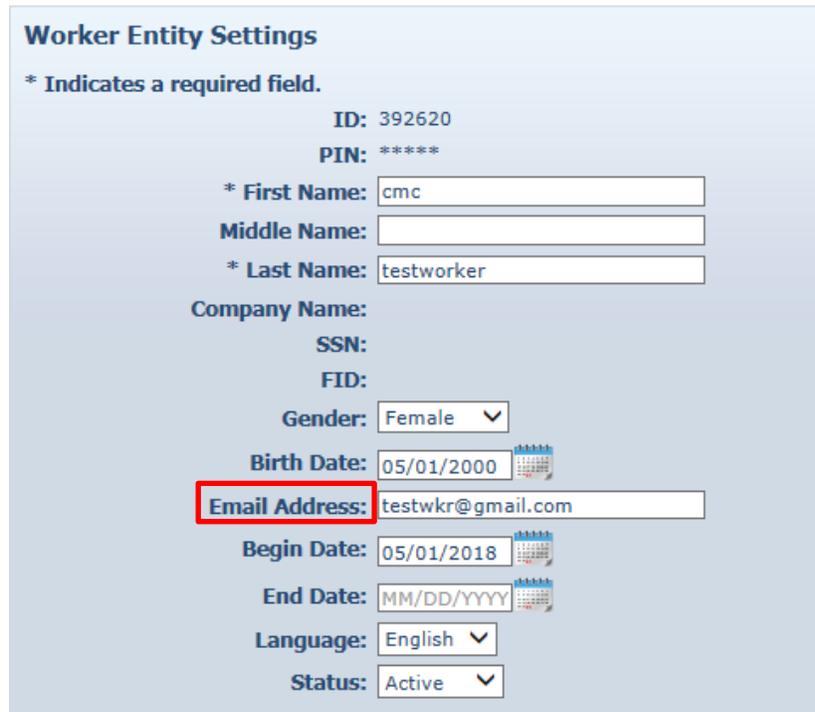
Worker Entity Settings

* Indicates a required field.

ID:	392620
PIN:	*****
* First Name:	cmc
Middle Name:	
* Last Name:	testworker
Company Name:	
SSN:	
FID:	
Gender:	Female
Birth Date:	05/01/2000
Email Address:	testwkr@gmail.com
Begin Date:	05/01/2018
End Date:	MM/DD/YYYY
Language:	English
Status:	Active
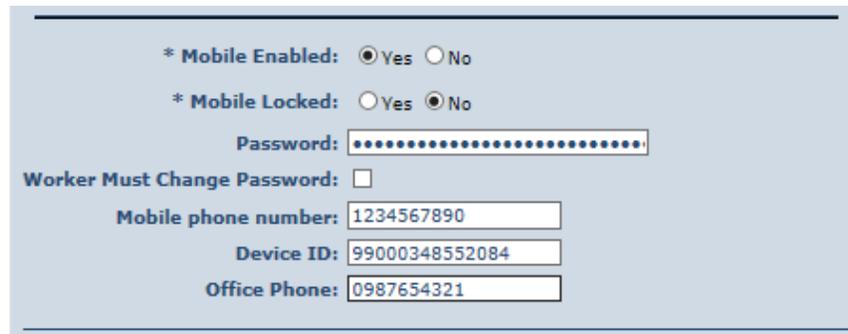
* Mobile Enabled:	⦿ Yes ○ No
* Mobile Locked:	○ Yes ⦿ No
Password:	••••••••••••••••••••••••••
Worker Must Change Password:	☐
Mobile phone number:	1234567890
Device ID:	99000348552084
Office Phone:	0987654321

2. Create initial **Password** for workers. (Workers will use their assigned Worker ID as their individual username.)
   - Passwords to log into the mobile app must contain at least 1-digit, 1-lowercase, 1-uppercase, 1-special character (acceptable special characters @#$%^&?!+=) and must be a minimum of 8 characters in length.
   - If a password is changed through the system, it will be flagged for a Force Change once the worker logs into the mobile app.
3. Enter the worker's **Mobile Phone Number**, including area code.
4. Enter the **Device ID** of the worker's personal mobile device/phone.
5. Enter the **Office Phone** number.
   - The Office Phone you enter on the worker record will be the number the worker will call when the worker selects "Call Office" from the menu button within the mobile app.

11.1.4 AuthentiCare Mobile App Fundamentals

11.1.4.1 Downloading, Installing and Setting Up the Mobile App

The AuthentiCare application is a free Mobile App.

Steps for Workers to download the AuthentiCare Mobile App from the Google Play Store are:

1. Open the Google Play Store on the mobile device.

2. Select the AuthentiCare Mobile App for download.

3. Tap **ALLOW** for the App to make and manage phone calls.

4. Tap **ALLOW** for the App to access the mobile device's location. These terms and conditions must be accepted prior to the App opening on the mobile device.

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11.1.4.2   Initial Setup for Environment

Once the Mobile App is installed, initial setup needs to occur. In order for the worker to use the AuthentiCare Mobile App, the worker will need to:

1. Confirm the Provider has entered the mobile device/phone number, email address and Device ID in AuthentiCare.
2. Use the Setup Code to choose the environment.

When the worker first opens the AuthentiCare Mobile App, the worker will see a screen that requires the entry of a Setup Code. The AuthentiCare Mobile App allows the use of one or two modes (called environments):

- The Test/Training Environment, (used for practicing and learning about how to use the app), or
- The Live Production Environment (used when you are going to perform actual client care)

Initial Setup for Environment The worker will choose which option to use by entering one of the codes below:

Test/Training: NMCCCAT   or   Live/Production: NMCCPRD

Initial Setup for Environment:

January 1, 2021
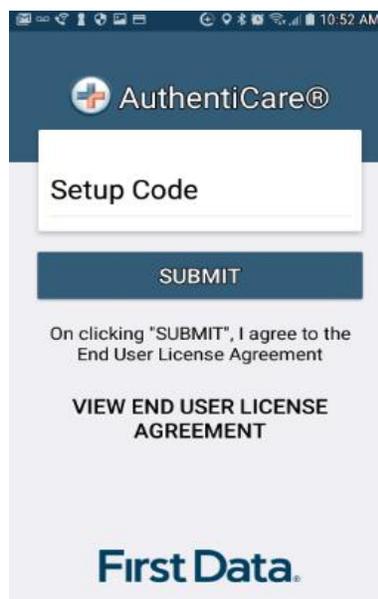
The link to the End User License Agreement is on the Setup Code screen.
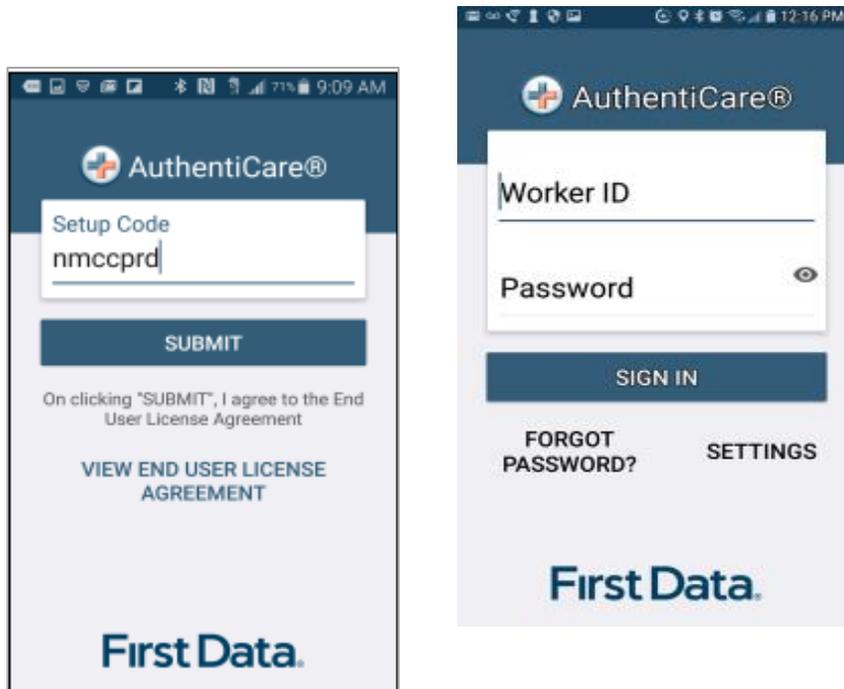
The worker will:

1. Enter the choice of environment in the **Setup Code** field.
2. Review the End User License Agreement by tapping **View End User License**
3. **Agreement.** Tap **SUBMIT** which saves the Setup Code and signifies the acceptance of the End User License Agreement.
4. The Worker ID Login and Password screen displays.

11.1.5   The Worker ID and Password Screen

11.1.5.1   Change Password before Login - Request Passcode

The choices of **FORGOT PASSWORD?** and **Settings** are also found on this screen.

A worker who has forgotten the password can tap **FORGOT PASSWORD?** The Forgot Password? screen displays, complete with instructions.

To recover a password, the worker must have an email address listed in AuthentiCare.

1. Input **Worker ID.**
2. Tap **REQUEST PASSCODE.**
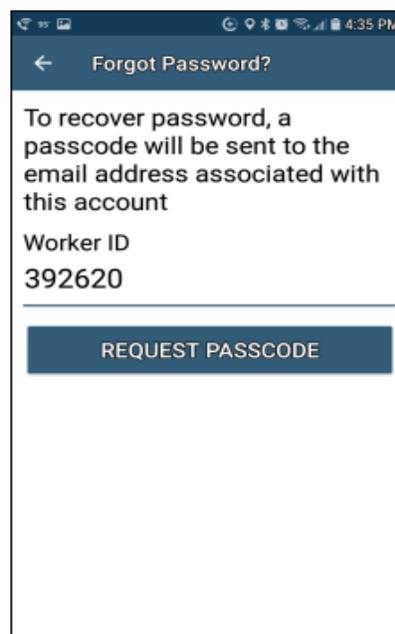
If the worker's email address is not in AuthentiCare, the following screen will display.
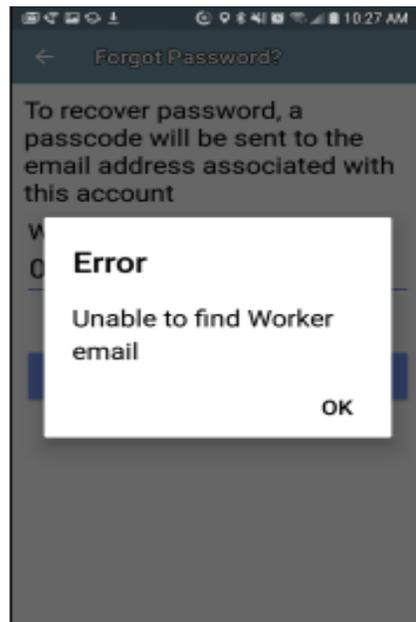
Once the worker's email address is in AuthentiCare, the following screen will display:
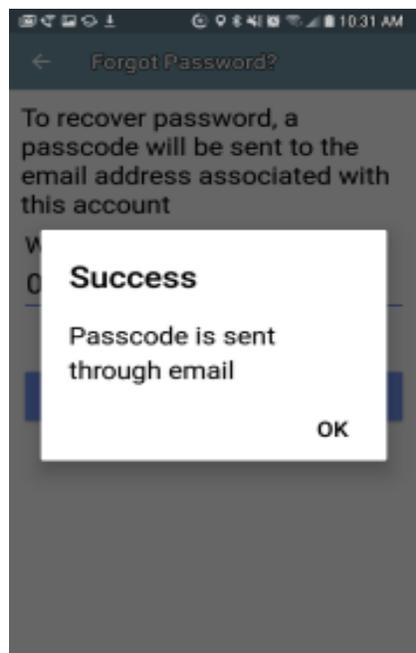
Tap **OK.**

The Change Password screen displays.

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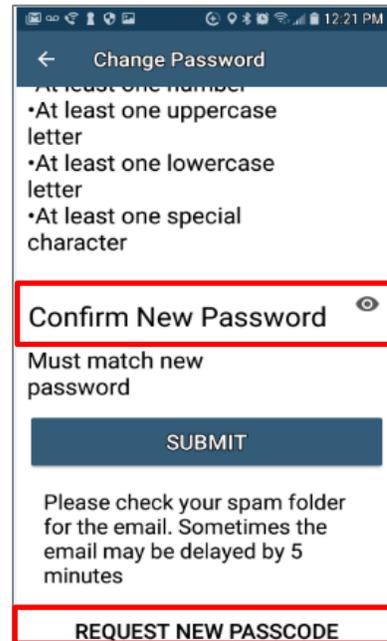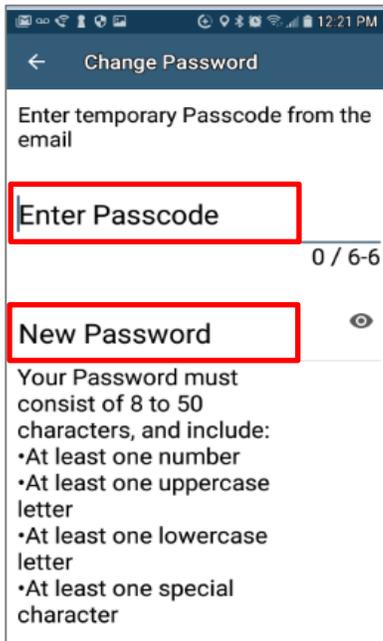
The worker will:

1. Enter the new password in the **New Password** field. The password rules are listed on the screen.

2. Confirm the new password by entering the new password again in the **Confirm New Password** field.

3. *Scroll down* to tap **SUBMIT**.

If there is a need to start the process again, the worker could scroll further down to tap **REQUEST NEW PASSCODE** found at the bottom of the screen.

11.1.5.2   Change Password after Successful Login

After logging in, should the worker wish to change the password, the worker will:

1. Tap SETTINGS
2. Select Change Password to display Current Password, New Password and Confirm New Password fields.
3. Enter applicable passwords in all three fields, then tap SUBMIT.
4. The Password Change Success screen displays. Tap OK.

11.1.6   To Find a Device ID from the Settings Menu

After entering the Setup Code, the worker will be taken to the login screen.

To find the mobile device's Device ID:

1. Tap **SETTINGS** at the bottom right of the screen. The Menu displays.
2. Tap **See Device Identifier** in the Menu. The Device ID displays.
3. Tap **OK** to close the window.
4. Assure the provider has the correct Device ID.

(The worker can copy the Device I on the mobile device clipboard, and email it to the provider.)

11.1.7　　Clearing Data to Change from One Environment to Another

In order to switch from one environment to the other, the worker will be required to clear the data from the AuthentiCare app.

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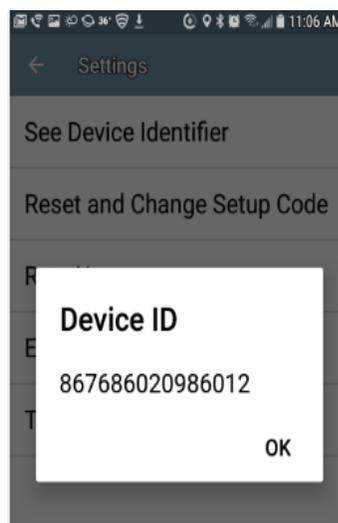
Clearing data is necessary *only* when switching between environments.

Remember *that if the data is cleared from the live environment, the worker will lose any data that has not been uploaded to AuthentiCare.*

The worker will need to make sure that all data has been uploaded before leaving the Live/Production environment. To clear the data:

1. Tap **Settings** at the bottom right of the screen. The Menu displays.
2. Tap **Reset and Change Setup Code** in the Menu.
3. Tap **OK**. The data is removed.

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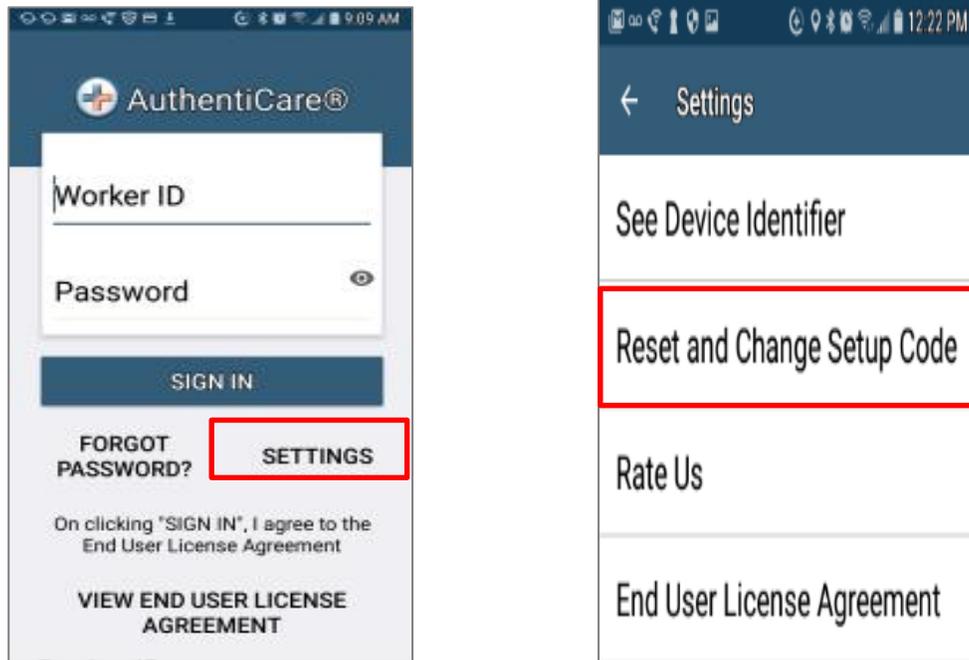
The Setup Code screen displays.

> 4. Enter the next Training or Production environment in the **Setup Code** field.
> 5. Tap **DONE** on the keyboard to display the bottom half of the Setup Code screen or scroll to reveal SUBMIT.
> **6.** Tap **SUBMIT.**

11.1.8 To Log In to the Mobile App – First Use

Change the temporary password assigned by the provider to log in.

On the Login screen:

> 1. Enter the Worker ID.
> 2. Tap the [👁] icon which opens the "eye" [👁] to display the password as typed or after the full password is fully typed. Tap the icon again to cancel the display of the password.
> 3. Tap **Done** on the keyboard to display the full screen or simply tap **SIGN IN.**
> 4. Tap **SIGN IN**. Tapping **SIGN IN** logs the worker into the App for the session.
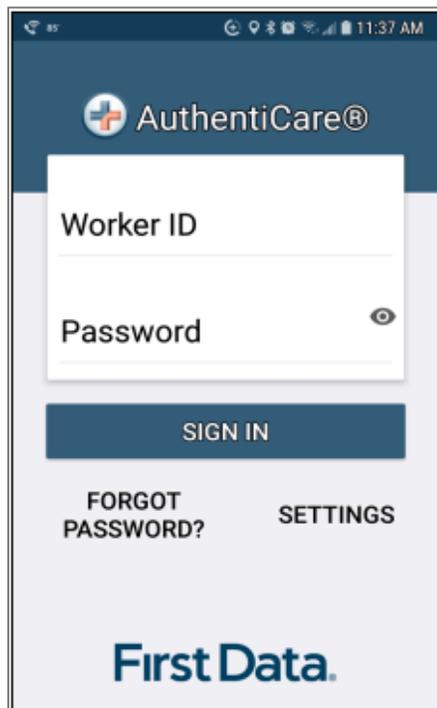
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After 6 unsuccessful attempts to log in, the worker's account will be locked. The worker will have to:

Call the provider to unlock the account.

1. Enter the new temporary password assigned by the provider.
2. Begin the process again of entering and confirming a new password.

Once the Worker ID and Password are entered, the worker's session begins.

PLEASE NOTE: Workers can log in to create a session for the day when and where they have internet access, and then drive to the client's location to process a Check-In for client service delivery. Logging in to begin a session is **not** the same as processing a Check-In for client service delivery.

11.1.9   To Log Out of the Mobile App

A LogOut of the Mobile App is different than a Check-Out of a service visit. There are reasons for a worker to log out of the Mobile App:

- The worker is done for the day, OR
- Another worker will be using the same mobile device to perform a Check-In or a Check-Out.

PLEASE NOTE: Before performing a logout, the worker needs to ensure all Check-Ins and Check-Outs are complete. At the end of the day the worker will need to return to a

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place where there is a data connection in order for the data to be sent to the AuthentiCare system.

To log out of the AuthentiCare Mobile App, the worker will:

1. Tap **SETTINGS** found at the bottom right of the screen.
2. From the Settings Menu, tap **Logout**.
3. The Confirm Logout message displays. Tap **OK** to log out.
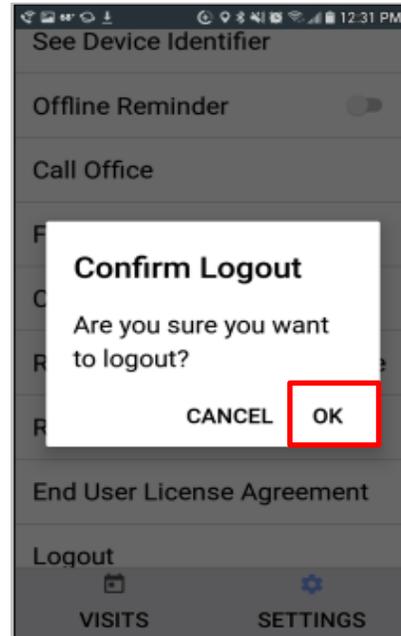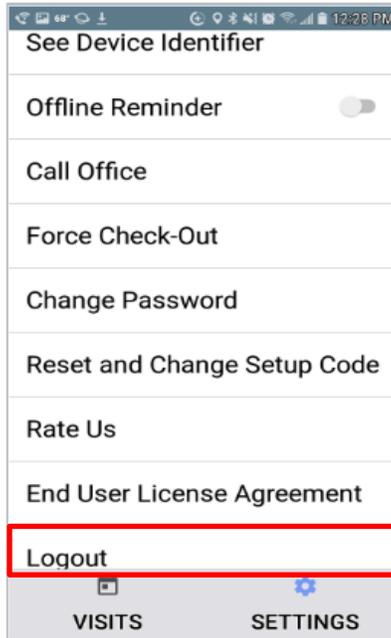
11.1.10   To Access the Calendar

To access the calendar, workers will:

1. Log in to the Mobile App using the Worker ID and Password.
2. Tap the **current date (Today)** at the top of the mobile screen to open the calendar.
3. The calendar defaults to the current date. Tap **OK** to view any visits you have already completed for the day.
4. Tap and scroll to display past dates. Tap **OK** on the chosen date to view completed visits for that date.
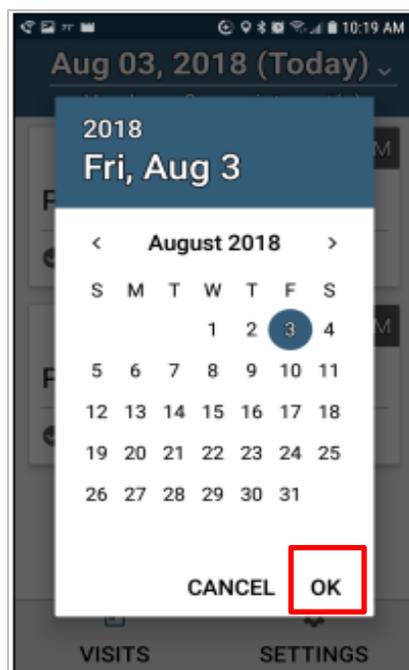
11.1.11   Worker Check-In at Client Location

When the worker arrives at the client location, the worker will:

1. Open the AuthentiCare Mobile App.
2. Input **Worker ID** and App **Password** to begin the session.
3. Tap **DONE** on the keyboard to remove the keyboard display or simply tap **SIGN IN.**
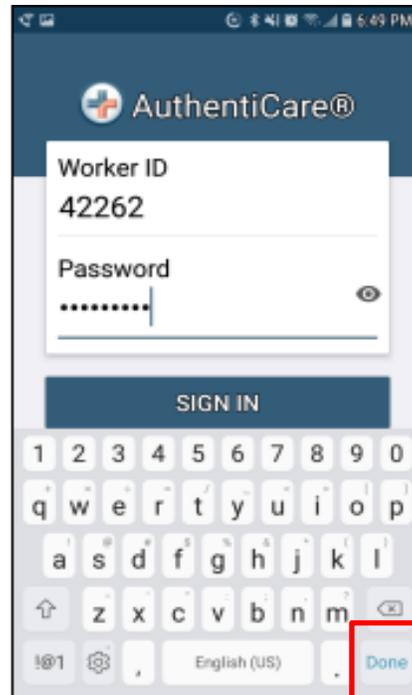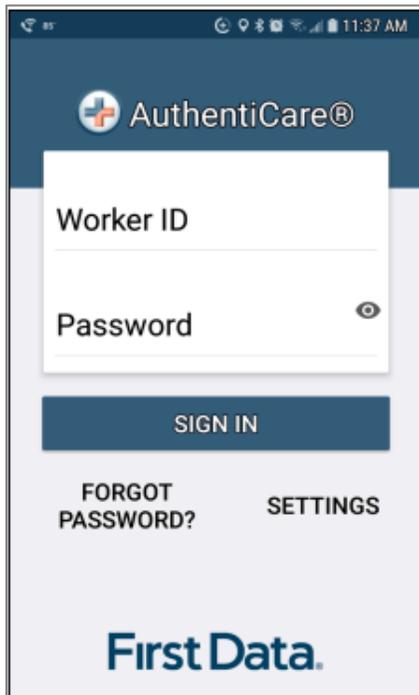
4. Tap SIGN IN.
5. "You have 0 appointments" displays in the date banner. The worker will tap NEW CHECK-IN.
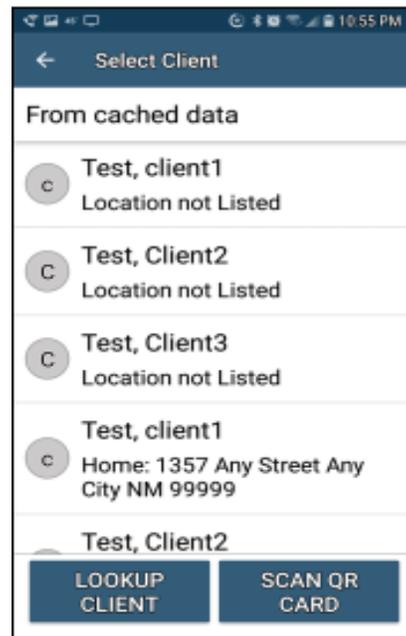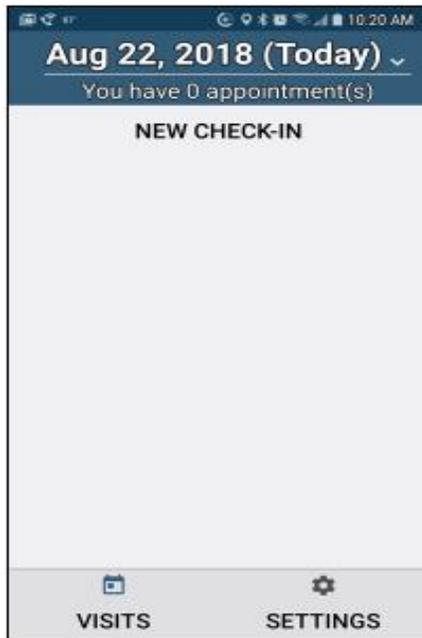
The Select Client screen displays with a list of any clients associated with the provider who are found near the current location of the mobile device.

6. If the client's name is on the list, tap the **client's name** or the icon to the left of the client's name.

Tapping a client name leads to the display of the Visits screen.

If the client's name is not listed on this screen, the screen will display "**Error** No clients found."

The worker will:

7. Tap **OK.**
8. Tap **LOOKUP CLIENT f**ound at the bottom of the screen to begin the Check-In process. .
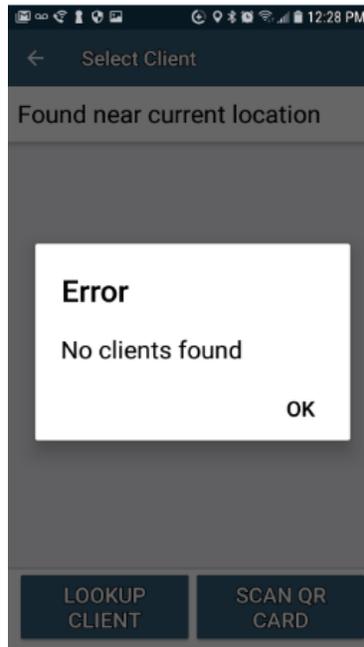
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11.1.12   Lookup Client - Enter the Client's ID Number or Last Name

The worker will:

1. Tap **LOOKUP CLIENT** to open the Lookup Client screen.
2. Input the **client's Last Name.**
3. Tap **LOOKUP**.

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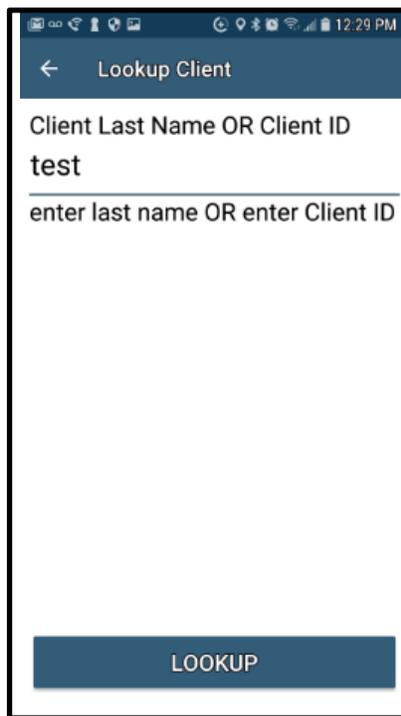
Follow the remainder Check-In process steps detailed in 11.1.11 Worker Check-In at Client Location.

- GPS coordinates from the Check-In process display if the client lives in a Standard Service Zone.
- If the mobile device has no internet access, all screens throughout the Check-In and Check-Out process will display the banner message, "No data connection." The banner is darkened to a red/reddish brown dependent upon the mobile device used.
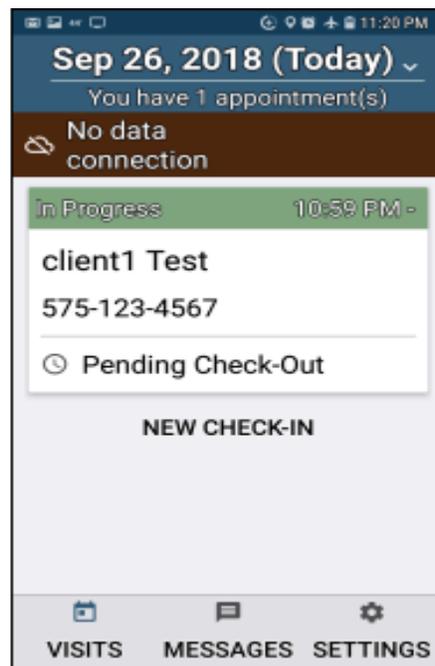
- The worker will continue with each action to progress throughout the Check-In to Check-Out for the service visit.
- The message, "Sync failed. No data connection" flashes on the screen.
- Since there is no data connection, the Check-In and the Check-Out are queued until the mobile device enters a location where internet connection is available.
- When the mobile device returns to a location with a data connection, all visit data transmits to the AuthentiCare system.
- When the visits have been transmitted to AuthentiCare, the Status for the visit(s) will change to Completed without No Data Connection on the screen.

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When the login occurs with no data connection, the worker will follow the process steps detailed in 11.1.12 Lookup Client - Enter the Client's ID Number or Last Name. The screen will display with the banner, "No data connection."

- The message, "No data connection" continues to display. Without a data connection, the app cannot research the name to determine whether or not the name should be displayed. The worker will call the provider to report the issue and to follow the process the provider has in place for this circumstance.

If the client is one from the list of clients found near the location of the mobile device, the worker will:

1. Add the **Service(s)** for the client visit.
2. Tap **SUBMIT CHECK-IN**.

As long as the mobile device does not have internet access, all screens throughout the Check-In and Check-Out process will display the banner message, "No data connection."

- The worker will continue with each action to progress throughout the Check-In to Check-Out for the service visit.
- The message, "Sync failed. No data connection" flashes on the screen.

If the entire work day is spent in an area with no internet access/data connection, at the end of the day the worker will need to return to a place where there is a data connection in order for the claims data to be sent to the AuthentiCare system. All claims data for the preceding day is removed from the Mobile App at 2:00 AM each morning unless the worker is designated as a Frontier worker. With that designation, all visits are stored for up to seven days in the mobile app. When the worker returns the mobile device to a location of data connection, the stored data is "pushed" to AuthentiCare.

11.1.13   Worker Check-Out from Client's Location

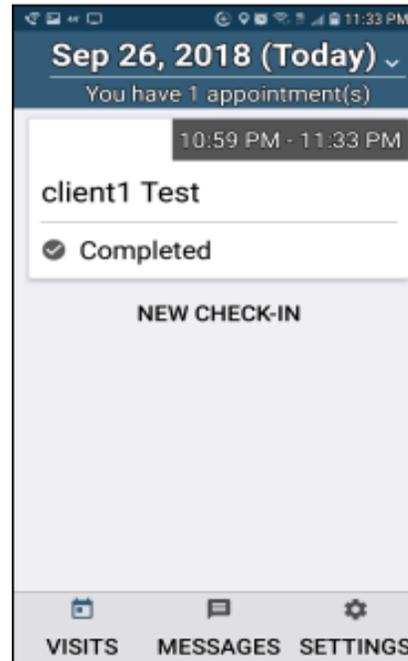For the client served, the worker will:

1. Access Check-In information from the Visits screen.
2. If required, tap Observations to select one or more of the Observations; tap **DONE.**
3. Tap **Activities** to select one or more of the Activities from the list; tap **DONE.** Depending on the service, multiple selections on both Activities and/or Observations are possible. Check these as required

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4. Tap **SUBMIT CHECK-OUT**.
5. When finished, tap **SUBMIT CHECK-OUT**.
6. The application will display Check-Out Success. Tap **OK**.
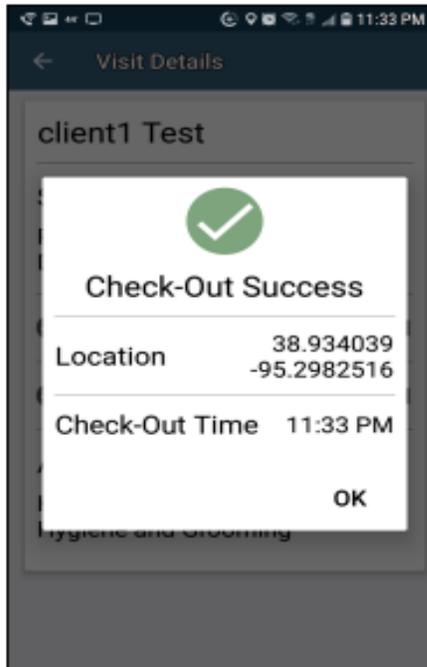
Abbreviated Menu Before Log In: Full Menu After Log In:

The Visits screen will then display the client's visit is in Completed status.

11.1.14   AuthentiCare Mobile App Menu Basics

There is an abbreviated Menu accessed from Settings even before a worker logs in. After a Worker Login, the worker will tap **SETTINGS** at the bottom right on the screen to open the Menu with a full array of choices. The following choices display:

11.1.14.1   See Device Identifier

A tap of this choice allows the mobile device's Device ID to display.

11.1.14.2   Offline Reminder

A slide of this button allows the worker to receive a reminder of the mobile device's offline status.

11.1.14.3   Call Office

A tap this choice automatically makes a call from the worker's mobile device to the agency telephone number listed on the worker's Worker Entity Settings page in AuthentiCare.

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11.1.14.4   Force Check-Out

A tap on this choice allows a capture of the time and location of a visit for a Check-Out when the worker has forgotten, or has been unable, to process a Check-In.

11.1.14.5   Change Password

A tap on this choice enables the worker to process a password change, before being locked out, without having to call the agency for a temporary password reset. Once the worker is locked out of the Mobile App, the worker will have to contact the provider to reset the password following steps in 11.1.5.2 Change Password after Successful Login.

11.1.14.6   Reset and Change Setup Code

A tap on this choice allows the worker to reset the app from one jurisdiction to another is found in 11.1. 7 Clearing Data to Change from One Environment to Another.

11.1.14.7   Rate Us

A tap on this choice allows the worker to rate the AuthentiCare Mobile App.

11.1.14.8   End User License Agreement

A tap of this choice displays the full agreement for the worker's review.

11.1.14.9   Logout

A tap of this choice enables the worker to log out of the Mobile App. *All needed data should be saved before a log out.*

11.1.15   Two Different Menu Displays

Two different Menu screens display for the worker:

- An abbreviated menu is available to the worker after opening the Mobile App, but before logging in for a service visit.
- The full menu is available to the worker after a complete login for a service visit.

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11.2   Worker Instructions for Using the Mobile App – Android

Instructions for a Mobile App Check-In ,	
1	You are at the client's location. Tap **NEW CHECK-IN**. Tap the name of the client to be served. Verify the client's address and location to be served. Tap **Services**. Select the service; tap **DONE**. If required, enter **Mileage** and **Travel Time**. Tap **SUBMIT CHECK-IN**.
2	A Check-In Success screen displays; tap **OK**. The Appointment screen displays. Once the Check-In occurs, the headings, Observations and Activities display along with SUBMIT CHECK-OUT. There is a choice for an immediate Check-Out or a return to the main Appointments screen by tapping the back arrow on the mobile device. The visit details screen displays. A second tap of the back arrow on the device displays the visit as In Progress.
3	Once services are completed, tap **Pending Check-Out**. If required, tap **Activities** to open the list. Choose one or more Activities; tap **DONE**. If required, tap **Observations** to open the list. Choose one or more Observations; tap **DONE**. Tap **SUBMIT CHECK-OUT**. .
4	The Check-Out Success screen displays. Tap **OK**. The visit details screen displays. Tap the back button on the mobile device to view the status as Completed next to the client's name with the Check-In and Check-Out times of the visit.
5	All stored data, except stored visits, is deleted at 2:00 AM each morning for privacy and security reasons. To view stored data again, a log in to the mobile app has to occur.
Instructions to Check-In and Check-Out in a limited Service Zone	
1	You are at the client's location. The screen banner has darkened. "No data connection" displays on the screen with "Sync failed. No data connection" flashing intermittently on the screen. Tap **NEW CHECK-IN**.
2	Add the client's **ID** number. Tap **Services** to open the services list. Choose the service to be provided; tap **DONE**. Enter **Mileage** and **Travel Time if required**. Tap **SUBMIT CHECK-IN**. The message in the darkened banner displays as "No data connection."
3	Once the Check-In occurs, the headings, Activities and Observations display along with SUBMIT CHECK-OUT. There is a choice for an immediate Check-Out or a return to the main Appointments screen by tapping the back arrow on the mobile device. The visit details screen displays.
4	A second tap of the back arrow on the mobile device displays the visit as In Progress with the Check-In time. The client ID also displays with "Pending Check-Out – Not synced."
5	Once services are completed, tap **Pending Check-Out**. If required, tap **Activities** to open the list. Choose one or more Activities; tap **DONE**. If required, tap **Observations** to open the list. Choose one or more Observations; tap **DONE**. Tap **SUBMIT CHECK-OUT**. The Check-Out Success screen displays. Tap **OK**.
6	The visit details screen displays including GPS coordinates, if detected. Tap the back button to view the status as Completed next to the client's name with the Check-In and Check-Out times of the visit.
7	The visit details screen displays. Tap the back button on the device to return to the Appointments screen. Now the visit displays as Completed - Not Synced with only the Check-In time.
8	Visit data is stored in the mobile app on the mobile device. A push of the data is done when the device detects it is back in a cellular service zone. Status will display as Not Synced until the device has all data back to the AuthentiCare system. Once that is done the visit displays as Completed with both Check-In and Check-Out times if the services requires a Check-Out time.

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11.3 The AuthentiCare Mobile Application - iOS

11.3.1 Introduction – iOS Mobile Application

First Data offers both an Android and an iOS mobile application (app) for workers to use as a means of Check-In/Check-Out in English or in Spanish. The AuthentiCare mobile applications provide the same capabilities as the Interactive Voice Response (IVR) and, with GPS technology, have the ability to base their validation process on the location of the mobile device. The following sections detail features of the iOS AuthentiCare mobile app, list the setup processes to prepare providers and workers for mobile application operation and the steps for workers to utilize AuthentiCare mobile app features and process Check-Ins/Check-Outs of client service visits. The AuthentiCare Mobile Application 2.0 is available to iOS operating systems 9.0 and newer.

11.3.2 Service Zones

In a **Standard Service Zone**, GPS location coordinates can be determined. GPS coordinates are captured and used to match (verify) the location of the device during Check-In/Check-Out against the client's GPS coordinates on record. The mobile app does not validate the clients' locations against their physical addresses. Instead the mobile app is being sent the GPS coordinates to validate each client's location.

In a **Limited Service Zone**, there is no internet access/data coverage. GPS location coordinates can still be captured most of the time. The banner on the mobile app screen displays in a dark color in a Limited Service Zone with the message, "No data connection."

If the worker gets to a client visit location that is outside the Standard Service Zone, the worker will proceed through the same Check-In and Check-Out steps. The data is stored on the mobile device as the Check-In and Check-Out are completed. The visit will show as "No data connection."

A Warning Message is displayed after 60 minutes when there are claims not synced on the mobile device informing the user to return to a Standard Service Zone with internet coverage.

When the mobile device detects its return to a Standard Service Zone, a sync of the Check-In/Check-Out data will automatically begin. Once the data is synced, the banner on the screen will return to its original color, and the visit will display as Completed.

11.3.3 Core AuthentiCare Preparation

The following settings have been set by First Data at the application jurisdiction level, typically across the whole state:
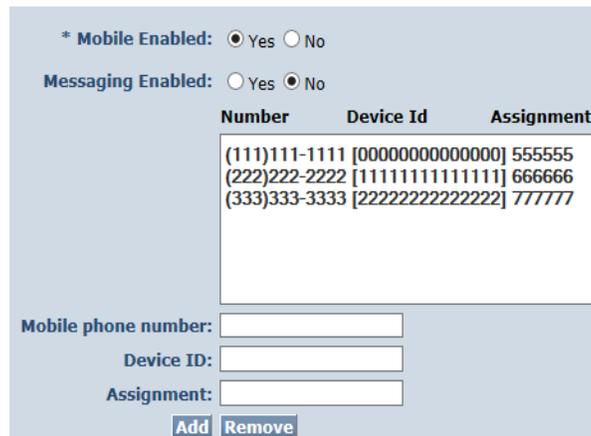
- The mobile messaging feature has been turned on.
- Messaging has been enabled.
- Message expiration has been enabled.
- Message polling has been enabled.
- The GPS geo-fence distance has been set so that there is a defined maximum distance surrounding the client's location that can be acquired on the app without creating an exception on the claim. An exception is an indicator that a worker is found outside the specific radius of a client's home. Exceptions are triggered on Check-In and Check-Out.
- The timeout duration is set (in minutes) before the mobile app logs the worker out of the system due to inactivity.

11.3.4 Application Setup Done by Providers

11.3.4.1 One Time Application Settings – Provider Entity Settings Page

The Provider and Worker must be active within AuthentiCare, and have active IDs.

On the Provider Entity Page:

1. **Mobile Enabled** is defaulted to Yes to allow workers to use the AuthentiCare mobile app.
   - If **Yes** is not selected for **Mobile Enabled**, workers will receive a Login failed message when they try to log into the mobile app on their phones.
2. Select **Messaging Enabled** to send messages to workers.
   - If **Messaging Enabled** is not selected, workers will not view a Messaging option at the bottom of their device screen.
3. A provider can also register provider-owned phones for mobile app use and can provide a name assigned (temporarily or permanently) to the phone by entering the following information:

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a. Enter the mobile phone number, including area code, of the provider's phone assigned to the worker.

b. The Device ID of the provider's phone assigned to the worker.

c. The Worker ID or the worker's name under Assignment.

Once all information is entered, the provider can select **Add** to save.

11.3.4.2 Worker's Mobile Device Information – Worker Entity Settings

On the Worker Entity Settings Page:

1. Add the worker's email address so that the worker can receive a passcode if the worker forgets the password to log into the AuthentiCare mobile app.

2. Select Yes for Mobile Enabled.
3. Create initial **Password** for workers. (Workers will use their assigned Worker ID as their individual username.)
   - Passwords to log into the mobile app must contain at least 1-digit, 1-lowercase, 1-uppercase, 1-special character (acceptable special characters @#$%^&?!+=) and must be a minimum of 8 characters in length.
   - If a password is changed through the system, it will be flagged for a Force Change once the worker logs into the mobile app.
4. Enter the worker's **Mobile Phone Number**, including area code.
5. Enter the **Device ID** of the worker's personal mobile device/phone.
   - The AuthentiCare Mobile App 2.0 will assign a new Device ID as the worker installs the iOS app. The provider will need to input the new Device ID on the Worker Entity Settings Page.
6. Enter the **Office Phone** number.
   - The Office Phone you enter on the worker record will be the number the worker will call when the worker selects "Call Office" from the menu button within the mobile app.

11.3.5 AuthentiCare Mobile App Fundamentals

11.3.5.1 Downloading, Installing and Setting Up the Mobile App

The AuthentiCare application is a free Mobile App.

Steps for Workers to download the AuthentiCare Mobile App from the Apple Store are:

1. Open the Apple Store on the mobile device.
2. Select the AuthentiCare Mobile App for download.
3. Tap **Allow** for the App to make and manage phone calls.
4. Tap **Allow** for the App to access the mobile device's location.

These terms and conditions must be accepted prior to the App opening on the mobile device.

11.3.5.2   Initial Setup for Environment

Once the Mobile App is installed, initial setup needs to occur. In order for the worker to use the AuthentiCare Mobile App, the worker will need to:

1. Confirm the Provider has entered the mobile device/phone number, email address
2. And Device ID in AuthentiCare.
3. Use the Setup Code to choose the environment.

When the worker first opens the AuthentiCare Mobile App, the worker will see a screen that requires the entry of a Setup Code. The AuthentiCare Mobile App allows the use of one or two modes (called environments):

- the Test/Training Environment, (used for practicing and learning about how to use the app), or
- the Live Production Environment (used when you are going to perform actual client care)

The worker will choose which option to use by entering one of the codes below:
Test/Training: NMCCCAT or   Live/Production: NMCCPRD

The link to the End User License Agreement is on the Setup Code screen.

January 1, 2021
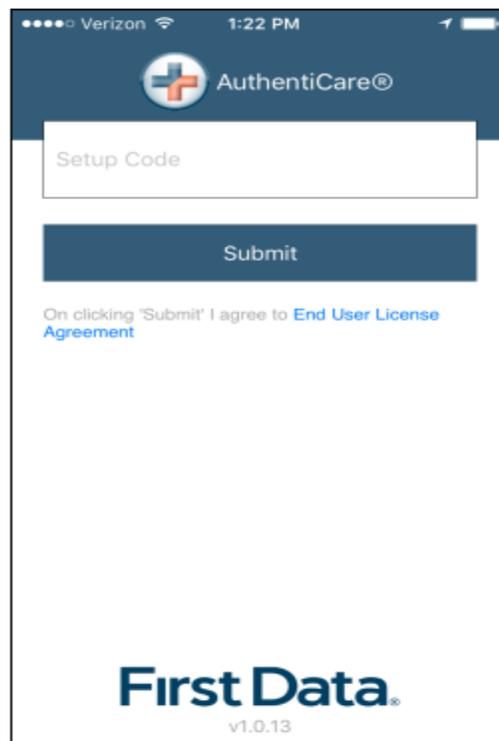
The worker will:

1. Enter the choice of environment in the **Setup Code** field.
2. Review the End User License Agreement by tapping **End User License Agreement.**
3. Tap **Submit** which saves the Setup Code and signifies the acceptance of the End User License Agreement.

The Worker ID Login and Password screen displays.
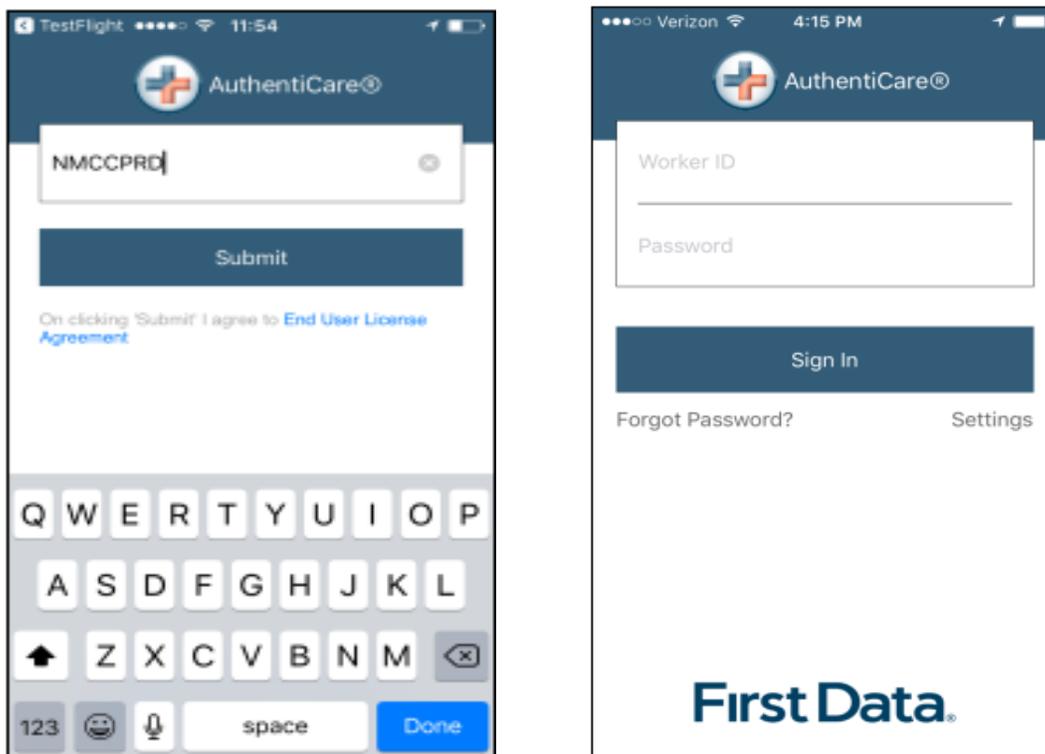
11.3.6   The Worker ID and Password Screen

11.3.6.1   Change Password before Login - Request Passcode

The choices of FORGOT PASSWORD? and Settings are also found on this screen.

A worker who has forgotten the password can tap FORGOT PASSWORD? The Forgot Password? screen displays, complete with instructions.

To recover a password, the worker must have an email address listed in AuthentiCare.

1. Input **Worker ID.**
2. Tap **REQUEST PASSCODE.**

If the worker's email address is not in AuthentiCare, the following screen will display.

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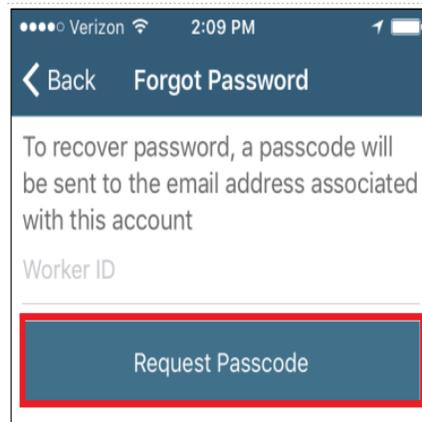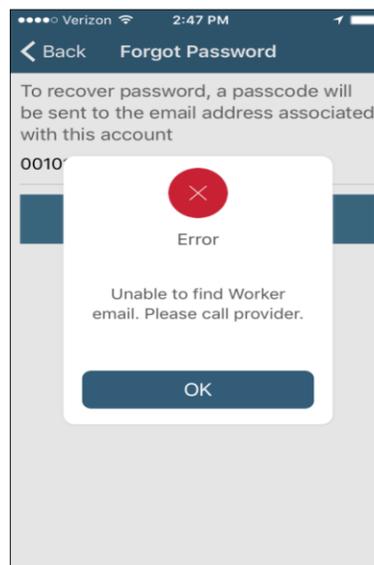
Once the worker's email address is in AuthentiCare, the following screen will display:
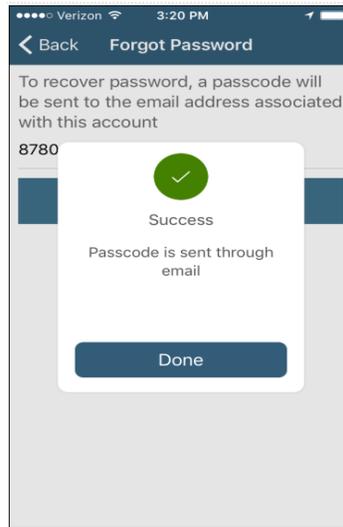
Tap **Done.**

The Change Password screen displays.
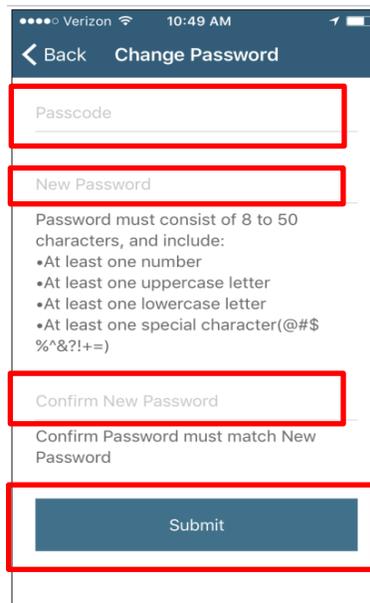
The worker will:

1. Enter the passcode in the **Passcode** field.
2. Enter the new password in the **New Password** field. The password rules are listed on the screen.

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3. Confirm the new password by entering the new password again in the **Confirm New Password** field.
4. Tap **Submit**.

If there is a need to start the process again, the worker could return to **Forgot Password?** on the Login screen to begin the process again.

11.3.6.2   Change Password after Successful Login

After logging in, should the worker wish to change the password, the worker will:

1. Tap SETTINGS
2. Select Change Password to display Current Password, New Password and Confirm New Password fields.
3. Enter applicable passwords in all three fields, and then tap Submit.
4. The Password Change Success screen displays. Tap OK.

11.3.7   To Find a Device ID from the Settings Menu

After entering the Setup Code, the worker will be taken to the login screen.
To find the mobile device's Device ID:

1. Tap Settings on the right side of the screen. The Menu displays.
2. Tap See Device Identifier in the Menu. The Device ID displays.
3. Tap OK to close the window.
4. Assure the provider has the correct Device ID. (The worker can tap to copy the Device ID and then email the Device ID to the provider.)

The AuthentiCare Mobile App 2.0 will assign a new Device ID as the worker installs the iOS app. The provider will need to input the new Device ID on the Worker Entity Settings Page.
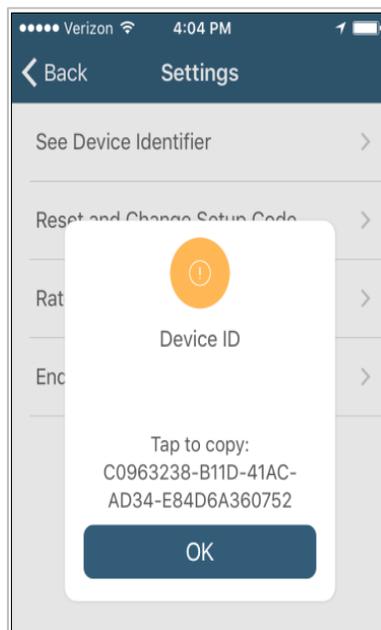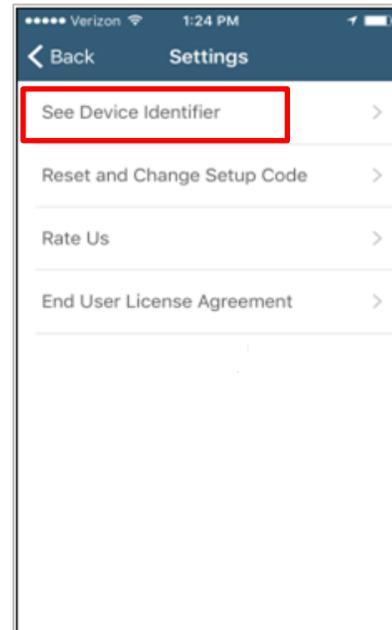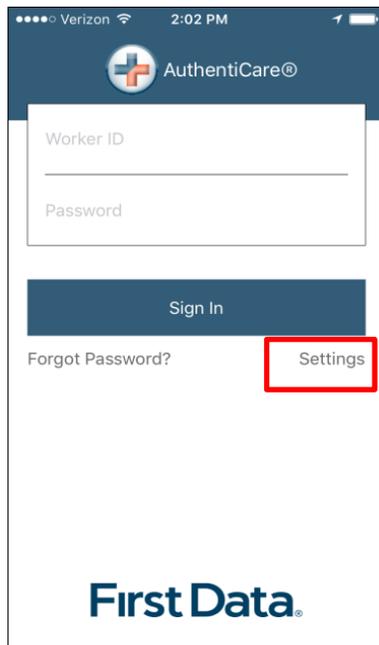
11.3.8 Clearing Data to Change from One Environment to Another

In order to switch from one environment to the other, the worker will be required to clear the data from the AuthentiCare app.

- Clearing data is necessary *only* when switching between environments.
- **Remember *that if the data is cleared from the live environment, the worker will lose any data that has not been uploaded to AuthentiCare.***

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The worker will need to make sure that all data has been uploaded before leaving the Live/Production environment. To clear the data:
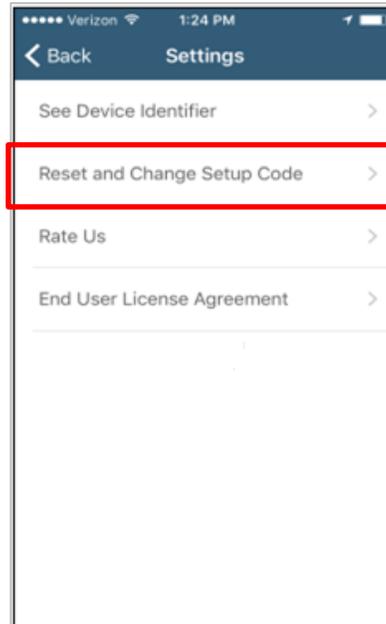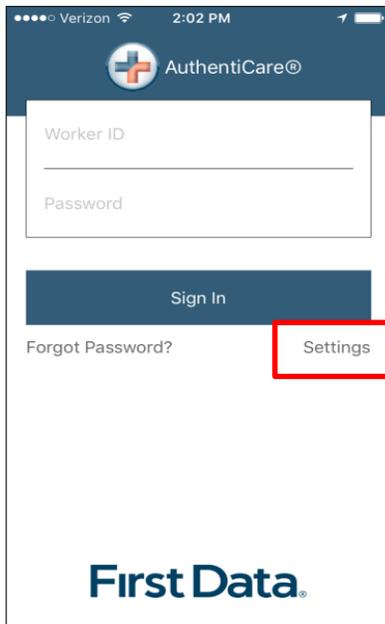
1. Tap **Settings** on the right side of the screen. The Menu displays.
2. Tap **Reset and Change Setup Code** in the Menu.
3. Tap **OK**. The data is removed.
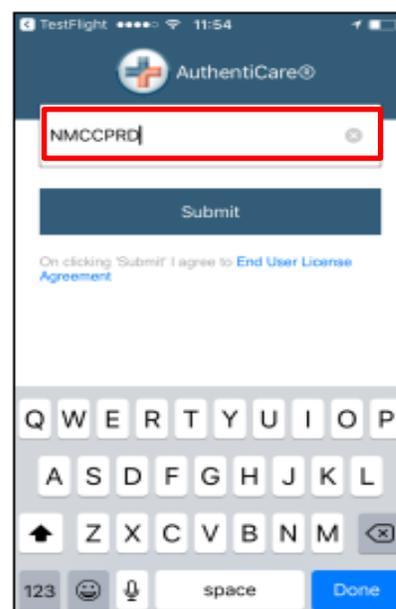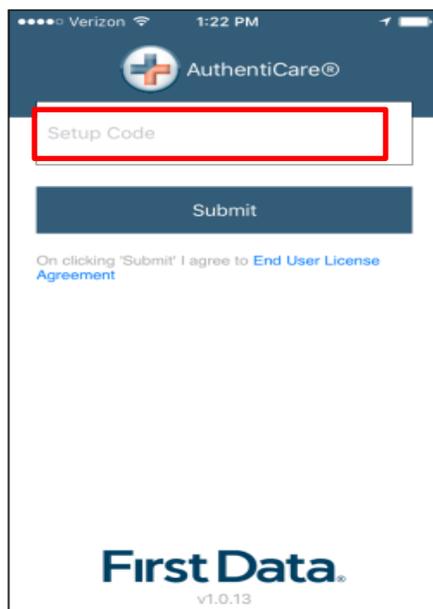
The Setup Code screen displays.

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1. Enter the next Training or Production environment in the **Setup Code** field.
2. Tap **Done** on the keyboard to display the bottom half of the Setup Code screen or
3. Scroll to reveal Submit. Tap **Submit.**

11.3.9   To Log in to the Mobile App – First Use

Change the temporary password assigned by the provider to log in.

On the Login screen:

1. Enter the Worker ID.
2. Begin typing the password which the displays **Show** so the password displays as
3. Typed. Tap **Hide** to cancel the display of the password.
4. Click **Done** on the keyboard to display the full screen or simply tap **Sign In**.
5. Tap **Sign In**. Tapping **Sign In** logs the worker into the App for the session.
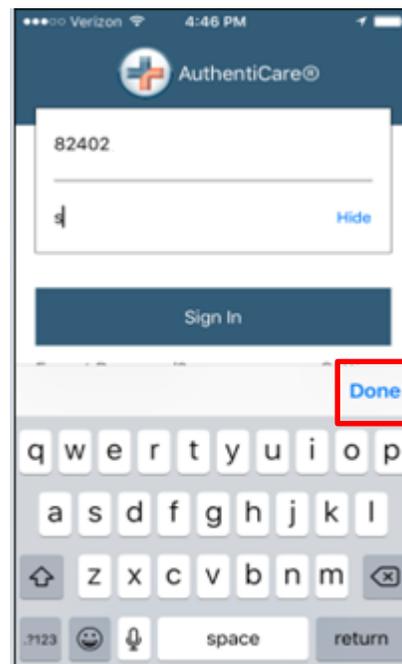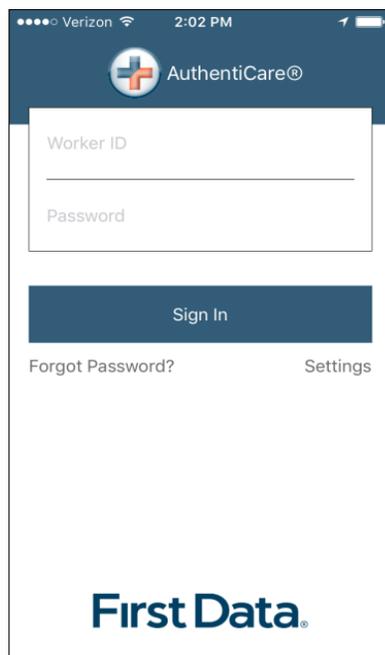
After 6 unsuccessful attempts to log in, the worker's account will be locked. The worker will have to:

1. Call the provider to unlock the account.
2. Enter the new temporary password assigned by the provider.
3. Begin the process again of entering and confirming a new password.

Once the Worker ID and Password are entered, the worker's session begins.

PLEASE NOTE: Workers can log in to create a session for the day when and where they have internet access, and then drive to the client's location to process a Check-In for client service delivery. Logging in to begin a session is **not** the same as processing a Check-In for client service delivery.

11.3.10   To Log Out of the Mobile App

A Log Out of the Mobile App is different than a Check-Out of a service visit. There are reasons for a worker to log out of the Mobile App:

- The worker is done for the day, OR
- Another worker will be using the same mobile device to perform a Check-In or a Check-Out.

PLEASE NOTE: Before performing a logout, the worker needs to ensure all Check-Ins and Check-Outs are complete. At the end of the day the worker will need to return to a place where there is a data connection in order for the data to be sent to the AuthentiCare system.

To log out of the AuthentiCare Mobile App, the worker will:

1. Tap **Settings** found at the bottom right of the screen.
2. From the Settings Menu, tap **Logout**.
3. The Confirm Logout message displays. Tap **Logout** to complete the logout process.
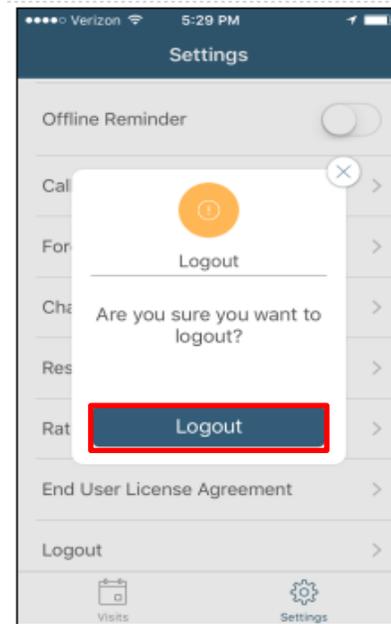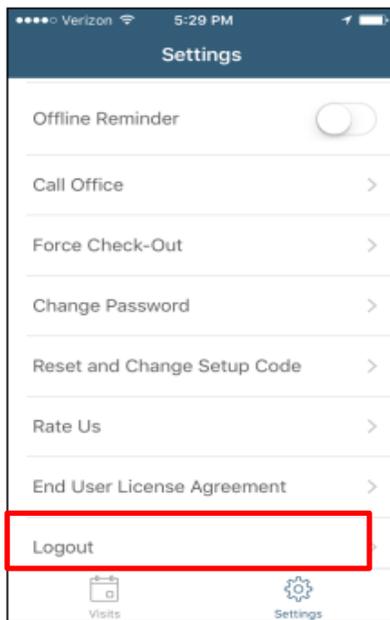
11.3.11 To Access the Calendar

To access the calendar, workers will:

1. Log in to the Mobile App using the Worker ID and Password.
2. Tap the **current date (Today)** at the top of the mobile screen to open the calendar.
3. The calendar defaults to the current date. Tap the calendar date to display any visits you have already completed for the day plus any pending visits.

Tap any past dates to display any visits for that date.
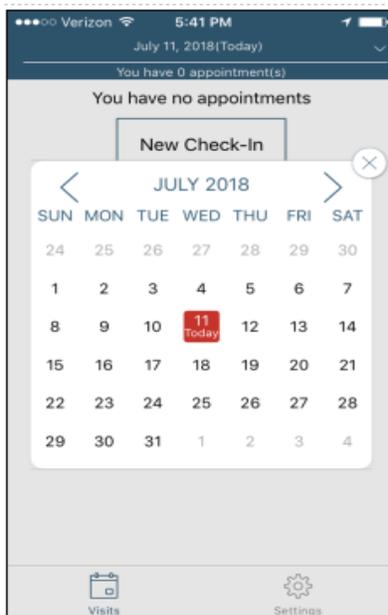
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11.3.12   Worker Check-In at Client Location

When the worker arrives at the client location, the worker will:

Open the AuthentiCare Mobile
1. Input **Worker ID** and App **Password** to begin the session.
2. Tap **Done** on the keyboard or simply tap **Sign In.**

3. Tap Sign In.

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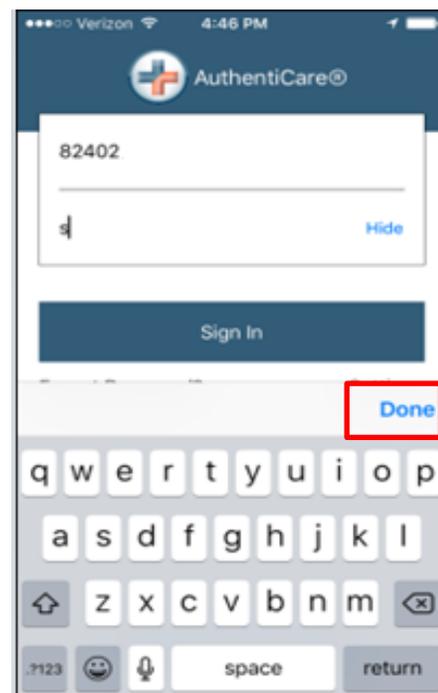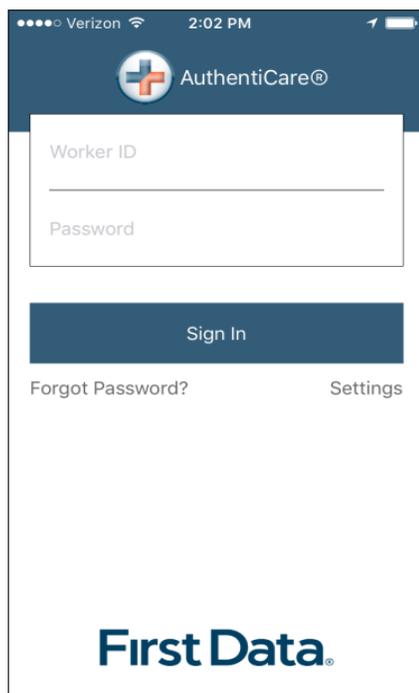
4. "You have no appointments" displays in the date banner. The worker will tap New
5. Check-In.
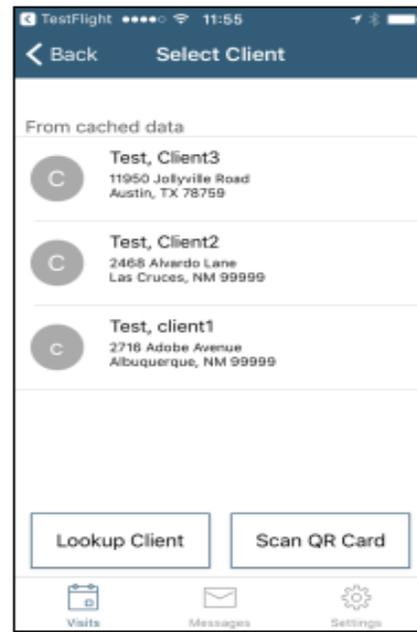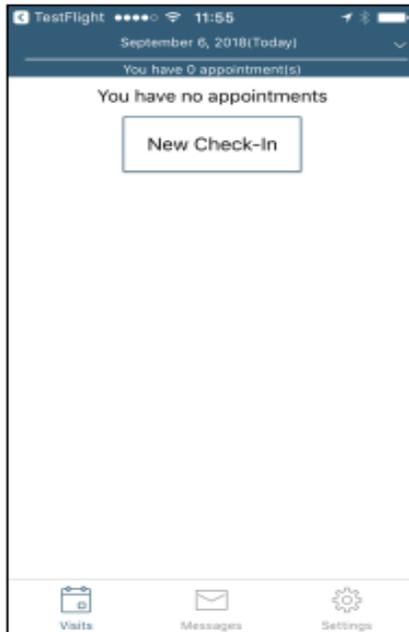
The Select Client screen displays with a list of any clients, associated with the provider, found near the current location of the mobile device.

1. If the client's name is on the list, tap anywhere in the **client's name** field.
2. Tapping a client name leads to the display of the Visits screen.
3. If the client's name is not listed on this screen, the screen will display "No clients found."
4. The worker will:
5. Tap **OK.**
6. Tap **Lookup Client** found at the bottom of the screen to process the Check-In.

11.3.12.1 Lookup Client - Enter the Client's ID Number or Last Name

The worker will:

1. Tap Lookup Client to open the Lookup Client screen.
2. Input the client's Last Name.
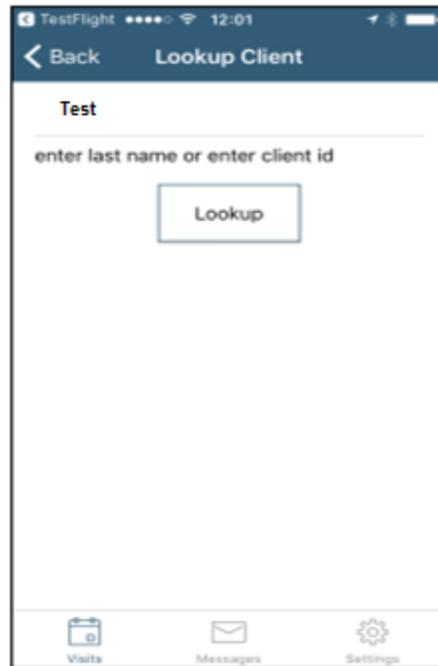
1. Tap **Lookup**.

Follow the remainder Check-In process steps detailed in <u>11.3.12 Worker Check-In at Client Location</u>.

- GPS coordinates from the Check-In process display if the client lives in a Standard Service Zone.
- If the mobile device has no internet access, all screens throughout the Check-In and Check-Out process will display the banner message, "No data connection." The banner is darkened to a red/reddish brown dependent upon the mobile device used.
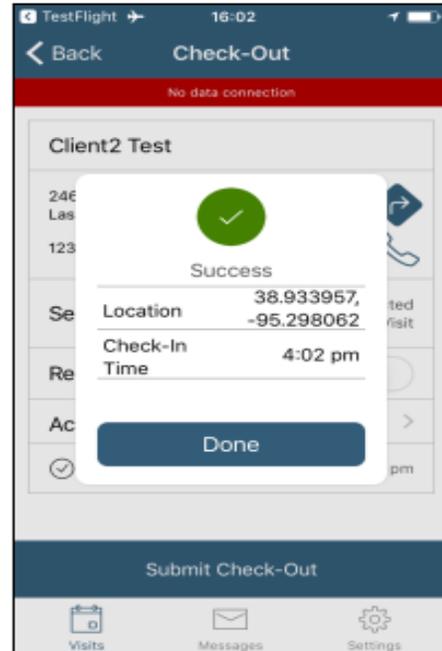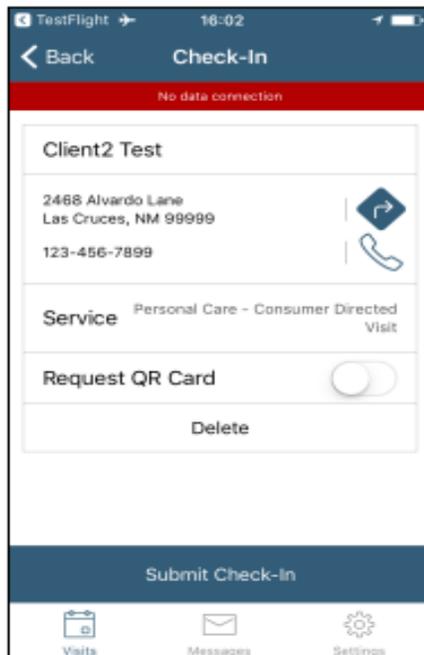
- The worker will continue with each action to progress throughout the Check-In to Check-Out for the service visit.
- Since there is no data connection, the Check-In and the Check-Out are queued until the mobile device enters a location where internet connection is available.
- When the mobile device returns to a location with a data connection, all visit data transmits to the AuthentiCare system, and the red banner disappears.
- When the visits have been transmitted to AuthentiCare, the Status for the visit(s) will change to Completed without a Not Synced message.
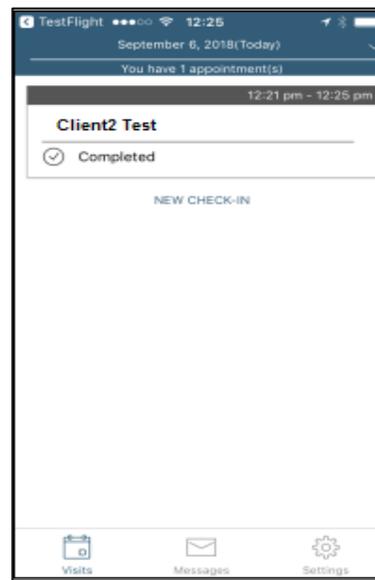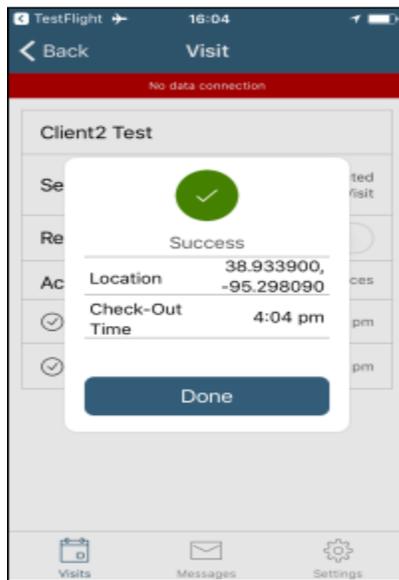
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When the login occurs with no data connection, the worker will follow the process steps detailed in 11.3.12.1 Lookup Client - Enter the Client's ID Number or Last Name. The screen will display with the banner, "No data connection."

- The message, "No data connection" continues to display. Without a data connection, the app cannot research the name to determine whether or not the name should be displayed. The worker will call the provider to report the issue and to follow the process the provider has in place for this circumstance.

If the client's name displays when the worker inputs a last name and taps Lookup, the worker will:

1. Add the **Service(s)** for the client visit.
2. Tap **Submit Check-In.**

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As long as the mobile device does not have internet access, all screens throughout the Check-In and Check-Out process will display the banner message, "No data connection."

- The worker will continue with each action to progress the Check-In to Check-Out for the service visit.
- The visit displays as "Completed   Not Synced."
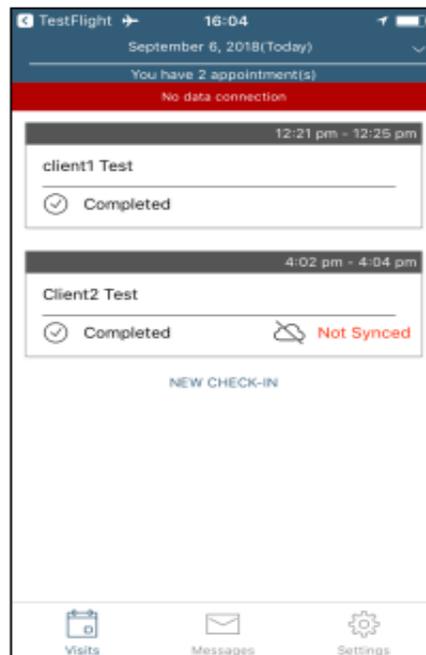
If the entire work day is spent in an area with no internet access/data connection, at the end of the day the worker will need to return to a place where there is a data connection in order for the claims data to be sent to the AuthentiCare system. All claims data for the preceding day is removed from the Mobile App at 2:00 AM each morning unless the worker is designated as a Frontier worker. With that designation, all visits are stored for up to seven days in the mobile app. When the worker returns the mobile device to a location of data connection, the stored data is "pushed" to AuthentiCare.

11.3.13 Worker Check-Out from Client's Location

For the client served, the worker will:

1. Access Check-In information from the Visits screen.
2. If required, tap Observations to select one or more of the Observations; tap **Done.**

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3. Tap **Activities** to select one or more of the Activities from the list; tap **Done.**
4. Depending on the service, multiple selections of Activities are possible. Check these as required.
5. When finished, tap **Submit Check-Out.**
6. The application will display Check-Out Success. Tap **OK**.

The Visits screen will then display the client's visit is in Completed status with Not synced in the Completed field. When the mobile device returns to data connection, the visit is synced, and marked as completed.
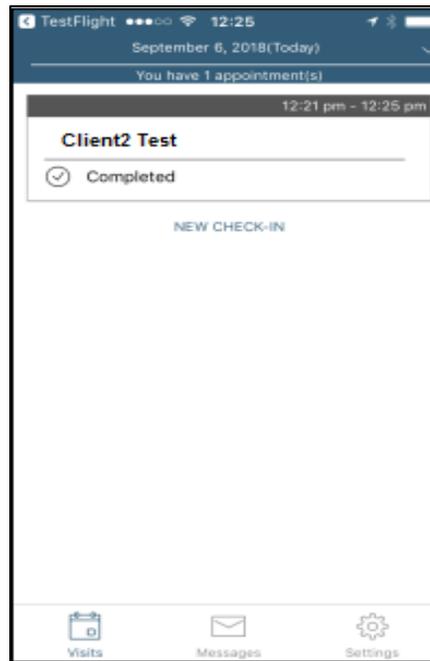
11.3.14   AuthentiCare Mobile App Menu Basics

There is an abbreviated Menu accessed from Settings even before a worker logs in. After a Worker Login, the worker will tap Settings at the bottom right on the screen to open the Menu with a full array of choices. The following choices display:

11.3.14.1   See Device Identifier

A tap of this choice allows the 4 device's Device ID to display.

11.3.14.2   Offline Reminder

A slide of this button allows the worker to receive a reminder of the mobile device's offline status.

11.3.14.3   Call Office

A tap on this choice automatically makes a call from the worker's mobile device to the agency telephone number listed on the worker's Worker Entity Settings page in AuthentiCare.

11.3.14.4   Force Check-Out

A tap on this choice allows a capture of the time and location of a visit for a Check-Out when the worker has forgotten, or has been unable, to process a Check-In.

11.3.14.5   Change Password

A tap on this choice enables the worker to process a password change, before being locked out, without having to call the agency for a temporary password reset. Once the worker is locked out of the Mobile App, the worker will have to contact the provider to reset the password following steps in 11.3.6.2 Change Password after Successful Login.

11.3.14.6   Reset and Change Setup Code

A tap on this choice allows the worker to reset the app from one jurisdiction to another is found in 11.3.8 Clearing Data to Change from One Environment to Another .

11.3.14.7   Rate Us

A tap on this choice allows the worker to rate the AuthentiCare Mobile App.

11.3.14.8   End User License Agreement

A tap of this choice displays the full agreement for the worker's review.

11.3.14.9   Logout

A tap of this choice enables the worker to log out of the Mobile App. *All needed data should be saved before a log out.*

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11.3.15   Two Different Menu Displays

Two different Menu screens display for the worker:
- An abbreviated menu is available to the worker after opening the Mobile App, but before logging in for a service visit.
- The full menu is available to the worker after a complete login for a service visit.
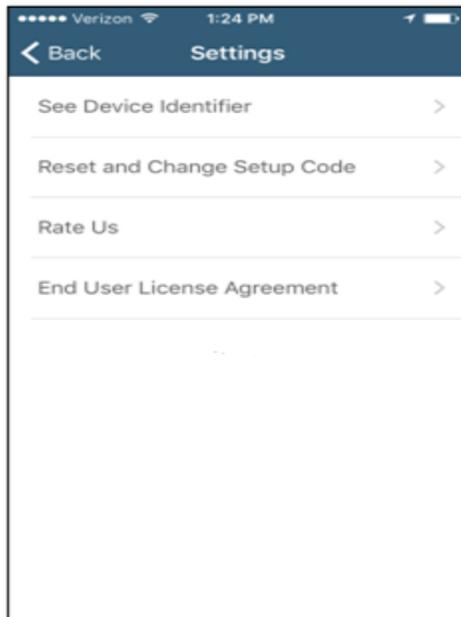
Abbreviated Menu Before Log In: **Full Menu After Log In:**
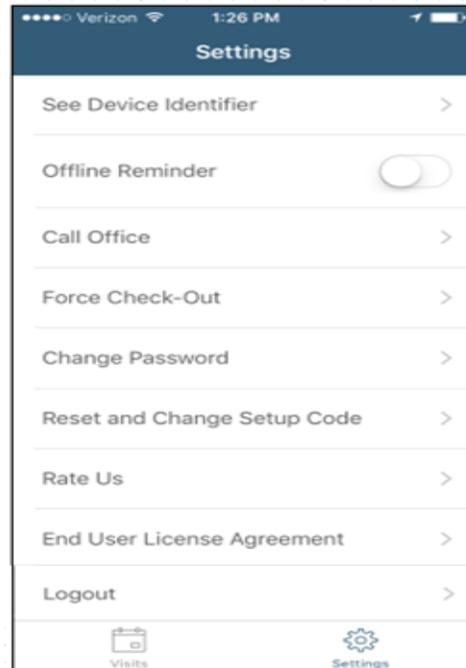
11.4 Worker Instructions for Using the Mobile App - iOS

Instructions for a Mobile App Check-In and Check-Out in a Service Zone - iOS	
1	You are at the client's location. Tap **New Check-In**. Tap the name of the client to be served. Verify the client's address and location to be served. Tap **Services**. Select the service; tap **Done**. If required, enter **Mileage** and **Travel Time**. Tap **Submit Check-In**.
2	A Check-In Success screen displays; tap **OK**. The Appointment screen displays. Once the Check-In occurs, the headings, Activities, Observations display along with Submit Check-Out. There is a choice for an immediate Check-Out or a return to the main Appointments screen by tapping the back arrow in the heading. The visit details screen displays. A second tap of the back arrow in the heading displays the visit as In Progress.
3	Once services are completed, tap **Pending Check-Out**. If required, tap **Activities** to open the list. Choose one or more Activities; tap **DONE**. If required, tap **Observations** to open the list. Choose one or more Observations; tap **Done**. Tap **Submit Check-Out**.
4	The Check-Out Success screen displays. Tap **OK**. The visit details screen displays. Tap the back arrow in the heading of the mobile device to view the status as Completed next to the client's name with the Check-In and Check-Out times of the visit.
5	All stored data, except stored visit data, is deleted at 2:00 AM each morning for privacy and security reasons. To view stored data again, a log in to the mobile app has to occur.
Instructions to Check-In and Check-Out in a limited Service Zone	
1	You are at the client's location. The screen banner has darkened. "No data connection" displays on the screen.
2	Add the client's **ID** number. Tap **Services** to open the services list. Choose the service to be provided; tap **Done**. Enter **Mileage** and **Travel Time, if required**. Tap **Submit Check-In**. The message in the darkened banner displays as "No data connection."
3	Once the Check-In occurs, the headings, Observations and Activities, display along with Submit Check-Out. There is a choice for an immediate Check-Out or a return to the main Appointments screen by tapping the back arrow in the heading. The visit details screen displays.
4	A second tap of the back arrow in the heading displays the visit as In Progress with the Check-In time. The client ID also displays with "Pending Check-Out. Not synced."
5	Once services are completed, tap **Pending Check-Out**. If required, tap **Activities** to open the list. Choose one or more Activities; tap **Done**. If required, tap **Observations** to open the list. Choose one or more Observations; tap **Done**. Tap **Submit Check-Out**. The Check-Out Success screen displays. Tap **OK**.
6	The visit details screen displays including GPS coordinates, if detected. Tap the back arrow to view the status as Completed next to the client's name with the Check-In and Check-Out times of the visit.
7	The visit details screen displays. Tap the back arrow in the heading to return to the Appointments screen. Now the visit displays as "Completed - Not Synced" with only the Check-In time for a service that requires both a Check-In and a Check-Out.
8	Visit data is stored in the mobile app on the mobile device. A push of the data is done when the device detects it is back in a cellular service zone. Status will display as "Not Synced" until the device has all data back to the AuthentiCare system. Once that is done the visit displays as Completed with both Check-In and Check-Out times if the service requires a Check-Out time.

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Chapter 12   Managing Claims

A claim contains all of the information required for submission via a HIPAA compliant electronic billing file (837). Every service captured by the IVR, mobile device or entered via the web, automatically creates a claim. Each claim within AuthentiCare is assigned a unique claim number which can be fully tracked in the system.

Providers must confirm each claim before AuthentiCare can submit it for payment. This involves reviewing each claim for accuracy and approving the claim for billing. Only confirmed claims are exported to be adjudicated for payment. Unconfirmed claims remain in AuthentiCare until they are confirmed or deleted.

Claims can be confirmed one at a time (see Section 12.6) or in bulk (see Section 12.7). Bulk confirmation is a function that providers initiate on the website, and then AuthentiCare completes the confirmation process after hours. If a Bulk confirmation is chosen, all claims for all services in a given timeframe are confirmed at once.

AuthentiCare exports claims for adjudication in the early morning hours Monday through Friday of each week. Claims confirmed by11:59 PM the night before will be included in that morning's file submission.

If it is determined that there is an error in the claim that requires a correction, you can make those corrections using the procedures outlined in Section 12.2.

12.1 Searching and Viewing Claims

Click the **Claim** radio button in the Claims section of the *Home* page.

Enter search criteria in any of these fields, if desired. You can also choose to filter claims and confirm billing by date or user name (log in) as shown at the bottom of the screen. If you do not enter any search criteria, all claims will be listed.

Click **Go!**

The Claims page displays with the results of the search up a maximum of 600 claims.

ID	Status	Client ID	Client Name	Date Range	Information
7850	ConfirmBillingForClaim, EventMatching	43429	Test, client1	05/02/2016 - 05/02/2016	
7849	ConfirmBillingForClaim, EventMatching	43429	Test, client1	05/01/2016 - 05/01/2016	
7857	Authorize, ConfirmBillingForClaim, EventMatching	43429	Test, client1	05/23/2016 - 05/23/2016	
8181	PendingCheckOut	43429	Test, client1	05/29/2016	
7863	Authorize, ConfirmBillingForClaim, EventMatching	43429	Test, client1	05/23/2016 - 05/23/2016	
7848	ConfirmBillingForClaim, EventMatching	43429	Test, client1	05/02/2016 - 05/02/2016	
7843	InfoExceptions	43429	Test, client1	05/01/2016 - 05/01/2016	

Claims (total of 16 records)

Note the columns displayed in the search results:

ID – Identifies a claim

Status –

> Displays as *NoExceptions* or *InfoExceptions* if the claim has been sent for payment or is ready to be sent.

OR

> Displays the name of the critical exception (if there are any). The critical exceptions are: *Authorize*, *Calculate*, *AuthExhastedBefore*, *AuthExhaustedOn*, *IneligibleWorker*, *IneligibleProvider*, *DuplicateClaim*, *ConfirmBillingForClaim*, *MissingActivityCode* and *UnenrolledProviderServices*. You could see any combination of these critical exceptions listed under status.

Client ID – Identifies the client who received services

Client Name - Identifies the client who received services.

Date Range – The date or dates of the service. This indicates if a claim spanned more than one day.

Claims are automatically listed alphabetically by client last name. Click the column heading if you wish for the search results to sort using a different column than the default. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

Position the cursor over the Information icon to display an additional Information pop-up about the claim.

The *Claim* page displays and includes the Client, Provider, Worker, Service, Check in date and time, Check out date and time and the time Amount (if required). The box on the right side notes whether the claim was created via the IVR, mobile device or web and identifies the calculated amount which takes the total time after applying rounding rules and computes the dollar amount using the rate identified on the authorization. This is the amount that AuthentiCare submits for payment. When the claim is adjudicated, the actual amount paid may be different if the provider did not set contracted rates for each service. See Chapter 3 for information on setting contracted services rates.

The *Claim* page displays the amount of Scheduled units and Scheduled Hours for the authorization used by the claim for the current day.

The *Claim Acknowledgement* page displays the Scheduled units and Scheduled Amount in hours for the authorization used by the claim for the current day.

Most screenshots in this chapter reflect the provider having chosen the checkbox for Extra Claim Review on the Provider Entity Settings page, so there is a check box noted on claims that reflects whether or not the Review Completed has taken place. If the provider does not select Extra Claim Review on the Provider Entity Settings page, neither the checkbox nor the Review Completed language displays on the claim.

Click on the Entity icon adjacent to the Client, Provider, Worker or Service if you wish to view the respective record for the entity. Note if there are any Exceptions.

Position the cursor over the Exceptions icon to view the pop-up that displays the exceptions for the claim, if there are any.

When business rules are not met, a claim is marked with an exception. Exceptions are classified as Critical or Informational.

Critical Exception example:

Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected. Critical Exceptions are listed in Appendix A.3.

Informational Exception example:

Informational Exceptions or non-critical exceptions do not prevent a claim from being processed, but serves as a notice of some problem associated with the claim creation which may warrant further investigation (e.g. a claim that does not have a matching event). These exceptions are informational only and are listed in Appendix A.3.

> *If a worker checks in more than 60 minutes prior to the start time for the scheduled event, the claim indicates an Event Matching Info Exception. For example, if the event was scheduled from 11:00 AM to 11:30 AM and the worker checked in at 9:59 AM, AuthentiCare is not able to match the scheduled event to the actual event and an Info Exception results. If a provider has set Early, Late and Missed Visit thresholds for clients, the alerts and business rules follow the thresholds set by the provider.*

Click **Cancel** to return to the *Claims* page which lists all of the search results.

Additional Functionality on this page:

Click **Printer Friendly** to view the claim in a format that prints well.

The *Claim Acknowledgment* page displays.

Print the page using **Print**. Click **Done** to return to the *Home* page.

12.2 Editing a Claim (Claims Correction)

12.2.1 Correcting a Check-in/Check-out

In most situations, claims are created by workers calling from the client's home. Workers may forget to check in or check out when arriving at or leaving a client's home. They may choose the wrong service in error and fail to correct it while on the phone. In such situations, the provider is able to edit the claim by completing or correcting it.

Search for the claim you wish to view according to the instructions in Section 12.1.

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The *Claim* page displays:

Edit the information about the claim as necessary. Click **Save** to save your changes.

OR

Click **Cance**l to cancel your changes and return to the *Claims* page.

The Claim Acknowledgement page displays with a successful save message at the top, if you clicked **Save**.

12.2.2   Changing/Correcting a Default Payer

The default payer assignment on a claim is the "current payer for the client" which in most cases is exactly what is desired. However if a client has recently transferred from one payer (MCO) to another, a provider may want to select a different payer assignment for dates of service that are in the past. If the payer assignment for dates of services in the past needs changed, select the correct payer from the drop down.

Search for the claim you wish to view according to the instructions in Section 12.1.

The *Claim* page displays.

Click on the Payer Assignment drop down to choose the correct payer (MCO). Once the correct payer is chosen, click **Save.**

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The Claim Acknowledgement page displays with a Successful Save message at the top.

Print the page using **Print**.

Click Done to return to the *Home* page.

12.3   Adding an Individual (Standard) Claim

There are situations where the provider may need to add a claim using the web. For example:

- The worker was unable to use the IVR from the client's home (phone not working, client refused)
- The worker forgot to use the IVR
- The service was not provided in the client's home (such as Adult Day Care)

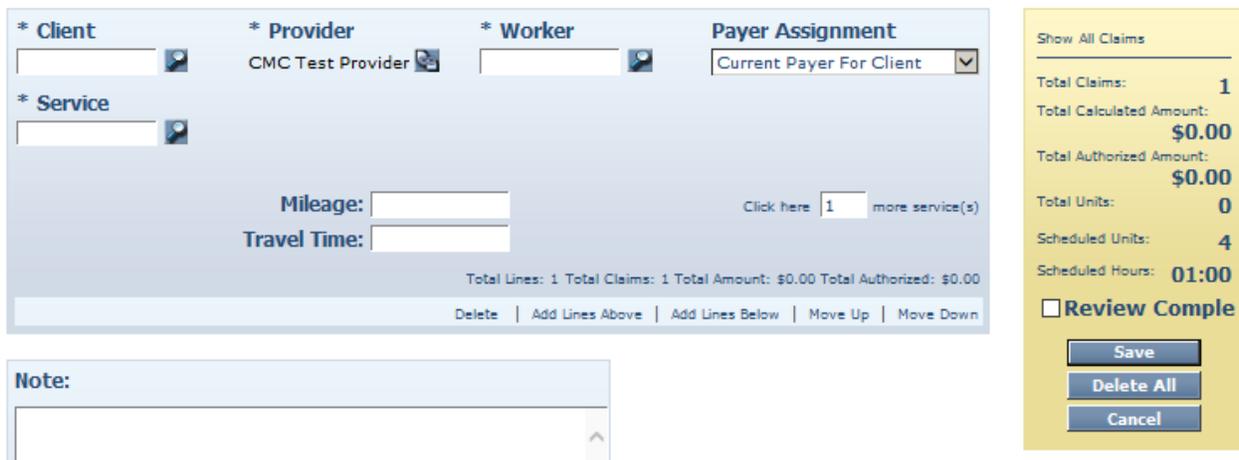Click **Create** in the menu bar and select "**New Claim**".

OR

1. Click **Claim (Standard)** adjacent to "Add New >" in the Claims section of the *Home* page.

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Add New > Claim (Standard)
Add New > Claim (Express)

The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.

2. Enter the **Client** ID, full name or partial last name and click the **Looking Glass icon** 🔍 to find the client. Then select the client from the list provided.

* Client	* Provider	* Worker	Payer Assignment	
🔍	CMC Test Provider	🔍	Current Payer For Client ▾	Show All Claims
* Service				Total Claims: 1
🔍				Total Calculated Amount: $0.00
				Total Authorized Amount: $0.00
Mileage:		Click here 1 more service(s)		Total Units: 0
Travel Time:				Scheduled Units: 4
	Total Lines: 1 Total Claims: 1 Total Amount: $0.00 Total Authorized: $0.00			Scheduled Hours: 01:00
	Delete | Add Lines Above | Add Lines Below | Move Up | Move Down			☐ Review Comple
				Save
Note:				Delete All
				Cancel

3. Enter the **Service** ID, full name or partial name and click the **Looking Glass icon** 🔍 to find the service. Then select the service from the list provided.

The following fields display once the service is selected if the service is time based: Date, Time, and Amount.

OR

The following fields display once the service is selected if the service is unit based: Date and Amount.

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4. Enter the **Worker** ID, full name or partial last name and click the **Looking Glass icon** to find the worker who performed the service. Then select the worker from the list provided.

5. Enter the **Date**. This is the date the service was delivered if it was a unit-based service. If it was a time-based service, then this is the date the delivery of the service was started.

   If the service is a time-based service, proceed to Step 6. If the service is a unit-based service, proceed to Step 8.

6. Enter the **Time** the delivery of the service started. You must include AM or PM in the time entry or use military time. If it is on the hour, it is not necessary to include ":00".

7. Enter the **Date** and **Time** the delivery of the service ended.

8. Enter the **Amount**. This is the number of units delivered.

✎	*For time-based services the amount is computed by the system based on the start date and time and the end date and time. This step is not required.*

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9. Click **Save** if you have completed the claim and do not need to group this claim with any other claims. If you are grouping claims, then proceed to Step 12.

✍	*The amount for the claim (what displays on the right side of the screen) is not computed until the claim is saved.*

The *Claim Acknowledgement* page displays.

10. Click **Done** or **New Claim**. Click **Done** if you do not need to enter any other new claims. The *Home* page displays after clicking **Done**. Click **New Claim** if you need to enter additional claims. The *Claim* page displays.

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	AuthentiCare checks for duplicates, at the time the claim is saved. It there is another claim for the same client/service/worker combination where the service times (check in and checkout) are within 10 minutes of the same times, a Duplicate critical exception will be noted.

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12.4 Grouping Claims

Click **Add Lines Below**.
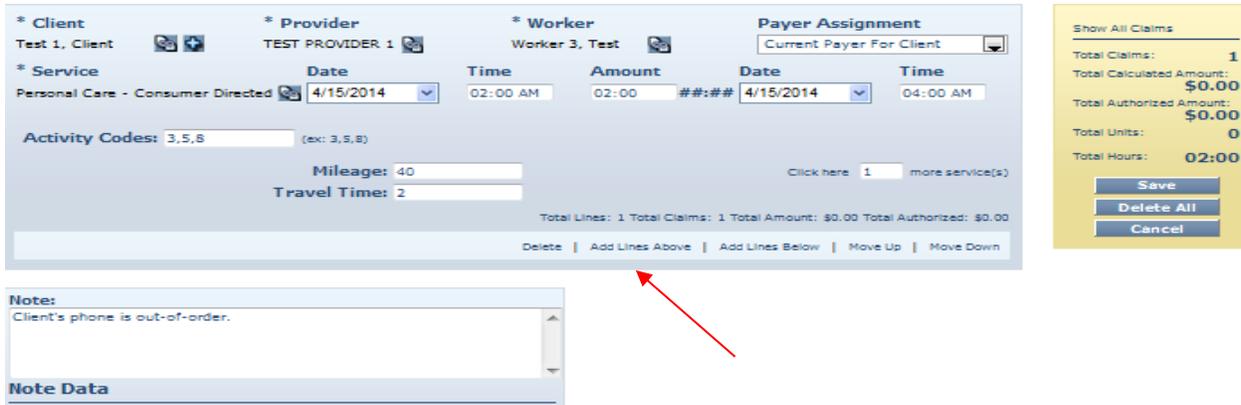
A new claim opens below the claim you just finished.
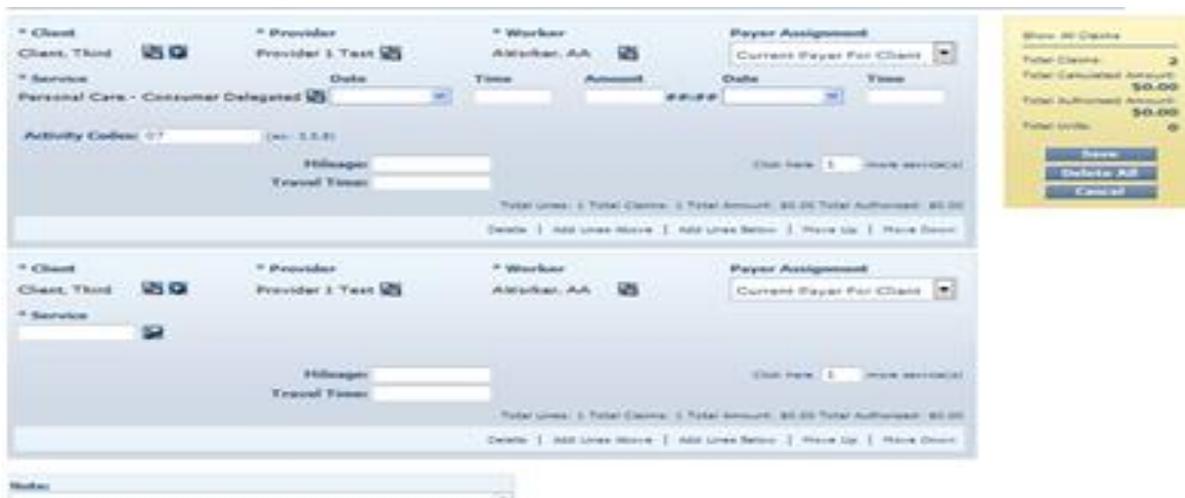
1. Enter the information for this claim. The claim pre-populates with the same client, provider, and worker of the claim above it; however, this information can be changed if needed. All of the claims in the group do not have to be for the same client and worker. Grouping claims provides a mechanism to view a number of claims on the same screen. Claims cannot be grouped using the IVR or mobile device; they can only be grouped using the web interface.

2. Return to Step 10 to proceed with saving all of the claims in the group.

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12.5   Adding Multiple Claims (Express Entry)

There are situations where the provider may need to add a claim using the web for the same client-worker-service combination. Note: Claims for Service 99509 (Billing Service claims) cannot be created via the Claim Express feature. AuthentiCare creates claims for Personal Care – Consumer Directed – 99509.
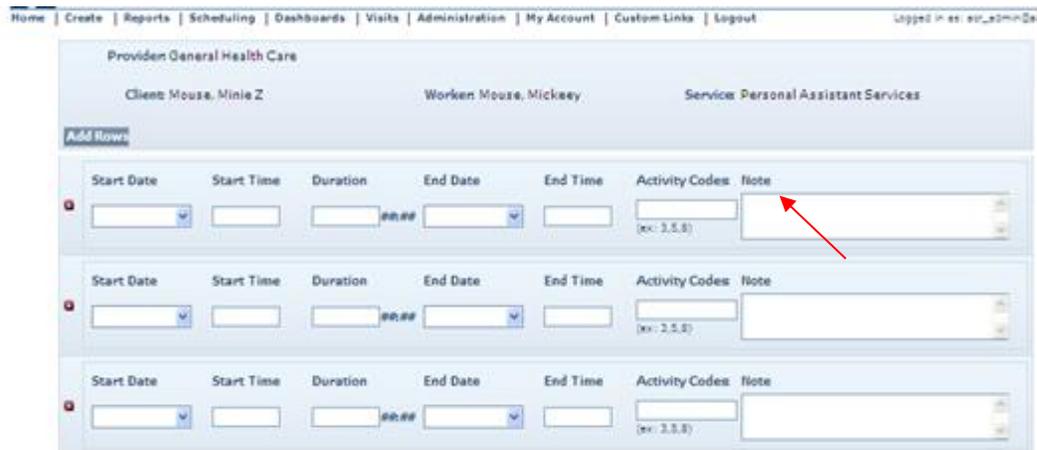
1. Click **Claim (Express)** adjacent to "Add New >" in the Claims section of the *Home* page.

The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.

Enter the **Client, Worker and Service** as for a single claim entry and click **Next**.

2. A list with 10 blank rows where you can enter date, time and activity codes will appear.

3. There is an **Add Rows** button on each screen that allows you to add as many rows as needed.

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4. When you have entered all the data,

    a. If you click on the **Save and Continue** button, it will save the claims and present the first **Express Claim** screen where you can enter another client, worker and service combination.

    b. If you click on the **Save and Exit** button, you will return to the **Home** page.

12.6   Deleting a Claim

If a claim was added in error, then it should be either edited or deleted. Once the claim is confirmed for billing, it cannot be deleted.

1. Click **Delete All** on the *Claim* page.

The system asks you to confirm the deletion. If you click **OK**, the claim is permanently deleted from the system. If the claim is a group of claims, they will all be permanently

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deleted. If you click **Cancel**, the claim is not deleted and you are returned to the *Claim* page.

2. Click **OK** to proceed with permanently deleting the claim.

   You are returned to the *Home* page which displays a message in the upper left hand corner that the claim was deleted successfully.

12.7　　　Confirming a Claim for Export – Dual Confirmation

Providers can check the Extra Claim Review checkbox on the Provider Entity Settings page for an extra review of each claim.

If the Extra Claim Review checkbox is enabled, every claim will get a new Claim Review Needed, a Critical Exception. To review the list of Critical Exceptions, see Appendix A.3.

Reviewers can select the 'Review Complete' checkbox on the claim to complete the review. Once the review is completed, the claim will be ready to be confirmed for billing.

Once the claim review is complete, and the reviewer selects Save, the Billing Confirmed checkbox will become available and the Claim Review Needed exception drops off the claim. Once the claim is confirmed, the Critical Exceptions drop off, and the claim is left with an Informational Exception. The note put on the claim is now in Note Data, and the claim creation, claim review and claims confirmation are displayed in Audit Data.

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A claim that has completed review can be sent back to review needed status by unchecking the 'Review Needed' checkbox. This can be done only before the claim has been 'Billing Confirmed'. Once the claim has been 'Billing Confirmed', the 'Review Needed' checkbox becomes read only.

12.8 Confirming a Single Claim for Export

The function of confirming a single claim can take place in two areas of AuthentiCare.

Option 1

1. Select **Confirm Billing** as the Search Type in the *Claims* section of the *Home* page.

2. There is a **Sort By** selection at the bottom of the screen. The default is to display the claims to be confirmed alphabetically by Client's Last Name. However you can also sort by Worker's Last Name, Date of Service, Claim ID, Client ID or Worker ID.

3. Click **Go!**

4. Click **Check All/Uncheck All** at the top of the page to select all displayed claims for confirmation.

The *Confirm Billing* page displays a maximum of 600 claims not yet confirmed for billing.

OR

1. Click the **checkbox** adjacent to the claim you wish to confirm.

2. Click **Confirm Billing** to confirm all selected claims.

The *Home* page displays with a successfully confirmed billing message.

✎	*A claim cannot be edited after it has been confirmed.*

Option 2:

1. Search for the Claim you wish to view according to the instructions in Section 12.1.

The *Claim* page displays.

1. Click the **Billing Confirm** check box and click **Save**.

2. The *Claim Acknowledgement* page displays with a note that your confirmation saved successfully.

Successfully confirmed claim billing.

3. Click **Done** and the *Home* page displays.

12.9 Confirming Claims in Bulk

Providers have the option to choose a group of claims to be automatically confirmed by the system after hours but prior to the next submission of claims. Put in a start and end date for the Date of Service (DOS) to indicate the claims for that date range are to be confirmed in bulk. All claims filed for that date range will be chosen unless you chose a specific Filing Source (Web or IVR). When the bulk confirmation process runs, it will look at the services that are ready for confirmation and confirm those that do not have critical exceptions.
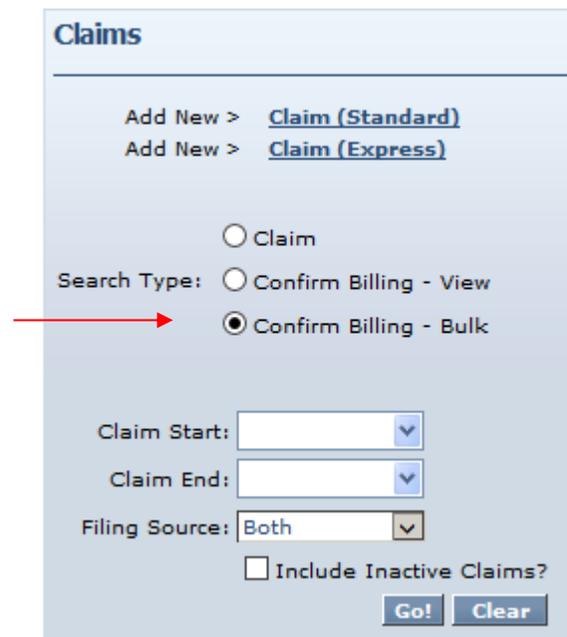
12.10 Unconfirming Claims for Further Editing

Occasionally you will need to edit a claim that has been confirmed but not yet exported. In order to edit it, you must first unconfirm it.

- Open the individual claim.
- Uncheck the **Billing Confirmation** box
- **Save** the claim

The claim can now be edited, inactivated or deleted. It must be confirmed again before it can be exported for adjudication.

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12.11   Adding Notes – Claim Edit/Entry Documentation

Anytime you make an edit to an existing claim, such as changing the service (worker selected the incorrect service on the IVR), or adding a check out time (worker forgot to check out), you should also enter a note the details the change being made. Anytime you add a new claim on the web, you should also enter notes to detail the manual entry.

- Open the individual claim

Add any note information in the text box provided. When finished hit Save. IMPORTANT. The "save" button saves the claim details and the note.

12.12   Auto Claims Creation-Consumer-Directed Admin Fee

Every claim in AuthentiCare has to have an associated worker and associated authorization for service to export successfully for payment. Effective November 20, 2014, First Data created an AdminFee Worker for existing providers at that time.

Providers enrolled to provide services since November 20, 2014, are able to create an "administrative" worker for AuthentiCare to automatically create claims for the Consumer-Directed Admin Fee (See 12.11.1). If providers choose to add the "administrative" worker for this purpose, the provider is granting approval to AuthentiCare to create these claims.

Claims will not be created for any month an authorization for the Consumer-Directed Admin fee is not present. Once the AdminFee Worker is created, and an authorization for that service is present, claims will be created for those clients. The first weekend of the next month, new claims for the clients of that service for that month will be created. Providers who *do not* have a First-Data-created AdminFee Worker need to create *only one* "administrative" worker with the name AdminFee Worker. That worker will be present in AuthentiCare month after month.

12.12.1   Create A Consumer-Directed Admin Fee Worker

Providers enrolled to provide services since First Data created the AdminFee Worker for existing providers will utilize the following procedure to create an "administrative" worker for Consumer-Directed Admin Fee claims.

- First, check the list of your workers which is found on your Provider Entity Settings page. If you already have an "AdminFee" (first name) Worker (last name), **do not** create an additional "AdminFee" Worker.
- If you **do not** have AdminFee Worker as a worker listed on your Provider Entity Settings page, then:
    - Log into AuthentiCare. From the *Home* page, select **Add Worker**.
    - On the *Worker Entity* page, add an "administrative" worker with the exact name "AdminFee" as the first name and "Worker" as the last name.
    - Highlight the service "Consumer Directed Admin Fee
    - If desired, create and add any other data, birthdate, etc. for this new worker
    - Click **Save** to save the new worker, "AdminFee Worker"

12.12.2   Processing Consumer-Directed Admin Fee Claims

On the first weekend of each month, for any Consumer Directed Admin Fee authorization for which the provider has claim records, claims will be automatically created using this "administrative" worker. Providers will be able to see the claims created, make adjustments as needed, and confirm these claims when appropriate.

12.12.3   Filing Source of NMCC's Automated Claims

AuthentiCare NMCC has automated claims for the following services:

- 99509
- FMS Admin Fee
- Stipend 1 and Stipend 2

These claims are designated in a Claim Search and on certain reports with a Filing Source of System Generated.

12.13   Personal Care – Consumer Directed Service (99509)

Personal Care - Consumer Directed services in New Mexico are set up differently in the Medicaid Waiver than are Personal Care - Consumer Delegated services, and that difference presents unique requirements for AuthentiCare. Personal Care – Consumer Directed service visits are required to be managed and tracked to the nearest 15 minutes, just as are Personal Care - Consumer Delegated service visits.

Consumer Directed services have to, however, be billed on a weekly basis to the nearest one hour service unit. In order to meet both requirements in AuthentiCare, the MCOs are authorizing Personal Care – Consumer Directed services in whole one hour units, according to their billing system requirements. This is called the "Billing Service" authorization.

AuthentiCare then creates a parallel authorization strictly for visit tracking in 15-minute units that works just like an existing authorization for the Personal Care - Consumer Delegated service. This is called a "Visit Service" authorization for Personal Care- Consumer Directed service, and the service is displayed as 99509V.

The Personal Care - Consumer Directed Visit Service works just like any other service in AuthentiCare for tracking.

The service can be scheduled from the Visit Service authorization, and workers can check in and check out.

Providers can review and confirm Visit Service claims.

AuthentiCare provides a weekly process that takes confirmed Visit Service claims and rolls them up into a weekly Billing Service claim. Providers cannot edit the details in the Billing Service claim, but, if it is correct, providers can accept and confirm the weekly Billing Service claim for export.

In this way providers have control over the review of *what* Billing Service claims are confirmed for export, and *when* Billing Service claims are confirmed for export. By splitting the activity into a Visit Service for tracking and a Billing Service for weekly billing, the overall process meets New Mexico requirements, gives providers control over their claims and the automated claims export, while keeping the process for workers checking in and checking out exactly the same process they use for other NMCC AuthentiCare services.

A walkthrough of how the Billing Service and the Visit Service work together is detailed below.

12.13.1   Authorizations: Personal Care–Consumer Directed

MCOs submit authorizations to AuthentiCare for Personal Care – Consumer Directed service (99509). Each authorization includes the client's name, client's Medicaid ID number, the provider's name and Medicaid number, authorized units, the applicable service name and service procedure code. (For more general information about authorizations in AuthentiCare, refer to Chapter 8.)

AuthentiCare will automatically generate parallel 99509V authorizations based on existing 99509 authorizations. From the list of authorizations for service 99509, providers will see both the "visit service authorization" with procedure code 99509V and a corresponding "billing service authorization" with procedure code 99509 for cumulative weekly confirmation and export for billing.

In the screen shot below, P000000502-01 is the authorization submitted by the MCO to authorize services to the client. The parallel authorization created by AuthentiCare for visit tracking is numbered P000000502-01-V.

Authorizations

Event Actions	ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates	Information
	P900000402-01	Consumer Directed Administrative Fee (G9006)	Test, Client2 (49457)	CMC Test Provider (5919)		Pres HP (000M1814)	Monthly	08/01/2014 - 12/31/2020	🛈
Units Remaining: 80	U900000300	Personal Care - Consumer Directed (99509)	Test, Client2 (49457)	CMC Test Provider (5919)		Pres HP (000M1814)	Weekly	08/01/2014 - 12/31/2020	🛈
Units Remaining: 40	P000000502-01	Personal Care - Consumer Directed (99509)	Test, Client2 (49457)	CMC Test Provider (5919)		Pres HP (000M1814)	Weekly	04/01/2015 - 12/31/2020	🛈
Units Remaining: 160	P000000502-01-V	Personal Care - Consumer Directed Visit (99509V)	Test, Client2 (49457)	CMC Test Provider (5919)		Pres HP (000M1814)	Weekly	04/01/2015 - 12/31/2020	🛈

Authorization P000000502-01-V is the authorization providers will use to schedule client services. Providers are not able to schedule events for service Personal Care – Consumer Directed from *Billing* Service authorizations. Note the lack of a 🛨 on the *Billing Service* authorization, P000000502-01. Note, too, the Visit Service authorization has the service as Personal Care – Consumer Directed Visit which also distinguishes it from the authorization for 99509.

12.13.2   Visit Service Claims and Billing Service Claims

Providers can confirm Visit Service claims on a daily basis or once a week, as long as all Visit Service claims for that week are confirmed before the weekly Billing Service claims process runs.

AuthentiCare will automatically generate a corresponding weekly Billing Service claim, at a pre-determined time, using confirmed Visit Service claims that were created with IVR check-ins and check-outs, with the mobile application (app), and/or by web claim creation.

The screenshot below is of a Visit Service claim. Note the worker is named Test10B Worker1. This claim has been confirmed by the provider and displays as "Billed (05/15/2015)." Once the Billing Service claim is confirmed, each Visit Service claim utilized for the weekly Billing Service claim will be marked as "Billed (date)" as displayed in the screen shot below.

The screenshot below is of a Billing Service claim. Note the worker is named "BillingService Worker." In the **Note Data** section, you will see "781" displayed. This is the number of the Visit Service claim utilized for the Billing Service claim. If there are additional Visit Service claims utilized for the Billing Service claim, providers will see more than one claim number in the **Note Data** section.

The AuthentiCare system will total the service time reflected on Visit Service claims for the same client during the week, round the time, and then reflect that calculated number of units of service in the Billing Service claim.

The Billing Service claim is created in the overnight hours of Wednesday night each week. Once the Billing Service claim is created, providers can confirm the claim or delete it.

12.13.2.1   Confirming a Billing Service Claim

Billing Service Claims can be confirmed one at a time by utilizing the *Confirm Billing – View* feature or many at a time by utilizing the *Confirm Billing – Bulk* feature, both on the *Home* page. Billing Service Claims can also be confirmed or by selecting *Confirm Billing – Bulk and by completing the Claim Start and Claim End fields. Providers could also use* the Provider Dashboard to confirm claims.

12.13.2.2   Deleting a Billing Service Claim

If there are errors in the Billing Service claim the steps for providers are:

- Delete the weekly Billing Service claim;

- Add Visit Service claims and/or edit Visit Service claims that were included in the deleted weekly Billing Service claim;
- Confirm the Visit Service claims corrected and/or added: and
- Confirm the new Billing Service claim that will be created in the next process run, the following week.

Providers can delete a Billing Service claim only if it has not been exported to the MCO for payment. If the Billing Service claim has not been exported, providers can make any edits needed on the Visit Service claims for the week by first deleting the Billing Service claim which unlocks the Visit Service claims for editing.

Once edits are made, and those Visit Service claims are confirmed, the Billing Service claim will regenerate *the next week in the process run* to reflect any edits made by a provider on any past week's Visit Service claims. The provider can then confirm the "regenerated" Billing Service claim, and it will export to the MCO for payment.

If a Billing Service claim is deleted in AuthentiCare, the Visit Service claims corresponding to that Billing Service claim will have the marking "Billed (date)" removed, and those Visit Service claims will be marked with the message that was first on each claim. Those Visit Service claims will then be marked with "Info Exceptions" or they will be blank.

A provider might have to delete a Billing Service claim in AuthentiCare for one of the following reasons:

All existing Visit Service claims for the week were confirmed, and then additional claims were submitted for the same weekly time period on paper timesheets.

All existing Visit Service claims for the week were confirmed, but the provider had later edits to make on one or more Visit Service claims.

12.13.2.3   Client Transitions from one MCO to Another

The provider, client, and payer on a Billing Service claim have to match all the Visit Service Claims used to generate the Billing Service claim. If the client is a member of the same MCO for the entire week, there will be only one Billing Service claim each week, per client, for Personal Care – Consumer Directed service - 99509. *The Billing Service claim is the only claim that will export for payment.*

If the client is a member of one MCO for part of the week, and a member of a different MCO for the remainder of the week, AuthentiCare will generate one Billing Service claim for each MCO for that week, for that client, for service 99509. The AuthentiCare system will total the service time provided during the week for each MCO, round the

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time, and then reflect that calculated number of units of service in each MCO's Billing Service claim.

An NMCC client can be enrolled with only one MCO (Payer) at a time, so claims confirmed and exported for the first MCO after the transition date from one MCO to another will be denied. Likewise, claims for the second MCO before the transition date will be denied.

Once a Billing Service claim has been paid, neither the Billing Service claim nor that Billing Service claim's applicable Visit Service claims are editable. A provider can resubmit a Billing Service claim for that same time period, same client, same service, by finding the Billing Service claim on the MCO's site, and, if the claim has been paid, void it. Providers can then submit a new Billing Service claim directly to the MCO for payment.

For additional general information regarding claims, refer to the first part of this chapter.

12.13.2.4   Month End in the Middle of a Week

If providers need to keep service billing separated by month due to monthly client obligation or other reasons:
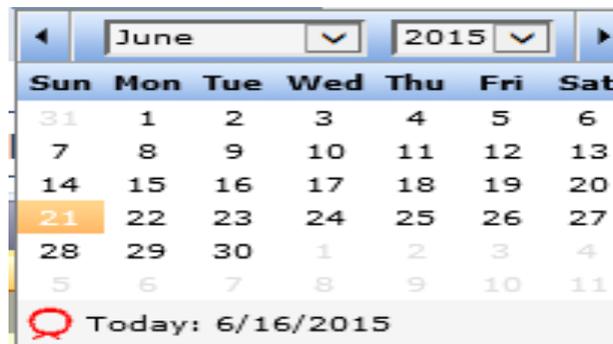
Providers can confirm Visit Service claims for June 28 – July 4 by Wednesday, July 8, close of business (COB). Rounding to the nearest hour will occur on <u>one</u> Billing Service claim for dates of service June 28-July 4 (the full week).

Rounding will work differently for the week where the provider has split the billing into two claims. Rounding to the nearest hour will occur on the <u>two</u> different Billing Service claims for dates of service June 28 – July 4: rounding across three days for a Billing Service claim for June 28-30, and rounding across four days for a Billing Service claim for July 1-4.

12.13.3　　Generic Worker Creation – BillingService Worker

AuthentiCare claims require a designated worker. Providers enrolled after June 4, 2015, and after, to provide service 99509, shall create a generic worker named

"BillingService Worker" which will display on Billing Service claims for service 99509. This worker name is to be created with the exact first name, "BillingService" with NO space between "Billing" and "Service."　This worker is to be created with "Worker" as the exact last name. As with all workers created in AuthentiCare NMCC, "BillingService Worker" will be assigned a 5-digit worker ID unique to each provider agency.

First Data added this worker to all current NMCC providers' **Worker** list in AuthentiCare effective June 3, 2015. BillingService Worker is *not to be deleted.*

(For general information about creating workers, refer to Chapter 6.)

12.13.4　　Caution:　Claims for Same Date of Service

Medicaid views the date of services for claims by the same provider, for the same client, who has been provided the same service when claims are reviewed. All claims for a client receiving one particular service on a given date must be confirmed together so those claims are exported together. Otherwise any lingering claims for that service for that client, on that date, are viewed as duplicates, and are denied.

12.14　　Stipend Claims

Workers in NMCC use personal mobile or provider-supplied mobile devices, or tablets, to log into the AuthentiCare Mobile App to record services provided to clients. Workers who use their personal mobile device(s) for this purpose receive a monthly Stipend fee to pay towards the cost of the data plan of the device.

AuthentiCare runs monthly automated processes to identify workers who are eligible to receive Stipends, and generates Stipend claims. These claims will go through the billing confirmation process by providers prior to getting exported for payment. It is *not* required for providers to select Stipend Services in the Worker Services list on the Worker Entity Settings page in order for AuthentiCare to generate a Stipend claim on the worker's behalf.

Stipend claims are generated on the 8th and 25th of every month for claims exported in the previous month if the conditions listed below are satisfied:

- There is no Stipend claim previously generated for the worker in the previous month.
- The worker has at least one exported mobile claim for the previous month.

- The 'Receive Stipends' value on the Worker Entity Settings page is set to **Yes.**

AuthentiCare creates Stipend claims for a provider only if Stipend Services are included in the provider's list of enrolled services and the provider is Mobile-Enabled.

Stipend claims are created as follows:

- Stipend claim will be generated with the client and the payer of the last exported mobile claim identified for the worker and will be dated the last day of the previous month (month for which the claims are generated).
- A single Stipend claim with service G9006U1 is generated if the worker has only one Payer for all exported mobile claims in the previous month.

- Two Stipend claims with service G9006U2 are generated with two different payers if the worker has more than one Payer for the exported mobile claims in the previous month.

12.15   Creating Web Claims: T1019- 99509V- G9006U1-U2

Providers have the ability to create claims on the AuthentiCare web portal through Standard or Express Claim links. Consumer Delegated (T1019), Consumer Directed Visit (99509V) and Stipend (G90006U1, G9006U2) services are *restricted* from Express claim creation. An error message will be displayed if any of these services are selected to create Express claims: "**Express claims cannot be created for this service.**"

Providers can, however, create Standard claims for these services by selecting a Reason Code from the drop down list available on the claim page. A variety of Reason Codes display on the claim page once the provider selects one of these services. Providers are required to add additional notes pertaining to the Reason Code selected, to justify the web entry instead of using EVV. These web claims will receive a C6 Informational Exception: **"EVV not used."**

Reason Code Descriptions
Tablet Malfunction
Smartphone malfunction
Landline/IVR unavailable
Tablet not delivered
Inclement weather
Electrical outage
Authorization issue
Substitute caretaker
Missing Stipend claim
Payer Denied Claim

At least one Reason Code must be chosen before a claim can be saved, and only one Reason Code at a time can be selected. If a Reason Code is not selected, and the

provider attempts to save the claim, AuthentiCare will display an error message: "**Claim cannot be saved without a reason code.**"

Once a Reason Code is selected, a note is mandatory. If the provider attempts to save the claim without a note, AuthentiCare will display an error message: "**Enter claim notes for the selected reason code.**"

Additional Reason Codes and notes can be added by the provider by editing the claim as long as the claim has not yet been exported.

Once a claim is saved, the Reason Code appears in the Note Data section on the claim page along with the additional notes that the provider has entered. The Reason Code field is again open so that providers can edit the claim to select an additional Reason Code from the dropdown list on the claim page. If providers select another Reason code, they will need to write another note, and again save the claim. The claim will then display both Reason Codes in the Note Data section on the claim page.

The Reason Codes are included in the body of the Claim Data Listing report. For more information regarding the Claim Data Listing Reports, refer to Reports, Chapter 13.

12.16 Payer Claims Review – Providers

Payer Claim Review for web-created claims for specific services was implemented April 1, 2018. Claims created on the web as the filing source may require an NMCC Payer claim review for the following services:

Procedure Code	Service Name
T1019	Personal Care – Consumer Delegated
99509V	Personal Care – Consumer Directed Visit
G9006U1	Stipend 1
G9006U2	Stipend 2

12.16.1 Creating Web-Based Claims for Payer Review

Web claims must be created utilizing Add New> Claim (Standard) or utilizing Create, then New Claim, from the Create dropdown on the Main Menu.

Web claims cannot be created utilizing Add New> Claim (Express). When an attempt is made to create claims in that manner, an error message displays:

Once a Provider enters a web claim with the Note and Reason, and saves the claim, the claim is marked with the Critical Exception, Payer Review Required.

Exception	Message	Exception Type
C11	Payer Review Required	Critical

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Note Data displays the Reason and Notes explaining why the web claim was created. The Provider can no longer edit and save changes to the claim other than to inactivate it or to cancel the view of the claim. The claim, otherwise, is read-only for Providers.

The exception Payer Review Required displays on the Provider's Exceptions Dashboard.

At this point the claim is also on the Payer's Dashboard awaiting Payer approval or denial.

Exception	Message	Exception Type
C12	Payer Review Denied	Critical
C13	Payer Review Accepted	Informational

Once the Payer accepts a claim, the claim is marked with a Payer Review Accepted exception and displays on the Provider Dashboard on the Needs Confirmation List in the Unsubmitted Claim Status section.

The exceptions Payer Review Required and Payer Review Denied display in the Critical Exception List on the Provider Dashboard in the Unsubmitted Claim Status section.

Providers have a view of 20 claims per page maximum at a time on any list.

12.16.2 Confirming Web-Based, Payer-Reviewed Claims

Once claims are marked Payer Accepted, claims can be confirmed from the Confirm Billing – View selection.

The view of the claim titled Confirm Billing displays Payer Review Accepted as an Informational Exception. The Provider can now review and confirm this claim for export.

Once claims are marked Payer Accepted, claims can also be confirmed from the Confirm Billing – Bulk selection.

For additional information on Claims Confirmation, see 12.7.

12.16.3 Resolving a Denied Claim - Provider

For Payer-denied claims, claim numbers display on the Critical Exception List on the Provider's Exception Dashboard. Should the Provider want to resolve denied claim issues with the Payer, providers may submit the denied Claim ID number and resolution documentation to the Payer. If the documentation is submitted timely and resolves the reason the claim was denied:

1. The Payer will open the denied claim for review and will revise the exception to Payer Review Accepted. Once that occurs:
2. The Provider will find the newly reviewed and approved claim on the Provider Dashboard in the Needs Confirmation List and from viewing for the Claim ID

itself. Payer Review Accepted is now listed as an Informational Exception on the claim. The Provider can review and confirm this claim for export.

Timelines for Provider documentation submittal and for Payer review of claims have been established by the NMCC Managed Care Organizations (MCOs). MCO contact information is listed in Chapter 14 of this user manual.

Web-based claims left marked as Payer Review Denied for more than 60 days from the end date of the claim will automatically be inactivated.

12.17 Payer Claims Review – Payers

There is Payer Claim Review for web-created claims for specific services for Payers who wish to review claims before the Provider confirms billing for export. Payers have the role of claims reviewer and the right for Override Exception.

The specific services are:

Procedure Code	Service Name
T1019	Personal Care – Consumer Delegated
99509V	Personal Care – Consumer Directed Visit
G9006U1	Stipend 1
G9006U2	Stipend 2

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There are three exceptions placed on web-created claims for specific services. Payer Review required occurs when the provider creates a claim, then saves it. The remaining two exceptions are Payer-based exceptions.

Exception	Message	Exception Type
C11	Payer Review Required	Critical
C12	Payer Review Denied	Critical
C13	Payer Review Accepted	Informational

As with all AuthentiCare data, claims are data-scoped so that Payers view claims for only members of their health plans.

All Payers have access to review and to "work" claims from a Payer Dashboard found in the Main Menu of AuthentiCare NMCC.
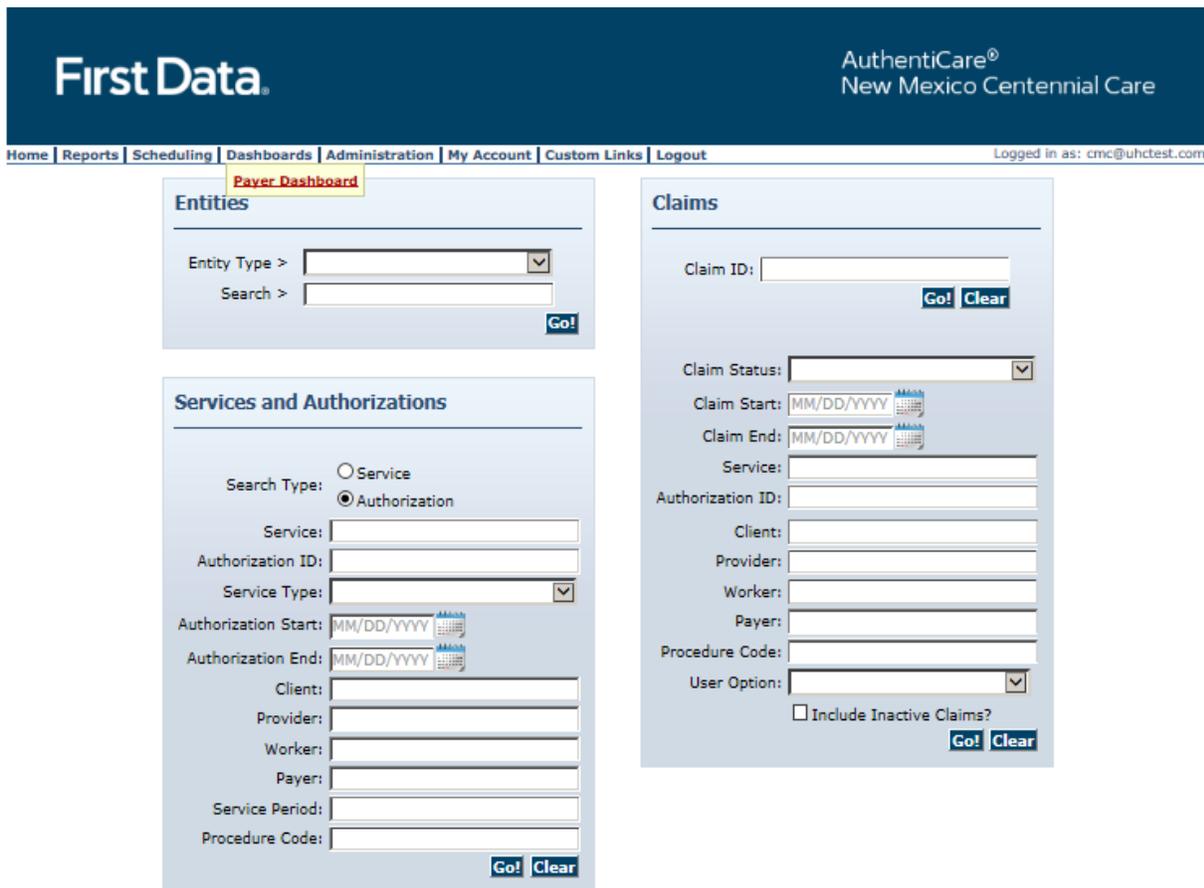
All three web-based claim exceptions reside on the Payer Dashboard lists.

The Claim Dates field is set by default to Current Month with a dropdown available to choose a different timeline. A Date Range of up to 31 days is available. Once a choice other than Current Month is selected, Payers need to select Refresh to update the exception counts and lists applicable to the revised timeline.

Payers can choose the Provider from the Provider search field. Payers can choose the service to review by selecting the service from the Services field dropdown.

The claim count for each exception is listed. Payers can select the List button to the right of each exception to view claims marked with that particular exception. *Inactive claims are not included in the Exception lists.*

The Payer's action is to place an exception on the claim, either to accept the claim or to deny the claim. Once any of the lists are selected, the Payer has a claim view list that is easily read. Exceptions are listed by Critical Exception and Informational Exception in this claim view.

12.17.1 Reason Codes and Claim Notes

The screen for each claim displays the Reason Code the Provider has selected for adding a web claim and the latest claim note associated with it. The Provider's claim note and Reason display in the Claim Notes section.

Payers can review, accept or deny the claims from this page. Payers have a choice of working one claim at a time by choosing Accept or Deny, or by working the full page of claims by selecting Accept All or Deny All.

There is a text box for Review Notes to complete on each claim as well as making the choice of Accept or Deny. Clicking Save is done at the bottom of the page. Claim notes will not save unless the Payer checks either Accept or Deny, or Accept All or Deny all, then saves.

The page has a view of 20 claims per list maximum. Once Payers "work" each claim from the list of 20 claims, and click Save, the "worked" claims move to the appropriate list, either Payer Accepted or Payer Denied. Payers then are able to select Refresh to review the refreshed Payer Review Required list.

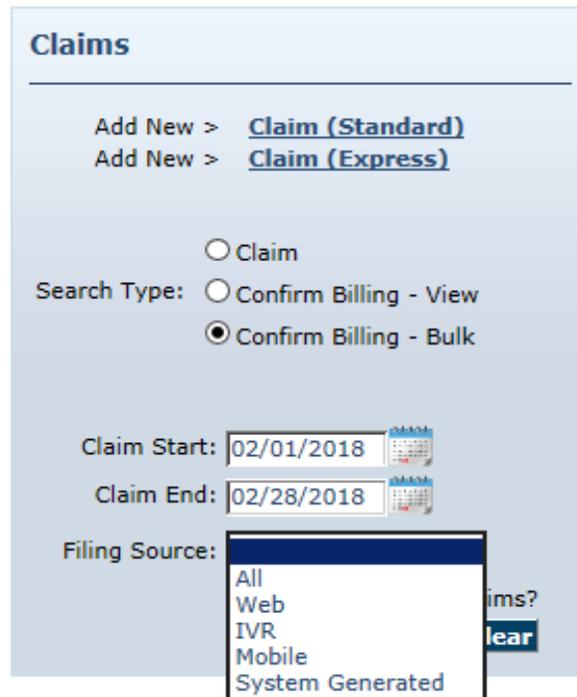### 12.17.2   Resolving a Denied Claim - Payer

For Payer-denied claims, claim numbers display on the Critical Exception List on the Provider's Exception Dashboard. Should the Provider want to resolve denied claim issues with the Payer, providers may submit the denied Claim ID number and resolution documentation to the Payer.

Payers can search for the Claim ID number submitted with the Provider's documentation from their Payer Denied List on the Payer Dashboard or they can conduct claim searches from the Home page utilizing the Claim ID number.

 If the documentation is submitted timely and resolves the reason the claim was denied:

1. The Payer will open the denied claim for review and will revise the exception to Payer Review Accepted. Once that occurs:
2. The Provider will find the newly reviewed and approved claim on the Provider Dashboard in the Needs Confirmation List and from viewing for the Claim ID itself. Payer Review Accepted is now listed as an Informational Exception on the

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claim. The Provider can review and confirm this claim for export.

12.17.3   Information for 99509V and 99509

The 99509 system generated job runs early each Thursday morning. All 99509V claims for all shifts for a client must be in approval status by the Payer so that the Provider can confirm billing for export by close of business each Wednesday.

Medicaid reviews the date of services for claims by the same provider, for the same client, who has been provided the same service. All claims for a client receiving one particular service on a given date must be confirmed together so those claims are exported together. Otherwise any lingering claims for that service for that client, on that date, are viewed as duplicates, and are denied.

12.17.4   Final Payer Notes

After accepting a claim, Payers can change the exception to Payer Denied if the claim has not yet been exported. To accomplish this, Payers select the list of Payer Accepted claims to search for the claim whose exception requires a change.

In a scenario where the claim has not exported, the Payer can still make edits to the claim.

When the Payer saves the exception change, an audit record is created for the audit action of Payer Review Required, Payer Review Denied or Payer Review Accepted.

There will be no error messages displayed for the Payer Dashboard or the Provider Dashboard.

Claims marked as Payer Denied for more than 60 days from the end date of the claim will automatically be inactivated.

Payers need to check frequently for claims to review. The Payer Dashboard timeline lists only the claims to review for the timeline chosen.

Chapter 13   Reporting

AuthentiCare includes robust reporting capabilities to assist providers, Centennial Care MCOs staff in managing and monitoring clients, workers, schedules and claims. Reports are available 24/7 via the web and information is current as of the time a report is created.

A variety of sort and filter criteria are available to create unique reports reflecting the specific information needed. A user may filter information to produce a report which displays information related to a particular client, worker or service and within date ranges chosen by the user. The information may be sorted to display in an order that is most convenient for the user. The sort and filter options for each report are discussed more fully later in this chapter.

As discussed in earlier chapters, the provider agency can create reports with only information related to the specific provider's ID number. New Mexico Centennial Care MCO staff can create reports on information related to all clients who are members of their own specific MCO's health plan.

13.1   Creating a Report

Click **Reports** on the Main Menu.
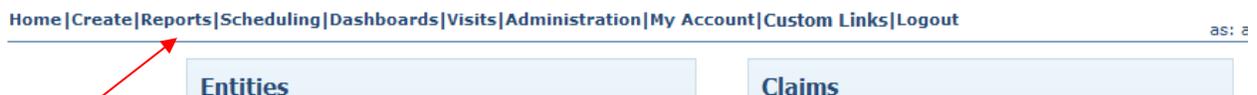
The *Report* page displays.

There are three sections of the Report Page: **Report Templates** – Users can create templates for reports that are created on a regular basis. For example, there is a need for a report on Late and Missed Visits at the end of each month for all clients, a template can be created with the desired settings. Templates are addressed in more detail in Section 13.4.**Create Reports** – Seventeen types of reports are available for creation and each can be filtered and sorted to create a unique report to fit the user's needs. Each report name is a hyperlink that allows you to enter your filter and sort criteria and run the report. Proceed to Step 2 for further instructions.

View Reports – Once a report is generated, it appears in the View Reports section of the page. Reports can be saved to the user's local drive for permanent storage and retrieval. If a report is needed at a later date and has been deleted, it can simply be rerun for the same dates. Methods of viewing reports are addressed in detail in Section 13.2.Click on a report name hyperlink from the list provided in the **Create Reports** section of the *Report* page.

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Create Reports

Authorizations
AuthentiCare Service Authorizations

Authorization History
AuthentiCare Service Authorization History

Billing Invoice
Billing Invoice Report

Calendar
Scheduled AuthentiCare Calendar Events

Claim Data Listing
Claim Data Listing Report

Claim Details
AuthentiCare Claim Details

Claim History
AuthentiCare Claim History

Eligible Client Data Listing
Eligible Client Data Listing Report

Exception
Exception Report

Late and Missed Visits
Late and Missed Visits for Scheduled AuthentiCare Events

Overlapped Claim By Worker
Overlapped Claim By Worker Report

Overlapped Claim By Client
Overlapped Claim By Client Report

Provider Activity
Provider Activity Report

Remittance Advice
Remittance Advice Report

Remittance Data Listing
Remittance Data Listing Report

Time and Attendance
Time and Attendance Report

Unauthorized Location
Unauthorized Location Report

Unauthorized Phone Number
Unauthorized Phone Number Report

Worker Activity
Worker Activity Report

Worker By Provider
Worker By Provider Report

The *Authorizations Report* page was chosen for this example. It displays the filter and sort criteria for the report which are unique for the chosen report. This screen varies depending on the type of report chosen in Step 2, refer to Section 13.5 for specific filter and sort information for each type of report.
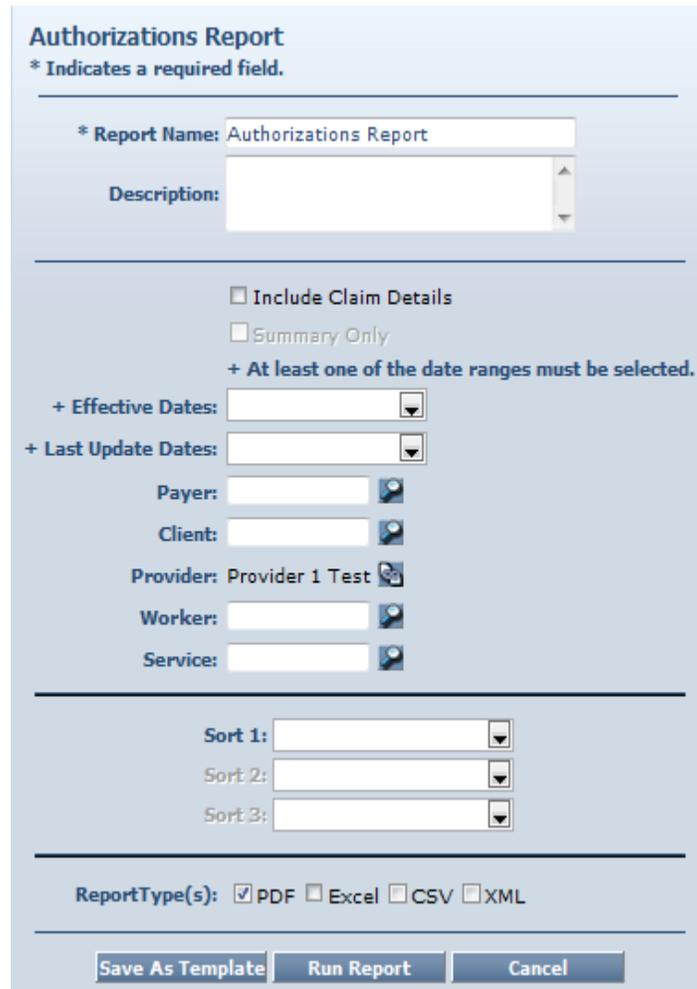
1. Enter a **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive. For example, if the report is for a single client, the report name can be changed to include the client's name and the date range.
2. Enter a **Description**, if desired. This is most helpful in creating templates which are addressed in more detail in Section 13.4.

3. Choose a date range from the drop-down box for the **Dates** field. This field appears on this page for all of the reports, though it may appear as **Claim Dates** or **Effective Dates** depending on the report selected.

4. Enter any other filter criteria desired such as **Client**, **Worker**, **Service** or **Provider**. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If no information is added, the report includes all information for the period selected.

5. Select **Sort** criteria as desired. These are similar for all reports. AuthentiCare allows selection of up to three sort items.

✍	*As an example, the provider may choose to have the report sorted first by Client, then by Service, then by Date. In this example, the Sort fields would be populated as shown below.*

6. Choose the Report Type(s) to indicate the format the report will be displayed. You can choose as many format types as need. If you do not choose, the report will automatically default to PDF <u>except</u> for the two list reports (Claims Data Listing and Remittance Data List) which default to Excel.

7. Click **Run Report**.

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- The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status. The Status can be one of the following:
- Queued - the report is in line for processing
- In Progress – the report is being created
- Completed – the report is ready for viewing

It usually takes a few minutes for a report status to change from Queued to Completed. There is an interim status of In Progress. To view the updated status of the report, you may need to click Refresh. This refreshes the page and displays the updated status of the report.
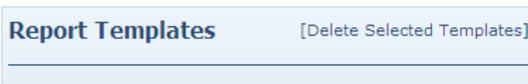
13.2   Viewing a Report

Once the Status of the Report has changed to Completed, the report may be viewed in the format(s) selected.

1. Click one of the icons under the report name to generate the report in the desired format. These icons do not appear until the status of the report is "Completed". The icons are:

   Click this icon to open the report as an Adobe .pdf file which requires Adobe Reader to view. This format is the most convenient for printing and viewing.

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 Click this icon to open the report as an Excel spreadsheet.

 Click this icon to open the report as a CVS file. This format may be useful in importing the information to another spreadsheet or database.

 Click this icon to open the report as an XML file. Like the CSV file, this format may be useful in sending information to another source, such as a data warehouse.

> *The column headings in the View Reports section are hyperlinks that change the sort order of the reports that are displayed in this section. Click the hyperlink once to change the view to ascending order based on the values in the column chosen. Click the hyperlink again to change the view to descending order based on the values in the column chosen.*

2. Click **Open** if you wish to open the report in a new window or click **Save** to save the report to a storage location such as your hard drive or a network drive. (You will not see this if you choose the Adobe .pdf option to view your report.)
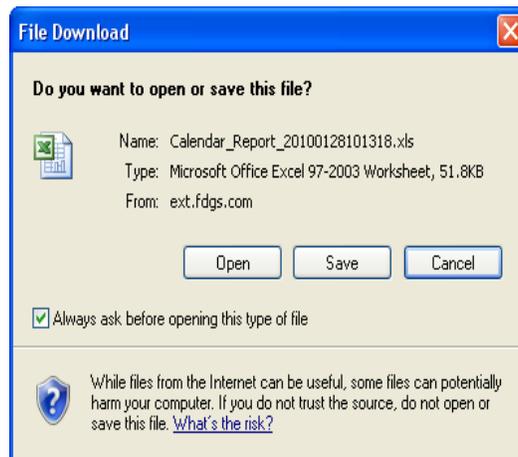
The appropriate application starts based on the format you selected and the report is displayed, if you click **Open**. At that point, you may print the report if desired. The following example is from clicking the Adobe .pdf icon.

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AuthentiCare® Authorizations Report

Provider 1 Test (424)

Worker

Any

Client	Service	Service Type	Start	End	Total Units/Amount	Authorization
Client, Fourth (437)	Personal Care - Consumer Directed (99509)	TimeBased	01/01/2012	Any	1000	1004
Client, Fifth (438)	Personal Care - Consumer Directed Training (S5110)	TimeBased	01/01/2012	Any	1000	1005
Client, Third (436)	Personal Care - Consumer Delegated (T1019)	TimeBased	01/01/2012	Any	1000	1003

13.3   Deleting a Report from the View Reports Section

1. Click the checkbox to the left of the name of the report you wish to delete.
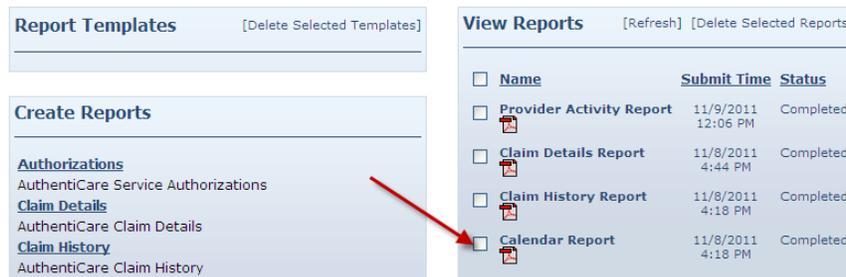
*Clicking the checkbox next to **Name** populates a checkmark in the checkboxes for all of the reports listed in the* View Reports *section.*

2. Click **Delete Selected Reports** if you want to permanently remove the report.

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The *Report* page displays and the report is no longer listed in the **View Reports** section.

✎	*Reports are automatically deleted three (3) days after they are created.*

13.4   Using Report Templates

Instead of creating the same report at the end of each week, month or quarter, providers can save time by creating a template for the report. The **Calendar Report** is being used as an example for this section.

13.4.1   Creating Report Templates

Click on a report name from the list provided in the **Create Reports** section of the *Report* page**.**

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The *Calendar Report* page for the report displays. This page is where you enter the filter and sort criteria for the report.

Enter a unique **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive.

Enter a **Description**. This identifies the purpose of the report.

Choose a date range from the drop-down box for the **Effective Dates**. This varies based on the type of report. Refer to Section 13.5.

Enter any other filter criteria. This varies based on the type of report. Refer to Section 13.5.

Select **Sort** criteria as desired.

Select the **Report Type(s).**

1. Click **Save as Template**.

The *Report* page displays and the template just created is included in the **Report Templates** section.

13.4.2   Running a Report from a Template

Click the **Run Report icon** 📖 adjacent to the name of the template.

Home | Create | Reports | Scheduling | Dashboards | Visits

Report Templates   [Delete Selected Templates]

☐   **Authorizations Report**   📖

☐   **Calendar Report**   📖

The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status of "Queued". Proceed to Section 13.2 for further instructions on viewing the report.

View Reports [Refresh] [Delete Selected Reports]

☐	**Name**	**Submit Time**	**Status**
☐	Calendar Report	2/21/2014 6:24 PM	Queued

13.4.3   Editing a Report Template

1. Click the hyperlink on the name of the report.

Home | Create | Reports | Scheduling | Dashboards | Visits

Report Templates   [Delete Selected Templates]

☐   **Authorizations Report**   📖

☐   **Calendar Report**   📖

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The *Calendar Report* page displays.

2. Edit the *Calendar Report* page as desired.

3. Click Save as Template.

13.4.4 Deleting a Report Template

1. Click the checkbox to the left of the name of the report template you wish to delete.

2. Click **Delete Selected Templates** if you want to permanently remove the report template.

The *Report* page displays. In this example, the **Description** was modified and it now displays under the name of the Report Template.

After the delete function, the page displays, and the calendar report template deleted is no longer listed.

13.5   Scheduling a Report

AuthentiCare users use a standard report criteria (template) page to select content and sorting of the data requested in a report. Instead of running as a report immediately from the Reports page, the user can select "Save as Template." This choice accesses a Reports Scheduler feature in AuthentiCare whereby a provider is able to:

1. For any report, filter for content, sort as needed, then select a standard file format for the output (Excel, CSV, XML, or PDF), and
2. Save the template.

3. Once, saved, select **Schedule**.

The **Schedule Report** window displays.

4. For **Schedule Type**, choose a daily or monthly schedule for the report to run.
5. Specify a regular **Time** in the scheduler for the report to run.
6. Select the **Day of the Week** or the **Day of the Month** for the report to run.
7. Specify **Email Addresses** to receive an automated email alert once the report has completed running and the file is ready for pickup and viewing.

An example of the email received: Scheduled AccessNet Report, Provider Activity Report for Wed PM has completed on 04/06/2016 at 04:31 PM.

8. Scheduled Export files for the Provider are available under **View Reports** on the **Reports** page

9. The user clicks on a file icon and the file opens in a browser tab. The file can be saved from there.

View Reports		[Refresh] [Delete Selected Reports]
☐ **Name**	**Submit Time**	**Status**
☐ **Provider Activity Report for Wed PM** 📄	4/6/2016 4:30 PM	Completed

13.6   Report Examples

13.6.1   Authorizations Report without Claim Detail

The Authorizations Report lists all authorizations in AuthentiCare for a given time period. The report can be filtered to include only authorizations for a particular client or service. It can be sorted to display the authorizations in a certain order. For example, the provider may choose to see the authorizations sorted by service then by client. The Authorizations Report without Claim Detail does not include the claims associated with the authorizations.

The Authorizations Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** (Effective Dates of the authorization). The options include Current Day, Current Week, Current Month, Current Quarter, Current Year, and Fixed Date. If Fixed Date is chosen, then you must enter the "from" and "to" dates (mm/dd/yyyy). Additional filter criteria include Client, Provider, Worker, Service and Waiver.

The Authorizations Report can also be sorted which means that the information returned on the report is grouped by whatever sort selection is made. For instance if Client is chosen, then all of the authorizations for that client are grouped together. Below is a screenshot of the Sort options available on the Authorizations Report.

An example of the Authorizations Report:

13.6.2   Authorizations Report with Claim Detail

The Authorizations Report with Claim Detail is the same as the Authorizations Report described in Section 13.5.1; however, in addition to the authorizations, any claims associated with those authorizations are also displayed. This report provides information on the number of units remaining in the authorization based on the number of units for which there are claims.

The filter and sort criteria are the same as the Authorizations Report without Claim Detail, but you must check the **Include Claim Details** checkbox.
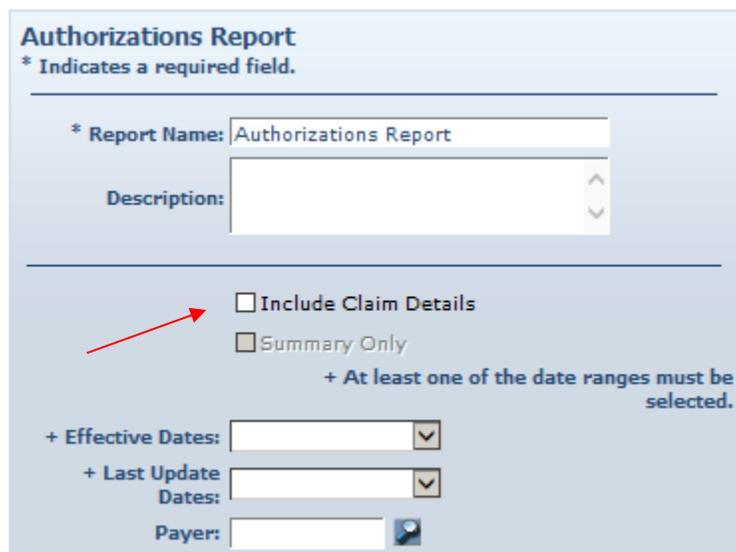
13.6.3   Authorization History Report

The Authorization History Report lists both new authorizations and updated authorizations.

New authorizations are labeled in the report as "New."

Updated authorizations are labeled as "Update" with the "change" date and the "start date" of the updated service. The report displays the last two records and the update so providers can identify what changes have been made over time.

The Authorization History Report as displayed in the screenshot below has several filter criteria. The filter criteria for **Effective Dates** (Effective Dates of the authorization) has options that include Current Day, Current Week, Current Month, Current Quarter, Current Year, and Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

NOTE: The effective date for data in this report is September 30, 2015.

An example of the Authorization History Report:

Report Date: September 24, 2015 11:05:58 AM

Date of Service: 8/1/2015 to 8/31/2015

Update Date Range: 7/1/2015 to 12/31/2099

Sort by: EffectiveDateStart,ConsumerXRef,ServiceXRef

Total Records Returned: 5

Client ID:

Provider ID: 210000010B

Worker ID:

Service ID:

Payer ID:

Authorization ID like:

Client104 Test   MO ProviderB, Inc (210000010B)

Authorization	Service					Payer	
P000000407-01	Personal Care - Consumer Directed (99509)					Pres HP	
Indicator	**Service**	**Start Date**	**End Date**	**Total Units**	**Period**	**Change Date**	**User Name**
Update	99509	9/1/2014 12:00:00 AM	11/30/2015 11:59:59 PM	45	Weekly	8/11/2015 1:20:26 PM	admin@authenticare.com

Authorization	Service					Payer	
P000000407-01-V	Personal Care - Consumer Directed Visit (99509V)					Pres HP	
Indicator	**Service**	**Start Date**	**End Date**	**Total Units**	**Period**	**Change Date**	**User Name**
Update	99509V	9/1/2014 12:00:00 AM	11/30/2015 11:59:59 PM	180	Weekly	8/11/2015 1:20:27 PM	admin@authenticare.com

Client105 Test   MO ProviderB, Inc (210000010B)

Authorization	Service					Payer	
B000409	Personal Care - Consumer Delegated (T1019)					BCBSNM	
Indicator	**Service**	**Start Date**	**End Date**	**Total Units**	**Period**	**Change Date**	**User Name**
Update	T1019	9/1/2014 12:00:00 AM	12/31/2015 11:59:59 PM	160	Weekly	9/1/2015 12:50:04 PM	acr_admin@acr.com

13.6.4   Billing Invoice Report

The Billing Invoice report gives a list of claims for each service date, along with the billing status and amount. With this report, providers have documented what was submitted each day. Providers can then monitor the Remittance Advice to ensure that each claim was adjudicated as expected.

The Billing Invoice Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

An example of the Billing Invoice Report heading:

AuthentiCare® Billing Invoice Report

Report Date: May 08, 2014 10:29:12 PM		Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Date Range: 4/1/2014 to 4/30/2014	Total Records Returned: 0	Sort by: DateOfService,LastName
Provider Id: 424	Claim Type: All Claims	Case Manager Id:
Worker Id:		Service: All
Client ID:		Exception:All

13.6.5   Calendar Report

The Calendar Report lists all scheduled events for a selected time period. The report can be filtered to include only events related to a particular client, worker or service. The report can be generated by the day, by the week or by the month.

The Calendar Report as displayed in the screenshot below only requires a filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).
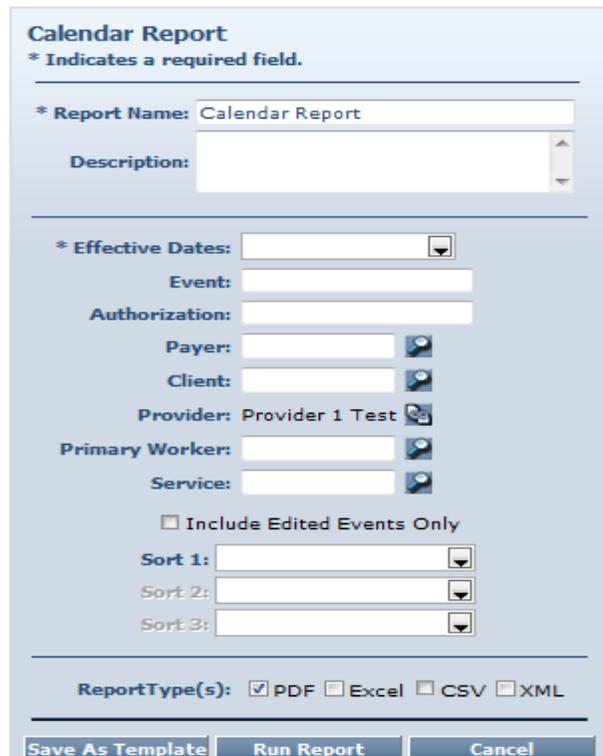
Additional filter criteria include Event (to report on a specific event), Authorization (to report on the events scheduled for a specific authorization), Client, Provider, Primary Worker and Service.

If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.
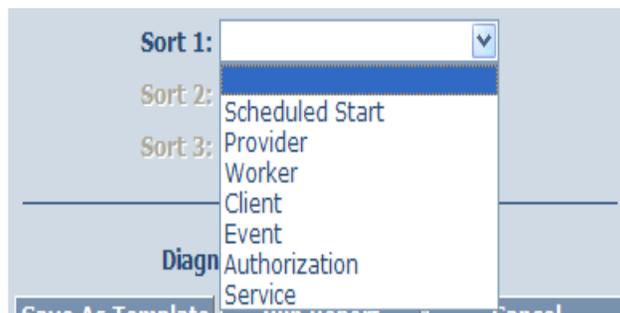
An example of the Calendar Report:

AuthentiCare® Calendar Report

One, Worker (91788)   Event Total: 10

Event	Scheduled Start	Scheduled End	Client	Provider	Service	Authorization ID	Edit Reason
437	5/14/2014 8:00:00 AM	5/14/2014 9:00:00 AM	Client, Third (436) 100 Main Street Roswell, NM 88201 5134899599	Provider 1 Test (424)	Personal Care - Consumer Delegated (T1019)	1003	None
437	5/15/2014 8:00:00 AM	5/15/2014 9:00:00 AM	Client, Third (436) 100 Main Street Roswell, NM 88201 5134899599	Provider 1 Test (424)	Personal Care - Consumer Delegated (T1019)	1003	None
437	5/16/2014 8:00:00 AM	5/16/2014 9:00:00 AM	Client, Third (436) 100 Main Street Roswell, NM 88201 5134899599	Provider 1 Test (424)	Personal Care - Consumer Delegated (T1019)	1003	None
437	5/19/2014 8:00:00 AM	5/19/2014 9:00:00 AM	Client, Third (436) 100 Main Street Roswell, NM 88201 5134899599	Provider 1 Test (424)	Personal Care - Consumer Delegated (T1019)	1003	None
437	5/20/2014 8:00:00 AM	5/20/2014 9:00:00 AM	Client, Third (436) 100 Main Street Roswell, NM 88201	Provider 1 Test (424)	Personal Care - Consumer Delegated (T1019)	1003	None

13.6.6   Claim Data Listing Report

The AuthentiCare Claim Data Listing Report gives a provider the ability to download claims data as needed for use in the back-end systems. As with the other AuthentiCare reports, the provider must select report criteria on the criteria pages.

The Claim Data Listing Report is a report that lists, by provider and worker, all services performed during a given time period and the total dollars billed.

The Claim Data Listing report is also a useful tool for MCOs to get an overview of the data specific to Stipend claims by each provider. The report will also help the MCOs in monitoring and tracking web claims for Personal Care - Consumer Delegated (T1019), Personal Care - Consumer Directed Visit (99509V) and Stipend (G9006U1 and G9006U2) services.

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The Claim Data Listing Report template is shown here:

Both **Claim Creation Dates** and **Receive Stipends**, **Yes** or **No**, are filters on the Claims Data Listing report template.

Services Personal Care – Consumer Delegated (T1019), Personal Care – Consumer Directed Visit (99509V) and Stipend (G9006U1 and G9006U2) are displayed in the body of the report in the column under **Service**.

The report has columns for External **Worker ID** for the provider-specific worker ID if that client ID is utilized by the provider. The report also has a column for **Claim Create Date** and the report can be sorted by that date.

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The Device ID of the worker's mobile smart phone is both registered on the Worker Entity Settings page and displayed in the body of the Claim Data Listing Report. The **Device ID**, the **Source** and the **Claim Note Reason** for creating the claim through the AuthentiCare web are all displayed in the body of the report as shown in the last screen shot below.

The listing report is a very simple format with a row of column headings followed by a list of data rows so that it is easily integrated with other back office systems.

A	B	C	D	E	F
Claim Id	Provider Id	Provider Name	Worker Id	Worker Name	External Worker ID

G	H	I	J	K	L	M
Client Id	Client Billing Medicaid ID	Client Name	Team Assignment	Case Manager Id	Case Manager Name	Service

N	O	P	Q	R	S	T
Date of Service	Check In	Check Out	Actual Units	Authorized Units	Billed Amount	Paid Amount

U	V	W	X	Y	Z	AA
Last Billing Date	Last Payment Date	Claim Status	Activity Codes	Mileage	Travel Time	Exceptio

AA	AB	AC	AD	AE
Exception(s)	Create Date	Last Update Date	Authorization	Payer Name

A1   fx Claim Id

AF	AG	AH		AI
External ClientID	Device ID	Source		Claim Note Reason

An example of the Claim Data Listing Report itself is listed here:

Claim Id	Provider Id	Provider Name	Worker Id	Worker Name	External Worker ID
541	20472	Test Provider	09114	Worker1, Test	
542	20472	Test Provider	09114	Worker1, Test	
543	20472	Test Provider	09114	Worker1, Test	
544	20472	Test Provider	09114	Worker1, Test	

13.6.7   Claim Details Report

The Claim Details Report lists all claims in AuthentiCare for the time period specified. The report can be filtered to include only certain types of claims (for example, claims that have been exported for billing) or only claims for a particular client, worker and/or service. It can also be sorted to display the claims in a specific order.

The Claim Details Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running the report.

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Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Select **Group By** so the claims listed are grouped according to your selection. The options include Client, Provider, Exception (Client), and Exception (Provider).

Additional filter criteria include Client, Provider, Worker, Service and Waiver.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service. This determines the order of the data within the group selected in Group By.
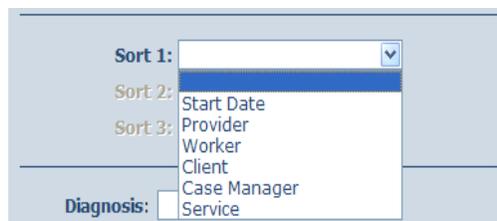
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An example of a Claim Details report:

13.6.8 Claim History Report

The Claim History Report lists the detail of changes made to a claim or group of claims for auditing purposes. For example, a claim was confirmed for billing and there is a need to know who confirmed it. The Claim History Report as displayed in the screenshot below only requires a filter for **Claim Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Additional filter criteria include Claim (to report on a specific claim), Client, Provider, Worker, Service and Waiver/Program.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service.
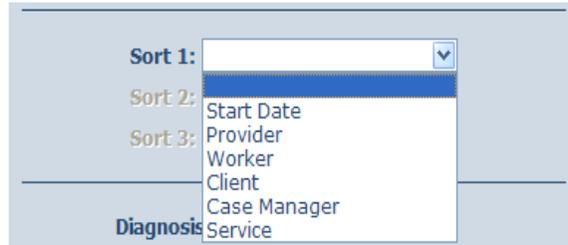
An example of the Claim History Report heading:

13.6.9   Eligible Client Data Listing Report

This report shows any clients that the provider has authorization to provide services for or has claims. The report provides most of the data elements shown in the client record. The report displays only one row for the client, with only the current payer.

An example of the Eligible Client Data Listing Report:

Client Name	Client ID	SSN	Gender	DOB	Status
Client, Fourth	437	838234982	Male	01/01/2000	Active
Client, Third	436	234234234	Male	01/01/2000	Active

13.6.10   Exception Report

Exceptions are used to readily identify claims that do not meet the business rules established for the program. Exceptions can be informational to alert the user that a criterion was not met, i.e. check in phone number does not match authorized, or can be critical which prevents the claim from being exported for adjudication, i.e. no authorization for service. The Exception Report is structured to identify exceptions for a single client or for multiple clients with the same exception.

The Exception Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report. Select from the Exception list which exceptions you want returned in the report. Hold

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down the Ctrl key to select more than one type of Exception.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

An example of the Exception Report:

AuthentiCare® Exception Report

Report Date: February 28, 2018 03:04:24 PM

Date Range: 2018-02-01 to 2018-02-28

Provider Id: 5919

Worker Id:

Client ID:

Claim Exception Record Returned : 164

Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception

Sort by:

Case Manager Id:

Service: All

Exception: All

| Provider Name: CMC Test Provider (5919) | | | Number Of Claims With Exceptions: 42 | | | | | | | | Number of Exceptions: 164 | | | | |

Exception	Claim Number	Client ID	Client Name	CaseManager Name	Worker ID	Worker Name	Check In Time	Check In Number	Check Out Time	Check Out Number	Actual Date Of Service	Actual Unit	Auth Unit	Service	Payer Name
C1	11785	43429	Test, client1		13365	Worker1, test	9:00AM		10:00AM		02/01/2018	4	4	99509V	UHC NM
E1	11785	43429	Test, client1		13365	Worker1, test	9:00AM		10:00AM		02/01/2018	4	4	99509V	UHC NM
C13	11785	43429	Test, client1		13365	Worker1, test	9:00AM		10:00AM		02/01/2018	4	4	99509V	UHC NM
C6	11785	43429	Test, client1		13365	Worker1, test	9:00AM		10:00AM		02/01/2018	4	4	99509V	UHC NM
C1	11786	86169	Test, Client3		07098	Worker3, Test	12:00AM				02/01/2018	1	1	G9006U2	BCBSNM
E1	11786	86169	Test, Client3		07098	Worker3, Test	12:00AM				02/01/2018	1	1	G9006U2	BCBSNM
C11	11786	86169	Test, Client3		07098	Worker3, Test	12:00AM				02/01/2018	1	1	G9006U2	BCBSNM

> ✎ *Exceptions are grouped by claim number. Claim number is equivalent to Claim ID. For the screenshot above, Claim Number 11785 has an Event Matching exception, a Billing Confirmation exception, an EVV Not Used exception, and a Payer Review Accepted exception.*

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13.6.11   Late and Missed Visits Report

The Late and Missed Visits Report lists all late and missed visits for a selected time period. The report can be filtered to display information relating to a particular client, worker, service or event.

The Late and Missed Visits Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).
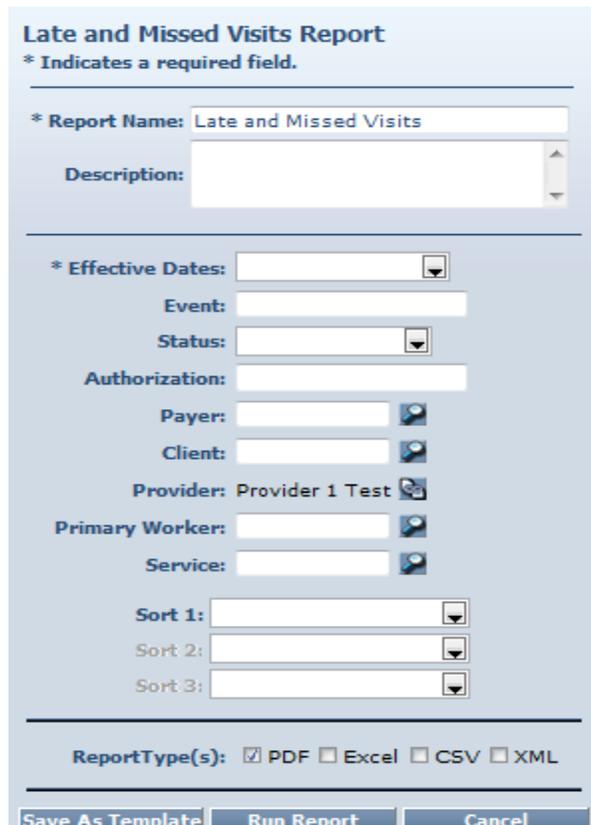
Additional filter criteria include Event (to report on a specific event), Status (Late, Missed or Completed Late), Authorization, Client, Provider, Primary Worker and Service.

If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.
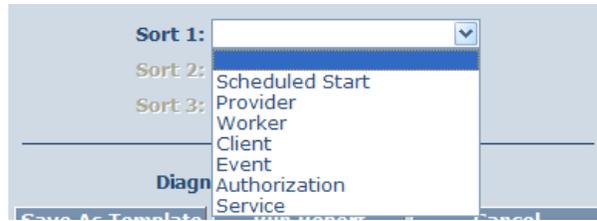
An example of the Late and Missed Visits Report:

13.6.12   Overlapped Claim Report by Client

The Overlapped Claim Report by Client is useful in identifying quality concerns and/or overpayments. Under usual circumstances, service is delivered to one client before the worker moves on to provide services for the next client. Monitoring the Overlapped Claim Report by client enables the user to identify clients whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same or another client. This report is also helpful in determining patterns for specific workers that may need targeted training/retraining or reminders of program requirements and expectations.

The Overlapped Claim Report as displayed in the screenshot below has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.

The Overlapped Claim Report by Client as displayed in the screenshot below has several filter criteria. Claim Type and Claim Dates are required when running the report. Additional filter criteria include Client, Provider, Worker and Service. You may also sort from the additional sort criteria.

13.6.13   Overlapped Claim Report by Worker

The Overlapped Time Report by Worker is useful in identifying quality concerns and/or overpayments. Under usual circumstances, workers should complete care for one client before moving on to provide care to another client. Monitoring the Overlapped Claim Report enables the user to identify clients whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same or another client. This report is also helpful in determining patterns for specific workers that may need targeted training/retraining or reminders of program requirements and expectations.

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The Overlapped Claim Report by Worker as displayed in the screenshot below has several filter criteria. Claim Type and Claim Dates are required when running the report.

Select the Claim Type from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

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Select the Claim Dates from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

If you wish, you may change the selection for **Overlap**. This automatically defaults to "All", but you can change it to "Clients" or "Services".

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.
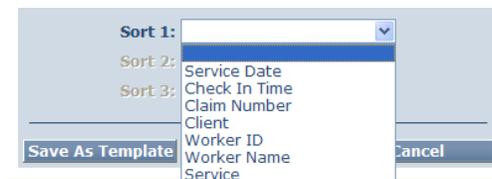
An example of the Overlapped Claim Report by Worker Report:

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13.6.14   Provider Activity Report

A report that lists, by worker, all services performed during a given time period and the total dollars billed, again by worker. The Provider Activity Report is a useful tool for State monitoring or for the providers who need to know the revenue billed by a selected worker for a specified time period. It can be used to identify workers who report an unusually high number of hours worked as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker over another.

The Provider Activity Report as displayed in the screenshot below has several filter criteria. Claim Type, Claim Dates, and Exception are required when running the report.
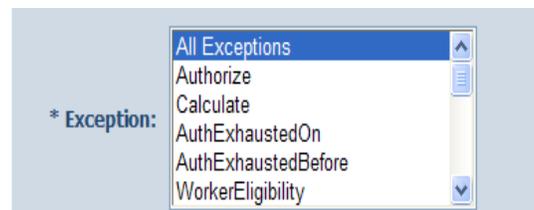
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Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).
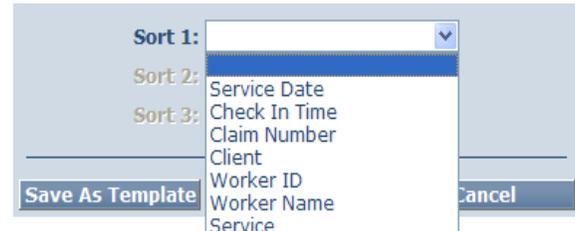

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

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An example of the Provider Activity Report:

Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Select **Group By** from Client, Payee Provider, Worker and no grouping.

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Provider, Client, Worker and Service. This determines the order of the data.

13.6.15   The Remittance Advice Report:

The Remittance Advice Report as displayed in the screenshot below has filter criteria of **Payment Dates** and **Group By.**
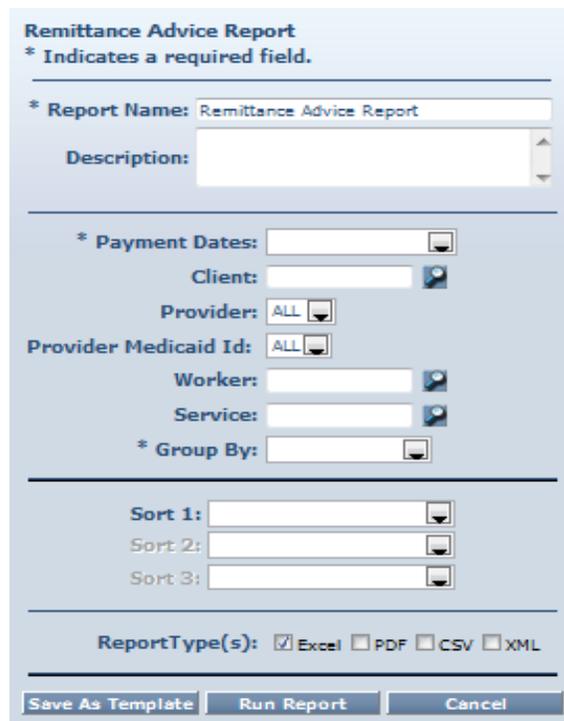
Select the **Payment Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range.

If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Select Group By from Client, Payee Provider, Worker and no grouping.

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Provider, Client, Worker and Service. This determines the order of the data.

The report has a column for external worker ID for the provider-specific worker ID if that client ID is utilized by the provider.

An example of the AuthentiCare Remittance Advice Report heading:

13.6.16   Remittance Data Listing Report

The Remittance Data Listing Report provides remittance advice reporting on the AuthentiCare web, so that the provider can examine paid claims, and understand check amounts.

The Remittance Data Listing report is oriented around the Payer claim number and not the AuthentiCare claim number, and around payment date, not claim date. The intent is

to support drill down of a payment received to the individual claims included in it. Claim reports should still be used to research the payment status of an individual claim.

The Remittance Data Listing report offers the similar sort and filter criteria as the other provider reports, but some criteria that are not relevant are omitted. Note that the date range selected is the Payer payment or processing date, not the date of service. The Remittance Data Listing report is available only in Excel and CSV formats.
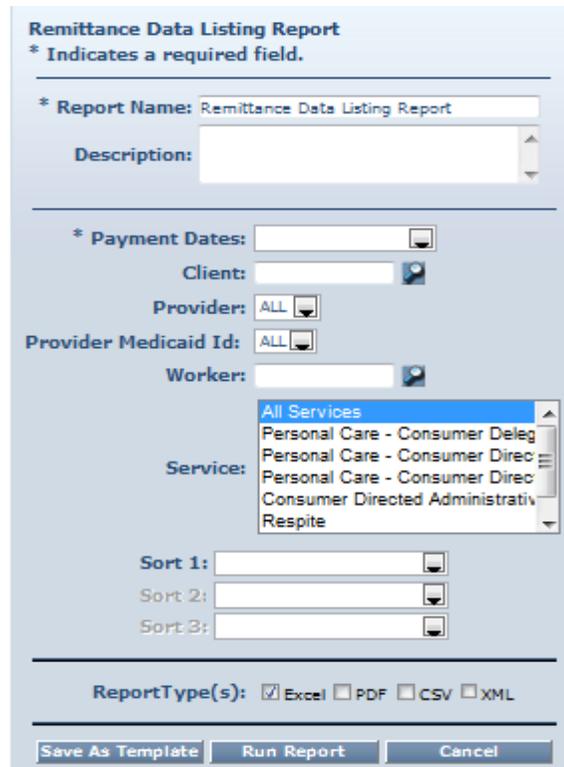
An example of the Remittance Data Listing Report:

MMIS Claim #	Submitter Claim #	Provider Medicaid Id	Authenticare Claim Id	Authenticare Provider Id	Payee Provider Name	Rendering Provider Name	Rendering Provider Id	Worker Name	Worker Id	Client Name	Client Id
201312123220104	722000001	210000010B			MO PROVIDERB, INC	MO PROVIDERB, INC	210000010B			Test,CLIENT106	3100000114
201312123220104	123456789B	210000010B	1174	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker2, Test10B	44791	Test, Client105	3100000105
201312123220104	722000001	210000010B	1175	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker2, Test10B	44791	Test, Client106	3100000106
201312123220104	123456789B	210000010B	1178	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker1, Test10B	24031	Test, Client105	3100000105
201312123220104	738000001	210000010B	1179	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker2, Test10B	44791	Test, Client106	3100000106
201312123220104	123456789B	210000010B	1180	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker2, Test10B	44791	Test, Client105	3100000105
201312123220104	123456789B	210000010B	1186	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker2, Test10B	44791	Test, Client105	3100000105
201312123220104	757000001	210000010B	1187	210000010B	MO ProviderB, Inc	MO PROVIDERB, INC	210000010B	Worker1, Test10B	24031	Test, Client106	3100000106

13.6.17   Time and Attendance Report

The Time and Attendance Report is a useful tool for the providers who need to know the time billed by a selected worker for a specified time period. It can be used to identify workers who report an unusually high number of hours worked as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker with another.

The Time and Attendance Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.
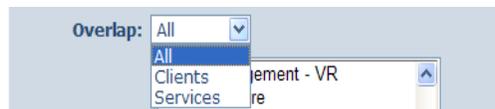
Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Additional filter criteria include Client, Provider, Worker and Service.

Select the Exception from the list of information and critical exceptions or choose All Exceptions.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Additional filter criteria include Worker Start Date Range, Provider, Worker and Service.

If desired, you may also select sort criteria which include Worker Name, Worker ID, Worker Status, and Start Date. This determines the order of the data.

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An example of the Time and Attendance Report:

The report has a column for external worker ID for the provider-specific worker ID if that client ID is utilized by the provider.

AuthentiCare® Time and Attendance Report

Report Date: June 21, 2016 09:17:59 PM
Date Range: 2016-06-19 to 2016-06-25
Provider Id: 5919
Worker Id:
Client ID:

Total Records Returned: 2
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception:All

Provider Id : 5919 — Provider Name: CMC Test Provider
Worker Id : 13365 — Worker Name : Worker1, test

Claim Number	Client ID	Client Name	Date of Service	Service	Worker Name	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Actual Amount	Auth Amount	Export Date	Exceptions	Payer Name	External ClientID
8872	86169	Test, Client3	06/21/2016	T1019	Worker1, test	13365	9:00AM	10:00AM	4	4	19.32	19.32		E1	BCBSNM	T100
8888	86169	Test, Client3	06/21/2016	T1019	Worker1, test	13365	1:00PM	1:30PM	2	2	9.66	9.66		E1	BCBSNM	T100
								Worker Total :	6	6	28.98	28.98				
								Provider Total :	6	6	28.98	28.98				

13.6.18   Unauthorized Location Report

The Unauthorized Location Report will provide ready access to a list of only Check-In/Out submissions that were made at a location other than the coordinates associated with the client's location. These claims will result in a claim with a "Worker Outside Geo fence" exception. This report serves as an administrative tool allowing New Mexico Centennial Care MCOs and Providers to:

- Identify workers performing services in locations not matching the client location table
- Identify locations (coordinates) that have changed and need updating in AuthentiCare
- Identify participants whose health and safety may be at risk due to compromised care
- Identify patterns of inappropriate or questionable care by specific workers.

If the worker Check-In/Outs are performed within the location coordinates associated with the client, there is validation that the worker was actually in the home or appropriate setting at the time the Check-Ins/Outs were made.

If the actual Check-ins/outs were made from a registered Client's or Provider's location coordinates other than the authorized location, the report will list the Client or Provider ID from the database that was the origin of the action.

The Unauthorized Location Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running

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the report. The **Exception** default for this report is the group of **Outside Geo-fence on Check-In, Outside Geo-fence on Check-Out, and Location mismatch.**

An example of the Unauthorized Location Report:

AuthentiCare® Unauthorized Location Report

Report Date: June 22, 2016 11:19:05 AM

Date Range: 6/1/2016 to 6/30/2016

Provider Id: 5919

Worker Id:

Client ID:

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception

Sort by:

Total Records: 2

Claim Type: All Claims

Case Manager Id:

Service: All

Exception:L1,L2,L3

Provider Id : 5919			Provider Name: CMC Test Provider									
Worker Id : 13365			Worker Name : Worker1, test									
Claim Number	Client ID	Client Name	Service	Exceptions	Date of Service	Check In	Check Out	Units	Check In Location Latitude	Check In Location Longitude	Check Out LocLatitude	Check Out LocLongitude
8587	86169	Test, Client3	T1019	C1, E1, L1, L2	6/6/2016	9:12 AM	9:52 AM	3	38.93390307	-95.29807297	38.93390814	-95.29807388
8785	86169	Test, Client3	T1019	C1, E1, L2	6/14/2016	9:32 AM	11:27 AM	8	38.93389738	-95.29805782	38.93389164	-95.29807231

13.6.19   Unauthorized Phone Number Report

The Unauthorized Phone Number Report will provide ready access to only a list of calls that were made from a phone other than the phone number associated with the client. These calls result in a claim with an unauthorized phone number exception. This report serves as an administrative tool allowing the Provider or New Mexico Centennial Care MCO Administrative User to:

- Identify workers making calls from outside the home
- Identify phone numbers that have changed and need updating in AuthentiCare

The Unauthorized Phone Number Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

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Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

The **Exception** default is a group of **UnAuthPhone Check-In No Match; UnAuthPhone Check-Out No Match; UnAuthPhone Check-In Other Match and UnAuthPhone CheckOutOtherMatch**. If you select All Claims," all claims with exceptions will be returned instead of just the ones with unauthorized phone number exceptions.

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

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An example of the Unauthorized Phone Number Report:

AuthentiCare® Unauthorized Phone Number Report

Report Date: July 07, 2016 11:21:37 PM

Date Range: 2016-07-07 to 2016-07-07

Provider Id: 5919

Worker Id:

Client ID:

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception

Sort by:

Total Records: 1

Claim Type: All Claims

Case Manager Id:

Service: All

Exception:G1,G2,G3,G4

Provider Id : 5919				Provider Name: CMC Test Provider									
Worker Id : 13385				Worker Name : Worker1, test									
Claim Number	Client ID	Client Name	SVC	Exceptions		Date of Service	Check In	Check Out	Units	Check In Phone	Matches Id / Name	Check Out Phone	Matches Id / Name
8976	43429	Test, client1	99509V	C1, E5, G1, G2		7/7/2016	11:12PM	11:18PM	0	7854187440	Not Found	7854187440	Not Found

13.6.20   Worker Activity Report

This report logs only check in and check out information of worker entered data. The report can be shared with a client's worker because it does not have billing information, amounts or rates involved.

Worker Activity Report
* Indicates a required field.

* **Report Name:** Worker Activity Report

Description:

* **Claim Type:**
* **Claim Dates:**
Client:
Provider: Provider 1 Test
Worker:

Service:
All Services
Respite
Consumer Directed Administrativ
Consumer Directed Advertizeme
Personal Care - Consumer Direc
Personal Care - Consumer Direc

Sort 1:
Sort 2:
Sort 3:
* **Group By:**
Summary Only: ☐

ReportType(s): ☑PDF ☐Excel ☐CSV ☐XML

Save As Template   Run Report   Cancel

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The Worker Activity Report as displayed in the screenshot above has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running this report.

An example of the Worker Activity Report:

13.6.21   Worker by Provider Report

The Worker by Provider Report is used for monitoring purposes or can be used by providers to determine workers that are currently employed to provide care. Other uses of the report include determining worker to client ratios or validating that all workers employed by the provider are registered in the system.

The Worker by Provider Report as displayed in the screenshot below has filter criteria of **Worker Status**. Select from "All", "Active", or "Inactive."

An example of the AuthentiCare Workers by Provider Report:

Report Date: September 28, 2015 08:45:28 PM

Filtered By: Worker Start Date Range, Provider ID, WorkerStatus, Service

Provider ID: 5919

Sort by: EffectiveDateStart,WorkerName,ChildXRef

Worker ID:

Total Records Returned: 12

Worker Status: All

Service: All

Provider Name : CMC Test Provider			Provider ID : 5919		Provider Service: T1019,99509,99509V,S5110,G9006,99509U1,G9012,X9999	
Worker Id	Worker SSN	Worker Name	Start Date	Termination Date	Sanctions	Worker Service
27453		Worker10, Test				T1019,99509,S5110,X9999
93728		Worker2, Test				T1019,99509,S5110,X9999
83320		Worker6, Test	03/01/2015			T1019,99509,X9999
20909		Worker, BillingService	04/01/2015			99509,99509V,S5110,G9012
69109		Worker8, Test	04/13/2015			T1019,99509,S5110
43325		Worker9, Test	05/11/2015			X9999
13365		Worker1, test	08/01/2014			T1019,99509,99509V,S5110
07098		Worker3, Test	08/01/2014			T1019,99509,S5110,X9999
44583		Worker4, Test	08/01/2014			T1019,99509
99909		Worker5, Test	10/01/2014			T1019,99509,S5110
49802		Worker7, Test	12/01/2014			T1019,99509,S5110,X9999
98772		Worker6, Test	12/05/2014			T1019,99509,S5110,X9999

All critical exceptions are displayed in report templates that have that filter.

Each critical exception is displayed in reports that have an Exceptions column.

AuthentiCare® Claim History

Claim: 11776

Client: Test, client1 (43429)   Provider CMC Test Provider (5919)   Worker Test, Worker2 (42262)

Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions	Payer
1/31/2018 12:08:09 PM	cmc@testprovider.com	Personal Care - Consumer Directed Visit (99509V)	TimeBased	01/01/2018 08:00 AM	01/01/2018 09:00 AM	4	4	4.00	4.00	C1,E1,C11,C6	UHC NM
2/1/2018 12:45:53 AM	acr_admin@acr.com	Personal Care - Consumer	TimeBased	01/01/2018 08:00 AM	01/01/2018 09:00 AM	4	4	4.00	4.00	C1,E1,C11,C6	UHC NM

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Chapter 14   Multi-Branch Process

The Multi-Branch process was created for providers to have the ability to:

- Allow providers to reassign authorizations to branch locations
- Allow branch locations to view schedules specific to their location
- Allow branch locations to receive late and missed visit alerts specific to their location.
- Allow the assignment office to view reports across all branch locations.

The AO_Administrator can only make a change to the Provider ID on authorizations. Once authorizations are reassigned any associated schedules with the original Provider ID (assignment office) are automatically updated to reflect the Provider ID of the branch location to which it was reassigned.

A branch location can setup an email address on their Provider Entity page to receive late and missed visits alerts.

Each branch location has its own unique Provider ID, billing profile and registered users.

First Data staff will manually create branch location Provider records and maintain the branch location billing profile information.

If a new Assignment Office user is needed, please open a ticket with the AuthentiCare Support Help Desk.

When an AO_Administrator logs in to AuthentiCare, the Home Page is limited to the view shown below:

14.1 To Assign an Authorization

Authorizations are assigned to the provider's Assignment Office by the MCO. The AO_Administrator can then:

Change the radio button to **Authorization** on the **Services** and **Authorizations** section of the *Home* Page;

Enter the client ID and/or authorization number in the search filter;

Click **Go**

On the *Authorizations Settings* page, enter the branch location Provider ID in the Provider ID field; and

Select **"Save"** to complete the authorization reassignment.

14.2 To Reassign an Authorization to a Different Branch

The Branch Location office is to notify the Assignment Office of the client's transfer from that Branch Location to another Branch Location within the agency. The AO_Administrator logs in to AuthentiCare, then:

Assure the radio button is on **Authorization** on the **Services** and **Authorizations** section of the *Home* Page;

Enter the client ID and/or authorization number in the search filter;

Click **Go**

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On the *Authorizations Settings* page, enter the branch location Provider ID in the Provider ID field; and

Select **"Save"** to complete the authorization reassignment.

If the worker moves with the client, the new branch location within the agency will add the worker to their branch location resulting in a new Worker ID for the worker.

The previous branch location is to suspend the worker on the Worker Entity screen unless the worker plans to work through both branches.

If the worker plans to work through both branch locations the worker is to maintain their existing Worker ID at the previous location, and be added to the new branch location resulting in a new (second) Worker ID for the worker.

Providers are responsible to add future workers to their appropriate branch locations.

Chapter 15   Ongoing User Support and Training

By design, this User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in AuthentiCare. As with most documents of this type, searching by topic is often the first step.

For user support regarding authorizations, the client's plan of care, or policies of New Mexico Centennial Care MCOs, contact:

Blue Cross and Blue Shield of New Mexico: www.bcbsnm.com or for Provider Customer Service 1-800-693-0663

Presbyterian Health Plan:

Paulette Adakai | Relationship Executive, Office: 505 923 5636 | Fax: 505 923 5440
padakai@phs.org

Adam Bailey | Relationship Executive, Office: 505 923 5407 | Fax: 505 923 5440
abailey5@phs.org

Stacey Hughes | Relationship Executive, Office: 505 923 5794 | Fax: 505 923 5440
shughes5@phs.org

Provider EVV Inquiry Email: phpevvinquiry@phs.org

Western Sky Community Care:

Leeann Kaminski: Leeann.T.Kaminski@westernskycommunitycare.com (505) 886-6261
Jennifer Aguilar: Jennifer.L.Aguilar@westernskycommunitycare.com (505) 886-6263

Western Sky Community Care Support: NMEVV@westernskycommunitycare.com

First Data User support is available:
If you are unable to solve your problem by using this instruction, you can contact First Data Client Support services by phone at 1-800-441-4667, option 6, or by email to AuthentiCare.Support@firstdata.com for assistance.

For training your staff, a training website and training IVR are available 24/7 and mirror the production and the IVR.

The URL for the Training Website is: https://uat.authenticare.com/nmcc/ .
The toll-free phone number for the Training IVR is: (888) 852-7846, App. Code 567.

Appendix A.1: Service Codes – New Mexico Centennial Care

Service Identifier	Service Name
T1019	**Personal Care –Consumer Delegated**
99509	**Personal Care – Consumer Directed**
S5110	**Personal Care – Consumer Directed Training**
G9006	**Consumer – Directed Administrative Fee**
G9012	**Consumer-Directed Advertisement Fee**
X9999	**Supervisory Home Visit**
G9006U1	**Stipend Service – 100%**
G9006U2	**Stipend Service - 50%**

Note: Providers will need to highlight both Stipend services for all workers eligible to receive a Stipend. For an existing worker, providers will select both services from the services list. When adding a new worker, providers will select both Stipend services along with the other services the worker will provide.

These claims are only available for providers to submit via the web. These services are not available on the IVR or Mobile. These services are, however, reflected in existing reports.

There are no authorizations for Stipend Services.

Appendix A.2: Activity Codes for the following services:

Personal Care – Consumer Delegated

Personal Care – Consumer Directed

IVR Phrase - Activity	Activity Code
Hygiene and Grooming	1
Individual Bowel and Bladder	2
Meal Preparation and Assistance	3
Eating	4
Household Services and Support Services	5
Supportive Mobility Assistance	6
Hauling and Heating Water	7

Appendix A.3: Claim Exception Codes and Claim Status

Critical Exceptions

Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected.

Code	Exception	Definition	What do I need to do?
A1	Authorize	There is no authorization in AuthentiCare for the service, date, client, and/or provider.	Wait for authorization to be provided from New Mexico Centennial Care MCO staff. AuthentiCare will automatically recalculate when a valid authorization is entered.
A2	Authorization Exhausted on Claim	Indicates the authorization was exhausted (authorized units used up) *while* this claim was being calculated.	There are not enough authorized units to cover the claim. If additional authorized units are provided by New Mexico Centennial Care MCO staff, the system will recalculate and remove this exception. If no more units are available, the provider may edit the claim (change the check in or check out time) to match the authorized units so the claim can be submitted for payment.

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Code	Exception	Definition	What do I need to do?
A3	Authorization Exhausted Before Claim	All authorized units were used *before* this claim was calculated.	Contact the Case Manager to see if additional units can be added to the authorization. If so, this update will be reflected in AuthentiCare once approved. AuthentiCare will automatically recalculate once the new authorization information is entered.
C1	Billing Confirmation	The claim has not been confirmed for billing.	Complete billing confirmation. See Section 12.6 and 12.7 for instructions.
C2	Duplicate Claim	The claim data already exists in the AuthentiCare system.	As a duplicate, it cannot be submitted for payment. Refer to Section 12.2, claims corrections, for the steps needed to have this claim deleted.
C3	Missing Activity Codes	The claim is for a service that requires the selection of an activity code but no code was entered	Add appropriate activity code(s).
C5	Calculate	All data needed to calculate the claim is not available. Usually means that the check-in time or check-out time is missing. If an Authorize exception occurs, it will trigger the Calculate exception as well.	Verify what information is missing. If the check-in or check-out time is missing, see Section 12.2 for claims correction instructions.

Code	Exception	Definition	What do I need to do?
C11	Payer Review Required	The provider has saved a web-entered claim for service T1019, 99509V, G9006U1 or G9006U2.	Watch for the Payer to either Accept or Deny the claim.
C12	Payer Review Denied	The Payer has denied a web-entered claim for service T1019, 99509V, G9006U1 or G9006U2.	A Payer denied claim will automatically inactivate in 60 days from the end date of the claim. Providers can inactivate a denied claim sooner, then recreate the information on a new claim that can be saved and submitted for Payer review.
C15	Invalid Client Enrollment	The claim was filed with an ineligible Payer.	Providers can confirm the claim after the client enrollment with the correct Payer is completed.
R1	Extra Claim Review Needed	The provider has selected the Claim Review Needed checkbox on the Provider Entity Settings page. The claim is ready for its first review.	Review the claim. Select Save following the review. The claim is now ready for final confirmation.
I1	Ineligible Provider	The provider is designated as inactive	If you verify that this information is correct, the claim cannot be submitted. If corrected information is provided by the MCOs, AuthentiCare will automatically recalculate.

Code	Exception	Definition	What do I need to do?
I2	Ineligible Worker	The worker is not eligible to deliver services based on his/her start- and end-dates or active/inactive/suspend status.	If you verify that this information is correct, the claim cannot be submitted. If the information is incorrect and the provider corrects it, AuthentiCare will automatically recalculate if the worker's eligibility status changes.
I4	Unenrolled Provider Service	The claim has been filed for a service that this provider does not provide.	This only occurs with claims entered via the web if the incorrect service is erroneously entered. To correct this claim exception, either correct the service entered for the claim or, when the provider's authorized service list is updated by New Mexico Centennial Care MCOs, AuthentiCare will automatically recalculate the claim.

Informational (Non-Critical) Exceptions

Informational Exceptions or non-Critical exceptions do not prevent a claim from being processed, i.e. there is no action required in order to confirm the claim. This informational exception does serve as a notice of some problem associated with the claim creation which may warrant further investigation.

Code	Exception	Definition	What do I need to do?

Code	Exception	Definition	What do I need to do?
C6	EVV Not Used	A claim was created on the Web through AuthentiCare for T1019, 99509V, G9006U1 or G9006U2	Place a Reason Code on the Claim along with a Note describing the Reason Code.
C13	Payer Review Accepted	A web-entered claim was approved by a Payer for service T1019, 99509V, G9006U1 or G9006U2.	The claim is now ready for your review and confirmation for export.
E1	Event Matching	The does not match an event scheduled in the system.	No action required. You cannot enter an event for a date in the past.
G1	Unauthorized phone number – No Match – Check in	The claim was filed by checking in from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client's phone was not used. Double check the client's phone number to make sure it is correct.
G2	Unauthorized phone number – No match – Check Out	The claim was filed by checking out from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client's phone was not used. Double check the client's phone number to make sure it is correct.

Code	Exception	Definition	What do I need to do?
G3	Unauthorized phone number – Other Match – Check in	The claim was filed by checking in from a phone number that exists in the system, but isn't the phone number on record for the client named in the claim.	No action required. You may want to check with the worker to understand why the client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
G4	Unauthorized phone number – Other Match – Check out	The claim was filed by checking out from a phone number that exists in the system, but isn't the phone number on record for the client for which the claim is being filed.	No action required. You may want to check with the worker to understand why the client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
I5	Unenrolled Worker Service	The claim is for a service the worker is not authorized to provide.	No action required. Verify that the service on the claim is correct. If it is, then verify the services entered for the worker on the Worker page and modify as needed. Refer to Section 6.3 for further information.

Code	Exception	Definition	What do I need to do?
L1	Location Mismatch – Check In	The check in location does not match the client's location.	No action required. Verify that the location where the check-in occurred is the client's location. If it is, then verify the client's location has changed. Refer to Section 11 for further information.
L2	Location Mismatch – Check Out	The check-out location does not match the client's location.	No action required. Verify that the location where the check-out occurred is the client's location. If it is, then verify the client's check-out location has changed. Refer to section 11 for further information.
Q1	No QR card available	This identifies a claim where QR code scan was required, but it was indicated that there was no card available.	No action required. Verify that a QR card has been delivered to the client so that the QR card can be scanned for subsequent claims.
Q2	QR card scanned by invalid or expired	This identifies a claim where QR code scan occurred, but the card is either invalid or expired.	No action required. Verify the need for a QR card and if needed, order a new QR card for the client.
Q3	QR card data does not match the client.	This identifies a claim where QR code scan occurred, but the data returned does not match the QR card data for the client on the claim.	No action needed. Verify the QR the client hands for worker for scanning belongs to the client.

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Code	Exception	Definition	What do I need to do?
E4	Early Exception	The claim was created before the early visit threshold. This new informational exception is used only when client thresholds are set by the provider.	No action required. Check the event to see if it needs modified to meet the client's needs.
E5	Late Exception	The claim was created past the late visit threshold. This new informational exception is used only when client thresholds are set by the provider.	No action required. Check the event to see if it needs modified to meet the client's needs.

Claim Status:

CLAIM STATUS	DEFINITION	WHAT DO I NEED TO DO?
Dirty	When a claim is completed, the system immediately places the claim in "dirty" status which queues the claim for an immediate run through the workflow. This happens instantaneously as the check-out is completed, so users might only occasionally see "Dirty" status on claims.	There is no follow-up from the provider needed until exceptions are assigned to claims. Then the appropriate claims follow-up to resolve the exceptions should be completed.
Recheck	Nightly all claims that potentially could be updated from Critical Exception to Informational Exception, or to no exceptions, are placed in recheck status. The "auto update" (spider agent) process runs claims back through the workflow, and then updates each of those claims to its appropriate status.	There is no follow-up from the provider needed until exceptions are assigned to claims. Then the appropriate claims follow-up to resolve the exceptions should be completed.

Appendix A.4: Description of Provider Roles

Each provider has a broad Administrator role but there are other relevant roles that can be assigned to staff members with specific functions related to AuthentiCare and their day-to-day responsibilities.

Name	Rights
AO_Administrator	Rights to administer multi-branch functionality. Limited to authorization reassignment and reporting view across all branch locations. First Data assigns a log in and initial password for each AO_Administrator.
NM_Administrator	Rights to do all functions for that provider except those functions restricted to First Data (add, edit, delete services; add/edit/delete authorizations and delete providers). Can view the Provider and Worker Dashboards. [**NOTE**: First Data assigns a log in and initial password for the first Administrator for the provider who can then add/manage other users (including other administrators)]
NM_AdminAssistant	Rights to do all function Administrator can do except the ability to add/edit registrations.
NM_Payroll/Billing	Activities associated with billing and using AuthentiCare information for employee payroll. Includes adding, editing, deleting claims as well as confirm billing. This role has primary responsibility for resolving claims with critical exceptions. Can view the Provider and Worker Dashboards.
NM_Human Resources	Activities associated with managing workers – adding, editing, and deleting workers and the Worker by Provider Report.
NM_Payroll/Billing/ HumanResources	Combination of Payroll/ Billing and Human Resources roles which may be more appropriate for smaller providers
NM_Scheduler/ Coordinator	Activities necessary to schedule visits for clients. Includes view and search of clients, workers, authorizations and services as these are needed to accomplish the tasks. This role will acknowledge missed visits and run Late and

Name	Rights
	Missed Visit and Provider Activity Reports. This role can also view the Worker Dashboard.
NM_Claims Mgt 1	Can add, edit and delete claims
NM_Claims Mgt 2	Can add, edit, delete and confirm claims for submission for payment.
NM_Intake & Referral	Ability to edit client information

Appendix A.5: Service Play Back Order on the IVR

Service Name	IVR Number to Press
Personal Care – Consumer Delegated	1
Personal Care – Consumer Directed	2
Personal Care – Consumer Directed Training	3
Supervisory Home Visit	4

Note: The IVR plays back the service(s) authorized for the client plus Supervisory Home Visit. All workers will hear Supervisory Home Visit as the last choice. If a client does not have current authorizations for any of the first three services, the worker will hear only Supervisory Home Visit.

Workers should listen to the *entire prompt* as the playback order may change depending on the current authorization(s) available for a client.

Appendix A.7: SDCB Service Codes

SDCB Supported Services				
Service Identifier	Service name on Website (shorter names preferable)	Service Acronym	Procedure code	PALCO Code
SDCB99509	SDCB – Self Directed Personal Care	SDHM	99509	99509

	SDCB Supported Services			
Service Identifier	**Service name on Website (shorter names preferable)**	**Service Acronym**	**Procedure code**	**PALCO Code**
SDCB99509E	SDCB –Self-Directed Personal Care Exception	SDHME	99509	99509-E
SDCBT1005HHA	SDCB – Respite Home Health Aide	SDRHHA	T1005	T1005HHA
SDCBT1005HHAE	SDCB – Respite Home Health Aide Exception	SDRHAE	T1005	T1005HHA-E
SDCBT1005LPN	SDCB – Respite LPN	SDRLP	T1005	T1005LPN
SDCBT1005LPNE	SDCB – Respite LPN Exception	SDRLPE	T1005	T1005LPN-E
SDCBT1005RN	SDCB – Respite RN	SDRRN	T1005	T1005RN
SDCBT1005RNE	SDCB – Respite RN Exception	SDRRNE	T1005	T1005RN-E
SDCBT1005SC	SDCB –Substitute Care	SDSUBC	T1005	T1005SC
SDCBT1005SD	SDCB – Respite Standard	SDRSTD	T1005	T1005SD
SDCBT1005SDE	SDCB – Respite Standard Exception	SDRSTE	T1005	T1005SD-E

Appendix A.8: SDCB Activity Codes

Activity Codes for SDCB Services			
Service	**Activity (Phrase stated on the IVR)**	**Code**	**Display Legend**
SDCB99509 SDCB99509E	"Hygiene and Grooming"	1	Hygiene/Grooming

	Activity Codes for SDCB Services		
Service	**Activity** (Phrase stated on the IVR)	**Code**	**Display Legend**
SDCB99509 SDCB99509E	"Individual Bowel and Bladder"	2	Individual Bowel and Bladder
SDCB99509 SDCB99509E	"Meal Preparation and Assistance"	3	Meal Preparation & Assistance
SDCB99509 SDCB99509E	"Eating"	4	Eating
SDCB99509 SDCB99509E	"Household and Support Services"	5	Household and Support Services
SDCB99509 SDCB99509E	"Supportive Mobility Assistance"	6	Supportive Mobility Assistance
SDCB99509 SDCB99509E	"Hauling and Heating Water"	7	Hauling/Heating Water