

AuthentiCare EVV New Mexico Centennial Care Home Health Training

AGENDA

Objectives

- AuthentiCare Overview
- Accessing AuthentiCare
- Navigation & Search
- Provider Entity Settings Page
- Client Entity Settings Page
- Search & Save Clients
- Home Health Services

- Authorizations
- Claim Management
- ➢ Reports
- ➤ Workers
- Scheduling
- Mobile Application
- Interactive Voice Response
- ≻Q&A



TRAINING OBJECTIVES

At the end of this presentation, you will know how to:

- Log into AuthentiCare and navigate the web portal
- Manage and Add Workers
- Search and View Claims
- Manually Create Claims
- Generate reports
- Search and Save Clients using DOB and Medicaid ID
- Understand the Home Health Service Codes
- How to check in and out on the Mobile Application
- How to use the IVR system





AUTHENTICARE OVERVIEW



ELECTRONIC VISIT VERIFICATION (EVV) OVERVIEW

AUTHENTICARE



The AuthentiCare Electronic Visit Verification (EVV) solution supports web-based, mobile device, and landline electronic timesheet verification, reporting and billing. The solution is used by Workers, Provider Agencies, State Agencies, and Managedcare Organizations, in compliance with the 21st Century Cures Act.



5 © 2023 Fiserv, Inc. or its affiliates. | FISERV PUBLIC







ACCESS FOR EACH ROLE

Provider Administrator

- Designate User(s) as an Administrator role or other role within their agency
- 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
- View reports of real-time information to assist in record keeping and management





ACCESSING AUTHENTICARE



AUTHENTICARE CREDENTIALS

Provider Administrators

In order to gain registration to AuthentiCare, you will need to provide the following:

- Contact Name
- Email Address
- Provider ID

Your AuthentiCare credentials will be created by AuthentiCare Support.

- 1. A ticket will be opened, and an INC number will be created.
- 2. AuthentiCare Support Tier 2 will create credentials and send to the contact's name and email provided.
- 3. TWO emails will be sent once credentials have been created. One with the username and the other with the temporary password to log into AuthentiCare.

Person Data Welcome to the AuthentiCare ® Solution Rease enter your AuthentiCare email address and password to access the system. Register for Access * Indicates a required field. * Email Address: Password: Corgot UserName Forgot UserName * 2013 First Data Government Solutions, LP, All Rights Reserved. All trademarks, service marks, and trade names referenced in this material are the property of their respective owners. AuthentiCare Digital Accessibility Statement First Data Privacy Policy Download Acrobat Reader	First Data.		AuthentiCare [®]
Welcome to the AuthentiCare [®] Solution Please enter your AuthentiCare email address and password to access the system. Register for Access * Indicates a required field. * Email Address: Password: Password: Forgot UserName Forgot IserName Forgot IserName Forgot IserName * 2013 First Data Government Solutions, LP. All Rights Reserved. All trademarks, service marks, and trade names referenced in this material are the property of their respective owners. AuthentiCare Digital Accessibility Statement First Data Privacy Policy Download Acrobat Reader			New Mexico Centennial Care
© 2013 First Data Government Solutions, LP. All Rights Reserved. All trademarks, service marks, and trade names referenced in this material are the property of their respective owners. AuthentiCare Digital Accessibility Statement First Data Privacy Policy Download Acrobat Reader		Welcome to the AuthentiCare [®] Solution Please enter your AuthentiCare email address and password to access th Register for Access * Indicates a required field. * Email Address: Password: Forgot UserName Forgot Password	ie system. Submit
	© 2013 First Data Government Solut AuthentiC	ions, LP. All Rights Reserved. All trademarks, service marks, and trade nan their respective owners. are Digital Accessibility Statement First Data Privacy Policy Dow	nes referenced in this material are the property of rnload Acrobat Reader



MULTI-FACTOR AUTHENTICATION (MFA)

You will receive an email from <u>noreply@pingidentity.com</u> with an access code

- The code is valid for 20 minutes. After that, a new code will need to be requested.
- You will only be required to complete multi-factor authentication during initial registration/login.
- Be sure to check Junk or SPAM folders before selecting *Resend Code*

	8		
Firs	t Data.	AuthentiCare [®]	
	Verify your ema	il address	
	* Indicates a required field.		
	Enter verification code sent to your email ac	ddress:	
	Please check your email for a verification code. Do not share the	he verification code with anyone.	
		Submit Resend Code	
[FD	C-External]: AuthentiCare Verification Code		
Retention Policy 1	4 Month Delete (1 year, 2 months) Expires	8/18/2021	
Please use th	e following access code to complete your AuthentiCare login request. The co	de is valid for 20 minutes.	
Thank you, Fiserv Authe Toll Free Ph	ntiCare Support one Number – 1-800-441-4667		
PLEASE DO	NOT REPLY TO THIS MESSAGE.		
This is a syst	em-generated Fiserv email. Replies will not be read or forwarded for handling	2.	



USER AGREEMENT

The next step in the initial log in process is to read and accept the User Agreement.

Use the scroll bar on the right to navigate to the bottom of the agreement and click either the **Accept** or **Deny** button

You're ready to use the system!

ACCEPTANCE: By accessing or using this site (the "Site"), the AuthentiCare Application (the "Application"), or both, you signify your assent to and agreement with these Terms and Conditions of Use (the "Terms and Conditions"). These Terms and Conditions may be revised at any time. Each time you use the Site or the Application, you reaffirm your acceptance and agreement to the then-current version of the Terms and Conditions. If you do not wish to be bound by the Terms and Conditions, you should immediately discontinue using the Site and the Application, though the applicable Terms and Conditions will continue to apply to any prior use(s).

YOUR OBLIGATIONS: You agree to: (a) immediately report a lost or stolen device used to access the Site or Application to your employer or if after normal business hours to First Data Government Solutions, LP's (First Data) help desk by calling 1-800-441-4667 (b) properly maintain all equipment necessary for your access to and use of the Site and the Application; (c) maintain the security of your user identification, password and other confidential information relating to your use of the Site and the Application and not disable your device's locking functions; (d) be responsible for any loss or claim arising as a result of any unauthorized use of the Site or Application using your user information or device; (e) take all reasonable steps to prevent any unauthorized use, including by not sharing your password and by changing your password periodically; and (f) update your personal information, including your mobile phone number, device ID (i.e., SIM card number or equivalent) and e-mail address with your employer on a regular basis.

You agree to promptly notify your employer and First Data by phone at the help desk and in writing at:

First Data Government Solutions, LP 3975 NW 120th Avenue Coral Springs, FL 33065

SUBJECT MATTER OF THESE TERMS AND CONDITIONS. NOTICE: First Data may deliver notice to you under these Terms and Conditions by means of electronic mail, a general notice on the Site or Application, or by written communication delivered by first class U.S. mail to your address on record. Notice given pursuant to any such method will be binding and effective on you for all purposes.

MISCELLANEOUS: Any failure to exercise or enforce any right or provision of these Terms and Conditions will not constitute a waiver of such right or provision. If any provision is found to be invalid or contrary to law, then it shall be ineffective only to the extent of such invalidity, so that the remaining provisions shall be valid and enforceable. You agree that regardless of any statute, law, regulation or other legal requirement or prohibition to the contrary, any claim or cause of action arising out of or related to your use of the Site or the Application must be commenced within one (1) year after such claim or cause of action first arose or you waive your right to pursue such claim or cause of action. These Terms and Conditions constitute the entire and only agreement between First Data and you with respect to the Site and the Application, and supersedes all prior or contemporaneous agreements, representations, warranties and understandings with you with respect to the Site and Application. You understand and agree that you are entering into these Terms and Conditions electronically, which will have the same force and effect as an agreement in writing.

ELIGIBILITY: By using the Site or the Application, you represent that you have reached the age of majority where you live and that you have the legal ability to agree to these Terms and Conditions and that you will only use the Site and the Application in accordance with these Terms and Conditions.

LINKS TO THIRD-PARTY WEB SITES: The Site and the Application may contain links to third-party web sites. The links are provided solely as a convenience to you and not as an endorsement by First Data of the content on or security of such third-party web sites. First Data does not control or guarantee the accuracy or integrity of the content located on any such third-party web sites. First Data is not responsible and assumes no liability for the information, content or software of such third-party web sites and does not make any representations regarding the content, quality, safety or accuracy of materials







NAVIGATION & SEARCH



HOME PAGE

First Data.	AuthentiCare® New Mexico Centennial Care
ne Create Reports Scheduling Dashboards Visits My Account	Custom Links Logout Logged in as: heyditestprovider12nmccuat@nm.con
ntities	Claims
Add New > <u>Client</u> <u>Worker</u> <u>Representative</u>	Add New > <u>Claim (Standard)</u> Add New > <u>Claim (Express)</u>
Entity Type > Search > ervices and Authorizations	Claim Search Type: O Confirm Billing - View Confirm Billing - Bulk *Claim ID: Go! Clear
Search Type: O Service Authorization Service:	Claim Status:
Search Type: O Service Authorization Service: Authorization Service Type: V	Claim Status: *Claim Start: MM/DD/YYYY *Claim End: MM/DD/YYYY Service: Authorization ID:
Search Type: Service Authorization Service: Authorization ID: Service Type: Authorization Start: MM/DD/YYYY Authorization End: MM/DD/YYYY Client:	Claim Status: Claim Start: MM/DD/YYYY Claim End: MM/DD/YYYY Service: Authorization ID: Client: Provider: Worker:
Search Type: Oservice Authorization Service: Authorization ID: Service Type: V Authorization Start: MM/DD/YYYY Authorization End: MM/DD/YYYY Client: Provider: Worker:	Claim Status: Claim Status: Claim Start: MM/DD/YYYY Claim End: MM/DD/YYYY Service: Authorization ID: Client: Provider: Worker: Representative: CaseManager:
Search Type: Oservice OAuthorization Service: OAuthorization Service Type: V Authorization Start: MM/DD/YYYY Authorization End: MM/DD/YYYY Client: OAuthorization Provider: OAuthorization Payer: OAuthorization Service Period: OAUthorization	Claim Status:

The AuthentiCare Home Page provides access to all functions

Main content sections:

Entities Services and Authorizations Claims





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

Menu Option	Function	
Create	Allows creation of new Claim, new Client, or new Worker	
Reports	Link to Reports page	
Scheduling	Schedule events	
Dashboards	Display Status of Claims	
Administration	File Upload	
Visits	View Late and Missed Visits	
My Account	Link to change password	
Custom Links	Link to resources	
Logout	Exit application	



14 © 2023 Fiserv, Inc. or its affiliates. | FISERV PUBLIC

SEARCHING ENTITIES

- Select the Entity Type
- Enter the Search criteria for the Entity
- Click Go!

• A Blank search will pull all entities.

	rker
Entity Type >	~
Search > Cli	ent orker



PROVIDER ENTITY SETTINGS PAGE



The Provider Entity Settings page provides information regarding your agency:

- 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.

Provider Administrators can only see information specific to their agency.



VIEWING PROVIDER ENTITY SETTINGS PAGE

Entities		
Add New >	<u>Client</u> Worker	
Entity Type >		~
Search >		
		Go!

From the home page, click on "Go" to initiate a general search.

The Entity Search Results page will appear.

1	Entity Search Results							
	ID	Name	<u>User Type</u>	Information	Delete Selected			
	<u>655555555</u>	Vilas Heydi Mike NMCC Care LLC	Provider	£				
	<u>< Prev 1</u> 2 N	lext >						

Click on the Provider ID and the Provider Entity Settin	gs
page will appear.	

Provider Entity	Settings	Entity Addresses/P	hones
* Indicates a requi	red field.	Add Addross	
ID:	65555555	Aud Address	
PIN:	***	Address Type:	Other V Delete
First Name:		* Address Description:	 B
Middle Name:		Address beschption	
Last Name:		* Address Line 1:	800 N TELSHOR BLVD
* Company Name:	Vilas Heydi Mike NMCC Care LLC	Address Line 2:	STE ABO 910
SSN:		Address Enter2.	
FID:	****5555	* City:	
Gender:		* State:	NM * Zip: 87101
Birth Date:			
Email:			
Begin Date:		Address Type:	Other V Delete
End Date:		* Address Description	
Language:		Address Description.	r
Status:	Active	* Address Line 1:	700 N TELSHOR BLVD
* Entity	Business ¥	Address Line 2:	STE B
Qualifier:		* City:	LAS CRUCES
Extra Claim Review:		* State:	NM * Zip: 880068251
Mileage:			
NPI:	1999955555		
	Skilled Nursing RN Skilled Nursing LPN Physical Therapy Visit Physical Therapy Assistant Occupational Therapy Visit	Address Type: * Address Description:	Other V Delete
	Occupational Therapy Assistant Home Health Aide Speech Language Therapy Visit Social Worker Visit Respite	* Address Line 1: Address Line 2: * City:	900 N TELSHOR BLVD STE T 801 TAOS
* Provider Services:	Respite LPN Respite RN	* State:	NM * Zip: 875711825



ADDING NEGOTIATED RATES FOR EACH SERVICE BY MCO

Entities		
Add New >	<u>Client</u> Worker	
Entity Type >		~
Search >		
		Go!

Select the MCO you have a Negotiated Service Rate with.

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

Provider Entity S	ettings	Entity Addresses/P	hones					
* Indicates a require	d field.	Add Address						
ID: 0 PIN: *	****	Address Type:	Other V Delete					
First Name:		***						
Middle Name:		* Address Description:	В					
Last Name:		* Address Line 1:	800 N TELSHOR BLVD					
* Company Name: V	ilas Heydi Mike NMCC Care LLC	Address Line 2:	STE ABO 910					
SSN:		t olta						
FID: *	****5555	* City:						
Gender:		* State:	NM * Zip: 87101					
Birth Date:								
Email:								
Begin Date:		Address Type:	Other V Delete					
End Date:		* Address Descriptions						
Language:		Address Description:	٢					
Status: A	ctive	* Address Line 1:	700 N TELSHOR BLVD					
* Entity Oualifier:	Business 👻	Address Line 2:	STE B	Optional Attri	ibute Data Co	llection		
Extra Claim		* City:	LAS CRUCES					
Review:	4	* State:	NM * Zip: 880068251	000M1808	Service	Optional	Enabled:	🔾 Yes 💿 N
Mileage:				000M1814	Service	Optional	Enabled:	⊙Yes ○N
NPI: 1	999955555			10101500			e	
S	killed Nursing RN killed Nursing LDN			42101522	Service	Optional	Enabled:	Ves ON
P	hysical Therapy Visit	Address Type:	Other V Delete	68069	Service	Optional	Enabled:	🔍 Yes 🔘 N
P	hysical Therapy Assistant occupational Therapy Visit	* Address Description:	W	87726	Service	Optional	Enabled:	🔾 Yes 💿 N
о н	occupational Therapy Assistant ome Health Aide	* Address Line 1:	900 N TELSHOR BLVD	EarlyVisitThresh	old Client	Optional	Enabled:	🔾 Yes 💿 N
S	peech Language Therapy Visit ocial Worker Visit	Address Line 2:	STE T 801	ExternalClientID	Client	Optional	Enabled:	🔾 Yes 💿 N
R	espite	* City:	TAOS	LateVisitThresho	ld Client	Ontional	Enabled	
* Provider R Services: R	espite LPN espite RN	* State:	NM * Zip: 875711825	Lacevisienniesho	in cheft	optional	chubicut	
00111000111				MissedVisitThres	hold Client	Optional	Enabled:	🗌 🔾 Yes 🔘 N

Recognized by *Fortune®* Magazine World's Most Admired Companies[™] 2023

Client Optional Enabled:

🗌 🔿 Yes 🙁 No

NoTechZone

ADDING NEGOTIATED RATES FOR EACH SERVICE BY MCO



Once the MCO(s) have been selected in the Optional Attribute Data Collection on the Provider Entity Page, you will need to head back to the Home Page and select the radio button "Service" and click on Go!

The Services will appear. Select each Service via the Service ID and add the Negotiated rate in the text box.

5	service	S				
	ID	Name	Description	Procedure Code	Authorization Required	Service Typ
	G0153	Speech Language Therapy Visit	Speech Language Therapy Visit	G0153	True	Time Based
	<u>G0157</u>	Physical Therapy Assistant	Physical Therapy Assistant	G0157	True	Time Based
	<u>G0151</u>	Physical Therapy Visit	Physical Therapy Visit	G0151	True	Time Based



World's Most Admired Companies[™] 2023



CLIENT ENTITY SETTINGS PAGE



CLIENT ENTITY SETTINGS PAGE

This page provides Client information required for claims processing, scheduling, and using the IVR or mobile device.

Provider Administrator user can:

- View important demographic information
- Add or edit Client Address and telephone information
- Add an External Client ID unique to the provider agency

Client information cannot be edited in the Web Portal



VIEWING CLIENTS

Entities		
Add New >	<u>Client</u> <u>Worker</u>	
Entity Type >		~
Search >	Client]
	Worker Representative	5

From the home page, click on the drop-down menu and select "Client"

The Entity Search Results page will appear.

Entity Search Results

ID	Name	<u>User Type</u>	Information	Delete Selected
<u>3545527231</u>	BhopalBCBS, Pune A	Client	<u>£</u>	
<u>3445527231</u>	BhopalPHS, Pune B	Client	<u>£</u>	
<u>3444547231</u>	BhopalWSCC, Pune	Client	<u>£</u>	
<u>3455527231</u>	MumbaiBCBS, Bell	Client	£	
<u>3444577231</u>	MumbaiWSCC, Bell Z	Client	<u>£</u>	
344444231	MumbaiWSCCALL9, Bell	Client	<u>£</u>	
<u>3444527231</u>	MumbiaPHS, Bell C	Client	â	

Client Entity Settings			
* Indicates a required field.			
* ID:	3545527231		
PIN:	ale ale ale ale ale		
* First Name:	Pune		
Middle Name:	А		
* Last Name:	BhopalBCBS		
Company Name:			
SSN:			
FID:			
Gender:	Male		
* Birth Date:	01/23/1960		
Email Address:			
Begin Date:			
End Date:			
Language:	English		
Status:	Active		
High Risk:	Yes		
Approve EVV			
Exception:			
Setting End Date:	12/31/2028		
Setting Of Care:	01/01/2022		
Bovor Assignment:	01/01/2023		
Payer Assignment.	DEBSINI		
Case Manager:			
Effective Date:			
		<u></u>	
Representative:			
Effective Date:			
External ClientID:	L		
Save/Create Another	Save	Cancel	Delete

Entity Addresses/Phones

Add Address

Address and phone number updates made in AuthentiCare are not communicated to external systems. To change the address or phone number on record, contact the MCO or Conduent member services.Address and phone number updates made in AuthentiCare are not communicated to external systems. To change the address or phone number on record, contact the MCO or Conduent member services.

Address Type: Home Delete
* Address Line 1: 10 Queensland Rd
Address Line 2:
* City: Clovis
* State: NM * Zip: 88101
Longitude: -96.20644875
Latitude: 41.17731850
Disable Learn Mode:
ViewMap
Add Dhono
Aud Phone
Phone Type Phone Number
Home V (999) 555-0001 Delete
ID Card Number
ib card number.
Status:

The Client Entity Settings page will appear.

Address, Phone and External Client ID are the only editable sections within the page.







Home Health and PCS Clients will be loaded into AuthentiCare by the MCOs.



SEARCH CLIENT INFORMATION

From the Home Page, start by searching "Entity Type" in the *Entities* section. Click on "Client"

Add New >	Client	
	Worker	
	Representative	
Entity Type >		
Courseh		

The *Client Entity Settings* page will appear. The only fields available will be **ID** and **Birth Date**.

Client Entity Settings		
* Indicates a required field		_
* ID:		
PIN		-
* First Name:		
Middle Name:		
* Last Name:		
Company Name:		
SSN:		
FID:		
Gender:		
* Birth Date:	MM/DD/YYYY	
Email Address:		
Begin Date:		
End Date:		
Language:		
Status:	Active	
Uich Dick		
Approve EV/V		
Exception:		
Setting End Date:		
Setting Of Care:		
Setting Start Date:		
Payer Assignment:		
Case Manager:		
Effective Date:		
Representative:		
Effective Date:		
Count	Cours (Consta Amathan	Connel
Search	Save/Create Another	Cancer

Enter either the Client's Medicaid ID or Birth Date.

Click on "Search" once all information has been added

If you are saving multiple clients, click "Save/Create Another"



SAVE CLIENT INFORMATION

		Entity Addresses/Phones
[*] Indicates a required field.		Address and phone number updates made in AuthentiCare are not
* ID:	300000062	communicated to external systems. To change the address or phone
PIN:		number of record, contact the MCO of conductit member services.
* First Name:	TEST	Add Address
Middle Name:	т	Address Type: Home 💙 Delete
* Last Name:	CLIENT62	
Company Name:		* Address Line 1: 123 MAIN ST
SSN:		Address Line 2:
FID:		* City: ALBUQUERQUE
Gender:	Male	
* Birth Date:	01/01/1950	* State: MM * Zip: 8/108
Email Address:		Longitude:
Begin Date:		Latitude:
End Date:		Disable Learn Mode: 🗹
Language:		ViewMap
Status:	Active	
High Risk:		Add Phone
Approve EVV		Add Phone
Exception:		Phone Type Phone Number
Setting End Date:		Home V (513) 444-4444 Delete
Setting Of Care:		
Setting Start Date:		
Payer Assignment:		
Case Manager:		
Effective Date:		
Representative:		

If the Medicaid ID and Date of Birth match, the Client Entity Settings page will autopopulate the Client's information and a message at the top of the screen will appear.

After verifying the information, click on "Save" to finish.





HOME HEALTH SERVICES



HOME HEALTH SERVICE CODES

Revenue Code	Procedure Code	Service Name	Service ID	Activity Code* (IVR & Web Portal)	Same Day Unit Restriction
0421	G0151	Physical Therapy Visit	G0151	N/A	6 units
0421	G0157	Physical Therapy Assistant	G0157	N/A	6 units
0441	G0153	Speech Language Therapy Visit	G0153	N/A	6 units
0431	G0152	Occupational Therapy Visit	G0152	N/A	6 units
0431	G0158	Occupational Therapy Assistant	G0158	N/A	6 units
0571	G0156	Home Health Aide	G0156	N/A	8 units
0551	G0300	Skilled Nursing LPN	G0300	21- LPN observation/assessment of patient 22- Skilled Nursing LPN – Training	8 units
0551	G0299	Skilled Nursing RN	G0299	23- RN (only) management of POC 24- RN observation/assessment of patient 25- Skilled Nursing RN – Training	8 units
0561	G0155	Social Worker Visit	G0155	N/A	6 units



*OPTIONAL

PERSONAL CARE SERVICE CODES

These three (3) **new** Personal Care Service Codes are applicable to Providers providing PCS Services.

Procedure Code	Service ID	Service Name
99509	99509U1	Respite
T1003	T1003U1	Respite LPN
T1002	T1002U1	Respite RN





AUTHORIZATIONS



AUTHORIZATIONS OVERVIEW

- Only Provider Administrators with roles allowing search and view of Authorizations will be able to utilize this function in AuthentiCare.
- All authorizations are loaded into AuthentiCare by Centennial Care MCOs. Providers CANNOT add new authorizations or edit an existing authorizations.
- Authorizations DO NOT apply to SDCB Agency Providers



SEARCHING & VIEWING AUTHORIZATIONS



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!

thorizatio	ons								
Event Actions	ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates	Informatio
Units Remaining: 36000	<u>F55555555501</u>	SDCB - Self Directed Personal Care (SDCB99509)	Client1, TCoETest A (311111101)		Worker1, TCoETest (185214)	BCBSNM (42101522)	Annual	06/01/2020 - 12/30/2099	
Units Remaining: 36000	F55555555502	SDCB - Self-Directed Personal Care Exception (SDCB99509E)	Client1, TCoETest A (3111111101)		Worker1, TCoETest (185214)	BCBSNM (42101522)	Annual	06/01/2020 - 12/30/2099	8
Units Remaining: 36000	<u>F55555555503</u>	SDCB - Respite LPN (SDCBT1005LPN)	Client2, TCoETest B (311111102)		Worker2, TCoETest (161216)	Pres HP (000M1814)	Annual	06/01/2020 - 12/30/2099	8

Authorization Settings

* Indicates a required field.

 Service Information

 Service ID:
 S5125
 Service Type:
 Time Based

 Name:
 EPSDT Personal Care
 Procedure Code:
 S5125

 Description:
 EPSDT Personal Care
 Procedure Code:
 S5125



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

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

The Authorization Settings page displays.



ATTENDING PROVIDER

Authorizatio	n Settings					
* Indicates a re	quired field.					
Service Inform	ation					
Service ID: G	0151		Service Type:	Time Based		
Name: P	hysical Therap	oy Visit	Procedure Code:	G0151		
Description: P	hysical Therap	by Visit				
	ID:	BG0151	HHBCBS2			
	Client:	VANCEB	FITTDMS, HANNAHT	DMS H 🛃		
	Provider:	V1 Home	e Care LLC 🔯			
	Worker:					
Effective	e Date Start:	02/01/2	.023			
Effectiv	ve Date End:	12/31/2	028			
Sei	rvice Period:	One Time V				
Authorizat	ion Number:	G0151HHBCBS2				
Diagnos	sis Qualifier:	ABK				
Dia	nosis Code:	R69				
			1			
	Total Unite	1000				
	Total Ollits.	1000				
	* Rate:	/5.0000)			
Payer	Assignment:	BCBSNM				
Attendi	ng Provider	Jo Ann				
Attondi	na Providor					
Attendi	Last Name:	Jones				
Attendi	ng Provider	1477500	5780			

Attending Provider information is mandatory for all Home Health Claims only. The information will be captured in the Attending Provider field in AuthentiCare on Authorizations.

Attending Provider First Name

Attending Provider Last Name Attending Provider National Provider Identifier (NPI) Number

The Authorization Settings for Attending Provider is not editable. For any updates, contact the MCO the Agency is contracted with.



_

CLAIM MANAGEMENT



EVV CLAIM CREATION



EVV claim Transaction

A complete, verified claim consisting of all required data elements needed to verify service delivery

Worker must use one of two approved EVV methods to check-in/out:

EVV mobile method

Client's landline or cell phone on file

Agency can manually manage EVV claims on the web

- If worker was not able to check-in OR check-out.
 - The Agency would have to manually enter the check-in or check-out via the web.
- Agency can manually create EVV claims on the web
- Worker couldn't create the claim
SEARCHING CLAIMS

Add New > Cla	aim (Standard)
Add New > Cla	<u>aim (Express)</u>
	Claim
Search Type: 🔾	Confirm Billing - View
00	Confirm Billing - Bulk
Claim ID:	
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

- Manually create a new Claim by selecting "Add New > Claim"
- 2. Search for Claims by either Claim ID or the Claim Start and End Date.
- 3. Confirm Billing
 - View: see which claims are ready to be confirmed for billing
 - Bulk: confirm all claims at once
- 4. Multiple filters are available for your search

Length of claim Start/End Date cannot exceed 31 days

Inactive claims will be included in Search Results if checkbox is checked



SEARCHING CLAIMS

Claims Results Settings Page

lome Cre	Irst Data。 eate Reports Scheduling Dashboards Visits Administration My Ac	count Custom	Auth New Links Logout	entiCare® Mexico Centenni Logged in as: heydichmnn	ial Care
Claims (total o	f 58 records)				
ID	Status	Client ID	Client Name	Date Range	Information
<u>95469</u>	InfoExceptions	3455527231	MumbaiBCBS, Bell	04/07/2023 - 04/07/2023	£
<u>95439</u>	InfoExceptions	3455527231	MumbaiBCBS, Bell	04/05/2023 - 04/05/2023	£
<u>95446</u>	Authorize, ConfirmBillingForClaim, EventMatching	3455527231	MumbaiBCBS, Bell	04/07/2023 - 04/07/2023	£
<u>95520</u>	InfoExceptions	3444527231	MumbiaPHS, Bell C	04/01/2023 - 04/01/2023	<u>1</u>
<u>95523</u>	InfoExceptions	344444231	MumbaiWSCCALL9, Bell	04/01/2023 - 04/01/2023	<u>1</u>
<u>95525</u>	ConfirmBillingForClaim, EventMatching, PayerReviewRequired	3455527231	MumbaiBCBS, Bell	04/10/2023 - 04/10/2023	£
<u>95468</u>	PendingCheckIn	3455527231	MumbaiBCBS, Bell	04/07/2023	£
<u>95512</u>	ClaimReviewNeeded, ConfirmBillingForClaim, EventMatching, MaxUnitsPerDay	3445527231	BhopalPHS, Pune B	04/10/2023 - 04/10/2023	£

Claim Result

Claims are displayed in ascending alphabetical order by client name Maximum results = 300 claims Claim headers allow sorting

Claim Identifiers

ID: unique ID identifying claim Client ID: client ID Client Name: client Name Status: List various exceptions Claim Date Rage: Date of service Information icon displays additional claim details



VIEWING CLAIMS

Billed Claim View

Claim Details * Client BhopalBCBS, Pune A * Worker 1. test38	* Provider Vilas Heydi Mike NMCC Care LLC Payer Assignment	Claim ID: 95472 Filed On: Web Printer Friendly Show All Claims
* Service Physical Therapy Visit Date Time 04/06/2023 11:30 AM	Amount Date Time 00:15 04/06/2023 11:45 AM	Total Claims: 1 Total Calculated Amount: \$75.00 Total Authorized Amount: \$75.00 Total Units: 1
Mileage: 1	Travel Time: 10 Total Lines: 1 Total Claims: 1 Total Amount: \$75.00 Total Authorized: \$75.	Total Hours: 00:15 Scheduled Units: 0 Scheduled Hours: 00:00
1 Billed (04/11/2023)	Add Lines Above Add Lines Below Move Up Move Dow	•

Claim Data

- Client
- Provider
- Worker
- Payer Assignment
- Service
- Date/Time
- Service Locations
- Status with exceptions

Note Data

 Required for Claim Maintenance

Audit Data

System Generated Time Stamp

Billing Info

- Claim ID
- Filed On
- Total claims
- Total Calculated Amount
- Total Authorized Amount
- Total Units
- Total Hours
- Inactive claim



CREATING WEB CLAIMS

lome Create Reports Scheduling Dashboards Visits Administration My Ac	count Custom Links Logout Logged in as: heydites
New Claim	
	Claims
Add New > <u>Client</u>	Add New > <u>Claim (Standard)</u>

From the Home Page, click on "Create" on the menu bar and from the drop-down menu, click on "New Claim" OR in the Claims section click on "Add New > Claim (Standard).

2

2

Travel Time:

* Provider

Payer Assignment

Current Payer For Client

Vilas Heydi Mike NMCC Care LLC 🛃

 \sim

Click here 1



Standard Claim

* Client

Worker

[•] Service

Mileage:

Note:

Insert all

required information and a Note

for claim

creation.

CLEARING EXCEPTIONS

Claim Details		Claim ID:
* Client BhonalDHS, Pune B, Cart	* Provider Vilas Hevdi Mike NMCC Care LLC 🗟	Filed On:
* Worker Cool, Vilas 🗟	Payer Assignment	Printer Friendly Show All Claims
* Service Physical Therapy Assistant Date Time Amount 04/07/2023 11:00 AM 00:31	Date Time 04/07/2023 11:31 AM	Total Claims: Total Calculated Amount: \$ Total Authorized Amount: \$ Total Units:
Mileage: Travel Time:	Click here 1 more service(s) Total Claims: 1 Total Amount: \$100.00 Total Authorized: \$100.00	Total Hours: Scheduled Units: Scheduled Hours: Review Complete Inactive Claim
Critical Exceptions Delete	Add Lines Above Add Lines Below Move Up Move Down	Save Delete All
BhopalPHS, Pune B - Billing has not been confirmed for this claim. This claim does not have a matching event		Cancel
 This claim does not have a matching event. This claim exceeds the maximum number of units per day that are allowed cumulatively. Payer Review Accepted 		
Note Data	2	
No note data was found.		

95488 Web

\$100.00

\$100.00

00:31

00:00

0

In most situations, claims are created by Workers calling through the IVR or checking in and out on the mobile application 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 can edit the claim by completing or correcting it.

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

OR

Click Cancel to cancel your changes and return to the Claims page.



PAYER REVIEW

• All claims created via the Web Portal will require payer review

Claim Details				Claim ID:	95526
* Client	:	* Provider Vilas Heydi Mike NMC(Care LLC	Filed On:	Web
* Worker		Paver Assignment		Printer Friendly	
Awesome, Heydi 🔄	ĺ	WSCC	~	Show All Claims	
* Service				Total Claims:	1
Skilled Nursing LPN				Total Calculated	Amount:
Date Time 04/11/2023 02:00 AM	Amount 07:00	Date 04/11/2023	Time 09:00 AM	Total Authorized	\$1,960.00 Amount: \$1,960.00
				Total Units:	28
				Total Hours:	07:00
				Scheduled Units:	0
Mileage:	Travel Time:			Scheduled Hours	. 00:00
Critical Exceptions	Total Lines: 1 Total C	Claims: 1 Total Amount: d Lines Above Add Lir	\$1,960.00 Total Authorized: nes Below Move Up M	\$1,960.00 Ina ove Down C	ctivate ete All
MumbaiWSCCALL9, Bell					
- Billing has not been confirmed	l for this				
Note: - This claim does not have a ma - This claim exceeds the maxim of units per day that are allowe cumulatively - Payer Review Required	atching event. um number d				



MAXIMUM UNITS PER DAY

The maximum number of Units that are allowed to be billed for a Client per day for a given Service will be restricted in AuthentiCare. If multiple Claims for a Client for the same Service on the same day exist, this restriction would consider the maximum number of Units that are allowed cumulatively.

			Claim Ackno October	owledgment 17, 2023	t		
Client CHARLESCTSQA, CARTER	F (2005694021)			Provider AMBERCAF	RE HOME HEALTH (8504	19028)	
Vorker wesome, Heydi (815958))				Payer Assignment BCBSNM		
laim ID	Service						
5975	Physical Therap	y Visit (G0151)					
Authorization	Start	End	Rates		Units	Amount	
BUG23250DPW-001	Oct 16, 2023 11:00:00 AM	Oct 16, 2023 12:00:00 PM	Normal	75.0000	ActualNormal AuthorizedNormal	4 ActualNormal 4 AuthorizedNormal	\$300.00 \$300.00
xceptions							
 Critical Billing has no Payer Review This claim ex 	ot been confirmed for Required ceeds the maximur	or this claim.	per day that a	re allowed c	umulatively.		
To formational			,				







_

REPORTS OVERVIEW

- AuthentiCare offers several standard reports that can be created as is or customized as templates
- Reports can be run instantly or scheduled for the frequency that suits business needs, 24/7
- Information is current as of the time the report is requested by the user.
- A wide variety of filtering and sorting options are provided.
- The user may choose to display the report in PDF, Excel, CSV or XML format.

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



Creating Reports

1. Select Report

Create Reports	Claim Details Report	
	* Indicates a required field.	
Authorizations		
AuthentiCare Service Authorizations	# Report Names Claim Details	Poport
Authorization History	Claim Details	teport
AuthentiCare Service Authorization History		
Billing Invoice	Description:	
Billing Invoice Report		
Calendar		
Scheduled AuthentiCare Calendar Events	* Claim Type:	
Claim Data Listing	Claim Type.	
Claim Data Listing Report	* Claim Dates:	~
Claim Details		
AuthentiCare Claim Details	Payer:	
Claim History		
AuthentiCare Claim History	Client:	
Client Transition		
AuthentiCare Client Transition Report	Drouidor	
Eligible Client Data Listing	Provider.	
Eligible Client Data Listing Report		
Exception	Worker:	
Exception Report		
Late and Missed Visits	Case Manager:	
Late and Missed Visits for Scheduled AuthentiCare Events		
Overlapped Claim By Client	Somico:	
Overlapped Claim By Client Report	Service.	
Overlapped Claim By Worker	* Group By:	~
Overlapped Claim By Worker Report	Group by.	
Provider Activity		
Provider Activity Report	Sort 1:	
Remittance Advice	Cost 2	
Remittance Advice Report	Sort 2:	
Remittance Data Listing	Sort 3:	
Remittance Data Listing Report		~ 1
Time and Attendance		Uniy
Time and Attendance Report		
Unauthorized Location	ReportType(s): PDF Fro	
Unauthorized Location Report		
Unauthorized Phone Number		
Unauthorized Phone Number Report	Save As Template Run Rej	oort

Save as template for future use or Run Report for one time	2. Enter Report Criteria (different for each Type of Report)
	Save as template for future use or Run Report for one time

Cancel

creation **Claim Details Report** Indicates a required field. Report Name: Claim Details Report Description: * Claim Type: ~ Claim Dates: ~ Payer: Client: **Provider:** Worker: Case Manager: Service: * Group By: ~ Sort 1: × Sort 2: ~ Sort 3: × Summary Only ReportType(s): ZPDF Excel CSV XML

3. Save Reports as Templates/ View Results

Report Templates [Del	ete Selected Templates]	View	Reports	[Refresh] [Dele	ete Selected Reports]
Claim Details Report			Name	Submit Time	Status
Croata Daparts			Claim Details Report	5/12/2022 10:03 AM	Queued

4. Schedule Report

Daily, weekly and monthly schedules are supported

Schedule: Claim Da	ta Listing Report
Schedule Type:	
Start Date:	8/4/2022 V Time: 01 V 00 V AM V MT
End Date:	8/4/2023
Monthly:	O Day of the Month 1 V O The First V Monday V
Recurring Weekday:	Sunday Monday Tuesday Wednesday
Disabled:	
Email:	Send Email when report completes
	Email Addresses (semicolon delimited list):
	Update Cancel







PROVIDER DASHBOARD

- Real time dashboard displays status of claims
- Categorizes claims for ease of clearing exceptions
- Tip: If on this screen for an extended period, refresh browser to pull the latest data

To view the Provider Dashboard, place your cursor on **Dashboards** in the Main Menu and click **Provider Dashboard**



WORKER DASHBOARD

 Real time dashboard displays scheduled visits

 To view the Worker Dashboard, place your cursor on Dashboards in the Main Menu and click Worker Dashboard





EXCEPTIONS DASHBOARD

- Provides information about critical exceptions that need to be cleared in order to bill
- Clicking "List" takes you directly to the claim(s) that contain that specific critical exception

Provider Dashboard	
Trovider Dashboard	
Worker Dashboard	CI-
Exceptions Dashboard	Cia

Vilas He	ydi Mike NMCC Care LLC		November 15, 2023 8:43 AM
FIONICE			UTJ AM
* Claim D	ates: Current Month		Refresh
•	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
	Payer Review Required	0	List
	Payer Denied	0	List
	Other	0	List







_

_

VIEWING CALENDAR

Event Scheduling			Create New Event Generate Report				
Search Schedules	Client:		Provider: Vilas Hevdi Mike NMCC Care LLC 🕞				
	Search Clear						

Enter the Client, Worker, and Service and select Search.

Any scheduled event will show in the calendar view.

Date	Client:	Provider:
04/14/2023	BhopalBCBS, Pune A 🔄	Vilas Heydi Mike NMCC Care LLC 🔄
Worker:	Service:	
Awesome, Heydi 🔄	Physical Therapy Visit 🗟	

Calendar View: Monthly | Weekly | Daily

Use TAB key to move across Days, continue with TAB key to navigate to events

-∢		
	Friday, April 14	
8 00		-
9 00	Physical Therapy Visit Worker: Awesome, Heydi Client: BhopalBCBS, Pune A	
10 00		
11 00		
12 pm		
1 00		
2 00		•

SCHEDULE EVENT

Select Client to Schedule Event * Indicates a required field. * Client:	Scheduled Event * Indicates a required field. Event: MM/DD/YYYY Recurring Event	* End Time	* Duration		Enter the	following i	tems:
ContinueCancelEnter the Client ID or Last Name and select the lookup tool.	Client: Client Phone Number: Provider: Primary Worker: Backup Worker: * Service:	MumbaiBCBS, Bell 🔄 999-555-0002 Vilas Heydi Mike NMCC Care LLC			Start Prima	Date & End Tin ary Worke Service	ne er
The Client will appear.	* Address: Source:	Home 14456 College Dr Apt # 23 Farmington, NM 87401 WEB	Event Acknowledgment				
Select Client to Schedule Event * Indicates a required field. * Client: BhopalBCBS, Pune A	Once all the informa been added, select	save cancel ation has "Save."	Authorization BG0151HHBCBS Start Apr 14, 2023 9:00 AM Recurrence None	Provider	End Apr 14, 2 Prima	2023 10:00 AM ary Worker	Backup Worke
Continue Cancel Select Continue	The Event Acknowle page will show. To fini "Accept."	dgement ish, select	BROPAIBCES, PURE A (3545527231)	<u>Vilas Heydi Mike NMCC Care</u> Service <u>Physical Therap</u>	<u>v Visit (G0151)</u>	<u>oome, Heydi (608557)</u> Discard	Accept Change

Recognized by *Fortune*® Magazine World's Most Admired Companies™ 2023



WORKERS



_

WORKER OVERVIEW

Workers provide services to clients and use one of two approved methods to check-in when service delivery begins, and check-out when service delivery ends.



Interactive Voice Response (IVR)



AuthentiCare Mobile

Workers do not have access to the AuthentiCare web portal.

Provider Administrators must add *Worker Information* to AuthentiCare



SEARCHING WORKERS

- Select the Entity Type: Worker from the drop-down
 menu
- Click Go!

Entities Add New > Client Entity Type > Vorker Search > Client Worker Representative

Entity Search Results

ID	<u>Name</u>	<u>User Type</u>	Information	Delete Selected
<u>09528</u>	123, Test	Worker	<u>3</u>	
<u>37742</u>	345, Test	Worker	<u>3</u>	
<u>95189</u>	Arrey, Nova	Worker	<u>3</u>	

The Entity Search Results will only show Worker profiles as a result.



ADDING WORKERS

Iome Create Reports	Scheduling	Dashboards	Visits	Administration	Му Ас
Entities					
Add New >	Client <u>Worker</u>				
Entity Type >					~
Search >					
					Go!

- 1. From the Home Page, click on Worker from the Add New menu options OR Click on "Create- New Worker" from the Menu Bar.
- Fill out the Worker Entity Settings 2. page with all required field information.
- Make sure to add: 3
 - Worker's Address
 - Worker's Phone number
 - Worker Services
- Mobile usage can be enabled here if 4. the Worker will be doing check-in and check-out.

Worker Entity Settings		Entity Addresses/Phones
* Indicates a required field.		
ID:		Add Address
PIN:		Add Phone
* First Name:		
Middle Name:		Halidana (Davis Off
* Last Name:		Holidays / Days Off
Company Name:		
SSN:		
FID:		
Gender:		
Birth Date:	MM/DD/YYYY	
Email Address:		
Begin Date:	MM/DD/YYYY	Add Holiday MM/DD/YYYY 📰 Add Rem
End Date:	MM/DD/YYYY	From Date To Date
Language:	~	MM/DD/YYYY 🧱 MM/DD/YYYY 🗰 Add
Status:	Active 💙	
* Mobile App Mode:	Standard ¥	Work Hours
External Worker ID:		Choose if the entity will use the default busin (Default), if the entity has the day off (Off).
Receive Stipends:	No 🗸	has a custom hours (Custom).
Related To Client:	No 🗸	Sta
	Skilled Nursing RN	Sun O O
	Skilled Nursing LPN	Default Off Custom
Worker Services:	Physical Therapy Visit Physical Therapy Assistant	Mon efault Off Custom
	<	
		Tue Default Off Custom
* Mobile Enabled:	○ Yes ● No	wed • O O
	Generate QR Code	Default Off Custom
* Mobile Locked:	○ Yes ● No	Thu Default Off Custom
Password:		
Worker Must Change Password:		Fri Default Off Custom
Mobile phone number:		Sat O O
Device ID:		Default Off Custom
Office Phone:		
Add Provider		
Provider: Vilas Heydi Mike NMCC (Care LLC 💽 Delete	BE CERTAIN TO S
	~	WORKER TH
		AUTHENTICARE
		CREDENTIA
Save/Crea	te Another Save Cancel	

It is important to add the Worker's phone number in the "Entity Addresses/Phones"

Choos (Defa has a	hoose if the entity will use the default business hours Default), if the entity has the day off (Off) or if the entity as a custom hours (Custom).						
				Start Time	End Time		
Sun	Default	⊖ Off	O Custom				
Mon	● Default	O off	O Custom				
Tue	● Default	Off	O Custom				
Wed	o Default	O Off	O Custom				
Thu	o Default	O Off	O Custom				
Fri	● Default	O off	O Custom				
Sat	o Default	O Off	O Custom				

Add Remove

IN TO SEND THE **KER THEIR TICARE LOGIN** DENTIALS!





MOBILE APPLICATION



ADDING WORKER INFORMATION FOR MOBILE



- Mobile settings default to the selections that allow the Worker to utilize the application. Do not change these.
- Enter a temporary password
- Check the Worker Must Change
 Password box
- Enter the Worker's mobile phone number
- Add the Device ID the Worker provided
- Click Save
- After saving, the Worker's profile updates immediately
- You may now send the Worker the mobile setup code, worker ID and password

SETTING UP MOBILE APPLICATION

AuthentiCare®
Setup Code
Submit
On clicking 'Submit' I agree to End User License Agreement

All users must submit the **SETUP CODE** prior to using the Application.

The Setup Code is specific to the jurisdiction the Worker will be providing services in.

SETUP CODE: NMCCPRD





DEVICE IDENTIFIER

Hauthentio	Care®	🗸 Back
Worker ID		See Device Identifi
Password		Reset and Change
		Rate Us
Sign In		End User License A
Forgot Password?	Settings	Privacy Policy
Once the Worker h the Setup Code, the the login pa	as entered ey will reach age.	
To find their Devi Worker will need "Settings	ce ID, the to click on 5 "	
First Da	ita.	



Recognized by Fortune® Magazine World's Most Admired Companies™ 2023

CHECKING IN



CHECKING IN CONTINUED

K Back Check-In	K Back Select Ser	vices Done	〈 Back Chec	⊧k-In	🕻 Back Visit D	Detail	
Bell MumbiaPHS	Physical Therapy Assistant	Authorized	Bell MumbiaPHS		Bell MumbiaPHS		
159 Main St Apt 2301	Physical Therapy Visit	Authorized	159 Main St Apt 2301		Service	Physical Therapy Assistant	
Santa Fe, NM 87507 999-555-0004	Speech Language Therapy Visit		Santa Fe, NM 87507 999-555-0004		⊘ Actual Check-In	11:49 am	
Service Select >	EPSDT Personal Care	\bigcirc	Service	Physical Therapy Assistant	~		
Delete			Delete		Succ	cess	A "Succes
	Home Health Aide				Location	40.070131, -86.106494	pop-up w appear.
	Occupational Therapy Assistant				Check-Out Time	11:50 am_	there are a issues, th
	Occupational Therapy Visit		The Worker must verify that all demographic information and Service selection are correct. Worker selects "Submit Check- In" to finish their check-in.		Done		system w showcase "unsuccess pop-up. If s please gu
The Worker selects the Service they will be	Personal Care - Consumer D	elegated					
providing the Client.	Personal Care - Consumer D	irected Training			In" to finish their check-in.		
	Personal Care - Consumer D	irected Visit					correct
Submit Check-In			Submit C	Check-In			
ات کې Visits Settings	rest for the second se	کې Settings	© Visits	کرک Settings	Visits	२८२२ Settings	

CHECKING OUT

April 10, 2023(Today)	<u> </u>	〈 Back	Check-Out
In Progress - Pending Check-Out 11:	19 am -		
Bell MumbiaPHS		Bell MumbiaPHS	
159 Main St Apt 2301 Santa Fe, NM 87507		159 Main St Apt 2301 Santa Fe, NM 87507	
Pending Check-Out		999-555-0004	
NEW CHECK-IN		Service	Physical Therapy Ass
		⊘ Actual Check	In 11:4
To begin a check-out, select the "In Progress" event		The Wo that al informat ar Worker Check-C c	orker must verify I demographic ion, and Service re correct. selects "Submit Out" to finish their heck-out.
		Sul	bmit Check-Out
ت کې Visits Settings		Uisits	کې Settings
		Sal	

Bell N	/umbiaPHS		
Servi	се	Physical Therapy Ass	sistan
⊘ A	ctual Check-In	11:-	49 an
	Succ	ess	
	Location	40.070131, -86.106494	
	Check-Out Time	11:50 am	
	Dor	he	
A 40			

Visit Detail

🕻 Back

•

S

11:49 am

Physical Therapy Assistant

A "Success" pop-up will appear. If there are any issues, the system will showcase a "unsuccessful" popup. If so, please go back and verify all information is correct.

	ζ <u>ζ</u> γ
Visits	Settings

April 10, 2023(Today) You have 1 appointment(s 11:49 am - 11:50 am Bell MumbiaPHS Completed NEW CHECK-IN The Service will now show on the home page as "Completed" with the actual check-in and check-out time.



Settings

Visits

ACTIVITY SELECTION (IF NEEDED)

K Back Check-Out	🗸 Back	Activities	Done	<	Back C	Check-Out		April 13	3, 2023(Today) ✓
Bell MumbaiWSCCALL9 5698 George Gallup Rd # 123 Gallup, NM 87322 999-555-0005 Service Skilled Nursing LPN Activities Select Image: Select	LPN observation Skilled Nursing	n/assessment of patient LPN - Training		E # C S	Sell MumbaiWSCC Se98 George Gallup Rd ≠ 123 Sallup, NM 87322 Service Activities LPN ✓ Actual Check-I	CALL9 Skilled Nu N observation/assessment	ursing LPN c of patient 3:20 pm	Bell MumbaiWSCCALL9 Image: Constraint of the second sec	2 appointment(s) 4:00 pm - 5:00 pm up Rd 3:20 pm - 3:21 pm CHEDULED APPOINTMENT ?
Select the "Activities" provided during the service					Once th been se on "Su	e Activity ha elected, clicl bmit Check- Out"	as k -		
Submit Check-Out	Visits	جر Sett	کې ings		Visits	Setting	IS	Uisits	ई05 Settings



MOBILE DEVICE FEATURES

	March 23, 2023(Today) You have 0 appointment(s) You have no appointments				~		
					nts		
			New Check-In				
	<		MA	RCH 2	023		\rightarrow
	SUN	MON	TUE	WED	THU	FRI	SAT
	26	27	28	1	2	3	4
The Calendar feature allows Workers to view past Service	5	6	7	8	9	10	11
Appointments.	12	13	14	15	16	17	18
	19	20	21	22	23 Today	24	25
	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
		2		202		[
	Visi	ts		Settings		Me	ssages
			-				

Settings								
See Device Identifier								
Offline Reminder								
Call Office	>							
Force Check-Out	>							
Change Password	>							
Reset and Change Setup Code	>							
Enable Face Id								
Rate Us	>							
End User License Agreement	>							
Privacy Policy	>							
Logout	>							
NMCC								
Visits Settings	Messages							

The Settings page provides functionality assistance for the application.



INTERACTIVE VOICE RESPONSE (IVR)





- The Interactive Voice Response (IVR) allows workers to record services provided for the client by calling in from the client's home phone landline or client's mobile phone when service begins and calling out from the client's home phone landline or client's mobile phone when service is completed.
- Each worker has a six-digit Worker ID number that identifies him/her as a worker for a specific provider location.
- The Worker ID is recorded in the IVR each time the worker makes a call.



IVR CHECKING IN



- 1. Dial 800-944-4141 number and enter the Worker ID after the greeting
- 2. Press 1 for check-in
- 3. Enter the Client ID
- 4. Verify the Client's name by pressing 1 if what the IVR stated is correct, or 2 if it is not
- 5. Listen for the service that needs to be provided and press the prompt associated with that service
- 6. The IVR will recite the details which were selected. Listen and verify that if it is correct by selecting the appropriate prompts
- 7. The IVR will state the time of the successful check-in



IVR CHECKING OUT



- I. Dial 800-944-4141 number and enter the Worker ID after the greeting
- 2. Press 2 for check-out
- 3. Enter the Client ID
- 4. Verify the Client's name by pressing 1 if what the IVR stated is correct, or 2 if it is not
- 5. The IVR will recite the details which were selected during check-in and this check-out.
- 6. Listen and verify that if it is correct by selecting the appropriate prompts
- 7. The IVR will state the time of the successful check-out





CONTACT INFORMATION



CONTACT INFORMATION

Workers

Contact **Provider Administrators** for training and technical assistance.

Provider Administrators

<u>Training Questions</u>: Heydi Correa Encarnacion, MPH heydi.correaencarnacion@fiserv.com

<u>Training Requests & Technical Assistance</u>: 1-800-441-4667, Option 6 <u>authenticare.support@fiserv.com</u> 6:00 AM – 6:00 PM MST, M-F


Q&A

Thank You!

lcor