AuthentiCare®

New Mexico Centennial Care

Agenda

- Welcome
- Introductions
- Overview of the Day
- What is AuthentiCare
- Glossary & Service Codes
- Using AuthentiCare
- Next Steps

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What is AuthentiCare?

Electronic Visit and Verification Solution (EVV) for automated scheduling, time/attendance tracking and claim submission that:

- Maintains a repository of authorized services
- Verifies a workers' location and length of service
- Identifies late or undelivered services
- Issues alerts to providers/case managers for missed visits
- Identifies visits that are overlapping: worker, service, client
- Provides flexible reporting in real-time

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AuthentiCare

1. **Service has been authorized**

2. **Worker checks in**

3. **Service is performed**

4. **Worker checks out**

5. **Claim is generated**

6. **Provider is paid**

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Why AuthentiCare?

- **User-friendly**
- **Less than 2 minutes for check-in and check-out claim creation**
- **Incorporates agency-specific and Medicaid business rules**
- **Assures that services reported were services delivered**
- **Provides transparency to New Mexico Centennial Care MCOs, providers and clients**
- **Reduces program cost**
- **Improves program integrity**
  - Reduced fraud and errors
  - Proactive monitoring tools
- **Enhances program administration**
  - Electronic system reduces paper and
  - Accelerates claims processing
  - Reduces program cost
- **Supports quality of care**
  - Alerts notify case managers/providers when critical services are missed or late
  - Maximizes responsiveness to clients

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Before AuthentiCare NMCC Implementation

Worker completes timesheet and gives to provider office staff to input data into the provider's "backend" system, or directly to a payer, for creation of a claim for payment. It's a manual process on paper until data is entered.

SERVICES LOG

Provider Name: _____ Client Name: _____

Date: (MM/DD/YY)	Service	Start Time:	End Time:	Total Time:	Comments	Worker Initials:	Client Initials:
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
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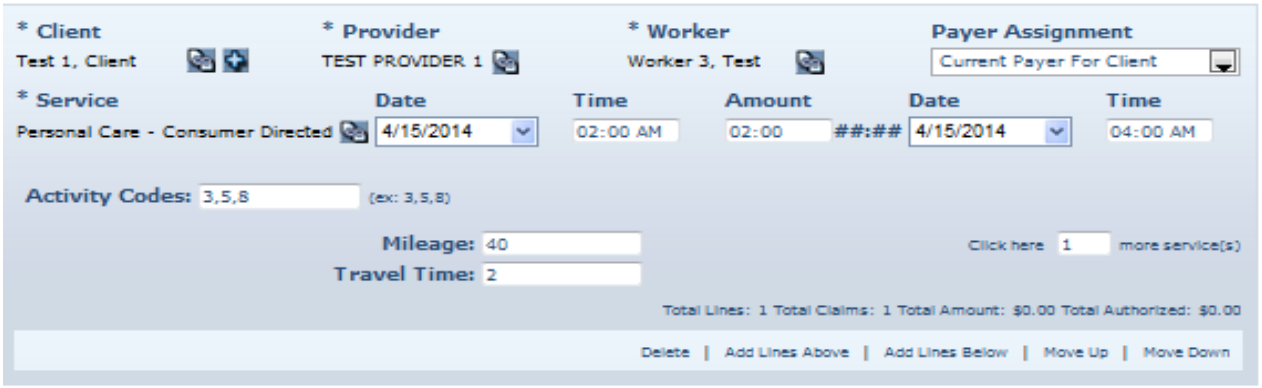
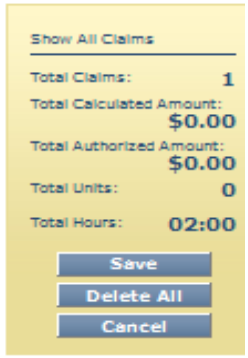
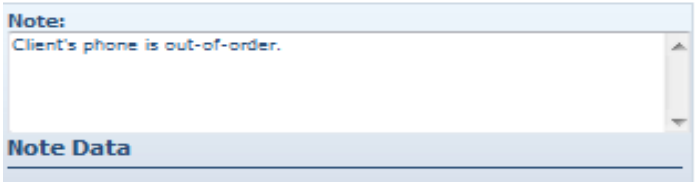
After AuthentiCare NMCC Implementation

- Information from worker matched to information in AuthentiCare to create a claim for that service visit
- Worker used the IVR or mobile device at beginning and end of service delivery to contact AuthentiCare
- Provider office staff clicks one time to confirm a claim
- Claim then automatically submitted for payment







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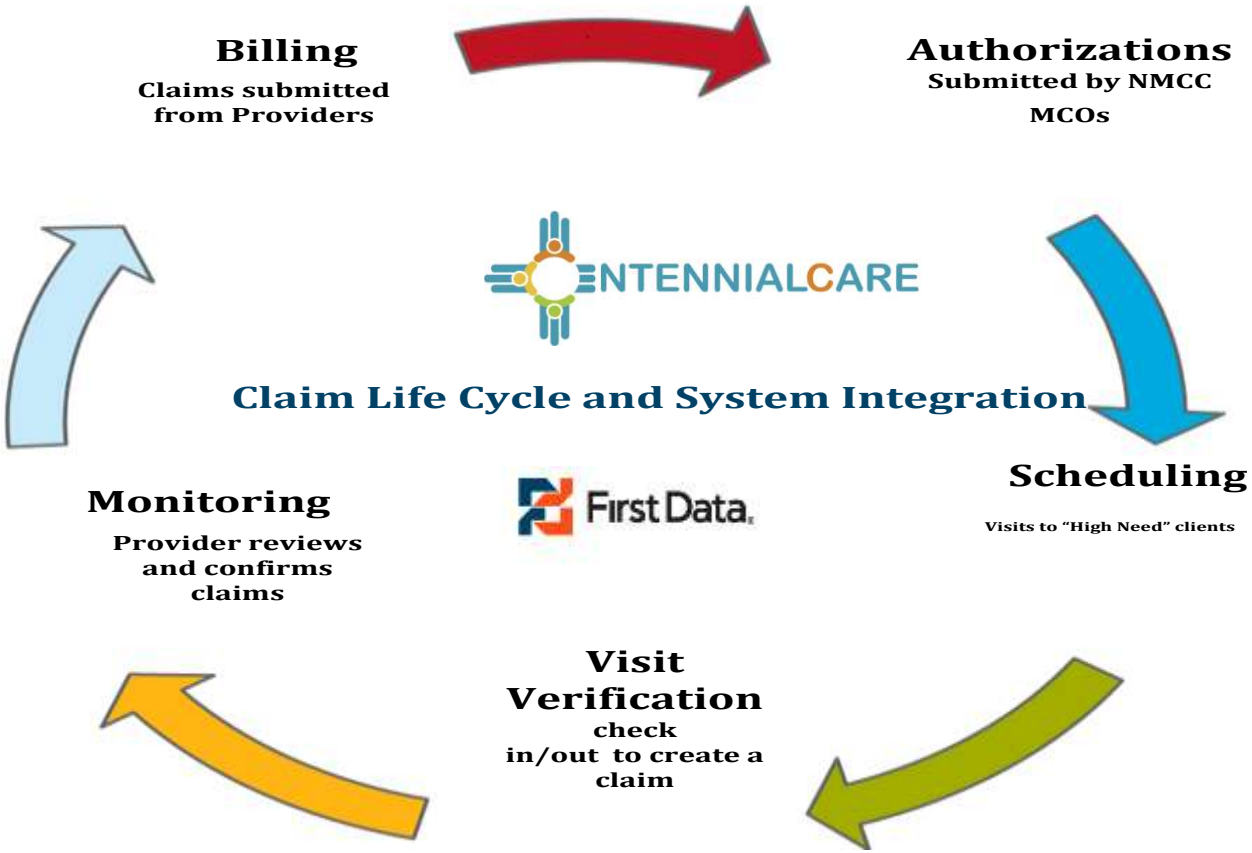
Claim Life Cycle



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Terms/Acronyms and Service Codes

To highlight a few:

- Client – a New Mexico Centennial Care Medicaid member, participant, recipient
- Provider – provider agency
- Worker – Attendant, Personal Care Assistant, caregiver
- Event – a scheduled appointment
- Claim – each episode of service
- Service – procedure provided for the client

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Training/Demonstration Agenda

- Login
- User Administration
- Searching Entities
- Home Page
- Dashboards
- Provider
- Worker
- Client
- Services
- Authorizations
- Scheduling
- Missed Visits
- Mobile
- IVR
- Claims
- Reports

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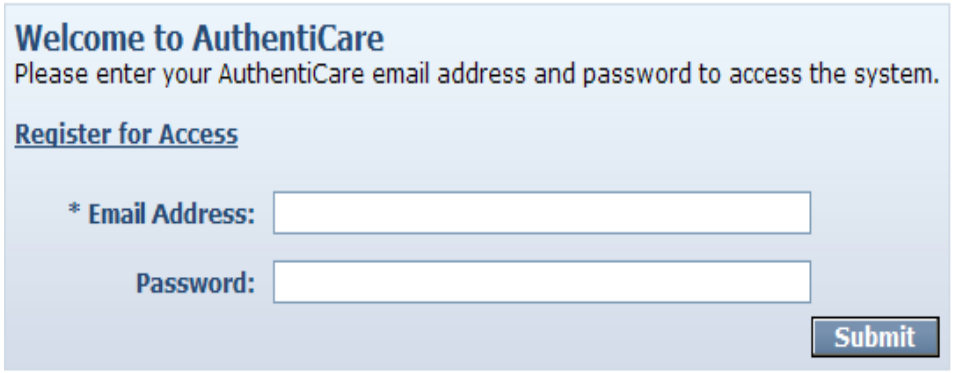
Getting Started (Chapter 2)

- PRODUCTION Web site: https://www.authenticare.com/nmcc

- First Data will assign the first Administrator user login and password for each provider.
- The provider Administrator will assign other web users at his/her agency.



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EPSDT Service

- **EPSDT Personal Care**
  - Procedure Code: S5125
  - Time Per Unit: 15 Minutes
  - Check-Out Window: 14 Hours
  - Service Period: Weekly
  - Authorizations Required
  - Activity Codes Required
  - If Web Based Claim filed, subject to Payer Review
  - Can be filed via Mobile, IVR or Web
  - Early Visit Threshold: 60 Minutes
  - Late Visit Threshold: 60 Minutes
  - Missed Visit Threshold: 120 Minutes

Activity Codes
Hygiene / Grooming (10)
Toileting (11)
Meal Preparation (12)
Eating (13)
Support Services (14)
Mobility Locomotion (15)
Transfers (16)
Dressing (17)
Minor Maintenance of DME (18)
Light Housekeeping (19)
Assistance with Taking Medications (20)

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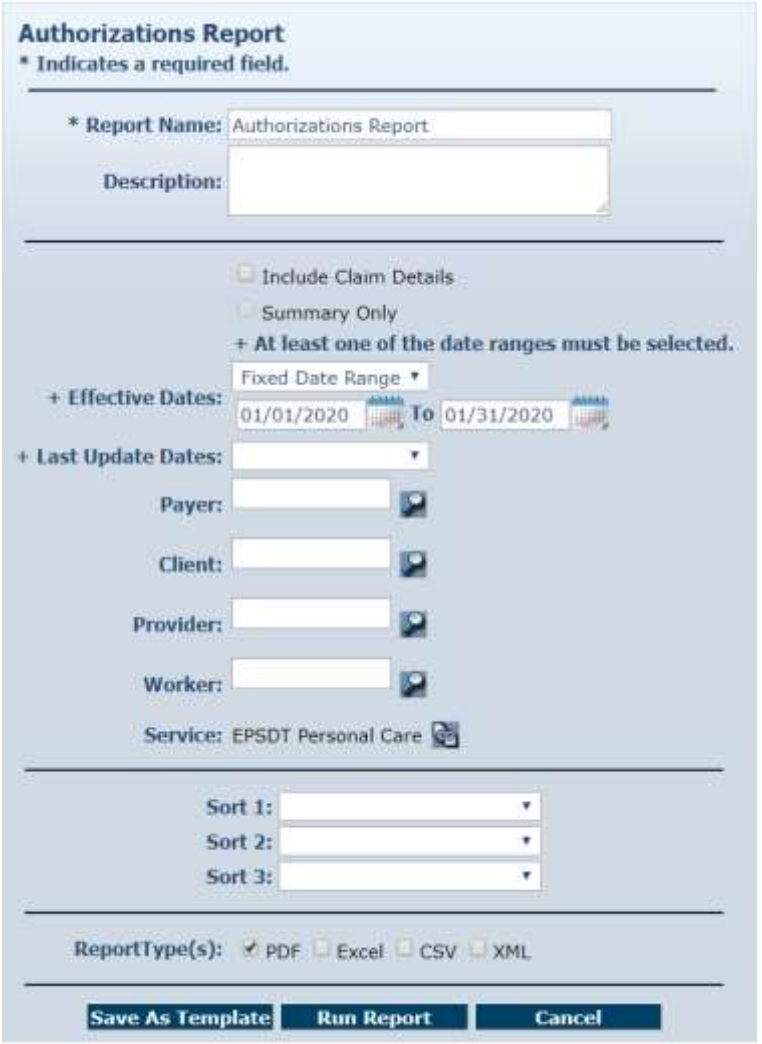
EPSDT Specifics

- **Go-Live Date is 1/1/2020**
- To validate authorizations run the Authorizations report and filter on Service S5125 and use the Effective Date Range of 1/1/2020 – 1/31/2020.
- Authorizations from BCBS are currently in the system. Authorizations from PHS and Western Sky to follow.
- For Authorization issues, contact the appropriate MCO. Do not contact the AuthentiCare Helpdesk



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Add Other Users

- Each provider staff member who will be using the web must be registered and assigned a sub-role by an Administrator user.

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Assignment of Sub-Roles

- The provider Administrator user must assign sub-roles for staff to use AuthentiCare on the web.
- Each sub-role allows the user to view certain data and perform certain functions.
- A user’s sub-role may be changed at any time.
- A user may have multiple sub-roles, but a unique login and password is required for each sub-role.

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Provider Sub-Roles (Appendix A.4) #2

Name	Rights
AO_Administrator	Rights to administer multi-branch functionality. Limited to authorization reassignment and reporting view across all branch locations.
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 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

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Home Page (Chapter 3)

- Three Sections
  - Entities - provider, client & worker
  - Services and Authorizations
  - Claims
- Main Menu
- Links
- Everything is accessible from the Home Page

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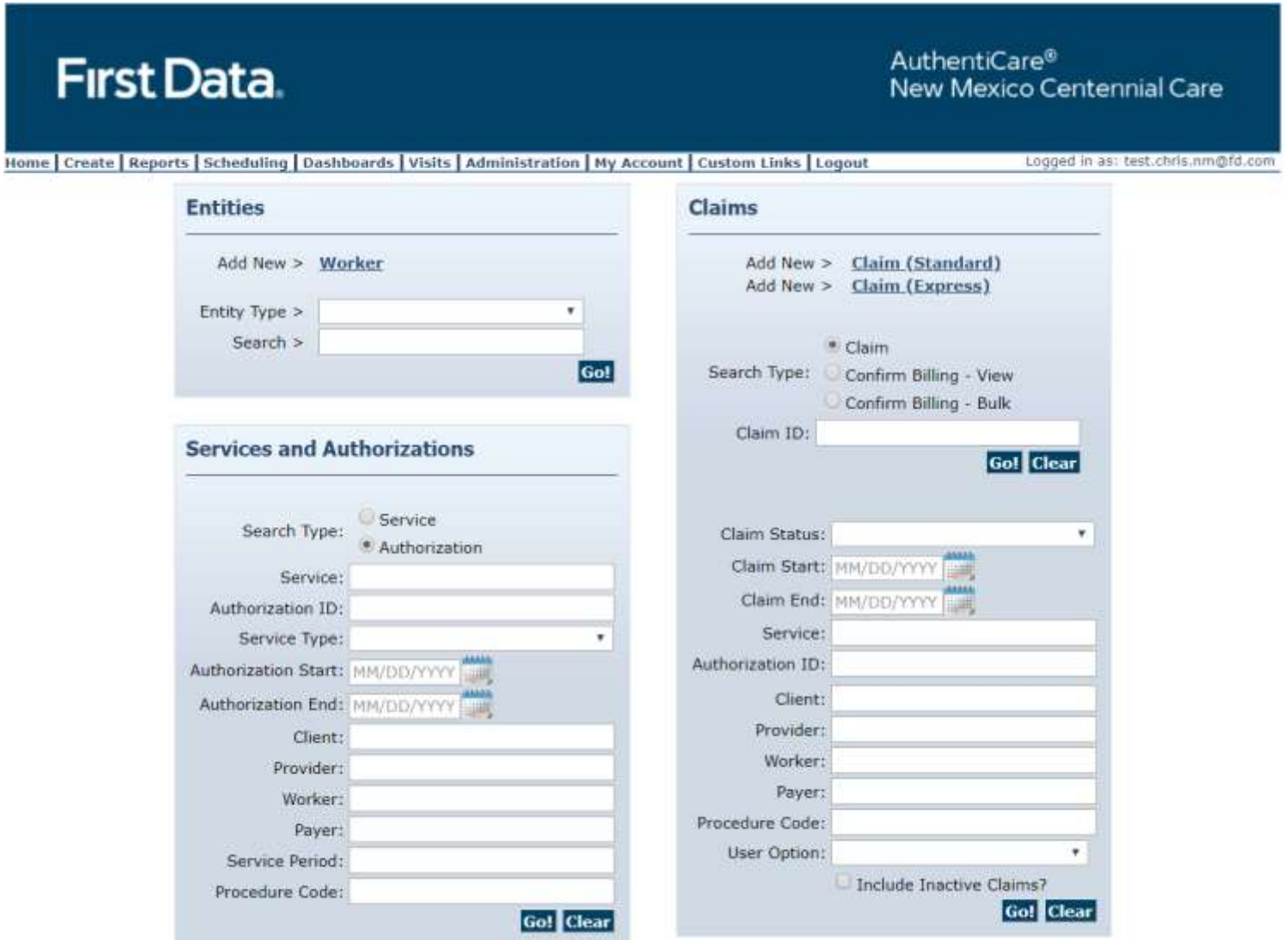

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Demonstration

- Log-in
- Assign
- Un-assign (disable) a user
- Home Page (including searching – Chapter 4)
- Links
- Dashboards – Provider, Worker, Exceptions

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Summary

- First Data will assign the first Administrator web user for each provider location.
- First Data recommends that more than one person at each provider agency have the Administrator role.
- The Provider Administrator users control who has access to their data and functionality in AuthentiCare.
- Provider users can only see information specific to their provider location. Providers cannot see other providers' information.
- AuthentiCare is accessible via the Internet so it is important to disable users who temporarily or no longer need access to the system

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Managing Providers (Chapter 5)

- New Mexico Centennial Care MCO staff enter data for each provider of AuthentiCare New Mexico Centennial Care services.

- For scheduling, each provider should enter an email address so that AuthentiCare can issue late and missed visits alerts.

- *Please verify your provider information, and if it is incorrect, contact the MCOs with whom you are contracted. Contact information for each MCO is found on slide 42.*

- Demonstration: Provider Screen

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835 Remittance (Chapter 5)

- AuthentiCare submits claims for payment in a HIPAA-compliant 837P electronic file. Providers receive adjudication results in a HIPAA-compliant 835 remittance advice electronic file.

- The provider may upload the 835 into AuthentiCare using the 835 Import process.

- If the 835 is loaded, the provider will have a complete history of each claim; from the worker's check in/out or claim web entry, through adjudication with the amount paid linked to each service episode.

- Demonstrate 835 Upload Process

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Managing Workers (Chapter 6)

- Each worker must have a unique Worker ID to access the IVR or mobile app. The Worker ID is a 5-digit auto-generated identifier.

- First Data will pre-load your existing workers into AuthentiCare if you return the Excel spreadsheet

- After that pre-loading, it is a provider's responsibility to:
  - Edit worker information
  - Add new workers
  - Inactivate/end date workers

- Demonstration: add, edit, inactivate workers

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Clients (Chapter 7)

- Client information is loaded into AuthentiCare New Mexico Centennial Care via an import from each MCO.

  You must verify or add the client's address and telephone number.

- Demonstration: viewing and editing clients

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Authorizations

- All service information and authorizations are loaded via daily file transfers from each MCO.
- The provider cannot add or edit authorizations unless the provider is the AO_Administrator in an assignment office. That person can reassign an authorization to an applicable branch office.
- A claim cannot be confirmed and submitted for payment without a valid authorization.
- Service can be captured via IVR, mobile or web without a valid authorization. The claim will remain in the system until a valid authorization is entered by the MCO, or until the provider takes other action to resolve the situation.
- Demonstration: searching and viewing authorizations

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Summary

- Provider and Client data is sent to AuthentiCare by each New Mexico Centennial Care (NMCC) MCO. Authorizations are loaded by data sent from NMCC MCOs.
- The provider must add:
  - Provider email address for late/missed visit alerts
  - Alternative/updated address or phone number for clients
- Initial worker data will be loaded by First Data when providers return the Worker Template Excel spreadsheet.
- After implementation, the provider must maintain all worker information.

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Scheduling (Chapter 9)

- Consumer Delegated clients require a schedule.
- A visit can only be scheduled if there is an authorization for that service and client.
- Providers can schedule visits to clients one time and as re-occurring.
- A warning message pops up if the visit conflicts with another.
- A scheduled visit is called an “event”.
- You can schedule one back up worker.
- You can search on events.
- You can edit an event up to the scheduled start time

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Late and Missed Visits (Chapter 9)

- An email alert is sent to the provider if a scheduled visit is late or missed
  - For Consumer Delegated:
    - Late = worker does not check in within 60 minutes of scheduled start time
    - Missed = worker does not check in within 120 minutes of scheduled start time
  - For Consumer Directed (99509):
    - The Early and Late Visit threshold is disabled.
    - Missed = worker does not check in within 72 hours (4,320 minutes of scheduled start time)
- The provider must acknowledge (give a reason for) a missed visit.

- Demonstration

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Missed Visit Codes

Description	Code
Hospital	1
Nursing Facility temporary	2
Consumer refusal	3
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

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Mobile Device (Chapter 11)

- Mobile app is free to download
- Device is registered to provider or worker record
- Single solution for use in standard and limited-service zones
- Provides GPS location authentication
- Real time communication to AuthentiCare backend upon Check-in and Check-out
- Reflects AuthentiCare scheduling
- Ability to Store and Forward
- Alerts and Emergency Messaging

- Mobile Setup Codes
  - Training: NMCCCAT
  - Production: NMCCPRD

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Interactive Voice Response (IVR) (Chapter 10)

- Toll-free number available 24/7 = **1-800-944-4141- PRODUCTION**
- Worker calls from the client's touch tone phone
- AuthentiCare matches the phone number called from to the client's phone number on record to verify that the worker is in the home
- IVR is in English and Spanish
- Worker enrolls a voice print during first call. Worker validates voice on subsequent calls
- Worker calls in before beginning service
- Worker calls out when service completed
- Calls are immediately reflected on the web

- Demonstration with Training IVR: (844) 724-3196 App code 140

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Summary

- The scheduling function is to assist providers in managing workers' schedules to provide services to clients.
- Workers can use the IVR or a GPS-enabled mobile device for AuthentiCare Check-Ins/Check-Outs prior to and after providing services for a client in the home.
- If the worker cannot use the IVR or mobile device, information can be entered into AuthentiCare via the web by the provider's office staff.

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Claims (Chapter 12)

- Every service captured by the IVR, mobile device or entered via the web creates a claim that is assigned a unique claim ID

- Providers can search, view, and edit claims
  - Claims can only be edited up until the time they are submitted out of AuthentiCare
  - When editing claims, providers should include claim notes
  - Inactivate claims to effective delete them

- Claims can be entered on the web
    - One at a time (standard)
    - Multiple lines at a time (express)
- Demonstration: search and view, editing and adding claims

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Claims (Chapter 12) #2

- The provider must confirm claims before they are submitted for payment:
  - Individually
  - In Bulk

- Behind the scenes editing occurs continuously based on New Mexico Centennial Care business rules and billing requirements (including rounding)

- Editing identifies and assigns “exceptions” to a claim as appropriate

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Claim Exceptions (Chapter 12) #3

- Exceptions are classified as:
- **Critical exceptions** that prevent a claim being submitted for payment (example – no authorization)
- **Informational exceptions** that do not prevent submission but identify a specific scenario or conflict (example – called from a phone number not associated with the client)
- Complete Exception List – See Appendix A.3
- Some critical exceptions are automatically corrected when authorization files are received from NMCC MCO staff.
- Many critical exceptions can be corrected by the provider
- Demonstration: confirming claims

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Summary

- Claims are created in AuthentiCare via IVR, mobile device or web entry.
- There is continuous behind-the-scenes editing of claims based on AuthentiCare NMCC business rules for services.
- The provider must confirm claims prior to submission for adjudication.
- Claims that do not meet requirements (have critical exceptions) may be corrected once additional information is entered by NMCC MCO staff, or manual intervention by the provider is completed.
- Confirmed claims are submitted for adjudication automatically each weekday by 5 AM.

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Reporting (Chapter 13)

- 20 AuthentiCare reports are available 24/7 via the web

- Information is current as of the time the report is created by the user…in “real time”

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Reporting (Chapter 13) #2

- Wide variety of filtering and sorting options are provided
- User must choose to display the report in PDF, Excel, CSV, or XML format
- Without choice, reports default to PDF except the List reports that default to Excel

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AuthentiCare Reports

- Authorization Report
- Authorization Report with Claim Detail
- Billing Invoice Report
- Calendar Report
- Claim Data Listing Report
- Claims Detail Report
- Claim History Report
- Eligible Client Report
- Exception Report
- Late and Missed Visit Report

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AuthentiCare Reports #2

- Overlapped Claim by Client Report
- Overlapped Claim by Worker Report
- Provider Activity Report
- Remittance Advice Report
- Remittance Data Listing Report
- Time and Attendance Report
- Unauthorized Location Report
- Unauthorized Phone Number Report
- Worker Activity Report
- Workers by Provider Report
-

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Reporting Demonstration

- **Creating reports**
- **Sorting and filtering options**
- **Viewing reports**
- **Creating a template**
- **Samples of various reports**

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User Support (Chapter 15)

- **User Manual Link:**

https://www.authenticare.com/nmcc/AuthentiCareNMCCUserManual.pdf

- **First Data Client Support** 1-800-441-4667, option 6, or email AuthentiCare.Support@firstdata.com

- **Training Website:** https://uat.authenticare.com/NMCC/

- **Training IVR:** (844) 724-3196 App code 140

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Business Rules

- **Authorizations** - Auto end dating of authorizations when a client transfers from one MCO to another. AuthentiCare will end date the existing authorizations for the old MCO. The new MCO will be expected to send in new authorizations records to replace those.
- **Authorizations** - If an MCO deletes an authorization on the Web, 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.
- **Claims -** Auto-claim creation for the Consumer Directed Admin Fee: providers can set up an “administrative” worker with the exact name “AdminFee” as the first name and “Worker” as the last name. On the first weekend of each month, for any Consumer Directed Admin Fee authorizations for which the provider has a claim record, a claim will be automatically created using this “administrative” worker. Providers will be able to see the claims created, make adjustments as needed, and confirm.

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Business Rules

- **Claims -** The default payer assignment on a claim is the “current payer for the client.” 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. There is a payer dropdown on the claim record itself where providers can choose the correct payer for those dates of service.
- **Claims - Work flow change to ignore authorizations with 0 units –** In the case where there may be duplicate and overlapping authorizations and one of those authorizations may be for zero units, it will be ignored. This will allow providers to bill against the other authorization that has available units.
- **Client Record - No Tech Zone indicator on Client Record –** The Client Entity Page now has a new check box indicator field, “No Tech Zone.”
- **Client Record - High Risk indicator on Client Record -** The Client Entity Page now has a new check box indicator field, “High Risk.”
-

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Changes Since 2014 Spring Training #3

- **Consumer Delegated** - **Missed Visit Threshold for Consumer Directed –** The Missed Visit Threshold for Consumer Directed (99509) now has changed from “Disabled Threshold Checking” to 72 hours (4320 minutes). The Early and Late Threshold will remain disabled. If a visit is missed, part of the message will read, “An AuthentiCare visit is considered missed when the service is not provided within 4320 minutes of the scheduled end time.”

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Next Steps

- First Data will provide a login for an Administrator:
  - Training web site
  - Production web site

- User Administrator will assign users to sub-roles and begin using Training Website

- Begin training workers using Worker IDs assigned by First Data

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Thank you.

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