

AuthentiCare® NMCC Refresher Training

May 25-26, 2016

Presented by First Data
Government Solutions



Agenda

- Welcome
- Introductions
- A Review of AuthentiCare
- A Deeper Look at Entities
- Personal Care—Consumer Directed (99509)
- No Tech Zone (NTZ)
- Mobile Applications
- Multi-Branch Training

For Today:

• Morning Session:

8:30 AM MT to Noon MT:

- AuthentiCare® NMCC Refresher Training includes AuthentiCare Basic Steps and 99509 Billing

Afternoon Session:

1:15 PM to 3:15 PM MT:

- Mobile App Training - No Tech Zone Training
- Q & A
-

3:15 to 4:15 PM MT

- Multi-Branch Training (for those providers listed with the MCOs as a Multi-Branch provider)

• Phone Instructions:

- *Please: Do place your phone on Mute.*
- *Please: Do not place your phone on Hold.*
- *This is a high-level refresher training. Feel welcome to use the Chat feature of the Go-To-Meeting. Those questions will be gathered for the team to address/respond in a Q&A document following the training.*
- *There will be an open time for questions following the No Tech Zone Training this afternoon.*

AuthentiCare: Pioneer in EVV System

First Data's AuthentiCare® solution was highlighted as a Promising Practice by the U.S. Centers for Medicare and Medicaid Services (CMS) based on South Carolina's Care Call implementation which provides automated in-home provider monitoring for over 12,000 providers and drove big increases in service quality and payment accuracy for the state.

First Statewide solution focused on Electronic Visit Verification for home-based services and care was developed under a grant from CMS (Centers for Medicare and Medicaid Services) to South Carolina, in partnership with First Data, in 2002.

AuthentiCare has evolved from a custom implementation to a configurable, feature rich product offering:

- 4th Major Version of AuthentiCare has been published
- Product Roadmap is active and evaluates technical advancements in authentication/verification, along with CMS, State & Provider requirements



AuthentiCare: Benefitting Providers and States

- Over 4.5M billed claims
- Over \$153.6M in claim billings
- 7.2M IVR calls
- 2,050 providers and workers
- 13,600 consumers
- 8% growth per year in billed claims
- 13% growth per year in dollars
- 18% growth per year in self-directed dollars billed

It has saved the state money ... This is working out great for the providers.”
“We do not have to do any billing; the program actually bills the state on our behalf, and we are paid within two weeks of providing services.”
-Care Pro Home Health

“Participants are now getting more hours of care...the amount of service provided has increased and that is very important in the participants’ ability to stay in their own home and not seek institutional care.”
-Roy Smith

AuthentiCare: What is it?

- 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/MCO staff for missed visits
 - Identifies visits that are overlapping: worker, service, client
 - Provides flexible reporting in real-time



AuthentiCare: Why Utilize It?

- User friendly system; teachable to others
- Less than 2 minutes for a Check-In and Check-Out claim creation
- Incorporates state agency-specific and Medicaid business rules
- Assures that services reported were services delivered
- Provides transparency to NMCC providers, MCOs and clients
- Reduces program costs
- Improves program integrity
 - Reduced program errors
 - Provision of proactive Monitoring Tools
- Enhances Program Administration
 - Electronic system reduces paper
 - Accelerates claims processing
 - Supports quality of care
 - Alerts notify MCOs/providers when critical services are late or missed
 - Maximizes responsiveness to clients

AuthentiCare: The Process Flow

1 Service has been authorized



2 Worker checks in



3 Service is performed



4 Worker checks out



5 A claim is generated



6 Provider is paid



Before AuthentiCare NMCC Implementation

- Worker completes timesheet and gives to provider office staff to input data into the provider's "backend" payroll system, or directly to a payer, for creation of a claim for payment. It is 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				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				
		AM / PM	AM / PM				

After AuthentiCare NMCC Implementation

Claim Search Results

* Client	* Provider	* Worker	Payer Assignment			
Test, Client3	CMC Test Provider	worker1, test	Current Payer For Client			
* Service	Date	Time	Amount	Date	Time	
Personal Care - Consumer Delegated	4/1/2015	01:00 PM	01:00 ###:##	4/1/2015	02:00 PM	

Activity Codes: 01,02,04 (ex: 3,5,8)

Mileage:

Travel Time:

Click here 1 more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$19.32 Total Authorized: \$19.32

Critical Exceptions Delete | Add Lines Above | Add Lines Below | Move Up | Move Down

Claim ID: **1829**

Filed On: **Web**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$19.32**

Total Authorized Amount: **\$19.32**

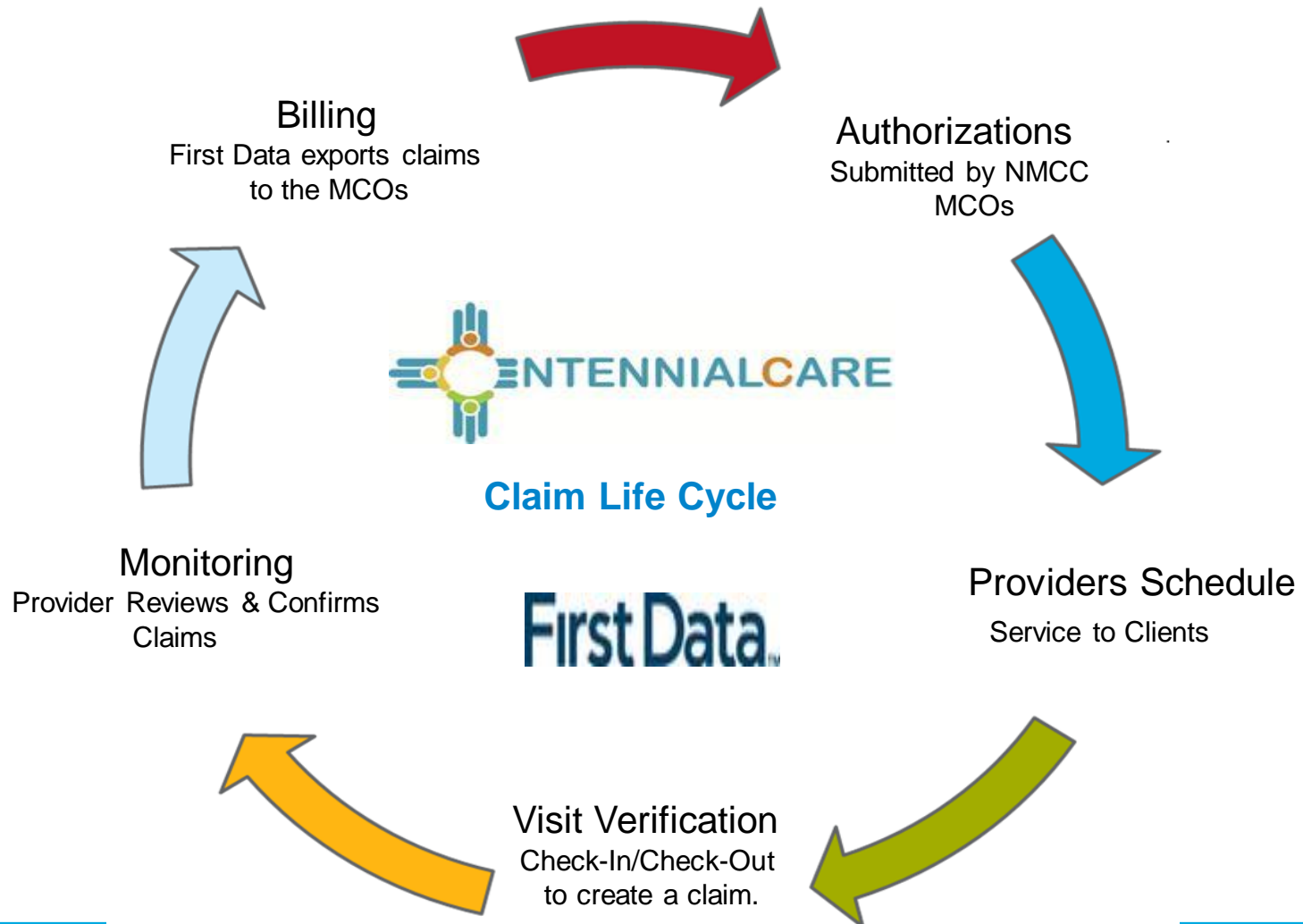
Total Units: **4**

Total Hours: **01:00**

☐ Billing Confirm

- Information from the worker is 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 or a claim is created on the web
- Provider office staff clicks one time to confirm a claim
- Claim is then automatically exported from AuthentiCare for payment

The Claim Life Cycle



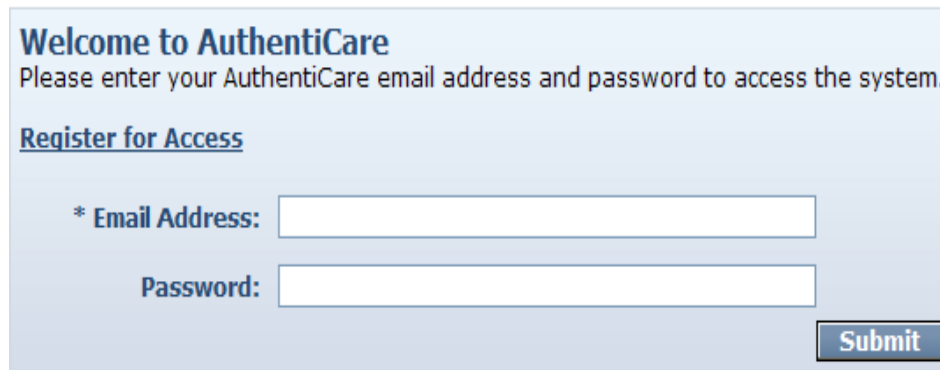
AuthentiCare: Terms/Acronyms/Entities

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

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.
- Use this Email Address and Password on the Welcome screen.
- The provider Administrator will assign other web users at his/her agency.

A screenshot of the Authenticare login interface. It features a light blue header with the text 'Welcome to Authenticare' and a sub-header 'Please enter your Authenticare email address and password to access the system.' Below this is a link 'Register for Access'. The main form area contains two input fields: '* Email Address:' and 'Password:'. A 'Submit' button is located at the bottom right of the form.

Welcome to Authenticare
Please enter your Authenticare email address and password to access the system.

[Register for Access](#)

* Email Address:

Password:

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. Sub-Roles are listed in Appendix A4.

Registered Users				
Add User				
User Name	Role	Registered On	Enabled	Delete
testprovider1@email.com	NM_Payroll/Billing	04/20/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Home Page: Chapter 3

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

Entities

Add New > [Client](#)
[Worker](#)

Entity Type >

Search >

Go!

Services and Authorizations

Add New > [Service](#)

Search Type: ☐ Service
☒ Authorization

Service:

Authorization ID:

Service Type:

Authorization Start:

Authorization End:

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:

Claim End:

Service:

Authorization ID:

Client:

Provider:

Worker:

Procedure Code:

User Option:

☐ Include Inactive Claims?

Go!

Clear

Demonstration

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

Summary: Getting Started

- First Data has assigned 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 agency 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.

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 51.
- Remember: To get to your Provider Entity Settings page, type your agency name as you are enrolled with Medicaid in the Search field, then select **Go!**

835 Remittance Advice

- The File Upload process will be reviewed later in training today.
- The 835 Remittance Advice is one of the choices in the File Upload.
- 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.
- Each provider may upload the 835 into AuthentiCare using the 835 Import process.
- If the 835 is uploaded, each provider will have a complete history of each claim that has been exported from AuthentiCare for that agency, from the worker's Check-In/Out or claim web entry, through adjudication with the amount paid linked to each service episode.

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 identifier auto-generated by AuthentiCare.
- After that original pre-loading of workers into AuthentiCare in the Spring of 2014, it is now a provider's responsibility to:
 - Edit worker information
 - Add new workers
 - Inactivate/end date workers
 - You add a BillingService Worker ONLY if 99509 is billed through the provider agency. Training for that will be later today. Look in your worker list on your Provider Entity Settings page. If you do not have this worker, you will need to create one.
- **Demonstration: searching, viewing, and creating workers including the BillingService Worker.**

Managing 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.

- The Client Entity Settings Page has a check box indicator field, "No Tech Zone." Providers select the No Tech Zone indicator, if applicable.
- The Client Entity Settings Page now has a new check box indicator field, "High Risk." MCOs select the High Risk indicator, as applicable.
- **Demonstration: searching, viewing, editing clients including adding the External Client ID.**

The External Client ID

- The External Client ID is the client ID from the provider's own data system. The External Client ID is NOT the client's Medicaid ID.
- Providers *can* view, add and/or revise the External Client IDs only for their specific provider agency. All sub roles with view/read-only access to the Provider Entity Settings page and the Client Entity Settings page can view the External Client ID.
- Once the provider selects "yes" and chooses "save" on the Provider Entity Settings page, the External Client ID field appears for entry on the Client Entity Settings page of each client associated with that specific provider.
- Providers *cannot* view, add/or revise the External Client IDs of any other provider.
- A client might have more than one provider, and each provider might have a client ID in his/her provider-specific data system.
- The client could have more than one External Client ID in AuthentiCare, but each would be provider-specific.

External Client ID-Provider Entity Settings Page—Under the Worker List

Workers

	<u>Name</u>	<u>ID</u>	<u>Effective Date</u>
	Worker, BillingService	20909	(none)
	Worker, Training	61901	(none)
	Worker1, test	13365	(none)
	Worker10, Test	27453	(none)
	Worker2, Test	93728	(none)
	Worker3, Test	07098	(none)
	Worker4, Test	44583	(none)

Optional Attribute Data Collection

ExternalClientID Client Optional Enabled: ☒ Yes ☐ No

Note: [Add Note](#)

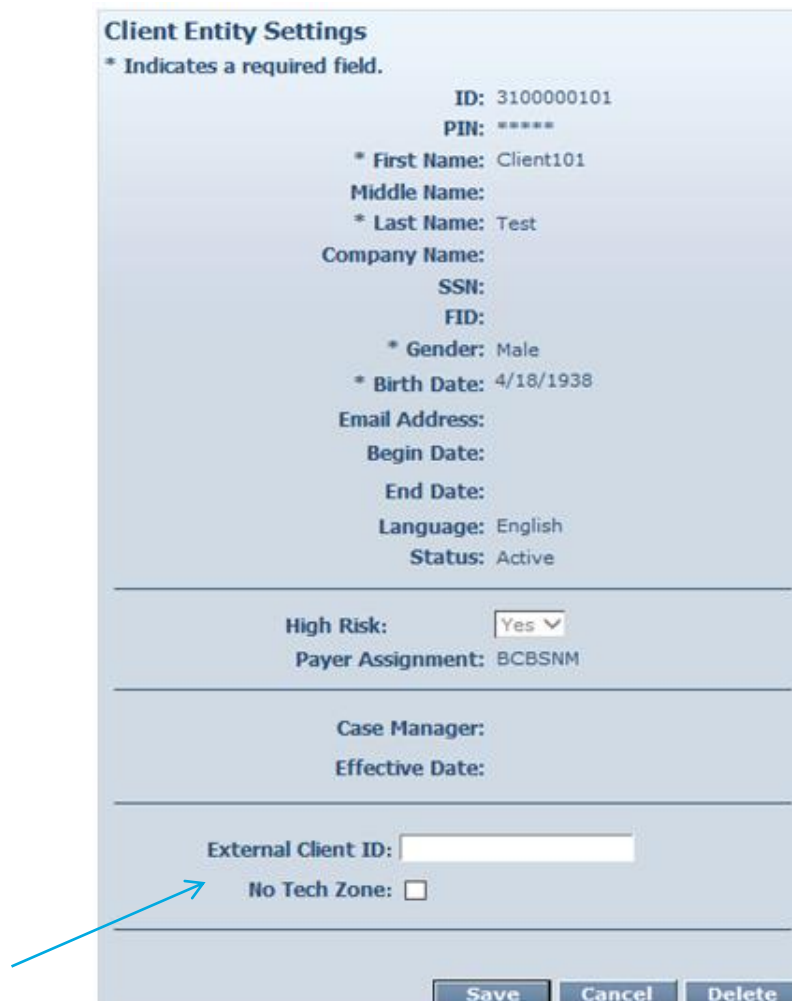
Note Data

No note data was found.

Audit Data

[\[View Audit Data\]](#)

The Client Entity Settings Page—External Client ID Open



Client Entity Settings
* Indicates a required field.

ID: 3100000101
PIN: *****

* First Name: Client101
Middle Name:
* Last Name: Test
Company Name:
SSN:
FID:
* Gender: Male
* Birth Date: 4/18/1938
Email Address:
Begin Date:
End Date:
Language: English
Status: Active

High Risk: Yes ▾
Payer Assignment: BCBSNM

Case Manager:
Effective Date:

External Client ID:
No Tech Zone: ☐

Save Cancel Delete

External Client ID on Claims Files

- The claims file (837) that AuthentiCare exports to each MCO for payment will display the External Client ID, if there is one, as will the remittance advice (835) that each MCO issues to providers with claims reimbursement information.
- If the 835 is uploaded to AuthentiCare, the External Client ID field displays in the following report.
- All sub roles with view/read-only access to the Provider Entity Settings page and the Client Entity Settings page can view the External Client ID.

Once the provider selects “yes” and chooses “save” on the Provider Entity Settings page, the External Client ID field appears for entry on the Client Entity Settings page of each client associated with that specific provider.


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

The High Risk Indicator - The No Tech Zone Indicator

Client Entity Settings
* Indicates a required field.

ID: 3100000101
PIN: *****
* First Name: Client101
Middle Name:
* Last Name: Test
Company Name:
SSN:
FID:
* Gender: Male
* Birth Date: 4/18/1938
Email Address:
Begin Date:
End Date:
Language: English
Status: Active

High Risk: 
Payer Assignment: BCBSNM

Case Manager:
Effective Date:

External Client ID:
No Tech Zone: ☐

High Risk Indicator – No Tech Zone

- HIGH RISK INDICATOR:

- NMCC MCOs (payers) have edit rights to the High Risk indicator on the each Client Entity Settings page.
- Providers have view/read-only rights to the High Risk indicator.
- The following reports have a High Risk indicator flag in their templates:
 - Eligible Client Data Listing Report
 - Late and Missed Visit Report

- NO TECH ZONE INDICATOR:

- Each NMCC Provider can make note of a client's No Tech Zone location by selecting the No Tech Zone box.
- Providers can view only each of their own specific No Tech Zone designations.
- The following report has a No Tech Zone indicator flag: Eligible Client Data Listing Report.

Report Flags – Eligible Client Data Listing Report

	A	B	C	D	E	F	G	H	I	J	K
1	Client Name	Client ID	SSN	Gender	DOB	Language	Status	At Risk	Client Billing Medicaid ID	Diagnosis	Program
2	Appleseed, Johnny	5927		Male	09/12/1956		Active				
3	CLIENT10, TEST T	3000000010		Male	01/01/1950	English	Active				
	L	M	N	O		P		Q	R	S	
1	Served by another person living in the home	Team Assignment	Case Manager	Address		City		State	Zip	Phone	
2				109 Stone Creek		Cincinnati		OH	45242		
3				123 MAIN ST		ALBUQUERQUE		NM	87108		
4				123 MAIN ST		ALBUQUERQUE		NM	87108		
	T	U		V			W		X	Z	
1	Phone	Provider		Payer Name			High Risk		No Tech Zone		
2											
3	5054182222	TEST PROVIDER 2									
4	5054182222	TEST PROVIDER 2		UHC NM							
		TEST PROVIDER 102		UHC NM							

Report Flags – Late and Missed Visits Report



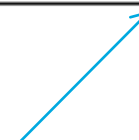
AuthentiCare® Late and Missed Visits

Test, Client3 (86169)

Event Total: 36

Provider: CMC Test Provider (5919)

Event	Status	Worker	Service	Service Type	Threshold (minutes)	Schedule Start	Schedule End	Claim ID	Claim Start	Email Sent	Acknowledged By	Missed Visit Code	High Risk
665	Missed	Worker4, Test (44583)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/07/2015 02:30 PM	09/07/2015 03:00 PM			09/07/2015 03:30 PM			
688	Missed	Worker2, Test (93728)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/02/2015 10:00 AM	09/02/2015 10:30 AM			09/02/2015 11:01 AM			
688	Missed	Worker2, Test (93728)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/04/2015 10:00 AM	09/04/2015 10:30 AM			09/04/2015 11:00 AM			
688	Missed	Worker2, Test (93728)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/07/2015 10:00 AM	09/07/2015 10:30 AM			09/07/2015 11:00 AM			
688	Missed	Worker2, Test (93728)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/09/2015 10:00 AM	09/09/2015 10:30 AM			09/09/2015 11:00 AM			
688	Missed	Worker2, Test (93728)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/11/2015 10:00 AM	09/11/2015 10:30 AM			09/11/2015 11:00 AM			
688	Missed	Worker2, Test (93728)	Personal Care - Consumer Delegated (T1019)	TimeBased		09/14/2015 10:00 AM	09/14/2015 10:30 AM			09/14/2015 11:00 AM			



Authorizations: Chapter 8

- All service information and authorizations are loaded via daily file transfers from each MCO.
- A claim cannot be confirmed and exported for payment without a valid authorization.
- Service can be captured via IVR, AuthentiCare mobile application, or web without a valid authorization. The claim will remain in the system until a valid authorization is either entered by the MCO, or resolved by the provider.
- AuthentiCare end-dates authorizations when a client transfers from one MCO to another. The new MCO is expected to send in new authorizations.

Additional Information – Authorizations: Chapter 8

- If an MCO deletes an authorization on the Web, AuthentiCare will delete any scheduled future visits that are associated with that now-deleted authorization. The provider will not receive late/missed visit alerts based against an authorization that is now deleted.
- In the case where there may be duplicate and overlapping authorizations and one of those authorizations lists zero units remaining, AuthentiCare ignores this authorization. This allows providers' claims to bill against the other authorization that has available units.
- Training later today in more detail:
 - An AO_Administrator can move authorizations from the main (assignment) office to each branch office of the agency.
 - For service 99509, Personal Care – Consumer-Direction, there are both visit authorizations and billing authorizations.

Summary: Provider, Worker, Client Data

- 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 and/or phone number for clients
- Initial worker data was loaded by First Data in the Spring of 2014.
- The provider must maintain and update all worker information and add new workers.

Scheduling: Chapter 9

- Consumer Delegated clients require a schedule unless approved by an NMCC MCO not to have one.
- A visit can only be scheduled if there is an authorization for that service and client.
- Providers can schedule visits to clients as 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 and edit up to the start time.
- Workers in a series can be edited without first selecting “edit the occurrence.”
- The default view of the scheduling page is Monthly.
- You are able to upload schedule files into AuthentiCare from your external scheduling systems. Training for this enhancement will come later in the day.



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 end time)
- The provider must acknowledge (give a reason for) a missed visit.
- 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.
- [Demonstration: Scheduling and Missed Visit Page](#)

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
- The IVR is in English and Spanish
- Worker calls in before beginning service
- Worker calls out when service completed
- Calls are immediately reflected on the web
- Worker handouts are in English and Spanish
- [Demonstration with Training IVR: 1-888-852-7846; App code 567](#)

The AuthentiCare Mobile Application: Chapter 11

- The Mobile app is free to download and includes NTZ.
- 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
- The AuthentiCare Mobile App will be discussed later in this training.



Summary: Scheduling and Mobile Application

- The scheduling function is to assist providers in managing workers' schedules to provide services to clients.
- Schedules from back-office scheduling systems can be loaded into AuthentiCare.
- 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.

Claims: Chapter 12

- Every service captured by the IVR, AuthentiCare mobile application 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
 - Providers can inactivate claims to effectively delete them
- Claims can be entered on the web
 - One at a time (standard)
 - Multiple lines at a time (express)
- Continuous claims scrubbing behind the scenes checks claims based on New Mexico Centennial Care business rules and billing requirements (including rounding). Editing identifies and assigns claim “exceptions.”

Additional Claims Information: Chapter 12

- The provider must confirm claims before they are submitted for payment:
 - Individually
 - In Bulk
- The default payer assignment on a claim is the “current payer for the client.” If a client has recently transferred from one payer (MCO) to another, a provider may select a different payer assignment for dates of service that are in the past. There is a payer dropdown on the claim record where providers can choose the correct payer for those dates of service.
- 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, AuthentiCare will create a claim using this “administrative” worker. Providers can see the claims created, make adjustments as needed, and confirm. Like KS??
- Training later today: 99509 Visit Claims and Billing Claims

Claim Exceptions: Chapter 12

- 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:** searching for claims, confirming claims

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 and confirmed 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.

CLAIMS CLEAN-UP IN QUARTER 2, 2016

- First Data will be marking all historical claims on provider dashboards as Inactive and removing them from the dashboards.
- This will enable the providers to start with a clean slate when they start billing with AuthentiCare.
- The business rules surrounding this enhancement are as follows:
 - For old Consumer Directed or 99509 and 99509V any claims with a service date prior to 5/22/16 will be marked inactive and removed from the Provider Dashboard.
 - For T1019, S5110, G9006, G9012 and X9999 any claims with a service date prior to 5/29/16 will be marked inactive and removed from the Provider Dashboard.
- *It is important that those providers currently billing through AuthentiCare need to look at their current claims that are pending billing and confirm and submit them for billing through AuthentiCare based on these service cutoff dates prior to us running in the script into production. We do not currently have a confirmed date for running the script. Our target goal is 6/1/2016 or a few days after.*

Reporting: Chapter 13

- AuthentiCare reports are available 24/7 via the web
 - Information is current as of the time the report is requested by the user...in “real time”
- 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 Listing reports that default to Excel
- Reports can be scheduled to run at a later time. This enhancement will be discussed later in this training.



AuthentiCare Reports

- Authorization Report
- Authorization Report with Claim Detail
- Authorization History Report
- 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
- Overlapped Claim Report by Client
- Overlapped Claim Report by Worker
- 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

Authorization History Report

- The Authorization History Report was effective September 30, 2015. It lists both updated authorizations and new authorizations. All users with access, including the AO_Admin, can run the report.
- The AO_Admin will see all branch offices' authorizations, both "New" and "Update." (We will talk about AO_Admin in the Multi-Branch training.)
- 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.
- Currently if a fixed date range is selected under "Date of Service," the "Update Date Range" must also be chosen.

Demonstration: [creating](#), [filtering](#), [viewing](#), [templates](#), [samples](#)

The Authorizations History Report

AuthentiCare® Authorizations 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

P000000407-01 Personal Care - Consumer Directed (99509)

Indicator	Service	Start Date	End Date	Total Units	Period
Update	99509	9/1/2014 12:00:00 AM	11/30/2015 11:59:59 PM	45	Weekly

Payer

Pres HP

Change Date	User Name
8/11/2015 1:20:26 PM	admin@authenticare.com

Authorization Service

P000000407-01-V Personal Care - Consumer Directed Visit (99509V)

Indicator	Service	Start Date	End Date	Total Units	Period
Update	99509V	9/1/2014 12:00:00 AM	11/30/2015 11:59:59 PM	180	Weekly

Payer

Pres HP

Change Date	User Name
8/11/2015 1:20:27 PM	admin@authenticare.com

Client105 Test

MO ProviderB, Inc (210000010B)

Authorization Service

B000409 Personal Care - Consumer Delegated (T1019)

Indicator	Service	Start Date	End Date	Total Units	Period
Update	T1019	9/1/2014 12:00:00 AM	12/31/2015 11:59:59 PM	180	Weekly

Payer

BCBSNM

Change Date	User Name
9/1/2015 12:50:04 PM	acr_admin@acr.com

Provider Administrator Responsibility–Assign 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.
- See Appendix A4 for a list of sub-roles.

Provider Sub-Roles: Appendix A.4

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

Next Steps

- First Data will provide a login for an Administrator if you do not already have one for your agency:
 - 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
- Participate in future Training and Support Conference Calls

Your NMCC MCO Support: Chapter 15

- **Blue Cross and Blue Shield of New Mexico:**

www.bcbsnm.com or **Provider Customer Service** 1-800-693-0663

- **Molina Healthcare of New Mexico:**

Provider Inquiries or Issues: Leeann Kaminski, Provider Services Supervisor,
leeann.kaminski@molinahealthcare.com; 505-348-0352

Authorization Issues and Spreadsheets: Helen Caulfield, Utilization Manager,
Helen.Caulfield@MolinaHealthCare.com; 505-348-0362

- **Presbyterian Health Plan:**

Crystal Griego, Relationship Executive, Office: 505 923 5075 | Fax: 505 923 5400,
cgriego4@phs.org

Lisa Goodman | Relationship Executive, Office: 505 923 5424 | Fax: 505 923 5400,
lgoodman@phs.org

Taia D'Coda | Relationship Executive, Office: 505-923-5794 | Fax: 505-923-5400,
tdcoda@phs.org

- **UnitedHealthcare Community Plan New Mexico:** For **Authorizations:** 1-888-702-2202 – UnitedHealthcare Centennial Care – Care Coordination; for **Provider Questions/Support:** EVV_NM_Support@uhc.com

Your AuthentiCare Support: Chapter 15

- **Training Website:** <https://uat.authenticare.com/nmcc/>
- **Training IVR:** 1-888-852-7846, App Code 567
- **User Manual:**
<https://www.authenticare.com/nmcc/AuthentiCareNMCCUserManual.pdf>
- **AuthentiCare Production Web site:** <https://www.authenticare.com/NMCC>
- **AuthentiCare Production IVR:** 1-800-944 -4141
- **First Data Client Support** 1-800-441-4667, option 6, or email
AuthentiCare.Support@firstdata.com

First Data Key Contacts

- | | |
|--------------------------------------------------|----------------------------------------------------------------------------------|
| • Asad Salahuddin (Account Manager) | asad.salahuddin@firstdata.com |
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| • Jami Schurr (Business Analyst) | jami.schurr@firstdata.com |
| • Candace Cobb (Business Analyst) | candace.cobb@firstdata.com |

Thank you.