

User Manual

AuthentiCare® New Mexico Turquoise Care

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1.0 Introduction

AuthentiCare® is your trusted Electronic Visit Verification (EVV) solution supporting Web-based or smartphone electronic Visit verification, reporting, and billing with many time-saving essential features.

Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid Personal Care Services (PCS), Home Health Services (HHS), and Home and Community-Based Services (HCBS) that require an in-home Visit by a Provider.

EVV can be a strong mechanism for program integrity in the Medicaid program, including reduction in unauthorized Services and improvement in quality of Services to individuals. EVV systems can increase accuracy and quality of PCS and HCBS Services provided in addition to utilizing the billing functions. Billing from AuthentiCare® directly allows an increased efficiency through quick electronic billing incorporated into the system immediately after entry.

AuthentiCare® features and benefits:

- Easy to learn and use.
- Intuitive process and flow
- Fast check-in and check-out
- Integrated Scheduler with real-time alerts for missed Visits.
- Interactive Provider and Worker dashboards
- Flexible reporting to assist in payroll processing.

New Mexico Turquoise Care (NMTC) utilizes AuthentiCare® for twelve (12) Personal Care Services, two (2) Self Directed Community Benefit (SDCB), and nine (9) Home Health Services provided to Clients assessed as eligible to receive one or more of the Services provided through New Mexico Turquoise Care Providers. New Mexico Turquoise Care is comprised of four different Managed Care Organizations (MCOs): Blue Cross and Blue Shield of New Mexico, Presbyterian Health Services, Molina Healthcare of New Mexico, and United Healthcare of New Mexico.

Providers of selected Services (procedures) are required to use AuthentiCare® to capture and bill for Services provided to New Mexico Turquoise Care members who are known in AuthentiCare® as “Clients.” (See [Appendix A-1](#) for the list of included Services.)

1.1 Purpose of this Document

This manual is for anyone who needs to know how to use the AuthentiCare® system, especially Providers who need to administer and research Worker, Client, and Visit information. Since this is a “How To” document, there is sufficient detail to provide a solid understanding of what the EVV solution is designed to do, how it works, and how to use it effectively.

1.2 Using this Manual

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



Notes: The information provided in these boxes is intended to assist and further explain the material. It may include an important tip or hint for using the system.



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

1.3 Common Terminology/Acronyms

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

Term/Acronym	Meaning/Use
835	The 835 is the electronic remittance advice (RA) that applicable New Mexico Turquoise Care MCOs provide to Providers reporting the adjudication status of each Claim submitted.
837P	The 837 Professional (P) is the electronic billing file of confirmed Claims that AuthentiCare® submits each weekday morning on behalf of each Provider. Providers will be reimbursed for Services rendered on their current payment Schedule.
837I	The 837 Institutional (I) is the electronic billing file of confirmed Home Health Care Claims that AuthentiCare® submits each weekday morning on behalf of each Provider. Providers will be reimbursed for Services rendered on their current payment Schedule.
Case Manager	The case management entity at each New Mexico Turquoise Care MCO is a Care Coordinator.
Claim	Each episode of Service captured in AuthentiCare® is known as a Claim. Each will have a unique Claim number. Claims may be entered into AuthentiCare® by the Mobile Application, IVR, or the Web.
Client	The New Mexico Turquoise Care member is known as Client throughout this manual and is the person receiving Turquoise Care Services.
Client Support Services	Client Support Services is the Fiserv AuthentiCare® Support Center established to assist AuthentiCare® users. Contact information for them is in Section 17 of this User Manual.

Term/Acronym	Meaning/Use
Employer of Record (EOR)	SDCB term for representative. A representative is a person employed by the SDCB member to act on their behalf. In some cases, the member is the EOR.
External Client ID	The Client ID number that a Provider has created in the Provider's own Client data system can be captured in the AuthentiCare® system for the Provider's accounting purposes.
Event	For those Providers who use the Scheduling functionality in AuthentiCare®, an event is a Visit Scheduled in advance for Service to a Client.
Fiserv	The company that operates AuthentiCare® for New Mexico Turquoise Care.
High Risk Indicator	The box on the <i>Client Entity Settings</i> page that is open to MCO-user-edit to designate a Client with more risk than other Clients regarding his/her Services delivery.
IVR	The Interactive Voice Response system used by AuthentiCare® contains pre-recorded information that the Worker interacts with via touch tone phone when calling a designated toll-free number. For more information, see Section 10 of this User Manual.
Jurisdiction	The portion of state or federal government Services in which AuthentiCare® has been implemented to provide accurate time reporting and/or Claims submission of Medicaid Services on behalf of eligible Providers is known to Fiserv as an AuthentiCare® jurisdiction.
MCO	A managed care organization is referred to as an MCO or health plan. In AuthentiCare® New Mexico Turquoise Care, an MCO staff member utilizing AuthentiCare® is referred to as a New Mexico Turquoise Care Administrator user.
Member	SDCB term for Client (reference Client meaning/use above)
Mobile Application	A GPS enabled Mobile Application (smartphone) can be used to record Services provided for a Client. For more information, see Section 11 of this User Manual.
Multi-Branch	A Provider who has several branch offices is referred to in NMTC as a multi-branch Provider. Authorizations, Schedules, late/missed Visit alerts are divided and tracked by branch location. For more information, see Section 16 of the User Manual.
No Tech Zone Indicator	The box on the <i>Client Entity Settings</i> page that indicates the Client lives in an area with no cell telephone or landline telephone access.
Provider	"Provider" designates the Provider agency that is authorized to deliver Services for a Client.

Term/Acronym	Meaning/Use
Role	A role is the individual user’s defined term that designates what information the user may access and what actions the user may perform on the AuthentiCare® Web Portal. At each Provider location, all users are created by the AuthentiCare® initial administrator user who and then assigns other roles. The role each user is assigned allows users to do their designated work while assuring that all data is maintained in a private and secure manner. For a description of each role, see Appendix A-4 of this User Manual.
Service	The procedure provided for the Client through AuthentiCare® New Mexico Turquoise Care is known as the Service. For a list of the Services for which the Provider is required to use AuthentiCare® , see Appendix A-1 of this User Manual.
Staff	Staff members at each of the New Mexico Turquoise Care MCOs who oversee the Services applicable to AuthentiCare® are the staff members who have access to information in AuthentiCare®.
Support Broker	SDCB term for case manager. Refer to Case Manager meaning/use above.
Timesheet	SDCB term for Claim. Refer to Claim meaning/use above
Worker	The Worker is the employee of the Provider who provides the Service to the Client. Each Worker is assigned a unique 5-digit Worker ID number for each Provider and/or Provider location where they work to use when recording Services via the IVR, Mobile Application, or the Web.

1.4 AuthentiCare® Overview

The core of AuthentiCare® is a database containing information on the Clients, Services, Authorizations, Providers, and Workers. This information is updated each weekday via entry provided by New Mexico Turquoise Care MCO staff or Web entry by Provider staff. The basic use of AuthentiCare® requires these steps:

- The Worker goes to the home of the Client to provide a Service.
- The Worker uses the Client’s touch-tone phone to call the toll-free AuthentiCare® Number or uses a GPS enabled Mobile Application.
- Using caller ID or GPS technology, AuthentiCare® identifies the Client and the Services authorized for that Client and prompts the Worker to enter his/her Worker ID number and to verify the Service to be provided.
- The system verifies the information and advises the Worker that he/she is “checked in” as of the time the contact was initiated.
- When the Worker completes the Service, the Worker calls the same toll-free number or uses the GPS enabled Mobile Application to “check out”.

The Worker is advised to be “checked out” as of the end of the contact.

From that telephone/Mobile Application interaction, AuthentiCare® creates a Claim.

After the Provider reviews and approves it, the Claim is submitted electronically for adjudication.

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

In situations where the IVR system cannot be used (example: the phone is out of order), and the Worker does not have a GPS enabled Mobile Application or in situations where the Worker makes an error (ex. forgets to check out); the Worker notifies their supervisor and provides the information about the Visit.

The Provider enters the Visit information into AuthentiCare® via the Web Portal, thus creating a Claim for the Service provided.

1.4.1 Organization of the Data

The data in AuthentiCare® is organized under four main areas:

- **Entities** - includes people or agencies that are involved in providing care as well as individuals receiving care. In AuthentiCare®, the Entities are:
 - Provider
 - Worker
 - Client
- **Services** – those procedures defined by New Mexico Turquoise Care MCOs for reporting through AuthentiCare® are listed in [Appendix A-1](#).
- **Authorizations** - specify the types and amount (units) of Service that Providers are pre-authorized to provide based to Clients.
- **Claims**- Visits that are submitted in AuthentiCare® for billing purposes.

Under certain pre-defined circumstances several Visits may be combined to create one Claim for billing purposes. If a Client receives the same Service in different shifts throughout the day, and those Visits are confirmed the same date for that date of Service, those separate Visits are “rolled” into one Claim for export in the early morning hours of the next day. Each Claim created in AuthentiCare® has a unique Claim number which is retained and displayed in AuthentiCare® Claims reports for audit purposes. Refer to [Section 13](#) for additional Claims information.

1.4.2 AuthentiCare® Users

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

The Client is the heart of any in-home and facility care system, but Clients do not interact directly with AuthentiCare®. Individuals that have active roles in AuthentiCare® are:

- **The Worker** is the person who uses the Mobile Application or IVR to perform a check-in and check-out at the start and end of the Service delivery period. The Worker’s role in AuthentiCare® is the primary method of Visit validation. Workers do not have access to the AuthentiCare® Web Portal.

- **The Provider** staff who use only the AuthentiCare® Web Portal to perform various actions, contingent on the responsibilities associated with their Provider sub-role. They are also able to:
 - Manage Worker information
 - Schedule Workers' Visits to Clients' homes (optional)
 - Add Claims for Services where the use of the IVR or Mobile Application was not feasible
 - Modify a Claim that was incorrectly entered by the Worker using the IVR or Mobile Application

Users can also:

- Review and confirm Claims for billing prior to their submission for payment
- Acknowledge and provide an explanation of missed Visits
- View reports of real-time information to assist in record keeping and management

New Mexico Turquoise Care MCO Staff, including Case Managers, use the secure Web Portal to monitor Services being provided to Clients.

AuthentiCare® helps to reduce paperwork and gives the user tools to assist in managing staff resources, Service delivery and reimbursement through access to real-time information via a Web Browser at any time.

1.4.3 NMTC Self Directed Community Benefit Agency Providers

NMTC Self Directed Community Benefit (NMTC SDCB) Agency Providers are Provider entities working with the New Mexico Human Services Department and state contracted Managed Care Organizations to provide an array of Services that focus on the elderly and disabled population.

SDCB Agency Providers will be able to:

- [Section 6.0](#): Manage Workers
- [Section 7.4](#): Search and Save Clients via Medicaid ID or Date of Birth
- [Section 10.0-Section 12.0](#): Record Visits when Workers use Mobile or IVR
- [Section 13.0](#): Create and Edit Web Claims (Only those with Provider Administrator Role privileges)



Note: Authorizations do not apply to SDCB Agency Providers.

Throughout this User Manual, there will be sections as linked above with information pertaining to SDCB Agency Providers and their functionality within AuthentiCare®.

1.4.4 Home Health Services Agency Providers

The New Mexico Medicaid program supports medically necessary health Services furnished to eligible Clients, including Home Health Services. AuthentiCare® will be used by Providers and Workers who provide the Home Health Services to meet the requirement to electronically verify the Home Health Service Visits.

Home Health Services can be provided alongside Personal Care Services and SDCB Services.

For Home Health specific information:

- [Section 5.2](#): Adding Negotiated Rates for each Service by MCO
- [Section 8.6](#): Attending Provider
- [Section 13.15](#): Home Health Services
 - [13.15.1](#): Services Codes
 - [13.15.2](#): Service Unit Restrictions
 - [13.15.3](#): Personal Care Services related to Home Health
- [Appendix A-3](#): Claim Exception Codes and Claim Status
- [Appendix A-8](#): Home Health Service Codes

1.5 Security

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

The first level of security is dependent on the role that the user has in the system. The roles in AuthentiCare® are Provider Administrator User, Blue Cross and Blue Shield of New Mexico Administrator User, Presbyterian Health Systems Administrator User, Molina Healthcare of New Mexico Administrator User, and United Healthcare of New Mexico Administrator User.



Note: Each Provider can designate another Administrator role or other role within their agency. Each role can perform specific functions within the system. See [Appendix A-4](#) for a description of the roles.

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


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

New Mexico Turquoise Care MCO Administrative users can view all data in AuthentiCare® related to their Clients.

1.6 AuthentiCare® Web Application Functionality

The AuthentiCare® Web Portal has the following unique functions.

Hyperlinks: a connection from your current location in the application to another page in the Web application. Text and icon hyperlinks are available. When the cursor is placed on a hyperlink, it changes from an arrow to a hand. Hyperlinks only require a single click. Below is an example of a hyperlink:

ID	Name	User Type	Information	Delete Selected
3999000001	AceHooperlala, Malaikahlala B	Client		<input type="checkbox"/>

Pictures, graphics, or icons can also be used as hyperlinks. If the cursor arrow changes to a hand, then there is a link. In the example below, the graphic does not change in appearance, but a pop-up box indicates what the hyperlink does, and the arrow changes to a hand.










The Web Portal uses a Web browser. The Web browser has the ability to maintain the Web addresses of your “favorite” Web Portals, to add an address to your favorites, to enter a Web address (also known as a URL), to go back to the previous page, to go forward to the next Web page assuming you have viewed it previously, to reload or refresh the current page, and to cancel the loading of the current page.

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

[Home](#) | [Create](#) | [Reports](#) | [Scheduling](#) | [Dashboards](#) | [Visits](#) | [Adminis](#)
[Entities](#) > [Event](#) > [Reports](#)

Hover Text: additional information is displayed when the mouse cursor is placed over the hover link. AuthentiCare® uses this function to provide additional information rather than requiring a user to navigate to another page in the application to get the same information.

Entity Search Results

ID	Name	User Type	Information	Delete Selected
123456789	XXXXXXXXXX, XXXXXXXXX, XXXXXXXXX	Client		<input type="checkbox"/>
123456789	XXXXXXXXXX, XXXXXXXXX, XXXXXXXXX	Client		
123456789	XXXXXXXXXX, XXXXXXXXX	Worker		
123456789	XXXX, XXXX	Worker		
123456789	XXXXXXXXXX, XXXXXXXXX	Client		
123456789	XXXXXXXXXX, XXXXXXXXX, XXXXXXXXX	Client		
123456789	XXXXXX, XXXX	Worker		
123456789	XXXX, XXXX	Worker		
123456789	XXXXXXXXXX, XXXXXXXXX, XXXXXXXXX, XXXXXXXXX, XXXXXXXXX	Provider		

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their respective owners.

[AuthentiCare Digital Accessibility Statement](#) [First Data Privacy Policy](#)

Additional Information

ID: XXXXXXXXX

Full Name: XXXXXXXXX, XXXXXXXXX, XXXXXXXXX

Home Address: XXXXXXXXX, XXXXXXXXX, XXXXXXXXX

Home Phone: XXXXXXXXX

Work Address: XXXXXXXXX, XXXXXXXXX

Work Phone: (XXX) XXX-XXXX

Date of Birth: XXXXXXXXX

Effective Date Start: XXXXXXXXX

Effective Date End: XXXXXXXXX

Medicaid ID: XXXXXXXXX







Email: XXXXXXXXX

SSN: XXXXXXXXX

FID: XXXXXXXXX

Status: Active

Additionally, there are several unique icons in the AuthentiCare® Web Portal. These include:

-  **Looking Glass icon:** used for looking up values for fields linked to existing data in the system.
-  **Schedule Event icon:** used on the Authorizations page to Schedule an event for the Authorization.
-  **Information icon:** displays more detailed data when you place the mouse over the icon (hover text).
-  **Entity icon:** provides a link to view the associated data for the value displaying in a certain field.
-  **Exception icon:** view the Exceptions on a Claim (hover text).
-  **Run Report icon:** run a report from a previously created report template.

2.0 Getting Started

This section is designed to help you begin using AuthentiCare® by walking through the Provider registration process, adding new users, logging in, logging out, and changing your password. The AuthentiCare® Web Portal is <https://www.authenticare.com/nmcc/login.aspx>.

Before you can log in, you must have:

- **Username (Email Address):** To access AuthentiCare®, an administrator (Provider Admin, Fiserv System Admin, etc.) must create a user account for you. Your email address serves as the account username. The account will determine the level of access

you are allowed within AuthentiCare® and the types of transactions you can perform.

- **Password:** A temporary password (also assigned by a program administrator) enables you to log in. Once logged in for the first time, you will want to change your password to a value you can easily remember. Your password protects your email address (username) from unauthorized use. Passwords must be at least nine characters long and must contain letters and at least one number and at least one special character. They are case sensitive. Keep your password confidential.

Providers are preloaded in the AuthentiCare® system by an automated backend process. Providers' usernames and email addresses are captured when registering for and attending the AuthentiCare® solution training. Provider users will receive access credentials (username and password) following their attendance in the applicable AuthentiCare® training(s).

2.1 Establishing a User Account

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

1. **For all Providers including NMTC SDCB Agency Providers and Home Health Providers**, an initial user account for an Administrator user is created by Fiserv and provided to a manager. Proceed to [Section 2.2](#) for instructions on logging into AuthentiCare®. After logging in, the Administrator user can create user accounts for other users for that Provider (refer to [Section 2.8](#) for further instructions).
2. **For New Mexico Turquoise Care Provider Administrators** user accounts are created by Fiserv when authorized by New Mexico Turquoise Care MCOs. The registration process is not required. Fiserv will provide the username (email address) and password so that Turquoise Care administrators are able to log into and use AuthentiCare®. Proceed to [Section 2.2](#) for instructions on logging into AuthentiCare®.
3. **For New Mexico Turquoise Care Self-Directed Community Benefit Support Brokers**, access is granted using a self-registration process via the AuthentiCare® system.
4. **For New Mexico Turquoise Care Self-Directed Community Benefit Employer of Record (EOR)** users, access is granted by a Support Broker.

2.1.1 NMTC SDCB Support Broker Self-Registration

Support Brokers will need to have the **Provider ID** and **PIN** prior to registration in AuthentiCare®.

For Support Brokers who know their **Provider ID** can call Fiserv AuthentiCare® Support Center to obtain a PIN in order to register for access.

For Support Brokers who do not have their **Provider ID**, they will need to contact the Fiserv New Mexico Training Team in order to obtain **Provider ID** and **PIN**.

- The Support Broker will need to provide the agency case manager's email address as listed in AuthentiCare® for validation.

- The Fiserv New Mexico Training Team will then provide the **Provider ID**.
- Support Broker will need to call Fiserv AuthentiCare® Support Center to obtain their **PIN** in order to register for access.

Once you have received your **Provider ID** and **PIN**, you are able to follow the registration steps below:

1. Type <https://www.authenticare.com/nmcc/login.aspx> in your Web browser.
2. Click **Register for Access**

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

4. Enter Provider ID and PIN
5. Enter an email address
6. Create and confirm a password
7. Click **Register**

2.1.2 NMTCC SDCB EOR Registration

NMTCC SDCB Employee of Record will be registered by the Support Broker Agency they are employed with. Contact the agency's manager for login credentials.

2.1.2.1 EOR Password Reset

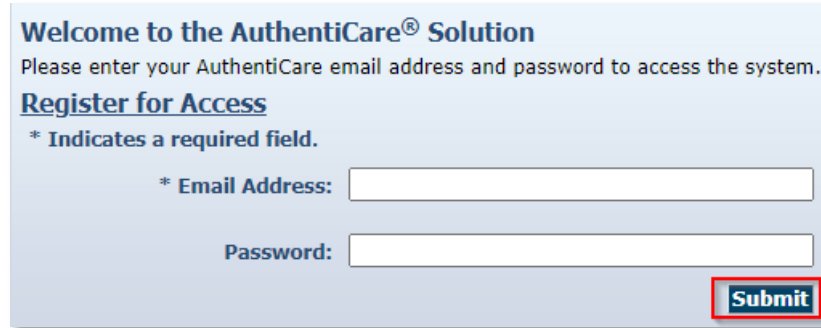
EOR are able to have their Password Reset by the Support Broker Agency. The Support Broker should:

- Locate the EOR Page
- Go to Registered User Section

- Click on the Username
- Reset Password and share Password with the requesting EOR

2.2 Logging into AuthentiCare®

The Login page is the first screen displayed after typing in the AuthentiCare URL (www.AuthentiCare.com/NMCC) into any web browser.



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:

To login to AuthentiCare®, please follow the steps below.

1. Go to www.AuthentiCare.com/NMCC
2. Enter your **Email Address**.
3. Enter your **Password**. It will appear as asterisks (*) as you type it.
4. Click **Submit**.



Caution: If the email/password combination is entered incorrectly three times, the following message is displayed, “The maximum number of failed login attempts has been reached. This user account has been disabled. Contact your System Administrator.” To unlock the account and gain access into the web portal, contact a provider administrator or the Fiserv AuthentiCare Support Center (authenticare.support@fiserv.com, 1-800-441-4667).

5. If you are logging into AuthentiCare® for the first time, the *Create User Profile* page displays. Enter all required information and click **Save**.

Create User Profile

* Indicates a required field.

* First Name:

Middle Name:

* Last Name:

* Mobile phone number:

* Email Address:

* Username: cayle.cox@fiserv.com

*Security Questions:



Type the moving characters

Save **Cancel**



Note: Security questions can be used to reset forgotten passwords

6. The AuthentiCare® system will generate a verification code and send it to the email address provided on the *Create User Profile* page.
7. Enter the code on the *Verify your email address* screen and click **Submit**. If you did not receive a code or the code is not accepted, select the **Resend Code** button on this page.

Verify your email address

* Indicates a required field.

Enter verification code sent to your email address:

Please check your email for a verification code. Do not share the verification code with anyone.

Submit **Resend Code**

8. 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.

User Agreement

WEB USER AGREEMENT V.1.0

YOU MUST READ THESE TERMS AND CONDITIONS CAREFULLY BEFORE USING THIS SITE OR APPLICATION. BY USING THE AUTHENTICARE APPLICATION YOU WILL BE BOUND TO FOLLOW THE TERMS AND CONDITIONS OF USE. FAILURE TO ACCEPT THIS USER AGREEMENT WILL PREVENT ACCESS INTO THIS SITE OR APPLICATION.

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.

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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 on any such third-party web sites. If you decide to access third-party web sites, you do so at your own risk.

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Accept **Deny**



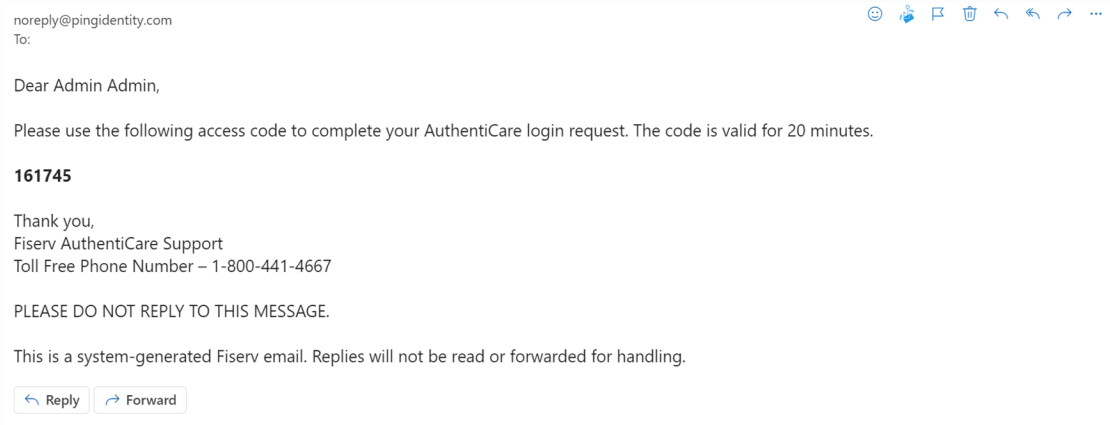
Caution: Security rules require the user select **Accept** to continue in the AuthentiCare® system. If you select **Deny**, you will not be permitted to finish setting up your account.

- Once verification is complete and you have accepted the User Agreement, the *Home* page displays.

2.3 Multi-Factor Authentication

Multi-Factor Authentication (MFA) helps keep your AuthentiCare® account secure by requiring an extra step when you log in. After entering your login information, the email address found on your AuthentiCare® user profile will receive a code. Enter this code on the AuthentiCare® web site and confirm to login.

An example of the email sent is shown below.



Provider Administrators are able to recreate credentials for any user that is having issues with MFA, if needed.

If the User wants to use the exact username, the Provider Administrators contact the Fiserv AuthentiCare® Support Center, then our Support team will delete the current username, so the Provider Administrators re-create the user’s credentials. The User may need to wait till the next day for the User Profile creation to be completed.



Notes:

- If a user gets logged out of AuthentiCare® automatically because the 15-minute session timed out, the user will only need to complete MFA after 4 hours have passed since the last time MFA was completed.
- If a user logs out of AuthentiCare® by clicking **Logout** in the upper right-hand corner of the screen, MFA is required the next time they log in.
- If there are five (5) failed attempts at entering the MFA code, the user will be locked out of their account for 30 minutes. After 30 minutes, the user can try to login again.



Caution: If an agency has more than one AuthentiCare® account, a user must have a unique email on each *User Profile* for MFA to work. The email address listed on the *User Profile* is added into AuthentiCare® the first time someone logs into their account. To edit a user profile, hover over *My Account* on the *Main Menu* toolbar, click **Update User Profile**, and click **Edit** to update the email address on this page.

2.4 Home Screen

After a successful login, the Home page displays and varies in appearance based on the user’s role. Your view of the Home page may be different from what is displayed in this User Manual

because this is the Provider Administrator's view. From the Home page, you can access multiple functionalities.

The screenshot displays two main sections: 'Entities' and 'Claims'.

Entities Section:

- Buttons: Add New > [Client](#), [Worker](#)
- Entity Type > [Dropdown]
- Search > [Text Input]
- Go! button

Services and Authorizations Section:

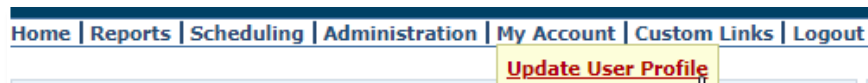
- Search Type: Service, Authorization
- Service: [Text Input]
- Authorization ID: [Text Input]
- Service Type: [Dropdown]
- Authorization Start: MM/DD/YYYY [Calendar Icon]
- Authorization End: MM/DD/YYYY [Calendar Icon]
- Client: [Text Input]
- Provider: [Text Input]
- Worker: [Text Input]
- Payer: [Text Input]
- Service Period: [Text Input]
- Procedure Code: [Text Input]
- Go! Clear buttons

Claims Section:

- Buttons: Add New > [Claim \(Standard\)](#), [Claim \(Express\)](#)
- Search Type: Claim, Confirm Billing - View, Confirm Billing - Bulk
- *Claim ID: [Text Input]
- Go! Clear buttons
- Claim Status: [Dropdown]
- *Claim Start: 04/01/2023 [Calendar Icon]
- *Claim End: 04/30/2023 [Calendar Icon]
- Service: [Text Input]
- Authorization ID: [Text Input]
- Client: [Text Input]
- Provider: [Text Input]
- Worker: [Text Input]
- Representative: [Text Input]
- CaseManager: [Text Input]
- Payer: [Text Input]
- Procedure Code: [Text Input]
- User Option: [Dropdown]
- Include Inactive Claims?
- Go! Clear buttons

2.5 Change Password or Security Questions

Once you can access AuthentiCare®, you can change your password or security questions by placing the cursor over **My Account** in the main menu and selecting **Update User Profile**.



The **Update User Profile** screen displays:

From the **Update User Profile** Screen, you can select **Change Password** to update your credentials. Your password may be changed at any time.

To change a password:

1. Enter your current password.
2. Enter your new password.
3. Re-enter your new password to confirm.
4. Choose **Submit** to complete the change.



Note: Password Requirements:

- The password entered cannot be the same as any of the previous eight passwords you have used.
- Minimum length of 9 characters
- At least 1 upper case
- At least 1 lower case
- At least 1 number
- At least 1 of the following special characters (@#\$\$%^&!+=)
- Cannot contain any common dictionary words, e.g., Password or Winter
- Cannot contain strings of consecutive numbers or characters, e.g., 123, AAA, 555,!!!

- Cannot contain user’s name or email

From the **Update User Profile** screen, you can select **Edit** to update your profile information.

Then select **Update** once changes have been made.

From the **Update User Profile** screen, you can also select **Edit** to update your security questions.

Select **Update** once the changes have been made.

Update Security Questions

* Indicates a required field.

*Security Questions:

In what city did you meet your spouse/significant other?

In what city was your mother born?

What was your first pet's name?

2.6 Password Reset Instructions

1. Click the **Forgot Password** button on the login screen.

Welcome to the AuthentiCare® Solution

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

[Register for Access](#)

* Indicates a required field.

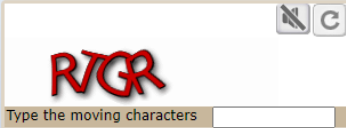
* Email Address:

Password:

2. Type your email address, type the moving characters, and click **Submit**.

Follow the prompts to reset password

* Enter AuthentiCare Login Email Address:




Type the moving characters

3. Type the answer to the security question shown, type the moving characters and click **Continue**.

Follow the prompts to reset password

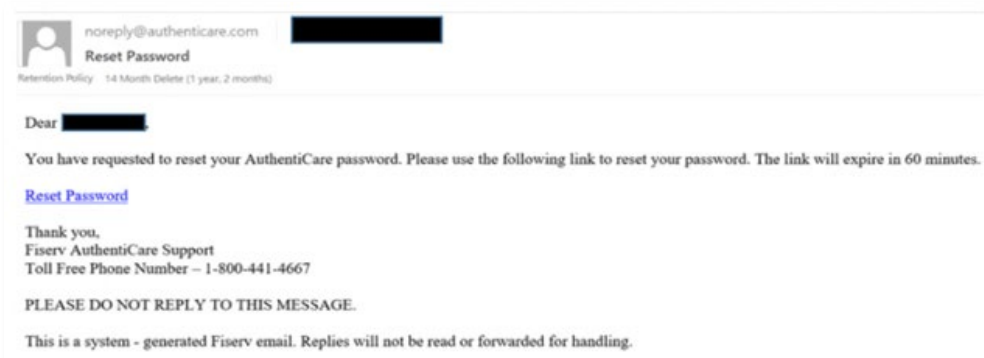
In what city was your mother born?



Type the moving characters

[Continue](#) [Return to Login Page](#)

- You will receive an email with a link to reset your password.



2.7 Username Recovery Instructions

- Click the **Forgot Username** button on the login screen.

Welcome to the AuthentiCare® Solution

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

[Register for Access](#)

* Indicates a required field.

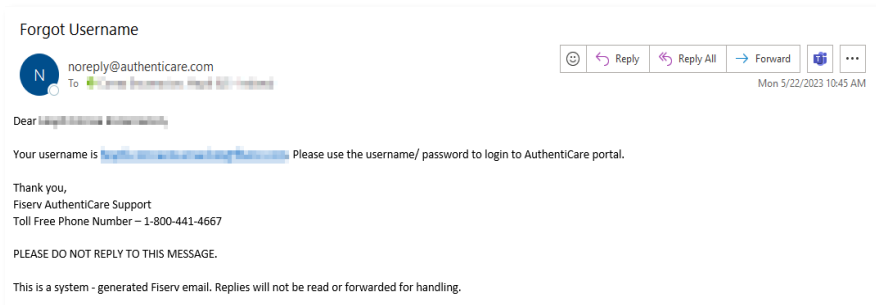
* Email Address:

Password:

[Forgot UserName](#) [Forgot Password](#) [Submit](#)

- Type your username, which is your registered email address, in the Email Address field. Next, type the moving characters, and click **Submit**.

3. You will receive an email with your username information



2.8 Log Out

For security and privacy reasons, it is important for users to log out of AuthentiCare® when leaving the workstation.

[Home](#) | [Create](#) | [Reports](#) | [Scheduling](#) | [Dashboards](#) | [Visits](#) | [Administration](#) | [My Account](#) | [Custom Links](#) | [Logout](#)

After a 15-minute period of inactivity, AuthentiCare® automatically logs the user out the system. Select Logout from the Main Menu to log out when leaving your workstation.

2.9 Adding New Users

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

A NMTC SDCB Support Broker user can add EOR users.

An MCO staff member, a New Mexico Turquoise Care Administrator user, *cannot* add another New Mexico Turquoise Care Administrator user to AuthentiCare®. To add an MCO New Mexico Turquoise Care Administrator user, contact authenticare.support@fiserv.com.

An AO_Administrator user (created for Multi-Branch Authorization work) *cannot* add another AO_Administrator user to AuthentiCare®. To add another AO_Administrator user, contact authenticare.support@fiserv.com.



Note:

For MCOs, an MCO New Mexico Turquoise Care Administrator user cannot add another MCO NMTC Administrator user.

For Providers, an AO_Administrator user cannot add another AO_Administrator user.

To add these users, contact authenticare.support@fiserv.com.

In order to add New Users, Providers will need to login to AuthentiCare® and register the new users.

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

1. If you want to narrow your search you may choose an Entity Type. Enter the name of your Provider or some portion of the name in the Entities Search. Click **Go!**

The screenshot shows a web interface titled "Entities". At the top, there is a link "Add New >" with "Client Worker" selected. Below this is a dropdown menu for "Entity Type >". Underneath is a text input field for "Search >". A "Go!" button is located at the bottom right of the search area, highlighted with a red box.

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

The screenshot shows two main sections: "Provider Entity Settings" on the left and "Entity Addresses/Phones" on the right. The "Provider Entity Settings" section includes fields for ID, PIN, names, company name, SSN, FID, gender, birth date, email, dates, language, status, entity qualifier, extra claim review, mileage, NPI, provider services (with a dropdown menu), SDCB service provider, taxonomy code, travel time, unauthorized phone access, and mobile/messaging enabled options. The "Entity Addresses/Phones" section has "Add Address" and "Add Phone" buttons, each with a form for address details (type, description, lines, city, state, zip) and phone details (type, number). Below this is a "Registered Users" section with an "Add User" button and a table of existing users.

3. Click **Add User** under Registered Users.

This is a close-up of the "Registered Users" section. It features the heading "Registered Users", a sub-heading "Adding a user saves any changes to this page and navigates to a new page.", and a prominent "Add User" button highlighted with a red border. Below the button is a table with columns for "User Name", "Role", and "Registered On".

User Name	Role	Registered On
[Redacted]	NM_Administrator	04/15/2024
[Redacted]	NM_Administrator	04/15/2024
[Redacted]	NM_Administrator	04/15/2024
[Redacted]	NM_Administrator	04/15/2024

4. The *Register* page displays.

Register

Use your assigned ID and PIN plus your e-mail address and a password you choose to register for access to the website.

* Email Address:

* Password:

* Confirm Password:

* User Roles:

NM_AdminAssistant
NM_Administrator
NM_ClaimsMgt1
NM_ClaimsMgt2
NM_HumanResources
NM_IntakeReferral
NM_Payroll/Billing
NM_Payroll/Billing/HumanResources

Rights:

Add Claims
Edit Claims
View Claims
Delete Claims
Edit Clients
View Clients
Add Workers
Edit Workers
View Workers

Choose the Administrator role *only* from the list below. There is an additional role of Assignment Office Administrator for Multi-Branch Providers (AO_Administrator) that only Fiserv can assign. When you choose the NM_Administrator role or a different role, the screen will refresh to display on the right the list of rights for that role. See [Appendix A-4](#) for a description of functions and explanations of the Administrator role and each different role can perform. The NM_Administrator role and available Provider roles are listed here:

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



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

5. Enter an **Email Address**.

- This email address serves as a Username and is not used to contact the Provider.
- Enter a **Password**. The password must have at least one uppercase letter, at least one lower care letter, at least one number, at least one special character, and must be at least eight characters in length.



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

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



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

The *Register* page displays with the entered information.

7. Click **Register**.

You are returned to the *Home* page. A message in the top left-hand corner informs you that the registration was completed successfully. The user you just registered displays in the Registered Users section of the *Provider Entity Settings* page specifying the email address, the role assigned and that they are enabled.



2.9.1 NMTC SDCB Support Brokers Adding EOR Users

1. From the **Homepage**, search for and select the EOR you wish to add
2. On the **Representative Entity Page**, go to the *Registered User* section
3. Click **Add User**

Representative Entity Settings

* Indicates a required field.

ID:

PIN:

* First Name:

Middle Name:

* Last Name:

Email Address:

Begin Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Status:

Clients

Name	ID	Effective Date
<input type="text"/>	<input type="text"/>	MM/DD/YYYY <input type="text"/>

Workers

Delete Worker	Name	ID	Effective Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	MM/DD/YYYY <input type="text"/>

Entity Addresses/Phones

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.

Add Address

Address Type:

* Address Line 1:

Address Line 2:

* City:

* State: * Zip:

Add Phone

Phone Type	Phone Number
<input type="text" value="Work"/>	<input type="text" value="(123) 456-7201"/> <input type="button" value="Delete"/>
<input type="text" value="Home"/>	<input type="text" value="(402) 222-3014"/> <input type="button" value="Delete"/>
<input type="text" value="Mobile"/>	<input type="text" value="(606) 615-0370"/> <input type="button" value="Delete"/>

Registered Users

Adding a user saves any changes to this page and navigates to a new page.

Add User

User Name	Role	Registered On	Enabled
<input type="text" value="jane.doe@authenticare.com"/>	Case_Representative	01/20/2021	<input checked="" type="checkbox"/>
<input type="text" value="john.doe@authenticare.com"/>	Case_Representative	01/21/2021	<input checked="" type="checkbox"/>

Note:

4. On the **Register** screen enter the e-mail address of the new user
5. Create and confirm password following the strong password rules
6. Select the *Case_Representative* user role
7. Click **Register**

Register

Use your assigned ID and PIN plus your e-mail address and a password you choose to register for access to the website.

* Email Address:

* Password:

* Confirm Password:

* User Roles:

Case Manager

Case_Representative

Rights:

View Claims

Edit Clients

View Clients

Edit Workers

View Workers

View Case Managers

Edit Representatives

View Representatives

Manage Representatives

New user will be listed in the Registered Users section. Be certain to send the new user their AuthentiCare® login credentials!

2.10 Disabling a User

2.10.1 Provider Administrator

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



Note: Only someone with the Administrator role at the Provider agency can disable an account.

This process is also applicable for SDCB Agency Provider Administrators.

1. Navigate to the *Provider Entity Settings* page by entering the name of the Provider or some portion of the name in the Entities Search > field and click **Go!**
2. The *Provider Entity Settings* page displays with the information about this Provider.
3. Click the **Enabled** checkbox and the check mark will disappear.

Registered Users				
Adding a user saves any changes to this page and navigates to a new page.				
Add User				
ie	Role	Registered On	Enabled	Delete
nmcccarellc@nm.com	NM_Administrator	04/06/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ter@NMCC.com	NM_Administrator	04/07/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
nmcccarellc@nm.com	NM_Administrator	04/06/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
nmcccarellc@nm.com	NM_Administrator	04/06/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. Click **Save**

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

Needs Attention:
Successfully saved Provider - CMC Test Provider (ID: [5919](#))

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



Caution: Do not click the “delete” check box to disable the user. That will hamper the functions in AuthentiCare® that automatically track by username (email) actions that were taken in the system.

2.10.10 New Mexico Turquoise Care Administrative Users

If a user should no longer have access to AuthentiCare®, contact Fiserv AuthentiCare® Support Center Services at authenticare.support@fiserv.com to have the account disabled.

2.11 Changing Password

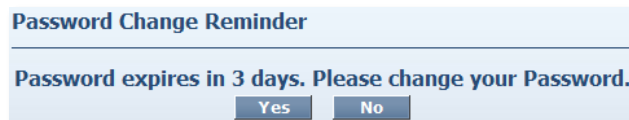
There are several reasons why an AuthentiCare® user would want or need to change their password:

- **Password Expiration:** The password expires every 60 days, and a new one needs to be chosen. There is a password rotation of ten (10) passwords which means that you cannot use any of your previous ten passwords when creating a new password.
- **Security:** Users may want to secure their password by creating a new one if they feel this information has been compromised.
- **Account Lockout:** After three (3) failed attempts to log-in in a single session the account is automatically disabled. To re-establish access:
 - **For Providers**
 - Someone with an Administrator role can manage registrations and change the password for the locked-out user.
 - **For New Mexico Turquoise Care Administrators**
 - Contact Fiserv AuthentiCare® Support Center at 1-800-441-4667, option 6, or email authenticare.support@fiserv.com.
 - **For Support Brokers**
 - Contact Fiserv AuthentiCare® Support Center at 1-800-441-4667, option 6, or email authenticare.support@fiserv.com.
 - **For EORs**
 - Contact Fiserv AuthentiCare® Support Center at 1-800-441-4667, option 6, or email authenticare.support@fiserv.com.



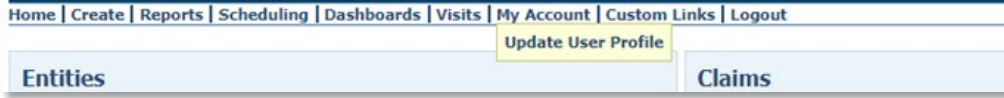
Note: When creating a new user account, you cannot use the same email address as the account that has been locked out. When creating a new user account, one cannot use the same email address in existence for another account. The locked-out account is determined to be “in existence.”

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




Enter your **AuthentiCare® Email Address** and **Password** on the login page of the Web Portal. Follow the steps below to change your password.

1. Place the cursor on **My Account** in the main menu, and when **Update User Profile** displays, click on that.



2. The **Change Password** page displays.

3. Enter your **Existing Password**.
 4. Enter a **New Password**.
-  **Note:**
- a. The Password must have at least one uppercase letter, at least one lower case letter, at least one number, at least one special character, and be at least eight characters in length. Do not utilize * or + in your password.
 - b. This password is used in the future along with the email address to access the Web Portal so it is important to write them down and store them in a secure place.
 - c. The password entered cannot be the same as any of the previous ten passwords you have used.
5. Re-enter the password in **Confirm Password**.
 6. Click **Submit**.

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



3.0 Navigating AuthentiCare®

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

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

3.1 Home Page

The *Home* page is the central location in AuthentiCare®. From this page, users can navigate to other areas of the system. This page differs depending on the user role, and therefore, controls the information users can access in the system. The username displays in the upper right-hand corner of the Home page.

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



Note: All actions the user takes are tracked in AuthentiCare® to maintain an accurate record of activity. Also, all users have a **Custom Links** option on the tool bar that links to sites or information that is outside of AuthentiCare®.

The *Home* page is divided into three sections:

The screenshot displays three distinct web forms for searching and creating records in the AuthentiCare system:

- Entities:** Located in the top left, it features a header 'Entities' and options to 'Add New > Client' and 'Add New > Worker'. It includes a dropdown for 'Entity Type', a search input field, and a 'Go!' button.
- Services and Authorizations:** Located in the bottom left, it has a header 'Services and Authorizations'. It offers search options for 'Service' and 'Authorization' (selected). Fields include 'Service', 'Authorization ID', 'Service Type' (dropdown), 'Authorization Start' and 'End' (date pickers), 'Client', 'Provider', 'Worker', 'Payer', 'Service Period', and 'Procedure Code'. It includes 'Go!' and 'Clear' buttons.
- Claims:** Located on the right, it has a header 'Claims'. It offers options to 'Add New > Claim (Standard)' and 'Add New > Claim (Express)'. It includes a radio button for 'Claim' (selected), search options for 'Confirm Billing - View' and 'Confirm Billing - Bulk', a '*Claim ID' field, and a 'Claim Status' dropdown. It also includes fields for 'Claim Start', 'Claim End', 'Service', 'Authorization ID', 'Client', 'Provider', 'Worker', 'Representative', 'CaseManager', 'Payer', 'Procedure Code', and 'User Option'. A checkbox for 'Include Inactive Claims?' is present. It includes 'Go!' and 'Clear' buttons.

Entities: Entities is a broad category within AuthentiCare® that designates people and agencies involved in the caregiving experience including:

- Client (the members served by New Mexico Turquoise Care)
- Provider (each Provider agency)
- Worker (those employed by a Provider agency)
- Payer (those who will pay the Claim)
- Representatives (SDCB only; the representative hired by the member to act on their behalf)
- Case Manager (NMTC SDCB Support Broker)

Services and Authorizations: Allows the user to perform detailed searches for existing Services and Authorizations.

Claims: While most Claims are created using the IVR phone system or the GPS enabled Mobile Application, designated Provider roles can also create Claims using the Web Portal. All Claims, whether they were created using the IVR, Mobile Application or the Web Portal, can be viewed from the Web Portal. Providers may perform detailed searches for existing Claims from the *Home* page. Refer to [Section 13.0](#), Managing Claims.

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

3.2 Menu Bar

Across the top of the page, the Main Menu on the tool bar across the top of the page allows the user to navigate to different pages and perform different tasks. The Main Menu functions are detailed below.

[Home](#) | [Create](#) | [Reports](#) | [Scheduling](#) | [Dashboards](#) | [Visits](#) | [Administration](#) | [My Account](#) | [Custom Links](#) | [Logout](#)

Create

- **New Claim:** This drop-down selection allows designated Provider sub-roles the ability to create Claims using the Web Portal. Workers use the IVR phone system, or the GPS enabled Mobile Application to create Claims.
- **New Client:** Applicable to SDCB Agencies only. Refer to [Section 7.4](#) SDCB Agency Provider Client Search.
- **New Worker:** If a Worker does not already exist in the system, a Provider sub-role can select **Add New > Worker** and follow the process outlined above to create their profile. It is recommended that a user first search to confirm the Worker is not already in the system before adding a new Worker. See [Section 4.0](#) for directions related to the Search feature.

Reports

AuthentiCare® includes robust reporting capabilities to assist in managing and monitoring Clients, Workers, Schedules, and Visits. *Report* access is set according to user role. *Reports* are available 24/7 via the Web and information is pulled in real-time, meaning that there is no system lag with reporting.

Scheduling

Available to use as needed, AuthentiCare® includes a Scheduling function that allows Providers to Schedule events for Clients and view an event calendar by searching for Schedules specific to either the Client, Worker, and/or Service. Providers are also able to create a new event and generate scheduling reports.

Dashboards

On the *Home* page, AuthentiCare® includes a Dashboard for Providers that provides information in graph format with easy navigation to the source data represented in the Dashboard. The Provider's Dashboard is available only to users who have the Provider Administrator, Provider AdminAssistant, Provider Payroll/Billing or Payroll/Billing/HR sub-roles in the system. Refer to [Appendix A-4](#) for a complete list of rights for each of these roles.

My Account

From the main menu, select My Account to access the Change Password screen and update your User Profile.

Custom Links

From the main menu, select custom links to access the resource list. In this list you find:

- AuthentiCare® NMTC User Manual
- AuthentiCare® NMTC Provider Documents
- SDCB Training Video



All users have a **Custom Links** option on the tool bar that hosts training documentation and links to sites or information outside of AuthentiCare®.

3.3 Administration

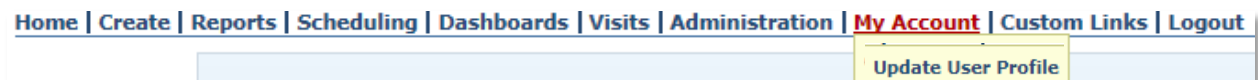
The **Administration** tab gives access to Manage Users and Search Payer History.



You can Search for User by entering their first name.

3.4 My Account

You can change your password or your security questions by placing the cursor on **My Account** in the main menu and selecting **Update User Profile**.



In the Update User Profile page, you will be able to:

- Change your Password if needed;
- Update or Change your Security Questions

Update User Profile

* Indicates a required field.

Edit

* First Name:

Middle Name:

* Last Name:

* Mobile phone number:

* Email Address:

Change Password

* Username:

* Password:

* Confirm Password:

*Security Questions: **Edit**

In what city did you meet your spouse/significant other?

In what city was your mother born?

What was your first pet's name?

4.0 Search and Viewing People and/or Agencies

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

New Mexico Turquoise Care Administrative Users can view all data in AuthentiCare® related to their Clients who receive Personal Health Care and/or Home Health Care.

SDCB Agency Provider Users can view the information in AuthentiCare® about their agency as well as information about all Clients served by the agency and all Workers who work for that agency.

4.1 Searching for People and/or Agencies

From the **Entities** search section of the *Home* page, search for your agency by entering the name of the agency in the **Search >** field and selecting **Go!**

Entities

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

Entity Type >

Search >

Go!



Note: If nothing is entered in the **Search** field, then all entities will be returned in your search results. Finding just one Client or Worker in the list will take longer than searching for one entity.

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

Entity Search Results				
ID	Name	User Type ▲	Information	Delete Selected

Note the columns displayed in the search results:









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

Name – Identifies the name for the Entity

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

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

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

Entity Search Results				
ID	Name	User Type	Information	Delete Selected
XXXXXXXXXX	AceHooperlala, Malaikahlala B	Client		<input type="checkbox"/>
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Client		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Worker		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Worker		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Client		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Client		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Worker		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Worker		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Worker		
XXXXXXXXXX	XXXXXXXXXX , XXXXXXXXXX	Worker		

Additional Information

ID: [XXXXXXXXXX](#)

Full Name: AceHooperlala, Malaikahlala B

Home Address: 68 School Lane
New Delhi, NM 79934

Home Phone:

Work Address:

Work Phone: (999) 555-0002

Date of Birth: 05/16/1960

Effective Date Start:

Effective Date End:

Medicaid ID:

Email:


SSN:

FID:

Status: Active

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

ID	Name	User Type	Information	Delete Selected
3999000001	AceHooperlala, Malaikahlala B	Client		<input type="checkbox"/>

4.2 Viewing Providers

To view a Provider, click on the ID number for the user type “Provider” on the *Entity Search Results Page*.

This page provides information regarding the Provider:

- The Services the Provider is enrolled to provide,
- The Provider’s Workers,
- Address and Phone Information,
- Holidays and Work Hours

This information is data scoped (restricted) to match the rights of the user who is logged in. A Provider can only see information specific to his/her agency. The Turquoise Care Administrator has provided the Provider information via the Web.

For additional information regarding the *Provider Entity Settings* page, refer to [Section 5.0](#), Managing Provider Information.

4.3 Viewing Clients

If you click on a Client on the Entity Search section, the *Client Entity Settings* page displays.

This page provides Client information required for Claims processing, scheduling, and using the IVR/Mobile Application.

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

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

4.4 Viewing Workers

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

5.0 Managing Provider Information

Program Providers need to review their information in AuthentiCare® regularly to verify that all information on the *Provider Entity Settings* page is correct.

5.1 Editing Provider Information

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

When first signing on to the AuthentiCare® system, the Provider Administrator user must view the agency's information in AuthentiCare® to verify that information is correct. If the information is not correct, or if information needs added, Providers should contact the agency's contracted MCOs. Find MCO contacts listed in [Section 17.0](#) of this manual.

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

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

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

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

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



Note: Unlike the email address you use for your username, AuthentiCare® uses this address to automatically send an alert if a Worker is late checking in for a Scheduled Service and/or if a Worker does not check in at all to provide a Scheduled Service (missed Visit).

There can only be one email address, but it can be an individual or an address that distributes the email to multiple employees within your agency.

Providers who have Provider-specific Client identification numbers and want that number reflected in AuthentiCare® can select edit the Optional Attribute Data Collection field located under the Worker list on the *Provider Entity Settings* page. Providers can select “yes” and “save” to open the External Client ID on the *Client Entity Settings* page. The selection on the *Provider Entity Settings* page opens the External Client ID field for each Client associated with the Provider agency. For more information about External Client ID, refer to [Section 7.0](#), Managing Client Information.

5.2 Adding Negotiated Rates For Each Service By MCO

On the *Provider Entity Settings* page, find the four MCOs listed in the Optional Attributes Data Collection section towards the bottom of the page.

Optional Attribute Data Collection			
000M1808	Service	Optional	Enabled: <input checked="" type="radio"/> Yes <input type="radio"/> No
000M1814	Service	Optional	Enabled: <input checked="" type="radio"/> Yes <input type="radio"/> No
42101522	Service	Optional	Enabled: <input checked="" type="radio"/> Yes <input type="radio"/> No
68069	Service	Optional	Enabled: <input type="radio"/> Yes <input checked="" type="radio"/> No
87726	Service	Optional	Enabled: <input checked="" type="radio"/> Yes <input type="radio"/> No
EarlyVisitThreshold	Client	Optional	Enabled: <input type="radio"/> Yes <input checked="" type="radio"/> No
ExternalClientID	Client	Optional	Enabled: <input checked="" type="radio"/> Yes <input type="radio"/> No
LateVisitThreshold	Client	Optional	Enabled: <input type="radio"/> Yes <input checked="" type="radio"/> No
MissedVisitThreshold	Client	Optional	Enabled: <input type="radio"/> Yes <input checked="" type="radio"/> No
NoTechZone	Client	Optional	Enabled: <input checked="" type="radio"/> Yes <input type="radio"/> No

Choose the **MCOs** you are contracted with by selecting Yes next to the appropriate MCO, then select **Save**.

- 42101522 Blue Cross and Blue Shield of New Mexico
- 000M1808 Molina Healthcare of New Mexico
- 000M1814 Presbyterian Health Services
- 87726 United HealthCare of New Mexico

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!**

See next section for additional information on saving the rates.

5.3 Searching for Services

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


Services and Authorizations


Search Type: Service
 Authorization

Service:

Authorization ID:

Service Type:

Authorization Start: 

Authorization End: 

Client:

Provider:

Worker:

Payer:

Service Period:

Procedure Code:

Go! **Clear**

The Services page displays with a list of NMTC Services in AuthentiCare®.

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

< Prev 1 2 3 4 Next >

View the Service Settings page by clicking on the Service ID link designating the Procedure Code.

- Select each Service to add negotiated rates for each Service for each MCO.
- Note that since all four (4) MCOs were chosen, all four (4) MCOs have an open field on the Service Settings page.
- Input a negotiated rate for each of the MCOs.
- Select *Save Rates*.

Service Settings
* Indicates a required field.

ID: G0155
* Name: Social Worker Visit
Description: Social Worker Visit
Procedure Code: G0155
Authorization Required: Yes
Auto Claim Allowed: No
* Mobile Enabled: Yes
* IVR Enabled: Yes
* Service Type: Time Based
Time Per Unit: 15 Minutes
Check Out Window: 14 Hours
* Early Visit Threshold: Disable Threshold Checking
* Late Visit Threshold: Disable Threshold Checking
* Missed Visit Threshold: Disable Threshold Checking

* Rate: 70.0000

* Location Code: 12
Max Units Per Day: 6
Modifier:
Palco Code:
RevenueCode: 0561
Service Category: Home Health
Service Period: 16

Service Activity Codes

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

Administrative Email Contacts
(one email address per line)

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

5.4 Requesting Holidays/Days Off

On the right side of the *Provider Entity Settings* page is the Request Schedule section. Schedule information here is optional.

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

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

To add a date range for a multi-day agency closure: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.

Providers may choose to request that Work Hours be entered. These are the hours that Workers from the agency may provide Services for Clients and does not reflect the office hours of the agency.

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

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

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

Work Hours

Choose if the entity will use the default business hours (Default), if the entity has the day off (Off) or if the entity has a custom hours (Custom).

	Default	Off	Custom	Start Time	End Time
Sun	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Mon	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	12:00 AM	11:59 PM
Tue	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12:00 AM	11:59 PM
Wed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12:00 AM	11:59 PM
Thu	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12:00 AM	11:59 PM
Fri	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12:00 AM	11:59 PM
Sat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12:00 AM	11:59 PM

To **establish days of the week (for every week)** that the agency’s Workers do not provide Services (for example on Sunday):

- Check the circle in the column labeled “Off”.

Work Hours

Choose if the entity will use the default business hours (Default), if the entity has the day off (Off) or if the entity has a custom hours (Custom).

	Default	Off	Custom	Start Time	End Time
Sun	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Mon	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	12:00 AM	11:59 PM
Tue	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Wed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	12:00 AM	11:59 PM
Thu	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	12:00 AM	11:59 PM
Fri	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Sat	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		



Note: Entering details in this section causes warning notices to display if the Provider attempts to Schedule a Worker for a time that falls outside of the agency’s work hours. However, Providers are not prevented from scheduling a Visit outside normal work hour. Refer to [Section 9.0](#).

Click **Save** at the bottom of the Provider Entity Settings page.

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

5.5 Electronic Remittance Advice (835) from NMTC MCOs

AuthentiCare® New Mexico Turquoise Care submits Claims on the Provider’s behalf to the appropriate Payer in a HIPAA compliant 837 electronic file in the early morning hours of each weekday. The Payer, the appropriate MCO, provides adjudication results to the Provider in a HIPAA compliant 835 electronic remittance advice file.

Each Provider must decide whether or not to load the 835-remittance advice into AuthentiCare® New Mexico Turquoise Care. The advantage to loading the 835 into AuthentiCare® New Mexico Turquoise Care is that Providers will have a complete history of each Claim in one system, from the Worker’s IVR call/Mobile Application contact or Claim Web entry through adjudication with the amount paid linked to each Service episode. Another advantage for Providers is that, if the data collection of the External Client ID is selected, Providers will have each Client’s External Client ID with each Client’s Claim information on the 835.

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

If you choose to request and upload the 835, use the process outlined in the next section.

5.6 Uploading the 835 into AuthentiCare®

Providers can upload the 835 files they receive from the applicable MCO into AuthentiCare® New Mexico Turquoise Care whenever they want to do so, 24/7. The ability to upload the file is a right assigned to the person(s) with an Administrator role in the system. AuthentiCare® will accept the 835 file with an “.edi” extension, as a zip file having a “.zip” extension or with an “.rsp” extension.

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

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

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

To begin the upload process, hover over the **Administration** tab on the tool bar and click on the **File Upload** tab when it appears.



Once Providers select “File Upload,” the selection of the 835 will remain the same. The screen below displays where you can upload your 835 file.

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

File Upload

* Indicates a required field.

* File Type:

* Select File:

Please upload one file at a time. Select a file with an appropriate extension. For 835 upload, Zip files (.zip) containing more than one of those files are also allowed.

* Email Address:

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

For 835 upload, If email indicates success you should be able to see remittance data in the remittance advice and remittance data listing reports.
If email indicates failure, please contact the helpdesk at clientsupport@firstdata.com or call 800-441-4667 option 6.

File Upload History

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

There is an added choice of “Schedules.” For further information regarding uploading Worker Schedules, refer to [Section 9.0](#).

6.0 Managing Worker Information

A Worker is all the Provider’s staff members, or employee selected by the employee of record who will be providing Services for a Client (does not include office staff using the Web only).

- Prior to implementation, Worker information for each Provider is pre-populated in AuthentiCare®.
- Prior to implementation, Providers must verify that the Worker information is correct. Workers hired by the Provider after the files were sent to Fiserv for pre-populating must be added via the Web Portal.

Worker information requires regular maintenance from adding a new Worker, updating current Worker information, and inactivating Workers that no longer work for a Provider agency. The following sections describe how these maintenance activities are accomplished.



Note: Only **SDCB Agency Providers** with Provider Administrator roles will be able to manage Workers in the Web Portal.

6.1 Adding a Worker

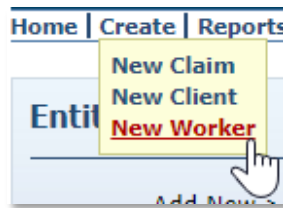
Workers are vital to the AuthentiCare® process. In order for the IVR system to document Services provided by a Worker, the Worker must be in the system and have a system-generated ID number. This will enable accurate scheduling, use of the IVR and billing for Services provided.



Note: Prior to adding a Worker, it is important to confirm that the Worker record does not already exist in the system. Follow the previous steps for View/Search Worker Information/Add a Worker in [Section 4.0](#) before proceeding.

To add a Worker to the system,

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



OR

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

The **Worker Entity Settings** page displays, an asterisk (*) on the **Worker Entity Settings** page denotes required field. The **Worker Entity Settings** page is like the **Client Entity Settings** page.

Worker Entity Settings

* Indicates a required field.

ID: _____
PIN: _____
* First Name:
Middle Name:
* Last Name:
Company Name: _____
SSN: _____
FID: _____
Gender:
Birth Date:
Email Address:
Begin Date:
End Date:
Language:
Status:
* Mobile App Mode:
External Worker ID:
Receive Stipends:
Related To Client:
Worker Services:

* Mobile Enabled: Yes No

* Mobile Locked: Yes No
Password:
Worker Must Change Password:
Mobile phone number:
Device ID:
Office Phone:

Provider: TEST PROVIDER 12

Entity Addresses/Phones

Holidays / Days Off

Add Holiday
From Date To Date

Work Hours

Choose if the entity will use the default business hours (Default), if the entity has the day off (Off) or if the entity has a custom hours (Custom).

	Default	Off	Custom	Start Time	End Time
Sun	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Mon	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Tue	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Wed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Thu	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Fri	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Sat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

1. Enter the Worker's First Name and Last Name.
2. Select the Worker's Gender from the drop down box.
3. Enter the Worker's Birth Date in mm/dd/yyyy format.
4. Select Language. Selecting either *English* or *Spanish* will determine the language the Worker will hear when using the IVR. If *Other* is selected, the IVR language will default to *English*.
5. If the Provider chooses, an External Worker ID can be entered. Many Providers already have an ID number for their Workers and want to capture that information here.
6. If the Worker provides Services for more than one Client in the same location, select "yes" in the "related to Worker" field. (When selecting "yes" an "Add Client" button will appear below the "Add Provider" button following the mobile details section. Be certain to add related Client information.
7. Select the Worker Services. Providers must select at least one Service this Worker may provide, but may select more than one if needed. To do so, hold down the Control key (Ctrl) on the keyboard while clicking the selections in the list.
8. If the Worker will be using the Mobile Application for Service check-in and/or Service check-out, the "yes" radio button beside "Mobile Enabled" should be marked.

- Input the Worker’s device ID and create a temporary password for the Worker’s Mobile Application by entering a password in the “password” field and checking the “Worker must change password” box



Note: The Provider is automatically populated with the name of the Provider that corresponds to the user that is presently logged into AuthentiCare® and creating the Worker. Do not use the Add Provider button.

6.2 Editing a Worker

Search for the Worker you wish to edit according to the instructions in [Section 4.0](#).

The *Worker Entities Settings* page displays.

Verify, and if needed, update the appropriate fields such as **First Name, Last Name, Gender, Birth Date, Worker Services**, and scheduling information.

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

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

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

6.3 Deleting a Worker

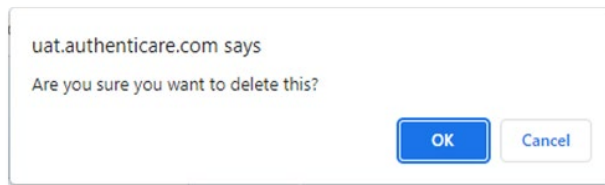
If a Worker is entered in error, the Worker can be deleted from the system, but this must be done immediately after the mistake is made. *Once an event is Scheduled or a Claim is created for this Worker, the Worker cannot be deleted.*

Search for the Worker you wish to delete according to the instructions in [Section 4.0](#).

The *Worker Entities Settings* page displays.

Click **Delete**.

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



Click **OK** to permanently delete this entity.

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

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

Needs Attention:
Entity deleted successfully.

OR

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

Entities

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

Entity Type >

Search >

Go!

The *Entity Search Results* page displays with the results of your search.

Entity Search Results

ID	Name	User Type	Information	Delete Selected
09528	123, Test	Worker		<input type="checkbox"/>
37742	345, Test	Worker		<input type="checkbox"/>
95189	Arrey, Nova	Worker		<input type="checkbox"/>

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

Entity Search Results

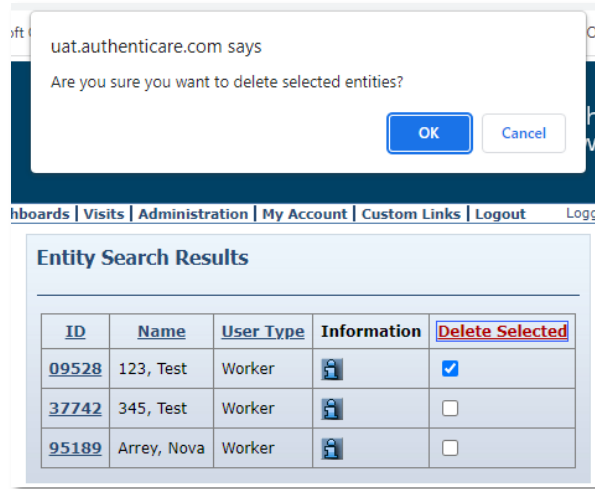
ID	Name	User Type	Information	Delete Selected
09528	123, Test	Worker		<input type="checkbox"/>
37742	345, Test	Worker		<input type="checkbox"/>
95189	Arrey, Nova	Worker		<input type="checkbox"/>

Click the **Delete Selected** column heading to delete the Worker you wish to delete. Once an event is Scheduled or a Claim is created for this Worker, the Worker cannot be deleted.

Entity Search Results

ID	Name	User Type	Information	Delete Selected
09528	123, Test	Worker		<input type="checkbox"/>
37742	345, Test	Worker		<input type="checkbox"/>
95189	Arrey, Nova	Worker		<input type="checkbox"/>

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

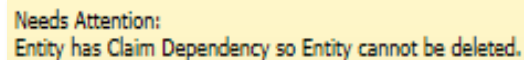


Click **OK** to permanently delete this Worker.

The *Home* page displays if the deletion was successful. A message displays in the upper left-hand corner confirming the deletion.



If the Worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.



6.4 Adding Holiday and Working Hours to a Worker

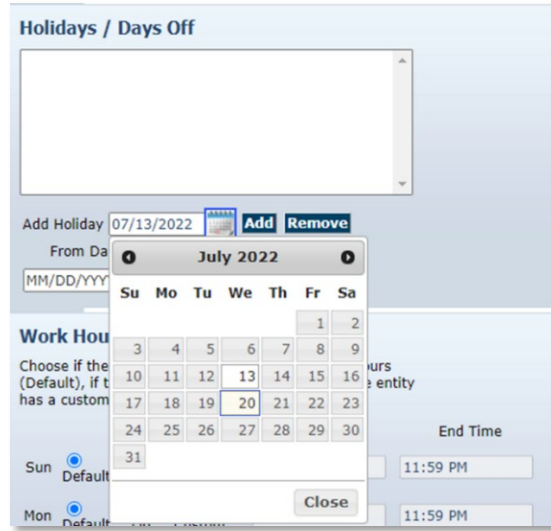
Providers may choose to add **Holidays/Days Off** for each Worker.



Note: Entering details in this section causes warning notices to display if the Provider attempts to Schedule a Worker for a planned day off. For details on scheduling, refer to [Section 9.0](#).

- A) Providers may choose to add **Holidays/Days Off** for each Worker to assist with scheduling.
- To add a single day: Type in the **Date** OR choose a date from the calendar, then click **Add**.

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



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

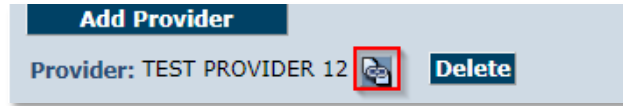
- To apply the **default hours** to the Worker, no change is needed.





Note: The default hours are the work hours of the Provider and AuthentiCare® automatically checks the circles in the column labeled “Default” for each day.

To see the hours set for the Provider, click on the link icon next to the Provider’s name. Clicking this icon displays the *Provider Entity Settings* page.



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

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

Work Hours

Choose if the entity will use the default business hours (Default), if the entity has the day off (Off) or if the entity has a custom hours (Custom).

		Start Time	End Time
Sun	<input checked="" type="radio"/> Default <input type="radio"/> Off <input type="radio"/> Custom	<input type="text"/>	<input type="text"/>
Mon	<input type="radio"/> Default <input type="radio"/> Off <input checked="" type="radio"/> Custom	<input type="text"/>	<input type="text"/>

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

- Check the circle in the column labeled “**Off**”.

Work Hours

Choose if the entity will use the default business hours (Default), if the entity has the day off (Off) or if the entity has a custom hours (Custom).

		Start Time	End Time
Sun	<input checked="" type="radio"/> Default <input type="radio"/> Off <input type="radio"/> Custom	<input type="text"/>	<input type="text"/>
Mon	<input type="radio"/> Default <input checked="" type="radio"/> Off <input type="radio"/> Custom	<input type="text"/>	<input type="text"/>

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

OR

Click **Save**, to save the Worker and return to the *Home* page.

Save/Create Another Save Cancel Delete

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

Successfully saved Worker - Test Worker3 (ID: [07057](#))



Note: The Worker ID appears in this message. The Worker must use this ID when calling the IVR from the Client’s home. Be sure to record this ID on the Worker Instruction sheet to be supplied to the Worker. The ID can also be found by viewing the *Worker Entity Settings* page.

6.5 Suspending/Inactivating/End-Dating a Worker

A Worker cannot be deleted once there are any relationships created for the Worker. In other words, if a Worker has been Scheduled for an event or if a Claim has been created for which the Worker provided the Service, then the Worker cannot be deleted from AuthentiCare®. If the Worker no longer works for the Provider or simply will not be providing Services any longer, there are three options for editing the Worker file:

Change the Worker’s status to “Suspend”. The Worker cannot use the IVR but Claims can be entered via the Web. All Claims (pending and new) will show a critical Exception that the Worker is not eligible.

Change the Worker’s status to “Inactive”. The Worker can still use the IVR and have Claims entered via the Web Portal but all Claims (pending and new) will show a critical Exception that the Worker is not eligible.

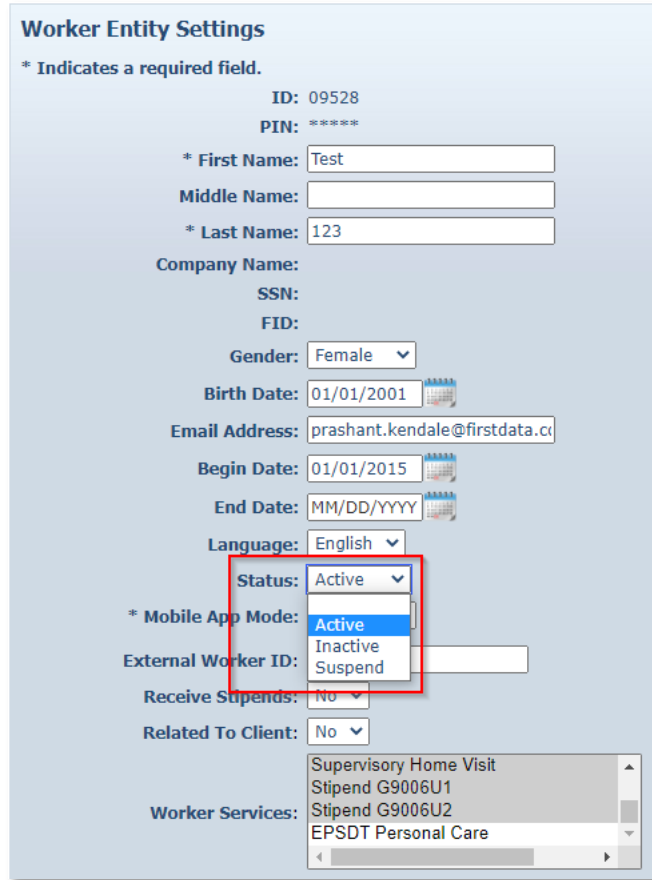
Populate the “**End Date**” field on the Worker’s screen. The Worker can still use the IVR and have Claims entered via the Web. Claims with a Date of Service (DOS) prior to the end date will be processed normally. Claims with a DOS after the end date will generate a critical Exception that the Worker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

At any time, the “**End Date**” can be removed, or the Worker’s status changed back to active, making the Worker again eligible to provide Services and/or removing the “Worker not eligible” critical Exception from pending Claims.

Populate the “End Date” when a Worker terminates. Once the End Date is populated, all future Scheduled appointments are deleted automatically by AuthentiCare®. This reduces the late and missed Visit alerts to Providers.

To suspend, inactivate, and/or end date a Worker, search for the Worker you wish to inactivate according to the instructions in [Section 4.0](#).

The *Worker Entities Settings* page displays



Worker Entity Settings

* Indicates a required field.

ID: 09528
PIN: *****

* First Name: Test
Middle Name:
* Last Name: 123

Company Name:
SSN:
FID:

Gender: Female
Birth Date: 01/01/2001
Email Address: prashant.kendale@firstdata.c
Begin Date: 01/01/2015
End Date: MM/DD/YYYY
Language: English

Status: Active
* Mobile App Mode: Active
External Worker ID:
Receive Stipends: No
Related To Client: No

Worker Services:
Supervisory Home Visit
Stipend G9006U1
Stipend G9006U2
EPSDT Personal Care

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

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

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

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



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

6.6 Creating a Worker for Consumer-Directed Admin Fee

Every Claim in AuthentiCare® must have an associated Worker and associated Authorization for Service to submit successfully for payment. Providers will be able to set up an “administrative” Worker for AuthentiCare® to automatically create Claims for the Consumer-

Directed Admin Fee. If Providers choose to add the “administrative” Worker for this purpose, the Provider is granting approval to AuthentiCare® to create these Claims.

Claims will not be created for any month an Authorization for the Consumer-Directed Admin fee is not present. Once the AdminFee Worker is created, and an Authorization for that Service is present, Claims will be created for those Clients. The first weekend of the next month, new Claims for the Clients of that Service for that month will be created. Providers need to create *only one* “administrative” Worker with the name AdminFee Worker. That Worker will be present in AuthentiCare® month after month.

Providers will utilize the following procedure to create an “administrative” Worker for Consumer-Directed Admin Fee Claims.

- Log into AuthentiCare® . From the *Home* page, select **Add Worker**
- On the *Worker Entity* page, add an “administrative” Worker with the exact name “AdminFee” as the first name and “Worker” as the last name
- Highlight the Service “Consumer Directed Admin Fee”
- If desired, create and add any other data, birthdate, etc. for this new Worker

Click **Save** to save the new Worker, “AdminFee Worker.”

6.7 Worker Manual and Instruction Sheets

Under the “Custom Links” section of the AuthentiCare® Web Portal is a link titled “AuthentiCare NMTTC Provider Documents” which houses a zip file that includes a Worker Manual and Instruction Sheets.

This zip file can be downloaded and the Worker Manual and Instruction Sheets can be distributed to all Workers at your agency.

7.0 Managing Client Information

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

Search for the Client you wish to edit according to the instructions in [Section 4.0](#).

The *Client Entity Settings* page displays:

Client Entity Settings	Entity Addresses/Phones						
<p>* Indicates a required field.</p> <p>* ID: 3000000056</p> <p>PIN: *****</p> <p>* First Name: TEST</p> <p>Middle Name: T</p> <p>* Last Name: CLIENT56</p> <p>Company Name:</p> <p>SSN:</p> <p>FID:</p> <p>Gender: Male</p> <p>* Birth Date: 01/01/1950</p> <p>Email Address:</p> <p>Begin Date:</p> <p>End Date:</p> <p>Language: English</p> <p>Status: Active</p> <p>High Risk:</p> <p>Approve EVV Exception:</p> <p>Setting End Date:</p> <p>Setting Of Care:</p> <p>Setting Start Date:</p> <p>Payer Assignment: UHC NM</p> <hr/> <p>Case Manager:</p> <p>Effective Date:</p> <hr/> <p>Representative:</p> <p>Effective Date:</p> <hr/> <p>No Tech Zone: <input type="checkbox"/></p>	<p>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.</p> <p>Add Address</p> <p>Address Type: Home Delete</p> <p>* Address Line 1: 123 MAIN ST</p> <p>Address Line 2:</p> <p>* City: ALBUQUERQUE</p> <p>* State: NM * Zip: 87108</p> <p>Longitude:</p> <p>Latitude:</p> <p>Disable Learn Mode: <input type="checkbox"/></p> <p>ViewMap</p> <hr/> <p>Add Phone</p> <table border="1"> <thead> <tr> <th>Phone Type</th> <th>Phone Number</th> <th></th> </tr> </thead> <tbody> <tr> <td>Home</td> <td>(513) 444-4444</td> <td>Delete</td> </tr> </tbody> </table>	Phone Type	Phone Number		Home	(513) 444-4444	Delete
Phone Type	Phone Number						
Home	(513) 444-4444	Delete					
<p>Save/Create Another Save Cancel Delete</p>	<p>ID Card Number:</p> <p>Status:</p>						

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

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

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

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

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

7.1 External Client ID

If the Provider has selected **Yes** in the Optional Attribute Data Collection field on the *Provider Entity Settings* page, the External Client ID field displays on the *Client Entity Settings* page.

Providers can input the Provider-specific Client identification number from the Provider's own data system, and select **Save** to record the new information.

Client Entity Settings

* Indicates a required field.

* ID: 3545527231

PIN: *****

* First Name: Pune

Middle Name: A

* 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:

Setting Start Date: 01/01/2023

Payer Assignment: BCBSNM

Case Manager:

Effective Date:

Representative:

Effective Date:

External ClientID:

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

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

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

The External Client ID (if present on the *Client Entity Settings* page) is displayed in a designated column on the Claim Data Listing Report, the Remittance Advice Report, and the Time and Attendance Report. The External Client ID cannot be used to search for a Client in AuthentiCare®.

For additional information on all reports, refer to [Section 15.0](#).



Note: The External Client ID is not searchable within the AuthentiCare® Web Portal but will appear on the Claim Data List Report.

7.2 No Tech Zone Indicator

Providers can select the No Tech Zone indicator on the *Client Entity Settings* page for Clients who reside and receive Services in a location when cell telephone or landline Service is not available and/or for the situations of Clients not having an available telephone of either kind.

Client Entity Settings

* Indicates a required field.

* ID:

PIN: *****

* First Name: Pune

Middle Name: A

* Last Name: BhopalBCBS

Company Name:

SSN:

FID:

Gender: Male

* Birth Date:

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:

Setting Start Date: 01/01/2023

Payer Assignment: BCBSNM

Case Manager:

Effective Date:

External ClientID:

No Tech Zone:

Save/Create Another Save Cancel Delete

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

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

Needs Attention:
Successfully saved Client - client1 Test (ID: [43429](#))

The No Tech Zone designation displays on the Eligible Client Data Listing Report. For additional information on all reports, refer to [Section 15.0](#), Reporting.

7.3 High Risk Client Indicator

MCO Users can designate a Client as a “High Risk” Client. Providers have view/read-only access of the High-Risk indicator box.

Client Entity Settings

* Indicates a required field.

* ID:

PIN: *****

* First Name: Pune

Middle Name: A

* 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:

Setting Start Date: 01/01/2023

Payer Assignment: BCBSNM

Case Manager:

Effective Date:

External ClientID:

No Tech Zone:

Save/Create Another **Save** **Cancel** **Delete**

The High Risk indicator is displayed in the Eligible Client Data Listing Report and in the Late and Missed Visit Report.

For additional information on all reports, refer to [Section 15.0](#).

7.4 SDCB Agency Provider Client Search

From the Home Page, click on **Add New > Client**

Entities

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

Entity Type >

Search >

Go!

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

Enter both the Client's **Medicaid ID** in the ID field and **Birth Date**.

Click on **“Search”** once all information has been added.

Click **“Save”** if only saving one Client. If you are saving multiple Clients, click **“Save/Create Another”**

Client Entity Settings

* Indicates a required field.

* ID:

PIN:

* First Name:

Middle Name:

* Last Name:

Company Name:

SSN:

FID:

Gender:

* Birth Date:

Email Address:

Begin Date:

End Date:

Language:

Status: Active

High Risk:

Approve EVV Exception:

Setting End Date:

Setting Of Care:

Setting Start Date:

Payer Assignment:

Case Manager:

Effective Date:

Entity Addresses/Phones

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.

Add Address

Address Type:

* Address Line 1:

Address Line 2:

* City:

* State: * Zip:

Longitude:

Latitude:

Disable Learn Mode:

Add Phone


A Success message will appear on top of the *Home* Page.

Needs Attention:
Member data imported successfully.

7.5 EOR Client Editing

EOR are only able to edit the following sections in the Client Entity Settings Page:

- Update Address
- Update Phone Number

Client Entity Settings	Entity Addresses/Phones
<p>* Indicates a required field.</p> <p>* ID: <input type="text"/></p> <p>PIN:</p> <p>* First Name:</p> <p>Middle Name:</p> <p>* Last Name:</p> <p>Company Name:</p> <p>SSN:</p> <p>FID:</p> <p>Gender:</p> <p>* Birth Date: <input type="text"/> </p> <p>Email Address:</p> <p>Begin Date: <input type="text"/></p> <p>End Date: <input type="text"/></p> <p>Language:</p> <p>Status: Active</p> <p>High Risk:</p> <p>Approve EVV Exception:</p> <p>Setting End Date:</p> <p>Setting Of Care:</p>	<p>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.</p> <p>Add Address</p> <p>Address Type: <input type="text"/> Delete</p> <p>* Address Line 1: <input type="text"/></p> <p>Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* State: <input type="text"/> * Zip: <input type="text"/></p> <p>Longitude: <input type="text"/></p> <p>Latitude: <input type="text"/></p> <p>Disable Learn Mode: <input checked="" type="checkbox"/></p> <p>ViewMap</p> <hr/> <p>Add Phone</p>

8.0 Managing Authorizations and Services

8.1 Search and View Authorizations

A Service to be provided for a Client must have a valid Authorization documented in AuthentiCare® in order to be Scheduled and for the Claim to be submitted for payment.



Note: A Worker can use the IVR to record Services without a valid Authorization in AuthentiCare®. A Claim will be created but will have a critical Exception and will not be submitted for payment until the Authorization is in place.

All Authorizations for Clients are loaded into AuthentiCare® by Turquoise Care MCOs. The Provider cannot add a new Authorization or edit an existing Authorization.

For Providers to search and view an Authorization:

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

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

Services and Authorizations

Search Type: Service
 Authorization

Service:

Authorization ID:

Service Type:

Authorization Start: MM/DD/YYYY

Authorization End: MM/DD/YYYY

Client:

Provider:

Worker:

Payer:

Service Period:

Procedure Code:

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

Event Actions	ID	Service ID / Revenue Code	Client	Provider	Worker	Payer	Service Period	Effective Dates	Information
Units Remaining: 0	P000067	Personal Care - Consumer Directed Training (S5110)	CLIENT56, TEST T (3000000056)	TEST PROVIDER 12 (100000012)		Pres HP (000M1814)	0	03/02/2014 - 12/26/2020	
Units Remaining: 0	P000068	Personal Care - Consumer Directed (99509)	CLIENT56, TEST T (3000000056)	TEST PROVIDER 12 (100000012)		Pres HP (000M1814)	8	03/02/2014 - 12/26/2020	
Units Remaining: 0	P000069	Personal Care - Consumer Delegated (T1019)	CLIENT56, TEST T (3000000056)	TEST PROVIDER 12 (100000012)		Pres HP (000M1814)	8	03/02/2014 - 12/26/2020	



Note: If nothing is entered in the **Search** field, then all entities will be returned in your search results. Finding just one Client or Worker in the list will take longer than searching for one entity.

Note the columns displayed in the search results:

- **Event Actions** – This column also indicates how many units remain in the Authorization by comparing the total number of units authorized and the total number of units Scheduled. This is **not** a comparison with the units actually provided to date but with those Scheduled to date.
- **ID** – Click the ID hyperlink to view/edit the *Authorization Settings* page for this Authorization.
- **Service ID** – Identifies the Service and its Service code
- **Client** – Identifies the Client and the Client ID
- **Provider** – Identifies the Provider assigned to the Authorization and the Provider's ID
- **Worker** - Field is blank as Authorizations are issued to the Provider, not the Provider's individual Workers.
- **Effective Dates** – Identifies the start and end dates of the Authorization

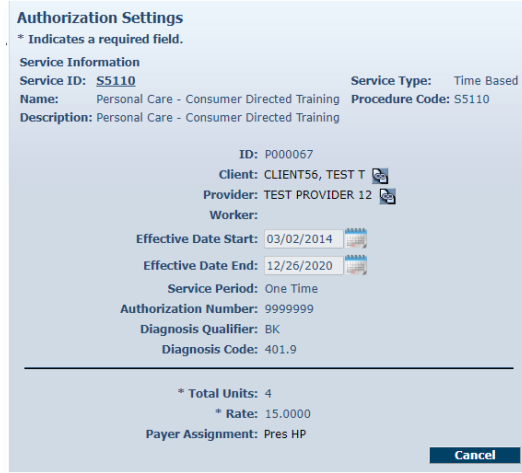
Click the column heading if you wish for the search results to sort using a different column than the default, which is the ID (Authorization) column in ascending order. Click the heading once to

change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

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

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

The *Authorization Settings* page displays.



Authorization Settings
 * Indicates a required field.

Service Information
 Service ID: **S5110** Service Type: Time Based
 Name: Personal Care - Consumer Directed Training Procedure Code: S5110
 Description: Personal Care - Consumer Directed Training

ID: P000067
 Client: CLIENT56, TEST T
 Provider: TEST PROVIDER 12
 Worker:

Effective Date Start: 03/02/2014
 Effective Date End: 12/26/2020
 Service Period: One Time
 Authorization Number: 9999999
 Diagnosis Qualifier: BK
 Diagnosis Code: 401.9

* Total Units: 4
 * Rate: 15.0000
 Payer Assignment: Pres HP

Cancel

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

8.2 Auto End-Dating of Authorizations

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

8.3 NMTC MCO Deletion of Authorizations

If an MCO deletes an Authorization on the Web that was previously sent to AuthentiCare®, any Scheduled Visits in the future that are associated with that Authorization will also be deleted. This means the Provider will not receive late and missed Visits notifications against an Authorization which is now invalid but will need to reschedule that Client’s Services against a more current Authorization.

8.4 Authorizations with Zero Units

In the case where there may be duplicate and overlapping Authorizations, and one of those Authorizations may be for zero units, the Authorizations for zero units are ignored. This allows Providers’ Claims to bill against other Authorizations with available units when Providers confirm and submit Claims.

8.5 SDCB Agency Providers Authorization and Services

SDCB Agency Providers will not have Authorizations for their SDCB Services.

8.6 Attending Provider

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 submitted by the MCO(s). The Authorization files received from the MCOs will provide the following information:

- Attending Provider First Name
- Attending Provider Last Name, and
- 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.

The Attending Provider fields on Authorizations will be shown as such:

Authorization Settings
* Indicates a required field.

Service Information
Service ID: G0158 **Service Type:** Time Based
Name: Occupational Therapy Assistant **Procedure Code:** G0158
Description: Occupational Therapy Assistant

ID: [REDACTED]
Client: [REDACTED] [ca]
Provider: [REDACTED] [ca]
Worker:

Effective Date Start: 01/01/2024 [calendar]
Effective Date End: 12/31/2030 [calendar]
Service Period: One Time
Authorization Number: [REDACTED]
Diagnosis Qualifier: ABK
Diagnosis Code: R68

*** Total Units:** 500
*** Rate:** 50.0000
Payer Assignment: [REDACTED]

Attending Provider First Name: Jo Ann
Attending Provider Last Name: Jones
Attending Provider NPI: 1477506780

Cancel

9.0 Scheduling

Providers may use AuthentiCare® to Schedule Workers' Service Visits to Clients. A Scheduled Visit is called an event. Events may be Scheduled only for authorized Client/Service/Provider/Worker combinations. The scheduling feature in AuthentiCare® also accommodates scheduling of both primary and back-up Workers for each event.

AuthentiCare® tracks the number of Service units available for scheduling events and notifies the Scheduler through an alert if an event exceeds the total number of units available. On the *Event Acknowledgement* page, Providers are offered a choice to Discard, Accept or Change the event if either the Client or the Worker had previously been Scheduled for that timeframe.

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

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

AuthentiCare® will prevent the Scheduler from scheduling events that do not have valid Authorizations and/or sufficient units to cover the events within a selected Service period. Schedulers cannot create Scheduled events for Clients before receiving the Service Authorizations from the MCOs.

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

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



Note: SDCB Agency Providers will not have scheduling enabled.

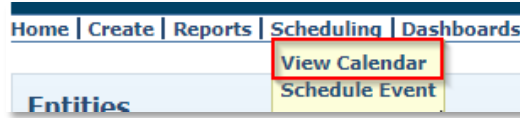
9.1 Using the Calendar

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

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

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

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



The *Event Scheduling* page displays with the calendar.

 A screenshot of the 'Event Scheduling' page. At the top right, there are two buttons: 'Create New Event' and 'Generate Report'. Below this is a search section titled 'Search Schedules'. It contains five input fields: 'Date' (with a calendar icon and MM/DD/YYYY format), 'Client', 'Provider' (with a dropdown arrow and 'TEST PROVIDER 12' selected), 'Worker', and 'Service' (with a dropdown arrow). At the bottom of the search section are two buttons: 'Search' and 'Clear'.

9.1.1 Daily

The default view of the calendar is the daily view.

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

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

The day displays in hourly increments.

Calendar View: [Monthly](#) | [Weekly](#) | [Daily](#)
Use TAB key to move across Days, continue with TAB key to navigate to events

Monday, May 22	
12 ⁰⁰	
1 ⁰⁰	
2 ⁰⁰	
3 ⁰⁰	Personal Care - Consumer Delegated Worker: 123, Test Client: D'aweAce1, Molokai A
4 ⁰⁰	

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

3 ⁰⁰	Personal Care - Consumer Delegated Worker: 123, Test Client: D'aweAce1, Molokai A
4 ⁰⁰	
5 ⁰⁰	

3:00pm - 4:00pm
Personal Care - Consumer Delegated Worker: 123, Test Client: D'aweAce1, Molokai A

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

Eventscheduling

Scheduled Event

* Indicates a required field.

Event: * Date: 05/22/2023 * Start Time: 03:00 PM * End Time: 04:00 PM 05/22/2023 * Duration: 01:00

Recurring Event

Client: D'aweAce1, Molokai A
 Client Phone Number: 999-555-0001
 Provider: TEST PROVIDER 12
 Primary Worker: 123, Test
 Backup Worker:
 * Service:
 Personal Care - Consumer Delegated
 * Address: Home
 8 Queens Road
 Apt #1
 Costa Mesa, NM 79835
 Source: WEB

Delete Save Cancel

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

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

Calendar View: [Monthly](#) | [Weekly](#) | [Daily](#)

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

Monday, May 22	
11	
12 pm	
1 ⁰⁰	
2 ⁰⁰	
3 ⁰⁰	Personal Care - Consumer Delegated Worker: 123, Test Client: D'aweAce1, Molokai A
4 ⁰⁰	

9.1.2 Weekly

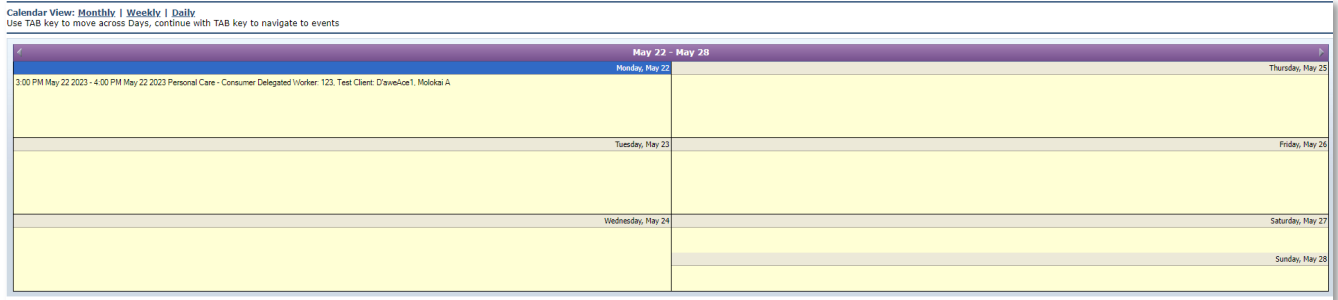
The Weekly view of the calendar enables a view all of events Scheduled for your agency for one week at a time.

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

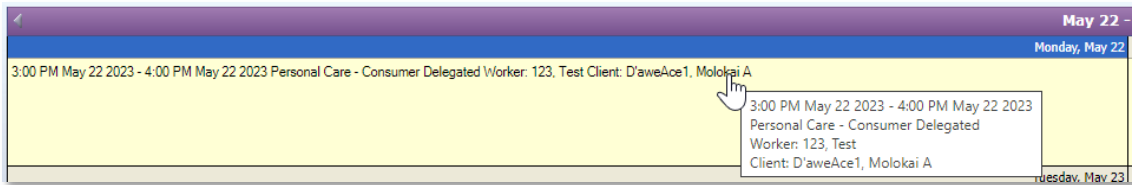
Calendar View: [Monthly](#) | **[Weekly](#)** | [Daily](#)

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

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



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



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

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

Eventscheduling

Scheduled Event

* Indicates a required field.

Event:	* Date	* Start Time	* End Time	* Duration
	05/22/2023	03:00 PM	04:00 PM 05/22/2023	01:00

Recurring Event

Client: D'aweAce1, Molokai A

Client Phone Number: 999-555-0001

Provider: TEST PROVIDER 12

Primary Worker: 123, Test

Backup Worker:

* Service:

Personal Care - Consumer Delegated

* Address: Home

8 Queens Road
Apt #1
Costa Mesa, NM 79835

Source: WEB

Delete Save Cancel

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

9.1.3 Monthly

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

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



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

The *Scheduled Event* page displays.

Eventscheduling

Scheduled Event

* Indicates a required field.

Event:	* Date 05/22/2023	* Start Time 03:00 PM	* End Time 04:00 PM 05/22/2023	* Duration 01:00
--------	----------------------	--------------------------	--------------------------------------	---------------------

Recurring Event

Client: D'aweAce1, Molokai A

Client Phone Number: 999-555-0001

Provider: TEST PROVIDER 12

Primary Worker: 123, Test

Backup Worker:

* Service:

Personal Care - Consumer Delegated

* Address: Home
8 Queens Road
Apt #1
Costa Mesa, NM 79835

Source: WEB

Delete Save Cancel

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

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

9.2 Searching for Scheduled Events in Calendar

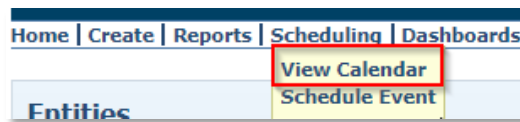
After an event has been Scheduled, you are able to search for this event in the calendar. AuthentiCare® provides a variety of options for searching for an event in the calendar.

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

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






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



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

 A screenshot of the 'Event Scheduling' search interface. At the top right, there are two buttons: 'Create New Event' and 'Generate Report'. Below this is a 'Search Schedules' section with four input fields: 'Date' (with a calendar icon), 'Client' (with a 'Looking Glass' icon), 'Worker' (with a 'Looking Glass' icon), and 'Service' (with a 'Looking Glass' icon'). The 'Provider' field is pre-filled with 'TEST PROVIDER 12' and has a 'Looking Glass' icon. At the bottom of the search area are 'Search' and 'Clear' buttons.

Each search criteria field is described below:

- Enter a **Date** (MM/DD/YYYY) or click the calendar to select the date. Click **Search**.
 - The calendar displays events from this date forward.
- Enter the **Client** ID, full name or partial name and click the **Looking Glass icon**  to find the Client, and then click **Search**.
 - The calendar displays all the events Scheduled for this Client.
- Enter the **Primary Worker** ID, full name or partial name and click the **Looking Glass icon**  to find the Worker, and then click **Search**.
 - The calendar displays all the events Scheduled for this Worker.
- Enter the **Service** name or partial name and click the **Looking Glass icon**  to find the Services, and then click **Search**.

The calendar displays all the events Scheduled by your agency for this Service.

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

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

9.3 Scheduling Service Visit Events

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

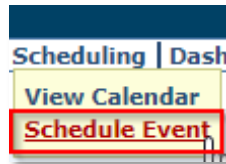
9.3.1 Scheduling a Non-Recurring (Single) Events


Once units are authorized in AuthentiCare®, Providers can successfully Schedule Service events.

Click **Scheduling** in the Main Menu toolbar.



Click **Schedule Event** from the **Scheduling** drop-down.



The Select Client to *Scheduled Event* page displays. Enter the Client ID or Client's last name, first name (all or part), and then click the **Looking Glass icon** , or Tab on the computer keyboard, to display the Client's full name. Click **Continue**.

 A light blue form titled 'Select Client to Schedule Event'. It contains a text input field with a red asterisk to its left. Above the input field is the text '* Indicates a required field.' To the right of the input field is a small icon of a magnifying glass (the Looking Glass icon) inside a red square box. Below the input field are two buttons: 'Continue' and 'Cancel'.


Note: The **Client**, **Client Phone Number** and **Client Address** fields are auto populated since this page displayed after the Select Client to *Schedule Event* page was completed. The **Provider** field is populated based on the Provider agency associated with the Scheduler's login ID.

If the **Client** field is not populated on the *Scheduled Event* page, you did not fully "load" the Client on the *Select Client* page.


The *Scheduled Event* page displays.

The screenshot shows the 'Scheduled Event' form. At the top, it says 'Event > Eventscheduling'. Below that, the title 'Scheduled Event' is displayed. A note indicates that an asterisk (*) denotes a required field. The form includes several input fields: '* Date' (with a calendar icon), '* Start Time', '* End Time', and '* Duration'. There is a checkbox for 'Recurring Event'. Below these are fields for 'Client' (D'aweAce1, Molokai A), 'Client Phone Number' (999-555-0001), 'Provider' (TEST PROVIDER 12), 'Primary Worker', 'Backup Worker', '* Service', and '* Address' (a dropdown menu currently set to 'Home'). The address details are listed as '8 Queens Road, Apt #1, Costa Mesa, NM 79835'. The 'Source' is set to 'WEB'. At the bottom, there are 'Save' and 'Cancel' buttons.

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

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


When a Worker Visits a Client one time, or a variety of times not in a normal, repeated Schedule, this is considered a non-recurring (single) event. When a Worker Visits a Client on a regular basis, at the same time of the day, this is considered a recurring event.


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

This is a close-up view of the worker selection section of the form. It shows the 'Primary Worker' and 'Backup Worker' fields, each with a 'Looking Glass' icon to its right. Below these are the '* Service' and '* Address' fields. The 'Address' dropdown is set to 'Home', and the address details are visible: '8 Queens Road, Apt #1, Costa Mesa, NM 79835'. The 'Source' is 'WEB'. 'Save' and 'Cancel' buttons are at the bottom.

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

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

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

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

Click **Save**.

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

Event Acknowledgment			
Authorization T1019UHCNM			
Start			End
May 22, 2023 3:00 PM			May 22, 2023 4:00 PM
Recurrence	None		
Client	Provider	Primary Worker	Backup Worker
D'aweAce1, Molokai A (3999559010)	TEST PROVIDER 12 (100000012)	123, Test (09528)	None
Service			
Personal Care - Consumer Delegated (T1019)			
			Discard Accept Change

Once the Scheduler clicks the **Accept** icon, the *Home* page displays with the “Successfully Scheduled event” message.

Needs Attention:
Successfully scheduled event.

If AuthentiCare® discovers scheduling conflicts or issues with the attempted Scheduled event, a message displays at the top of the page advising the Scheduler of the conflict.

Event Acknowledgment

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

Start	End		
Mar 20, 2019 6:15 PM	Mar 20, 2019 7:15 PM		
Recurrence			
None			
Client	Provider	Primary Worker	Backup Worker
Test_Client3 (86169)	CMC Test Provider (5919)	Worker3_Test (07098)	None
Service			
Personal Care - Consumer Delegated (T1019)			
<input type="button" value="Discard"/> <input type="button" value="Accept"/> <input type="button" value="Change"/>			

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

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

There is an alert if a Client and/or Worker are already Scheduled for events within the attempted event's timeline.

The Scheduler can:

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

Messages that may display on the *Event Acknowledgment* page:

- Authorization (Authorization Number)
- Authorization does not exist for this event.
- This event will exceed the total units allowed on the Authorization.
- Multiple Authorizations exist. Modify event to cover (Authorization Number).
- This event occurs outside the effective dates of the Authorization.
- This event falls on the Worker's day off.
- The status of the primary Worker is inactive or the event date is outside the effective date range.
- The status of the Client is inactive or the event date is outside the effective date range.
- This event falls outside the range of the Worker's assigned business hours.
- This event falls outside the range of the backup Worker's assigned business hours.
- This event will exceed the Worker's assigned hours for the week.
- This event falls on a Provider holiday.
- The status of the Provider is inactive or the event date is outside the effective date range.
- This event falls on the backup Worker's day off.
- The status of the backup Worker is inactive or the event date is outside the effective date range.

9.3.2 Scheduling a Recurring Event

When a Worker Visits a Client on a regular basis, at the same time of the day, the Provider can establish an event that occurs repeatedly. This is considered a recurring event. This is an efficient way to Schedule. The basic information is entered only one time to populate multiple days.


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

Once units are authorized in AuthentiCare®, Providers can successfully Schedule Service events.

Click **Scheduling** in the Main Menu toolbar.



Click **Schedule Event** from the **Scheduling** drop-down.

The Select Client to *Scheduled Event* page displays. Enter the Client ID or Client's last name, first name (all or part), and then click the **Looking Glass icon** , or Tab on the computer keyboard, to display the Client's full name. Click **Continue**.

 A form titled "Select Client to Schedule Event". It includes a legend: "* Indicates a required field." Below this is a text input field labeled "* Client:" with a "Looking Glass" icon to its right, which is highlighted with a red box. At the bottom of the form are two buttons: "Continue" and "Cancel".

The *Scheduled Event* page displays.

 A form titled "Scheduled Event". It includes a legend: "* Indicates a required field." The form contains several fields:

- Event: * Date (MM/DD/YYYY), * Start Time, * End Time, * Duration
- Recurring Event
- Client: D'aweAce1, Molokal A
- Client Phone Number: 999-555-0001
- Provider: TEST PROVIDER 12
- Primary Worker: [dropdown]
- Backup Worker: [dropdown]
- * Service: [dropdown]
- * Address: Home (dropdown)
- 8 Queens Road
Apt #1
Costa Mesa, NM 79835
- Source: WEB

 At the bottom of the form are two buttons: "Save" and "Cancel".



Note: The **Client**, **Client Phone Number** and **Client Address** fields are auto populated since this page displayed after the Select Client to *Scheduled Event* page was completed. The **Provider** field is populated based on the Provider agency associated with the Scheduler’s login ID.

If the **Client** field is not populated on the *Scheduled Event* page, you did not fully “load” the Client on the *Select Client* page.

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

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

Click the **Recurring Event** check box.

The page expands to display scheduling options.

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

Scheduled Event

* Indicates a required field.

Event: * Date [MM/DD/YYYY] * Start Time [] * End Time [] * Duration []

Recurring Event

Daily
 Weekly
 Monthly
 Every [] day(s)
 Every weekday
 End after [] occurrences
 End by [MM/DD/YYYY]

9.3.2.1 Daily Recurring Event

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

- Select the **frequency** of the recurring event by entering the number of times the event should occur (every 2 days or every 3 days for example) or by choosing **Every weekday**.
- Enter the **number of occurrences** of the event or enter an **End by** date for the event.
- Complete remaining fields on the *Scheduled Event* page: **Worker**, **Backup Worker**, if applicable, and **Service**. Click **Save**.

Scheduled Event

* Indicates a required field.

Event: * Date * Start Time * End Time * Duration

Recurring Event

Daily
 Weekly
 Monthly

Every day(s)
 Every weekday
 End after occurrences
 End by

Client: D'aweAce1, Molokai A
 Client Phone Number: 999-555-0001
 Provider: TEST PROVIDER 12
 Primary Worker: 123, Test
 Backup Worker:

* Service: Personal Care - Consumer Delegated
 * Address: Home
 8 Queens Road
 Apt #1
 Costa Mesa, NM 79835
 Source: WEB

Save **Cancel**

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

Event Acknowledgment

Authorization T1019UHCNM

Start: May 22, 2023 3:00 PM End: May 22, 2023 4:00 PM

Recurrence: None

Client	Provider	Primary Worker	Backup Worker
D'aweAce1, Molokai A (399559010)	TEST PROVIDER 12 (100000012)	123, Test (09528)	None

Service: Personal Care - Consumer Delegated (T1019)

Discard **Accept** **Change**

Once the Scheduler clicks the **Accept** icon, the *Home* page displays with the “Successfully Scheduled event” message.

Needs Attention:
Successfully scheduled event.

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

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

Event Acknowledgment

Multiple authorizations exist. Modify event to cover Authorization P000000502-01-V.

Start Mar 28, 2019 3:00 PM	End Mar 28, 2019 4:00 PM
--------------------------------------	------------------------------------

Recurrence
Occurs daily 20 times.

Client Test, Client2 (49457)	Provider CMC Test Provider (5919)	Primary Worker Worker1, test (13365)	Backup Worker None
--	---	--	------------------------------

Service
[Personal Care - Consumer Directed Visit \(99509V\)](#)

[Discard](#) [Accept](#) [Change](#)

9.3.2.2 Weekly Recurring Event

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

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

9.3.2.3 Monthly Recurring Event

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

- Select the **frequency** of the event by entering the calendar day of the month (the 15th day of every month or the 1st day of every 2nd month, for example) or by entering the weekday of the month (the 1st Monday of every month or the last Friday of every 3rd month, for example).
- Select the **number of times** the event should occur or enter an **End by** date for the event.
- Complete remaining fields on the *Scheduled Event* page: **Worker**, **Backup Worker**, if applicable, and **Service**. Click **Save**.

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

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

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

There is an alert if a Client and/or Worker are already Scheduled for events within the attempted event's timeline.

The Scheduler can:

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

The screenshot shows the 'Event Acknowledgment' page. At the top, there is a red-bordered box containing the following error messages:

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

Below the alert, the event details are displayed:

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

Recurrence
Occurs daily until Dec 31, 2019.

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

Service
[Personal Care - Consumer Delegated \(T1019\)](#)

At the bottom right, there are three buttons: **Discard**, **Accept**, and **Change**.

9.4 Editing an Event

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

Scheduled events of Clients that have changed enrollment from one MCO to another cannot be edited until the Client receives Service Authorizations from the current MCO.

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

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

If the date or time of a Scheduled event has already passed, the event cannot be edited or deleted.



Note: If this is a recurring event, AuthentiCare® asks you to confirm whether you are editing the single event or the whole series.

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

Scheduled Event

* Indicates a required field.

* Date	* Start Time	* End Time	* Duration
05/23/2023	03:00 PM	04:00 PM 05/23/2023	01:00

Recurring Event

This is a recurring event. Do you want to edit only this occurrence or the series?

Edit this occurrence
 Edit the series
 Edit Multiple Occurrences

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

Client: D'aweAce1, Molokai A

Client Phone Number: 999-555-0001

Provider: TEST PROVIDER 12

Primary Worker: 123, Test

Backup Worker:

* Service:

Personal Care - Consumer Delegated

* Address: Home

8 Queens Road
Apt #1
Costa Mesa, NM 79835

Source: WEB

Delete Save Cancel

Enter the new information. Click **Save**.

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



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

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

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

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

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

Event Acknowledgment

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

Start	End		
Mar 18, 2019 8:00 AM	Mar 18, 2019 11:00 PM		
Recurrence			
Occurs daily until Dec 31, 2019.			
Client	Provider	Primary Worker	Backup Worker
Test, Client3 (86169)	CMC Test Provider (5919)	Worker3, Test (07098)	None
Service			
Personal Care - Consumer Delegated (T1019)			
<input type="button" value="Discard"/> <input type="button" value="Accept"/> <input type="button" value="Change"/>			

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

Needs Attention:
Successfully scheduled event.

9.5 Deleting an Event or a Series after it is Scheduled

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

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

Click **Cancel** if the event is to continue as Scheduled.

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

Scheduled Event

* Indicates a required field.

Event:	* Date	* Start Time	* End Time	* Duration
	05/22/2023	03:00 PM	04:00 PM 05/22/2023	01:00

Recurring Event

Client: D'aweAce1, Molokai A

Client Phone Number: 999-555-0001

Provider: TEST PROVIDER 12

Primary Worker: 123, Test

Backup Worker:

* Service:

Personal Care - Consumer Delegated

* Address: Home

8 Queens Road
Apt #1
Costa Mesa, NM 79835

Source: WEB

Delete **Save** **Cancel**



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

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

Needs Attention:
Successfully deleted the scheduled event.



Caution: If this is a recurring event, and you have forgotten to select whether you are deleting the single event or the whole series, a message displays.

- Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.
- Click **Delete** again. If you selected Edit this Occurrence, then only the specific event you chose will be deleted. If you selected Edit the Series, then all of the recurring events will be deleted.

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

Future Scheduled appointments are deleted automatically by AuthentiCare® when the Worker is terminated, or end dated. This reduces the late and missed Visit alerts to Providers. The Scheduler could edit the Worker field on the event, so the event is not automatically deleted.

9.6 Acknowledging Missed Visits

Payers and Providers associated with a Client in AuthentiCare® receive email notifications for Late and Missed Visits.

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

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

If a Worker, other than the Worker noted on the Client's Schedule, provides Services timely, i.e. within the early and late threshold of the Scheduled event, AuthentiCare® will not generate a late and/or missed Visit alert to the Provider. "Timely" is defined in the definitions listed below for **Late Visit** and for **Missed Visit**.

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

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

If Providers set Early, Late and Missed Visit Thresholds for Clients, the jurisdictions thresholds for those Clients for specific Services will take precedence. For more information on setting Early, Late and Missed Visit Thresholds, see [Section 9.0](#).

The late and missed Visits are recorded in three ways:

- The *Late and Missing Events* page: lists all Scheduled events that are late or missed.
- This page is available from the menu bar to the following roles: Administrator, AdminAssistant and Scheduler/Coordinator.
- The Late/Missed Visits Report: Refer to [Section 15.0](#), Reporting, for more information.

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

Late:

This is an AuthentiCare® Late Visit notification. Worker Test Worker (ID Number) for Provider Test Provider (ID) was Scheduled to provide Service Personal Care (GO156) on MM/DD/YYYY at AM/PM for Client1 Test. An AuthentiCare® Visit is considered late when the Service is not provided within 60 minutes of the Scheduled start time. To view this Scheduled event in more detail, log in to the AuthentiCare® Web Portal at: www.authenticare.com/nmcc.

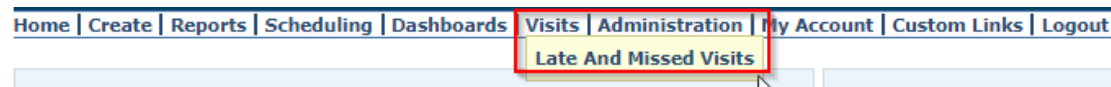
Please do not reply to this email as it is intended for notification purposes only.

Missed:

This is an AuthentiCare® Missed Visit notification. Test Worker (ID number) for Provider Test Provider (ID) was Scheduled to provide Service Personal Care (GO156) on MM/DD/YYYY at AM/PM for Client1 Test but missed the appointment. An AuthentiCare® Visit is considered missed when the Service is not provided within 120 minutes of the Scheduled start time. To view this Scheduled event in more detail, log in to the AuthentiCare® Web Portal at: www.authenticare.com/nmcc.

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

To view the list of late and missed Visits, place your cursor on **Visits** in the toolbar of the Main Menu, and then click **Late and Missed Visits**.



You will see a selection criteria screen that allows you to choose the Visits you want to work. If you do not choose, all Visits will be displayed.

Late and Missed Visits Search

Start Date:

End Date:

Client:

Provider: TEST PROVIDER 12

Worker:

Service:

The *Late and Missing Events* page displays if there are Scheduled events for this Provider which have been identified as late or missed.



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

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

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout Logged in as: cmc@testprovider.com

Late and Missing Events

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

Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Save Missed Visit Code	Notes
Missed	11/01/2015 08:00 AM	11/01/2015 08:30 AM	Yes	Test, Client3	CMC Test Provider	Worker1, test		Personal Care - Consumer Delegated	<input type="text"/>	
Missed	11/01/2015 08:00 AM	11/01/2015 08:30 AM	Yes	Test, Client3	CMC Test Provider			Personal Care - Consumer Delegated	<input type="text"/>	
								Personal		

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

Click the **Save Missed Visit Code** link column heading. This saves the Missed Visit codes which can be viewed on the Late and Missed Visits Report (refer to [Section 15.8.11](#) for further information). A Missed Visit will remain on the list until it is acknowledged by adding the Missed Visit code and adding a note.

Late and Missing Events											
If you have not received emails informing you of these late / missed visits, please click here and verify your email address.											
Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Save Missed Visit Code	Notes	
Missed	06/02/2016 08:00 AM	06/02/2016 09:00 AM	Yes	Test, Client3	CMC Test Provider	Worker3, Test		Personal Care - Consumer Delegated	<input type="text"/>		
Missed	06/02/2016 08:00 AM	06/03/2016 09:00 AM	Yes	Test, Client3	CMC Test Provider	Worker3, Test		Personal Care - Consumer Delegated	<input type="text"/>		

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

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

Needs Attention:
Successfully updated late and missed visit(s) codes.

Start Date:

End Date:

Client:

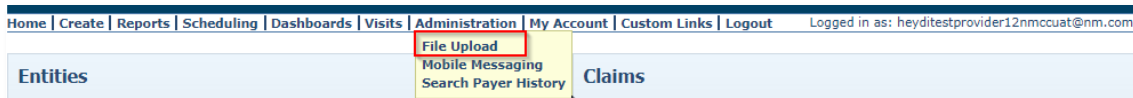
Provider: CMC Test Provider

Worker:

Service:

9.7 Uploading Worker Schedules

On the tool bar in AuthentiCare®, Providers will find “File Upload” in the dropdown.



Once Providers select “File Upload,” the selection of the 835 and “Schedules” will display.

Select “Schedules” to upload Worker Schedules in either .xml or .zip format.

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

File Upload

* Indicates a required field.

* File Type:

* Select File:

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

* Email Address:

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

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

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

File Upload History

Uploaded Schedules cannot be edited using the AuthentiCare® Web scheduling feature. The Providers have to re-upload the Schedules for updates and deletes before the appointment “Start” time.

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

10.0 The AuthentiCare® Interactive Voice Response (IVR) System

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 five-digit Worker ID number that identifies them as a Worker for a specific Provider location. That Worker ID is recorded in the IVR each time the Worker makes a call.



Caution: If a Worker works for more than one Provider and/or Provider location, they need to be assigned a different Worker ID for each location. Caution Workers to make sure they use the correct Worker ID for each Client’s Visit.

10.1 IVR Flow

The IVR is designed to capture the information required to create a Claim for the Service being provided. [Section 10.5](#) below walks the Worker step-by-step through what he/she can expect to hear when calling AuthentiCare®. The IVR is available in English and Spanish.

If the phone number the Worker uses for the call matches the number for the Client as recorded in AuthentiCare®, then the Client's name will be read by the IVR. If the system does not recognize the number, then the Worker is asked to enter the Client's ID number.

If the Worker's language preference is Spanish, the Provider Administrator will need to update the language in the Language Preference field on the *Worker Entity Settings* page.



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

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



Note: A Worker can use the IVR even if there is no Authorization yet for the Client. However, the Client must exist in AuthentiCare® in order for the call to be completed.

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

If the Worker is there to provide Services for more than one Client, the Worker must check in for the first Client and at the end of the call when given the option to return to the main menu, choose that option and check in for the second Client. The Worker can repeat this process as many times as necessary.

When checking out, the Worker will need to follow the same process – check out for the first Client, return to the main menu as needed to check out for additional Clients.

Each time the Worker returns to the main menu on either a check-in or check-out call, the beginning time of the call is reset.

10.2 Safeguard-Workers with more than one Worker ID

Workers who have more than one Worker ID, because they work for more than one Provider, cannot accidentally sign in using the ID not matched to the Client. If they try, the IVR will play the following message “You have entered an incorrect Worker ID. Please enter a different Worker ID followed by the pound sign.”

10.3 Activity Codes for Personal Care Services

Upon check-out, Workers must enter activity codes for the tasks provided to the Client during their Visit to provide Personal Care Services.

Activity Codes for Personal Care Services are listed in [Appendix A-2](#).

Activity Codes for SDCB Services are listed in [Appendix A-7](#).

10.4 Activity Codes for Home Health Services

Upon check-out, Workers can enter activity codes (optional) for the tasks provided to the Client during their Visit to provide Home Health Care Services.

Activity Codes for Home Health Services are listed in [Appendix A-8](#).

10.5 Checking-In/Out from an Unauthorized Phone Number

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

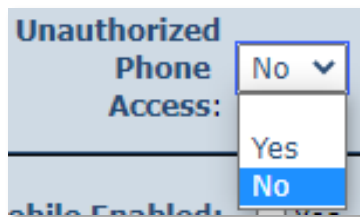
If a Worker is calling from an unauthorized phone number, he/she will hear the phrase, “You are calling from an unauthorized phone number. Please contact your Provider” followed by the goodbye phrase.

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

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



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



10.6 Worker Instructions - Using the IVR

Instructions to Check-in	
1	Dial 1-800-944-4141 from the Client's touch-tone phone.
2	Enter your Worker ID number followed by the pound (#) sign when prompted.
3	Press 1 for Check-in (Choices are 1, 2 for Check-Out, and 8 to select language preference.)
4	You will then hear the name of the Client you are there to serve. If it is correct, press 1. If AuthentiCare® does not recognize the phone number you are calling from, you will be asked to enter the Client's ID number followed by the pound (#) sign. Do not input the Client's number. Call your agency.
5	You will hear a list of Services available for the Client and be asked to choose the one you are there to perform by pressing the appropriate number on the phone keypad.
6	AuthentiCare® will then repeat back your name, your agency's name, the Client's name, and the Service to be provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call.
7	If the information is correct, you will be told that the check-in was successful at (states the time). At this point you will be instructed to press 2 to end the call.
Instructions to Check-out	
1	Dial 1-800-944-4141 from the Client's touch-tone phone.
2	Enter your Worker ID number followed by the pound (#) sign when prompted.
3	Press 2 for Check-out.
4	If you failed to check in, the IVR will read the Client back to you or, if it does not recognize the phone number you are calling from, you will be asked to enter the Client's assigned ID number followed by the pound (#) sign. You will also be asked to select a Service.
6	AuthentiCare® will repeat back your name, your agency's name, the Client's name and the Service you provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call.
7	If the information was correct, you will be told that you have successfully filed your Claims, the time of day, and to press 2 to end your call.
What do I do if . . .	
. . . I forget my Worker ID	Call your supervisor who has your Worker ID on file.

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

10.7 Entering Mileage and Travel Time in IVR

If the Provider Agency tracks Mileage and Travel Time, the Provider Administrator will want to ensure Mileage and Travel Time are selected on the *Provider Entity Settings Page*.

Provider Entity Settings

* Indicates a required field.

ID: 65555555
PIN: *****

First Name:
Middle Name:
Last Name:

* Company Name: Vilas Heydi Mike NMCC Care LLC

SSN:
FID: *****5555

Gender:
Birth Date:
Email:

Begin Date:
End Date:

Language:
Status: Active

* Entity Qualifier: Business

Extra Claim Review:

Mileage:

NPI: 1999955555

* Provider Services:
 Skilled Nursing RN
 Skilled Nursing LPN
 Physical Therapy Visit
 Physical Therapy Assistant
 Occupational Therapy Visit

SDCB Service Provider: Selected

Taxonomy Code: 0999955555

Travel Time:

Entity Addresses/Phones

Add Address

Address Type: Other

* Address Description: B

* Address Line 1: 800 N TELSHOR BLVD
Address Line 2: STE ABQ 910
* City: ALBUQUERQUE
* State: NM * Zip: 87101

Address Type: Other

* Address Description: P

* Address Line 1: 700 N TELSHOR BLVD
Address Line 2: STE B
* City: LAS CRUCES
* State: NM * Zip: 880068251

Address Type: Other

* Address Description: W

* Address Line 1: 900 N TELSHOR BLVD
Address Line 2: STE T 801
* City: TAOS
* State: NM * Zip: 875711825

When the Worker calls into the IVR, the system will prompt them to enter Mileage followed by the # sign then the IVR will prompt to enter Travel Time followed by the # sign. Travel Time should be entered in whole minutes (ex. 2 hours is 120 minutes).

Claim Details

* Client: BhopalPHS, Pune B
* Worker: Tilde, Mike
* Service: Personal Care - Consumer Directed Training

* Provider: V20 NMCC Care LLC
Payer Assignment: Current Payer For Client

Date	Time	Amount	Date	Time
02/06/2024	09:31 AM	###:##	MM/DD/YYYY	

Mileage: **Travel Time:**

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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

Note:

Claim ID: 96152

Filed On: IVR

Printer Friendly
Show All Claims

Total Claims: 1
Total Calculated Amount: \$0.00
Total Authorized Amount: \$0.00
Total Units: 0
Scheduled Units: 0
Scheduled Hours: 00:00

Inactive Claim

When verifying the Claim on the Web Portal, the Mileage and Travel Time entered by the Worker through the IVR will appear.



Inputting Mileage and Travel Time information is optional and not required to process a Claim.

11.0 The AuthentiCare® 2.0 Mobile Application-Android

Fiserv offers both an Android and an iOS Mobile Application (app) for Workers to use as a means of Check-In/Check-Out in English or in Spanish. The AuthentiCare® Mobile Application provide the same capabilities as the Interactive Voice Response (IVR) and, with GPS technology, have the ability to base their validation process on the location of the Mobile Application. The following sections detail features of the Android AuthentiCare® Mobile Application list the setup processes to prepare Providers and Workers for Mobile Application operation and the steps for Workers to utilize AuthentiCare® Mobile Application features and process Check-Ins/Check-Outs of Client Service Visits. The AuthentiCare® Mobile Application is available to Android operating systems 4.4 and newer.

11.1 Service Zones

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

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

If the Worker gets to a Client Visit location that is outside the Standard Service Zone, the Worker will proceed through the same Check-In and Check-Out steps. The data is stored on the Mobile Application as the Check-In and Check-Out are completed. The Visit will show as "Completed Not Synced."

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

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

11.2 Core AuthentiCare® Preparation

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

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

11.3 Application Setup Done by Providers

11.3.1 One time Application Settings-Provider Entity Settings

On the *Provider Entity Settings* page:

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

The screenshot shows a configuration interface for a provider. At the top, there are two radio button options: '* Mobile Enabled:' with 'Yes' selected and 'No' unselected; and 'Messaging Enabled:' with 'Yes' unselected and 'No' selected. Below these is a table with three columns: 'Number', 'Device Id', and 'Assignment'. The table is currently empty. At the bottom of the form, there are three input fields labeled 'Mobile phone number:', 'Device ID:', and 'Assignment:'. Below these fields are two buttons: 'Add' and 'Remove'.

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

- b. The Device ID of the Provider’s phone assigned to the Worker.
- c. The Worker ID or the Worker’s name under Assignment.

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

11.3.2 Worker’s Mobile Application Information-Worker Entity Settings

On the *Worker Entity Settings* page:

Add the Worker’s email address so that the Worker can receive a passcode if the Worker forgets the password to log into the Mobile Application.

Worker Entity Settings
* Indicates a required field.

ID: 09528
PIN: *****

* First Name: Test
Middle Name:
* Last Name: 123

Company Name:
SSN:
FID:
Gender: Female
Birth Date: 01/01/2001

Email Address:

1. Enabled Mobile for Worker.

* **Mobile Enabled:** Yes No

Generate QR Code

* **Mobile Locked:** Yes No

Password: *****M1n

Worker Must Change Password:

Mobile phone number:

Device ID:

Office Phone:

2. Create initial **Password** for Workers. (Workers will use their assigned Worker ID as their individual username.)
 - Passwords to log into the Mobile Application must contain at least 1-digit, 1-lowercase, 1-uppercase, 1-special character (acceptable special characters @#\$\$%^&!+=) and must be a minimum of 8 characters in length.
 - If a password is changed through the system, it will be flagged for a Force Change once the Worker logs into the Mobile Application.
 - Select **Worker Must Change Password** so that the Worker updates their password from the temporary password provided to them by the Agency Provider.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

3. Enter the Worker’s **Mobile Phone Number**, including area code.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

4. Enter the **Device ID** of the Worker’s personal Mobile Application/Phone.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

5. Enter the **Office Phone** number.

- The Office Phone you enter on the Worker record will be the number the Worker will call when the Worker selects “Call Office” from the menu button within the Mobile Application.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

11.4 AuthentiCare® Mobile Application Fundamentals

11.4.1 Downloading, Installing and Setting Up the Mobile Application

The AuthentiCare® Application is a free Mobile Application.

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

1. Open the Google Play Store on the Mobile Application
2. Select the AuthentiCare® Mobile Application for download.
3. Tap **ALLOW** for the App to make and manage phone calls.
4. Tap **ALLOW** for the App to access the Mobile Application's location. These terms and conditions must be accepted prior to the App opening on the Mobile Application.

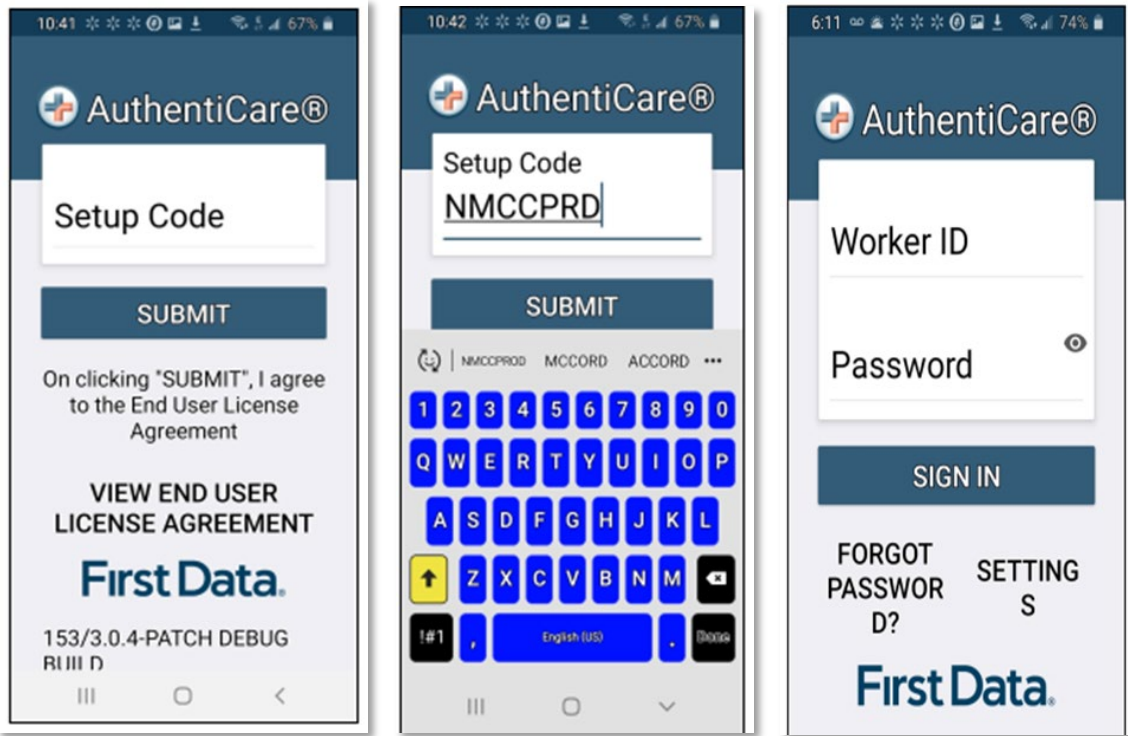
11.4.2 Initial Setup for Environment

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

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

When the Worker first opens the AuthentiCare® Mobile Application, the Worker will see a screen that requires the entry of a Setup Code. The Live Production Environment (used when you are going to perform actual Client care) code is:

Live/Production
NMCCPRD



The Worker will:

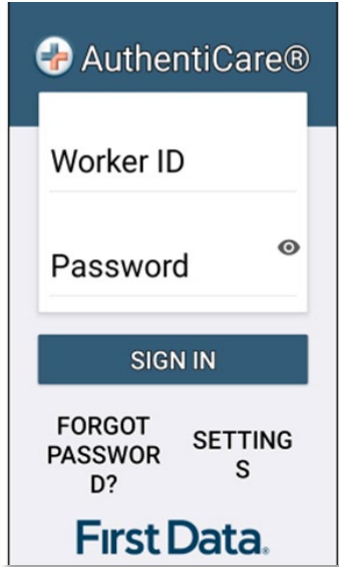
1. Enter the environment code in the **Setup Code** field.
2. Review the End User License Agreement by tapping **View End User License Agreement**.
3. Tap **SUBMIT** which saves the Setup Code and signifies the acceptance of the End User License Agreement.
4. The Worker ID Login and Password screen displays.

11.5 The Worker ID and Password Screen

11.5.1 Change Password before Login - Request Passcode

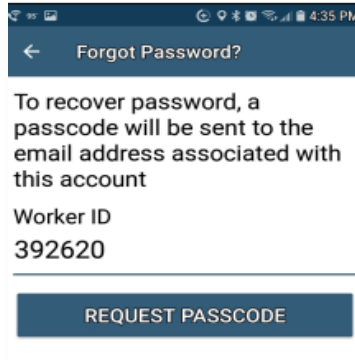
The choices of **Forgot Password?** and **Settings** are also found on this screen.

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

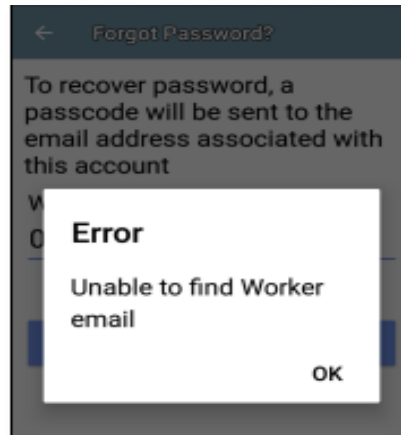


To recover a password, the Worker must have an email address listed in AuthentiCare®.

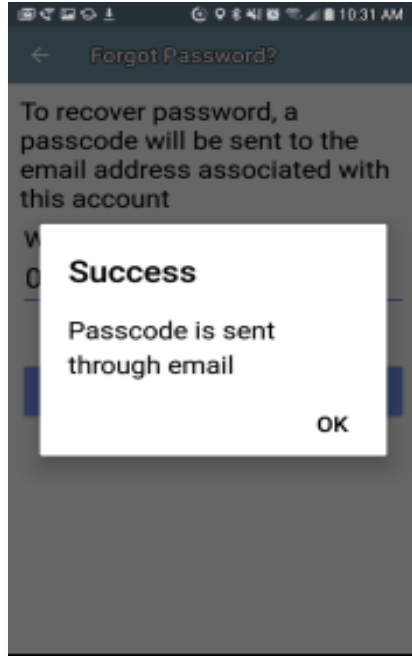
1. Input **Worker ID**.
2. Tap **Request Passcode**.



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

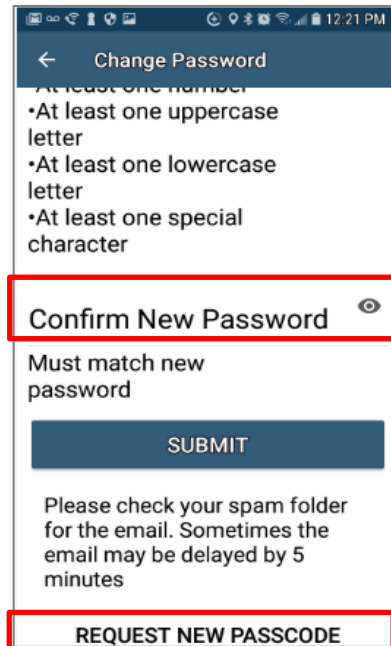
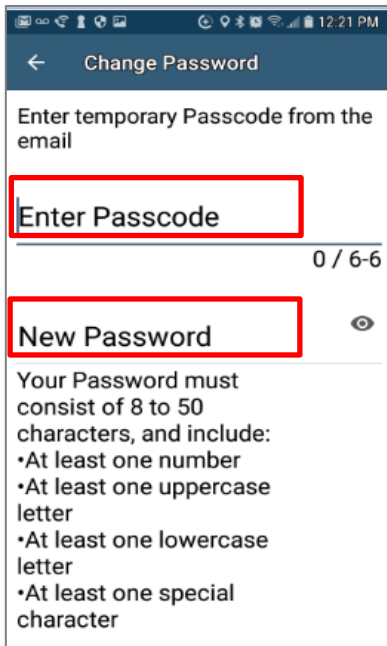


Once the Worker’s email address is in AuthentiCare®, the following screen will display:



Tap **OK**.

The Change Password screen displays.



The Worker will:

1. Enter the new password in the **New Password** field. The password rules are listed on the screen.
2. Confirm the new password by entering the new password again in the **Confirm New Password** field.
3. *Scroll down* to tap **SUBMIT**.

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

11.5.2 Change Password after Successful Login

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

1. Tap **Settings**
2. Select Change Password to display Current Password, New Password and Confirm New Password fields.
3. Enter applicable passwords in all three fields, then tap SUBMIT.

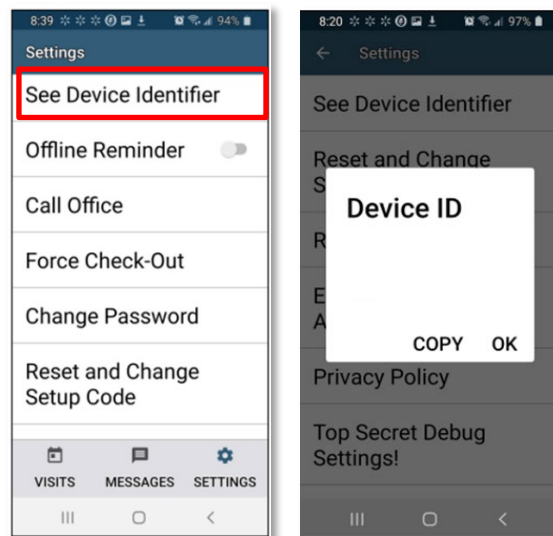
The Password Change Success screen displays. Tap **OK**.

11.5.3 Find a Device ID from the Settings Menu

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

To find the Mobile Application's Device ID:

1. Tap **Settings** at the bottom right of the screen. The Menu displays.
2. Tap **See Device Identifier** in the Menu. The Device ID displays.
3. Tap **OK** to close the window.
4. Assure the Provider has the correct Device ID (The Worker can copy the Device ID on the Mobile Application clipboard and email it to the Provider.)



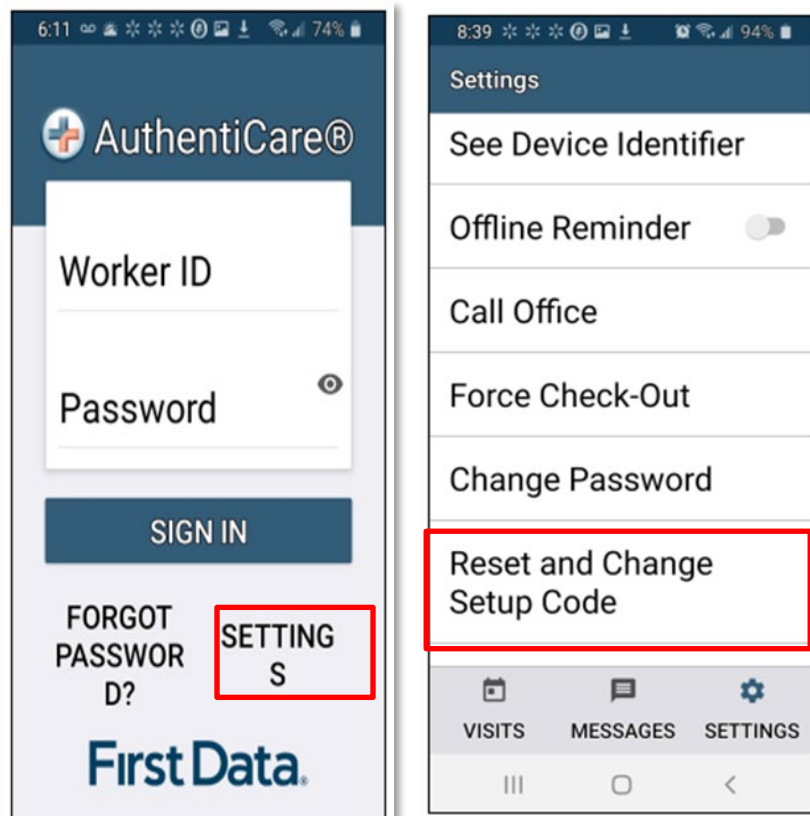
11.5.4 Clearing Data to Change from One Environment to Another

In order to switch from one environment to the other, the Worker will be required to clear the data from the AuthentiCare® Mobile Application.

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

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

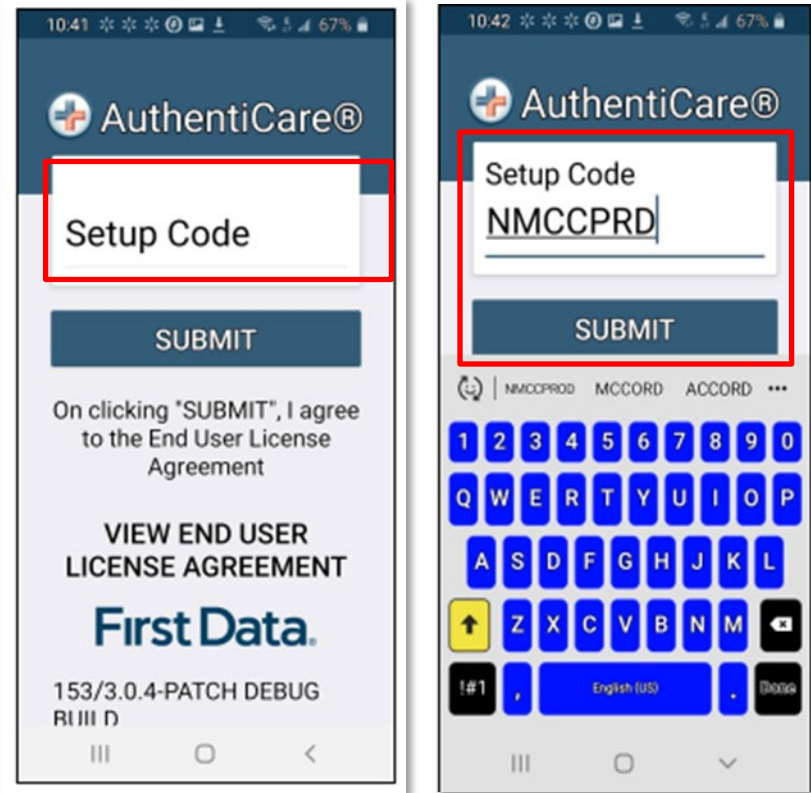
The Worker will need to make sure that all data has been uploaded before leaving the Live/Production environment. To clear the data:



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

The Setup Code screen displays.



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

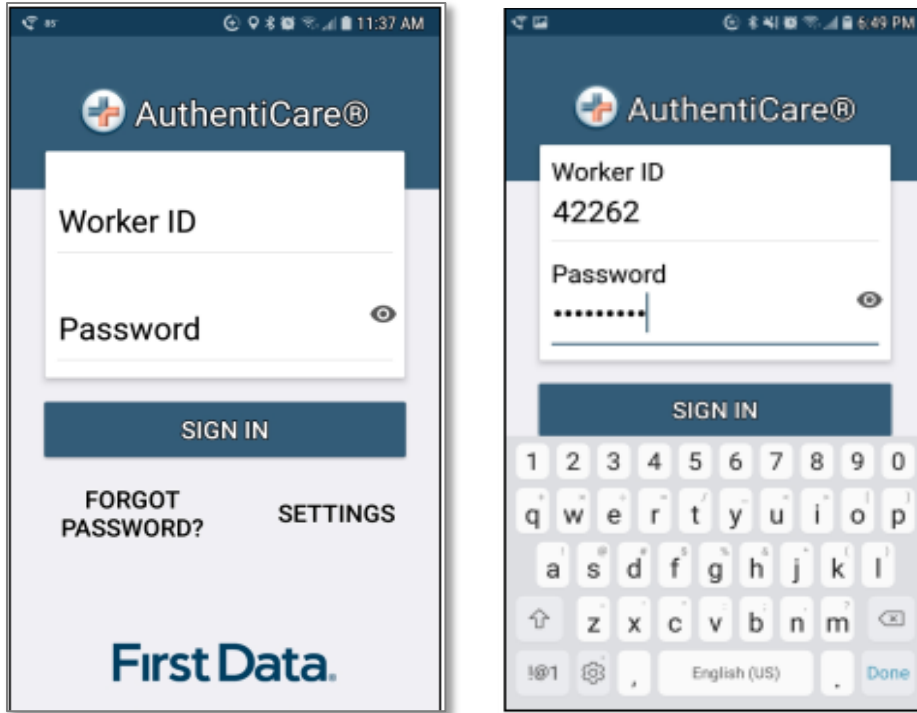


11.5.5 Log In to the Mobile Application-First Use

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

On the Login screen:

1. Enter the Worker ID.
2. Tap the  icon which opens the “eye”  to display the password as typed or after the full password is fully typed. Tap the icon again to cancel the display of the password.
3. Tap **Done** on the keyboard to display the full screen or simply tap **SIGN IN**.
4. Tap **SIGN IN**. Tapping **SIGN IN** logs the Worker into the App for the session.



After 6 unsuccessful attempts to log in, the Worker’s account will be locked. The Worker will have to:

Call the Provider to unlock the account.

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

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



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

11.5.6 Log Out of the Mobile Application

A Logout of the Mobile Application is different than a Check-Out of a Service Visit. There are reasons for a Worker to log out of the Mobile Application:

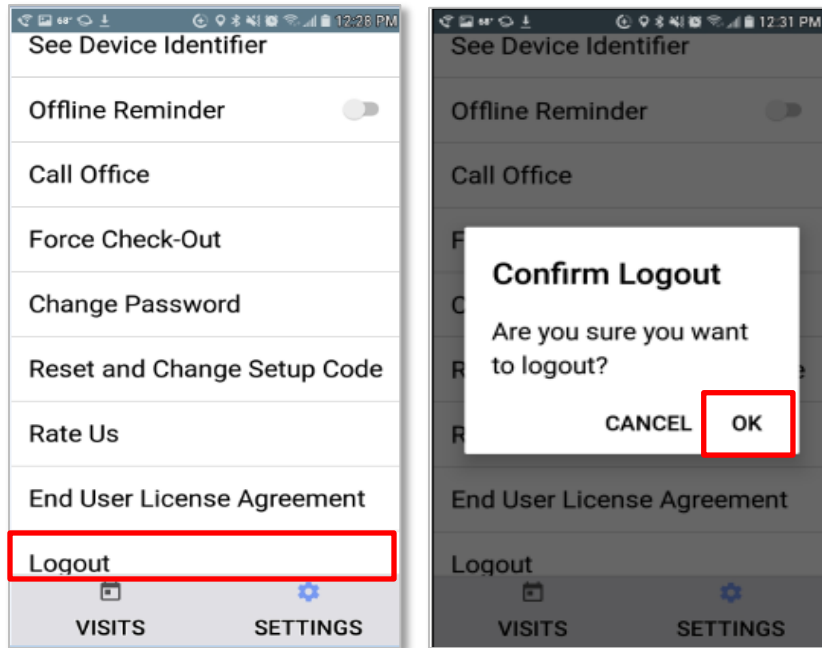
- The Worker is done for the day,
OR
- Another Worker will be using the same Mobile Application to perform a Check-In or a Check-Out.



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

To log out of the AuthentiCare® Mobile Application, the Worker will:

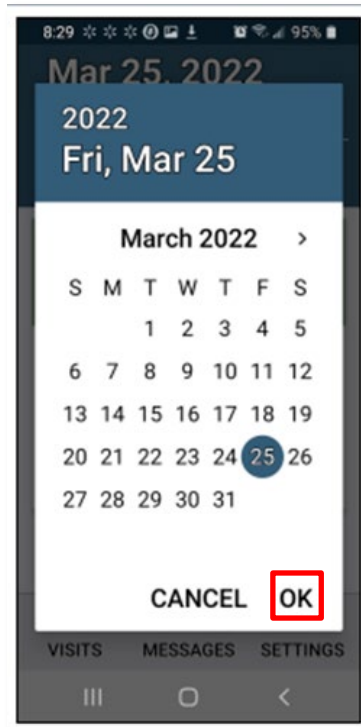
1. Tap **SETTINGS** found at the bottom right of the screen.
2. From the Settings Menu, tap **Logout**.
3. The Confirm Logout message displays. Tap **OK** to log out.



11.5.7 Access the Calendar

To access the calendar, Workers will:

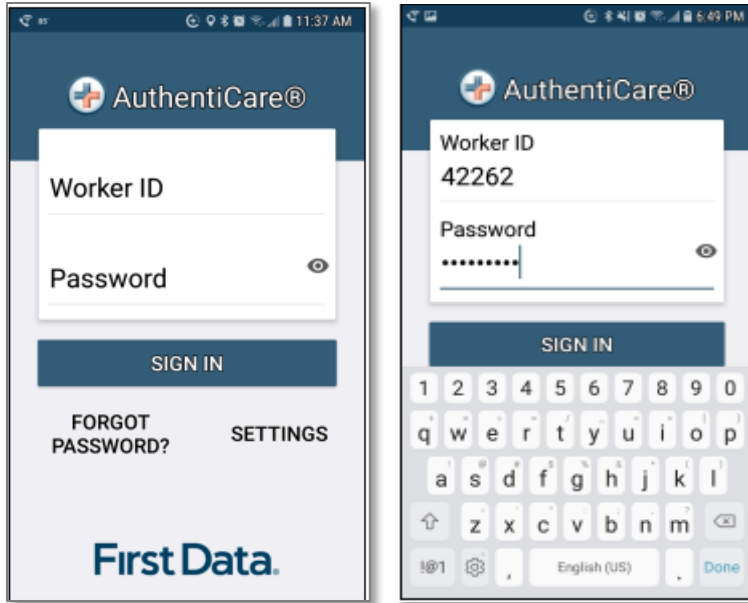
1. Log in to the Mobile Application using the Worker ID and Password.
2. Tap the **current date (Today)** at the top of the mobile screen to open the calendar.
3. The calendar defaults to the current date. Tap **OK** to view any Visits you have already completed for the day.
4. Tap and scroll to display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



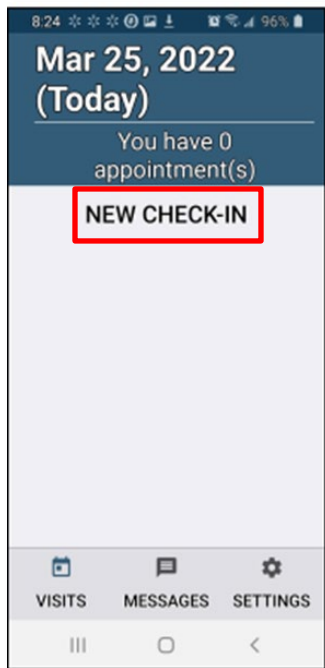
11.5.8 Worker Check-In at Client Location

When the Worker arrives at the Client location, the Worker will:

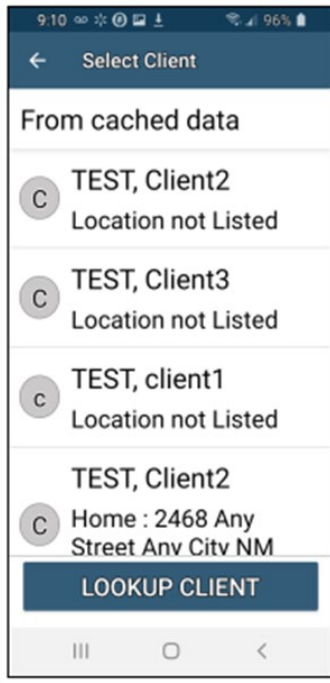
1. Open the AuthentiCare® Mobile Application.
2. Input **Worker ID** and App **Password** to begin the session.
3. Tap **DONE** on the keyboard to remove the keyboard display or simply tap **SIGN IN**.



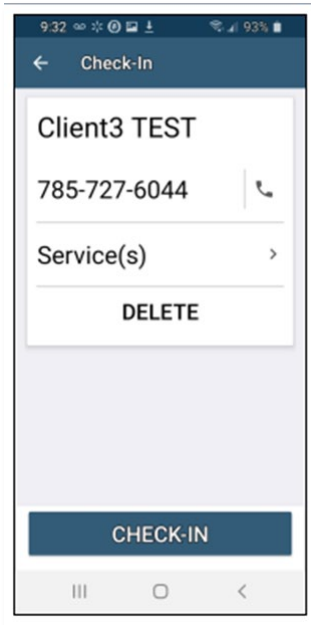
4. “You have 0 appointments” displays in the date banner. The Worker will tap **NEW CHECK-IN**.



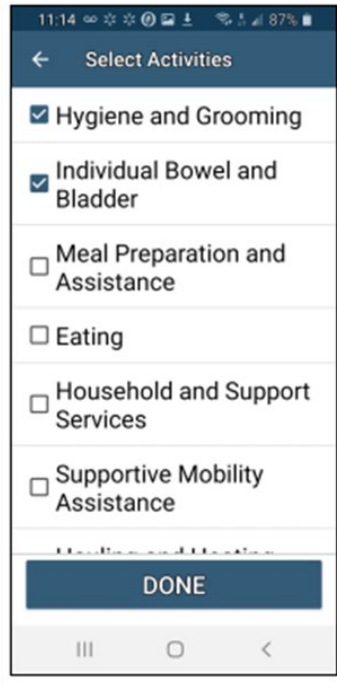
The Select Client screen displays with a list of any Clients associated with the Provider who are found near the current location of the Mobile Application.



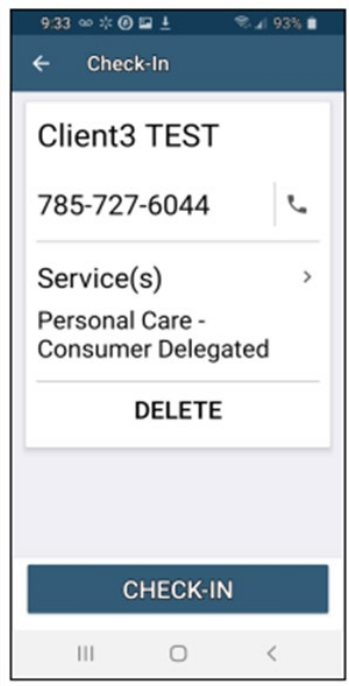
5. If the Client's name is on the list, tap the **Client's name** or the icon to the left of the Client's name.
6. Tapping a Client name leads to the display of the Check-In screen.



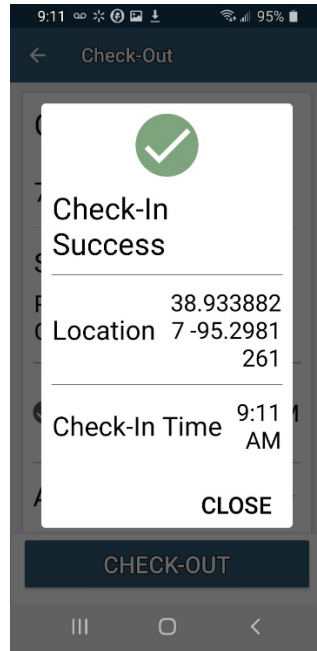
7. The Worker will click on Check-In to add the **Service(s)** for the Client Visit:



8. Once the Service(s) have been selected, the Worker will tap **DONE**.
9. To finish checking in, the Worker will tap **SUBMIT CHECK-IN**.



10. A success pop-up will appear on the screen..



Note: If the Mobile Application has no internet access, all screens throughout the Check-In and Check-Out process will display the banner message, “No data connection.” The banner is darkened to a red/reddish brown dependent upon the Mobile Application used. See below for steps during the Check-In to Check-Out process without a data connection:

- GPS coordinates from the Check-In process display if the Client lives in a Standard Service Zone.
- The Worker will continue with each action to progress throughout the Check-In to Check-Out for the Service Visit.
- The message, “Sync failed. No data connection” flashes on the screen.
- Since there is no data connection, the Check-In and the Check-Out are queued until the Mobile Application enters a location where internet connection is available.
- When the Mobile Application returns to a location with a data connection, all Visit data transmits to the AuthentiCare® system.
- When the Visits have been transmitted to AuthentiCare®, the Status for the Visit(s) will change to Completed without No Data Connection on the screen.

When the login occurs with no data connection, the screen will display with the banner, “No data connection.”

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

As long as the Mobile Application does not have internet access, all screens throughout the Check-In and Check-Out process will display the banner message, “No data connection.”

- The Worker will continue with each action to progress throughout the Check-In to Check-Out for the Service Visit.
- The message, “Sync failed. No data connection” flashes on the screen.

If the entire workday is spent in an area with no internet access/data connection, at the end of the day the Worker will need to return to a place where there is a data connection in order for the Claims data to be sent to the AuthentiCare® system. All Claims data for the preceding day is removed from the Mobile Application at 2:00 AM each morning unless the Worker is designated as a Frontier Worker. With that designation, all Visits are stored for up to seven days in the Mobile Application. When the Worker returns the Mobile Application to a location of data connection, the stored data is “pushed” to AuthentiCare®.

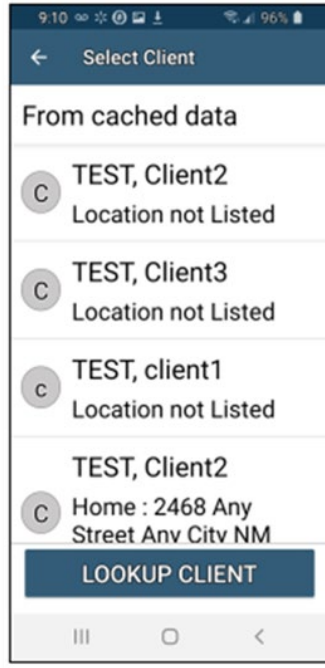
11.5.9 Lookup Client-Enter the Client’s ID Number or Last Name

If the Client’s name is not listed on this screen, the screen will display “**Error** No Clients found.”



To lookup a Client, The Worker will:

1. Tap **LOOKUP CLIENT** to open the Lookup Client screen.



2. Input the **Client's Last Name**.



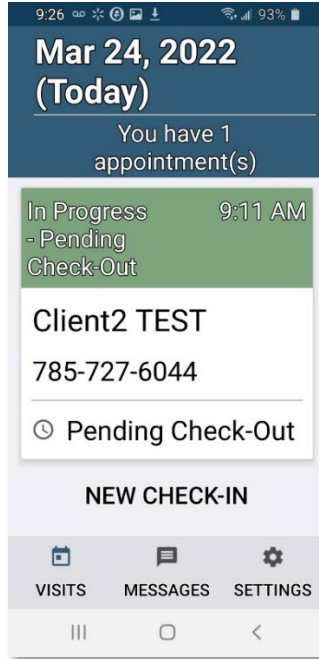
3. Tap **LOOKUP**.

4. Follow the remainder Check-In process steps detailed in [Section 11.5.8](#).

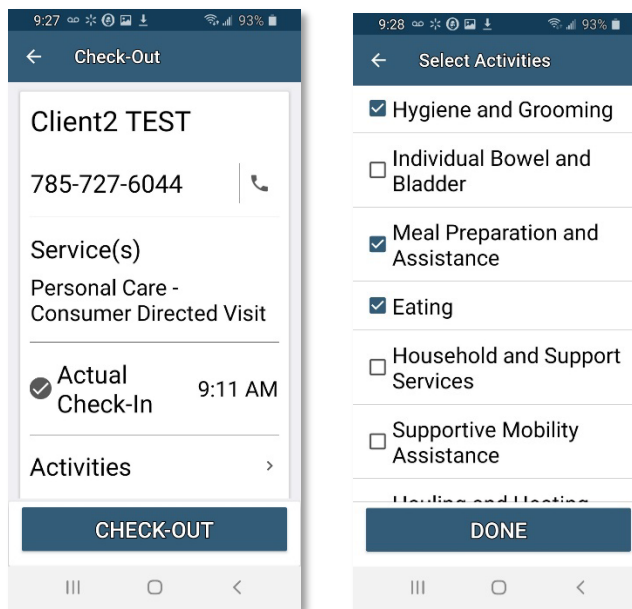
11.5.10 Worker Check-Out from Client's Location

For the Client served, the Worker will:

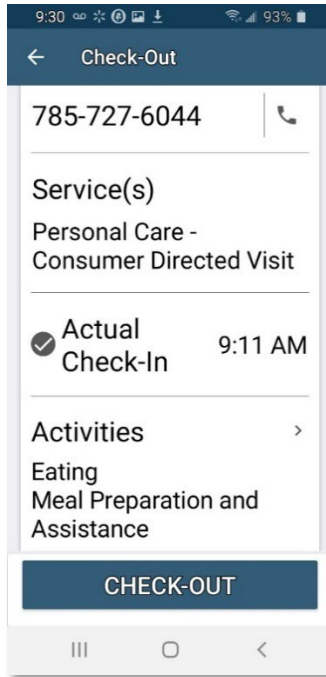
1. Access Check-In information from the Visits screen.



2. Tap **Activities** to select one or more of the Activities from the list; tap **DONE**. Depending on the Service, multiple selections on Activities are possible. Check these as required.



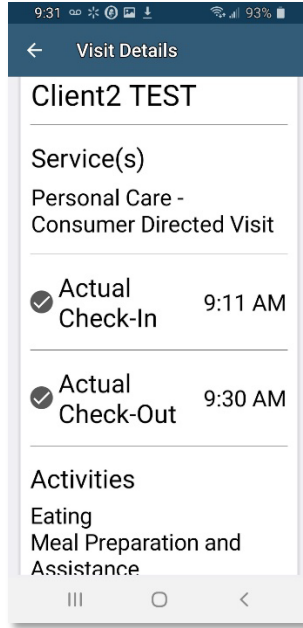
- When finished, tap **SUBMIT CHECK-OUT**.



- The application will display Check-Out Success. Tap **CLOSE**.



- The Visits screen will then display the Client's Visit is in Completed status.



11.6 AuthentiCare® Mobile Application Menu Basics

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

See Device Identifier	A tap of this choice allows the Mobile Application's Device ID to display.
Offline Reminder	A slide of this button allows the Worker to receive a reminder of the Mobile Application's offline status.
Call Office	A tap this choice automatically makes a call from the Worker's Mobile Application to the agency telephone number listed on the Worker's <i>Worker Entity Settings</i> page in AuthentiCare®.
Force Check-Out	A tap on this choice allows a capture of the time and location of a Visit for a Check-Out when the Worker has forgotten, or has been unable, to process a Check-In.
Change Password	A tap on this choice enables the Worker to process a password change, before being locked out, without having to call the agency for a temporary password reset. Once the Worker is locked out of the Mobile Application, the Worker will have to contact the Provider to reset the password following steps in 11.5.2 Change Password after Successful Login .
Reset and Change Setup Code	A tap on this choice allows the Worker to reset the app from one jurisdiction to another is found in 11.5.4 Clearing Data to Change from One Environment to Another .

Rate Us	A tap on this choice allows the Worker to rate the AuthentiCare® Mobile Application.
End User License Agreement	A tap of this choice displays the full agreement for the Worker's review.
Logout	A tap of this choice enables the Worker to log out of the Mobile Application. All needed data should be saved before a log out.
Two Different Menu Displays	Two different Menu screens display for the Worker: 1- An abbreviated menu is available to the Worker after opening the Mobile Application, but before logging in for a Service Visit. 2- The full menu is available to the Worker after a complete login for a Service Visit.

11.7 Worker Instructions for Using the Mobile Application-Android

Instructions for a Mobile Application Check-In ,	
1	You are at the Client's location. Tap NEW CHECK-IN . Tap the name of the Client to be served. Verify the Client's address and location to be served. Tap Services . Select the Service; tap DONE . If required, enter Mileage and Travel Time . Tap SUBMIT CHECK-IN .
2	A Check-In Success screen displays; tap OK . The Appointment screen displays. Once the Check-In occurs, the headings, Observations and Activities display along with SUBMIT CHECK-OUT . There is a choice for an immediate Check-Out or a return to the main Appointments screen by tapping the back arrow on the Mobile Application. The Visit details screen displays. A second tap of the back arrow on the device displays the Visit as In Progress.
3	Once Services are completed, tap Pending Check-Out . If required, tap Activities to open the list. Choose one or more Activities; tap DONE . Tap SUBMIT CHECK-OUT . .
4	The Check-Out Success screen displays. Tap OK . The Visit details screen displays. Tap the back button on the Mobile Application to view the status as Completed next to the Client's name with the Check-In and Check-Out times of the Visit.
5	All stored data, except stored Visits, is deleted at 2:00 AM each morning for privacy and security reasons. To view stored data again, a log in to the Mobile Application has to occur.
Instructions to Check-In and Check-Out in a Limited-Service Zone	
1	You are at the Client's location. The screen banner has darkened. "No data connection" displays on the screen with "Sync failed. No data connection" flashing intermittently on the screen. Tap NEW CHECK-IN .
2	Add the Client's ID number. Tap Services to open the Services list. Choose the Service to be provided; tap DONE . Enter Mileage and Travel Time if required . Tap SUBMIT CHECK-IN . The message in the darkened banner displays as "No data connection."
3	Once the Check-In occurs, the headings, Activities display along with SUBMIT CHECK-OUT . There is a choice for an immediate Check-Out or a return to the main

	Appointments screen by tapping the back arrow on the Mobile Application. The Visit details screen displays.
4	A second tap of the back arrow on the Mobile Application displays the Visit as In Progress with the Check-In time. The Client ID also displays with “Pending Check-Out – Not synced.”
5	Once Services are completed, tap Pending Check-Out . If required, tap Activities to open the list. Choose one or more Activities; tap DONE . Tap SUBMIT CHECK-OUT . The Check-Out Success screen displays. Tap OK .
6	The Visit details screen displays including GPS coordinates, if detected. Tap the back button to view the status as Completed next to the Client’s name with the Check-In and Check-Out times of the Visit.
7	The Visit details screen displays. Tap the back button on the device to return to the Appointments screen. Now the Visit displays as Completed - Not Synced with only the Check-In time.
8	Visit data is stored in the Mobile Application on the Mobile Application. A push of the data is done when the device detects it is back in a cellular Service zone. Status will display as Not Synced until the device has all data back to the AuthentiCare® system. Once that is done the Visit displays as Completed with both Check-In and Check-Out times if the Services require a Check-Out time.

12.0 The AuthentiCare® 2.0 Mobile Application-iOS

Fiserv offers both an Android and an iOS Mobile Application (app) for Workers to use as a means of Check-In/Check-Out in English or in Spanish. The AuthentiCare® Mobile Application provide the same capabilities as the Interactive Voice Response (IVR) and, with GPS technology, have the ability to base their validation process on the location of the Mobile Application. The following sections detail features of the iOS AuthentiCare® Mobile Application, list the setup processes to prepare Providers and Workers for Mobile Application operation and the steps for Workers to utilize AuthentiCare® Mobile Application features and process Check-Ins/Check-Outs of Client Service Visits. The AuthentiCare® Mobile Application 2.0 is available to iOS operating systems 9.0 and newer.

12.1 Service Zones

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

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

If the Worker gets to a Client Visit location that is outside the Standard Service Zone, the Worker will proceed through the same Check-In and Check-Out steps. The data is stored on the Mobile Application as the Check-In and Check-Out are completed. The Visit will show as “No data connection.”

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

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

12.2 Core AuthentiCare® Preparation

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

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

12.3 Application Setup Done by Providers

12.3.1 One Time Application Settings-Provider Entity Settings Page

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

On the *Provider Entity Settings* Page:

The screenshot displays the 'Provider Entity Settings' page. At the top, there are two radio button options: '* Mobile Enabled:' with 'Yes' selected and 'No' unselected; and 'Messaging Enabled:' with 'Yes' unselected and 'No' selected. Below these is a table with three columns: 'Number', 'Device Id', and 'Assignment'. The table is currently empty. Underneath the table are three input fields labeled 'Mobile phone number:', 'Device ID:', and 'Assignment:'. At the bottom of the form are two buttons: 'Add' and 'Remove'.

1. **Mobile Enabled** is defaulted to Yes to allow Workers to use the AuthentiCare® Mobile Application.
 - If **Yes** is not selected for **Mobile Enabled**, Workers will receive a Login failed message when they try to log into the Mobile Application on their phones.
2. Select **Messaging Enabled** to send messages to Workers.
 - If **Messaging Enabled** is not selected, Workers will not view a Messaging option at the bottom of their device screen.
3. A Provider can also register Provider-owned phones for Mobile Application use and can provide a name assigned (temporarily or permanently) to the phone by entering the following information:
 - a. Enter the mobile phone number, including area code, of the Provider's phone assigned to the Worker.
 - b. The Device ID of the Provider's phone assigned to the Worker.
 - c. The Worker ID or the Worker's name under Assignment.

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

12.3.2 Worker's Mobile Application Information – Worker Entity Settings

On the *Worker Entity Settings* Page:

Add the Worker's email address so that the Worker can receive a passcode if the Worker forgets the password to log into the Mobile Application.

Worker Entity Settings
 * Indicates a required field.

ID: 09528
 PIN: *****

* First Name:
 Middle Name:
 * Last Name:

Company Name:
 SSN:
 FID:
 Gender:
 Birth Date:

Email Address:

1. Enabled Mobile for Worker.

* **Mobile Enabled:** Yes No
Generate QR Code

* **Mobile Locked:** Yes No

Password:

Worker Must Change Password:

Mobile phone number:

Device ID:

Office Phone:

2. Create initial **Password** for Workers. (Workers will use their assigned Worker ID as their individual username.)

- Passwords to log into the Mobile Application must contain at least 1-digit, 1-lowercase, 1-uppercase, 1-special character (acceptable special characters @#\$%^&!+=) and must be a minimum of 8 characters in length.
- If a password is changed through the system, it will be flagged for a Force Change once the Worker logs into the Mobile Application.
- Select **Worker Must Change Password** so that the Worker updates their password from the temporary password provided to them by the Agency Provider.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

3. Enter the Worker's **Mobile Phone Number**, including area code.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

4. Enter the **Device ID** of the Worker's personal Mobile Application/phone.
 - The AuthentiCare® Mobile Application 2.0 will assign a new Device ID as the Worker installs the iOS app. The Provider will need to input the new Device ID on the *Worker Entity Settings* Page.

* Mobile Enabled: Yes No
Generate QR Code
 * Mobile Locked: Yes No
 Password: *****M1n
 Worker Must Change Password:
 Mobile phone number: [Redacted]
 Device ID: [Redacted]
 Office Phone: [Redacted]

- d. Enter the **Office Phone** number.
 - The Office Phone you enter on the Worker record will be the number the Worker will call when the Worker selects "Call Office" from the menu button within the Mobile Application.

12.4 AuthentiCare® Mobile Application Fundamentals

12.4.1 Downloading, Installing and Setting Up the Mobile Application

The AuthentiCare® application is a free Mobile Application.

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

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

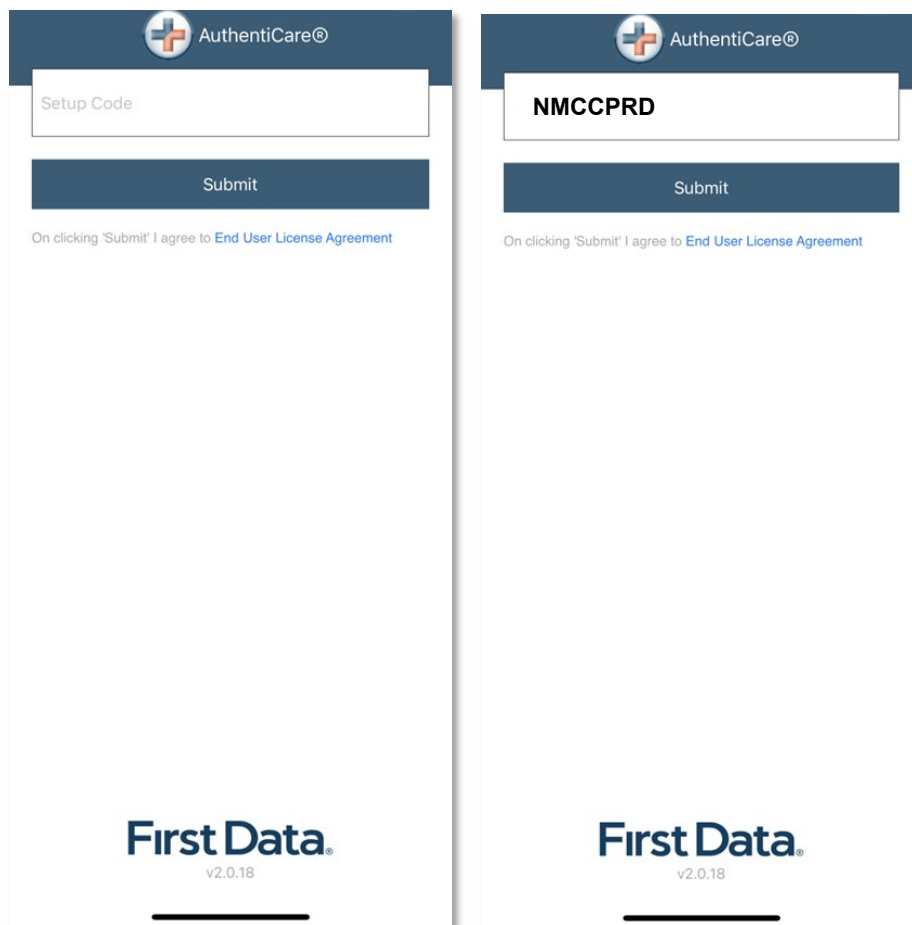
These terms and conditions must be accepted prior to the App opening on the Mobile Application.

12.4.2 Initial Setup for Environment

Once the Mobile Application is installed, initial setup needs to occur. In order for the Worker to use the AuthentiCare® Mobile Application, the Worker will need to confirm the Provider Administrator has enabled the Worker's Mobile Application use.

When the Worker first opens the AuthentiCare® Mobile Application, the Worker will see a screen that requires the entry of a Setup Code. The Live Production Environment (used when you are going to perform actual Client care) code is:

Live/Production
NMCCPRD



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

The Worker will:

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

The Worker ID Login and Password screen displays.

12.4.3 The Worker ID and Password Screen

12.4.3.1 Change Password before Login - Request Passcode

The choices of **Forgot Password?** and **Settings** are also found on this screen.

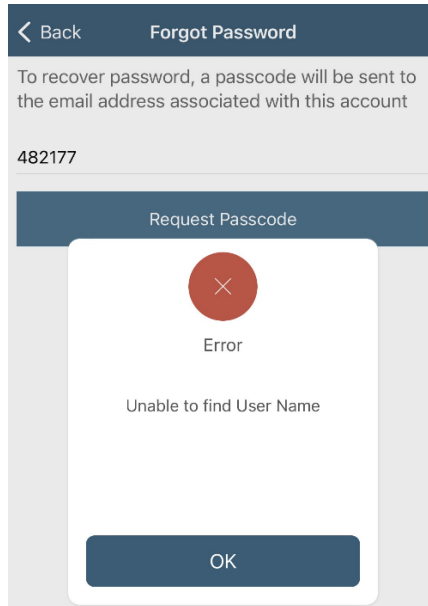
A Worker who has forgotten the password can tap **Forgot Password?**

The **Forgot Password?** screen displays, complete with instructions.

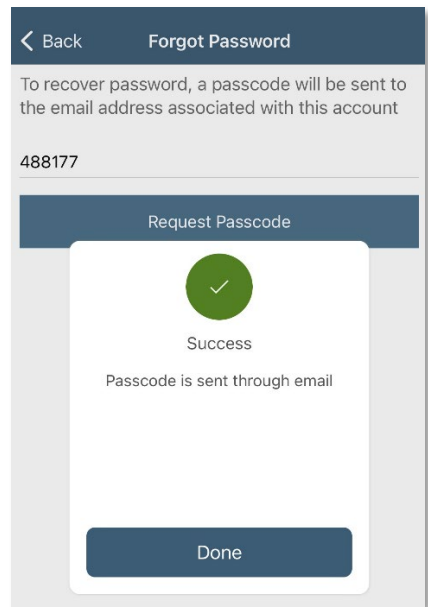
To recover a password, the Worker must have an email address listed in AuthentiCare® .

1. Input **Worker ID**.
2. Tap **Request Passcode**.

If the Worker’s email address is not in AuthentiCare®, the following screen will display.



Once the Worker’s email address is in AuthentiCare®, the following screen will display:



Tap **Done**.

The Change Password screen displays.

The Worker will:

1. Enter the passcode in the **Passcode** field.
2. Enter the new password in the **New Password** field. The password rules are listed on the screen.
3. Confirm the new password by entering the new password again in the **Confirm New Password** field.
4. Tap **Submit**.

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

12.4.3.2 Change Password after Successful Login

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

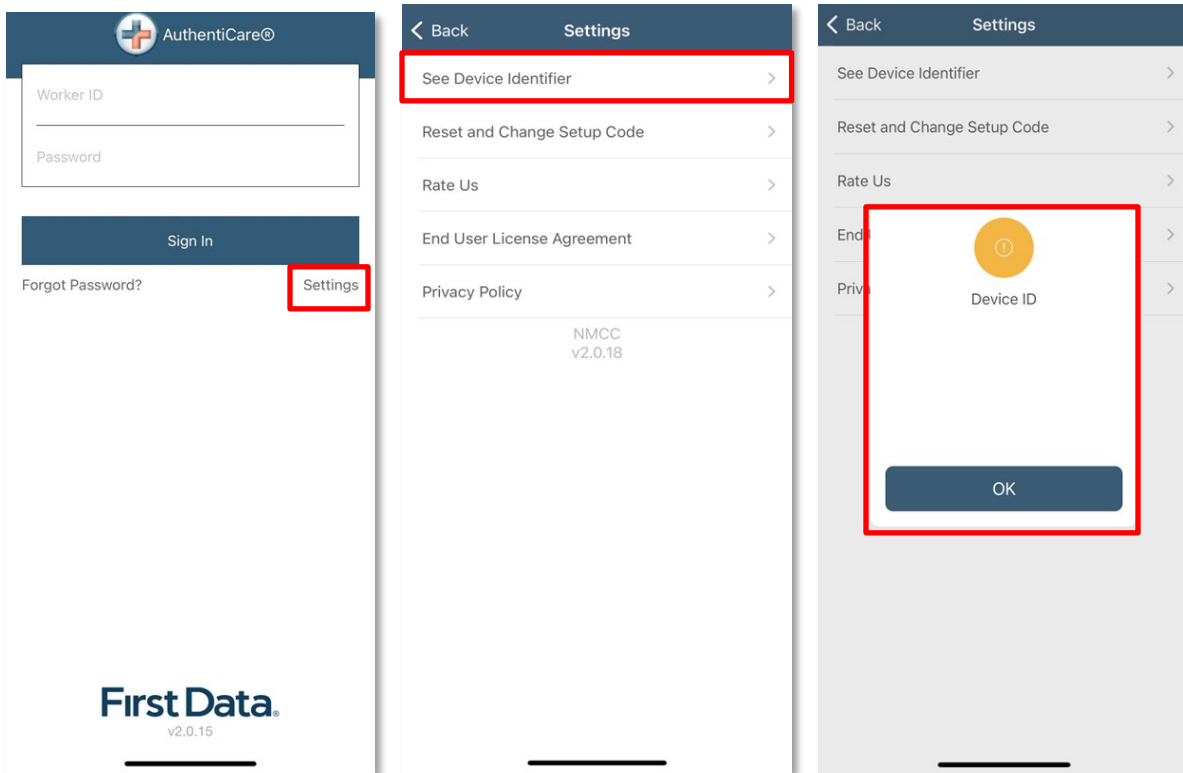
1. Tap **Settings**
2. Select **Change Password** to display Current Password, New Password and Confirm New Password fields.
3. Enter applicable passwords in all three fields, and then tap **Submit**.
4. The Password Change Success screen displays. Tap **OK**.

12.4.3.3 Find Device ID from the Settings Menu

After entering the Setup Code, the Worker will be taken to the login screen. To find the Mobile Application's Device ID:

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

The AuthentiCare® Mobile Application 2.0 will assign a new Device ID as the Worker installs the iOS app. The Provider will need to input the new Device ID on the *Worker Entity Settings* Page.

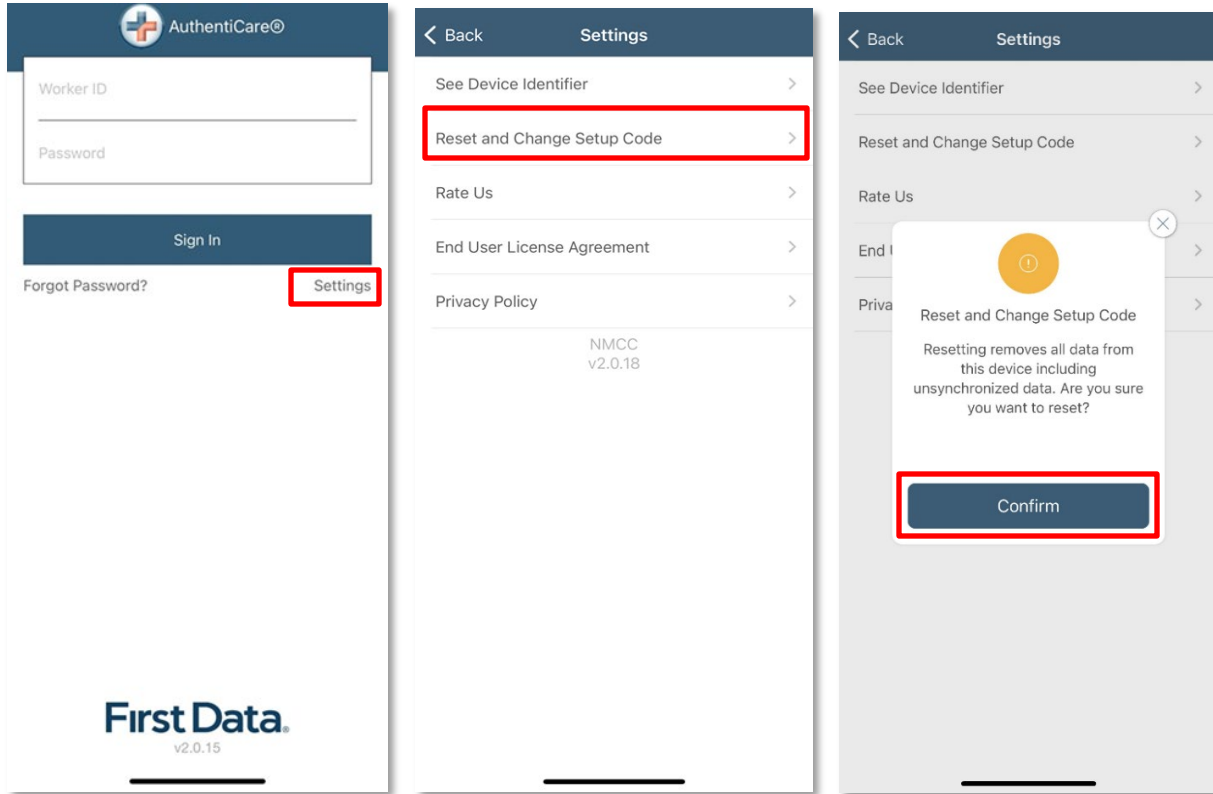


12.4.3.4 Clearing Data to Change from One Environment to Another

In order to switch from one environment to the other, the Worker will be required to clear the data from the AuthentiCare® Mobile Application.

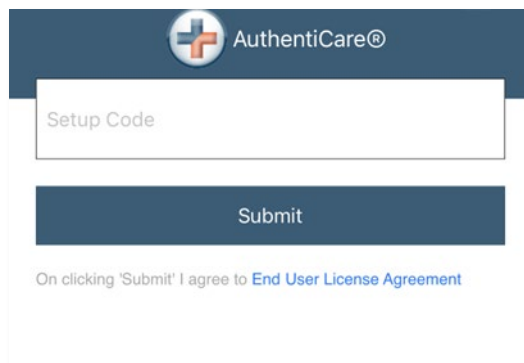
- Clearing data is necessary *only* when switching between environments.
- **Remember that if the data is cleared from the live environment, the Worker will lose any data that has not been uploaded to AuthentiCare®.**

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



1. Tap **Settings** on the right side of the screen. The Menu displays.
2. Tap **Reset and Change Setup Code** in the Menu.
3. Tap **Confirm** to confirm reset.
4. Tap **OK**. The data is removed.

The Setup Code screen displays.



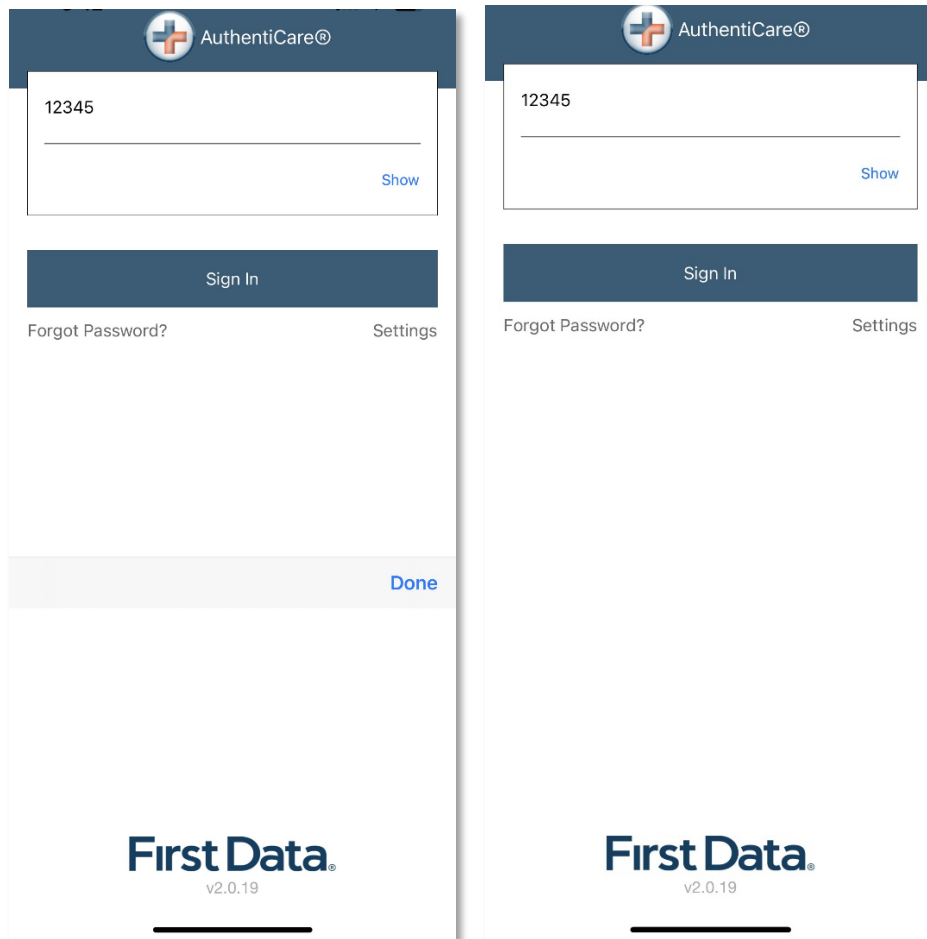
1. Enter the next Training or Production environment in the **Setup Code** field.
2. Tap **Done** on the keyboard to display the bottom half of the Setup Code screen or
3. Scroll to reveal Submit. Tap **Submit**.

12.4.4 Log in to the Mobile Application-First Use

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

On the Login screen:

1. Enter the Worker ID.
2. Begin typing the password which displays **Show** so the password displays as typed. Tap **Hide** to cancel the display of the password.
3. Click **Done** on the keyboard to display the full screen or simply tap **Sign In**.
4. Tap **Sign In**. Tapping **Sign In** logs the Worker into the App for the session.



After 6 unsuccessful attempts to log in, the Worker's account will be locked. The Worker will have to:

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

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



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

12.4.5 Log Out of the Mobile Application

A Log Out of the Mobile Application is different than a Check-Out of a Service Visit. There are reasons for a Worker to log out of the Mobile Application:

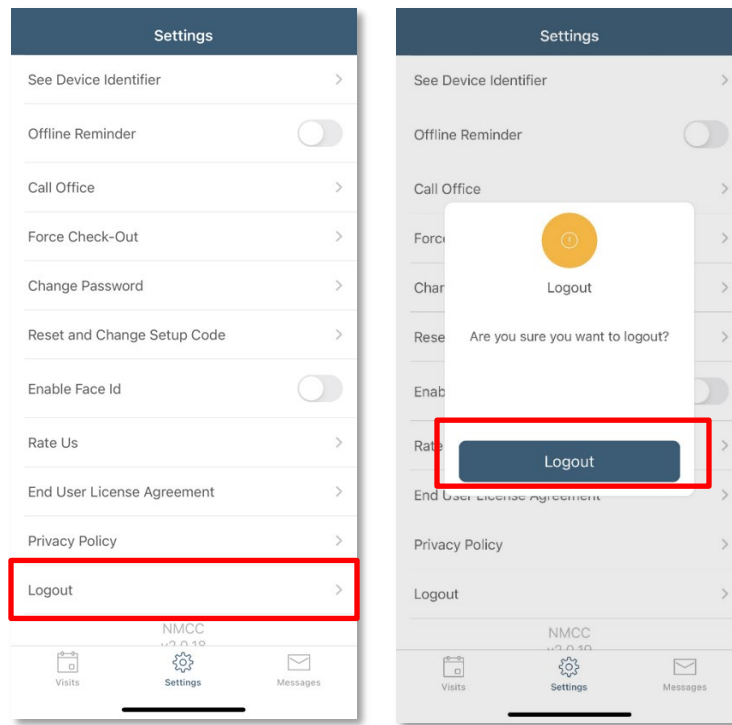
- The Worker is done for the day, OR
- Another Worker will be using the same Mobile Application to perform a Check-In or a Check-Out.



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

To log out of the AuthentiCare® Mobile Application, the Worker will:

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

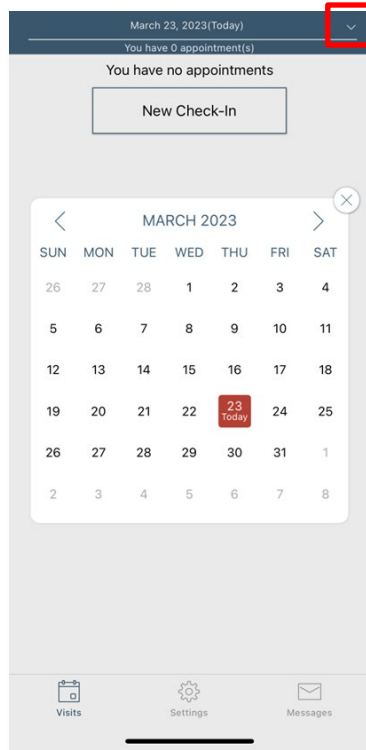


12.4.6 Access the Calendar

To access the calendar, Workers will:

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

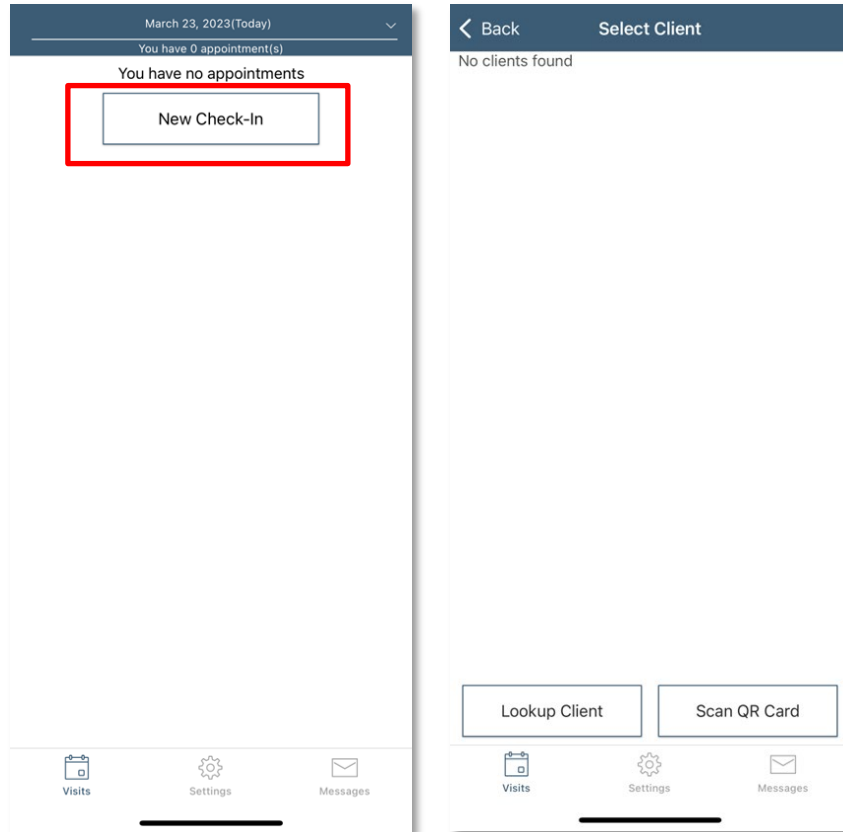
Tap any past dates to display any Visits for that date.



12.4.7 Worker Check-In at Client Location

When the Worker arrives at the Client location, the Worker will:

1. Open the AuthentiCare® Mobile Application
2. Input **Worker ID** and App **Password** to begin the session.
3. Tap **Done** on the keyboard or simply tap **Sign In**.
4. “You have no appointments” displays in the date banner. The Worker will tap **New Check-In**.



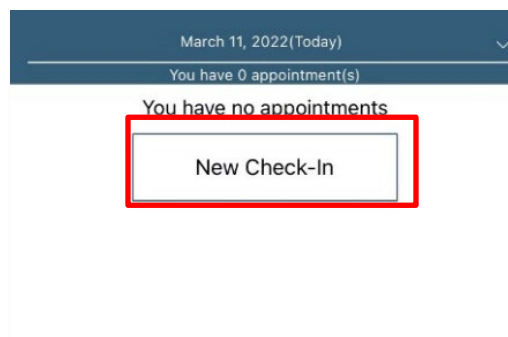
The **Select Client** screen displays with a list of any Clients, associated with the Provider, found near the current location of the Mobile Application.

1. If the Client's name is on the list, tap anywhere in the **Client's name** field.
2. Tapping a Client name leads to the display of the Visits screen.

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

If the Client's name is not listed on this screen, the screen will display "No Clients found." The Worker will:

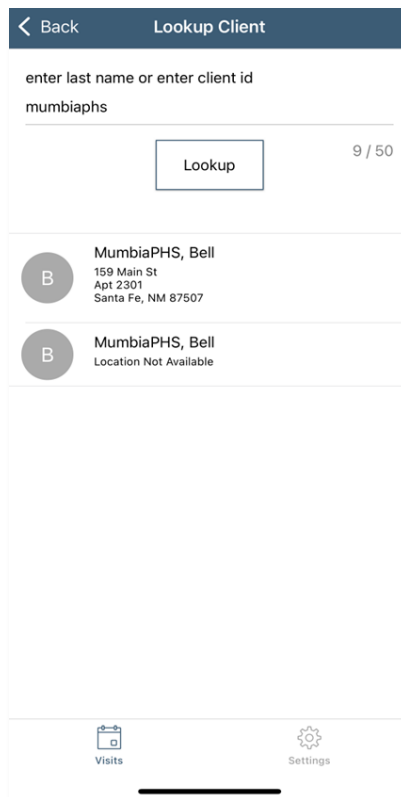
1. Tap **New Check-In**



2. Tap **Lookup Client** to open the Lookup Client screen.



3. Input the Client's Last Name.



1. Tap **Lookup**.

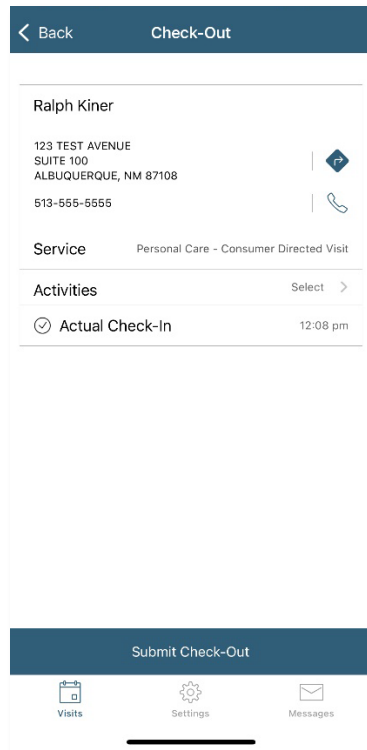
GPS coordinates from the Check-In process display if the Client lives in a Standard Service Zone.

Follow the remainder Check-In process steps detailed in [11.5.8 Worker Check-In at Client Location](#).

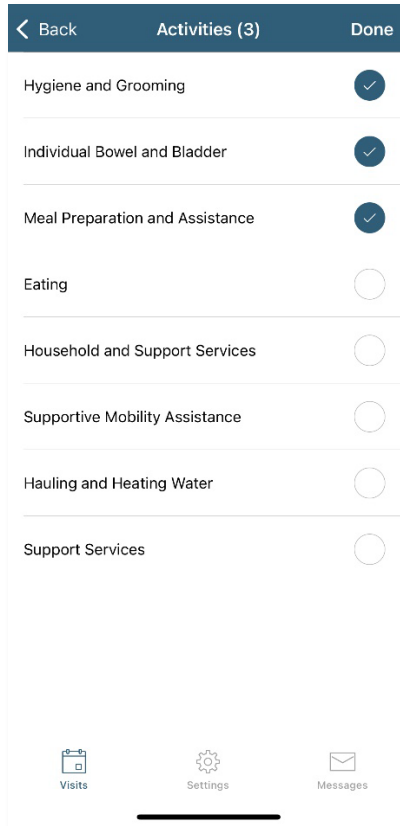
12.4.9 Worker Check out from Client's Location

For the Client served, the Worker will:

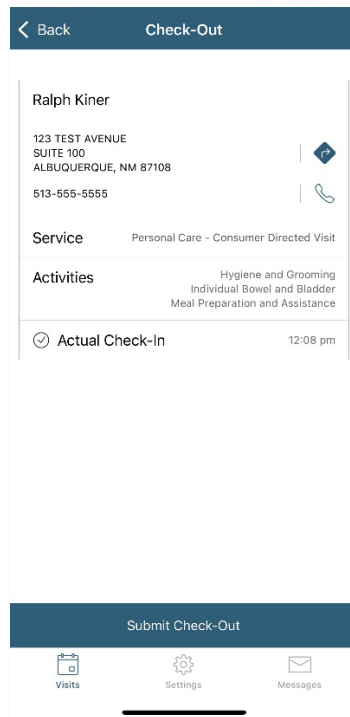
1. Access Check-In information from the Visits screen.



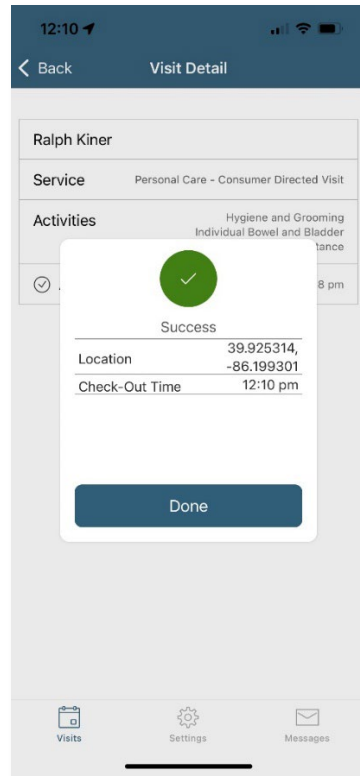
2. Tap **Activities** to select one or more of the Activities from the list; tap **Done**.



3. When finished, tap **Submit Check-Out**.

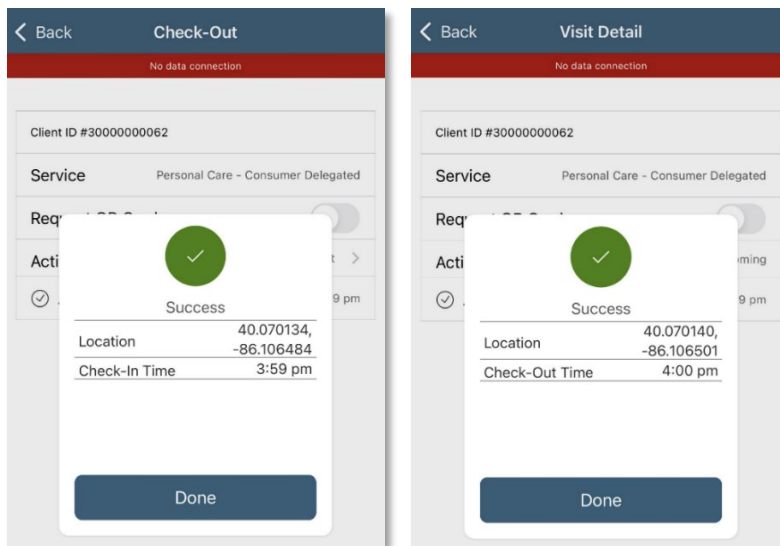


4. The application will display Check-Out Success. Tap **DONE**.



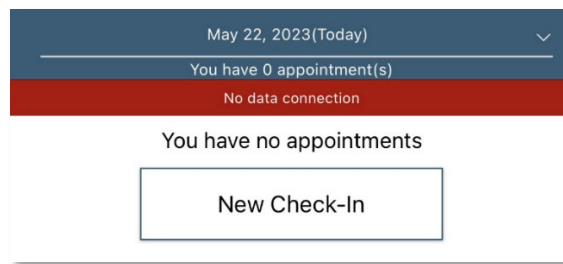
12.4.10 No Data Connection

If the Mobile Application has no internet access, all screens throughout the Check-In and Check-Out process will display the banner message, “No data connection.” The banner is darkened to a red/reddish brown dependent upon the Mobile Application used. See below for steps during the Check-In to Check-Out process without a data connection:



- The Worker will continue with each action to progress throughout the Check-In to Check-Out for the Service Visit.
- Since there is no data connection, the Check-In and the Check-Out are queued until the Mobile Application enters a location where internet connection is available.
- When the Mobile Application returns to a location with a data connection, all Visit data transmits to the AuthentiCare® system, and the red banner disappears.
- When the Visits have been transmitted to AuthentiCare®, the status for the Visit(s) will change to Completed without a Not Synced message.

When the login occurs with no data connection, the screen will display with the banner, “No data connection.”



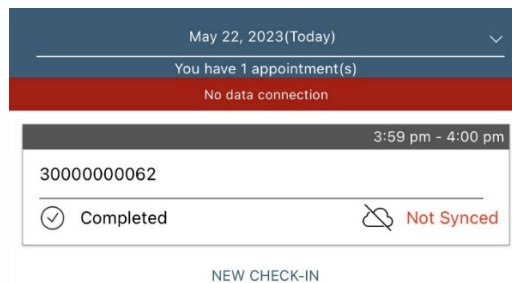
The message, “No data connection” continues to display. Without a data connection, the app cannot research the name to determine whether or not the name should be displayed. The Worker will call the Provider to report the issue and to follow the process the Provider has in place for this circumstance.

If the Client’s name displays when the Worker inputs a last name and taps Lookup, the Worker will:

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

As long as the Mobile Application does not have internet access, all screens throughout the Check-In and Check-Out process will display the banner message, “No data connection.”

- The Worker will continue with each action to progress the Check-In to Check-Out for the Service Visit.
- The Visit displays as “Completed Not Synced.”



If the entire workday is spent in an area with no internet access/data connection, at the end of the day the Worker will need to return to a place where there is a data connection in order for the Claims data to be sent to the AuthentiCare® system. All Claims data for the preceding day is removed from the Mobile Application at 2:00 AM each morning unless the Worker is designated as a Frontier Worker. With that designation, all Visits are stored for up to seven days in the Mobile Application. When the Worker returns the Mobile Application to a location of data connection, the stored data is “pushed” to AuthentiCare®.

The Visits screen will then display the Client’s Visit is in Completed status with Not synced in the Completed field. When the Mobile Application returns to data connection, the Visit is synced, and marked as completed.

12.5 AuthentiCare® Mobile Application Menu Basics

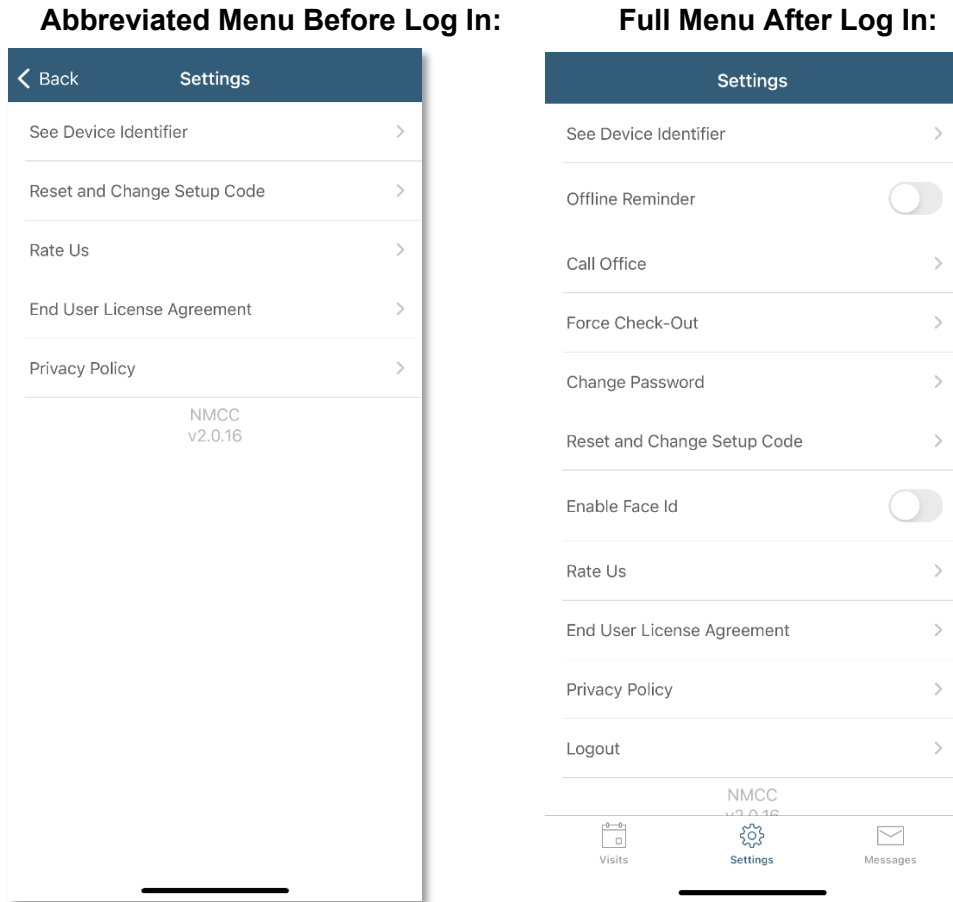
There is an abbreviated Menu accessed from Settings even before a Worker logs in. After a Worker Login, the Worker will tap Settings at the bottom right on the screen to open the Menu with a full array of choices. The following choices display:

See Device Identifier	A tap of this choice allows the 4 device’s Device ID to display.
Offline Reminder	A slide of this button allows the Worker to receive a reminder of the Mobile Application’s offline status.
Call Office	A tap on this choice automatically makes a call from the Worker’s Mobile Application to the agency telephone number listed on the Worker’s <i>Worker Entity Settings</i> page in AuthentiCare®.
Force Check-Out	A tap on this choice allows a capture of the time and location of a Visit for a Check-Out when the Worker has forgotten, or has been unable, to process a Check-In.
Change Password	A tap on this choice enables the Worker to process a password change, before being locked out, without having to call the agency for a temporary password reset. Once the Worker is locked out of the Mobile Application, the Worker will have to contact the Provider to reset the password following steps in 11.5.2 Change Password after Successful Login .
Reset and Change Setup Code	A tap on this choice allows the Worker to reset the app from one jurisdiction to another is found in 11.5.4 Clearing Data to Change from One Environment to Another .
Rate Us	A tap on this choice allows the Worker to rate the AuthentiCare® Mobile Application.
End User License Agreement	A tap of this choice displays the full agreement for the Worker’s review.
Logout	A tap of this choice enables the Worker to log out of the Mobile Application. All needed data should be saved before a log out.

12.6 Two Different Menu Displays

Two different Menu screens display for the Worker:

- An abbreviated menu is available to the Worker after opening the Mobile Application, but before logging in for a Service Visit.
- The full menu is available to the Worker after a complete login for a Service Visit.



12.7 Worker Instructions for Using the Mobile Application-iOS

Instructions for a Mobile Application Check-In and Check-Out in a Service Zone - iOS	
1	You are at the Client's location. Tap New Check-In . Tap the name of the Client to be served. Verify the Client's address and location to be served. Tap Services . Select the Service; tap Done . If required, enter Mileage and Travel Time . Tap Submit Check-In .
2	A Check-In Success screen displays; tap OK . The Appointment screen displays. Once the Check-In occurs, the headings, Activities, Observations display along with Submit Check-Out. There is a choice for an immediate Check-Out or a return to the main Appointments screen by tapping the back arrow in the heading. The Visit details screen displays. A second tap of the back arrow in the heading displays the Visit as In Progress.

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

13.0 Managing Claims

A Claim contains all of the information required for submission via a HIPAA compliant electronic billing file (837) and EDI 837 Institutional (837I). Every Service captured by the IVR, Mobile Application or entered via the Web, automatically creates a Claim. Each Claim within AuthentiCare® is assigned a unique Claim number which can be fully tracked in the system.

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

Claims can be confirmed one at a time (see [Section 13.9](#)) or in bulk (see [Section 13.10](#)). Bulk confirmation is a function that Providers initiate on the Web Portal, and then AuthentiCare® completes the confirmation process after hours. If a Bulk confirmation is chosen, all Claims for all Services in a given timeframe are confirmed at once.

AuthentiCare® exports Claims for adjudication in the early morning hours Monday through Friday of each week. Claims confirmed by 11:59 PM the night before will be included in that morning's file submission.

If it is determined that there is an error in the Claim that requires a correction, you can make those corrections using the procedures outlined in [Section 13.2](#).

13.1 Searching and Viewing Claims

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



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

If you know the Claim ID, type it in the *Claim ID* field. For all other searches, you must enter a Claim Start Date and Claim End Date.

The screenshot shows a web form titled "Claims". At the top, there are two "Add New" links: "Claim (Standard)" and "Claim (Express)". Below these are three radio buttons: "Claim" (selected), "Confirm Billing - View", and "Confirm Billing - Bulk". A search field for "Claim ID" is followed by "Go!" and "Clear" buttons. Below this are several input fields: "Claim Status" (dropdown), "Claim Start" and "Claim End" (date pickers), "Service", "Authorization ID", "Client", "Provider", "Worker", "Representative", "CaseManager", "Payer", "Procedure Code", and "User Option" (dropdown). At the bottom, there is a checkbox for "Include Inactive Claims?" and another set of "Go!" and "Clear" buttons.

Click **Go!**

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

Claims (total of 4 records)					
ID	Status	Client ID	Client Name	Date Range	Information
95712	ConfirmBillingForClaim, EventMatching, PayerReviewRequired, WebClaimSuppress	3455527231	MumbaiBCBS, Bell	05/16/2023 - 05/16/2023	
95700	AuthExhaustedOn, ConfirmBillingForClaim, EventMatching, MaxUnitsPerDay, PayerReviewRequired	3455527231	MumbaiBCBS, Bell	05/15/2023 - 05/15/2023	
95699	ClaimReviewNeeded, ConfirmBillingForClaim, EventMatching	3455527231	MumbaiBCBS, Bell	05/15/2023 - 05/15/2023	
95713	ClaimReviewNeeded, ConfirmBillingForClaim, EventMatching, WebClaimSuppress	3444444231	MumbaiWSCCALL9, Bell	05/10/2023 - 05/10/2023	

Note the columns displayed in the search results:

ID – Identifies a Claim

Status – Displays as *NoExceptions* or *InfoExceptions* if the Claim has been sent for payment or is ready to be sent.

OR

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

Client ID – Identifies the Client who received Services

Client Name - Identifies the Client who received Services.

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

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

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

ID	Status	Client ID	Client Name	Date Range	Information
95712	ConfirmBillingForClaim, EventMatching, PayerReviewRequired, WebClaimSuppress	3455527231	MumbaiBCBS, Bell	05/16/2023 - 05/16/2023	Additional Information Claim ID: 95712 Provider: Vilas Heydi Mike NMCC Care LLC (655555555) Worker: 8, WS (13265) Filing Source: Web DateOfService: 05/16/2023 02:00 PM - 05/16/2023 02:15 PM Status: Service: Skilled Nursing RN (G0299) (Time Based) Unit: ActualNormal: 1 AuthorizedNormal: 1 Amount: ActualNormal: 100.00 AuthorizedNormal: 100.00 CustomData: Mileage: 1 travelTime: 10 ActivityCodes: 24 Exception: - Billing has not been confirmed for this claim. - This claim does not have a matching event. - Payer Review Required - EVV not used Note: Test
95700	AuthExhaustedOn, ConfirmBillingForClaim, EventMatching, MaxUnitsPerDay, PayerReviewRequired	3455527231	MumbaiBCBS, Bell	05/15/2023 - 05/15/2023	
95699	ClaimReviewNeeded, ConfirmBillingForClaim, EventMatching	3455527231	MumbaiBCBS, Bell	05/15/2023 - 05/15/2023	
95713	ClaimReviewNeeded, ConfirmBillingForClaim, EventMatching, WebClaimSuppress	3444444231	MumbaiWSCCALL9, Bell	05/10/2023 - 05/10/2023	

The *Claims* page displays and includes the Client, Provider, Worker, Service, Check in date and time, Check out date and time and the time Amount (if required). The box on the right-side notes whether the Claim was created via the IVR, Mobile Application or Web and identifies the calculated amount which takes the total time after applying rounding rules and computes the dollar amount using the rate identified on the Authorization. This is the amount that AuthentiCare® submits for payment. When the Claim is adjudicated, the actual amount paid may be different if the Provider did not set contracted rates for each Service.

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

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

Claim Details

*** Client**

*** Worker**

*** Service**
Physical Therapy Assistant

Date	Time	Amount	Date	Time
03/21/2024	09:00 AM	01:00	03/21/2024	10:00 AM

Mileage: Travel Time:

*** Provider**

Payer Assignment
BCBSNM

Total Lines: 1 Total Claims: 1 Total Amount: \$200.00 Total Authorized: \$200.00

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

Claim ID:

Filed On: **Web**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$200.00**

Total Authorized Amount: **\$200.00**

Total Units: **4**

Total Hours: **01:00**

Scheduled Units: **0**


Scheduled Hours: **00:00**


Inactivate

Delete All

Cancel

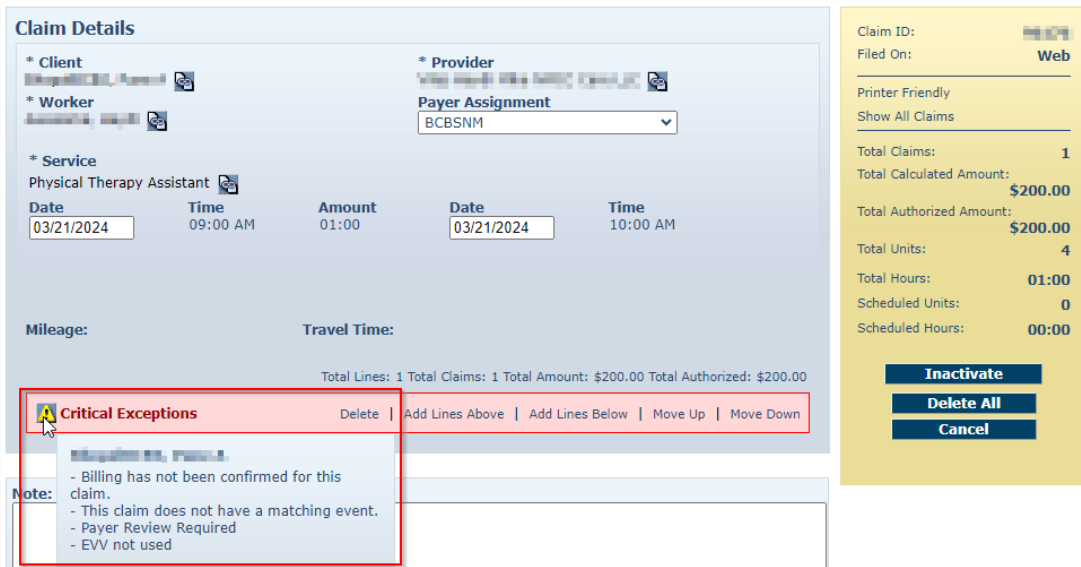
Most screenshots in this section reflect the Provider having chosen the checkbox for Extra Claim Review on the *Provider Entity Settings* page, so there is a check box noted on Claims that reflects whether or not the Review Completed has taken place. If the Provider does not select Extra Claim Review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

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


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


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


Critical Exception example:




Claim Details

* Client: [Name] 

* Provider: [Name] 

* Worker: [Name] 

* Service: Physical Therapy Assistant 

Date	Time	Amount	Date	Time
03/21/2024	09:00 AM	01:00	03/21/2024	10:00 AM


Mileage: Travel Time:

Total Lines: 1 Total Claims: 1 Total Amount: \$200.00 Total Authorized: \$200.00

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

Note:

- Billing has not been confirmed for this claim.
- This claim does not have a matching event.
- Payer Review Required
- EVV not used

Claim ID: [ID] 
 Filed On: **Web**

Printer Friendly
 Show All Claims

Total Claims: **1**
 Total Calculated Amount: **\$200.00**
 Total Authorized Amount: **\$200.00**
 Total Units: **4**
 Total Hours: **01:00**
 Scheduled Units: **0**
 Scheduled Hours: **00:00**

Inactivate
Delete All
Cancel

Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected. Critical Exceptions are listed in [Appendix A-3](#) for Personal Care Services and [Appendix A-8](#) for Home Health Care Services.

Informational Exception example:

Claim Details

*** Client**
[Redacted]

*** Worker**
[Redacted]

*** Service**
Physical Therapy Assistant

Date	Time	Amount	Date	Time
04/05/2024	09:00 AM	01:00	04/05/2024	10:00 AM

Mileage:

Travel Time:

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$200.00 Total Authorized: \$200.00

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

Claim ID: **96187**

Filed On: **Web**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$200.00**

Total Authorized Amount: **\$200.00**

Total Units: **4**

Total Hours: **01:00**

Scheduled Units: **0**

Scheduled Hours: **00:00**

Review Complete

Billing Confirmed

Inactive Claim

Save

Delete All

Cancel

Informational Exceptions or non-critical Exceptions do not prevent a Claim from being processed but serves as a notice of some problem associated with the Claim creation which may warrant further investigation (e.g., a Claim that does not have a matching event). These Exceptions are informational only and are listed in [Appendix A-3](#) for Personal Care Services and [Appendix A-8](#) for Home Health Care Services.



Note: If a Worker checks in more than 60 minutes prior to the start time for the Scheduled event, the Claim indicates an Event Matching Info Exception. For example, if the event was Scheduled from 11:00 AM to 11:30 AM and the Worker checked in at 9:59 AM, AuthentiCare® is not able to match the Scheduled event to the actual event and an “Info Exception” result. If a Provider has set Early, Late and Missed Visit thresholds for Clients, the alerts and business rules follow the thresholds set by the Provider.

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

Additional Functionality on this page:

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

The *Claim Acknowledgment* page displays.

Authorization	Start	End	Rates	Units	Amount	
	May 07, 2024 12:00:00 PM	May 07, 2024 12:22:00 PM	Normal	16.5900	1 ActualNormal 1 AuthorizedNormal	\$16.59 \$16.59

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

13.2 Editing a Claim (Claims Correction)

13.2.1 Correcting a Check-In/Check-Out

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. They may choose the wrong Service in error and fail to correct it while on the phone. In such situations, the Provider is able to edit the Claim by completing or correcting it.

Search for the Claim you wish to view according to the instructions in [Section 13.1](#).

The **Claims Details** page displays.

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.

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

13.2.2 Changing/ Correcting a Default Payer

The default payer assignment on a Claim is the "Current Payer for the Client" which in most cases is exactly what is desired. However, if a Client has recently transferred from one payer (MCO) to another, a Provider may want to select a different payer assignment for dates of Service that are in the past. If the payer assignment for dates of Services in the past needs changed, select the correct payer from the drop down.

Search for the Claim you wish to view according to the instructions in [Section 13.1](#).

The *Claim* page displays.

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

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

Print the page using **Print**.

Click Done to return to the *Home* page.

13.3 Adding an Individual Claim (Standard Entry)

There are situations where the Provider may need to add a Claim using the Web. For example:

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


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

OR


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

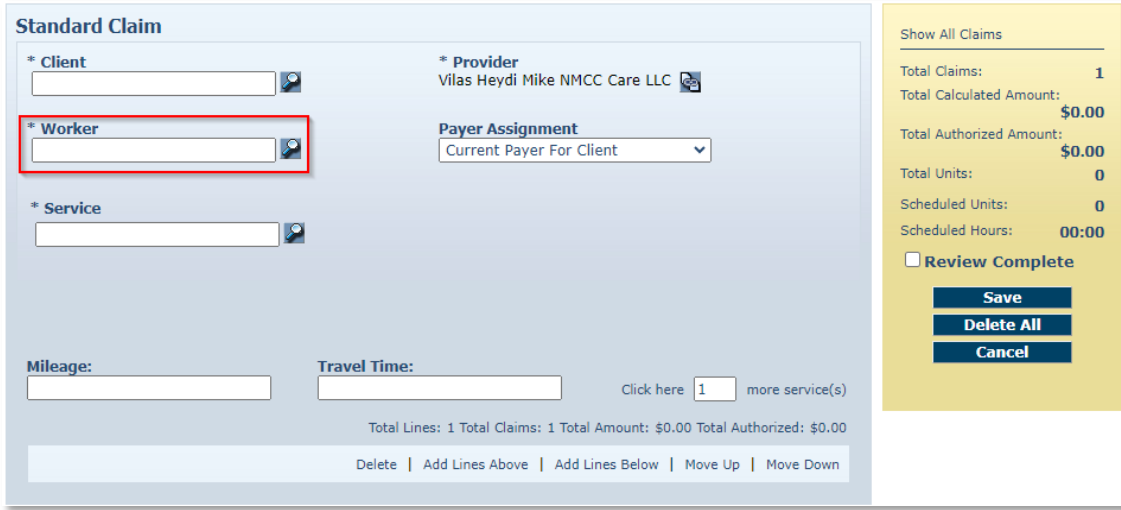


The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.


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


 A screenshot of the "Standard Claim" form. The form is divided into several sections. On the left, there are three required fields: "* Client", "* Worker", and "* Service", each with a "Looking Glass" icon. The "* Client" field is highlighted with a red rectangular box. To the right of these fields, the "* Provider" is pre-filled with "Vilas Heydi Mike NMCC Care LLC" and has a "Looking Glass" icon. Below the provider information is a "Payer Assignment" dropdown menu currently set to "Current Payer For Client". At the bottom left, there are "Mileage:" and "Travel Time:" fields, followed by a "Click here" link with a small input field containing the number "1" and the text "more service(s)". At the bottom center, there is a summary line: "Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00". At the bottom of the form, there are navigation links: "Delete", "Add Lines Above", "Add Lines Below", "Move Up", and "Move Down". On the right side of the form, there is a yellow sidebar titled "Show All Claims" containing a summary of claim statistics: "Total Claims: 1", "Total Calculated Amount: \$0.00", "Total Authorized Amount: \$0.00", "Total Units: 0", "Scheduled Units: 0", and "Scheduled Hours: 00:00". Below this summary is a checkbox labeled "Review Complete" which is currently unchecked. At the bottom of the sidebar are three buttons: "Save", "Delete All", and "Cancel".


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




Standard Claim

* Client 

* Provider Vilas Heydi Mike NMCC Care LLC 

* Worker 

* Service 

Payer Assignment: Current Payer For Client

Mileage: Travel Time: Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00


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

Show All Claims

Total Claims:	1
Total Calculated Amount:	\$0.00
Total Authorized Amount:	\$0.00
Total Units:	0
Scheduled Units:	0
Scheduled Hours:	00:00

Review Complete

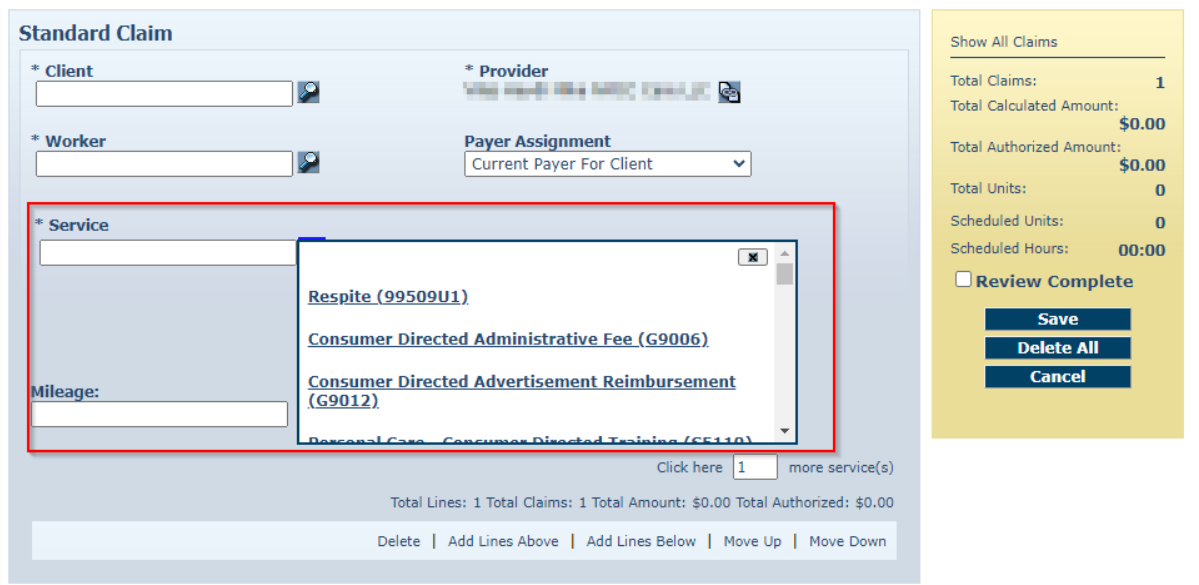
Save
Delete All
Cancel

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


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


OR


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




Standard Claim

* Client 

* Provider Vilas Heydi Mike NMCC Care LLC 

* Worker 

* Service 

Payer Assignment: Current Payer For Client

Mileage:

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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

Show All Claims

Total Claims:	1
Total Calculated Amount:	\$0.00
Total Authorized Amount:	\$0.00
Total Units:	0
Scheduled Units:	0
Scheduled Hours:	00:00

Review Complete

Save
Delete All
Cancel

Respite (99509U1)
Consumer Directed Administrative Fee (G9006)
Consumer Directed Advertisement Reimbursement (G9012)
Personal Care - Consumer Directed Training (CF110)

4. Enter the **Date**. This is the date the Service was delivered if it was a unit-based Service. If it was a time-based Service, then this is the date the delivery of the Service was started.
 - If the Service is a time-based Service, proceed to Step 6. If the Service is a unit-based Service, proceed to Step 8.
5. Enter the **Time** the delivery of the Service started. You must include AM or PM in the time entry or use military time. If it is on the hour, it is not necessary to include “:00”.
6. Enter the **Date** and **Time** the delivery of the Service ended. The **Amount** will auto populate to the amount of the Service time delivery .

Standard Claim

*** Client**

*** Worker**

*** Service**
Respite

*** Provider**

Payer Assignment
Current Payer For Client

Date	Time	Amount	Date	Time
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="###"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$0.00**

Total Authorized Amount: **\$0.00**

Total Units: **0**

Scheduled Units: **0**

Scheduled Hours: **00:00**

Review Complete

*** Reason Code :**

Mileage: Travel Time:

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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



Note: For time-based Services the amount is computed by the system based on the start date and time and the end date and time. This step is not required.

- If the Service has **Activity Codes** attached to it, Activity Codes will appear, and codes can be entered.

The screenshot shows the 'Standard Claim' form. The 'Activity Codes' field is highlighted with a red box. The form includes fields for Client, Worker, Service (Skilled Nursing RN), Date, Time, Amount, and Payer Assignment (Current Payer For Client). A summary panel on the right shows 1 Total Claim, \$0.00 Total Calculated Amount, and 0 Total Units. The 'Review Complete' checkbox is unchecked. Buttons for 'Save', 'Delete All', and 'Cancel' are visible.

- Select a Reason Code from the drop-down menu. All Claims created on the Web Portal must include a Reason Code and a Note.

The screenshot shows the 'Standard Claim' form with the 'Reason Code' dropdown menu open. The dropdown menu is highlighted with a red box and lists the following options: Tablet Malfunction, Smartphone malfunction, Landline/IVR unavailable, Tablet not delivered, Inclement weather, Electrical outage, Authorization issue, Substitute caretaker, Missing Stipend claim, and Resubmitting claim that the payer rejected. The 'Activity Codes' field is also visible above the dropdown. The rest of the form and summary panel are identical to the previous screenshot.

- In the **Note** section, enter the information needed to explain why the Web-based Claim was created. The more information the better for payer review purposes.

The screenshot shows the 'Standard Claim' form. The form includes fields for Client, Worker, Service (Skilled Nursing RN), Date, Time, Amount, and Payer Assignment. A 'Note' field at the bottom is highlighted with a red border. To the right, a summary panel shows 'Total Claims: 1', 'Total Calculated Amount: \$0.00', and 'Total Authorized Amount: \$0.00'. The 'Review Complete' checkbox is unchecked, and buttons for 'Save', 'Delete All', and 'Cancel' are visible.

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

This screenshot is identical to the previous one, but the 'Save' button in the right-hand summary panel is highlighted with a red border. The 'Note' field is no longer highlighted.



Note: The amount for the Claim (what displays on the right side of the screen) is not computed until the Claim is saved.

The *Claim Acknowledgement* page displays.

Claim Acknowledgment April 18, 2024					
Client [Redacted]		Provider [Redacted]			
Worker [Redacted]		Payer Assignment BCBSNM			
Claim ID [Redacted]	Service Skilled Nursing RN (G0299)				
Authorization	Start	End	Rates	Units	Amount
	Apr 17, 2024 09:00:00 AM	Apr 17, 2024 09:30:00 PM		ActualNormal	50
Exceptions					
<ul style="list-style-type: none"> • Critical <ul style="list-style-type: none"> ◦ Unauthorized Claim. ◦ Billing has not been confirmed for this claim. ◦ This claim exceeds the maximum number of units per day that are allowed cumulatively. • Informational <ul style="list-style-type: none"> ◦ This claim does not have a matching event. ◦ EVV not used 					
Total Claims: 1 Total Actual Amount: \$.00 Total Authorized Amount: \$.00					
					Done New Claim

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



Note: AuthentiCare® checks for duplicates, at the time the Claim is saved. If there is another Claim for the same Client/Service/Worker combination where the Service times (check in and checkout) are within 10 minutes of the same times, a Duplicate critical Exception will be noted.

13.4 Grouping Claims

Click **Add Lines Below**.

The screenshot shows the 'Claim Details' form. The 'Add Lines Below' button in the 'Critical Exceptions' bar is highlighted with a red box. The form includes fields for Client, Worker, Service (Skilled Nursing RN), Date (04/17/2024), Time (09:00 AM), Amount (12:30), Date (04/17/2024), and Time (09:30 PM). A table of activity codes shows '23' with '(ex: 3,5,8)'. The 'Critical Exceptions' bar contains buttons: Delete, Add Lines Above, Add Lines Below (highlighted), Move Up, and Move Down. The right sidebar shows summary statistics: Total Claims: 1, Total Calculated Amount: \$0.00, Total Authorized Amount: \$0.00, Total Units: 50, Total Hours: 12:30, Scheduled Units: 0, Scheduled Hours: 00:00. It also has checkboxes for 'Review Complete' (checked) and 'Inactive Claim' (unchecked), and buttons for 'Save', 'Delete All', and 'Cancel'.

A new Claim opens below the Claim you just finished.

This screenshot shows the same 'Claim Details' form as above, but with a second, identical form appearing below it. The 'Add Lines Below' button in the first form's 'Critical Exceptions' bar is still highlighted. The second form is currently empty, with the 'Service' field and 'Amount' field visible. The right sidebar remains the same, showing the summary statistics for the first claim.

1. Enter the information for this Claim. The Claim pre-populates with the same Client, Provider, and Worker of the Claim above it; however, this information can be changed if needed. All of the Claims in the group do not have to be for the same Client and Worker. Grouping Claims provides a mechanism to view a number of Claims on the same screen. Claims cannot be grouped using the IVR or Mobile Application; they can only be grouped using the Web interface.
2. Return to [Section 13.3](#) to proceed with saving all of the Claims in the group.

13.5 Adding Multiple Claims (Express Entry)

There are situations where the Provider may need to add a Claim using the Web for the same Client-Worker-Service combination. Note: Claims for Service 99509 (Billing Service Claims) cannot be created via the Claim Express feature. AuthentiCare® creates Claims for Personal Care – Consumer Directed – 99509.

1. Click **Claim (Express)** adjacent to “Add New >” in the Claims section of the *Home* page.



The *Claims Page* Displays. It is pre-populated with the name of the Provider of the user currently logged in.

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

 A screenshot of a form for adding a claim. The form has a light blue background and contains the following fields:

- * Provider: A text field with a search icon on the right.
- * Client: A text field with a search icon on the right.
- * Worker: A text field with a search icon on the right.
- * Service: A text field with a search icon on the right.
- * Payer Assignment: A dropdown menu with "Current Payer For Client" selected.

 At the bottom of the form are two buttons: "Next" and "Cancel".

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

The screenshot shows the 'Claim Express' form with the following details:

- Provider:** [Redacted]
- Payer Assignment:** BCBSNM
- Client:** [Redacted]
- Worker:** [Redacted]
- Service:** Physical Therapy Assistant

Below the form header is an **Add Rows** button. The main area contains a list of 10 rows, each with the following fields:

Start Date	Start Time	Duration	End Date	End Time	Activity Codes: Note
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="#:##"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text" value="(ex: 3,5,8)"/>

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

The screenshot shows the 'Claim Express' form with the following details:

- Provider:** [Redacted]
- Payer Assignment:** BCBSNM
- Client:** [Redacted]
- Worker:** [Redacted]
- Service:** Physical Therapy Assistant

The **Add Rows** button is highlighted with a red box.

4. When you have entered all the data,
 - a. If you click on the **Save and Continue** button, it will save the Claims and present the first **Express Claim** screen where you can enter another Client, Worker, and Service combination.
 - b. If you click on the **Save and Exit** button, you will return to the **Home** page.

13.6 Deleting a Claim

If a Claim was added in error, then it should be either edited or deleted. Once the Claim is

confirmed for billing, it cannot be deleted.

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

Claim Details

* Client: [Name] [Icons]
 * Worker: [Name] [Icon]
 * Service: Respite [Icon]
 * Provider: [Name] [Icon]
 Payer Assignment: BCBSNM [Dropdown]
 Date: 12/06/2023 [Calendar] Time: 09:49 AM [TimePicker] Amount: 00:01 [TimePicker]
 Date: 12/06/2023 [Calendar] Time: 09:50 AM [TimePicker]
 Check-in Latitude: 40.070136 Check-in Longitude: -86.106474
 Check-out Latitude: 40.070109 Check-out Longitude: -86.106503
 Check-in Coordinates Check-out Coordinates
 Mileage: [Input] Travel Time: [Input]
 Click here more service(s)
 Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00
 Info Exceptions Delete | Add Lines Above | Add Lines Below | Move Up | Move Down

Claim ID: 96105
 Filed On: Mobile
 Printer Friendly
 Show All Claims
 Total Claims: 1
 Total Calculated Amount: \$0.00
 Total Authorized Amount: \$0.00
 Total Units: 0
 Total Hours: 00:01
 Scheduled Units: 1
 Scheduled Hours: 01:00
 Review Complete
 Billing Confirmed
 Inactive Claim
 Save
Delete All
 Cancel

2. The system asks you to confirm the deletion. If you click **OK**, the Claim is permanently deleted from the system. If the Claim is a group of Claims, they will all be permanently deleted. If you click **Cancel**, the Claim is not deleted, and you are returned to the *Claim* page.

uat.authenticare.com says
 Are you sure you want to delete this?
 OK Cancel

3. Click **OK** to proceed with permanently deleting the Claim.

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

Needs Attention:
 Claim deleted successfully.

13.7 Confirming a Claim for Export-Dual Confirmation

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

If the Extra Claim Review checkbox is enabled, every Claim will get a new Claim Review Needed, a Critical Exception. To review the list of Claim Exceptions, see [Appendix A-3](#) for Personal Care Services and [Appendix A-8](#) for Home Health Care Services.

Provider Entity Settings

* Indicates a required field.

ID: [REDACTED]
 PIN: [REDACTED]

First Name:
 Middle Name:
 Last Name:

* Company Name: [REDACTED]

SSN:
 FID: [REDACTED]

Gender:
 Birth Date: [REDACTED]
 Email: [REDACTED]
 Begin Date: [REDACTED]
 End Date: [REDACTED]
 Language:
 Status: Active

* Entity Qualifier: Business

Extra Claim Review:

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

Standard Claim

* Client: [REDACTED]

* Worker: [REDACTED]

* Service: [REDACTED]

* Provider: [REDACTED]

Payer Assignment: Current Payer For Client

Mileage: [REDACTED] Travel Time: [REDACTED]

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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

Show All Claims

Total Claims:	1
Total Calculated Amount:	\$0.00
Total Authorized Amount:	\$0.00
Total Units:	0
Scheduled Units:	1
Scheduled Hours:	01:00

Review Complete

Save
 Delete All
 Cancel

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

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

13.8 Inactivate a Claim

If a Claim was added in error, then it should be either edited or inactivated as soon as possible. Once the Claim is confirmed for billing, it cannot be inactivated.

1. Click the Inactivate Claim checkbox on the *Claim Details* page.

The screenshot displays the 'Claim Details' interface. On the left, there are fields for Client, Worker, Service (Respite), Date (12/06/2023), Time (09:49 AM), Amount (00:01), Date (12/06/2023), and Time (09:50 AM). Below these are check-in and check-out coordinates, mileage, and travel time fields. A summary bar at the bottom shows 'Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00'. On the right, a yellow sidebar contains summary statistics: Claim ID: 96105, Filed On: Mobile, Total Claims: 1, Total Calculated Amount: \$0.00, Total Authorized Amount: \$0.00, Total Units: 0, Total Hours: 00:01, Scheduled Units: 1, and Scheduled Hours: 01:00. At the bottom of the sidebar, there are three checkboxes: 'Review Complete' (checked), 'Billing Confirmed' (checked), and 'Inactive Claim' (unchecked and highlighted with a red box). Below these are 'Save', 'Delete All', and 'Cancel' buttons.

The system asks you to confirm inactivating the Claim. If you click **OK**, the Claim is inactivated in the system. If you click **Cancel**, the Claim is not inactivated, and you are returned to the **Claim Details** page.

The dialog box is a simple white rectangle with a thin border. It contains the text 'Are you sure you want to inactivate this Claim?' in a standard font. Below the text are two buttons: a blue 'OK' button and a white 'Cancel' button with a blue border.

2. Click **OK** to proceed with inactivating the Claim
3. Click **Save** on the **Claims Details** page.

You are returned to the **Home Page** which displays a message in the upper left-hand corner that the Claim was saved successfully.

13.9 Confirming a Single Claim for Export

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

Option 1:

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

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

*Claim ID:

Go! **Clear**

2. There is a **Sort By** selection at the bottom of the screen. The default is to display the Claims to be confirmed alphabetically by Client's Last Name, however, you can also sort by Worker's Last Name, Date of Service, Claim ID, Client ID or Worker ID by clicking the dropdown arrow.
3. Click **Go!**

The *Confirm Billing* page displays a maximum of 600 Claims not yet confirmed for billing. There are two options to confirm billing.

Option 1:

Select the radio button next to Check All/Uncheck All at the top of the page. This will select every Claim listed on the page for confirmation.

Confirm Billing
April 5, 2024

Check All/Uncheck All

Approve Billing for Claim (96113)

Client: [REDACTED] Provider: [REDACTED] Worker: [REDACTED]

Claim ID: [REDACTED] Service: Home Health Aide (G0156)

Authorization	Start	End	Rates	Units	Amount
[REDACTED]	Dec 12, 2023	Dec 12, 2023	Normal	ActualNormal AuthorizedNormal	0 ActualNormal 0 AuthorizedNormal

Exceptions

- Critical**
 - Billing has not been confirmed for this claim.
- Informational**
 - This claim does not have a matching event.

Option 2:

To Individually approve a Claim for billing,

1. Click the **Checkbox** adjacent to the Claim you wish to confirm.
2. Click **Confirm Billing** to confirm all selected Claims.

Confirm Billing
April 5, 2024

Check All/Uncheck All

Approve Billing for Claim (96113)

Client XXXXXXXXXX, Ad (XXXXXXXXXX)	Provider XXXXXXXXXX, Ad (XXXXXXXXXX)	Worker XXXXXXXXXX, Ad (XXXXXXXXXX)
Claim ID XXXXXX	Service Home Health Aide (G0156)	
Authorization XXXXXXXXXX	Start Dec 12, 2023 09:52:00 AM	End Dec 12, 2023 09:53:00 AM
Rates Normal	Units ActualNormal AuthorizedNormal	Amount 0 ActualNormal 0 AuthorizedNormal

Exceptions

- **Critical**
 - Billing has not been confirmed for this claim.
- **Informational**
 - This claim does not have a matching event.

Approve Billing for Claim (96109)

Client XXXXXXXXXX, Ad (XXXXXXXXXX)	Provider XXXXXXXXXX, Ad (XXXXXXXXXX)	Worker XXXXXXXXXX, Ad (XXXXXXXXXX)
Claim ID XXXXXX	Service Skilled Nursing RN (G0299)	
Authorization XXXXXXXXXX	Start Dec 11, 2023 01:07:00 PM	End Dec 11, 2023 01:08:00 PM
Rates Normal	Units ActualNormal AuthorizedNormal	Amount 0 ActualNormal 0 AuthorizedNormal

Exceptions

- **Critical**
 - Billing has not been confirmed for this claim.
- **Informational**
 - This claim does not have a matching event.

Total Claims: 2 Total Actual Amount: \$.00 Total Authorized Amount: \$.00 Total Units:

Number of Claims to be Confirmed:

Confirm Billing **Cancel**

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

Needs Attention:
Successfully confirmed claim billing.



Note: A Claim cannot be edited after it has been confirmed.

13.10 Confirming Claims in Bulk

Providers have the option to choose a group of Claims to be automatically confirmed by the system after hours but prior to the next submission of Claims. Put in a start and end date for the Date of Service (DOS) to indicate the Claims for that date range are to be confirmed in bulk.

The screenshot shows the 'Claims' interface with the following elements:

- Buttons: [Add New > Claim \(Standard\)](#) and [Add New > Claim \(Express\)](#)
- Search Type: Claim, Confirm Billing - View, Confirm Billing - Bulk
- *Claim Start: (calendar icon)
- *Claim End: (calendar icon)
- Filing Source: (dropdown arrow)
- Include Inactive Claims?
- Buttons: **Go!** and **Clear**

All Claims filed for that date range will be chosen unless you chose a specific Filing Source (Web, IVR, Mobile, or System Generated).

This screenshot is similar to the previous one but with the 'Filing Source' dropdown menu open, showing the following options:

- All (highlighted)
- Web
- IVR
- Mobile
- System Generated

When the bulk confirmation process runs, it will look at the Services that are ready for confirmation and confirm those that do not have critical Exceptions.

Bulk Confirm Billing Totals

Date Range (Start - End): 11/01/2023 - 11/30/2023

Claims: 1

Total Units: 0

Total Amount: \$0.00

The claim, units, and amount totals are current as of the moment. Actual counts may differ if for the selected period additional claims are eligible to be confirmed, especially if the selected period includes today.

To finish confirmation of billing in bulk, click on “Schedule Confirmation.” The system will send you back to the Home Page and a “Success” banner will appear at the top of the screen.

Needs Attention:
Bulk Confirm Billing Save successfully.

13.11 Unconfirming Claims for Further Editing

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

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

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

13.12 Adding Notes-Claim Edit/Entry Documentation

Anytime you create a Claim on the Web Portal, a note with detailed information on why the Claim was created is required. Also, whenever you make an edit to an existing Claim, such as changing the Service (Worker selected the incorrect Service on the IVR) or adding a check-out time (Worker forgot to check-out), you should also enter a note the details the change(s) being made.

1. Open an individual Claim or Start a new Claim
2. Add any note information in the text box provided. When finished click **Save**. The “Save” button saves the Claim details and the note.

Standard Claim

* Client

* Worker

* Service

Mileage:

Travel Time:

* Provider

Payer Assignment
Current Payer For Client

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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

Show All Claims

Total Claims: 1

Total Calculated Amount: \$0.00

Total Authorized Amount: \$0.00

Total Units: 0

Scheduled Units: 8

Scheduled Hours: 02:00

Review Complete

Save

Delete All

Cancel

Note:



Caution – It is critical that users do not exit this screen without clicking **Save**. Failure to do so may result in the loss of information entered.

13.13 Create a Consumer-Directed Admin Fee Worker (G9006)

Providers enrolled to provide Services since Fiserv created the AdminFee Worker for existing Providers will utilize the following procedure to create an “administrative” Worker for Consumer-Directed Admin Fee Claims.

- First, check the list of your Workers which is found on your *Provider Entity Settings* page. If you already have an “AdminFee” (first name) Worker (last name), **do not** create an additional “AdminFee” Worker.
- If you **do not** have AdminFee Worker as a Worker listed on your *Provider Entity Settings* page, then:
 - Log into AuthentiCare®. From the *Home* page, select **Add Worker**.
 - On the *Worker Entity* page, add an “administrative” Worker with the exact name “AdminFee” as the first name and “Worker” as the last name.
 - Highlight the Service “Consumer Directed Admin Fee
 - If desired, create and add any other data, birthdate, etc. for this new Worker
 - Click **Save** to save the new Worker, “AdminFee Worker”

13.13.1 Processing Consumer-Directed Admin Fee Claims

On the first weekend of each month, for any Consumer Directed Admin Fee Authorization for which the Provider has Claim records, Claims will be automatically created using this “administrative” Worker. Providers will be able to see the Claims created, adjust as needed, and confirm these Claims when appropriate.

13.13.2 Filing Source of NMTC’s Automated Claims

AuthentiCare® NMTC has automated Claims for the following Services:

- 99509
- FMS Admin Fee
- Stipend 1 and Stipend 2

These Claims are designated in a Claim Search and on certain reports with a Filing Source of System Generated.

13.14 Personal Care-Consumer Directed Services (99509)

Personal Care - Consumer Directed Services in New Mexico are set up differently in the Medicaid Waiver than are Personal Care - Consumer Delegated Services, and that difference presents unique requirements for AuthentiCare®. Personal Care – Consumer Directed Service Visits are required to be managed and tracked to the nearest 15 minutes, just as are Personal Care - Consumer Delegated Service Visits.

Consumer Directed Services have to, however, be billed on a weekly basis to the nearest one-hour Service unit. In order to meet both requirements in AuthentiCare®, the MCOs are authorizing Personal Care – Consumer Directed Services in whole one-hour units, according to their billing system requirements. This is called the “Billing Service” Authorization.

AuthentiCare® then creates a parallel Authorization strictly for Visit tracking in 15-minute units that works just like an existing Authorization for the Personal Care - Consumer Delegated Service. This is called a “Visit Service” Authorization for Personal Care- Consumer Directed Service, and the Service is displayed as 99509V.

The Personal Care - Consumer Directed Visit Service works just like any other Service in AuthentiCare® for tracking.

The Service can be Scheduled from the Visit Service Authorization, and Workers can check in and check out.

Providers can review and confirm Visit Service Claims.

AuthentiCare® provides a weekly process that takes confirmed Visit Service Claims and rolls them up into a weekly Billing Service Claim. Providers cannot edit the details in the Billing Service Claim, but, if it is correct, Providers can accept and confirm the weekly Billing Service Claim for export.

In this way Providers have control over the review of *what* Billing Service Claims are confirmed for export, and *when* Billing Service Claims are confirmed for export. By splitting the activity into a Visit Service for tracking and a Billing Service for weekly billing, the overall process meets New Mexico requirements, gives Providers control over their Claims and the automated Claims export, while keeping the process for Workers checking in and checking out exactly the same process, they use for other NMTC AuthentiCare® Services.

A walkthrough of how the Billing Service and the Visit Service work together is detailed below.

13.14.1 Authorizations: Personal Care-Consumer Directed

MCOs submit Authorizations to AuthentiCare® for Personal Care – Consumer Directed Service (99509). Each Authorization includes the Client’s name, Client’s Medicaid ID number, the Provider’s name and Medicaid number, authorized units, the applicable Service name, and Service procedure code. (For more general information about Authorizations in AuthentiCare®, refer to [Section 8.0.](#))

AuthentiCare® will automatically generate parallel 99509V Authorizations based on existing 99509 Authorizations. From the list of Authorizations for Service 99509, Providers will see both the “Visit Service Authorization” with procedure code 99509V and a corresponding “billing Service Authorization” with procedure code 99509 for cumulative weekly confirmation and export for billing.

In the screen shot below, P00068 is the Authorization submitted by the MCO to authorize Services to the Client.

Authorizations										
Event Actions	ID	Service ID / Revenue Code	Client	Provider	Worker	Payer	Service Period	Effective Dates	Information	
Units Remaining: 0	P000067	Personal Care - Consumer Directed Training (55110)	CLIENT56, TEST T (3000000056)	TEST PROVIDER 12 (100000012)		Pres HP (000M1814)	0	03/02/2014 - 12/26/2020		
Units Remaining: 0	P000068	Personal Care - Consumer Directed (99509)	CLIENT56, TEST T (3000000056)	TEST PROVIDER 12 (100000012)		Pres HP (000M1814)	8	03/02/2014 - 12/26/2020		

Authorization P00068 is the Authorization Providers will use to Schedule Client Services. Providers are able to Schedule events for Service Personal Care – Consumer Directed from *Billing Service Authorizations*. Note the lack of a on the *Billing Service Authorization*, P00000502-01. Note, too, the Visit Service Authorization has the Service as Personal Care – Consumer Directed Visit which also distinguishes it from the Authorization for 99509.

13.14.2 Visit Service Claims and Billing Service Claims

Providers can confirm Visit Service Claims on a daily basis or once a week, as long as all Visit Service Claims for that week are confirmed before the weekly Billing Service Claims process runs.

AuthentiCare® will automatically generate a corresponding weekly Billing Service Claim, at a pre-determined time, using confirmed Visit Service Claims that were created with IVR check-ins and check-outs, with the Mobile Application (app), and/or by Web Claim creation.

The screenshot below is of a Visit Service Claim. Note the Worker is named Worker3, TCoETest. This Claim has been confirmed by the Provider and displays as “Billed (03/16/2022).” Once the Billing Service Claim is confirmed, each Visit Service Claim utilized for the weekly Billing Service Claim will be marked as “Billed (date)” as displayed in the screen shot below.

The screenshot displays a web interface for a Visit Service Claim. On the left, the 'Claim Details' section includes fields for Client (Client4, TCoETest D), Worker (Worker3, TCoETest), Service (Personal Care - Consumer Directed Visit), Date (03/15/2022), Amount (1 Units), and Provider (FMS NMCC PROVIDER1). It also shows Payer Assignment (BCBSNM) and geographic coordinates for check-in and check-out. A status bar at the bottom of the details section indicates the claim is 'Billed (03/16/2022)'. On the right, a yellow sidebar provides a summary: Claim ID 94904, Filed On Mobile, 1 Total Claim, \$0.00 Total Calculated Amount, \$0.00 Total Authorized Amount, 1 Total Unit, 1 Total Unit, 0 Scheduled Units, and 00:00 Scheduled Hours. Below the sidebar is a 'Note' section with an 'Add Note' button and a 'Note Data' table containing two entries: 'Billing confirmed.' and 'Review Completed and Billing Confirmed.', both dated 03/15/2022 01:24 PM and attributed to user acr_admin@acr.com.

The screenshot below is of a Billing Service Claim. Note the Worker is named “BillingService Worker.” In the **Note Data** section, you will see “781” displayed. This is the number of the Visit Service Claim utilized for the Billing Service Claim. If there are additional Visit Service Claims utilized for the Billing Service Claim, Providers will see more than one Claim number in the **Note Data** section.

* Client Test, Client104	* Provider MO ProviderB, Inc	* Worker Worker, BillingService	Payer Assignment Current Payer For Client		
* Service Personal Care - Consumer Directed	Date 5/14/2015	Time 11:36 AM	Amount 01:04###:##	Date 5/14/2015	Time 12:40 PM
Activity Codes: 01 (ex: 3,5,8)					
Mileage:					
Travel Time:					
Total Lines: 1 Total Claims: 1 Total Amount: \$18.53 Total Authorized: \$18.53					
Critical Exceptions					
Note:					
Note Data					
Date: 05/15/2015 09:41 AM		User: acr_admin@acr.com			
781					

Claim ID: **791**

Filed On: **Web**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$18.53**

Total Authorized Amount: **\$18.53**

Total Units: **1**

Total Hours: **01:04**

[Delete](#)

The AuthentiCare® system will total the Service time reflected on Visit Service Claims for the same Client during the week, round the time, and then reflect that calculated number of units of Service in the Billing Service Claim.

The Billing Service Claim is created in the overnight hours of Wednesday night each week. Once the Billing Service Claim is created, Providers can confirm the Claim or delete it.

13.14.3 Confirming a Billing Service Claim

Claims can be confirmed a number of ways within the AuthentiCare® Web Portal. Provider Administrators can Confirm Billing within the Claim Details page once all required data points have been added and saved.

Claim Details					
* Client		* Provider			
* Worker		Payer Assignment Pres HP			
* Service Personal Care - Consumer Delegated					
Date	Time	Amount	Date	Time	
05/08/2024	02:00 AM	01:00	05/08/2024	03:00 AM	
Activity Codes: 1 (ex: 3,5,8)					
Mileage:		Travel Time:			
Click here <input type="text" value="1"/> more service(s)					
Total Lines: 1 Total Claims: 1 Total Amount: \$6.00 Total Authorized: \$6.00					

Claim ID: **791**

Filed On: **Web**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$6.00**

Total Authorized Amount: **\$6.00**

Total Units: **4**

Total Hours: **01:00**

Scheduled Units: **0**

Scheduled Hours: **00:00**

Billing Confirmed

Inactive Claim

[Save](#)

[Delete All](#)

[Cancel](#)

OR

Claims can be confirmed one at a time (except 99509, see Note) by utilizing the *Confirm Billing – View* feature. Enter the Claim ID number.

The screenshot shows a web interface titled "Claims". At the top, there are two links: "Add New > Claim (Standard)" and "Add New > Claim (Express)". Below these, there are radio buttons for "Search Type": "Claim" (selected), "Confirm Billing - View" (highlighted with a red box), and "Confirm Billing - Bulk". At the bottom, there is a text input field labeled "*Claim ID:" and two buttons: "Go!" and "Clear".

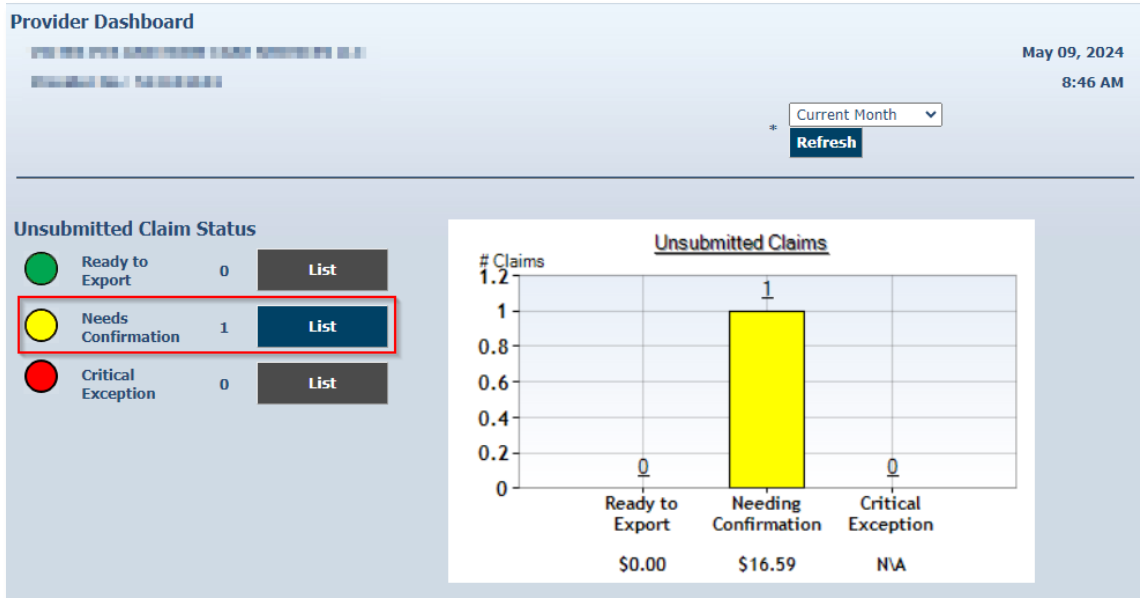
OR

Claims can also be confirmed by selecting *Confirm Billing – Bulk* and entering a date in the *Claim Start and Claim End* fields.

The screenshot shows the same "Claims" web interface. In this version, the "Confirm Billing - Bulk" radio button under "Search Type:" is selected and highlighted with a red box. The "Go!" and "Clear" buttons are visible at the bottom right.

OR

Provider Administrators can also use the Provider Dashboard to access Claims that need billing confirmation. The Provider Dashboard will lead the Administrator to the *Confirm Billing* page.



Note: The 99509 Service cannot be confirmed one at a time within the Claim Details page. To confirm billing for this Service, Provider Administrators will need to choose one of the following methods:



- Use Confirm Billing-View and enter a Claim ID number.
- Use Confirm Billing-Bulk, follow the same steps as above.
- Use the Provider Dashboard. Administrators will need to know the time period in which the Claim falls under (i.e. Current Month, Last Month, Fixed Date Range, etc.).

13.14.4 Deleting a Billing Service Claim

If there are errors in the Billing Service Claim the steps for Providers are:

- Delete the weekly Billing Service Claim;
- Add Visit Service Claims and/or edit Visit Service Claims that were included in the deleted weekly Billing Service Claim;
- Confirm the Visit Service Claims corrected and/or added: and
- Confirm the new Billing Service Claim that will be created in the next process run, the following week.

Providers can delete a Billing Service Claim only if it has not been exported to the MCO for payment. If the Billing Service Claim has not been exported, Providers can make any edits needed on the Visit Service Claims for the week by first deleting the Billing Service Claim which unlocks the Visit Service Claims for editing.

Once edits are made, and those Visit Service Claims are confirmed, the Billing Service Claim will regenerate *the next week in the process run* to reflect any edits made by a Provider on any past week's Visit Service Claims. The Provider can then confirm the "regenerated" Billing Service Claim, and it will export to the MCO for payment.

If a Billing Service Claim is deleted in AuthentiCare®, the Visit Service Claims corresponding to that Billing Service Claim will have the marking "Billed (date)" removed, and those Visit Service Claims will be marked with the message that was first on each Claim. Those Visit Service Claims will then be marked with "Info Exceptions" or they will be blank.

A Provider might have to delete a Billing Service Claim in AuthentiCare® for one of the following reasons:

- All existing Visit Service Claims for the week were confirmed, and then additional Claims were submitted for the same weekly time period on paper timesheets.
- All existing Visit Service Claims for the week were confirmed, but the Provider had later edits to make on one or more Visit Service Claims.

13.14.5 Client Transition from one MCO to Another

The Provider, Client, and Payer on a Billing Service Claim have to match all the Visit Service Claims used to generate the Billing Service Claim. If the Client is a member of the same MCO for the entire week, there will be only one Billing Service Claim each week, per Client, for Personal Care – Consumer Directed Service - 99509. *The Billing Service Claim is the only Claim that will export for payment.*

If the Client is a member of one MCO for part of the week, and a member of a different MCO for the remainder of the week, AuthentiCare® will generate one Billing Service Claim for each MCO for that week, for that Client, for Service 99509. The AuthentiCare® system will total the Service time provided during the week for each MCO, round the time, and then reflect that calculated number of units of Service in each MCO's Billing Service Claim.

An NMTC Client can be enrolled with only one MCO (Payer) at a time, so Claims confirmed and exported for the first MCO after the transition date from one MCO to another will be denied. Likewise, Claims for the second MCO before the transition date will be denied.

Once a Billing Service Claim has been paid, neither the Billing Service Claim nor that Billing Service Claim's applicable Visit Service Claims are editable. A Provider can resubmit a Billing Service Claim for that same time period, same Client, same Service, by finding the Billing Service Claim on the MCO's site, and, if the Claim has been paid, void it. Providers can then submit a new Billing Service Claim directly to the MCO for payment.

For additional general information regarding Claims, refer to the first part of this section.

13.14.6 Month End in the Middle of a Week

If Providers need to keep Service billing separated by month due to monthly Client obligation or other reasons.

Providers can confirm Visit Service Claims for June 28 – July 4 by Wednesday, July 8, close of business (COB). Rounding to the nearest hour will occur on one Billing Service Claim for dates of Service June 28-July 4 (the full week).

Rounding will work differently for the week where the Provider has split the billing into two Claims. Rounding to the nearest hour will occur on the two different Billing Service Claims for dates of Service June 28 – July 4: rounding across three days for a Billing Service Claim for June 28-30 and rounding across four days for a Billing Service Claim for July 1-4.

13.14.7 Generic Worker Creation-Billing Service Workers

AuthentiCare® Claims require a designated Worker. Providers enrolled after June 4, 2015, and after, to provide Service 99509, shall create a generic Worker named “BillingService Worker” which will display on Billing Service Claims for Service 99509. This Worker name is to be created with the exact first name, “BillingService” with NO space between “Billing” and “Service.” This Worker is to be created with “Worker” as the exact last name. As with all Workers created in AuthentiCare® NMTC, “BillingService Worker” will be assigned a 5-digit Worker ID unique to each Provider agency.

Fiserv added this Worker to all current NMTC Providers’ **Worker** list in AuthentiCare® effective June 3, 2015. BillingService Worker is *not to be deleted*.

(For general information about creating Workers, refer to [Section 6.0.](#))



Caution: Medicaid views the date of Services for Claims by the same Provider, for the same Client, who has been provided the same Service when Claims are reviewed. All Claims for a Client receiving one particular Service on a given date must be confirmed together so those Claims are exported together. Otherwise, any lingering Claims for that Service for that Client, on that date, are viewed as duplicates, and are denied.

13.15 Home Health Services

MCOs submit Authorizations to AuthentiCare® for Home Health Services. Each Authorization includes the Client’s name, Client’s Medicaid ID number, the Agency Provider’s name and Medicaid number, authorized units, the applicable Service name, Attending Provider, and Service Procedure Code. (For more general information about Authorizations in AuthentiCare®, refer to [Section 8.0.](#))



Note: Home Health Services will be allowed to overlap with other Services delivered without creating an Exception in AuthentiCare®. For more information on Exceptions, please see [Appendix A-8.](#)

13.15.1 Service Codes

Authorizations will be based on either Procedure Codes or Revenue Codes. The Service Codes will be dependent on the MCO your Agency is contracted with. Refer to [Appendix A-8](#) for more information.

13.15.2 Service Unit Restrictions

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 Acknowledgment October 17, 2023						
Client CHARLESCTSQA, CARTER F (2005694021)			Provider AMBERCARE HOME HEALTH (850419028)			
Worker Awesome, Heydi (815958)			Payer Assignment BCBSNM			
Claim ID 95975	Service Physical Therapy Visit (G0151)					
Authorization BUG23250DPW-001	Start Oct 16, 2023 11:00:00 AM	End Oct 16, 2023 12:00:00 PM	Rates Normal	Units 75.0000	ActualNormal 4	Amount \$300.00
				AuthorizedNormal 4	AuthorizedNormal 4	AuthorizedNormal \$300.00
Exceptions						
<ul style="list-style-type: none"> • Critical <ul style="list-style-type: none"> ◦ Billing has not been confirmed for this claim. ◦ Payer Review Required ◦ This claim exceeds the maximum number of units per day that are allowed cumulatively. • Informational <ul style="list-style-type: none"> ◦ This claim does not have a matching event. ◦ EVV not used 						
Total Claims: 1 Total Actual Amount: \$300.00 Total Authorized Amount: \$300.00						
						Done New Claim

Refer to [Appendix A-3](#) for more information.

13.15.3 Personal Care Services related to Home Health

There are three (3) Personal Care Services related to Home Health Care Services that will be added to the Web Portal, Mobile Application, and IVR as Service Codes 99509U1, T1002U1 and T1003U1.

13.16 Stipend Claims

Workers in NMTC use personal mobile or Provider-supplied Mobile Applications, or tablets, to log into the AuthentiCare® Mobile Application to record Services provided to Clients. Workers who use their personal Mobile Application(s) for this purpose receive a monthly Stipend fee to pay towards the cost of the data plan of the device.

AuthentiCare® runs monthly automated processes to identify Workers who are eligible to receive Stipends and generates Stipend Claims. These Claims will go through the billing confirmation process by Providers prior to getting exported for payment. It is *not* required for Providers to select Stipend Services in the Worker Services list on the *Worker Entity Settings* page in order for AuthentiCare® to generate a Stipend Claim on the Worker's behalf. Stipend

Claims are generated on the 8th and 25th of every month for Claims exported in the previous month if the conditions listed below are satisfied:

- There is no Stipend Claim previously generated for the Worker in the previous month.
- The Worker has at least one exported mobile Claim for the previous month.
- The 'Receive Stipends' value on the *Worker Entity Settings* page is set to **Yes**.



Note: Stipend payments are not applicable to Home Health Services.

Worker Entity Settings

* Indicates a required field.

ID: [text box]

PIN: [text box]

* First Name: [text box]

Middle Name: [text box]

* Last Name: [text box]

Company Name: [text box]

SSN: [text box]

FID: [text box]

Gender: Female [dropdown]

Birth Date: [calendar icon]

Email Address: [text box]

Begin Date: 01/01/2023 [calendar icon]

End Date: MM/DD/YYYY [calendar icon]

Language: [dropdown]

Status: Active [dropdown]

* Mobile App Mode: Standard [dropdown]

External Worker ID: [text box]

Receive Stipends: No [dropdown]

Related To Client: Yes [dropdown]

Worker Services: [list box]

Nursing RN
Skilled Nursing LPN
Physical Therapy Visit
Physical Therapy Assistant

AuthentiCare® creates Stipend Claims for a Provider only if Stipend Services are included in the Provider's list of enrolled Services and the Provider is Mobile Enabled.

Provider Entity Settings

* Indicates a required field.

ID: [REDACTED]
 PIN: [REDACTED]

First Name:
 Middle Name:
 Last Name:

* Company Name: [REDACTED]
 SSN:
 FID: [REDACTED]
 Gender:
 Birth Date: [REDACTED]
 Email: [REDACTED]
 Begin Date: [REDACTED]
 End Date: [REDACTED]
 Language:
 Status: Active

* Entity Qualifier: Business

Extra Claim Review:

Mileage:

NPI: [REDACTED]

* Provider Services:

- SDCB - Respite Standard
- Supervisory Home Visit
- Stipend G9006U1
- Stipend G9006U2
- EPSDT Personal Care

SDCB Service Provider: Selected

Taxonomy Code: [REDACTED]

Travel Time:

Unauthorized Phone Access: Yes

* Mobile Enabled: Yes No

Stipend Claims are created as follows:

- Stipend Claim will be generated with the Client and the payer of the last exported mobile Claim identified for the Worker and will be dated the last day of the previous month (month for which the Claims are generated).
- A single Stipend Claim with Service G9006U1 is generated if the Worker has only one Payer for all exported mobile Claims in the previous month.
- Two Stipend Claims with Service G9006U2 are generated with two different payers if the Worker has more than one Payer for the exported mobile Claims in the previous month.

13.17 Creating Web Claims: T1019-99509V-G9006U1-U2

Providers have the ability to create Claims on the AuthentiCare® Web Portal through Standard or Express Claim links. Consumer Delegated (T1019), Consumer Directed Visit (99509V) and Stipend (G90006U1, G9006U2) Services are *restricted* from Express Claim creation. An error message will be displayed if any of these Services are selected to create Express Claims: **“Express Claims cannot be created for this Service.”**

Providers can, however, create Standard Claims for these Services by selecting a Reason Code from the drop-down list available on the *Claim* page. A variety of Reason Codes display on the *Claim* page once the Provider selects one of these Services. Providers are required to add additional notes pertaining to the Reason Code selected, to justify the Web entry instead of using EVV. These Web Claims will receive a C6 Informational Exception: **“EVV not used.”**

Reason Code Descriptions
Tablet Malfunction
Smartphone malfunction
Landline/IVR unavailable
Tablet not delivered
Inclement weather
Electrical outage
Authorization issue
Substitute caretaker
Missing Stipend Claim
Payer Denied Claim

At least one Reason Code must be chosen before a Claim can be saved, and only one Reason Code at a time can be selected. If a Reason Code is not selected, and the Provider attempts to save the Claim, AuthentiCare® will display an error message: **“Claim cannot be saved without a reason code.”**

Once a Reason Code is selected, a note is mandatory. If the Provider attempts to save the Claim without a note, AuthentiCare® will display an error message: **“Enter Claim notes for the selected reason code.”**

Additional Reason Codes and notes can be added by the Provider by editing the Claim as long as the Claim has not yet been exported.

Once a Claim is saved, the Reason Code appears in the Note Data section on the *Claim* page along with the additional notes that the Provider has entered. The Reason Code field is again open so that Providers can edit the Claim to select an additional Reason Code from the dropdown list on the *Claim* page. If Providers select another Reason code, they will need to write another note, and again save the Claim. The Claim will then display both Reason Codes in the Note Data section on the *Claim* page.

Claim Details

* Client: [Name]
 * Worker: [Name]
 * Service: Physical Therapy Assistant
 Date: 04/05/2024 Time: 09:00 AM Amount: 01:00 Date: 04/05/2024 Time: 10:00 AM
 Payer Assignment: BCBSNM

Mileage: Travel Time:
 Total Lines: 1 Total Claims: 1 Total Amount: \$200.00 Total Authorized: \$200.00

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

Note:

Note Data

Date: 04/05/2024 10:39 AM User: [Name]
 Reason: Tablet Malfunction
 Notes: test

Summary:
 Claim ID: [ID]
 Filed On: Web
 Printer Friendly
 Show All Claims
 Total Claims: 1
 Total Calculated Amount: \$200.00
 Total Authorized Amount: \$200.00
 Total Units: 4
 Total Hours: 01:00
 Scheduled Units: 0
 Scheduled Hours: 00:00

Inactivate
 Delete All
 Cancel

The Reason Codes are included in the body of the Claim Data Listing report. For more information regarding the Claim Data Listing Reports, refer to [Section 15.8.6](#).

13.18 Payer Claims Review-Providers

Payer Claim Review for Web-created Claims were implemented for Personal Care Services on April 1, 2018, and Home Health Services on January 1, 2024. Claims created on the Web as the filing source require an NMTC Payer Claim Review for the following Services:

SERVICE ID	SERVICE NAME
T1019	Personal Care-Consumer Delegated
99509V	Personal Care-Consumer Directed Visit
G9006U1	Stipend Service-100%
G9006U2	Stipend Service-50%
S5125	EPSDT Personal Care
99509U1	Respite
T1002U1	Respite RN
T1003U1	Respite LPN

G0151	Physical Therapy Visit
G0157	Physical Therapy Assistant
G0153	Speech Language Therapy Visit
G0152	Occupational Therapy Visit
G0158	Occupational Therapy Assistant
G0156	Home Health Aide
G0300	Skilled Nursing LPN
G0299	Skilled Nursing RN
G0155	Social Worker Visit

13.18.1 Creating Web-Based Claims for Payer Review

Web Claims can be created utilizing Add New> Claim (Standard) or utilizing Create, then New Claim, from the Create dropdown on the Main Menu.

OR

Web Claims can be created utilizing Add New> Claim (Express).

Once a Provider enters a Web Claim with the Note and Reason, and saves the Claim, the Claim is marked with the Critical Exception, Payer Review Required.

Claim Details

* Client: [Redacted] * Provider: [Redacted]
 * Worker: [Redacted] Payer Assignment: BCBSNM
 * Service: Physical Therapy Assistant
 Date: 04/05/2024 Time: 09:00 AM Amount: 01:00 Date: 04/05/2024 Time: 10:00 AM
 Mileage: Travel Time:
 Total Lines: 1 Total Claims: 1 Total Amount: \$200.00 Total Authorized: \$200.00

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

BhopalBCBS, Pune A
 - Billing has not been confirmed for this claim.
 - This claim does not have a matching event.
 - Payer Review Required
 - EVV not used

Note:

Claim ID: [Redacted]
 Filed On: Web
 Printer Friendly
 Show All Claims
 Total Claims: 1
 Total Calculated Amount: \$200.00
 Total Authorized Amount: \$200.00
 Total Units: 4
 Total Hours: 01:00
 Scheduled Units: 0
 Scheduled Hours: 00:00

Inactivate
 Delete All
 Cancel



Note: Data displays the Reason and Notes explaining why the Web Claim was created. The Provider can no longer edit and save changes to the Claim other than to inactivate it or to cancel the view of the Claim. The Claim, otherwise, is read-only for Providers.

The Exception Payer Review Required displays on the Provider’s Exceptions Dashboard.

The screenshot shows the Provider's Exceptions Dashboard for April 05, 2024, at 10:48 AM. The dashboard includes a header with the provider number and a 'Refresh' button. Below the header, there is a filter for 'Claim Dates' set to 'Current Month'. The main content is a table listing various exception categories, their counts, and a 'List' button for each category. The 'Payer Review Required' category is highlighted with a red box, indicating it has 1 claim.

Exception Category	Count	Action
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	1	List
Payer Review Required	1	List
Payer Denied	0	List
Other	2	List

At this point the Claim is also on the Payer’s Dashboard awaiting Payer approval or denial.

Once the Payer accepts a Claim, the Claim is marked with a Payer Review Accepted Exception and displays on the Provider Dashboard on the “Needs Confirmation” List in the Unsubmitted Claim Status section.

The Exceptions Payer Review Required and Payer Review Denied display in the “Critical Exception List” on the Provider Dashboard in the Unsubmitted Claim Status section.

Providers have a view of 20 Claims per page maximum at a time on any list.

13.18.2 Confirming Web-Based, Payer-Reviewed Claims

Once Claims are marked Payer Accepted, Claims can be confirmed from the Claim Details page.

The Claim Details displays Payer Review Accepted as an Informational Exception. The Provider can now review and confirm this Claim for export.

Claim Acknowledgment April 24, 2024							
Client [Redacted]				Provider [Redacted]			
Worker [Redacted]				Payer Assignment UHC NM			
Claim ID [Redacted]	Service Physical Therapy Visit (G0151)						
Authorization [Redacted]	Start	End	Rates	Units	Amount		
	Apr 24, 2024 09:00:00 AM	Apr 24, 2024 09:30:00 AM	Normal	60.0000	2 ActualNormal 2 AuthorizedNormal	2 ActualNormal 2 AuthorizedNormal	\$120.00 \$120.00
Exceptions							
<ul style="list-style-type: none"> Critical <ul style="list-style-type: none"> Billing has not been confirmed for this claim. Informational <ul style="list-style-type: none"> This claim does not have a matching event. EVV not used Payer Review Accepted 							
Total Claims: 1 Total Actual Amount: \$120.00 Total Authorized Amount: \$120.00							
<input type="button" value="Done"/> <input type="button" value="New Claim"/>							

Once Claims are marked Payer Accepted, Claims can also be confirmed from the Confirm Billing – Bulk selection.

Once the Claim has been Confirmed for Billing, the Informational Exception of Payer Review Accepted will be removed from the Claim.

Claim Acknowledgment April 24, 2024							
Client [Redacted]				Provider [Redacted]			
Worker [Redacted]				Payer Assignment UHC NM			
Claim ID [Redacted]	Service Physical Therapy Visit (G0151)						
Authorization [Redacted]	Start	End	Rates	Units	Amount		
	Apr 24, 2024 09:00:00 AM	Apr 24, 2024 09:30:00 AM	Normal	60.0000	2 ActualNormal 2 AuthorizedNormal	2 ActualNormal 2 AuthorizedNormal	\$120.00 \$120.00
Exceptions							
<ul style="list-style-type: none"> Informational <ul style="list-style-type: none"> This claim does not have a matching event. EVV not used 							
Total Claims: 1 Total Actual Amount: \$120.00 Total Authorized Amount: \$120.00							
<input type="button" value="Done"/> <input type="button" value="New Claim"/>							

For additional information on Claims Confirmation, see [Section 13.9](#).

13.18.3 Resolving a Denied Claim-Provider

For Payer-denied Claims, Claim numbers display on the Critical Exception List on the Provider's Exception Dashboard. Should the Provider want to resolve denied Claim issues with the Payer, Providers may submit the denied Claim ID number and resolution documentation to the Payer. If the documentation is submitted timely and resolves the reason the Claim was denied:

1. The Payer will open the denied Claim for review and will revise the Exception to Payer Review Accepted. Once that occurs:
2. The Provider will find the newly reviewed and approved Claim on the Provider Dashboard in the Needs Confirmation List and from viewing for the Claim ID itself. Payer Review Accepted is now listed as an Informational Exception on the Claim. The Provider can review and confirm this Claim for export.

Timelines for Provider documentation submittal and for Payer review of Claims have been established by the NMTC Managed Care Organizations (MCOs). MCO contact information is listed in [Section 17.0](#) of this user manual.

Web-based Claims left marked as Payer Review Denied for more than 60 days from the end date of the Claim will automatically be inactivated.

13.19 Reason Codes and Claim Notes

When a Claim is created using the AuthentiCare® Web Portal, a Reason Code and a Claim note are required. A variety of Reason Codes display on the dropdown menu. Providers are required to add additional notes pertaining to the Reason code selected to justify the Web Portal entry instead of using the Worker's Claim creation on the Mobile Application or IVR.

The Service must be added in order for the Reason Code to appear.

Standard Claim

* Client: [Name] [Icons]

* Provider: [Name] [Icons]

* Worker: [Name] [Icons]

Payer Assignment: Current Payer For Client [Dropdown]

* Service: Physical Therapy Visit [Icons]

Date	Time	Amount	Date	Time
MM/DD/YYYY [Calendar]	[Time]	##:##	MM/DD/YYYY [Calendar]	[Time]

* Reason Code : [Dropdown]

Mileage: [Text]

Travel Time: [Text]

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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

Note: [Text Area]

Select the appropriate reason from the Reason Code drop down menu once you have added all required Visit information.

Standard Claim

* Client: [Name] [Icons]

* Provider: [Name] [Icons]

* Worker: [Name] [Icons]

Payer Assignment: Current Payer For Client [Dropdown]

* Service: Physical Therapy Visit [Icons]

Date	Time	Amount	Date	Time
MM/DD/YYYY [Calendar]	[Time]	##:##	MM/DD/YYYY [Calendar]	[Time]

* Reason Code : [Dropdown]

- Tablet Malfunction
- Smartphone malfunction
- Landline/IVR unavailable
- Tablet not delivered
- Inclement weather
- Electrical outage
- Authorization issue
- Substitute caretaker
- Missing Stipend claim
- Resubmitting claim that the payer rejected

Travel Time: [Text]

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00

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

At least one Reason Code must be chosen before a Claim can be saved and only one Reason Code can be selected at a time to be used/saved on the Claim. The Reason Codes available are:

- Tablet Malfunction

- Smartphone Malfunction
- Landline/IVR Unavailable
- Tablet Not Delivered
- Inclement Weather
- Electrical Outage
- Authorization Issue
- Substitute Caretaker
- Missing Stipend Claim
- Resubmitting Claim That The Payer Rejected

If a Reason Code is not selected and the Provider attempts to save the Claim, AuthentiCare® will display an error message.

Needs Attention:
Select a Reason Code.

Once the Reason Code has been selected, a Note is mandatory. If the Provider attempts to save the Claim without a note, AuthentiCare® will display an error message.

Needs Attention:
Enter claim notes for the selected reason code.

Once the Reason Code and a Note has been added, click on Save.

The Claim Acknowledgement page will appear. To review your Claim, click on the Claim ID at the top of the screen.

Back in the Claim, under Note Data, you will see the Reason Code and Note saved along with the Date, Time and User who made the edit.

The screenshot displays the 'Claim Details' section of the AuthentiCare Web Portal. It includes fields for Client, Worker, Service (Physical Therapy Assistant), Date (04/05/2024), Time (09:00 AM), Amount (01:00), and Payer Assignment (BCBSNM). A summary box on the right shows Claim ID, Filed On (Web), Total Claims (1), Total Calculated Amount (\$200.00), Total Authorized Amount (\$200.00), Total Units (4), Total Hours (01:00), Scheduled Units (0), and Scheduled Hours (00:00). Below the claim details is a 'Critical Exceptions' section with options to Delete, Add Lines Above, Add Lines Below, Move Up, and Move Down. A 'Note' section is also visible, with 'Note Data' showing the date (04/05/2024 10:39 AM), user, reason (Tablet Malfunction), and notes (test).

The Services requiring a Reason Code in the AuthentiCare® Web Portal are:

Personal Care Services	
99509V	Personal Care - Consumer Directed Visit
T1019	Personal Care - Consumer Delegated
G9006U2	Stipend G9006U2
G9006U1	Stipend G9006U1
S5125	EPSDT Personal Care
99509U1	Respite
T1002U1	Respite RN
T1003U1	Respite LPN
Home Health Services	
G0151	Physical Therapy Visit
G0157	Physical Therapy Assistant
G0153	Speech Language Therapy Visit
G0152	Occupational Therapy Visit
G0158	Occupational Therapy Assistant
G0156	Home Health Aide
G0300	Skilled Nursing LPN
G0299	Skilled Nursing RN
G0155	Social Worker Visit

13.20 Payer Claims Review-Payers

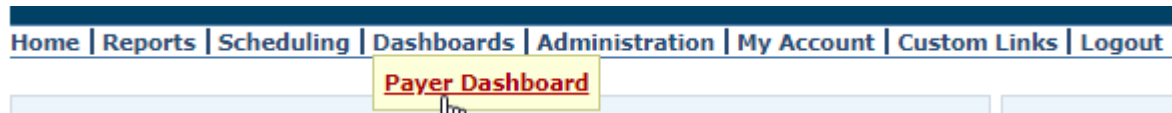
There is Payer Claim Review for Web-created Claims for specific Services for Payers to review Claims before the Provider confirms billing for export. This is required. Payers have the role of Claims reviewer and the right for Override Exception.

There are three Exceptions placed on Web-created Claims for specific Services. Payer Review required occurs when the Provider creates a Claim, then saves it. The remaining two Exceptions are Payer-based Exceptions.

Exception	Message	Exception Type
C11	Payer Review Required	Critical
C12	Payer Review Denied	Critical
C13	Payer Review Accepted	Informational

As with all AuthentiCare® data, Claims are data-scoped so that Payers view Claims for only members of their health plans.

All Payers have access to review and confirm Claims from the Payer Dashboard found in the Main Menu of AuthentiCare® NMTC Payer profile.



All three Web-based Claim Exceptions reside on the Payer Dashboard lists.

The Claim Dates field is set by default to Current Month with a dropdown available to choose a different timeline. A Date Range of up to 31 days is available. Once a choice other than Current Month is selected, Payers need to select Refresh to update the Exception counts and lists applicable to the revised timeline.

The screenshot shows the Payer Dashboard interface. At the top right, the date and time are displayed as 'March 27, 2024 12:56 PM'. Below this, there are filter fields for 'Provider:' (a text input), 'Service:' (a dropdown menu), and 'Current Month' (a dropdown menu). A 'Refresh' button is located below the 'Current Month' dropdown. Below the filters, there is a section titled 'Claim Exceptions Status' with three rows:

Exception Type	Count	Action
Payer Review Required	3	List
Payer Denied	0	List
Payer Accepted	0	List

Payers can choose the Provider from the Provider search field. Payers can choose the Service to review by selecting the Service from the Services field dropdown.

The Claim count for each Exception is listed. Payers can select the List button to the right of each Exception to view Claims marked with that particular Exception. *Inactive Claims are not included in the Exception lists.*

March 27, 2024
12:56 PM

Provider:

Service:

*

Claim Exceptions Status

- Payer Review Required 3
- Payer Denied 0
- Payer Accepted 0

The Payer’s action is to place an Exception on the Claim, either to accept the Claim or to deny the Claim. Once any of the Services listed are selected, the Payer has a Claim view list that is easily read. Exceptions are listed by Critical Exception and Informational Exception in this Claim view.

13.20.1 Reason Codes and Claim Notes

When a Claim is created using the AuthentiCare® Web Portal, a Reason Code and a Claim Note are required. A variety of Reason Codes display on the dropdown menu. Providers are required to add additional notes pertaining to the Reason code selected to justify the Web Portal entry instead of using the Worker’s Claim creation on the Mobile Application or IVR.

Payers can review, accept, or deny the Claims from this page. Payers have a choice of working one Claim at a time by choosing Accept or Deny, or by working the full page of Claims by selecting Accept All or Deny All.

There is a text box for Review Notes to complete on each Claim as well as making the choice of Accept or Deny. Clicking Save is done at the bottom of the page. Claim notes will not save unless the Payer checks either Accept or Deny, or Accept All or Deny all, then saves.

The page has a view of 20 Claims per list maximum. Once Payers “work” each Claim from the list of 20 Claims, and click Save, the “worked” Claims move to the appropriate list, either Payer Accepted or Payer Denied. Payers then are able to select Refresh to review the refreshed Payer Review Required list.

13.20.2 Resolving a Denied Claim-Payer

For Payer-denied Claims, Claim numbers display on the Critical Exception List on the Provider's Exception Dashboard. Should the Provider want to resolve denied Claim issues with the Payer, Providers may submit the denied Claim ID number and resolution documentation to the Payer.

Payers can search for the Claim ID number submitted with the Provider's documentation from their Payer Denied List on the Payer Dashboard or they can conduct Claim searches from the *Home* page utilizing the Claim ID number.

If the documentation is submitted timely and resolves the reason the Claim was denied.

The Payer will open the denied Claim for review and will revise the Exception to Payer Review Accepted. Once that occurs: The Provider will find the newly reviewed and approved Claim on the Provider Dashboard in the Needs Confirmation List and from viewing for the Claim ID itself. Payer Review Accepted is now listed as an Informational Exception on the Claim. The Provider can review and confirm this Claim for export.

13.20.3 Information for 99509V and 99509

The 99509 system generated job runs early each Thursday morning. All 99509V Claims for all shifts for a Client must be in approval status by the Payer so that the Provider can confirm billing for export by close of business each Wednesday.

Medicaid reviews the date of Services for Claims by the same Provider, for the same Client, who has been provided the same Service. All Claims for a Client receiving one particular Service on a given date must be confirmed together so those Claims are exported together. Otherwise, any lingering Claims for that Service for that Client, on that date, are viewed as duplicates, and are denied.

13.20.4 Final Payer Notes

After accepting a Claim, Payers can change the Exception to Payer Denied if the Claim has not yet been exported. To accomplish this, Payers select the list of Payer Accepted Claims to search for the Claim whose Exception requires a change.

In a scenario where the Claim has not exported, the Payer can still make edits to the Claim.

When the Payer saves the Exception change, an audit record is created for the audit action of Payer Review Required, Payer Review Denied or Payer Review Accepted.

There will be no error messages displayed for the Payer Dashboard or the Provider Dashboard.

Claims marked as Payer Denied for more than 60 days from the end date of the Claim will automatically be inactivated.

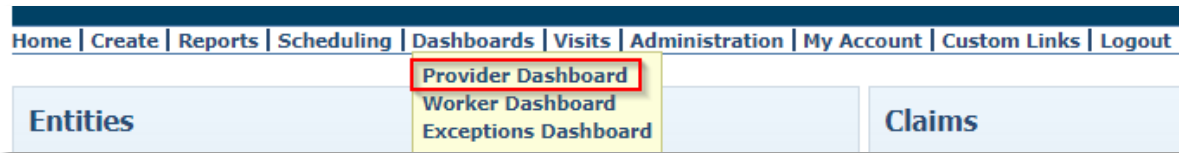
Payers need to check frequently for Claims to review. The Payer Dashboard timeline lists only the Claims to review for the timeline chosen.

14.0 Dashboards

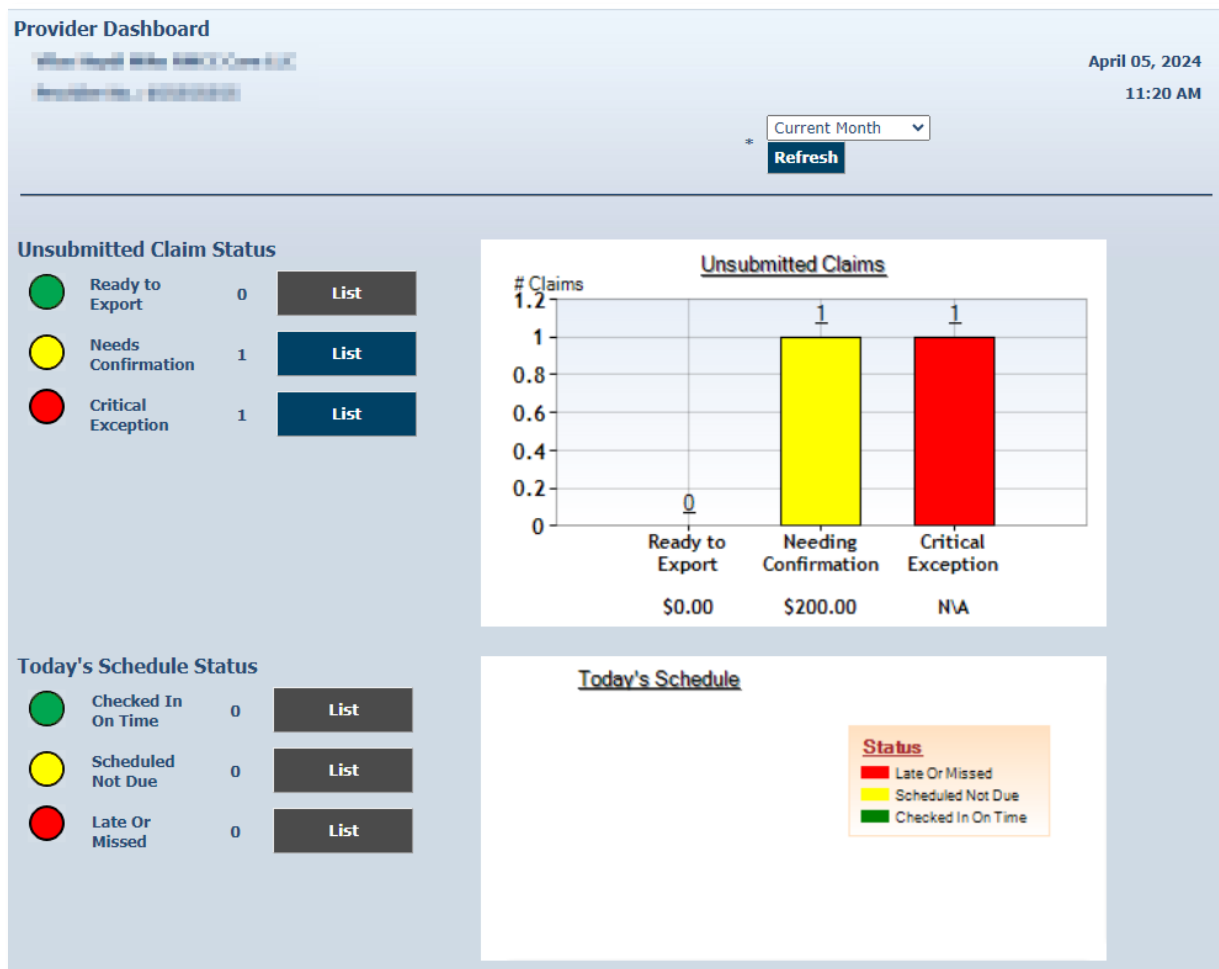
14.1 Provider Dashboard

AuthentiCare® includes a Provider Dashboard where information is presented graphically and provides easy navigation to the source data represented in the dashboard. The Provider Dashboard is available only to the Provider Administrator roles.

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



The Provider Dashboard displays with real-time information.



14.1.1 Unsubmitted Claim Status

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

Ready To Export: This gives the number of Visits that have been confirmed by the Provider but have not yet been exported for adjudication. These Claims may have informational Exceptions, but they do not have any critical Exceptions. In the next routine system export, these Claims will be exported. Click the **List** button to view these Visits on the *Visit Search Results*.

Needs Confirmation – This represents the number of Claims that are ready to be confirmed for billing to allow submission for payment. In other words, the only critical Exception on these Claims is billing confirmation. Once a Claim has been confirmed for billing, it will be moved to the “ready to export” group. Click the **List** button to view the *Confirm Billing* page where Providers can confirm these Claims.

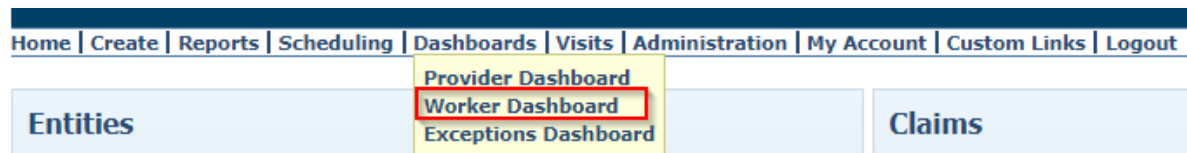
Critical Exception – This represents the number of Claims with one or more critical Exceptions in addition to billing confirmation. A critical Exception means the Claim did not pass one of the system edits that are based on State business rules. These Exceptions prevent the Claim from being confirmed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

14.2 Worker Dashboard


In addition to the Provider Dashboard, AuthentiCare® also includes a **Worker Dashboard** to facilitate quick access to information about the current day’s Schedule. Certain users with the Provider will have access to the Worker Dashboard (see [Appendix A-4](#) for a list of roles with the rights each possesses in the system).

If the Provider does not use the scheduling functionality in AuthentiCare®, or if there are no Scheduled events for the date selected, the Worker Dashboard will be blank.

Place your cursor over **Dashboards** in the Main Menu and click **Worker Dashboard**.



The Worker Dashboard displays real-time information about the Scheduled events for the current day.

AuthentiCare® New Mexico Turquoise Care						April 05, 2024
Employee No.: 0000000000						11:22 AM
Today's Scheduled Workers	Worker ID	Scheduled Check-In Time	Actual Check-In Time	Client Name	Client ID	Status
[Worker Name]	[Worker ID]	03:00 PM		[Client Name]	[Client ID]	 Scheduled Not Due

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

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

The Status column displays one of the following three statuses:

Status	Description
Checked-In On Time	The Worker checked-in between 30 minutes prior to the Scheduled event start time and up to 30 minutes after the Scheduled event start time.
Scheduled Not Due	This means the event is Scheduled to occur later in the day based on the current time in AuthentiCare®.
Late and Missed Visits	Late: This means the Worker checked-in later than 30 minutes after the Scheduled start time of the event but before 11:59 PM that calendar date. Missed: The Worker did not check-in by 11:59 PM on the calendar date of the Scheduled start time of the event.

Clicking the Worker name or Worker ID will take you to the **Worker Entity Settings** page. This allows you to view the information about the Worker.

Clicking the Scheduled check-in time will take you to the **Scheduled Event** page. This allows you to view the information about the event.

Clicking the actual check-in time (if there is one) will take you to the **Claim** page. This allows you to view the information captured for the Claim.

Clicking the Client's name, Client ID, or Client ID in AuthentiCare® will take you to the **Client Entity Settings** page. This allows you to view the information about the Client for whom the event is Scheduled.

14.2.1 Email Notifications for Late and Missed Visits

Email notifications are sent to the email address listed on the *Provider Entity Settings* page and to the email address listed on the *Worker Entity Settings* page.

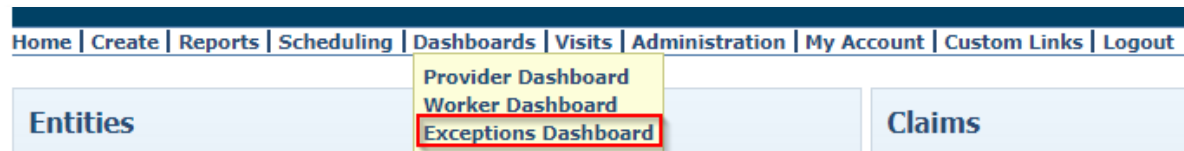
The following table lists possible scenarios.

Scenarios	Email Notifications
Worker checks in earlier than the Early Visit Threshold	The Provider and the Worker will receive an email notification for a Missed Visit
Worker checks in within the Early Visit Threshold	Neither the Provider nor the Worker will receive an email notification
Worker checks in later than the Late Visit Threshold	The Provider and the Worker will receive notification for a Late Visit
Worker checks in later than the Missed Visit Threshold	The Provider and the Worker will receive two notifications, one for a Late Visit and one for a Missed Visit.
Worker checks in when multiple events are Scheduled for the same day with the same Provider/Client/Worker combination	The Provider and Worker will receive a Missed Visit notification. The first appointment that has the status set to Scheduled or Late will be considered. Status of this appointment is updated to Checked-In On Time or Late/Complete.
Worker checks in when no events are Scheduled for the day	Neither the Provider nor the Worker will receive an email notification

14.3 Exceptions Dashboard

In addition to the Provider Dashboard and Worker Dashboard, AuthentiCare® also includes an **Exceptions Dashboard** to facilitate quick access to information about the outstanding issues with Visits that need to be addressed. Certain users with the Provider will have access to this Dashboard.

Place your cursor over **Dashboards** in the Main Menu and click **Exceptions Dashboard**.

















The Exceptions Dashboard displays real-time information about outstanding issues for Visits.

Each entry is a critical Exception on a Visit. If there are no records, the **List** button remains black. If there are items associated with the Exception, the **List** button becomes blue and is clickable. From these lists, Visits can be identified for Visit maintenance.

April 05, 2024
 11:24 AM

* Claim Dates: 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

15.0 Reports

AuthentiCare® includes robust reporting capabilities to assist Providers, Turquoise Care MCOs staff in managing and monitoring Clients, Workers, Schedules, and Claims. Reports are available 24/7 via the Web and information is current as of the time a report is created.

A variety of sort and filter criteria are available to create unique reports reflecting the specific information needed. A user may filter information to produce a report which displays information related to a particular Client, Worker, or Service and within date ranges chosen by the user. The information may be sorted to display in an order that is most convenient for the user. The sort and filter options for each report are discussed more fully later in this section.

As discussed in earlier sections, the Provider agency can create reports with only information related to the specific Provider's ID number. New Mexico Turquoise Care MCO staff can create

reports on information related to all Clients who are members of their own specific MCO's health plan.

15.1 Report Menu

The **Home Page** Main Menu toolbar allows access to reports by clicking **Reports**.

[Home](#) | [Create](#) | **[Reports](#)** | [Scheduling](#) | [Dashboards](#) | [Visits](#) | [Administration](#) | [My Account](#) | [Custom Links](#) | [Logout](#)

The *Report* page displays:

The screenshot displays the Report Menu interface, which is divided into two main sections: **Report Templates** and **View Reports**.

Report Templates section includes:

- [Claim Details Report](#) [Delete Selected Templates]

Create Reports section lists various report categories and their corresponding report names:

- Authorizations**
 - [AuthentiCare Service Authorizations](#)
- Billing Invoice**
 - [Billing Invoice Report](#)
- Calendar**
 - [Scheduled AuthentiCare Calendar Events](#)
- Claim Data Listing**
 - [Claim Data Listing Report](#)
- Claim Details**
 - [AuthentiCare Claim Details](#)
- Claim History**
 - [AuthentiCare Claim History](#)
- Eligible Client Data Listing**
 - [Eligible Client Data Listing Report](#)
- Exception**
 - [Exception Report](#)
- Late and Missed Visits**
 - [Late and Missed Visits for Scheduled AuthentiCare Events](#)
- Overlapped Claim By Client**
 - [Overlapped Claim By Client Report](#)
- Overlapped Claim By Worker**
 - [Overlapped Claim By Worker Report](#)
- Provider Activity**
 - [Provider Activity Report](#)
- Remittance Advice**
 - [Remittance Advice Report](#)
- Remittance Data Listing**
 - [Remittance Data Listing Report](#)
- Time and Attendance**
 - [Time and Attendance Report](#)
- Unauthorized Location**
 - [Unauthorized Location Report](#)
- Unauthorized Phone Number**
 - [Unauthorized Phone Number Report](#)
- Worker Activity**
 - [Worker Activity Report](#)
- Worker By Provider**
 - [Worker By Provider Report](#)

View Reports section includes:

- [Refresh] [Delete Selected Reports]
- Name** **Submit Time** **Status**
- [Claim Details Report](#) 6/6/2022 1:35 PM Completed
- [Claim Details Report](#) 6/6/2022 1:35 PM Completed
- [Claim Details Report](#) 6/6/2022 1:35 PM Completed
- [Refresh] [Delete Selected Reports]

The **Report** menu allows options to create a new report, to create and to use a report template, and to view an existing report.

There are three sections of the **Report** Page:

- **Report Templates** – Users can create templates for reports that are created on a regular basis.
- **Create Reports** – A variety of reports are available for creation, and each can be filtered and sorted to create a unique report to fit the user's needs. Each report name is a hyperlink that allows you to enter your filter criteria, sort criteria, and run the report.

- **View Reports** – Once a report is generated, it appears in the View Reports section of the page. Reports can be saved to the user’s local drive for permanent storage and retrieval. If a report is needed later and has been deleted, it can simply be rerun for the same dates.

15.2 Report Descriptions

AuthentiCare® Reports	
Authorizations	<p>The <i>Authorizations</i> Report lists all Authorizations in AuthentiCare® for a given time. The report can be filtered to include only Authorizations for a particular Client or Service. The Authorizations Report does not include the Claims associated with the Authorizations.</p> <p>The Authorizations Report with Visit Detail is the same as the Authorizations Report however, in addition to the Authorizations, any Visits associated with those Authorizations are displayed. This report provides information on the number of units remaining in the Authorization based on the number of units for which there are Visits.</p>
Authorization History	The <i>Authorization History</i> Report lists both new Authorizations and updated Authorizations. New Authorizations are labeled in the report as “New.” Updated Authorizations are labeled as “Update” with the “change” date and the “start date” of the updated Service. The report displays the last two records and the update so program Providers can identify what changes have been made over time.
Billing Invoice	The <i>Billing Invoice</i> report gives a list of Visits for each Service date, along with the billing status and amount. With this report, program Providers have documented what was submitted each day. Program Providers can then monitor the Remittance Advice to validate that each Visit was adjudicated as expected.
Claim Data Listing	The AuthentiCare® Claim Data Listing Report gives a Provider the ability to download Claims data as needed for use in the back-end systems. As with the other AuthentiCare® Reports, the Provider must select report criteria on the criteria pages. The Claim Data Listing Report lists, by Provider and Worker, all Services performed during a given time and the total dollars billed.
Claim Details	The report provides most of the data elements shown in the Claim record, displayed as one row for the Client, with only the current payer.
Claim History	The Claim History Report lists the detail of changes made to a Claim or group of Claims for auditing purposes. For example, a Claim was confirmed for billing and there is a need to know who confirmed it. The Claim History Report requires a filter for Claim dates which include current day, current week, current month, last week, last month, or fixed date range.
Eligible Client Data Listing	The <i>Eligible Client Data Listing</i> Report shows any Members that the program Provider has Authorization to provide Services for or has Visits. The report provides most of the data elements shown in the Client record. The EVV Units of Service Summary Report shows the daily, weekly, and monthly totals of Service units’ delivery for a specific Medicaid ID. The report also helps identify breaks in Services for that Medicaid ID.
Exception	Exceptions are used to readily identify Visits that do not meet the business rules established for the program. Exceptions can be

AuthentiCare® Reports	
	informational to alert the user that a criterion was not met, i.e., check in phone number does not match authorized, or can be critical which prevents the Visit from being exported for adjudication, i.e., no Authorization for Service. The <i>Exception</i> Report is structured to identify Exceptions for a single Member or for multiple Members with the same Exception.
Late and Missed Visits	The <i>Late and Missing Visits</i> Report Provides information on late and missed Visits and any selected reason codes. The report can be filtered to display information relating to a particular Member, attendant, Service, or event.
Overlapped Visit By Client	AuthentiCare® verifies the occurrence of authorized personal attendant Service Visits by electronically documenting the precise time a Service delivery Visit begins and ends. Identifies beneficiaries that have more than one Worker providing care at the same time.
Overlapped Visit By Worker	AuthentiCare® verifies the occurrence of authorized personal attendant Service Visits by electronically documenting the precise time a Service delivery Visit begins and ends This report identifies Workers who are servicing two beneficiaries at the same time.
Provider Activity	The <i>Provider Activity</i> Report shows the EVV record associated with the beneficiary and matches it to the Claim / encounter submission for the Provider. This report shows any members that the program Provider has Authorization to provide Services for or has Visits. It provides most of the data elements shown in the Client record. The report displays only one row for the Client, with only the current payer.
Remittance Advice	The Remittance Advice Report provides a generated remittance advice report which showcases an 835, the electronic remittance advice (RA) that applicable New Mexico MCOs provide to Providers when reporting the adjudication status of each Claim submitted.
Remittance Data Listing	<p>The Remittance Data Listing Report provides remittance advice reporting on the AuthentiCare® Web, so that the Provider can examine paid Claims, and understand check amounts.</p> <p>The Remittance Data Listing report is oriented around the Payer Claim number and not the AuthentiCare® Claim number, and around payment date, not Claim date. The intent is to support drill down of a payment received to the individual Claims included in it. Claim reports should still be used to research the payment status of an individual Claim.</p>
Time and Attendance	The <i>Time and Attendance</i> Report is a useful tool for the Providers who need to know the time billed by a selected Worker for a specified time. It can be used to identify Workers who report an unusually high number of hours worked as that could be considered a risk for quality-of-care issues or for Providers to use to compare revenue generated by one Worker with another. The Time and Attendance Report has several filter criteria. Claim type, Claim dates, and Exception are all required when running the report.
Unauthorized Location Report	The <i>Unauthorized Location Report</i> will provide ready access to a list of locations that were made outside the home location associated with

AuthentiCare® Reports	
	the Client. These calls result in a Claim with an unauthorized location Exception. This report serves as an administrative tool allowing the Provider to identify caregivers making calls from a location other than the Client's home.
Unauthorized Phone Number	The <i>Unauthorized Phone Number</i> Report will provide ready access to a list of calls that were made from a phone other than the phone number associated with the Client. These calls result in a Claim with an unauthorized phone number Exception. This report serves as an administrative tool allowing the Provider to Identify Workers making calls from outside the home, Identify phone numbers that have changed and need updating in AuthentiCare®.
Worker Activity	This report logs only check in and check out information of Worker entered data. The report can be shared with a Client's Worker because it does not have billing information, amounts or rates involved. This report will also show Client relationship when selecting a Worker that has a family member to Client relationship established on the Worker Entity Settings page.
Worker By Provider	The <i>Worker By Provider</i> Report summarizes Service Provider identification numbers, start dates, termination dates, and Services.

15.3 Creating a Report

Click **Reports** on the Main Menu.

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

The *Report* page displays:

The screenshot displays the 'Reports' page interface. On the left, the 'Report Templates' section includes a list of report categories such as Authorizations, Billing, Calendar, Claim Data Listing, Claim Details, Claim History, Eligible Client Data Listing, Exception, Late and Missed Visits, Overlapped Claim, Provider Activity, Remittance Advice, Remittance Data Listing, Time and Attendance, Unauthorized Location, Unauthorized Phone Number, and Worker Activity. The 'Claim Details Report' is highlighted. On the right, the 'View Reports' section shows a table of report instances:

Name	Submit Time	Status
<input type="checkbox"/> Claim Details Report	6/6/2022 1:35 PM	Completed
<input type="checkbox"/> Claim Details Report	6/6/2022 1:35 PM	Completed
<input type="checkbox"/> Claim Details Report	6/6/2022 1:35 PM	Completed

There are three sections of the *Report Page*:

12. **Report Templates** – Users can create templates for reports that are created on a regular basis. For example, there is a need for a report on Late and Missed Visits at the end of each month for all Clients, a template can be created with the desired settings. Templates are addressed in more detail in [Section 15.6](#).
13. **Create Reports** – Seventeen types of reports are available for creation, and each can be filtered and sorted to create a unique report to fit the user’s needs. Each report name is a hyperlink that allows you to enter your filter and sort criteria and run the report. Proceed to Step 2 for further instructions.
14. **View Reports** – Once a report is generated, it appears in the View Reports section of the page. Reports can be saved to the user’s local drive for permanent storage and retrieval. If a report is needed at a later date and has been deleted, it can simply be rerun for the same dates. Methods of viewing reports are addressed in detail in [Section 15.4](#). Click on a report name hyperlink from the list provided in the **Create Reports** section of the *Report page*.

To start creating a Report:

1. Select the desired report from the *Create Reports* section of the *Reports page*.
2. Enter a **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive. For example, if the report is for a single Member, the report name can be changed to include the Member’s name and the date range.
3. Enter a **Description**, if desired. This is most helpful in creating templates.
4. Choose a date range from the drop-down box for the Dates field. This field appears on this page for all the reports, though it may appear as Visit Dates or Effective Dates depending on the report selected.
5. Enter any other filter criteria desired such as Member, Service Provider, Service, or Provider. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If no information is added, the report includes all information for the period selected.
6. Select **Sort** criteria as desired. These are similar for all reports. AuthentiCare® allows selection of up to three sort items.
 - a. It is recommended to also sort reports by Date to make sure the data is received in chronological order.
 - b. As an example, the agency Provider may choose to have the report sorted first by Member, then by Service, then by Date.
7. Choose the **Report Type(s)** to indicate the format in which the report will be displayed. You can choose as many format types as needed. If you do not choose, the report will automatically default to PDF except for the two list reports (Visits Data Listing and Remittance Data Listing) which default to Excel.
8. Click **Run Report**.

9. The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status. The Status can be one of the following:
 - Queued – the report is in line for processing.
 - In Progress – the report is being created.
 - Completed – the report is ready for viewing.

10. It usually takes a few minutes for a report status to change from **Queued** to **Completed**. There is an interim status of **In Progress**. To view the updated status of the report, you may need to click **Refresh**. This refreshes the page and displays the updated status of the report.

15.4 Viewing Reports

Once the Status of the Report has changed to Completed, the report may be viewed in the format(s) selected.

Click one of the icons under the report name to generate the report in the desired format. These icons do not appear until the status of the report is **Completed**. The icons are:



Adobe (pdf). This format is the most convenient for printing and viewing.



Excel (xls)



Comma delimited (CSV).



XML.



Note: The column headings in the View Reports section are hyperlinks that change the sort order of the reports that are displayed in this section. Click the hyperlink to toggle the view between descending and ascending order based on the values in the column chosen.

The appropriate application starts based on the format you selected, and the report is displayed. At that point, you may print the report if desired.

15.5 Deleting a Report

Reports are automatically deleted three (3) days after they are created. Click the checkbox to the left of the name of the report you wish to delete sooner.

Clicking the checkbox next to **Name** populates a checkmark in the checkboxes for all the reports listed in the **View Reports** section.

View Reports			[Refresh]	[Delete Selected Reports]
<input checked="" type="checkbox"/>	<u>Name</u>		<u>Submit Time</u>	<u>Status</u>
<input checked="" type="checkbox"/>	Authorizations Report		4/5/2024 11:31 AM	Queued
			[Refresh]	[Delete Selected Reports]

Click **Delete Selected Reports** if you want to permanently remove the report(s) selected.

15.6 Using Report Templates

Templates are the fastest way to create reusable reports. For example, if you needed to look at a specific report every day, you should create a template. Templates remain in the **Report Template** section until deleted.

15.6.1 Creating Report Templates

To create a report template, please follow the steps below:

1. Click on a report name from the list provided in the **Create Reports** section of the *Report* page.
2. The report criteria page for the report displays. This page is where you enter the filter and sort criteria for the report.
3. Enter a unique **Report Name**. This automatically defaults to the name of the report selected, but this name could be changed to something more descriptive.
4. Choose a date range from the drop-down box for the **Effective Dates**. This varies based on the type of report.
5. Enter any other filter criteria. This varies based on the type of report.
6. Select **Sort** criteria as desired.
7. Select the **Report Type(s)**.
8. Click **Save as Template**.
9. The **Report** page displays, and the template just created is included in the **Report Templates** section.

15.6.2 Running a Report from a Template

To run report from a template, click the **Run Report** icon adjacent to the name of the template.



The report name will now show in the *View Reports* section of the *Reports* page with a submitted time and status of **Queued**. Once the Report has finished processing, the status will update to **Completed**.

15.6.3 Editing a Report Template

To edit a report template, please follow the steps below.

1. Click the name of the report. The report criteria page displays.

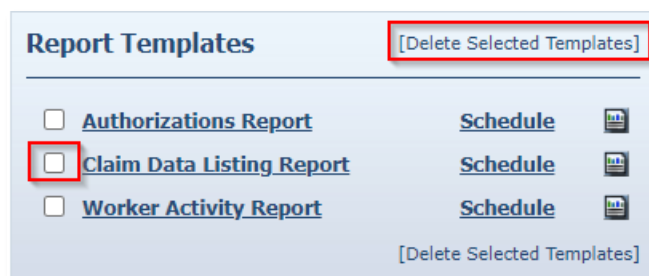


2. Edit the report criteria page as desired.
3. Click **Save as Template**.

15.6.4 Deleting a Report Template

To delete a Report Template, please follow the steps below.

1. Click the checkbox to the left of the name of the Report template you wish to delete.
2. Click **Delete Selected Templates** if you want to permanently remove the Report template.

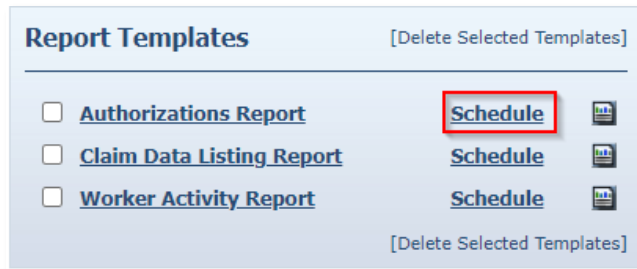


After the delete function, the page displays, and the deleted Report template is no longer listed.

15.7 Scheduling a Report

AuthentiCare® users use a standard report criteria (template) page to select content and sorting of the data requested in a report. Instead of running as a report immediately from the *Reports* page, the user can select “Save as Template.” This choice accesses a Reports Scheduler feature in AuthentiCare® whereby a Provider is able to:

1. For any report, filter for content, sort as needed, then select a standard file format for the output (Excel, CSV, XML, or PDF), and
2. Save the template.
3. Once saved, select **Schedule**.



The **Schedule Report** window displays:

Schedule Report

Schedule: Authorizations Report

Schedule Type:

Start Date: **Time:**

End Date:

Monthly: **Day of the Month** **The**

Recurring Weekday: Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Disabled:

Email: Send Email when report completes

Email Addresses (semicolon delimited list):

Update **Cancel**

1. For **Schedule Type**, choose a daily or monthly Schedule for the report to run.
2. Specify a regular **Time** in the Scheduler for the report to run.
3. Select the **Day of the Week** or the **Day of the Month** for the report to run.

4. Specify **Email Addresses** to receive an automated email alert once the report has completed running and the file is ready for pickup and viewing.
 - An example of the email received: Scheduled AccessNet Report, Provider Activity Report for Wed PM has completed on 04/06/2016 at 04:31 PM.
5. Scheduled Export files for the Provider are available under **View Reports** on the *Reports* page.
6. The user clicks on a file icon and the file opens in a browser tab. The file can be saved from there.

15.8 Report Types

15.8.1 Authorizations Report without Claim Detail

The Authorizations Report lists all Authorizations in AuthentiCare® for a given time period. The report can be filtered to include only Authorizations for a particular Client or Service. It can be sorted to display the Authorizations in a certain order. For example, the Provider may choose to see the Authorizations sorted by Service then by Client. The Authorizations Report without Claim Detail does not include the Claims associated with the Authorizations.

The Authorizations Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** (Effective Dates of the Authorization). The options include Current Day, Current Week, Current Month, Last Week, Last Month, and Fixed Date. If Fixed Date is chosen, then you must enter the “from” and “to” dates (MM/DD/YYYY). Additional filter criteria include Client, Provider, Worker, Service and Waiver.

Authorizations Report
* Indicates a required field.

* Report Name:

Description:

Include Claim Details
 Summary Only
+ At least one of the date ranges must be selected.

+ Effective Dates:

+ Last Update Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

The Authorizations Report can also be sorted which means that the information returned on the report is grouped by whatever sort selection is made. For instance, if Client is chosen, then all of the Authorizations for that Client are grouped together.

15.8.2 Authorizations Report with Claim Detail

The Authorizations Report with Claim Detail is the same as the Authorizations Report described in [Section 15.8.1](#); however, in addition to the Authorizations, any Claims associated with those Authorizations are also displayed. This report provides information on the number of units remaining in the Authorization based on the number of units for which there are Claims.

The filter and sort criteria are the same as the Authorizations Report without Claim Detail, but you must check the **Include Claim Details** checkbox.

Authorizations Report
* Indicates a required field.

* Report Name:

Description:

Include Claim Details

15.8.3 Authorization History Report

The Authorization History Report lists both new Authorizations and updated Authorizations.

The screenshot shows the 'Authorizations History Report' configuration form. It includes a title bar, a note that an asterisk indicates a required field, and several input fields: 'Report Name' (pre-filled with 'Authorizations History Report'), 'Description', 'Date of Service', 'Update Date Range', 'Client', 'Provider', 'Worker', 'Case Manager', 'Service', 'Payer', and 'Authorization ID Like'. There are also three 'Sort' dropdown menus. At the bottom, there are radio buttons for 'ReportType(s)' with 'PDF' selected, and 'Excel', 'CSV', and 'XML' options. Three buttons are at the bottom: 'Save As Template', 'Run Report', and 'Cancel'.

New Authorizations are labeled in the report as “New.”

Updated Authorizations are labeled as “Update” with the “change” date and the “start date” of the updated Service. The report displays the last two records and the update so Providers can identify what changes have been made over time.

The Authorization History Report as displayed in the screenshot below has several filter criteria. The filter criteria for **Effective Dates** (Effective Dates of the Authorization) has options that include Current Day, Current Week, Current Month, Last Week, Last Month, and Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

15.8.4 Billing Invoice Report

The Billing Invoice report gives a list of Claims for each Service date, along with the billing status and amount. With this report, Providers have documented what was submitted each day. Providers can then monitor the Remittance Advice to ensure that each Claim was adjudicated as expected.

The Billing Invoice Report has several filter criteria: **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Billing Invoice Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

* Exception:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

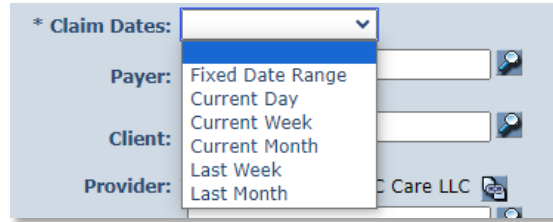
* Claim Type:

* Claim Dates:

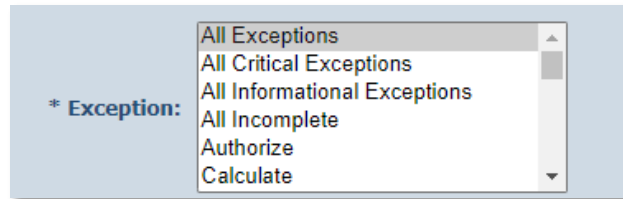
Payer:

Client:

Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).



Select the **Exception** from the list of information and critical Exceptions or choose All Exceptions.



Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client ID, Worker ID, Worker Name, and Service. This determines the order of the data.

15.8.5 Calendar Report

The Calendar Report lists all Scheduled events for a selected time period. The Report can be filtered to include only events related to a particular Client, Worker, or Service. The Report can be generated by the day, by the week or by the month.

The Calendar Report as displayed in the screenshot below only requires a filter criterion for **Effective Dates** which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Calendar Report

* Indicates a required field.

* Report Name:

Description:

* Effective Dates:

Event:

Authorization:

Payer:

Client:

Provider:

Primary Worker:

Service:

Include Edited Events Only

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Additional filter criteria include Event (to report on a specific event), Authorization (to report on the events Scheduled for a specific Authorization), Client, Provider, Primary Worker, and Service.

If desired, you may also select sort criteria which include Scheduled Start, Provider, Worker, Client ID, Client Name, Event, Authorization, and Service.

15.8.6 Claim Data Listing Report

The AuthentiCare® Claim Data Listing Report gives a Provider the ability to download Claims data as needed for use in the back-end systems. As with the other AuthentiCare® Reports, the Provider must select report criteria on the criteria pages.

The Claim Data Listing Report is a report that lists, by Provider and Worker, all Services performed during a given time period and the total dollars billed.

The Claim Data Listing report is also a useful tool for MCOs to get an overview of the data specific to Stipend Claims by each Provider. The report will also help the MCOs in monitoring and tracking Web Claims for Personal Care – Consumer Delegated (T1019), Personal Care – Consumer Directed Visit (99509V) and Stipend (G9006U1 and G9006U2) Services.

The Claim Data Listing Report template is shown here:

Claim Data Listing Report
* Indicates a required field.

* Report Name: Claim Data Listing Report

Description:

* Claim Type:

+ At least one of the date ranges must be selected.

+ Service Dates:

+ Billing Dates:

+ Payment Dates:

+ Claim Creation Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

Receive Stipends:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): Excel PDF CSV XML

Save As Template **Run Report** **Cancel**

Both **Claim Creation Dates** and **Receive Stipends, Yes or No**, are filters on the Claims Data Listing report template.

Services Personal Care – Consumer Delegated (T1019), Personal Care – Consumer Directed Visit (99509V) and Stipend (G9006U1 and G9006U2) are displayed in the body of the report in the column under **Service**.

The report has columns for External **Worker ID** for the Provider-specific Worker ID if that Client ID is utilized by the Provider. The report also has a column for **Claim Create Date** and the report can be sorted by that date.

The Device ID of the Worker’s Mobile Smartphone is both registered on the *Worker Entity Settings* page and displayed in the body of the Claim Data Listing Report. The **Device ID**, the **Source**, and the **Claim Note Reason** for creating the Claim through the AuthentiCare® Web Portal are all displayed in the body of the report. The listing report is a very simple format with a row of column headings followed by a list of data rows so that it is easily integrated with other back-office systems.

15.8.7 Claim Details Report

The Claim Details Report lists all Claims in AuthentiCare® for the time period specified. The report can be filtered to include only certain types of Claims (for example, Claims that have been exported for billing) or only Claims for a particular Client, Worker and/or Service. It can also be sorted to display the Claims in a specific order.

Claim Details Report
* Indicates a required field.

* Report Name: Claim Details Report

Description:

* Claim Type: [Dropdown]

* Claim Dates: [Dropdown]

Payer: [Text Box]

Client: [Text Box]

Provider: [Text Box]

Worker: [Text Box]

Case Manager: [Text Box]

Service: [Text Box]

* Group By: [Dropdown]

Sort 1: [Dropdown]

Sort 2: [Dropdown]

Sort 3: [Dropdown]

Summary Only

ReportType(s): PDF Excel CSV XML

Save As Template Run Report Cancel

The Claim Details Report has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running the report.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Select **Group By** so the Claims listed are grouped according to your selection. The options include Client, Provider, Exception (Client), and Exception (Provider).

Additional filter criteria include Payer, Client, Worker, Case Manager, and Service.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service. This determines the order of the data within the group selected in Group By.

15.8.8 Claim History Report

The Claim History Report lists the detail of changes made to a Claim or group of Claims for auditing purposes. For example, a Claim was confirmed for billing and there is a need to know who confirmed it. The Claim History Report only requires a filter for **Claim Dates** which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

The screenshot shows a configuration window titled "Claim History Report" with a subtitle "* Indicates a required field." The window contains several input fields and controls:

- * Report Name:** A text box containing "Claim History Report".
- Description:** A larger text area for additional details.
- Claim:** A text box for selecting a specific claim.
- * Claim Dates:** A dropdown menu for selecting a date range.
- Payer:** A text box with a search icon.
- Client:** A text box with a search icon.
- Provider:** A text box with a search icon.
- Worker:** A text box with a search icon.
- Case Manager:** A text box with a search icon.
- Service:** A text box with a search icon.
- Sort 1, Sort 2, Sort 3:** Three dropdown menus for selecting sort criteria.
- ReportType(s):** A group of checkboxes for "PDF" (checked), "Excel", "CSV", and "XML".
- Buttons:** "Save As Template", "Run Report", and "Cancel" at the bottom.

Additional filter criteria include Claim (to report on a specific Claim), Client, Provider, Worker, Service.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service.

15.8.9 Eligible Client Data Listing Report

This Report shows any Clients that the Provider has an Authorization to provide Services for or has Claims. The Report provides most of the data elements shown in the Client record. The report displays only one row for the Client, with only the current Payer.

Eligible Client Data Listing Report

* Indicates a required field.

* Report Name:

Description:

* Eligibility Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

- Skilled Nursing RN
- Skilled Nursing LPN
- Physical Therapy Visit
- Physical Therapy Assistant
- Occupational Therapy Visit

High Risk:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): Excel PDF CSV XML

15.8.10 Exception Report

Exceptions are used to readily identify Claims that do not meet the business rules established for the program. Exceptions can be informational to alert the user that a criterion was not met (i.e., check in phone number does not match authorized) or can be critical which prevents the Claim from being exported for adjudication (i.e., no Authorization for Service). The Exception Report is structured to identify Exceptions for a single Client or for multiple Clients with the same Exception.

Exception Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:
 Skilled Nursing RN
 Skilled Nursing LPN
 Physical Therapy Visit
 Physical Therapy Assistant
 Occupational Therapy Visit

* Exception:
 All Critical Exceptions
 All Informational Exceptions
 All Incomplete
 Authorize
 Calculate

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

The Exception Report has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report. Select from the Exception list which Exceptions you want returned in the report. Hold down the Ctrl key to select more than one type of Exception.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Select the **Exception** from the list of information and critical Exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



Note: Exceptions are grouped by Claim number. Claim number is equivalent to Claim ID.

15.8.11 Late and Missed Visits Report

The Late and Missed Visits Report lists all late and missed Visits for a selected time period. The report can be filtered to display information relating to a particular Client, Worker, Service, or Event.

Late and Missed Visits Report
* Indicates a required field.

* Report Name:


Description:


* Effective Dates:


Event:


Status:


Authorization:

Payer: 

Client: 

Provider: 

Primary Worker: 

Service: 

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

The Late and Missed Visits Report only requires filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Additional filter criteria include Event (to report on a specific event), Status (Late, Missed or Completed Late), Authorization, Payer, Client, Provider, Primary Worker and Service.

If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.

15.8.12 Overlapped Claim Report by Client

The Overlapped Claim Report by Client is useful in identifying quality concerns and/or overpayments. Under usual circumstances, Service is delivered to one Client before the Worker moves on to provide Services for the next Client. Monitoring the Overlapped Claim Report by Client enables the user to identify Clients whose care may be compromised as well as Workers that may have forgotten to check out from one Service before beginning to provide another Service to the same or another Client. This Report is also helpful in determining patterns for specific Workers that may need targeted training/retraining or reminders of program requirements and expectations.

The Overlapped Claim Report has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.

Overlapped Claim By Client Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

The Overlapped Claim Report by Client as displayed in the screenshot below has several filter criteria. Claim Type and Claim Dates are required when running the report. Additional filter criteria include Client, Provider, Worker, and Service. You may also sort from the additional sort criteria.

15.8.13 Overlapped Claim Report by Worker

The Overlapped Time Report by Worker is useful in identifying quality concerns and/or overpayments. Under usual circumstances, Workers should complete care for one Client before moving on to provide care to another Client. Monitoring the Overlapped Claim Report enables the user to identify Clients whose care may be compromised as well as Workers that may have forgotten to check out from one Service before beginning to provide another Service to the same or another Client. This report is also helpful in determining patterns for specific Workers that may need targeted training/retraining or reminders of program requirements and expectations.

The Overlapped Claim Report by Worker has several filter criteria. Claim Type and Claim Dates are required when running the report.

Overlapped Claim By Worker Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:
 Skilled Nursing RN
 Skilled Nursing LPN
 Physical Therapy Visit
 Physical Therapy Assistant
 Occupational Therapy Visit

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

Select the Claim Type from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

Select the Claim Dates from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client ID, Client Name, Worker ID, Worker Name, and Service. This determines the order of the data.

15.8.14 Provider Activity Report

A report that lists, by Worker, all Services performed during a given time period and the total dollars billed, again by Worker. The Provider Activity Report is a useful tool for State monitoring or for the Providers who need to know the revenue billed by a selected Worker for a specified time period. It can be used to identify Workers who report an unusually high number of hours worked as that could be considered a risk for quality-of-care issues or for Providers to use to compare revenue generated by one Worker over another.

The Provider Activity Report has several filter criteria. Claim Type, Claim Dates, and Exception are required when running the report.

Provider Activity Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

* Exception:

Sort 1:

Sort 2:

Sort 3:

Summary Only

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Select the **Exception** from the list of information and critical Exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

15.8.15 Remittance Advice Report

The Remittance Advice Report has filter criteria of **Payment Dates** and **Group By**.

The screenshot shows a web-based form titled "Remittance Advice Report". At the top, it states "* Indicates a required field." The form contains several sections:

- Report Name:** A text box containing "Remittance Advice Report".
- Description:** An empty text area.
- * Payment Dates:** A dropdown menu.
- Client:** A text box with a search icon.
- Provider:** A dropdown menu set to "ALL".
- Provider Medicaid Id:** A dropdown menu set to "ALL".
- Worker:** A text box with a search icon.
- Case Manager:** A text box with a search icon.
- Service:** A text box with a search icon.
- * Group By:** A dropdown menu.
- Sort 1, Sort 2, Sort 3:** Three dropdown menus.
- ReportType(s):** Radio buttons for "Excel" (checked), "PDF", "CSV", and "XML".

At the bottom of the form are three buttons: "Save As Template", "Run Report", and "Cancel".

Select the **Payment Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range.

If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Select Group By from Client, Payee Provider, Worker, and no grouping.

Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Provider, Client, Worker and Service. This determines the order of the data.

The report has a column for external Worker ID for the Provider-specific Worker ID if that Client ID is utilized by the Provider.

15.8.16 Remittance Data Listing Report

The Remittance Data Listing Report provides remittance advice reporting on the AuthentiCare® Web, so that the Provider can examine paid Claims, and understand check amounts.

The Remittance Data Listing report is oriented around the Payer Claim number and not the AuthentiCare® Claim number, and around payment date, not Claim date. The intent is to support drill down of a payment received to the individual Claims included in it. Claim reports should still be used to research the payment status of an individual Claim.

The Remittance Data Listing report offers the similar sort and filter criteria as the other Provider reports, but some criteria that are not relevant are omitted. Note that the date range selected is the Payer payment or processing date, not the date of Service. The Remittance Data Listing report is available only in Excel and CSV formats.

Remittance Data Listing Report
* Indicates a required field.

* Report Name:

Description:

* Payment Dates:

Client:

Provider:

Provider Medicaid Id:

Worker:

Case Manager:

Service:

- Skilled Nursing RN
- Skilled Nursing LPN
- Physical Therapy Visit
- Physical Therapy Assistant
- Occupational Therapy Visit

Sort 1:

Sort 2:

Sort 3:

ReportType(s): Excel PDF CSV XML

Save As Template **Run Report** **Cancel**

Select the **Payment Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Provider, Client, Worker, and Service. This determines the order of the data.

15.8.17 Time and Attendance Report

The Time and Attendance Report is a useful tool for the Providers who need to know the time billed by a selected Worker for a specified time period. It can be used to identify Workers who report an unusually high number of hours worked as that could be considered a risk for quality-of-care issues or for Providers to use to compare revenue generated by one Worker with another.

The Time and Attendance Report has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Time and Attendance Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:
 Skilled Nursing RN
 Skilled Nursing LPN
 Physical Therapy Visit
 Physical Therapy Assistant
 Occupational Therapy Visit

* Exception:
 All Critical Exceptions
 All Informational Exceptions
 All Incomplete
 Authorize
 Calculate

Sort 1:

Sort 2:

Sort 3:

Summary Only

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

Additional filter criteria include Client, Provider, Worker, and Service.

Select the Exception from the list of information and critical Exceptions or choose All Exceptions.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Additional filter criteria include Provider, Worker, and Service.

The report has a column for External Worker ID for the Provider-specific Worker ID if that Client ID is utilized by the Provider.

15.8.18 Unauthorized Location Report

The Unauthorized Location Report will provide ready access to a list of only Check-In/Out submissions that were made at a location other than the coordinates associated with the Client's location. These Claims will result in a Claim with a "Worker Outside Geo fence" Exception. This report serves as an administrative tool allowing New Mexico Turquoise Care MCOs and Providers to:

- Identify Workers performing Services in locations not matching the Client location table.
- Identify locations (coordinates) that have changed and need updating in AuthentiCare®.
- Identify participants whose health and safety may be at risk due to compromised care.
- Identify patterns of inappropriate or questionable care by specific Workers.

If the Worker Check-In/Outs are performed within the location coordinates associated with the Client, there is validation that the Worker was actually in the home or appropriate setting at the time the Check-Ins/Outs were made.

If the actual Check-ins/outs were made from a registered Client's or Provider's location coordinates other than the authorized location, the report will list the Client or Provider ID from the database that was the origin of the action.

The Unauthorized Location Report has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report. The **Exception** default for this report is the group of **Outside Geo-fence on Check-In, Outside Geo-fence on Check-Out, and Location mismatch**.

Unauthorized Location Report
 * Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

* Exception:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

15.8.19 Unauthorized Phone Number Report

The Unauthorized Phone Number Report will provide ready access to only a list of calls that were made from a phone other than the phone number associated with the Client. These calls result in a Claim with an unauthorized phone number Exception. This report serves as an administrative tool allowing the Provider or New Mexico Turquoise Care MCO Administrative User to:

- Identify Workers making calls from outside the home.
- Identify phone numbers that have changed and need updating in AuthentiCare®.

The Unauthorized Phone Number Report has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Unauthorized Phone Number Report
* Indicates a required field.

* Report Name:

Description:

* Claim Type:

* Claim Dates:

Payer:

Client:

Provider:

Worker:

Case Manager:

Service:

* Exception:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the Claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (MM/DD/YYYY).

The **Exception** default is a group of **UnAuthPhone Check-In No Match; UnAuthPhone Check-Out No Match; UnAuthPhone Check-In Other Match and UnAuthPhone CheckOutOtherMatch**. If you select All Claims,” all Claims with Exceptions will be returned instead of just the ones with unauthorized phone number Exceptions.

Additional filter criteria include Client, Provider, Worker, and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

15.8.20 Worker Activity Report

This report logs only check in and check out information of Worker entered data. The report can be shared with a Client's Worker because it does not have billing information, amounts or rates involved. This report will also show Client relationship when selecting a Worker that has a family member to Client relationship established on the *Worker Entity Settings* page. The Provider can sort by the Worker ID or Worker Name, then by Client Name, then by Service Date and Group By Workers, then Clients and run the report. The report will pull data with the Workers name, Client's name, and all associated Client relationships based on reflects on the Worker's page.

The Worker Activity Report has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running this report.

Worker Activity Report
* Indicates a required field.

* Report Name:
Description:

* Claim Type:
* Claim Dates:
Client:
Provider:
Worker:
Case Manager:

Service:
Skilled Nursing RN
Skilled Nursing LPN
Physical Therapy Visit
Physical Therapy Assistant
Occupational Therapy Visit

Sort 1:
Sort 2:
Sort 3:

* Group By:
 Summary Only

ReportType(s): PDF Excel CSV XML

Save As Template **Run Report** **Cancel**

15.8.21 Worker by Provider Report

The Worker by Provider Report is used for monitoring purposes or can be used by Providers to determine Workers that are currently employed to provide care. Other uses of the report include determining Worker to Client ratios or validating that all Workers employed by the Provider are registered in the system.

The Worker by Provider has filter criteria of **Worker Status**. Select from “All”, “Active”, or “Inactive.”

Worker By Provider Report
* Indicates a required field.

* Report Name: Worker By Provider Report
Description:

Worker Start Date Range:
Provider:
Worker:
Service: (Dropdown menu: All Services, Skilled Nursing RN, Skilled Nursing LPN, Physical Therapy Visit, Physical Therapy Assistant, Occupational Therapy Visit)
* Worker Status: All
* SSN/Work Visa Status: All

Sort 1:
Sort 2:
Sort 3:

ReportType(s): PDF Excel CSV XML

Save As Template Run Report Cancel

16.0 Multi-Branch Functionality

16.1 Multi-Branch Onboarding

Provider Agencies wanting to add a new Branch into AuthentiCare® or needing to update an existing Branch location(s), follow the process below for a successful onboarding process:

Provider or MCO will contact Fiserv’s AuthentiCare® Support Center at 1-800-441-4667 (option 6) 7:00 a.m. – 7:00 p.m. CST (Mon-Fri) or via email at authenticare.support@fiserv.com to:

- Inform Fiserv of the opening of a new Branch location(s).
- Inform Fiserv of changes/updates to an existing Branch location(s) such as address or phone number and the needed change(s).
- Fiserv’s Support team will:
 - Collect initial information from the Provider/MCO such as Provider contact information, Provider ID, Provider Name;
 - Create an Incident and provide that Incident number to the Provider/MCO; and
 - Inform the Provider/MCO that Fiserv’s AuthentiCare® Support team will contact them to resolve the Incident.

16.2 Multi-Branch Process

All Authorizations are assigned to the Provider's Assignment Office (i.e. main office) by the MCO. The Multi-Branch process was created for Providers to have the ability to:

- Allow for the reassignment of Authorizations to branch locations where care for the Client is being provided.
- Allow branch locations to view Schedules specific to their location.
- Allow branch locations to receive late and missed Visit alerts specific to their location.
- Allow the Assignment Office to view reports across all branch locations.

The AO_Administrator can only make a change to the Provider ID on Authorizations. Once Authorizations are reassigned any associated Schedules with the original Provider ID (Assignment Office) are automatically updated to reflect the Provider ID of the branch location to which it was reassigned.

A branch location can setup an email address on their *Provider Entity Settings* page to receive late and missed Visits alerts.

Each branch location has its own unique Provider ID, billing profile and registered users.

If a new Assignment Office user is needed, please open a ticket with the Fiserv AuthentiCare® Support Center Help Desk.

When an AO_Administrator logs in to AuthentiCare®, the *Home* page is limited.

16.3 To Assign an Authorization

The AO_Administrator can:

- Change the radio button to **Authorization** on the **Services** and **Authorizations** section of the *Home* Page.
- Enter the Client ID and/or Authorization number in the search filter.
- Click **Go**
- On the *Authorizations Settings* page, enter the branch location Provider ID in the Provider ID field; and
- Select "**Save**" to complete the Authorization assignment to the branch location.

Authorization Settings
 * Indicates a required field.

Service Information

Service ID:	99509U1	Service Type:	Time Based
Name:	Respite	Procedure Code:	99509
Description:	Respite		

ID: [REDACTED]

Client: [REDACTED]

Provider: [REDACTED]

Worker:

Effective Date Start: 02/01/2023

Effective Date End: 12/31/2028

Service Period: One Time

Authorization Number: [REDACTED]

Diagnosis Qualifier: ABK

Diagnosis Code: R99

*** Total Units:** 200

*** Rate:** 15.3200

Payer Assignment: Pres HP

Attending Provider

First Name:

Attending Provider

Last Name:

Attending Provider

NPI:

Save **Cancel**

16.4 To Reassign an Authorization to a Different Branch

The branch location office is to notify the Assignment Office of the Client's transfer from that branch location to another branch location within the agency. The AO_Administrator logs in to AuthentiCare® and then:

- Assures the radio button is on Authorization on the Services and Authorizations section of the Home Page.
- Enters the Client ID and/or Authorization number in the search filter.
- Click Go.
- On the Authorizations Settings page, enter the branch location Provider ID in the Provider ID field; and
- Select "Save" to complete the Authorization reassignment.

16.5 Worker

If the Worker moves with the Client, the new branch location within the agency will add the Worker to their branch location resulting in a new Worker ID for the Worker.

The previous branch location is to suspend the Worker on the Worker Entity screen unless the Worker plans to work through both branches.

If the Worker plans to work through both branch locations, the Worker is to maintain their existing Worker ID at the previous location and be added to the new branch location resulting in a new (second) Worker ID for the Worker.

Providers are responsible to add future Workers to their appropriate branch locations.

17.0 User Support and Training

17.1 AuthentiCare® User Support

By design, this User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in AuthentiCare®. As with most documents of this type, searching by topic is often the first step.

Fiserv AuthentiCare® Support Center is available:

If you are unable to solve your problem by using this instruction, you can contact Fiserv AuthentiCare® Client Support Services by phone at 1-800-441-4667, option 6, or by email to authenticare.support@fiserv.com for assistance.

For training your staff who will have Provider Administrator or User access as well as Support Brokers and Employee of Records (EORs), a monthly training is available to new AuthentiCare® Users as well as existing users seeking a refresher. They must submit a training request ticket with Fiserv AuthentiCare® Support Center to receive registration details.

17.2 MCO Contact Information

For user support regarding Authorizations, the Client's plan of care, general Provider Relations, or policies of New Mexico Turquoise Care MCOs, contact:

Blue Cross and Blue Shield of New Mexico: EVVBCBS@bcbsnm.com

Presbyterian Health Plan: phpevinquiry@phs.org

Molina Healthcare of New Mexico: mhnm.providerServices@molinahealthcare.com

United Healthcare of New Mexico: EVV_mailbox@uhc.com or
EVV_LateMissed_Visits@uhc.com

18.0 Appendices

Appendix A-1 Personal Care Service Codes- New Mexico Turquoise Care

Service Identifier	Service Name	Procedure Code
T1019	Personal Care –Consumer Delegated	T1019
99509	Personal Care – Consumer Directed	99509
S5110	Personal Care – Consumer Directed Training	S5110
X9999	Supervisory Home Visit	X9999
S5125	EPSDT Personal Care	S5125
99509U1	Respite	99509
T1003U1	Respite LPN	T1003
T1002U1	Respite RN	T1002
G9006	Consumer Directed Administrative Fee	G9006
G9012	Consumer Directed Advertisement Reimbursement	G9012
G9006U1	Stipend Service – 100%	G9006
G9006U2	Stipend Service - 50%	G9006



Note: PCS Providers will need to highlight both Stipend Services for all Workers eligible to receive a Stipend. For an existing Worker, Providers will select both Services from the Services list. When adding a new Worker, Providers will select both Stipend Services along with the other Services the Worker will provide.

These Claims are only available for Providers to submit via the Web. These Services are not available on the IVR or Mobile. These Services are, however, reflected in existing reports.

There are no Authorizations for Stipend Services.

Appendix A-2: Personal Care Services Activity Codes

AuthentiCare® Activity Codes for Personal Care – Consumer Delegated Service ID T1019 Personal Care – Consumer Directed Service ID 99509	
IVR Phrase - Activity	Activity Code
Hygiene and Grooming	1
Individual Bowel and Bladder	2
Meal Preparation and Assistance	3
Eating	4
Household Services and Support Services	5
Supportive Mobility Assistance	6
Hauling and Heating Water	7
Support Services	8

AuthentiCare® Activity Codes for Service ID S5125 EPSDT Personal Care	
IVR Phrase – Activity	Activity Code
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

Appendix A-3: Claim Exception Codes and Claim Status

Critical Exceptions

Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected.

Code	Exception	Definition	What do I need to do?
A1	Authorize	There is no Authorization in AuthentiCare® for the Service, date, Client, and/or Provider.	Wait for Authorization to be provided from New Mexico Turquoise Care MCO staff. AuthentiCare® will automatically recalculate when a valid Authorization is entered.
A2	Authorization Exhausted on Claim	Indicates the Authorization was exhausted (authorized units used up) <i>while</i> this Claim was being calculated.	There are not enough authorized units to cover the Claim. If additional authorized units are provided by New Mexico Turquoise Care MCO staff, the system will recalculate and remove this Exception. If no more units are available, the Provider may edit the Claim (change the check in or check out time) to match the authorized units so the Claim can be submitted for payment.
A3	Authorization Exhausted Before Claim	All authorized units were used <i>before</i> this Claim was calculated.	Contact the Case Manager to see if additional units can be added to the Authorization. If so, this update will be reflected in AuthentiCare® once approved. AuthentiCare® will automatically recalculate once the new Authorization information is entered.
C1	Billing Confirmation	The Claim has not been confirmed for billing.	Complete billing confirmation. See Section 13.14.3 for instructions.
C2	Duplicate Claim	The Claim data already exists in the AuthentiCare® system.	As a duplicate, it cannot be submitted for payment. Refer to Section 13.2 , Claims corrections, for the steps needed to have this Claim deleted.
C3	Missing Activity Codes	The Claim is for a Service that requires the selection of an Activity Code, but no code was entered	Add appropriate activity code(s).

Code	Exception	Definition	What do I need to do?
C5	Calculate	All data needed to calculate the Claim is not available. Usually means that the check-in time or check-out time is missing. If an Authorize Exception occurs, it will trigger the Calculate Exception as well.	Verify what information is missing. If the check-in or check-out time is missing, see Section 13.2 for Claims correction instructions.
C11	Payer Review Required	The Provider has saved a Web-entered Claim for all Services.	Watch for the Payer to either Accept or Deny the Claim.
C12	Payer Review Denied	The Payer has denied a Web-entered Claim for all Services.	A Payer denied Claim will automatically inactivate in 60 days from the end date of the Claim. Providers can inactivate a denied Claim sooner, then recreate the information on a new Claim that can be saved and submitted for Payer review.
C13	Payer Review Accepted	A Web-entered Claim was approved by a Payer for all Services.	The Claim is now ready for your review and confirmation for export.
C15	Invalid Client Enrollment	The Claim was filed with an ineligible Payer.	Providers can confirm the Claim after the Client enrollment with the correct Payer is completed.
I1	Ineligible Provider	The Provider is designated as inactive	If you verify that this information is correct, the Claim cannot be submitted. If corrected information is provided by the MCOs, AuthentiCare® will automatically recalculate.
I2	Ineligible Worker	The Worker is not eligible to deliver Services based on his/her start- and end- dates or active/inactive/suspend status.	If you verify that this information is correct, the Claim cannot be submitted. If the information is incorrect and the Provider corrects it, AuthentiCare® will automatically recalculate if the Worker's eligibility status changes.

Code	Exception	Definition	What do I need to do?
I4	Unenrolled Provider Service	The Claim has been filed for a Service that this Provider does not provide.	This only occurs with Claims entered via the Web if the incorrect Service is erroneously entered. To correct this Claim Exception, either correct the Service entered for the Claim or, when the Provider's authorized Service list is updated by New Mexico Turquoise Care MCOs, AuthentiCare® will automatically recalculate the Claim.
M1	Max Units Per Day	This Claim exceeds the maximum number of units per day that are allowed cumulatively.	Some Home Health Claims may exhaust the daily maximum number of Units. <ul style="list-style-type: none"> • Appropriate changes via the Web Portal can be made to each Claim when Claims exhaust the daily maximum number of Units cumulatively. • Claims that have had updates made where the Critical Exception is cleared will go to the MCO on the 837I file for adjudication. • If updates aren't made, Claims with the Critical Exception won't go to the MCO on the 837I file for adjudication.
R1	Extra Claim Review Needed	The Provider has selected the Claim Review Needed checkbox on the Provider <i>Entity Settings</i> page. The Claim is ready for its first review.	Review the Claim. Select Save following the review. The Claim is now ready for final confirmation.

Informational (Non-Critical) Exceptions

Informational Exceptions or non-Critical Exceptions do not prevent a Claim from being processed (i.e., there is no action required in order to confirm the Claim). This Informational Exception does serve as a notice of some problem associated with the Claim creation which may warrant further investigation.

Code	Exception	Definition	What do I need to do?
C6	EVV Not Used	A Claim was created on the Web through AuthentiCare®.	Place a Reason Code on the Claim along with a Note describing the Reason Code.
E1	Event Matching	The event does not match an event Scheduled in the system.	No action required. You cannot enter an event for a date in the past.
G1	Unauthorized phone number – No Match – Check in	The Claim was filed by checking in from a phone number that does not match the phone number on record for the Client.	No action required. You may want to check with the Worker to understand why the Client's phone was not used. Double check the Client's phone number to make sure it is correct.
G2	Unauthorized phone number – No match – Check Out	The Claim was filed by checking out from a phone number that does not match the phone number on record for the Client.	No action required. You may want to check with the Worker to understand why the Client's phone was not used. Double check the Client's phone number to make sure it is correct.
G3	Unauthorized phone number – Other Match – Check in	The Claim was filed by checking in from a phone number that exists in the system but isn't the phone number on record for the Client named in the Claim.	No action required. You may want to check with the Worker to understand why the Client's phone was not used. You may also want to see what other phone numbers in AuthentiCare® these matches (such as another Client's home). Double check the Client's phone number to make sure it is correct.
G4	Unauthorized phone number – Other Match – Check out	The Claim was filed by checking out from a phone number that exists in the system but isn't the phone number on record for the Client for which the Claim is being filed.	No action required. You may want to check with the Worker to understand why the Client's phone was not used. You may also want to see what other phone numbers in AuthentiCare® these matches (such as another Client's home). Double check the Client's phone number to make sure it is correct.

Code	Exception	Definition	What do I need to do?
I5	Unenrolled Worker Service	The Claim is for a Service the Worker is not authorized to provide.	No action required. Verify that the Service on the Claim is correct. If it is, then verify the Services entered for the Worker on the <i>Worker</i> page and modify as needed. Refer to Section 6.3 for further information.
L1	Location Mismatch – Check In	The check in location does not match the Client's location.	No action required. Verify that the location where the check-in occurred is the Client's location. If it is, then verify the Client's location has changed. Refer to Section 11 for further information.
L2	Location Mismatch – Check Out	The check-out location does not match the Client's location.	No action required. Verify that the location where the check-out occurred is the Client's location. If it is, then verify the Client's check-out location has changed. Refer to Section 11 for further information.
Q1	No QR card available	This identifies a Claim where QR code scan was required, but it was indicated that there was no card available.	No action required. Verify that a QR card has been delivered to the Client so that the QR card can be scanned for subsequent Claims.
Q2	QR card scanned by invalid or expired	This identifies a Claim where QR code scan occurred, but the card is either invalid or expired.	No action required. Verify the need for a QR card and if needed, order a new QR card for the Client.
Q3	QR card data does not match the Client.	This identifies a Claim where QR code scan occurred, but the data returned does not match the QR card data for the Client on the Claim.	No action needed. Verify the QR the Client hands for Worker for scanning belongs to the Client.
E4	Early Exception	The Claim was created before the early Visit threshold. This new informational Exception is used only when Client thresholds are set by the Provider.	No action required. Check the event to see if it needs modified to meet the Client's needs.

Code	Exception	Definition	What do I need to do?
E5	Late Exception	The Claim was created past the late Visit threshold. This new informational Exception is used only when Client thresholds are set by the Provider.	No action required. Check the event to see if it needs modified to meet the Client's needs.

Claim Status:

Claim Status	Definition	What do I need to do?
Dirty	When a Claim is completed, the system immediately places the Claim in "dirty" status which queues the Claim for an immediate run through the workflow. This happens instantaneously as the check-out is completed, so users might only occasionally see "Dirty" status on Claims.	There is no follow-up from the Provider needed until Exceptions are assigned to Claims. Then the appropriate Claims follow-up to resolve the Exceptions should be completed.
Recheck	Nightly all Claims that potentially could be updated from Critical Exception to Informational Exception, or to no Exceptions, are placed in recheck status. The "auto update" (spider agent) process runs Claims back through the workflow, and then updates each of those Claims to its appropriate status.	There is no follow-up from the Provider needed until Exceptions are assigned to Claims. Then the appropriate Claims follow-up to resolve the Exceptions should be completed.

Appendix A-4: Description of Provider Roles

Each Provider has a broad Administrator role but there are other relevant roles that can be assigned to staff members with specific functions related to AuthentiCare® and their day-to-day responsibilities.

Name	Rights
AO_Administrator	Rights to administer multi-branch functionality. Limited to Authorization reassignment and reporting view across all branch locations. Fiserv assigns a log in and initial password for each AO_Administrator.
NM_Administrator	Rights to do all functions for that Provider except those functions restricted to Fiserv (add, edit, delete Services; add/edit/delete Authorizations and delete Providers). Can view the Provider and Worker Dashboards. [NOTE: Fiserv 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

Appendix A-5 PCS, SDCB, & Home Health Service Play Back Order on the IVR

Service Name	IVR Number to Press
Personal Care – Consumer Delegated	1
Personal Care – Consumer Directed	2
Personal Care – Consumer Directed Training	3
EPSDT Personal Care	4
Supervisory Home Visit	5
SDCB – Self Directed Personal Care	6
SDCB – Respite Standard	7
Respite	8
<i>To hear more Services, press 9</i>	
Respite LPN	1
Respite RN	2
Skilled Nursing RN	3
Skilled Nursing LPN	4
Physical Therapy Visit	5
Physical Therapy Assistant	6
Occupational Therapy Visit	7
Occupational Therapy Assistant	8
<i>To hear more Services, press 9</i>	
Home Health Aide	1
Speech Language Therapy Visit	2
Social Worker Visit	3

Workers should listen to the *entire prompt* as the playback order may change depending on the current Authorization(s) available for a Client.

Appendix A-6: SDCB Service Codes

SDCB SUPPORTED SERVICES				
SERVICE ID	SERVICE NAME ON WEB PORTAL (SHORTER NAMES PREFERABLE)	PROCEDURE CODE	PALCO CODE	ACTIVITY CODE
SDCB99509	SDCB – Self Directed Personal Care	99509	99509	Yes
SDCBT1005SD	SDCB – Respite Standard	T1005	T1005SD	No

Appendix A-7: SDCB Activity Codes

Activity Codes for SDCB Services			
Service	Activity (Phrase stated on the IVR)	Code	Display Legend on Web Portal
SDCB99509	“Hygiene and Grooming”	1	Hygiene/Grooming
SDCB99509	“Individual Bowel and Bladder”	2	Individual Bowel and Bladder
SDCB99509	“Meal Preparation and Assistance”	3	Meal Preparation & Assistance
SDCB99509	“Eating”	4	Eating
SDCB99509	“Household and Support Services”	5	Household and Support Services
SDCB99509	“Supportive Mobility Assistance”	6	Supportive Mobility Assistance
SDCB99509	“Hauling and Heating Water”	7	Hauling/Heating Water

Appendix A-8: Home Health Care Service Codes

Revenue Code (PHP)	Procedure Code (BCBS, MHC, UHC)	Service Name	Service ID	Activity Code (Optional)	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