



AuthentiCare® New Mexico Centennial Care Frequently Asked Questions (FAQs)

General Resource Information:

- The AuthentiCare New Mexico Centennial Care (NMCC) User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in AuthentiCare NMCC. As with most documents of this type, searching by topic is often the first step. Type your keyword or topic in the PDF search function field. The search will take you to the Table of Contents. Double-click on the spot the search has taken you, and the double-click will take you directly to the correct page in the manual:
<https://www.authenticare.com/nmcc/AuthentiCareNMCCUserManual.pdf>
- If you are unable to answer your question by using the AuthentiCare User Manual or the FAQs, you can contact First Data Client Support services at 1-800-441-4667, Option 6 or authenticare.support@firstdata.com for assistance.
- For questions regarding authorizations, the client's plan of care or policies of Centennial Care, contact any of the New Mexico Centennial Care MCOs:

Blue Cross and Blue Shield of New Mexico: www.bcbsnm.com or Provider Customer Service 1-800-693-0663

Molina Healthcare of New Mexico: Leeann Kaminski, Provider Services Supervisor-Long Term Services, Leeann.Kaminski@molinahealthcare.com; phone: 505-348-0352

Presbyterian Health Plan: Jessica Moya, Supervisor, Provider Network Management, Office: 505 923 5414 | Fax: 505 923 5400- jmoya3@phs.org.

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



General Provider/System Questions:

1. What is the website address for AuthentiCare NMCC?

The website address is: www.authenticare.com/nmcc

2. What do providers need to get signed in to the website?

First Data will assign the first Administrator user login and password for each provider. The first Administrator will then assign other web users at the agency. Providers should contact authenticare.support@firstdata.com or call 1-800-441-4667, Option 6, to request a login and password if they have not been assigned one previously.

3. How are authorizations loaded into AuthentiCare NMCC?

Authorization information is sent to AuthentiCare in daily files from each MCO.

4. When does client information come to AuthentiCare NMCC from MCOs?

Once monthly a client file is sent to MCOs from the state. Once that occurs, MCOs send that information to AuthentiCare NMCC.

5. Does there need to be an authorization in AuthentiCare NMCC before a worker can use the Electronic Voice Verification (EVV) check-in/check-out?

No. As long as the client information is in AuthentiCare NMCC, then the check-ins/check-outs can happen. If the phone number on the client record is accurate, then when the worker checks in/checks out, it will recognize the client for whom the worker is checking in or out. As long as the client is currently associated with the provider agency, the check-ins/check-outs can happen. Providers will not, however, be able to confirm the claim until the authorization for service(s) has come to AuthentiCare NMCC from the applicable MCO.

6. Do Supervisory Home Visits require a check-in and a check-out?

Supervisory Home Visits are recorded as check-in only. There is no check-out required.

7. Who sets up additional workers and edits the list of workers First Data loaded into AuthentiCare NMCC for provider agencies?

Each agency is responsible for maintaining the agency's worker list. Providers will need to add new workers and edit the worker list originally added by First Data. These instructions are outlined in Chapter 6 of the AuthentiCare New Mexico Centennial Care User Manual. The system will automatically create a unique 5-digit Worker Id for each worker as providers add their information and save it. Workers will utilize this Worker ID as they check in on the IVR or utilize the AuthentiCare Mobile Application.

8. How do providers set up additional users at their provider agency?

Using the AuthentiCare NMCC Administrator login originally assigned by First Data, providers can create additional users for their agencies as outlined in Chapter 2 of the AuthentiCare New Mexico Centennial Care User Manual. First Data recommends the provider Administrator for AuthentiCare set up at least one additional Administrator in order to have back-up support.

9. Will a provider be able to access the client record when the case is closed?

When the client's case closes, the applicable providers will have access to that record for the dates of service that client was associated with the provider agency.

10. Where do providers input notes in AuthentiCare?

Many screens have a note field:

If the note is client-specific, the note should go on the Client Record.

If the note is worker-specific, the note should go on the Worker record.

If the note is claim-specific, the note should go on that specific claim.

SCHEDULING Questions:

1. Scheduling is based on authorizations. When providers take the schedule through the end date of the authorization, is there any way to cut and paste the schedule once there is another authorization with the new start date/end date?

No. The AuthentiCare schedule does not have a cut and paste function. The scheduling feature is based on creating a schedule from one authorization at a time.

2. Are providers able to edit an event once it has begun?

No. Events, once started, cannot be edited using the scheduler. The claim will have to be edited, rather than the schedule.

IVR Questions:

1. How do providers set the IVR to Spanish for Spanish-speaking workers?

The IVR is available in English and in Spanish. Chapter 6 in the AuthentiCare User Manual lists the instructions to update/edit worker information on the web. Language is one of the choices when adding worker information. Once Spanish is selected on the Worker Entity Page, the worker will hear the IVR in Spanish.

2. What happens if a worker forgets to check out on the IVR, and then checks in for her next shift with the same client? Will the IVR think that is a check-out of the first shift?

After entry of the worker ID, the caller is always prompted to check in or to check out. When the worker arrives for the second shift, the worker has to take care not to select "check out." If the worker selects "check in," then works her shift, and checks out, the subsequent check out will match the second check-in and not the first check-in. At the end of the day, the first check-in would be an orphan record, and would need to be updated on the web. The second check-in and check-out would appropriately represent the second shift of the day.

3. If the client's phone number does not match the number in AuthentiCare, can the worker check in to provide services?

No. The telephone number the worker is using to check in must match the telephone number on the Client Entity screen in AuthentiCare. Providers have the ability via the



web to manage and to revise client phone numbers. The worker could call the provider from the client's new phone number, request the change, and check-in as soon as the provider has made the telephone number change.

Claims Questions:

- 1. If providers confirm claims daily for past dates, or confirm claims daily, does that indicate that providers are paid by MCOs more than once weekly?**

No. Please contact each MCO for its established payment schedule.

- 2. Can providers calculate data on the express screen?**

The express screen is designed for raw data entry, and doesn't do any calculations or work flow exceptions.

- 3. When a payroll person enters 4 or 5 check-ins/check-outs on the Express Screen for a worker who comes to do one small chore, returns later to bathe the consumer, then returns another time that same day to provide another activity, etc., the payroll person notes a total for each claim. Could there be a total for the day in addition to the total for each claim?**

The Express Screen is designed for raw data entry, and does not do calculations or work flow exceptions. (Providers can request reports that capture this data. The Worker Activity Report details data in this manner.)

- 4. In the "confirm billing view," after the clients who were approved individually, and confirmed billing was selected, the system "kicked out" a provider and returned the provider to the login page. After logging back in, AuthentiCare took the provider back to the "confirm billing view" page, but the claims were no longer selected to be confirmed. Did we time out of the system?**

The session times out after 15 minutes. This is done for security purposes. The bulk option is the alternative for providers confirming a large number of claims.

- 5. When working with critical exceptions on the dashboard to correct a worker-chosen option on a claim, is there a way to not have to start all over after inputting changes?**

When providers save a claim, AuthentiCare takes providers to the acknowledgement screen that reflects the changes. Providers can then select the link on the top left side of the Home page that says "claim search results," and the system will return to the claim list.

- 6. Providers are tempted to confirm claims from the dashboard. Is that the appropriate venue to confirm claims?**

Confirming claims from the dashboard is not the preferred way. Providers should set up bulk confirmations when they have all claims reviewed and corrected. These confirmations will not immediately change claims to Green Status on the dashboard since claims will only change color once the claims are exported early the next morning.

7. How do providers confirm claims through bulk confirmation?

In AuthentiCare NMCC, when providers request a bulk confirmation, AuthentiCare displays each claim, the number of units and amount totals prior to scheduling the confirmation. Providers can also open individual claims and select the “view audit” link to see *who* in the provider agency confirmed/edited a claim. All bulk confirmation requests should be made by midnight.

8. When AuthentiCare exports claims, how long does it take for the MCOs to accept them?

Providers have a claims confirmation date, and AuthentiCare exports those confirmed claims early the next weekday morning. The expectation is these claims are automatically exported to the MCOs through their respective clearing houses. First Data has added extra monitoring to this process to ensure the claim file is not only exported, but also functionally accepted by the assigned clearing houses.

9. If a claim denies for whatever reason, does the provider re-submit the claim through AuthentiCare once the denial issue is resolved?

Providers will resubmit denied claims to the applicable MCO who has the client as a member.

10. Please review how providers lessen their duplicate claims denials.

Medicaid views the date of services for claims, not the date and time of 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 by Medicaid as duplicates.

11. Some providers indicate they only receive the 835 in PDF format. How do they obtain it in the EDI format needed to download into AuthentiCare?

The 835 is available in EDI format. If providers do not receive their 835 in that format now, they can request their 835 in EDI format from each MCO.

12. What documentation is required for time worked if the worker can't call in?

The provider will add the check-in time on the claim in AuthentiCare to reflect the check-in time, and will enter a note explaining the reason for the edit.

13. What documentation is required on the claim for time worked if the worker forgets to clock out?

The provider will enter the check-out time on the claim in AuthentiCare, and will enter a note explaining the reason for the edit.

Report Questions:

Reports are available in 4 different formats: PDF, Excel, CSV and XML. Providers can request reports in any one format, any combination of formats, or in all four formats. Reports have choices of sort filters.

1. How do providers view authorizations and other data in AuthentiCare?



Providers can utilize AuthentiCare reports. The Authorization report lists authorizations. The Eligible Client Data Listing report lists clients, and the Worker by Provider report lists workers applicable to specific agencies.

2. Is there a report that will print out the notes providers have written?

Yes. Providers can see their notes on claims by viewing the Worker Activity Report. Providers can screen print the report for their records. In addition, when providers pull a batch of claims, they will be able to view their notes. Provider can then screen print the web page for their records.

3. Can a Time and Attendance report be run by client name (alpha order) instead of by worker so that providers are able to check to compare total units used to the authorized units on the client's plan?

Yes. Providers can run the Time and Attendance report and select sort 1 = client name. Providers who select "client name" for a sort option are given information for clients in an alphabetized-by-name list, or providers can request reports in Excel rather than in PDF, then the list of client names can be sorted alphabetically using the Excel sort function.

4. Can the Time and Attendance report show all workers working for each client as a total for that client instead of totals per worker? Can providers have a total unit amount and dollar amount per client instead of per worker?

This report groups by worker and by provider. If providers want a report grouped by client, the Claim Detail report can be utilized. That report has the option of "group by client" on the filter page. Also the Claim Data Listing report can be requested in Excel, and then sorted and grouped by provider preference.

5. After completing a bulk confirmation, is there a report that can be run that shows providers what has just been confirmed to export with the client name and dollar amount?

The claims you confirm today export early the tomorrow morning. Providers can run a claims report for the date range of their confirmations, but the report will include claims other than the ones just confirmed. The next day, after the claims have exported, the query with the date range of the day after should reveal the claims confirmed the day before. A grand total is available on the bulk confirmation.

6. After providers upload the .zip 835, which would be the best report to use to view all AuthentiCare claims reflected on the report?

The Remittance Data Listing is specifically geared towards displaying the info that is imported via the 835. The Claim Data Listing report also can be utilized for this purpose. It does contain payment information, and it can be requested in Excel format. Providers can sort the spreadsheet in any order preferred once the report is complete.

7. How do providers run an authorization report that shows just one month's data?



For any report, the date span can be selected, i.e. July 1, 2014 through July 31, 2014. The drop down box does include current week, last week, current month, last month, etc., if providers prefer not to select a date span.

8. Since AuthentiCare reports take providers “back to the beginning,” which data is the authorization’s most recent update?

Providers can select “last update” on the Authorization report to get the most recent update.

9. How long do the late/missed visits stay in AuthentiCare?

AuthentiCare data is not purged. The Late and Missed Visit Report shows all late and missed visits including notes entered by providers.

10. Will MCOs receive the same late/missed visit alert emails that providers receive?

Yes. MCOs will receive the same late/missed visit alert emails that providers receive, but only the late/missed alert emails that are for their health plan members.

11. Who do I contact if my provider information in AuthentiCare is not correct?

Contact MCOs with any changes or corrections to your provider information. Information needs to be correct for billing purposes.

12. How do providers stop a worker from logging a check-in when a client is hospitalized or away from home for another reason?

There are 2 options: (1) Providers can remove the phone number on the client record, or (2) if that is the only client for whom the worker provides service, a provider can set that worker to suspend status until the client returns home. If the worker is in suspend status, the worker will not be able to check in using the IVR. The IVR will tell the worker his/her worker ID is invalid.

13. If the client’s phone number does not match the number in AuthentiCare, can the worker check in to provide services?

No. The telephone number the worker is using to check in must match the telephone number on the Client Entity screen in AuthentiCare. Providers have the ability via the web to manage and to revise client phone numbers. The worker could call the provider from the client’s new phone number, request the change, and check-in as soon as the provider has made the telephone number change.

14. Which report does a provider utilize for payroll?

The Claim Data Listing report is the only report where the external worker ID field is displayed. There is no sort on the report filter page itself, but once the report is generated you can easily sort by that column. This is the report that can be utilized for integration into existing back office payroll systems.