AuthentiCare® Alabama

June 1 – 4, 2017

First Data®

Agenda

- **Welcome**

- **Introductions**

- **Overview of the Day**

- **What is AuthentiCare?**

- **Glossary & Service Codes**

- **Using AuthentiCare**

- **Next Steps**

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Industry Updates

- **First Data Government Solutions | December 2016**

- **IMPORTANT UPDATE**: Electronic Visit Verification Mandate – 21st Century Cures Act Section 12006

- On December 13, 2016, President Obama signed the 21st Century Cures Act (Cures Act) into law. Section 12006 of this law authorizes a reduction of one percentage point, when fully phased in, from the federal medical assistance percentage (FMAP) that states receive for Medicaid expenditures *if the state does not require the use of an electronic visit verification (EVV) system*. According to the law, the longer states take to implement an EVV system, the more Medicaid funding they risk losing

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AuthentiCare: Pioneer in EVV/Home Care Solutions

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

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

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

  o **4th Major Version of AuthentiCare has been published**

  o **Product Roadmap is active and evaluates technical advancements in authentication/verification, along with CMS, State & Provider requirements**

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AuthentiCare: What is it?

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

- Maintains a repository of authorized services

- Allows web based scheduling of service visits

- Verifies a workers' location and length of service visit

- Automatically creates a claim record for review

- Identifies late or undelivered services

- Issues alerts for late and missed visits

- Automatically submits claim records for payment

- Portal for 835 remittance upload

- Provides flexible reporting in real-time

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Overview of AuthentiCare

1 **Service has been authorized**

2 **Worker checks in**

3 **Service is performed**

4 **Worker checks out**

5 **Claim is generated**

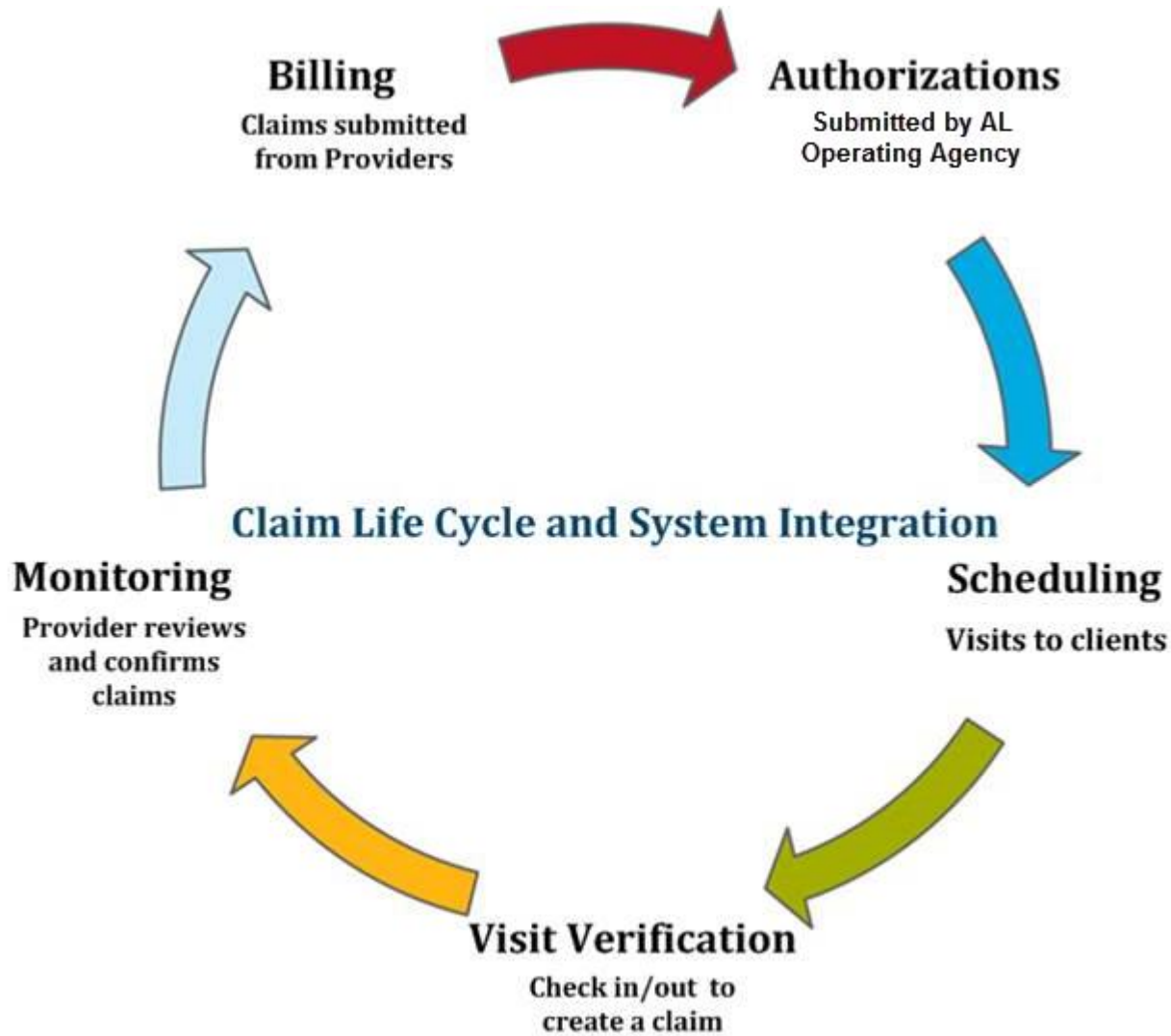**6** **Provider is paid**

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Why AuthentiCare?

- **User Friendly and "teachable"**
- **Less than 2 minutes total to check-in and check-out**
- **Incorporates agency-specific business rules**
- **Transparency to Alabama providers, case managers, state administrators and clients**
- **Improved program integrity**
  - Reduced fraud and errors
  - Proactive monitoring tools
- **Reduced program cost**
- **Improved program administration**
  - Electronic system reduces paper
  - Accelerated claims processing
- **Improved quality of care**
  - Alerts notify case managers/providers when critical services are missed or late
  - Maximize responsiveness to clients

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Claim Life Cycle

Billing
Claims submitted from Providers

Authorizations
Submitted by AL Operating Agency

Claim Life Cycle and System Integration

Monitoring
Provider reviews and confirms claims

Scheduling
Visits to clients

Visit Verification
Check in/out to create a claim

Terms/Acronyms

- **Client** – An Alabama member (service recipient)

- **Provider** – A provider agency branch

- **Case Manager** – View-only access to CM "case load"

- **Worker** – Personal Care Assistant, Direct Support Worker, Nurse

- **Operating Agency** – Senior Services (ACT, 530, and Elderly & Disabled waivers), Mental Health (Intellectual Disabilities and Living at Home waivers), Rehab (SAIL waiver)

- **Event** – A scheduled visit

- **Claim** – Each episode of service

- **Service** – Procedure provided for the client

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Getting Started: Chapter 2

- Production Web site = https://www.authenticare.com/alabama

- First Data will assign the first Administrator user login and password for each provider.

- The provider Administrator will assign other web users.

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

Register for Access

* Email Address:

Password:

Submit

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Add Other Users

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

Registered Users

Add User

User Name	Role	Registered On	Enabled	Delete
test1@alabama.com	AL_Adminstrator	07/07/2017	☑	☐
test2@alabama.com	AL_AdminAssistant	07/07/2017	☑	☐

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Case Manager Registration: Chapter 2

- Each case manager can be registered for access of their assigned case load.

- First Data will provide to the Operating agency a list of case manager IDs and PINs for distribution to the individual case managers.

- CMs can search, view and run reports on any client in their caseload.

- CM can enter/edit client latitude/longitude and disable "learn mode."

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

* Entity Type:	CaseManager ▼
* ID:	
* PIN:	
* Email Address:	
* Password:	
* Confirm Password:	

Register   Cancel

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The Actual Registration

- Case managers must register on the **first** visit to the website. Registration creates a user account which consists of an email address that serves as a user name and a password. Following information is needed to register:

  o The case manager's ID

  o The 5 digit PIN auto generated by AuthentiCare Alabama for that case manager

- Once an initial account is created through the registration process, additional user accounts can be created under the same ID.

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

Register for Access ←

* **Email Address:**

Password:

Submit

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Home Page: Chapter 3

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

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Entities

Add New >   __Worker__

Entity Type >   [▼]

Search >   [   ]

[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: [   ]
Modifier: [   ]
Modifier: [   ]
Location Code: [12 Home
                  99 Other]

[Go!] [Clear]

Claims

Add New >   __Claim (Standard)__
Add New >   __Claim (Express)__

Search Type:
  ● Claim
  ○ Confirm Billing - View
  ○ Confirm Billing - Bulk

Claim ID: [   ]

[Go!] [Clear]

Claim Status: [▼]
Claim Start: [▼]
Claim End: [▼]
Service: [   ]
Authorization ID: [   ]
Client: [   ]
Provider: [   ]
Worker: [   ]
CaseManager: [   ]
Payer: [   ]
Procedure Code: [   ]
Travel Time: [   ]
Mileage: [   ]
User Option: [▼]
  ☐ Include Inactive Claims?

[Go!] [Clear]

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Demonstration

- Login as provider

- Assign new user

- Disable/Enable a user

- Home Page (including searching – Chapter 4)

- Links in the toolbar

- Dashboards (Provider, Worker, Exceptions)

- Case manager registration and enter/edit client location

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Summary: Chapters 2 and 3

- First Data will assign the first Administrator user login and password for each provider location.

- First Data recommends that more than one person at each provider agency have the Administrator role.

- The Provider Administrator users control who has access to the agency's data and user functionality in AuthentiCare.

- Provider users can see only the information specific to their provider location.

- AuthentiCare is accessible via Internet so it is important to disable users who no longer need access. <u>Only someone with the Administrator sub-role can disable an account.</u>

- Case managers must register on the **first** visit to the website. Registration creates a user account which consists of an email address that serves as a user name and a password.

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Managing Providers: Chapter 5

- Provider profile data is sent to AuthentiCare Alabama automatically.

- Verify your provider information, and if it is incorrect, contact your operating agency.

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

- Providers have the option to collect mileage and travel time.

- Demonstration: Provider Entity Settings Page

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835 Remittance Advice: Chapter 5

- AuthentiCare submits claims in a HIPAA compliant 837 electronic file.

  - Claims corresponding to Senior Services, Rehab, and the TA waiver will be submitted to MMIS system (DXC).

  - Claims corresponding to Mental Health waivers will be submitted to Mediware.

- AuthentiCare will receive the remittance advice data (835 file) directly from each Operating Agency.

- The 835 data will automatically be loaded into AuthentiCare.

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

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Managing Workers: Chapter 6

- Each worker will have a unique Worker ID. The Worker ID is a 6-digit auto-generated identifier.

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

- After pre-loading, it is a provider's responsibility to:

  o Edit worker information

  o Indicate which workers are designated as nurse supervisors

  o Add new workers

  o Suspend/Inactivate workers

- Demonstration: Worker Entity Settings Page

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Managing Clients: Chapter 7

- Client information is sent to AuthentiCare automatically by Alabama.

- Providers should verify address/location and phone number information. If incorrect, notify your operating agency. Any changes would automatically be sent to AuthentiCare by the operating agency.

- Demonstration: Client Entity Settings Page

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Services

Service Identifier	Service Name	Service Identifier	Service Name
ACT (Alabama Community Transition Waiver)		**530 (HIV/AIDS Waiver)**	
T1019TFUB	ACT Personal Care	S5130U6	Five-thirty Homemaker Service
S5130TFUB	ACT Homemaker Service	T1019U6	Five-thirty Personal Care
S5150TFUB	ACT Unskilled Respite	S5150U6	Five-thirty Unskilled Respite
T1005TFUB	ACT Skilled Respite	S5135U6	Five-thirty Companion Service
S5135TFUB	ACT Companion Service	T1005U6	Five-thirty Skilled Respite
S9124TFUB	ACT Skilled Nursing LPN	S9124U6	Five-thirty Skilled Nursing LPN
S9123TFUB	ACT Skilled Nursing RN	S9123U6	Five-thirty Skilled Nursing RN
S5125TFUB	ACT Personal Assistant Services	X9999	Five-thirty Supervisory Visit
X9999	ACT Supervisory Visit		
E & D (Elderly and Disabled Waiver)		**SAIL (State of Alabama Independent Living Waiver)**	
S5130UA	E and D Homemaker Service	T1019UB	SAIL Personal Care
T1019UA	E and D Personal Care	S5125UB	SAIL Personal Assistant Services
S5150UA	E and D Unskilled Respite	X9999	SAIL Supervisory Visit
T1005UA	E and D Skilled Respite		
S5135UA	E and D Companion Service		
X9999	E and D Supervisory Visit		
ID (Intellectual Disabilities Waiver)		**LAH (Living At Home Waiver)**	
T1019UC	I.D. Personal Care	T1019UD	L.A.H. Personal Care
S5135UC	I.D. Adult Companion Services	92507UD	L.A.H. Speech and Language Therapy
S9124UC	I.D. Skilled Nursing LPN	97535UD	L.A.H. Occupational Therapy
S9123UC	I.D. Skilled Nursing RN	S9124UD	L.A.H. Skilled Nursing LPN
97535UC	I.D. Occupational Therapy	S9123UD	L.A.H. Skilled Nursing RN
92507UC	I.D. Speech and Language Therapy	97110UD	L.A.H. Physical Therapy
97110UC	I.D. Physical Therapy	T1019UDHW	L.A.H. Personal Care on Worksite
T1019UCHW	I.D. Personal Care on Worksite	X9999	L.A.H. Supervisory Visit
X9999	I.D. Supervisory Visit		
TA (Technology Assisted Waiver For Adults)			
S9124U5	T.A. Waiver Private Duty Nursing LPN		
T1019U5	T.A. Waiver Personal Care/Attendant Services		
S9123U5	T.A. Waiver Private Duty Nursing RN		
X9999	T.A. Waiver Supervisory Visit		

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Services (continued)

- Service Identifier in AuthentiCare system is generated as follows:
  - Waiver Code + Procedure Code + Modifier 1 + Modifier 2 (if applicable)
    - Waiver code = 4 letter code corresponding to the waiver
      - ❑ **ACTW** – Alabama Community Transition Waiver
      - ❑ **EDWV** – Elderly and Disabled (E & D) Waiver
      - ❑ **530W** – HIV/AIDS Waiver Services
      - ❑ **SAIL** – State of Alabama Independent Living Waiver
      - ❑ **IDWV** – Intellectual Disabilities Waiver
      - ❑ **LAHW** – Living At Home Waiver Services
      - ❑ **TAWV** – Technology Assisted Waiver For Adults
- Example: Service Identifier for "Personal Care" under ACT waiver is set to ACTWT1019TFUB
  - ACTW (waiver code) + T1019 (procedure code) + TF (modifier 1) + UB (modifier 2)

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Authorizations: Chapter 8

- Authorizations are loaded into AuthentiCare system by file transfer from the corresponding Operating Agencies:

    o ACT, E & D and 530 waiver authorizations - Senior Services (ADSS)

    o SAIL waiver authorizations – Rehab (ADRS)

    o ID and LAH waiver authorizations – Mental Health (ADMH) / Mediware

    o TA waiver authorizations – Medicaid Agency (AMA)

- The provider cannot add or edit authorizations.

- A claim cannot be confirmed and submitted for payment without a valid authorization.

- Visits can be captured via Mobile, IVR, or Web without a valid authorization. The claim will remain in the system until a valid authorization is entered into AuthentiCare, or until the provider takes other action to resolve the situation.

- Demonstration: Searching and Viewing Authorizations

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Summary: Chapters 5, 6, 7 and 8

- Provider, Client and Authorization data is sent to AuthentiCare by file transfer.

- Provider must review and update:

  o Provider email address for late/missed visit alerts

  o Mileage and travel time election

- Initial worker data will be loaded by First Data. After implementation, the provider must maintain all worker information.

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Scheduling: Chapter 9

- Scheduling is required for in-home visits.

- A visit can be scheduled only if there is an authorization for that service and client.

- Visits to clients can be scheduled as one time or re-occurring.

- A warning message pops up if the visit conflicts with another or not enough remaining units in the authorization.

- You can schedule one backup worker.

- A scheduled visit is called an "event."

- You can search on events.

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Late and Missed Visits: Chapter 9

- An email alert is sent to the provider if a scheduled visit is late or missed.

  - Late = worker does not check in within **30 minutes** of scheduled start time

  - Missed = worker does not check in within **60 minutes** of scheduled start time

  - Early = worker checks in more than **30 minutes** before the scheduled start time (the visit is marked as missed)

- The provider should acknowledge (give a reason for) a missed visit using AuthentiCare web.

- Demonstration: Scheduling and Acknowledging a Missed Visit

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Missed Visit Codes: Chapter 9

Listed below is the Missed Visit Codes user can select while acknowledging a late or missed visit by the worker.

Description	Code
Hospital	Code – 1
Nursing Facility temporary	Code – 2
Consumer refusal	Code – 3
Consumer not available	Code – 4
Family voluntarily provided temporary service instead	Code – 5
Other (consumer driven) - justify in notes	Code – 6
Member Deceased	Code – 7
No staff available	Code – A
No staff willing	Code – B
Natural disaster	Code – C
Late plan from Case Manager	Code – E
Other (provider driven) - justify in notes	Code – F
Change in plan - no addendum submitted	Code – G
5 Days transfer period	Code – H
Not a Missed Visit	Code – N

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AuthentiCare Mobile Applications: Chapter 11

- AuthentiCare Mobile app is available in Android and iOS

- Single solution for use in standard and limited-service zones

- Provides GPS location authentication

- Real time communication to AuthentiCare back-end upon Check-In and Check-Out

- Check in/out immediately reflected on the web

- Option to do scheduled or manual visits

- Ability to Store and Forward

- Demonstration: Using AuthentiCare Mobile app

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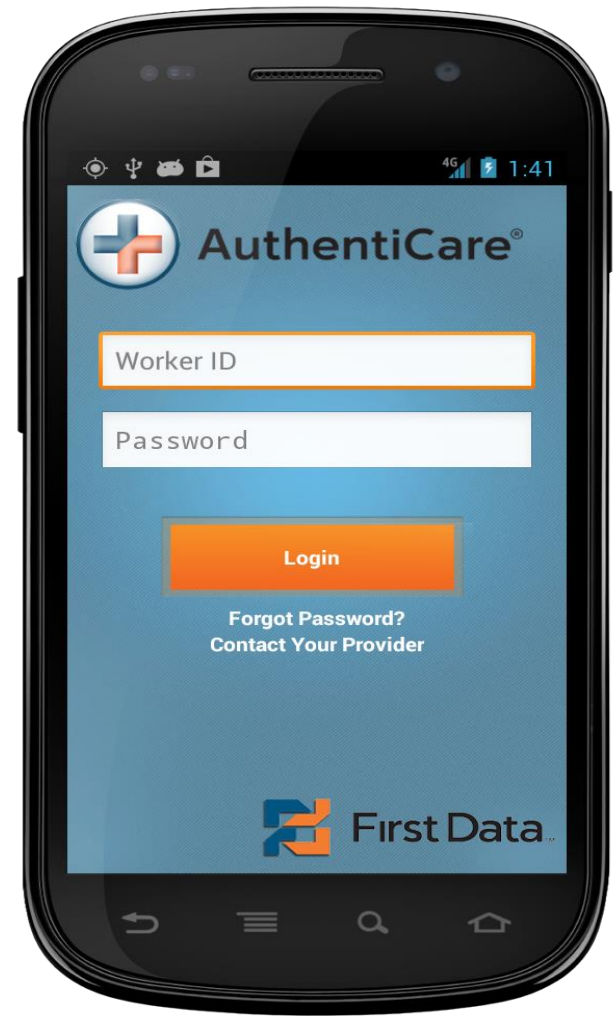
Interactive Voice Response (IVR): Chapter 10

- Toll-free number available 24/7 = **(800) 422 - 3886**

- Worker calls from the client's touch tone phone

- AuthentiCare matches the phone number called from to the client's phone number on record to verify that the worker is in the home

- IVR is in English and Spanish

- Worker calls in before beginning service

- Worker calls out when service completed

- On check out, the worker enters activity and observation codes/tasks

- Calls are immediately reflected on the web

- Worker can "key ahead" at any step

- Demonstration: Making an IVR Call to Check-In

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Summary: Chapters 9, 10 and 11

- The scheduling function is to assist providers in managing workers' schedules to provide services to clients.

- Workers should use their GPS-enabled mobile device for AuthentiCare Check-Ins/Check-Outs prior to and after providing services for a client in the home.

- If the Mobile app is not available, workers use the IVR to check-in/out from the client's phone.

- The IVR validates using the ANI (caller ID); the Mobile device validates by GPS location.

- If the worker cannot use the IVR or mobile device, information can be entered into AuthentiCare via the web by the provider's office staff.

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Managing Claims: Chapter 12

- Every service captured by the Mobile app, IVR, or entered via the Web creates a claim that is assigned a unique claim ID.

- Claims can be entered on the web:
  - One at a time (standard)
  - Multiple lines at a time (express)
  - Claim note is required for edits

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

- Behind the scenes editing occurs continuously based on AL business rules and billing requirements (including rounding).

- Editing a claim identifies and assigns "exceptions" appropriately.

- Replace claim functionality

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Claim Exceptions: Chapter 12

- Exceptions are classified as:

  - **Critical exceptions** that prevent a claim being submitted for payment (example – no authorization)

  - **Informational exceptions** that do not prevent submission but also do not comply with business rules (example – called from a phone number not associated with the client)

- Complete Exception List – See Appendix A.3

- Some critical exceptions are automatically corrected when authorization files are received from Alabama.

- Some critical exceptions can be corrected by the provider

- Demonstration: Editing, Adding, Confirming Claims

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Summary: Chapter 12

- Claims are created in AuthentiCare via:

  o Mobile app

  o IVR or

  o Web

- The provider must confirm claims prior to submission for adjudication.

- Claims that do not meet requirements (have critical exceptions) may be corrected:

  o Automatically once the required data is uploaded to AuthentiCare system using file transfer by the Operating Agencies or

  o Manual intervention by the provider

- Confirmed claims are submitted for adjudication automatically each weekday by **5 AM.**

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Reporting: Chapter 13

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

- Information is current as of the time the report is requested by the user

- Wide variety of filtering and sorting options are provided

- User may choose to display the report in PDF, Excel, CSV, or XML format

- Reports default to PDF except the List reports that default to Excel

- Option to filter by AAANumber for ADSS providers

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AuthentiCare Reports: Chapter 13

- Authorizations Report

- Authorization Report with Claim Detail

- Billing Invoice Report

- Calendar Report

- Claim Data Listing Report

- Claims Detail Report

- Claim History Report

- Eligible Client Data Listing Report

- Exception Report

- Late and Missed Visit Report

- Overlapped Claim by Client Report

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AuthentiCare Reports: Chapter 13 (continued)

- Overlapped Claim by Worker Report

- Provider Activity Report

- Remittance Advice Report

- Remittance Data Listing Report

- Time and Attendance Report

- Unauthorized Location Report

- Unauthorized Phone Number Report

- Worker Activity Report

- Workers by Provider Report

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Demonstration: Reporting

- Creating reports

- Sorting and filtering options

- Viewing reports

- Creating a template

- Samples of various reports

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Assignment of Sub Roles

- The provider Administrator user must assign sub-roles for staff to use AuthentiCare on the web.

- Each sub-role allows the user to view certain data and perform certain functions.

- A user's sub-role may be changed at any time.

- Only a provider Administrator can create other Administrators or sub-roles.

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Provider Sub-Roles

Name	Rights
Administrator	Rights to do all functions for that provider branch except those functions restricted to First Data (add, edit, delete services; add/edit/delete authorizations and delete providers). Can view the Provider, Worker and Exception Dashboards. [NOTE: First Data assigns a log in and initial password for the first Administrator for the branch who can then add/manage other users (including other administrators.)]
AdminAssistant	Rights to do all function Administrator can do except the ability to add/edit registrations and upload 835 files
Payroll/Billing	Activities associated with billing and using AuthentiCare Alabama 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 and has edit rights to the Worker screen so they can add Worker Sanctions. Can view the Provider and Worker Dashboards.
Human Resources	Activities associated with managing workers – adding, editing, and deleting workers and the Worker by Provider Report.
Payroll/Billing/Human Resources	Combination of Payroll/ Billing and Human Resources roles which may be more appropriate for smaller branches.
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.
Claims Mgt 1	Can add, edit and delete claims
Claims Mgt 2	Can add, edit, delete and confirm claims for submission
Intake & Referral	Ability to add, edit and delete client information

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User Support

- User Manual Link: Under custom links on the AuthentiCare website
- First Data Client Services:
  - authenticare.support@firstdata.com
  - 1-800-441-4667 option 5
- Training Website:
  - https://uat.authenticare.com/alabama
- Training IVR: (888) 852-7846, App Code 767
- For user support regarding questions for the State, contact Alabama Medicaid.

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Next Steps

- First Data will provide a login for an Administrator:

  - Training web site

  - Production web site

- Providers will begin using Training Website

- Begin training workers and other front office staff

- Participate in Training and Support Conference Calls

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Questions and Answers

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Evaluation: Please complete

Training Evaluation

JOB TITLE: _____ **COMPANY/AGENCY:** _____

DATE: _____ **BRANCH OFFICE:** _____

Please check the box that most closely applies. If the particular item does not apply to you, check the N/A box.

1. How would you rate the **overall effectiveness** of the training class?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

2. How comprehensive was the **content** of the course material?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

3. How did you find the **organization** of the course material to assist you in performing your job functions?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

4. How did you find the **pace** at which the instructor taught the course? Was the length of time allotted to the topics adequate for your needs?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

5. How would you rate the **level** of the material presented?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

6. How would you rate the **overall effectiveness** of the training and documentation materials?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

7. How would you describe the documentation in terms of:

   a) Its **organization** around the job functions that you perform?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

   b) Its clear and concise **appearance**?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

   c) Its **meaningfulness and usefulness**?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

   d) Its **thoroughness**?

   Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor ☐ N/A ☐

Are there any areas where you might require additional help? Include your email address so that someone can contact you.

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Thank you.

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