AuthentiCare® Alabama

User Manual

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DOCUMENT HISTORY

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August 9, 2017	First Data	Minor Edits Revision
December 12, 2017	First Data	Minor Formatting, Section 1.2, Chapter 11, Section 12.13, 13.5.3 and Section 13.5.5 Revisions
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Chapter 1 INTRODUCTION

Medicaid's Electronic Visit Verification and Monitoring (EVVM) system is an electronic scheduling, tracking, reporting, and billing system for in-home care providers. This paperless, web-based system also provides real-time access to information needed for member services management. In Alabama, it is known as AuthentiCare® Alabama. The system:

- Uses GPS-enabled mobile devices or recipient's phone Caller ID to track visits.
- Provides software to automate scheduling, time and attendance, and billing functions.
- Allows the provider to review claims before confirming them for submission.
- Allows employers to review and confirm self-directed claims with e-signature or Employer attestation before submission.
- Generates claims automatically.
- Assists providers and case managers in identifying and responding to unmet member needs (missed and late visits).
- Gives providers the ability to create reports and report templates.
- Provides real-time service information to employers, providers and care coordinators.
- Requires access to the internet (a high-speed broadband internet connection is recommended).

1.1 COMMON TERMINOLOGY/ACRONYMS

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

Term/Acronym	Meaning/Use
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 claims that AuthentiCare submits each weekday morning on behalf of each provider. Providers will be reimbursed for services rendered on their current payment schedule. This is only for the claims submitted for the TA (Technology Assisted) waiver for adults.
AMA	Alabama Medicaid Agency

Term/Acronym	Meaning/Use
Authorization	Record submitted to AuthentiCare that identifies the provider(s) and service(s) authorized for a particular client. A specific date range and number of authorized units are also defined.
Claim	Each episode of service captured in AuthentiCare is known as a claim. Each will have a unique AuthentiCare claim number. Claims may be entered into AuthentiCare using a mobile device, the Interactive Voice Response (IVR) system or the web.
Client	The AMA consumer is known as client throughout this manual and is the person receiving the services.
Client Support Services	Client Support Services is the First Data/Fiserv help desk established to assist AuthentiCare users. Contact information for this group is located in Chapter 14 of this User Manual.
Employer	With self-directed services, the client is considered the employer of the worker. An employer can be a family member or a designated individual who monitors the services provided to the client, or the client can self-represent. As such, the employer is able to monitor and track the hours of services provided by the worker and formally approve service visits.
Employer Attestation	Employer attestation, by way of voice recording, allows the employer to approve a worker's Check-In/Check-Out via the IVR for self-directed services on behalf of the client or allows clients as employers to approve self-directed service visits on their own behalf.
Employer E-Signature	The e-signature process allows the employer to approve a worker's Check-In and Check-Out of a self-directed service visit on the AuthentiCare Mobile application on behalf of the client or allows clients, as employers, to approve self-directed service visits on their own behalf.
Event	For those providers who use the Scheduling functionality in AuthentiCare, an event is a visit scheduled in advance for service to a client.
EVVM	Electronic Visit Verification and Monitoring system
File Gateway	File Gateway allows the bilateral transfer of data between the provider and First Data/Fiserv.
First Data/Fiserv	The company that operates AuthentiCare Alabama.

Term/Acronym	Meaning/Use
FMS Provider	The Financial Management Services (FMS) provider is a third party vendor that operates as a provider entity with provider administration rights within the AuthentiCare system to service clients receiving self-directed services, their employers and their workers.
IVR	The IVR system used by AuthentiCare contains pre-recorded phrases accessed by a worker or employer using a touch tone phone through a toll-free number. For more information, see Chapter 10 of this User Manual.
Late and Missed Visit Alerts	For events that are scheduled in AuthentiCare, if the assigned worker does not check in within a specified threshold, the associated provider and case manager can receive a late (and/or missed) email alert letting them know of this situation.
Missed Visit Reason Codes	A dropdown list of reasons to be selected by the provider when an AuthentiCare visit is marked as late or missed.
MMIS	Alabama's MMIS system is operated by DXC Technology.
Mobile Device	A GPS enabled mobile device (smartphone) can be used to record services provided for a client. For more information, see Chapter 11 of this User Manual.
Operating Agency	Various state agencies serve as the "operating agency" for Alabama's Medicaid waivers. • Alabama Department of Senior Services (ADSS) • Alabama Department of Mental Health (ADMH) • Alabama Department of Rehabilitation Services (ADRS)
Provider	"Provider" denotes a Home Health Provider agency that is authorized to deliver agency services to a client. "Provider" also denotes an FMS provider associated with a client, employer and worker for self-directed services delivery. Provider ID information is imported from the corresponding Operating Agencies into the AuthentiCare system to uniquely identify a provider office.
Self-Directed Service	Services provided through the State Medicaid waiver programs where the client has decision making authority and direct responsibility to manage the delivery of those services

Term/Acronym	Meaning/Use
Service	The procedure provided for the client through AuthentiCare Alabama 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	People with access to information in AuthentiCare are State Administrators who oversee the services applicable to AuthentiCare.
Sub-Role	The AuthentiCare initial administrator user at each provider location will create additional users and assign them a sub-role which defines what information they can access and what actions they can perform on the AuthentiCare website. The sub-role each one is assigned allows them to do designated system functions while verifying that all data is maintained in a private and secure manner. For the Administrator role and each sub-role description, see Appendix A.4 of this User Manual.
Waiver	Referred to as a “Home and Community-Based Waiver” (HCBW). • Elderly and Disabled (“E & D”) Waiver • Alabama Community Transition (“ACT”) Waiver • HIV/AIDS Waiver (530W) • State of Alabama Independent Living (“SAIL”) Waiver • Intellectual Disabilities (“ID”) Waiver • Living At Home (“LAH”) Waiver • Technology Assisted (“TA”) Waiver for Adults
Worker – Agency Services	An individual who delivers agency services is an employee of a provider who arranges the provision of the service to the client. Each worker is assigned a unique 6-digit Worker ID number for each provider to use when recording services via mobile device, IVR or web.
Worker – Self-Directed Services	An individual who delivers self-directed services as an employee of the self-represented client or an employer designee on behalf of the client

1.2 Overview of AuthentiCare Alabama

The core of AuthentiCare Alabama is a database containing information on the members, services, authorizations, providers, and in-home workers. This information is updated as needed via file transfer from the Operating Agencies. The basic use of AuthentiCare Alabama requires these steps:

- The worker goes to the home of the client to provide a service.

- The worker uses a Global Positioning System (GPS)-enabled mobile device or the client’s touch-tone phone to call the toll-free AuthentiCare Alabama number.
- Using GPS technology or caller ID, AuthentiCare Alabama identifies the client and the services authorized for that client. The IVR system prompts the worker to enter his/her Worker ID number and verify the service to be provided.
- The system verifies that the worker is appropriate to provide the service for the client and advises the worker that he/she is “checked-in” as of the time the contact was initiated.
- When the worker completes the agency service, the worker calls the same toll-free number or uses the GPS enabled mobile device, “checks-out” and, as appropriate, records the activities provided for the client. The worker is advised that he/she is “checked-out” as of the end of the contact.

From that telephone/mobile device interaction, AuthentiCare Alabama generates a claim. After the provider reviews and approves it, the claim is submitted to Alabama’s MMIS system electronically for adjudication.

When the worker completes the self-directed service, the worker calls the same toll-free number or uses the GPS-enabled mobile device, to begin the “check-out” process. The worker records activities provided to the client and then offers the device to the employer to complete the Employer Attestation, or uses the mobile application’s e-signature process before “check-out” is complete.

From that telephone/mobile device interaction, AuthentiCare Alabama generates a claim.

In situations where the worker does not have a mobile device and the IVR system cannot be used (example: the phone is out of order), or in situations where the worker makes an error (example: forgets to call out before leaving the home), the worker notifies his/her supervisor and provides the information about the visit.

The provider enters the agency services visit information into AuthentiCare Alabama via the web, thus creating a claim for the agency service provided. Claims are submitted for processing in the early morning of each week day. The current payment process remains the same by following the Alabama check write schedule, with the release of funds normally the second Monday after the check write (remittance advice) date.

For self-directed services, the FMS provider enters the missing visit information into AuthentiCare Alabama via the web with approval from the Operating Agency.

1.3 Organization of the Data

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

1 **Entities** – people or agencies that are involved in providing care as well as individuals receiving care. In AuthentiCare Alabama, the entities are: case

managers, clients, employers, FMS providers, Home Health Providers (each individual branch office), and workers.

2 **Services** – both agency and self-directed, defined by AMA for reporting through AuthentiCare Alabama (listed in Appendix A-1)

3 **Authorizations** – types and amount (units) of service that providers/workers are to deliver based on the client's Plan of Care.

4 **Claims** – are a documented occasion or set of occasions of service delivered to a client by a worker and submitted for payment. Not all claims are submitted to the MMIS for payment.

1.4 AUTHENTICARE ALABAMA USERS

The user of AuthentiCare Alabama is assigned one of several different roles. This User Manual is designed to provide each user, regardless of that role, with the information needed to maximize use of the system on a daily basis.

While the client is the heart of any in-home care system, clients do not interact directly with AuthentiCare Alabama. Those who do have active roles in AuthentiCare Alabama include:

- The **Worker** who uses a GPS mobile device or calls the IVR to check in upon arrival at a client's home and again to check out after completing services.
- The **Provider Staff** (home health) who use the secure website to:
  - ✓ Manage worker information.
  - ✓ Review information on clients whose agency services are in AuthentiCare Alabama.
  - ✓ Schedule worker visits to clients' homes.
  - ✓ Add claims for agency services when the use of a mobile device or the IVR was not feasible.
  - ✓ Modify a claim
  - ✓ Acknowledge and provide an explanation of missed visits.
  - ✓ Confirm claims for billing prior to their submission for adjudication.
  - ✓ View reports on workers, claims, payment and other real-time information to assist in record keeping and program management.
- The **Case Manager** who uses the secure website to monitor the care being provided to clients in his/her caseload.
- The **State Administrative Staff** who use the secure website to monitor care being provided to clients under the various Home and Community based waivers.
- The **Counselor** utilizes the Lead Case Manager role in the secure website to monitor self-directed services provided to clients in his/her AAA Region.
- The **Employer** who uses the secure website to: monitor visits and approve claims on behalf of a client, or as a client representing himself/herself, and
  - ✓ Run the Time and Attendance Report.
- The **FMS Provider Staff** who use the secure website to:
  - ✓ Manage worker information.

- ✓ Review information on client receiving self-directed services.
- ✓ Add claims for self-directed services when the use of a mobile device or the IVR was not feasible.
- ✓ Modify a claim.
- ✓ Confirm claims for billing prior to their submission for adjudication.
- ✓ View reports on worker, claims, payment and other real-time information to assist in record keeping and program management.

AuthentiCare Alabama helps reduce paperwork and gives the user tools to assist in managing staff resources, service delivery, and reimbursement through access to real-time information via the Internet at any time.

1.5 Security

AuthentiCare Alabama maintains extensive security protocols to protect the information available via the website, 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 Alabama are Home Health Provider, FMS Provider, Case Manager, and State Administrative User.

✍	*Each role or sub-role has the ability to perform specific functions within the system. See Appendix A-4 for a description of the sub-roles specified for Home Health Providers.*

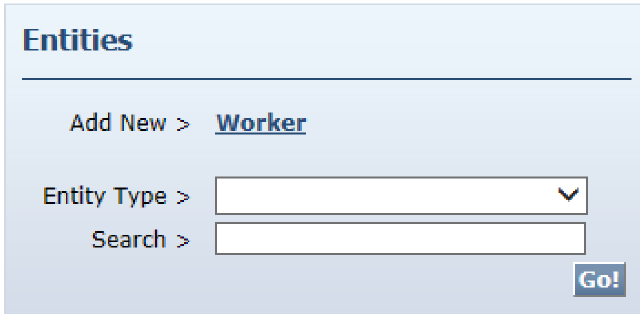
The second level of security is referred to as **data scoping**. Data scoping restricts which information the user has access to within the assigned role.

- Both Home Health Provider and FMS Provider users have access only to information associated with their specific agency. A provider is not able to view the data of other providers for reasons of confidentiality.
- The Case Manager has access to information specific to the clients in his/her caseload. Information provided to AuthentiCare Alabama by daily file transfer from the Operating Agencies establishes the link between the case manager and the client, confirming that the case manager can view information on his/her assigned clients.
- The State Administrative users can view all data corresponding to their assigned waivers in AuthentiCare Alabama.

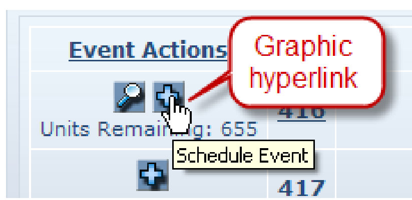
1.6 Using This Web Application

The AuthentiCare Alabama web component is accessible via the Internet from any computer that has an Internet connection. Examples of unique functions are listed below.

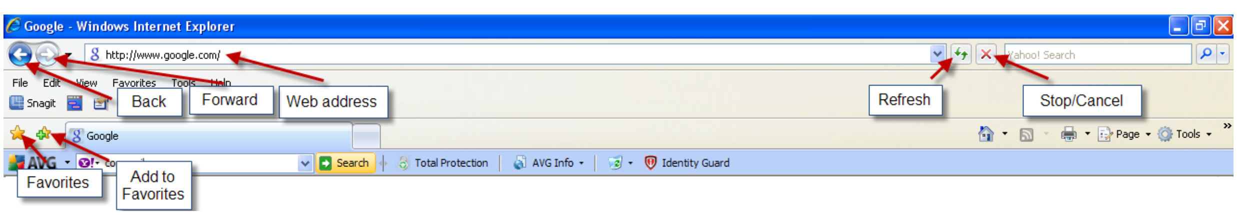
- **Hyperlinks** – a hyperlink, or link, is a connection from your current location in the application to another page in the application, another web site or web application. When the mouse is placed on a hyperlink, the text may change, and the cursor changes from an arrow to a hand. Hyperlinks only require a single click. Below is an example of a text hyperlink in AuthentiCare Alabama:



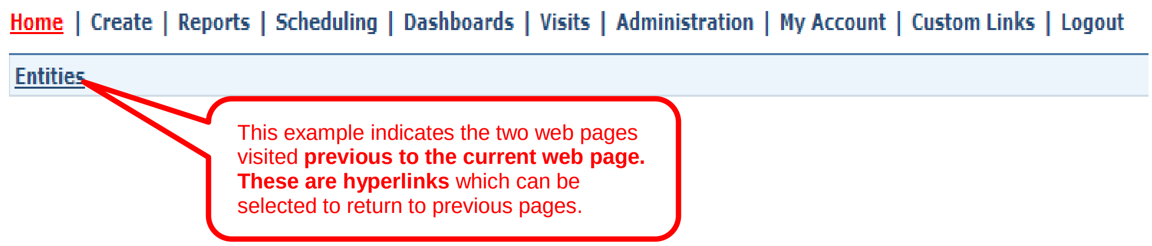
Pictures, graphics, or icons can also be used as hyperlinks. If the cursor arrow changes to a hand, there is a link. In the example below, the graphic does not change in appearance but a pop up box indicates what the hyperlink does and the arrow changed to a hand.



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



- Web applications can use **breadcrumbs** to assist in navigation. As the name suggests, this provides a history of the web pages 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.



- **Hover Text** – additional information is displayed when the mouse cursor is placed over the hover link. This functionality is utilized in AuthentiCare Alabama to provide additional information rather than navigating to another page in the application to get the same information.

Authorizations

Event Actions	ID	Service ID	Client	Provider	Worker	Effective Dates	Information
Units Remaining: 3000	EDWV899999990001	EDWV-Homemaker Services (EDWVS5130UA)	TEST, CLIENT3 A (8012399999913)	TEST PROVIDER BRANCH 1 (80000000101)		01/09/2016 - 05/28/2018	
Units Remaining: 3040	EDWV899999990002	EDWV-Personal Care (EDWVT1019UA)	TEST, CLIENT3 A (8012399999913)	TEST PROVIDER BRANCH 1 (80000000101)		01/09/2016 - 05/28/2018	
Units Remaining: 3000	ACTW899999990001	ACTW-Homemaker Services (ACTWS5130TFUB)	TEST, CLIENT1 A (8012399999911)	TEST PROVIDER BRANCH 1 (80000000101)		01/09/2016 - 05/28/2018	

There are several icons unique to AuthentiCare Alabama that you will see on the web pages. These include:

- **Schedule Event icon** – used on the *Authorizations* page to schedule an event for the authorization.
- **Looking Glass icon** – provides the ability to look up values for fields linked to existing data in the system.
- **Information icon** – provides the ability to display 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.
- **Exceptions icon** – provides an ability to view the exceptions on a claim.
- **Run Report icon** – provides the ability to run a report from a previously created report template.

1.7 Using this Manual

This User Manual is designed to provide the information you need to use AuthentiCare Alabama. Each section within a chapter provides step-by-step instructions on how to use AuthentiCare Alabama. 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 to using the system.

	Important – The information provided in these boxes highlights specific rules that are critical to the proper functioning of the system.

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

The information provided in all of these boxes is essential when using the system and should not be ignored.

Chapter 2 GETTING STARTED

This chapter is designed to help you begin using AuthentiCare Alabama by walking through the provider registration process, adding new users, logging in, logging out, and changing your password.

2.1 ESTABLISHING A USER ACCOUNT

To log into AuthentiCare Alabama, you must have a user account consisting of a user name (email address) and a password. There are several ways that a user may obtain a user name and password.

- For all **Providers**, including FMS providers, an initial user account for an Administrative user is created by First Data and provided to a manager at the Agency office. Proceed to Section 2.5 for instructions to log in to AuthentiCare Alabama. After logging in, the Administrative user can create user accounts for other users for that agency (refer to Section 2.3 for further instructions).

- For **State Administrators,** user accounts are created by First Data when authorized by AMA and/or the Operating Agencies. The registration process is not required. First Data will provide your user name (email address) and password so that you are able to log into and use AuthentiCare Alabama. Proceed to Section 2.5 for instructions to log in to AuthentiCare Alabama.

- For **Employers,** user accounts are created by FMS providers. Once created, employers will be able to log into AuthentiCare Alabama. Proceed to Section 2.5 for instructions to log in to AuthentiCare Alabama.

- For **Case Managers and Counselors**, each case manager and counselor must complete the registration process to establish his/her user account in AuthentiCare Alabama. First Data will provide the PIN number to the corresponding Operating Agencies for distribution to the individual case managers and counselors. Refer to Section 2.2 for further instructions.

2.2 REGISTRATION (FOR CASE MANAGERS AND COUNSELORS)

The Case Manager and Counselor have access to information specific to the clients in his/her caseload. Information provided to AuthentiCare Alabama by daily file transfer from the Operating Agencies establishes the link between the case manager and/or counselor and the client, verifying that the case manager and/or counselor can view information on his/her assigned clients.

- Case Managers and Counselors 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. Case Managers can search, view, and run reports on any client in their caseload, no matter who is providing services for the client. Counselors can search, view, and run reports on any client in their AAA Region, no matter who is providing services for the client.

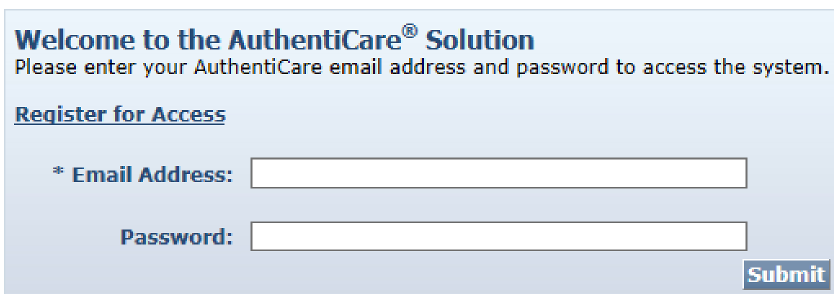
- Once an initial account is created for Case Managers through the registration process, additional user accounts can be created under the same ID. The following information is needed to register:
  - ✓ The Case Manager's ID.
  - ✓ The 5 digit PIN auto-generated by AuthentiCare Alabama for that Case Manager.

	Note: In AuthentiCare Alabama, new Case Managers and Counselors can only be enrolled by file transfer from the Operating Agencies. Their enrollment will automatically generate a PIN. For Case Managers and Counselors to be able to self-register, they must contact the AuthentiCare Help Desk (see Chapter 14) to request their PIN.

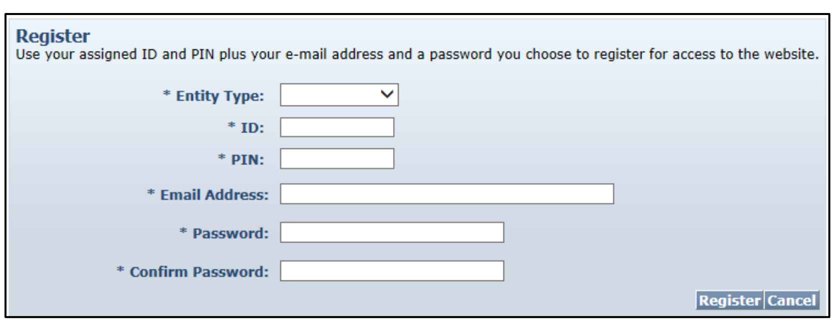
1. Navigate to the AuthentiCare Alabama website at https://www.authenticare.com/ALABAMA.

   The *Welcome* page displays. Case Managers register for access from the *Welcome* page.

2. Click **Register for Access**.



   The *Register* page displays.



3. Select "Case Manager" from the drop-down menu for **Entity Type**.
4. Enter your Case Manager ID.
5. Enter the 5 digit **PIN** provided to you.

6. Enter an **Email Address**.

*This email address serves as a user name and is not used to contact the case manager. It does not have to be a valid email address, but it must be in the **format** of an email address.*

For example, a case manager with an agency called. “Special Care, Inc.” may wish to type in the User Name: carolspecialcare@inc.com.

7. Enter a **Password**.

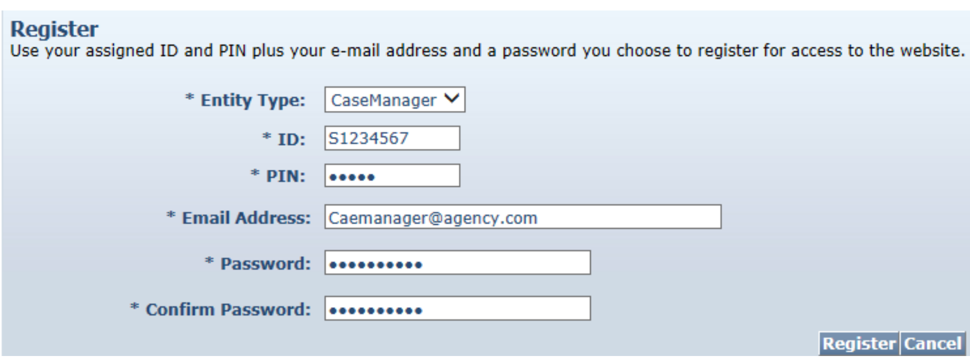
The Password must be a minimum length of 8 characters, at least 1 uppercase, at least 1 lower case, at least 1 number, and at least 1 special character (@#$%^&?!+=).

When choosing a password, avoid common words or dates (such as a child’s name, a birth date or an anniversary). Strong passwords use a combination of numbers, letters and symbols. For instance, instead of using the dog’s name, Rover, as a password, choose “myr0v3R!”. In this example a zero is substituted for an “o” and the number three is substituted for the letter “e”. An exclamation point is added at the end. This combination creates a strong password that is easy to remember.

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

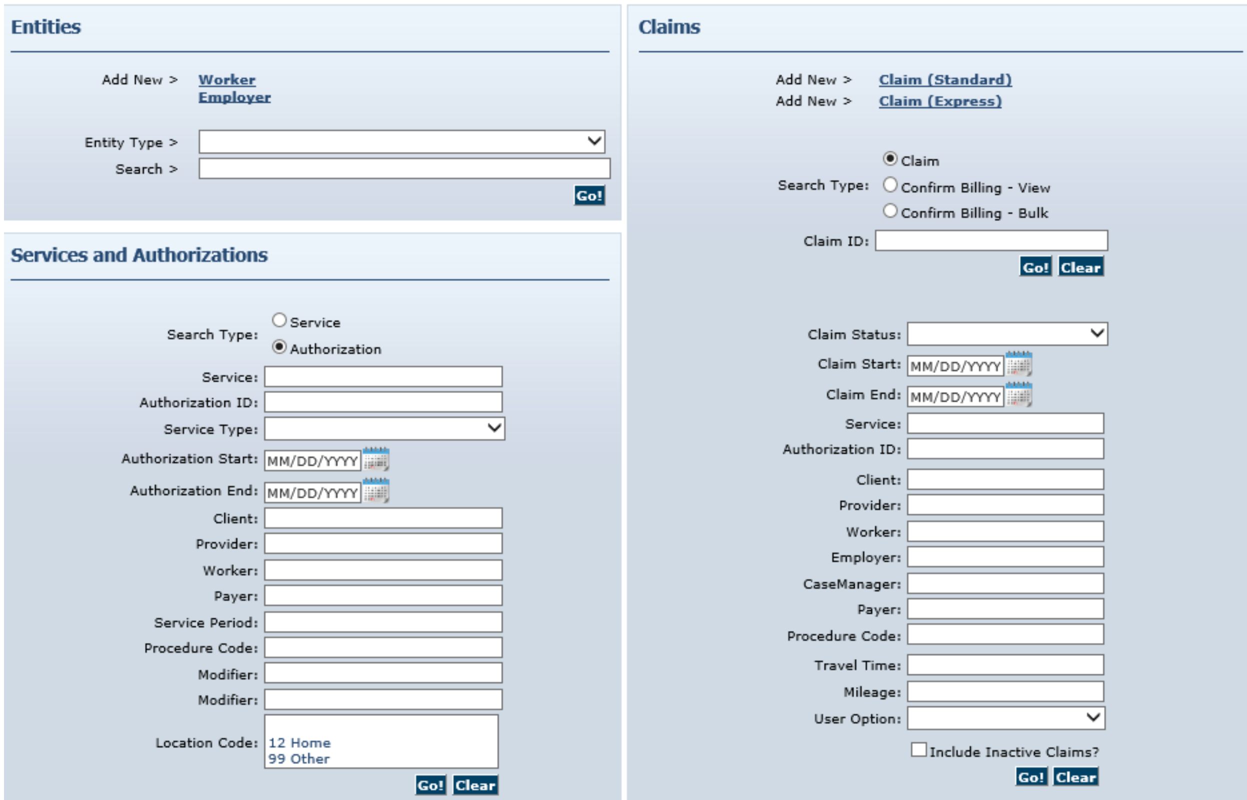
This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.

The completed *Register* page displays.



9. Click **Register**.

The *Home* page displays upon successful registration.



In the future, you may log into AuthentiCare Alabama directly from the *Welcome* page.

2.2.1 Lead Case Manager (ADSS only)

For ADSS agency, each AAA region has a set of Case Managers, Counselors and Leads to serve their clients. Leads are Case Managers with/without a caseload of their own and are registered in AuthentiCare similar to a regular Case Manager using "Register for Access" from the Login screen. Counselors do not have a caseload, are specific to self-directed services, and are limited to a AAA Region. Once registered, the Lead Case Manager user will be able to see all the Case Managers and their corresponding caseloads under his/her region.

If an existing Case Manager is changed from being a Lead to a non-lead or vice-versa, the Case Manager or ADSS Operating Agency must call the AuthentiCare Help Desk so that the first user account can be deleted and the Case Manager can be re-registered. This way the Case Managers from the user's region can be mapped to the user if he/she is now a Lead, or un-mapped if not a Lead anymore.

Once registered, the Counselor will be able to see all the client information in his/her AAA Region.

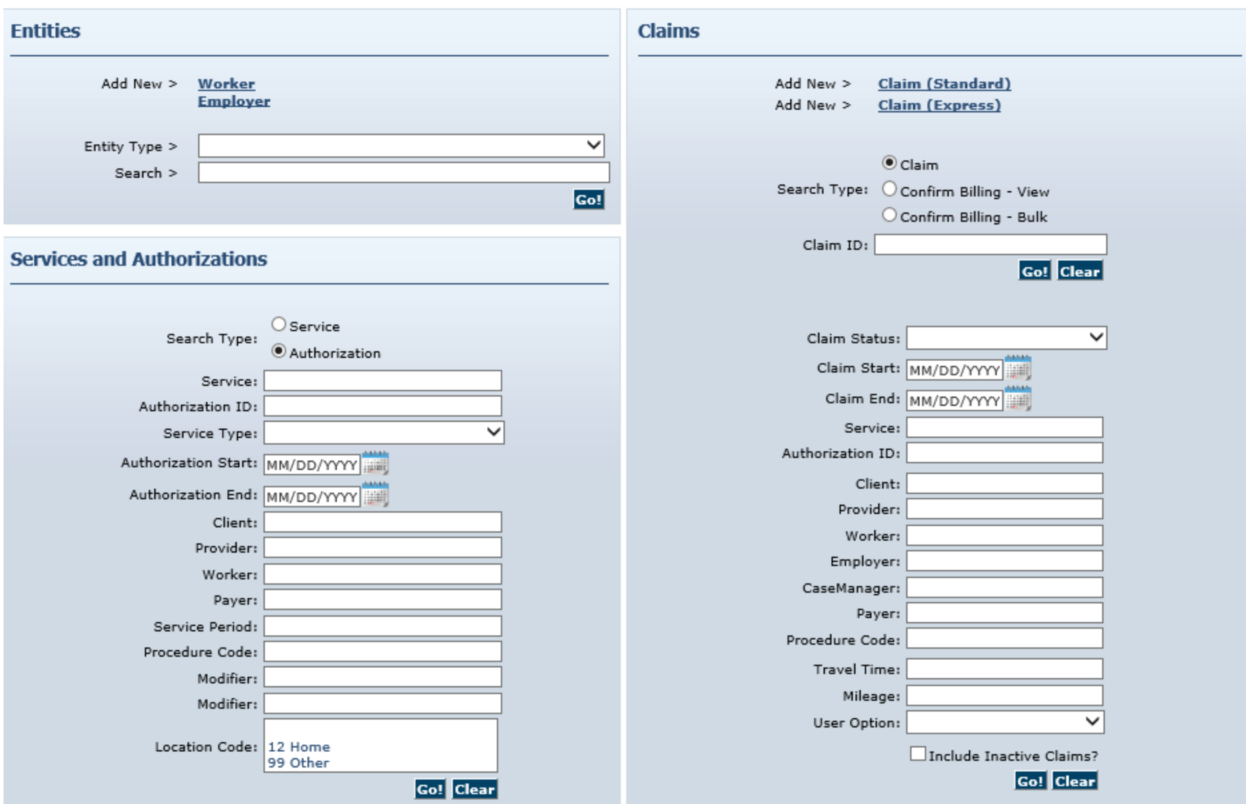
2.3 Adding New Provider Sub-Role Users

AuthentiCare Alabama allows providers with the Administrator sub-role to create additional user accounts.

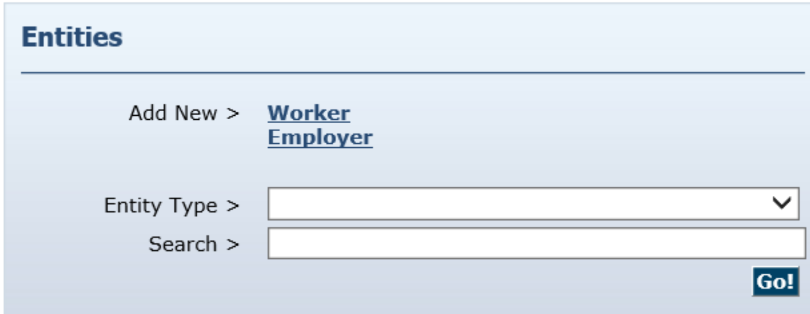
	Important – *A State Administrator User cannot add another user. To add a new State Administrator User, contact authenticare.support@firstdata.com.*

	Important – *To add another user to a case manager's account, that person must be registered using that person's ID and PIN as described in Section 2.1.*

Upon successful completion of logging into AuthentiCare Alabama, the *Home* page displays.

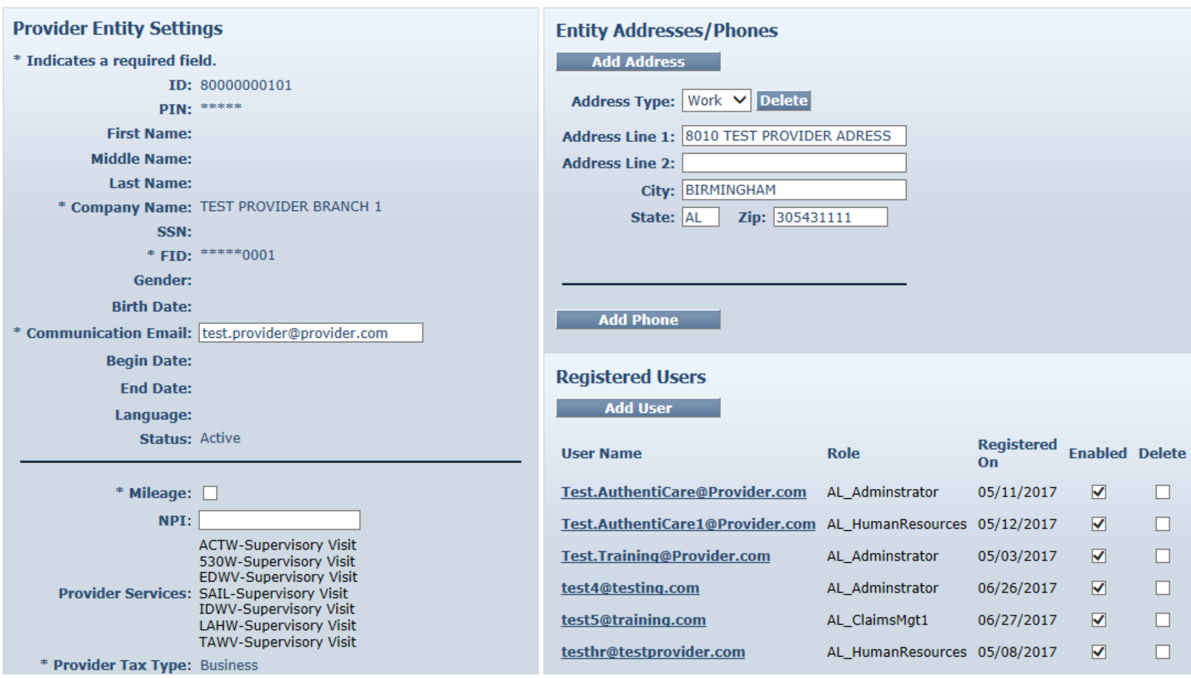


1. Enter the name of your provider or some portion of the name in the Entities **Search >** field.

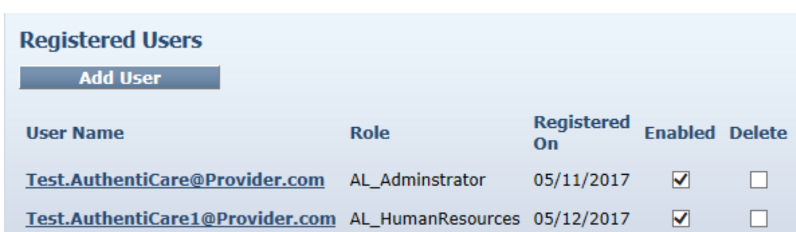


2. Click **Go!**

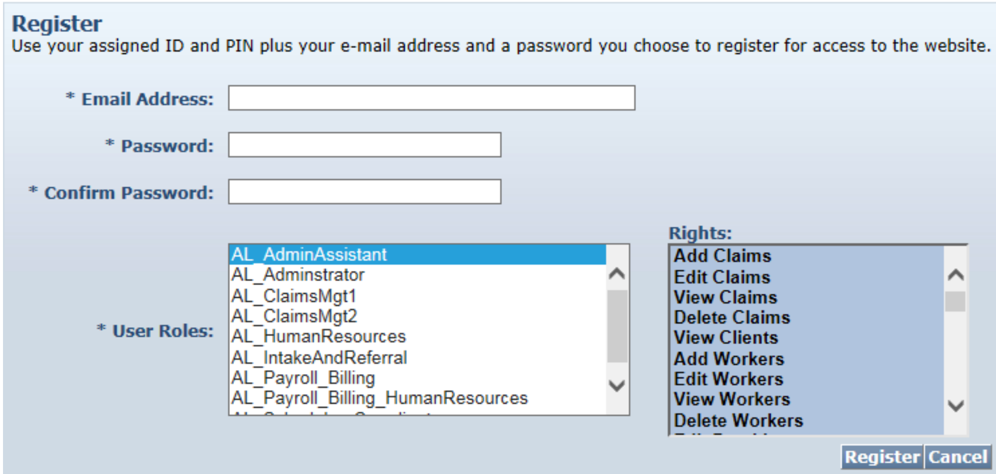
   The *Provider Entity Settings* page displays with the information about this provider.



3. Click **Add User**.



   The *Register* page displays.



4. Choose a **Sub-Role** from the list. When you choose the sub-role, the screen will refresh to display the list of rights for that sub-role on the right. See Appendix A-4 for a description of the functions each sub-role can perform.

Available Provider Sub Roles
AL_Administrator
AL_AdminAssistant
AL_ClaimsMgt1
AL_ClaimsMgt2
AL_HumanResources
AL_IntakeAndReferral
AL_Payroll_Billing
AL_Payroll_Billing_HumanResources
AL_Scheduler_Coordinator

<u>There can be only one sub-role per email address.</u> If the person needs to be assigned to more than one sub-role, he/she will need to be added again with another email address.

5. Enter an **Email Address**.

	This email address serves as a User Name and is not used to contact the provider. It does not have to be a valid email address, but it must be in the ***format*** *of an email address.* *For example, a provider with a facility called. "Special Care, Inc." may wish to type in the User Name: specialcare@inc.com.*

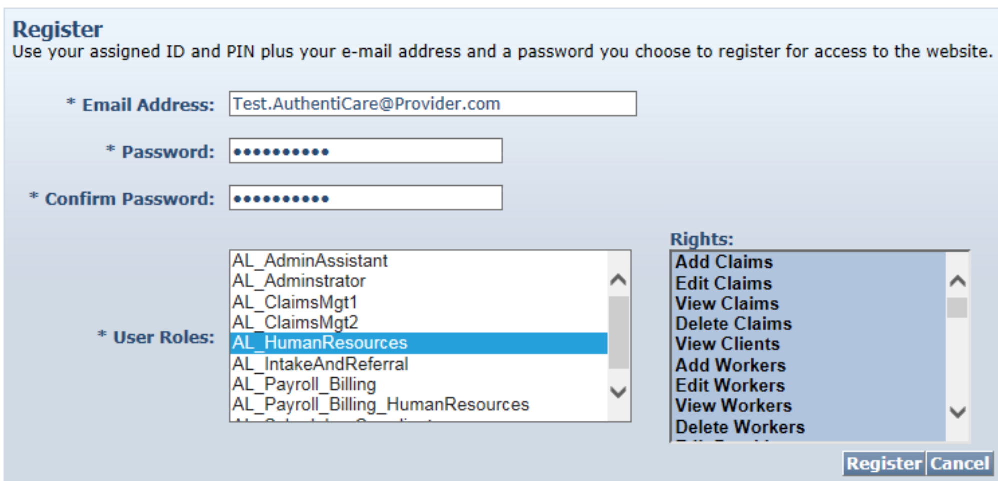
6. Enter a **Password**.

	The Password must be a minimum length of 8 characters, at least 1 uppercase, at least 1 lower case, at least 1 number, and at least 1 special character (@#$%^&?!+=). *When choosing a password, avoid common words or dates (such as a child's name, a birth date or an anniversary). Strong passwords use a combination of numbers, letters and symbols. For instance, instead of using the dog's name, Rover, as a password, choose "myr0v3R!". In this example a zero is substituted for an "o" and the number three is substituted for the letter "e". An exclamation point is added at the end. This combination creates a strong password that is easy to remember.*

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

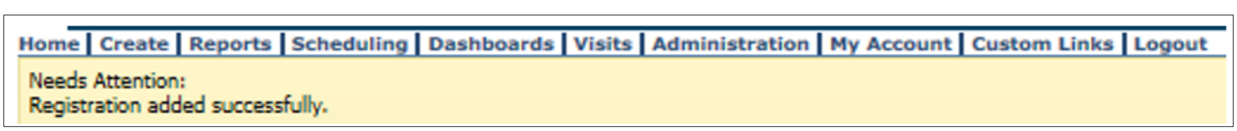
	This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.

The *Register* page displays with the entered information.



8. Click **Register**.

You are returned to the *Provider Entity Settings* 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 sub-role assigned, and that he/she is enabled.



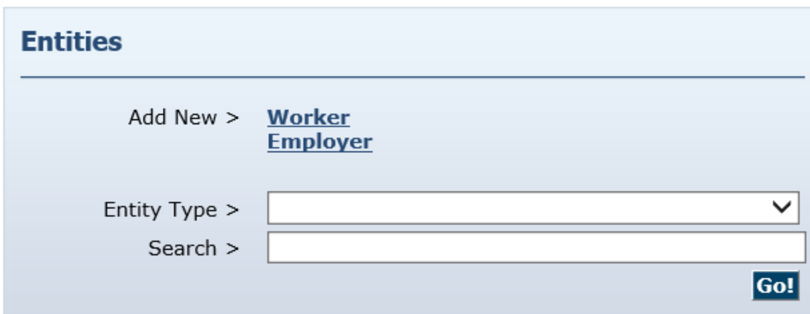
2.3 Adding Self-Directed Employer Users

Clients receiving self-directed services in Alabama are the Employer of the worker providing the service. A client may choose to represent himself/herself as an Employer User in AuthentiCare Alabama or choose an Employer to select workers on their behalf.

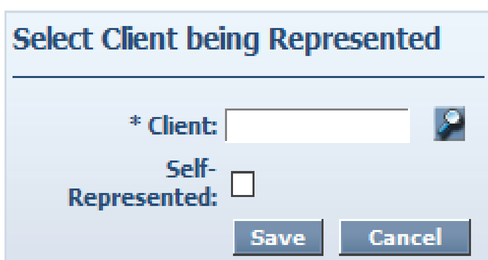
- Employers assist with tracking worker time, reviewing and confirming claims via mobile e-signature, employer attestation or on the web.
- Employers also have access to run a Time and Attendance report to assist in tracking worker time.

AuthentiCare allows FMS providers with the Administrator role (AL_Administrator) to create Employer Users.

1. FMS providers select **"Add New Employer"** from the *Entities* box on the *Home* page.



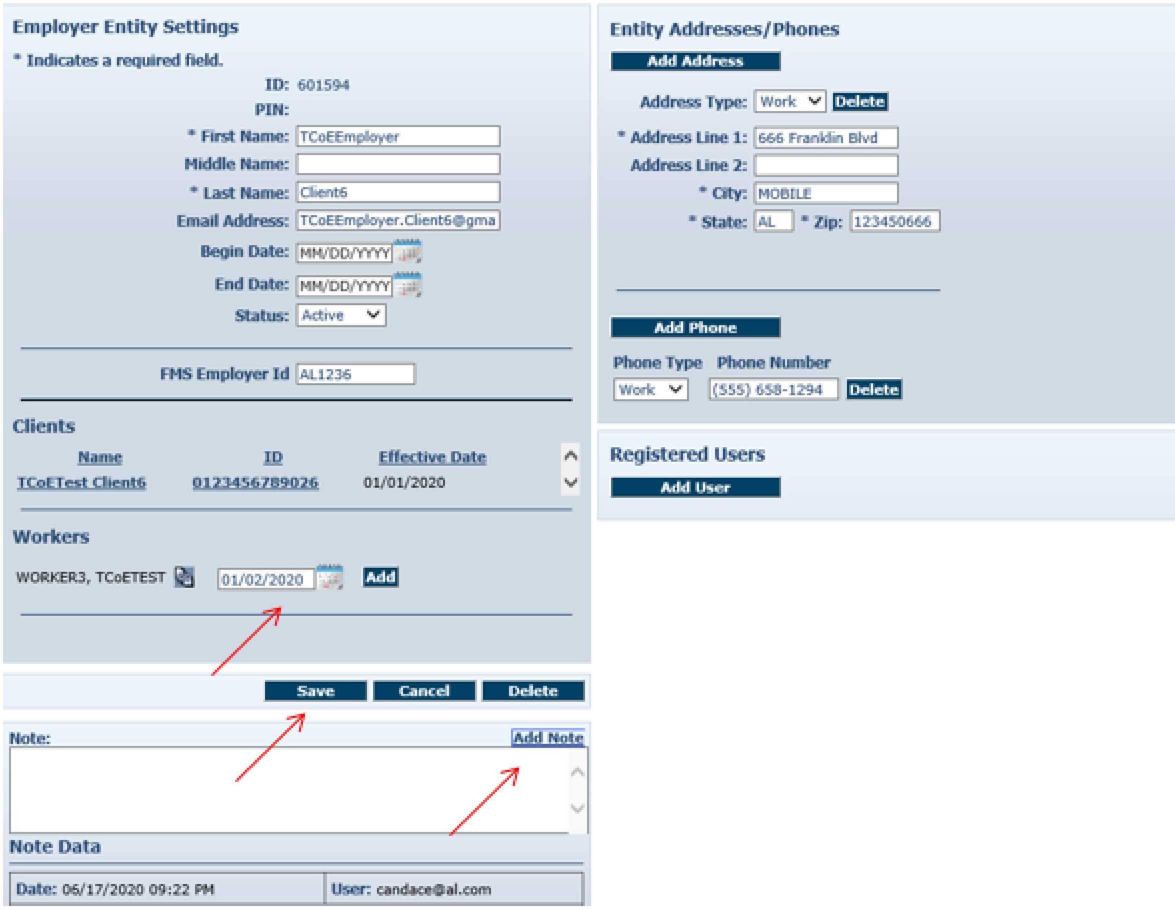
A new page displays: ("Select Client being Represented")



2. Add the Client name and check the (Self-Represented) box if the client chooses to self-represent.

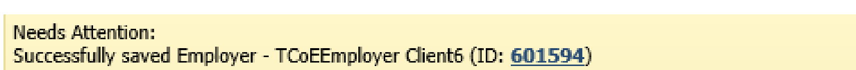
If the client does not already have an Employer assigned, an Employer Entity Settings page displays for the FMS provider to populate and save.

If the client has chosen to be his/her own Employer (self-represent), the client's first name, last name, address and telephone number are prepopulated. Those fields are editable by the FMS provider. The client's name is also listed in the **Client** field and cannot be edited.



3. Add the **Worker** name and the date the Worker begins. Click **Add.**
4. Add a note. Click **Add Note**.
5. Revise any data that needs revised. Select **Save**.

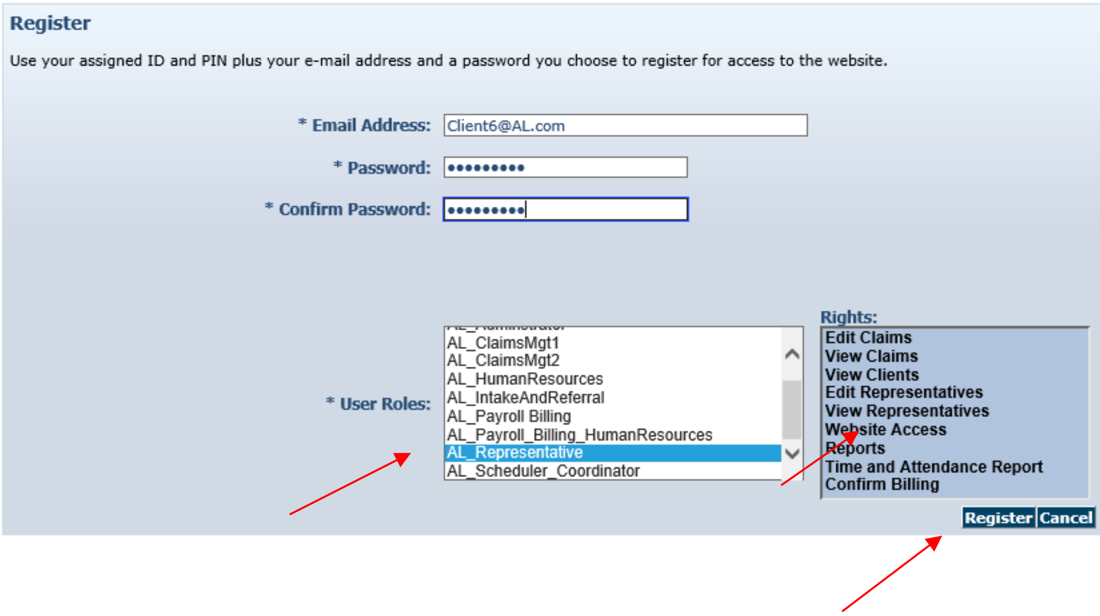
The successful save message displays.



6. On the *Home* page Entities Search, either click the Employer number link listed in the success message or enter the Employer ID number in the **Search** field.
7. Select **Go!**

The *Employer Entity Settings* page displays with the Registered Users section.

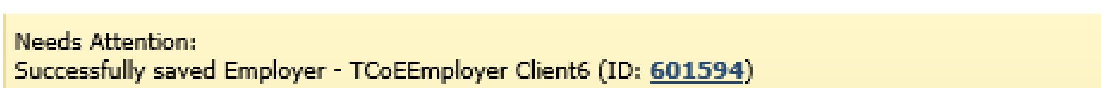
8. Select **Add User** to add access to AuthentiCare. The **Register** page displays.



Choose the User Role of **AL_Representative (Employer)** and add the **Email Address** (User Name- login) in email format.

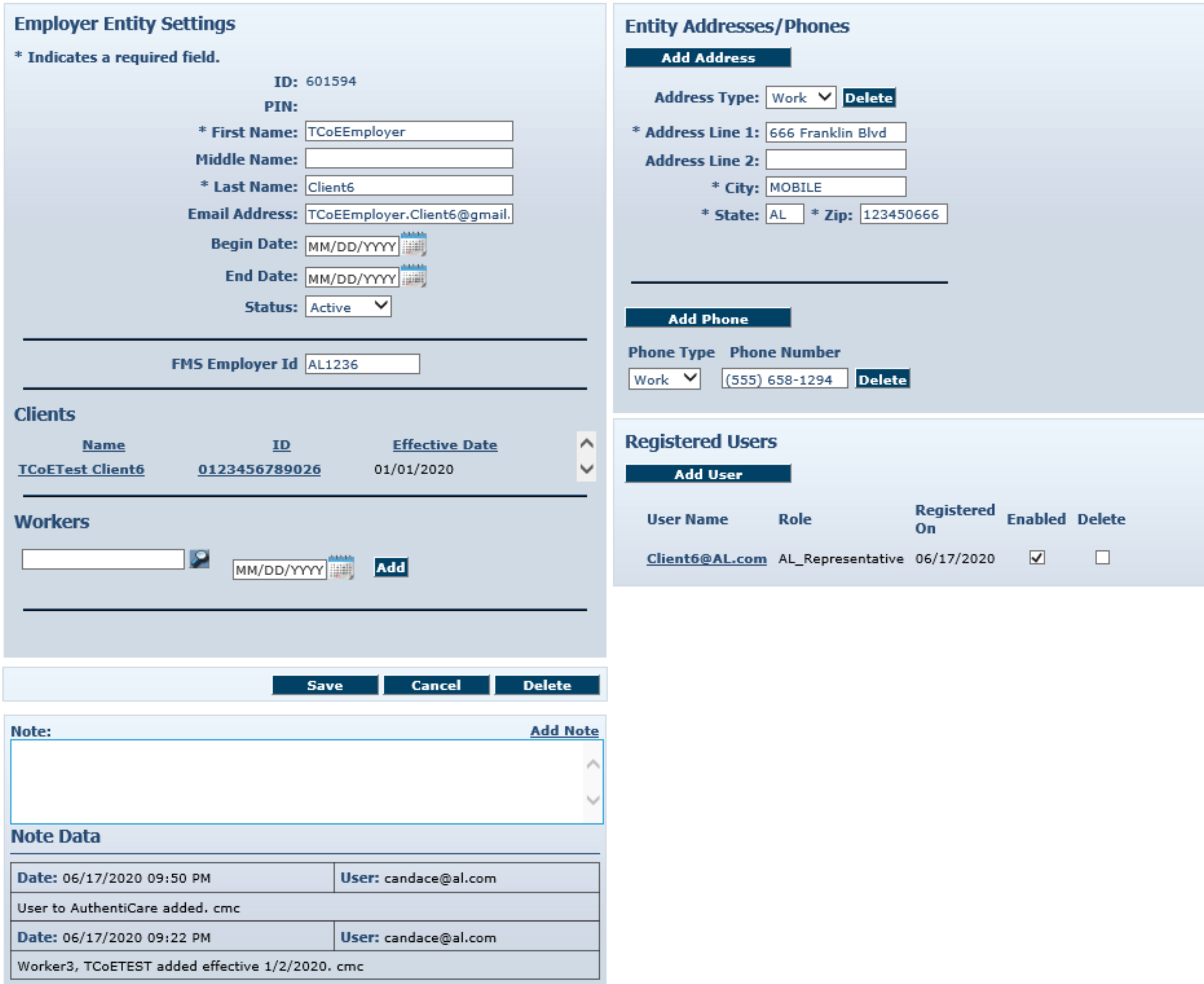
9. Add a 9-character **Password**;
10. Complete the **Confirm Password** field, then
11. Select **Register**.

A successful save message at the top left.



The Employer Entity Settings page displays after the Employer ID link is selected.

The User information is now listed on that page.



If the client already has an existing Employer, the following message will display:

> Needs Attention:
> This Client is already associated with a Employer.

If the Entity update is cancelled, this cancellation message will display:

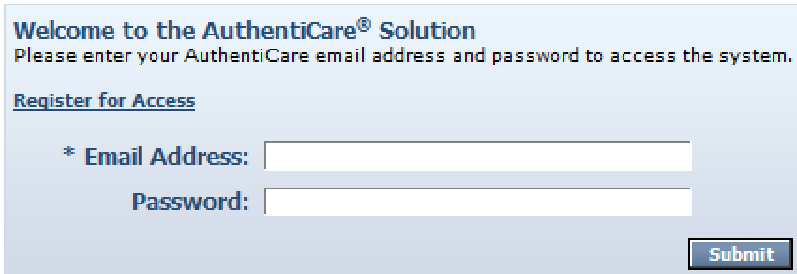
> Needs Attention:
> Entity update cancelled.

If a client needs to replace an employer or add an employer if they can no longer self-represent, the provider simply needs to send the new information through the daily import file.

2.5 Logging In to AuthentiCare Alabama

Navigate to the AuthentiCare Alabama website at www.authenticare.com/ALABAMA.

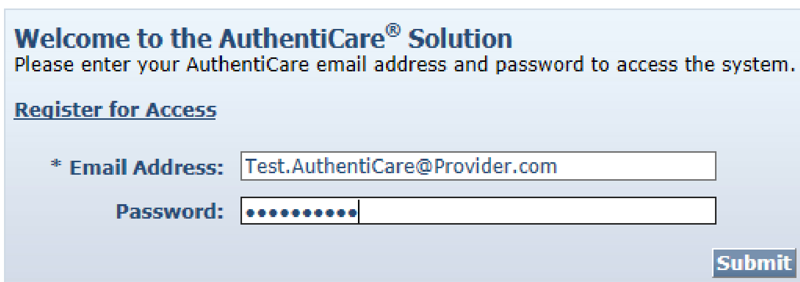
The *Welcome* page displays.



1. Enter your AuthentiCare Alabama **Email Address** and **Password**.

	Remember that you used a different email address and password for each agency and each sub-role.

2. Click **Submit**.

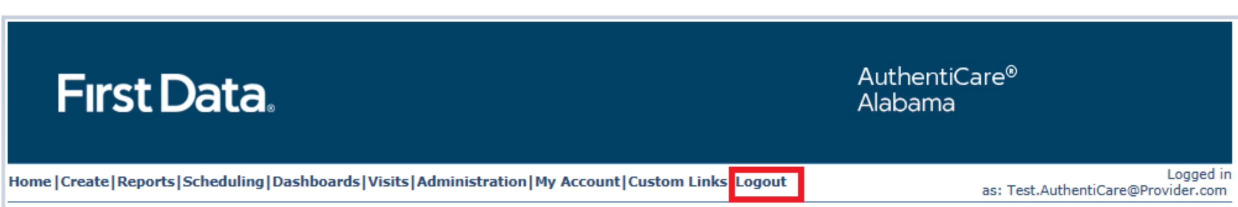


The *Home* page displays and varies in appearance based on the user's sub-role. Your view of the Home page may be different from what is displayed in this User Manual, as this is the provider administrator's view. From the *Home* page, you can access the functionality available in AuthentiCare Alabama.

2.6 Logging Out of AuthentiCare Alabama

For security and privacy reasons, it is important for users to log off AuthentiCare Alabama when leaving the work station. After a 20 minute period of inactivity, AuthentiCare Alabama automatically logs the user off.

Click on **Logout** from the Main Menu.



The *Welcome* page displays and you are logged out of AuthentiCare Alabama.

2.7 Changing a Password

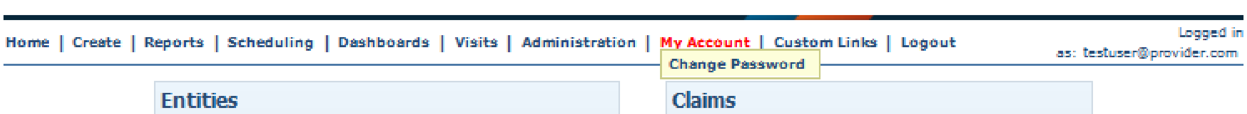
There are several reasons why an AuthentiCare Alabama user would want or need to change his/her password:

1. ***Password Expiration**:* The password expires every 60 days and a new one needs to be chosen. There is a password rotation of 6 passwords; you cannot use any of the previous 6 passwords you have used when creating a new password.
2. ***Security**:* A user may want to secure his/her password by creating a new one if the user is concerned this information has been compromised.
3. ***Account Lockout**:* After 3 failed attempts to log-in in a single session the account is automatically disabled.
4. ***Account Expiration**:* An account that is not active, i.e., the email address and password have not been used for 6 months (180 days) is automatically disabled. To re-establish access if the account is locked-out or expired:
   - ✓ Providers – someone from the agency with an Administrator sub-role can manage registrations and change the password for the expired user.
   - ✓ State Administrators – contact First Data Client Support services at 1-800-441-4667 or authenticare.support@firstdata.com.
   - ✓ Case Managers – using the ID and PIN for the case manager, the expired user can re-register according to the instructions in Section 2.2.

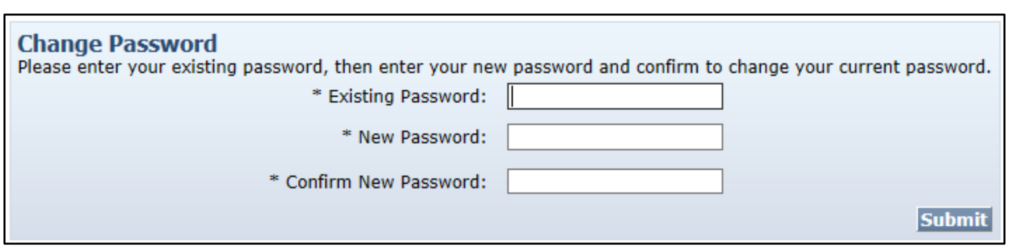
✍	*When creating a new user account, you cannot use the same email address as the account that has been expired.*

Follow the steps below to change your password.

1. Place your cursor on **My Account** in the Main Menu, and when **Change Password** displays below, click on it.



   The *Change Password* page displays.



2. Enter your **Existing Password**.

3. Enter a **New Password**.

> *The Password must be* a minimum length of 8 characters, at least 1 uppercase, at least 1 lower case, at least 1 number, and at least 1 special character (@#$%^&?!+=).
>
> - *This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.*
> - *When choosing a password, avoid common words or dates (such as a child's name, a birth date or an anniversary). Strong passwords use a combination of numbers, letters and symbols. For instance, instead of using the dog's name, Rover, as a password, choose "myr0v3R!". In this example a zero is substituted for an "o" and the number three is substituted for the letter 'e". An exclamation point is added at the end. This combination creates a strong password that is easy to remember.*
> - *The password entered cannot be the same as any of the previous 6 passwords you have used.*

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

5. Click **Submit**.

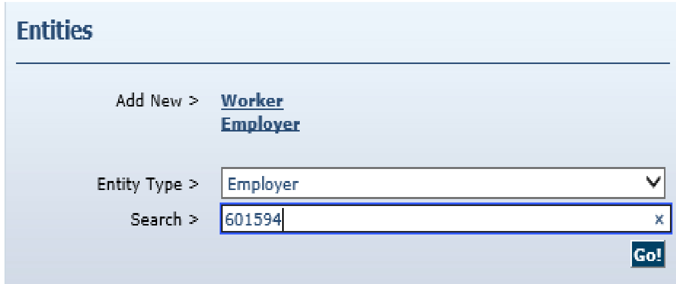
   The AuthentiCare Alabama *Home* page displays with a confirmation that the password is successfully updated.

2.8 Disabling AuthentiCare Web Users

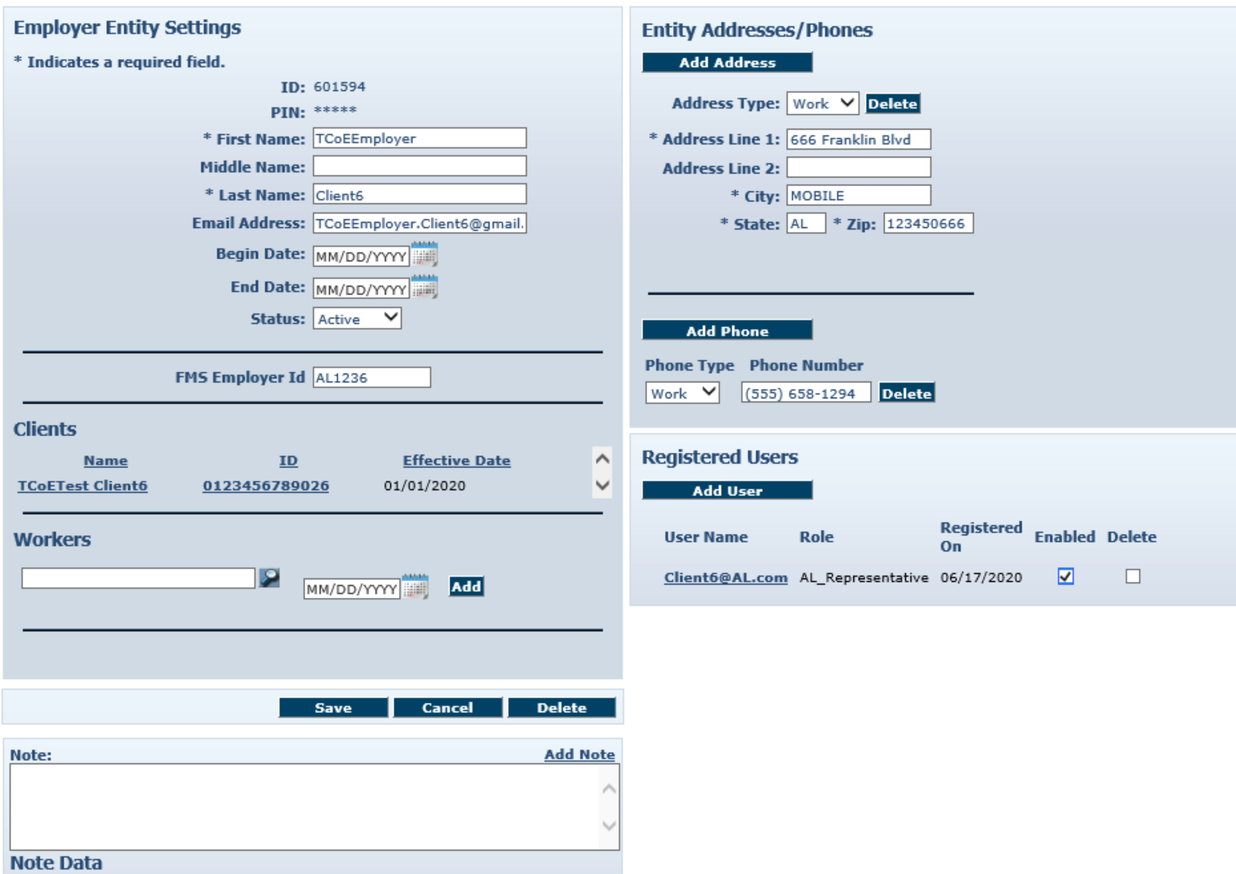
2.8.1 Employer Users

If an Employer of a self-directing client leaves that role, it is critical that the user account is disabled immediately. Since you can log in to AuthentiCare Alabama anywhere there is Internet access, a former Employer would still have access to the client's information. Only someone with the Administrator role can disable an account.

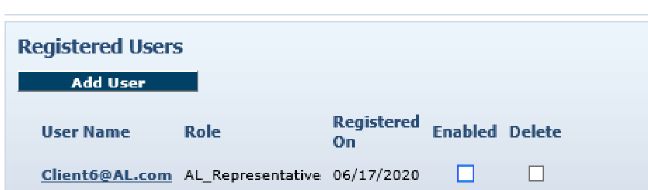
Navigate to the *Employer Entity Settings* page by entering the name of the employer or the Employer ID in the Entities **Search>** field and click **Go!**



The *Employer Entity Settings* page opens to display information about this employer.

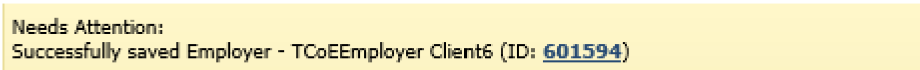


Scroll horizontally to find the **Enabled** checkbox. Click the **Enabled** checkbox and the check mark will disappear.



Click **Save** to save the change to the *Employer Entity Settings* page.

You are returned to the *Home* page which displays a message that the Employer was saved successfully

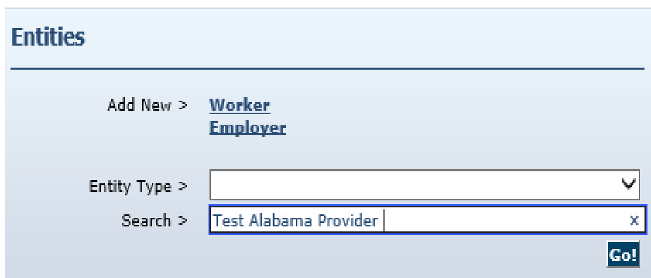


This user will no longer be able to log into AuthentiCare Alabama.

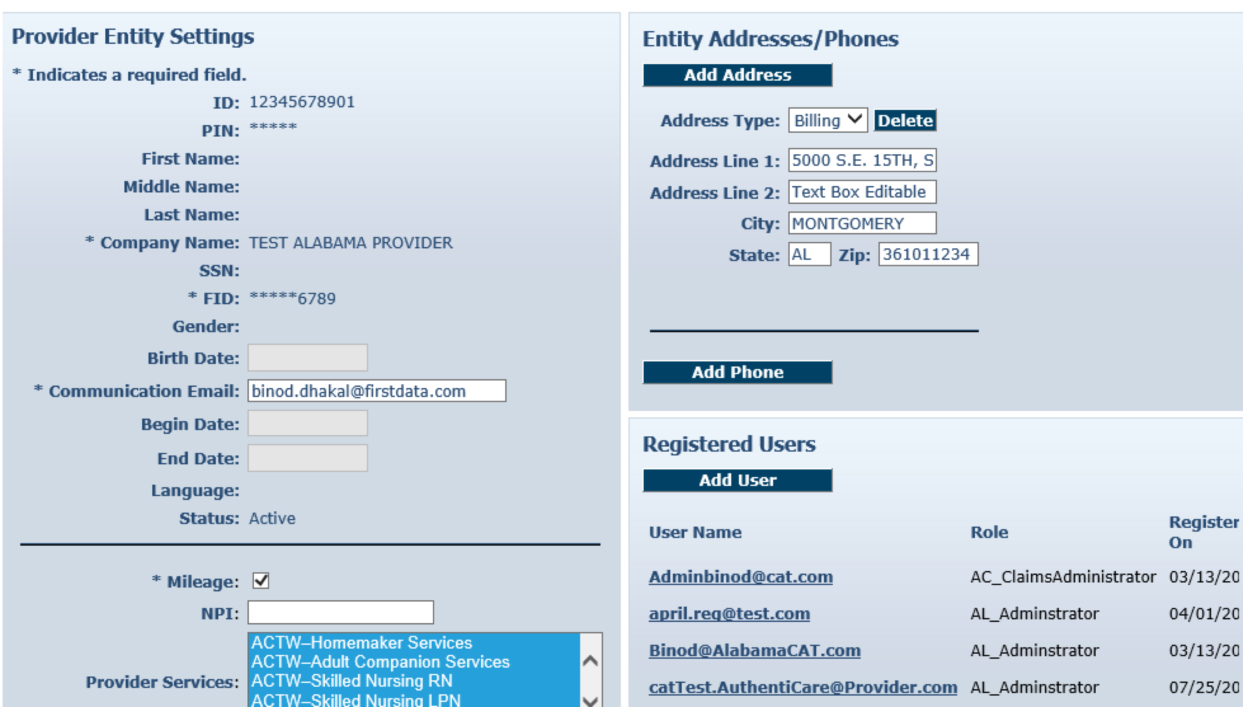
2.8.2 Provider Users

If an employee of the provider agency has left the company and that person had access to AuthentiCare Alabama, it is critical that the user account is disabled immediately. Since you can log in to AuthentiCare Alabama anywhere there is Internet access, a former employee would still have access to your agency's information. <u>Only someone with the Administrator role can disable an account.</u>

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!**



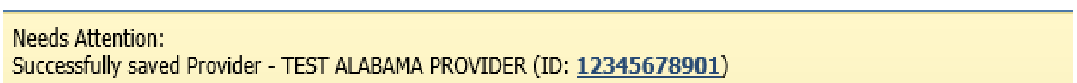
The *Provider Entity Settings* page displays with the information about this provider.



Scroll horizontally to find the **Enabled** checkbox. Click the **Enabled** checkbox and the check mark will disappear.

Click **Save**.

You are returned to the Home page which displays a message that the provider was saved successfully.



This user will no longer be able to log into AuthentiCare Alabama.

⚠	*Do not click the "delete" check box to disable the user. That will hamper the functions in AuthentiCare Alabama that automatically track by user name (email) actions that were taken in the system.*

2.8.3 State Administrative Users

If a user should no longer have access to AuthentiCare Alabama, contact First Data Client Support Services at authenticare.support@firstdata.com to have the account disabled.

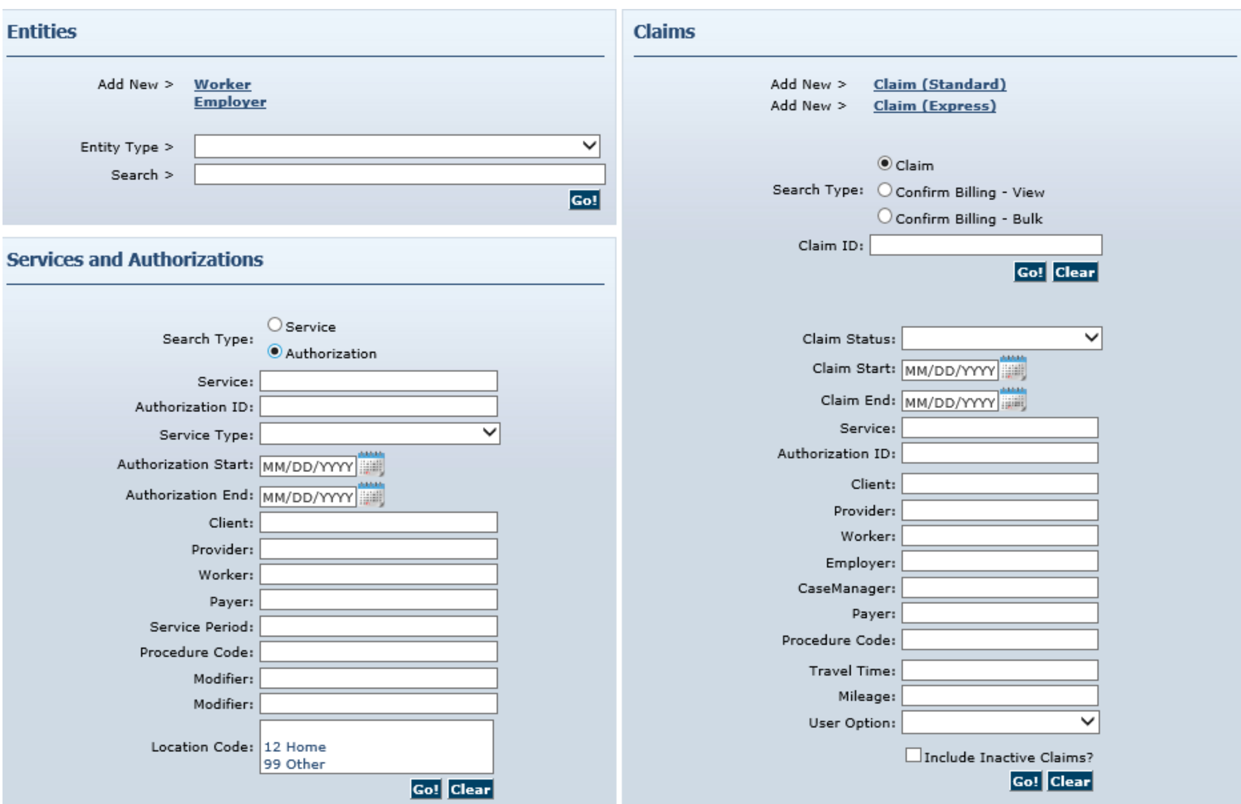
Chapter 3 An Introduction to Navigating AuthentiCare

AuthentiCare Alabama 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 or sub-role.

- For providers with the sub-role of Administrator, AdminAssistant, Payroll_Billing or Payroll_Billing_Human Resources, there are two additional navigation tools that are listed on the top tool bar, **Provider Dashboard** and **Worker Dashboard**. These are short cuts to data that are essential to daily operations.
- For case managers, two additional navigation tools are listed on the top tool bar called **Case Manager Dashboard and Override Exception Dashboard**. This provides a shortcut to information needed to monitor client care.

3.1 The Home Page

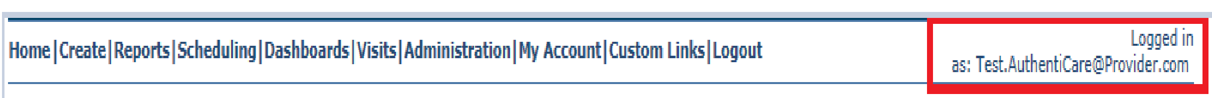
The *Home* page is the central location in AuthentiCare Alabama. From this page you can navigate to any of the other areas of the system. This page differs depending on your role, and therefore, controls the information you can access in the system.



The *Home* page is divided into three sections:

- **Entities** – Entities is a broad category within AuthentiCare Alabama that designates people and agencies involved in the care giving experience, including:
  - ✓ Clients (who are members in Alabama)
  - ✓ Employers (who monitor visits/claims either on behalf of clients or for himself/herself
  - ✓ Providers
  - ✓ Workers (those employed by an agency to provide care for clients)
  - ✓ Case Managers
- **Services and Authorizations** – This section of the *Home* page allows the user to perform detailed searches for existing services and authorizations by clicking **Go!**
- **Claims** – While most claims are created using a GPS enabled mobile device or IVR phone system, designated provider sub-roles can also create claims using the website. All claims, whether they were created using the IVR, mobile device, or the website, can be viewed from the website. Providers may perform detailed searches for existing claims from the *Home* page. Refer to Chapter 12 (Managing Claims).

The user name is displayed in the upper right-hand corner of the *Home* page. All actions taken by the user are tracked in AuthentiCare Alabama to maintain an accurate record of activity.



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.

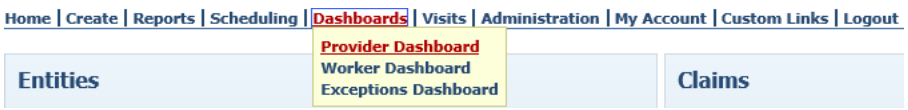
✍	*All users have a Custom Links option on the tool bar that links to sites or information that is outside of AuthentiCare Alabama. It has links to ADSS, ADRS & ADMH Home Pages.*

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

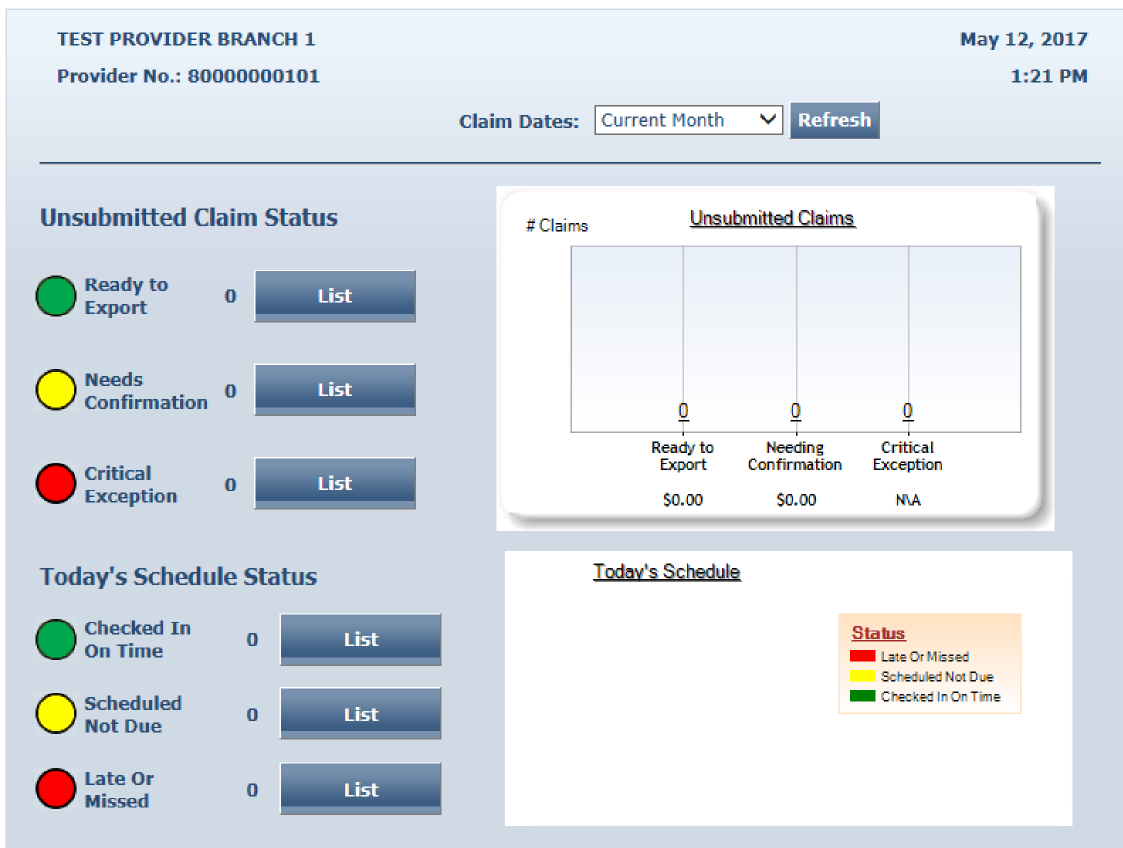
3.2 PROVIDER DASHBOARD

In addition to the *Home* page, AuthentiCare Alabama includes a Provider Dashboard where information is presented in graphical format and provides easy navigation to the source data represented in the dashboard. The Provider Dashboard is only available to users who have the Provider Administrator, AdminAssistant, Payroll_Billing, Payroll_Billing_HumanResources, or Scheduler_Coordinator sub-roles in the system.

1. Place your cursor on **Dashboards** in the Main Menu and click on **Provider Dashboard**.



2. The Provider Dashboard displays real time information.



The *Unsubmitted Claim Status* section provides information on the number of claims that fall into three categories:

- Ready to Export – This gives the number of claims that have been confirmed, but have not yet been submitted for adjudication. These claims may have informational exceptions, but they have no critical exceptions. In the next routine system export, these claims will be submitted for adjudication. Click the **List** button to view these claims on the *Claim Search Results*. Refer to Section 12.1 for more information.

- Needs Confirmation – This represents the number of claims that are ready to be confirmed for billing in order to be submitted for adjudication. The only critical exception on these claims is billing confirmation. Once a claim has been confirmed for billing, it will be counted in the “Ready to Export” group. Click the **List** button to view the *Confirm Billing* page where you can confirm these claims. Refer to Section 12.7 for more information.
- 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 AMA business rules. These exceptions prevent the claim from being confirmed for billing and exported for adjudication. Click the **List** button to view the *Claim Search Results* which will list the claims and provide links to the claims so that details about the exceptions can be viewed and addressed.

The *Today’s Schedule Status* section provides information for the events scheduled for the current day. The information displaying in this portion of the dashboard is dependent on the provider agency using the scheduling functionality of AuthentiCare Alabama. Refer to Chapter 9 (Scheduling) for further information. The information in this section of the dashboard is divided into three categories:

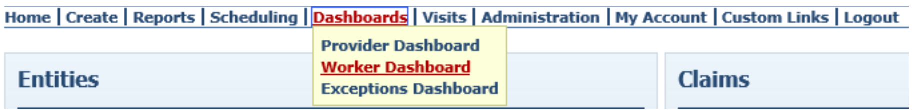
- Checked In On Time – This represents the number of events (visits) where the worker has checked in on time. (On time is defined as checking in between 30 minutes prior to the scheduled event start time and 30 minutes after the scheduled event start time.) Click **List** to view the *Worker Dashboard,* which will display all events identifying the worker, the check-in time, and the check-out time (if the visit has been completed). Refer to Section 3.3 for further information.
- Scheduled Not Due – This represents the number of events scheduled for later in the day. Click **List** to view the *Worker Dashboard* which will display the scheduled events and the assigned worker for all events scheduled to occur later in the day. Refer to Section 3.3 for further information.
- Late or Missed – This represents the number of scheduled events that are past due, where a worker did not check in to match the visit. Late is defined as 30 minutes past the scheduled start time and missed is 60 minutes past the scheduled start time. Click **List** to view the *Worker Dashboard* which will display all late or missed events for the current day. Refer to Section 3.3 for further information.

3.3 WORKER DASHBOARD

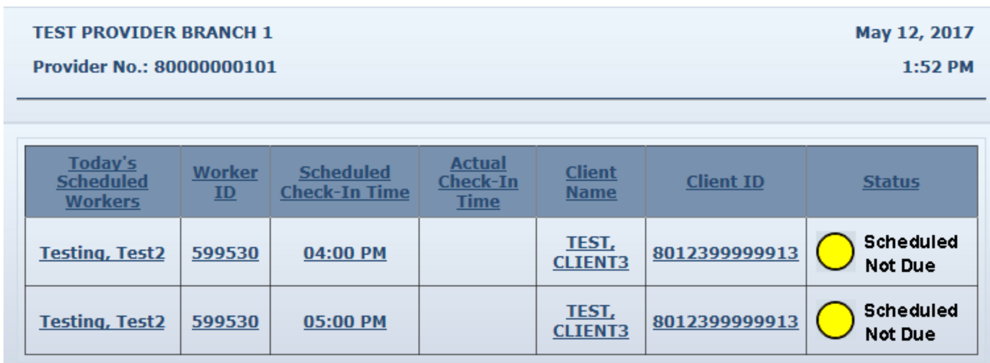
In addition to the Provider Dashboard, AuthentiCare Alabama also includes a Worker Dashboard to facilitate quick access to information about the current day’s schedule.

The Worker Dashboard is accessible by users with the Provider Administrator, AdminAssistant, Payroll_Billing, Payroll_Billing_HumanResources, and Scheduler_Coordinator sub-roles.

Place your cursor on **Dashboards** in the Main Menu, and when **Worker Dashboard** displays below, click it.



The Worker Dashboard displays with real time information about the scheduled events for the current day.



By default, the Worker Dashboard displays the scheduled events in ascending alphabetical order by the worker's last name. The Status column displays one of the following three statuses:

- Checked In on Time – The worker checked in between 30 minutes prior to the scheduled event start time and 30 minutes after the scheduled event start time.
- Scheduled Not Due – The event is scheduled to occur later in the day based on the current time in AuthentiCare.
- Late or Missed – This represents the number of scheduled events that are past due, where a worker did not check in to match the visit. Late is defined as 30 minutes past the scheduled start time, and missed is 60 minutes past the scheduled start time.

Each of the data items displayed on the Worker Dashboard is a hyperlink.

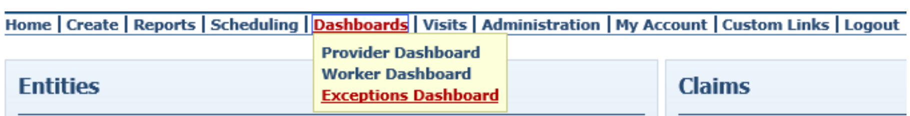
- Clicking the Worker name or Worker ID will take you to the Worker Entity Settings page. This allows you to view the information about the worker. Refer to Section 4.4 for further information.
- Clicking the scheduled check-in time will take you to the Scheduled Event page. This allows you to view the information about the event. Refer to Section 9.2 for further information.

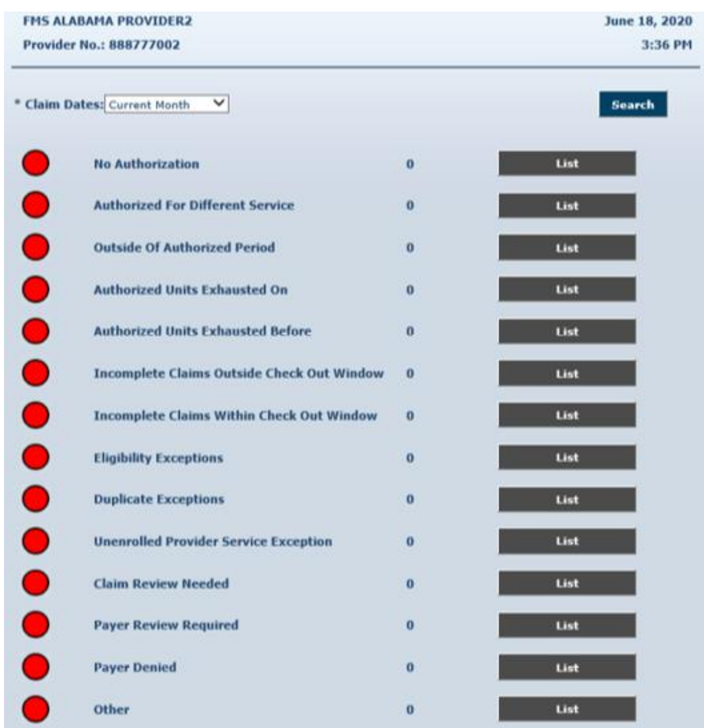
- Clicking the actual check-in time (if there is one) will take you to the Claim page. This allows you to view the information captured for the claim. Refer to Section 12.1 for further information.
- Clicking the Client name or Client ID will take you to the Client Entity Settings page. This allows you to view the information about the client for whom the event is scheduled. Refer to Section 4.3 for further information.

3.4 EXCEPTIONS DASHBOARD

In addition to the **Provider Dashboard** and the **Worker Dashboard**, AuthentiCare also includes an **Exceptions Dashboard** to facilitate quick access to information about the exceptions assigned to the provider's claims. The **Exceptions Dashboard** is accessible to users with the Provider Administrator role, the AdminAssistant, Payroll_Billing, Payroll_Billing_Human Resources, and Scheduler_Coordinator sub-roles.

1. Place the cursor on **Dashboards** in the Main Menu, and click on **Exceptions Dashboard.**
2. The **Exceptions Dashboard** displays real time information about exceptions assigned to claims that require resolution before confirmation. Providers have an opportunity to choose the dates of claim exceptions to review by choosing a date or timeline from the **Claim Dates** dropdown box. There is a viewable list associated with each exception for the date or timeline chosen.





3.5 Case Manager Dashboard

AuthentiCare Alabama also includes a **Case Manager Dashboard** to facilitate quick access to scheduled services and authorizations for members in the case manager's assigned caseload. The Case Manager Dashboard is only accessible to those users with the Case Manager role.

1. Place your cursor on **Dashboards** in the Main Menu, and when **Case Manager** displays below, click the link.

   The Case Manager Dashboard displays real time information about the scheduled events for the current day, and the status of the authorizations for the members in the case manager's caseload.

   The *Today's Schedule Status* section provides information for the events scheduled for the current day. Refer to Chapter 9 (Scheduling) for further information. The information in this section of the dashboard is divided into three categories:

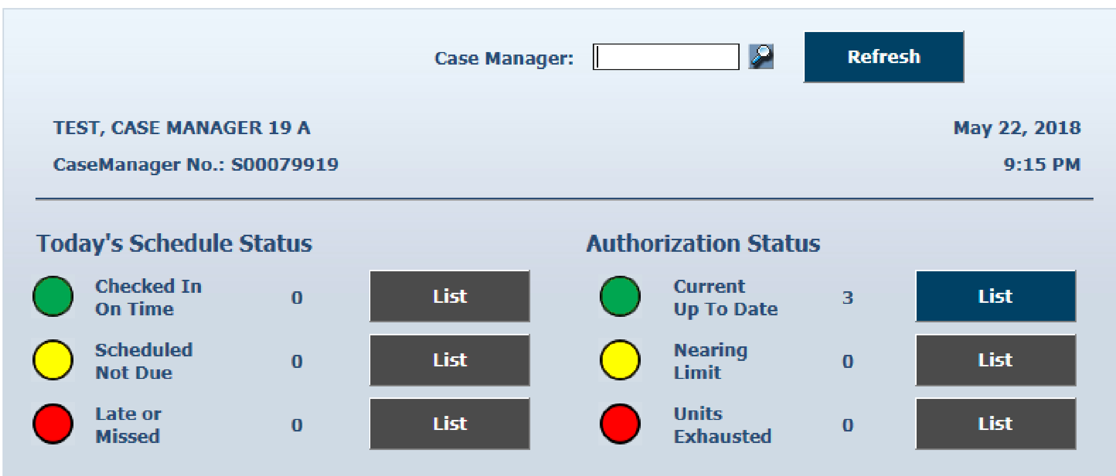
   - Checked In On Time – This represents the number of events for which the worker has checked in on time. (On time is defined as checking in between 30 minutes prior to the scheduled event start time and 30 minutes after the scheduled event start time.)
   - Scheduled Not Due – This represents the number of events scheduled for later in the day.
   - Late or Missed – This represents the number of scheduled events that are past due, where a worker did not check in to match the visit. Late is defined as 30 minutes past the scheduled start time and missed is 60 minutes past the scheduled start time.

   The *Authorization Status* section provides information about the authorizations for the members to which this Case Manager is assigned. For further information on Authorizations, refer to Chapter 8 (Search and View Authorizations).

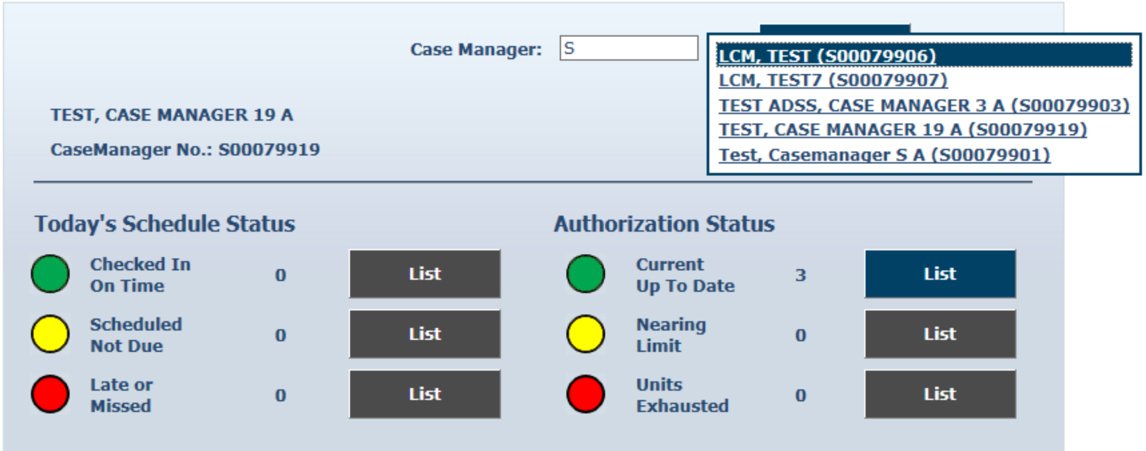
   - Current Up To Date – This represents the number of current authorizations that are not nearing their limit of units or exhausted (more than 10% of the total still available). Click **List** to view the *Authorizations* page which will display only the authorizations that fall into this category. Refer to Chapter 8 for additional information.

- Nearing Limit – This represents the number of current authorizations that are approaching exhaustion of available units (less than 10% of the total remaining). The number of authorizations that display here is dependent on the configurable value set for the threshold used to determine if an authorization is approaching exhaustion. For example, if an authorization is within the last 10% of units remaining, it would be counted in the Nearing Limit authorizations if this was the configured value for the threshold. Click **List** to view the *Authorizations* page which will display the authorizations that fall into this category. Refer to Section 8.1 for additional information.
- Units Exhausted – This represents the number of current authorizations that have zero units remaining. Click **List** to view the *Authorizations* page which will display the authorizations that fall into this category. Refer to Section 8.1 for additional information.

2. A lead case manager can access the Dashboard with the option to view the information of one case manager at a time. The initial case manager information displayed on the Dashboard is not necessarily the lead's information. It can belong to any case manager associated with the lead's AAA region.



A user has the option to search by the case manager name (last name or last name, first name) or ID by entering it in the text box provided at the top of the page and clicking on the magnifying glass next to it to see the list. Once the case manager is entered/selected, click **Refresh** to update the page with the information.



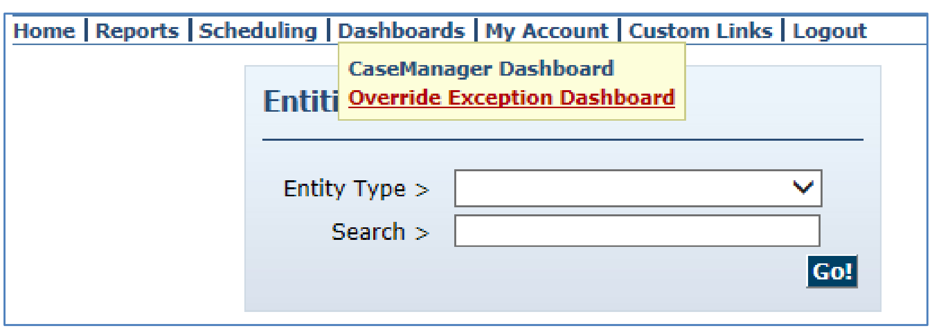
3.6 Override Exception Dashboard

Using Override Exception Dashboard, case managers and lead case managers have access to view the count of the claims with Missing Supervisory Visit exception.

Missing Supervisory Visit is a critical exception that gets applied to claims with specific services if a supervisory visit is not performed for the client within the past ‘x’ number of days as defined by the Medicaid agency.

1. The look and feel of the Override Exception Dashboard is similar to the Case Manager Dashboard.

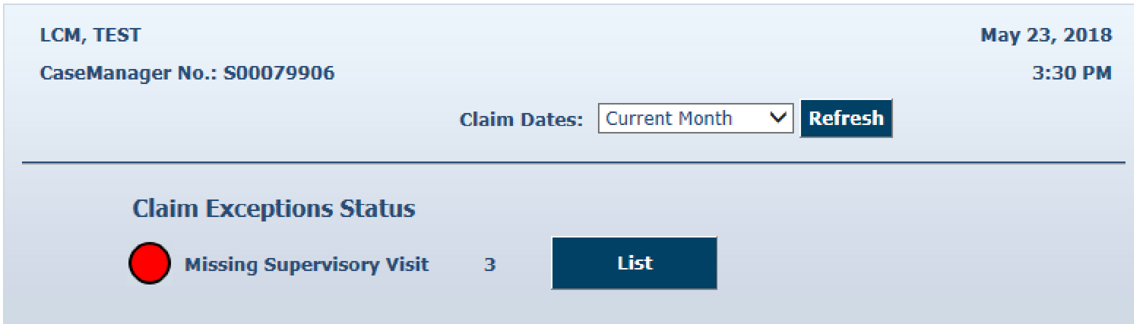
   - Override Exception Dashboard displays the count of the claims with the critical exception MissingSupervisoryVisit. The following rules are applied while retrieving the claims:
     - The only other critical exception the claim has apart from the Missing Supervisory Visit is Billing Confirmed.
     - And the claim is not inactive.
   - Select Override Exception Dashboard from the menu.



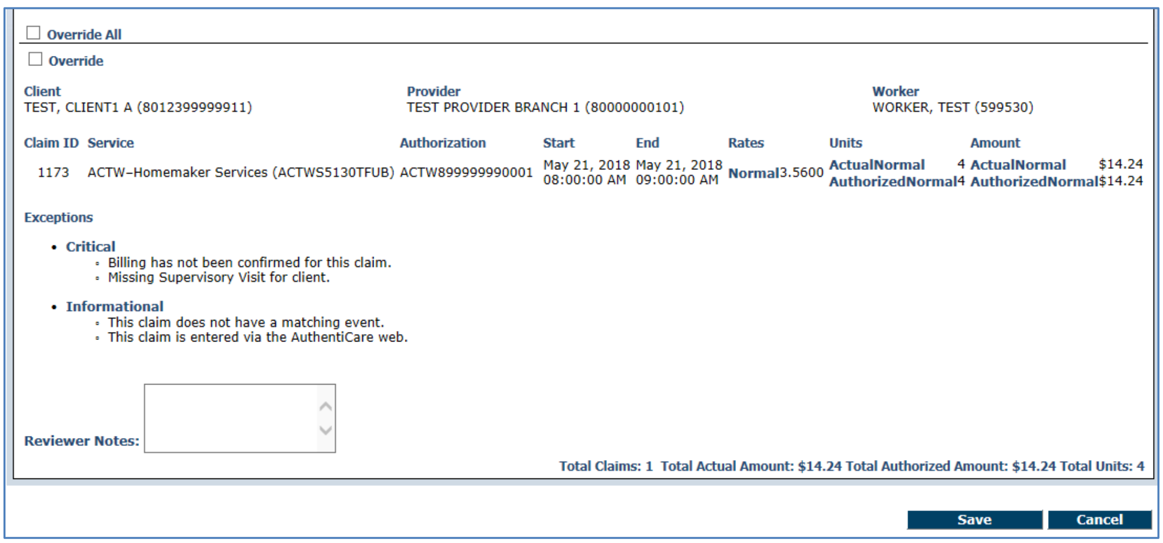
   - The real time count for the claims with Missing Supervisory Visit critical exception is displayed on the Dashboard.
   - The search filter for Claim Dates defaults to Current Month. To change this value, select **Claim Dates** from Current Day, Current Week, Last

Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

- After selecting **Claim Dates**, the user must click **Refresh** to view the updated information.



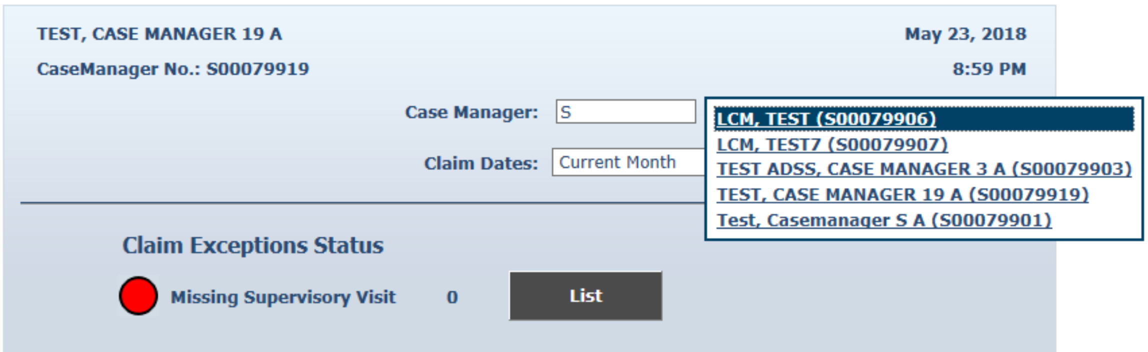
- Click the **List** button next to the count to display the corresponding claims. The override screen is configured to display 20 claims at a time.



- To override the Missing Supervisory Visit exception, the user has to select the Override checkbox and hit Save. Notes entered will be saved with the claim.
- Once the claim is overridden, it will not be editable by the provider user except for making it Inactive. Note: Once made Inactive in this case, it cannot be activated.
- The Missing Supervisory Visit critical exception will be removed from the overridden claim and an informational exception, Missing Supervisory Visit Override, will be applied to indicate the claim is overridden by the reviewer.
- The Provider user has to use either Bulk-Confirm or Bulk-View to confirm the overridden claims. They cannot be confirmed from the Claim details page.

2. A lead case manager user can access the Override Exception Dashboard with the option to view the data for the case managers in their region, one at a time.

   The initial case manager information displayed on the Dashboard can belong to any case manager associated with the lead's AAA region.

   The user has the option to search either by the case manager name (last name or last name, first name) or ID by entering it in the text box provided at the top of the page and clicking the magnifying glass next to it.

   Once the case manager is entered/selected, click **Refresh** to view the claim count associated with the specific ID. The lead user can override the claim on behalf of the selected case manager.

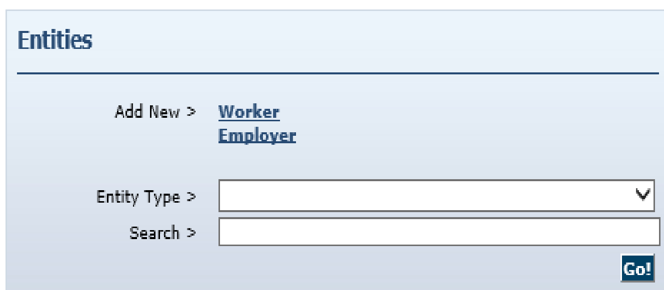
Chapter 4 SEARCH/VIEW THE PROVIDERS, CLIENTS, EMPLOYERS, WORKERS AND CASE MANAGERS

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

- State administrator users can view all people and agencies in AuthentiCare Alabama.
- Branch office provider users can view the information about their branch office as well as information about all clients served by the branch office and information about all workers who work for that branch office.
- FMS provider (provider) users can view information about the clients, employers and workers associated with their provider number.
- An Employer user can view information that pertains only to himself/herself or to the client he/she represents.
- A case manager can see all information about the clients in his/her caseload including which services have been scheduled and/or provided, and by whom.

4.1 SEARCHING FOR THE AGENCY, CLIENTS, EMPLOYERS OR WORKERS

1. Enter a name, partial name (at least the first four characters of the last name) or ID in the **Search** field and click **Go!**



For specific instructions regarding the Provider search, refer Section 4.1.1.

For specific instructions regarding Client searches, refer Section 4.1.2.

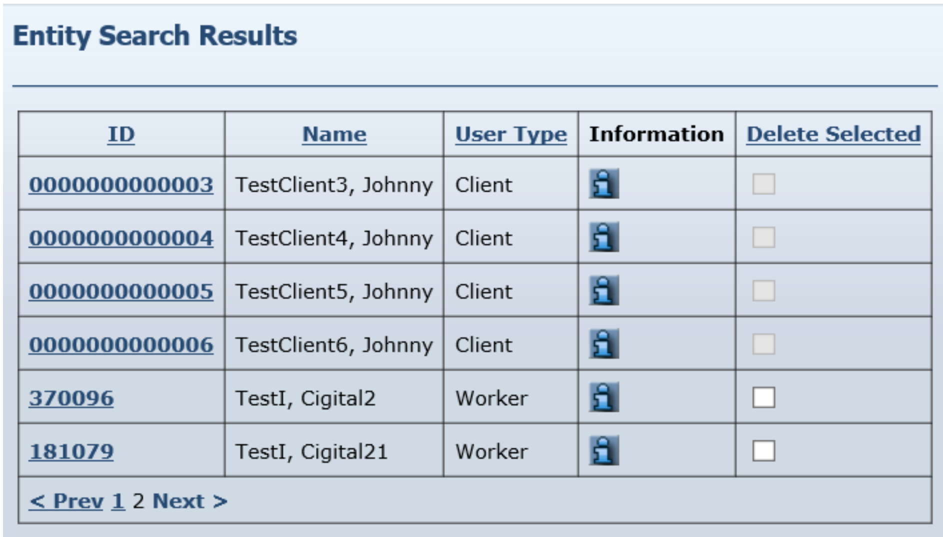
For specific instructions regarding Worker searches, refer Section 4.1.3.

For specific instructions regarding Employer searches, refer Section 4.1.4

For specific instructions regarding Case Manager searches, refer Section 4.1.5.

	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 Entity Search Results displays 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.

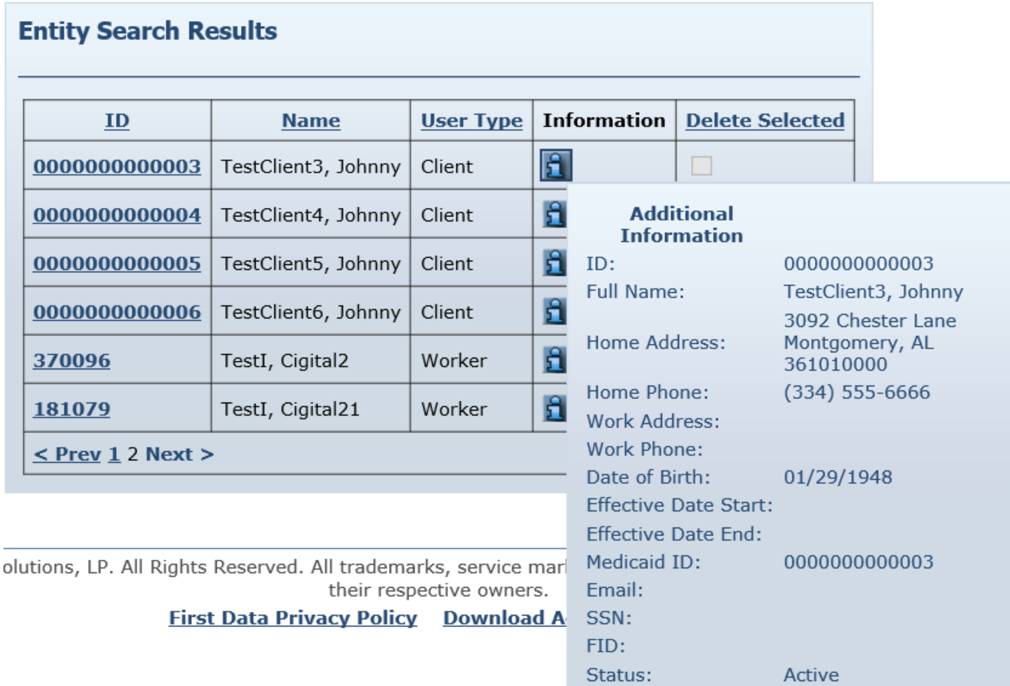


Entity Search Results

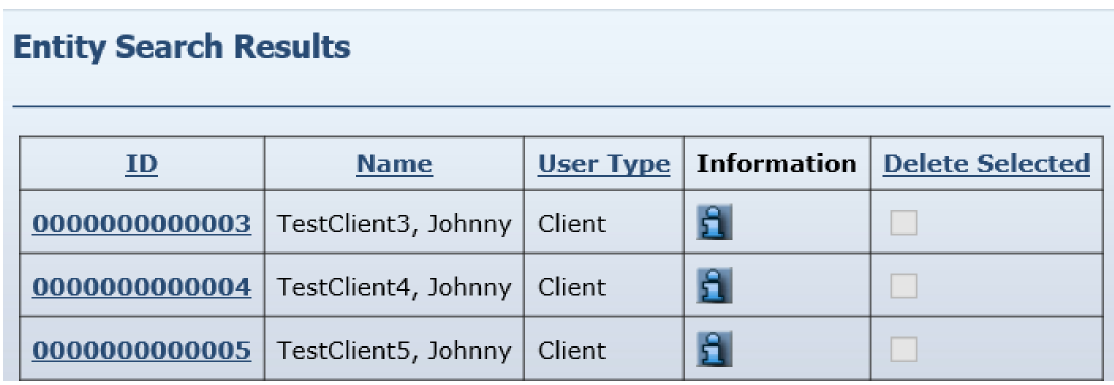
ID	Name	User Type	Information	Delete Selected
0000000000003	TestClient3, Johnny	Client		
0000000000004	TestClient4, Johnny	Client		
0000000000005	TestClient5, Johnny	Client		
0000000000006	TestClient6, Johnny	Client		
370096	TestI, Cigital2	Worker		
181079	TestI, Cigital21	Worker		

< Prev 1 2 Next >

2. 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.
3. 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.
4. Position the cursor over the **Information icon** to display a pop-up with more detailed information.



5. 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. In this case, the Client Entity Settings page would display.



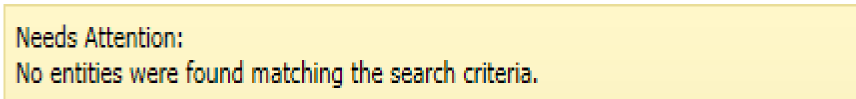
4.1.1 Viewing Providers

Providers need to review their agency information in AuthentiCare® on a regular basis to verify that all information on the Provider Entity Settings page is correct.

AuthentiCare users can search for a provider agency in one of the following ways:

- Click the provider agency name from the Entity Search Results page.
- Enter the agency name in the Entities Search field on the Home page. Click **Go!**
- Enter the last 4 alphanumeric characters of the Provider FID in the Entities Search field on the Home page. Click **Go!**

When searches are done with more than the last 4 alphanumeric characters, but not the total number in the full ID, the records will not be obtained. The message that displays at top left on the Home page reads: “Needs Attention: No entities were found matching the search criteria.”

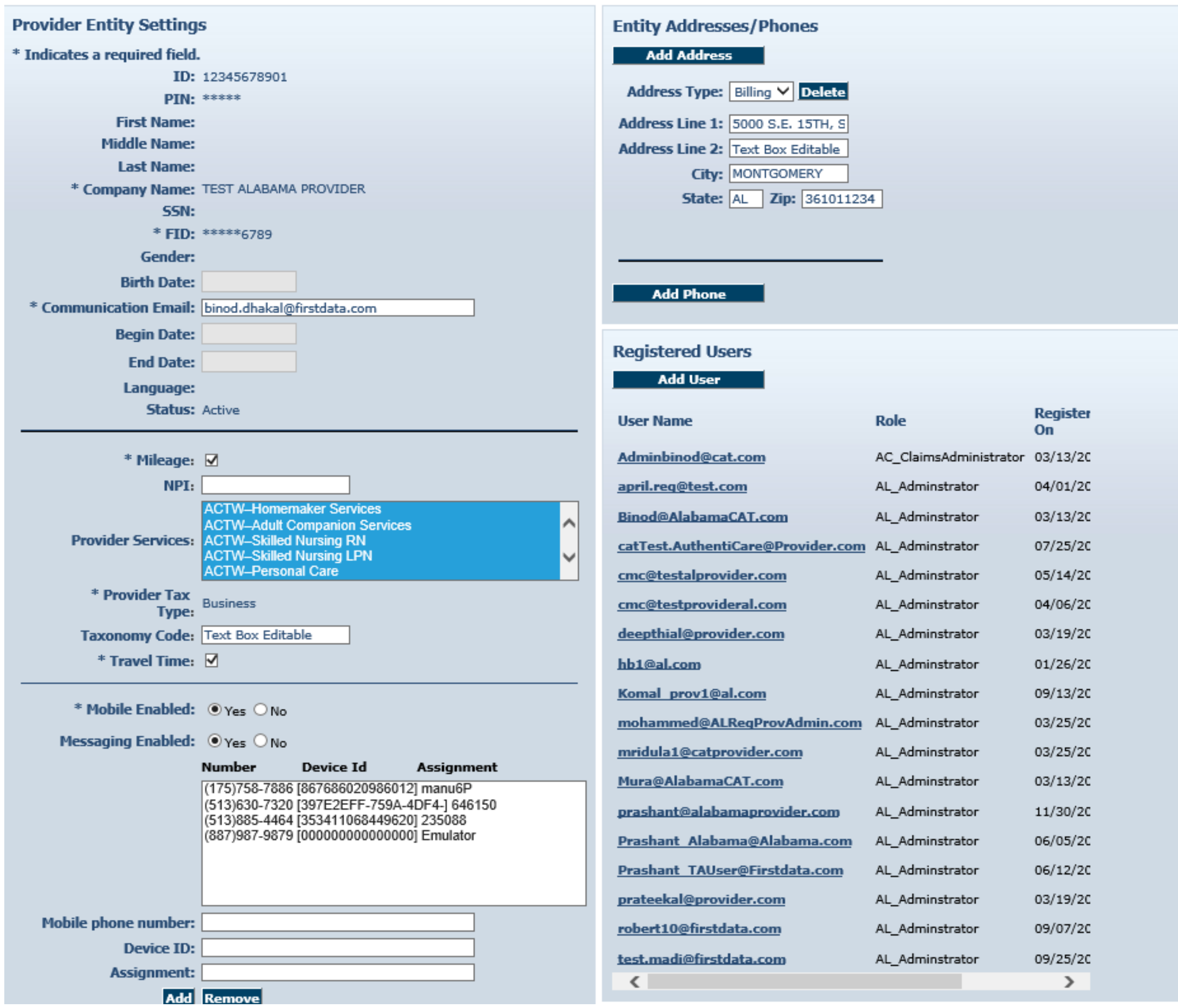


When the search is successful, the *Provider Entity Settings* page displays.

The Provider Entity Settings page provides the agency’s demographic information, the services enrolled to provide, the list of workers providing services through the agency, office address and phone information, office holidays, and work hours. This information is restricted to match the rights of the User who is logged in to AuthentiCare. A provider can see only the information specific to that provider’s office.

Only the provider can edit the information in certain editable fields on the Provider Entity Settings page. State administrative staff members can view, but not change, any provider information open to edit.

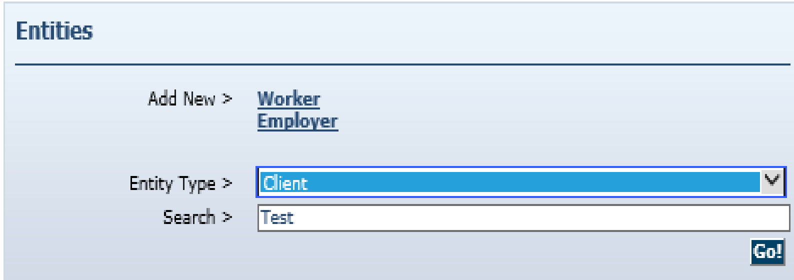
Providers, including FMS providers, are created in AuthentiCare Alabama via file transfer from the Operating Agencies.



4.1.2 VIEWING CLIENTS

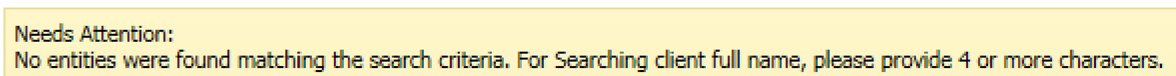
AuthentiCare users can search for clients in one of the following ways:

- Click the client name from the Entity Search Results page.
- Enter the client's full last name, or the last 4 alphanumeric characters of the client's last name, in the Entities Search field on the Home page. Click **Go!**
- Enter the last 4 alphanumeric characters of the client's SSN in the Entities Search field on the Home page. Click **Go!**



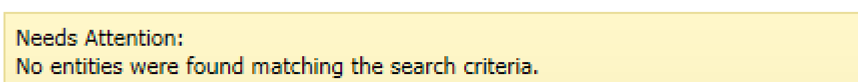
The Client Last Name search will complete only if a User enters 4 or more alphanumeric characters.

If User enters fewer than 4 alphanumeric characters, then the message that displays at the top left of the Home page will read: “Needs Attention: No entities were found matching the search criteria. For searching client full name, please provide 4 or more characters.”



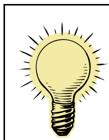
The Client ID and Client SSN will display with the last 4 alphanumeric characters entered in the Entities Search field on the Home page.

When searches are done with more than the last 4 alphanumeric characters, but not the total number in the full ID, the records will not be obtained. The message that displays at the top left on the Home page will read: “Needs Attention: No entities were found matching the search criteria.”



When the search is successful, the *Client Entity Settings* page displays.

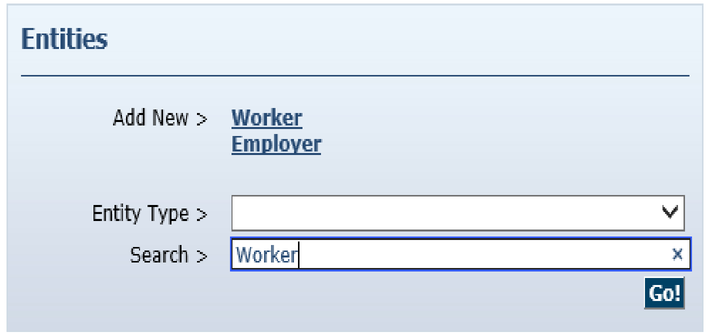
This page provides client information required for claims processing, scheduling and using the AuthentiCare mobile application/IVR. The client's name and Medicaid ID must be an exact match to the information in Alabama Medicaid in order for a claim to process and be paid without exception. Only the provider can edit client information on the web, editing is restricted to limited fields only. Refer to Section 7.1.

	*Important – **Case Managers** should review this page routinely for each client for whom they are responsible.*

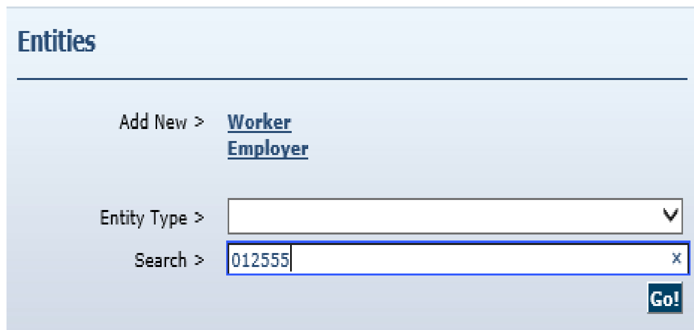
4.1.3 Viewing Workers

AuthentiCare users can search for workers in one of the following ways:

- Click the Worker ID found on the Entity Search Results page.
- Enter the worker's full or partial last name in the Entities Search field on the Home page. Click **Go!**

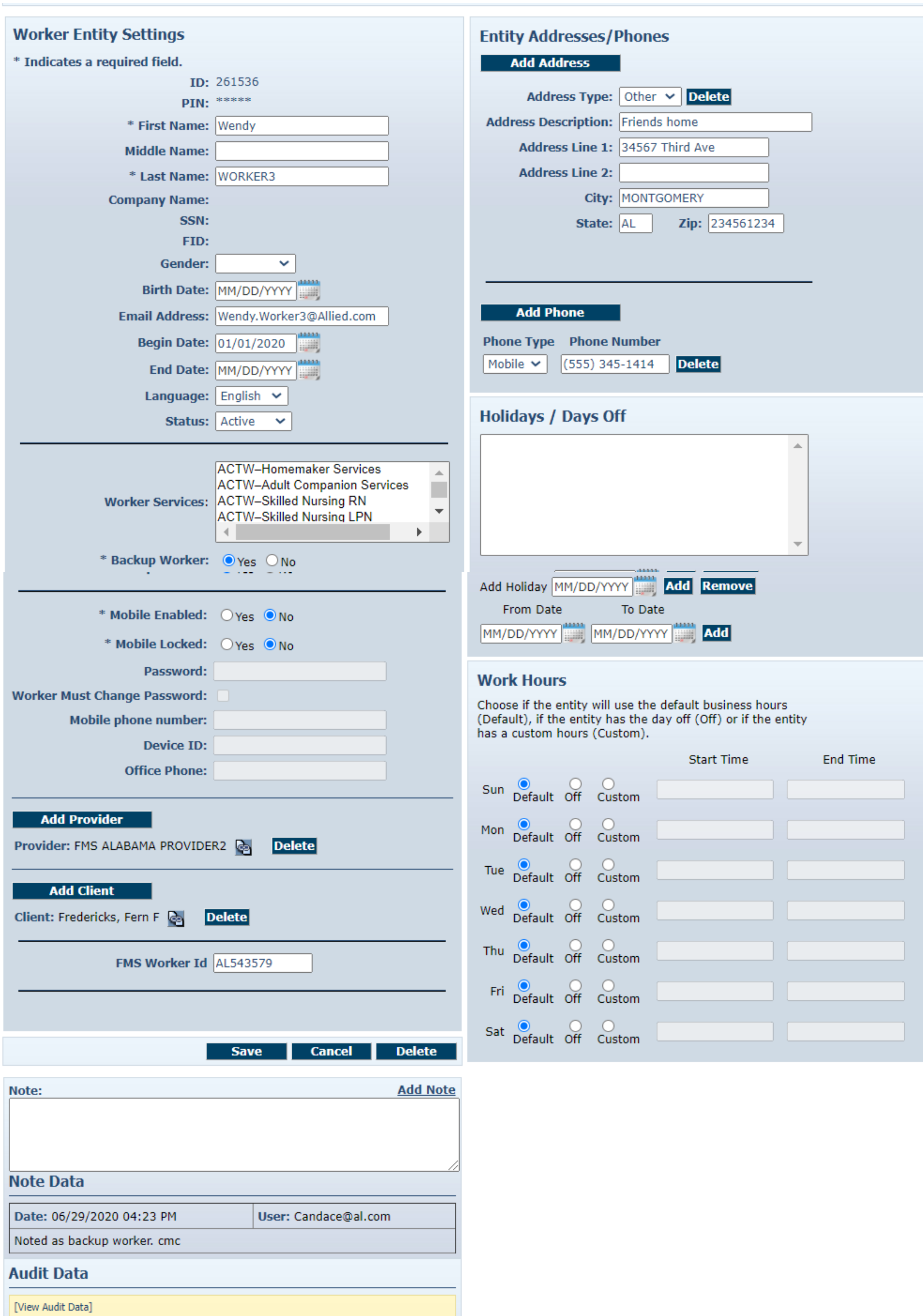


- Enter the Worker ID in the Entities Search field on the Home page. Click **Go!**



A successful search will display the *Worker Entity Settings* page.

First Data.

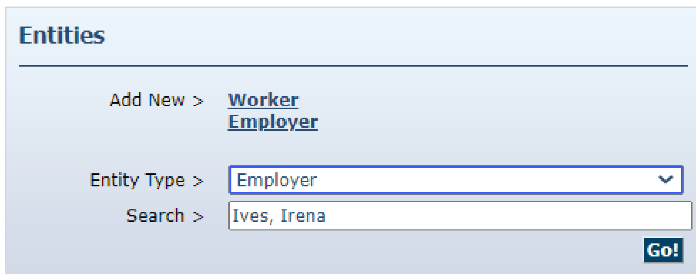

Worker Entity Settings
* Indicates a required field.
ID: 261536
PIN: *****
* First Name: Wendy
Middle Name:
* Last Name: WORKER3
Company Name:
SSN:
FID:
Gender:
Birth Date: MM/DD/YYYY
Email Address: Wendy.Worker3@Allied.com
Begin Date: 01/01/2020
End Date: MM/DD/YYYY
Language: English
Status: Active
Worker Services: ACTW–Homemaker Services
ACTW–Adult Companion Services
ACTW–Skilled Nursing RN
ACTW–Skilled Nursing LPN
* Backup Worker: Yes No
* Mobile Enabled: Yes No
* Mobile Locked: Yes No
Password:
Worker Must Change Password:
Mobile phone number:
Device ID:
Office Phone:
Add Provider
Provider: FMS ALABAMA PROVIDER2 Delete
Add Client
Client: Fredericks, Fern F Delete
FMS Worker Id AL543579
Save Cancel Delete
Note: Add Note
Note Data
Date: 06/29/2020 04:23 PM
User: Candace@al.com
Noted as backup worker. cmc
Audit Data
[View Audit Data]
Entity Addresses/Phones
Add Address
Address Type: Other Delete
Address Description: Friends home
Address Line 1: 34567 Third Ave
Address Line 2:
City: MONTGOMERY
State: AL
Zip: 234561234
Add Phone
Phone Type
Phone Number
Mobile
(555) 345-1414
Delete
Holidays / Days Off
Add Holiday MM/DD/YYYY Add Remove
From Date
To Date
MM/DD/YYYY MM/DD/YYYY Add
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 Default Off Custom
Mon Default Off Custom
Tue Default Off Custom
Wed Default Off Custom
Thu Default Off Custom
Fri Default Off Custom
Sat Default Off Custom

This page provides information about the worker that is required for scheduling and capturing service activities via the IVR and the AuthentiCare mobile app. This information is entered and maintained by the provider.

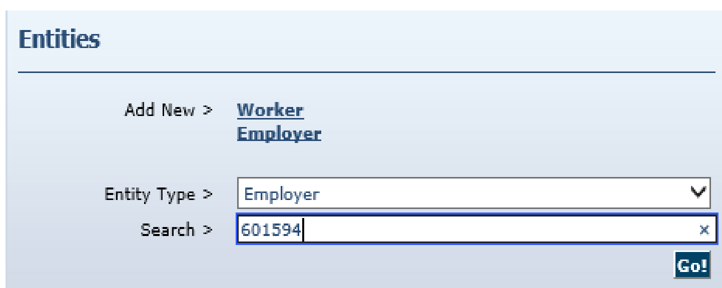
4.1.4. Viewing Employers

FMS provider users can search for Employers in one of the following ways:

- Click the Employer ID found on the Entity Search Results page.
- Enter the Employer's full or partial last name in the Entities Search field on the *Home* page. Click **Go!**



- Enter the Employer ID in the Entities Search field on the Home page. Click **Go!**

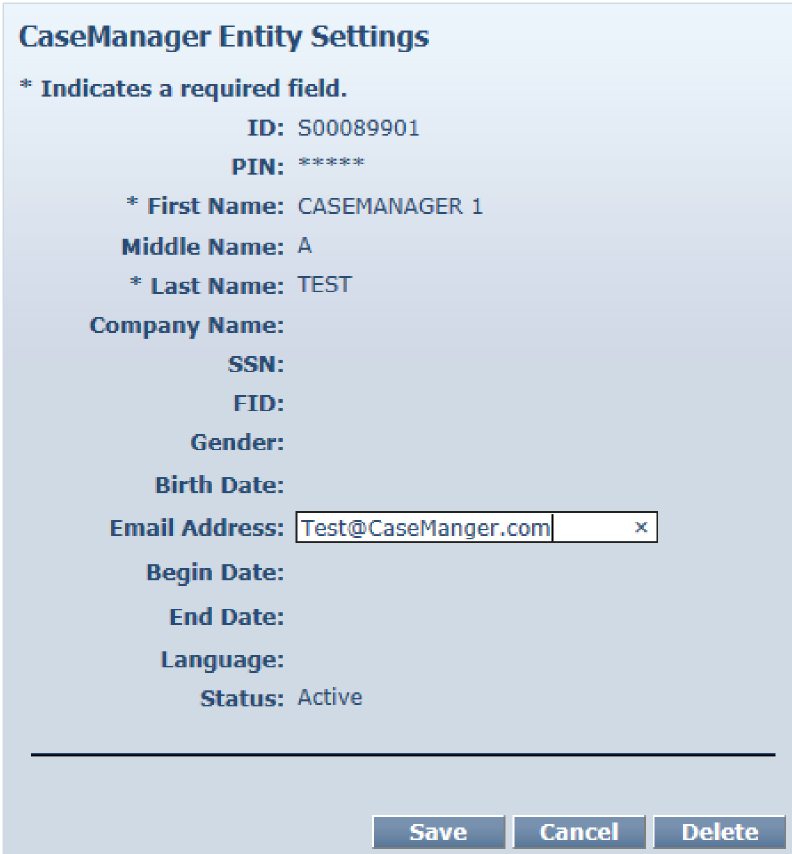


A successful search will display the *Employer Entity Settings* page.

This page provides Employer information required for contacting the Employer, authorizing services on behalf of the client with e-signature using the mobile application, or employer attestation, and the web. The information is entered and maintained by the FMS provider and with limited editing access to the Employer.

4.1.5 Viewing Case Managers

If you click a Case Manager's ID number on the Entity Search Results page, the Case Manager Entity Settings page displays.



These search functions apply for all AuthentiCare searches and filters. In addition to Searches in the Entities section of the Home page, these enhanced alphanumeric search functions apply to the following AuthentiCare features: Authorizations searches, Claims searches, Report Templates filtering, Calendar searches and Scheduling.

Chapter 5 MANAGING PROVIDER INFORMATION

5.1 EDITING PROVIDER INFORMATION

Providers, including FMS providers, are created in AuthentiCare Alabama by file transfer from the Operating Agencies. Each provider agency can access information related to only that specific agency. State Administrative staff can also view a provider's information, but cannot change any of a provider's information on the web.

When first signing on to the system, the Provider Administrator user must review the provider information in AuthentiCare Alabama. Any corrections to the data that cannot be edited via the AuthentiCare web should be directed to the corresponding Operating Agency. There is important data that must be completed for each agency. The fields that must be addressed and completed/validated are:

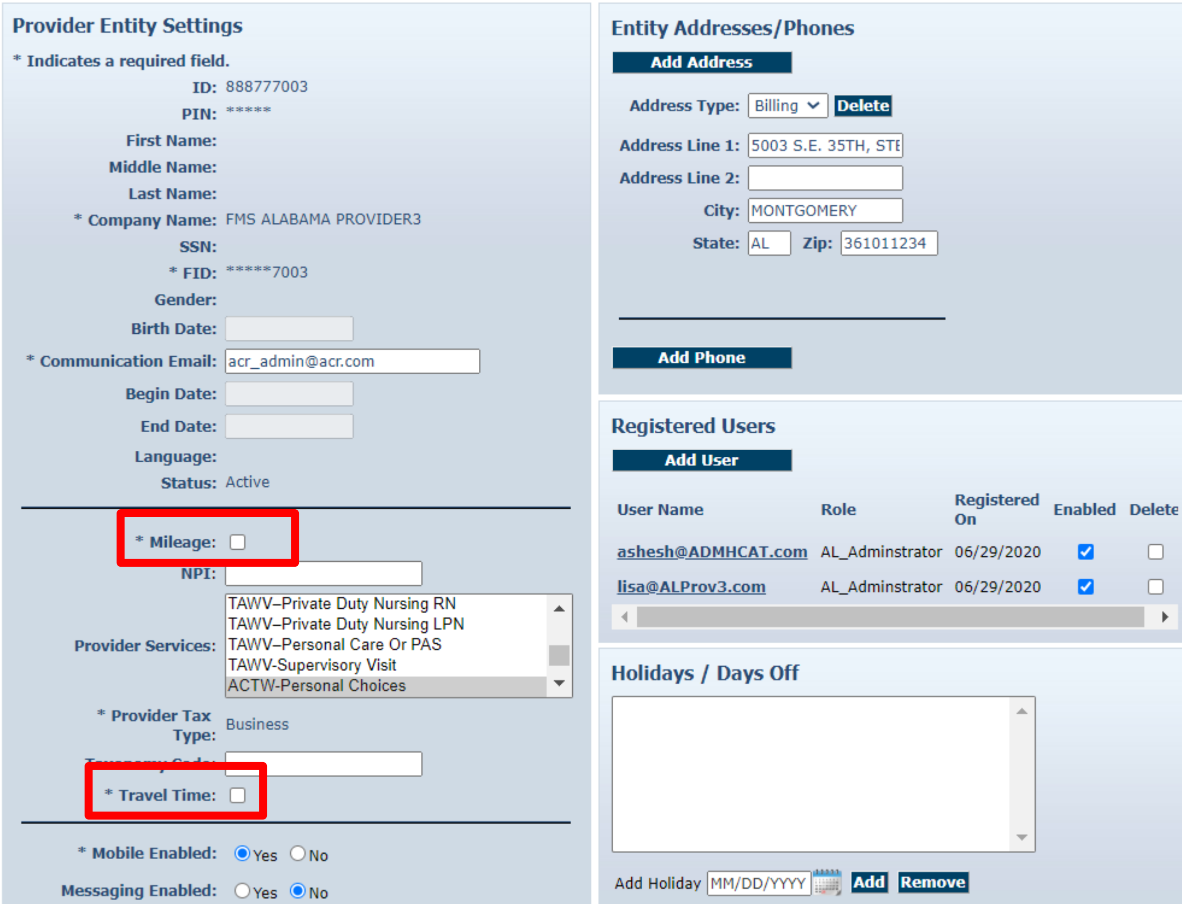
- **Email Address**
- **Mileage**
- **Travel Time**
- **Work Zip Code – 9 digits (For TA Waiver only)**

In addition to editing the provider information upon initial use of AuthentiCare Alabama, 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.

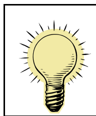
1. Follow the Search and View instruction above to access your *Provider Entity Settings* page.
2. Verify the existing data is correct.
3. Enter/edit the **Email Address**. This is where AuthentiCare Alabama will automatically send alerts for missed and late visits.

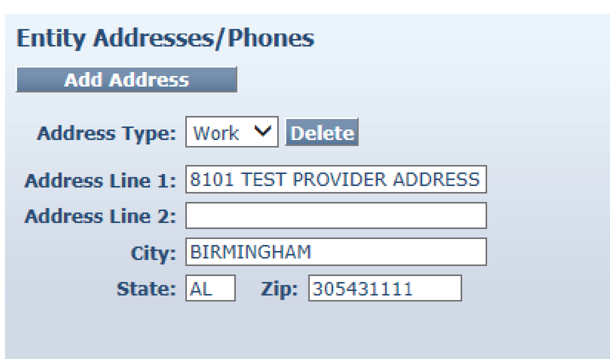
	Unlike the email address you use for your user name, AuthentiCare Alabama uses this address to automatically send an alert if a worker is late checking in for a scheduled service and/or if a worker does not check in at all to provide a scheduled service (missed visit). *There can only be one email address but it can be an individual or an address that distributes the email to multiple employees within your agency.*

4. Select the **Mileage** checkbox if you want to collect mileage information from workers when they check-in via the mobile device, IVR, or when claims are added via the web.
5. Select the **Travel Time** checkbox if you want to collect travel time information from workers when they check-in via the mobile device, IVR, or when claims are added via the web.



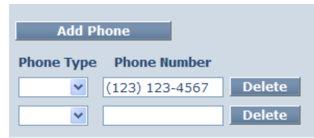
6. Verify the Provider work address information and enter the 9 digit **Zip** for that address. This requires adding the last 4 digits to the data provided in the field <u>without a dash</u>.

	*For TA waiver claims, the Provider's Work address will be used in the electronic claim submission to identify the agency's location.*

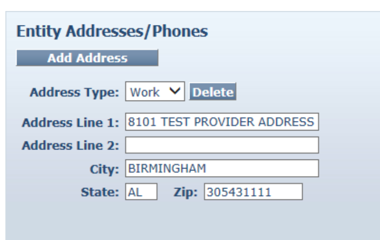


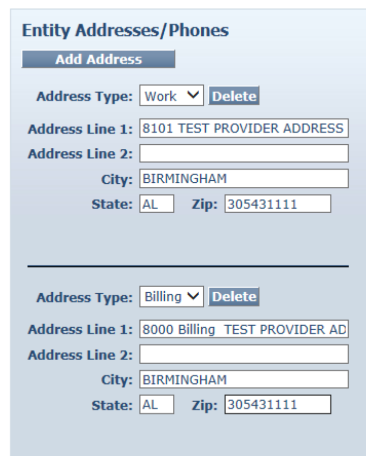
7. Enter additional information in the appropriate fields if desired.

*If you choose to add phone numbers, then click **Add Phone**. Once you click **Add Phone**, you must complete **Phone Number** in order to be able to save the provider.*



*An address for the provider may be included in the data received from the Operating Agencies. If you choose to add additional addresses, click **Add Address**. Once you click **Add Address**, you must complete **Address Type, Address Line 1**, **City**, **State**, and **Zip** in order to be able to save the provider. If you click **Add Address** and choose not to enter the address information, click **Delete** to be able to save the provider with no errors related to the address fields.*





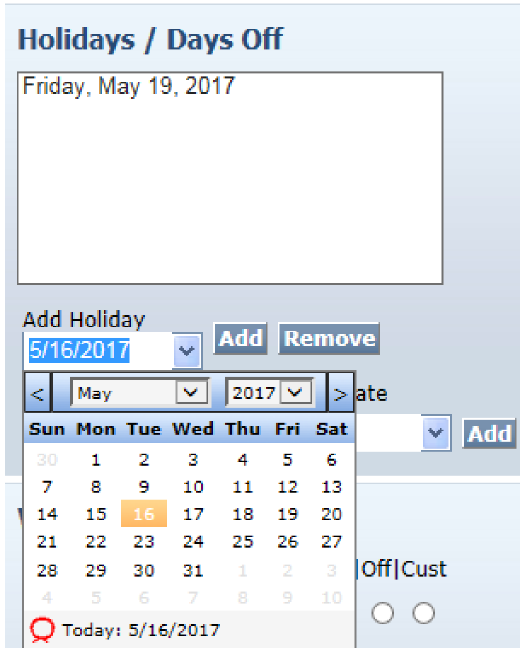
*Do not use **Add Worker**. Please refer to Section 6.1 for instructions to add workers, but the button on this page should not be used.*

8. Enter the following schedule information.

   A) Providers <u>may choose</u> to add **Holidays/Days Off** for the agency. These are days that the agency does not provide services to clients, not days that the office is closed.

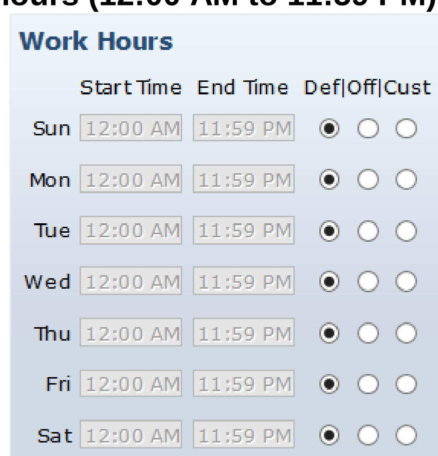
      - To add a single day: Type in the **Date** OR choose a date from the calendar then click **Add**.

- 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**.

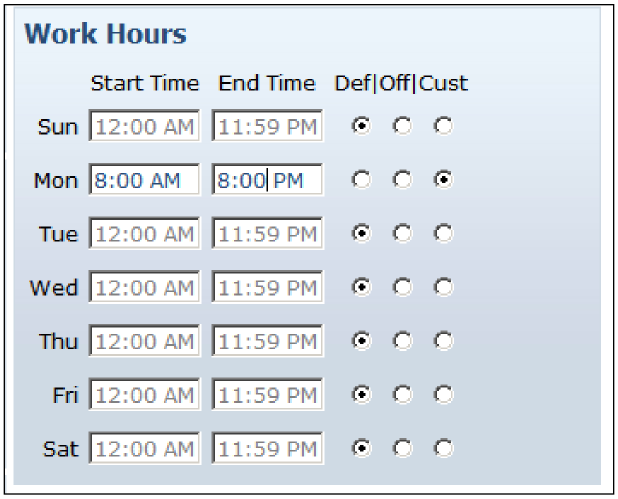


B) Providers may choose to enter **Work Hours**. These are the hours that workers from your agency may provide services for clients and does not reflect the office hours of the agency.

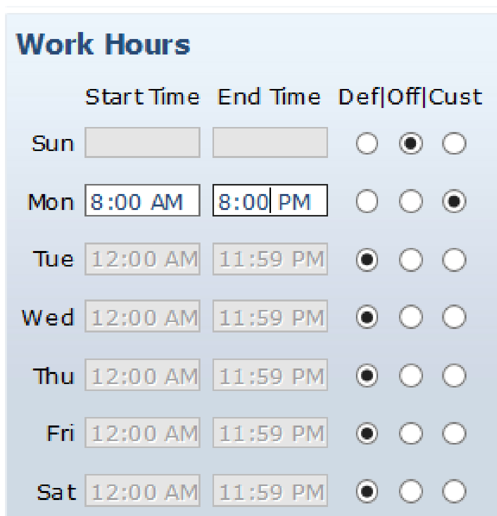
- To apply the **default hours (12:00 AM to 11:59 PM)**, no change is needed.



- To **enter specific service hours** for one or more days of the week:
  - Click the radio button in the column labeled “**Cust**” (for Custom)
  - Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.

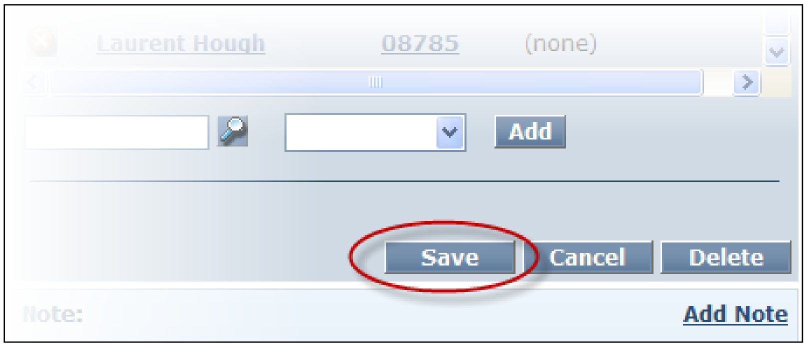


- To **establish days of the week (for every week)** that the agency's workers do not provide services (for example on Sunday):
    - Check the circle in the column labeled "**Off**".



	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, you are not prevented from scheduling a visit outside normal work hours. Refer to Chapter 9, Scheduling.

9. Click **Save**.



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

5.2 835 Electronic Remittance Advice from Alabama MMIS System

AuthentiCare Alabama submits agency services claims on the provider's behalf to the MMIS system in a HIPAA compliant 837 electronic file. The MMIS system provides the adjudication results back in a HIPAA compliant 835 electronic remittance advice file to the corresponding Operating Agency for ACT, 530, E and D, SAIL, ID and LAH waivers. For the TA waiver, the adjudication results are sent to the provider.

For ACT, 530, E and D, SAIL, ID and LAH waivers, the corresponding Operating Agency will upload the 835 file to AuthentiCare Alabama via file transfer. For TA waiver, the providers are required to upload the 835 remittance advice into AuthentiCare Alabama via web. The advantage to having the file loaded into AuthentiCare Alabama is that a complete history of each claim will be in one system, from the worker's IVR call or mobile device visit entries, (or claim web entry) through adjudication, with the amount paid linked to each service episode.

If the 835 remittance advice is not loaded into AuthentiCare Alabama, many reports will be incomplete; having no information about a claim beyond the date it was submitted for adjudication.

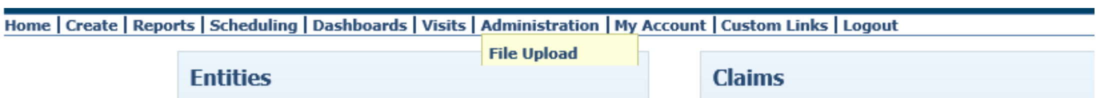
TA waiver providers have the ability to directly upload 835 data into AuthentiCare Alabama using the process that is outlined in Section 5.3 below.

5.3 Uploading the 835 into AuthentiCare

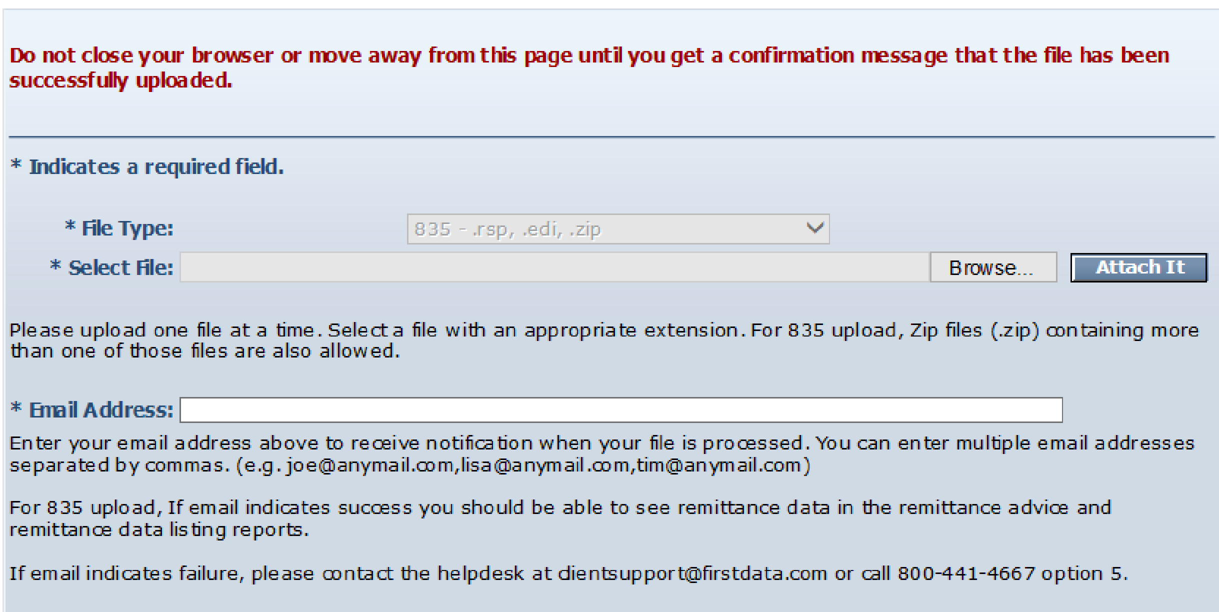
TA waiver providers can upload the 835 files they receive from the Alabama MMIS system into AuthentiCare Alabama whenever they want to do so. The ability to upload the file is a right assigned to the person(s) at the provider agency with an Administrator role in the system. AuthentiCare Alabama will 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 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.
- To begin the upload process, hover over the **Administration** tab on the tool bar and click the **File Upload** tab when it appears.



The screen below displays with instructions to upload the 835 file.



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, and Medicaid ID in the file).

835 Import History

File Name	Date & Time Uploaded	Uploaded By	Size	Time Processed	Status	Medicaid ID	Payment Date

Chapter 6 MANAGING WORKER INFORMATION

A worker for a provider of agency services is defined as a staff member of the provider agency that will be providing direct services for a client. Prior to implementation, worker information for each provider is pre-populated in AuthentiCare Alabama. When initially logging into the system, providers must verify that the worker information is correct, add any additional information to the Worker Entity Settings page, and make any changes necessary. Workers hired by the provider after the files were sent to First Data for pre-populating must be added by the provider to AuthentiCare Alabama using the web.

For the FMS provider, a worker is a staff member of a client who receives self-directed services. Prior to implementation of self-directed services, worker information for each FMS provider is pre-populated in AuthentiCare Alabama. When initially logging into the system, FMS providers must verify that the worker information is correct, add any additional information to the Worker Entity Settings page, and make any necessary changes.

Workers hired by clients after the files are sent to First Data for pre-populating must be added by the FMS provider to AuthentiCare Alabama using the web. Worker information requires regular maintenance to add new workers, update current worker information, and deactivate workers who no longer work for your Home Health provider agency or with the FMS provider. The following sections describe how these maintenance activities are accomplished.

6.1 ADDING A WORKER

Workers are vital to the AuthentiCare Alabama process. In order for the mobile app and the IVR system to document services provided by a worker, the worker must be in the system and have an ID number. If a worker works for multiple agencies and/or clients who self-direct services, then he/she must be listed and have a unique ID for each agency with which he/she is associated to provide services. This will enable accurate scheduling, and use of the mobile app, IVR, and billing for services provided.

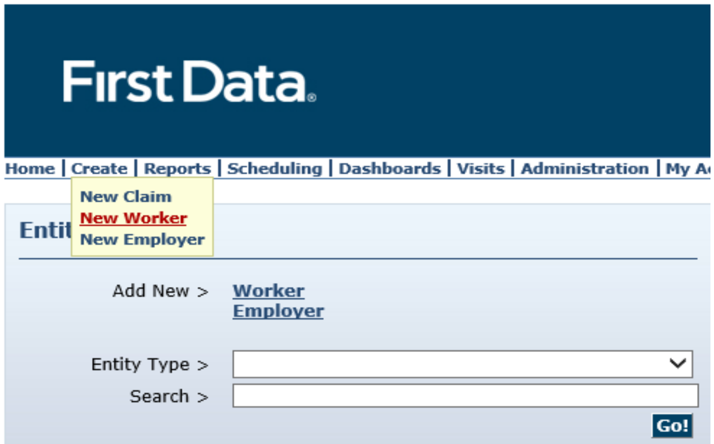
FMS Providers should avoid adding a worker manually using the web. Because of the relationship connections required between the client, employer, worker and authorization, manually entry is not recommended.

Prior to adding a new worker, it is recommended that a search be performed to determine if the worker has already been added. For details on searching, refer to Section 4.1.*3.*

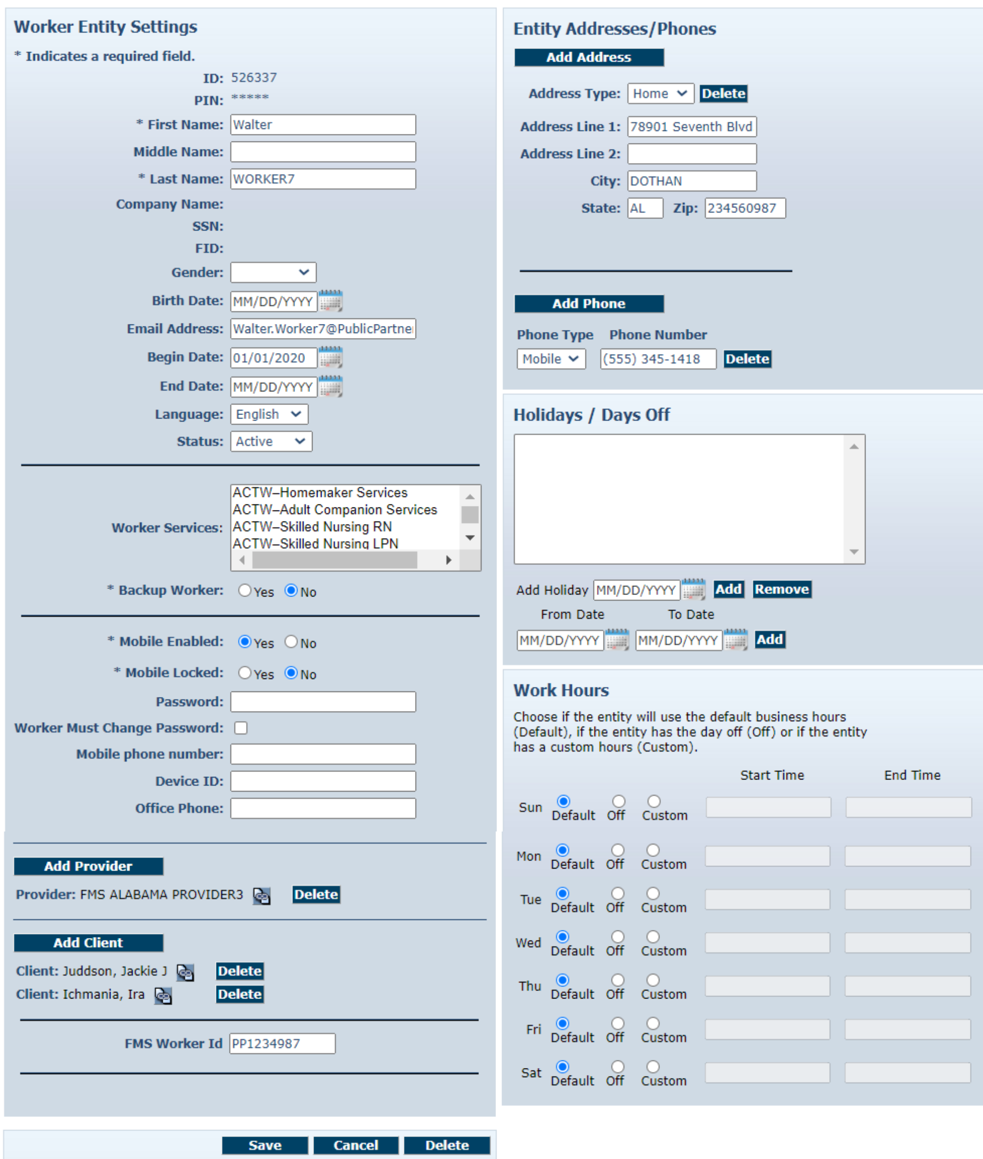
1. Click **Create** in the menu bar and select "**New Worker.**"

OR

1. Click **Worker** adjacent to "Add New >" in the Entities section of the *Home* page.



The *Worker Entity Settings* page displays. This will have a look similar to the *Client Entity Settings* page.



2. Enter the worker's First Name and Last Name.

3. If the worker is a Nurse Supervisor, then it is important to select the Supervisory Visits from the Worker Services. To select multiple services from the list, hold down the Control key (Ctrl) on the keyboard while clicking the selections.

4. If the worker intends to be a back-up worker, click Yes.

5. Complete the Mobile section so the worker can utilize the AuthentiCare mobile application. See Chapter 11 for additional mobile application information.

6. Enter additional information in the appropriate fields if desired.

Provider *is automatically populated with the name of the provider that corresponds to the user that is presently logged into AuthentiCare Alabama and creating this worker. <u>Do not use the Add Provider button.</u>*

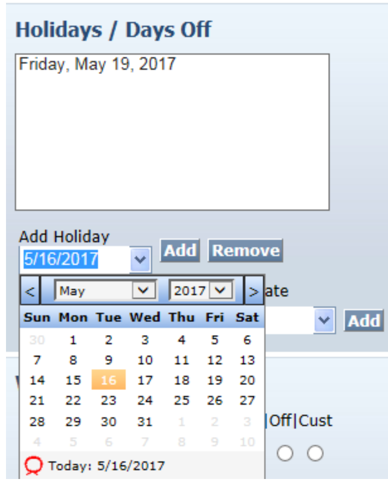
7. Enter the following schedule information, if desired.

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 the Chapter 9, Scheduling.

A) Providers may choose to add **Holidays / Days Off** for each worker to assist with scheduling.

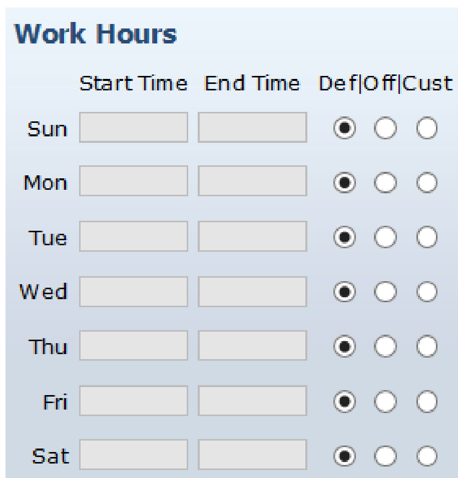
- To add a single day: Type in the **Date** OR choose a date from the calendar, then click **Add**.

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

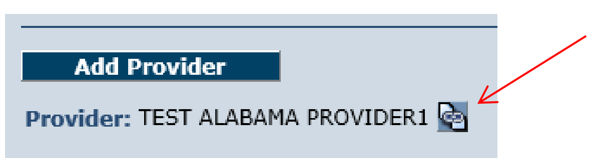


B) Providers may choose to list **Work Hours** for the worker.

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

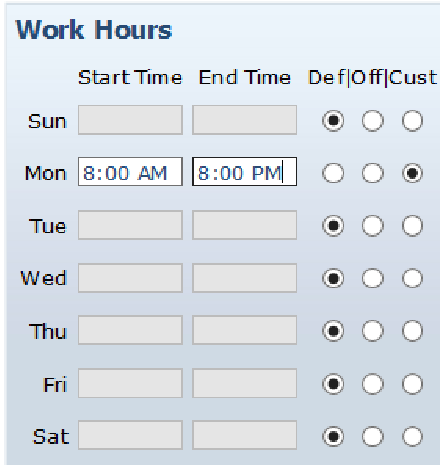


	The default hours are the work hours of the provider and AuthentiCare Alabama automatically checks the circles in the column labeled “Def” for each day. *To see the hours set for the provider, click on the link icon next to the provider’s name. Clicking this icon displays the* Provider Entity Settings *page.*



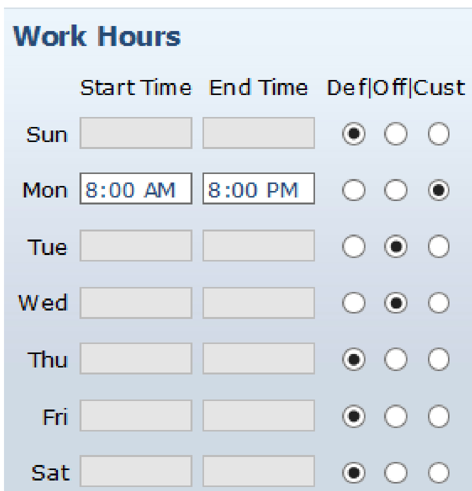
- To **enter hours** that differ from the provider’s work hours for one or more days of the week:
    - Check the circle in the column labeled “**Cust**” (for Custom)

- Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.



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

  - Check the circle in the column labeled "**Off**".

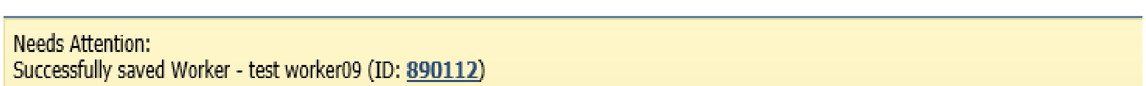


8. Click **Save/Create Another** at the bottom of the page, to save the worker and create another worker.

OR

9. Click **Save**, 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.



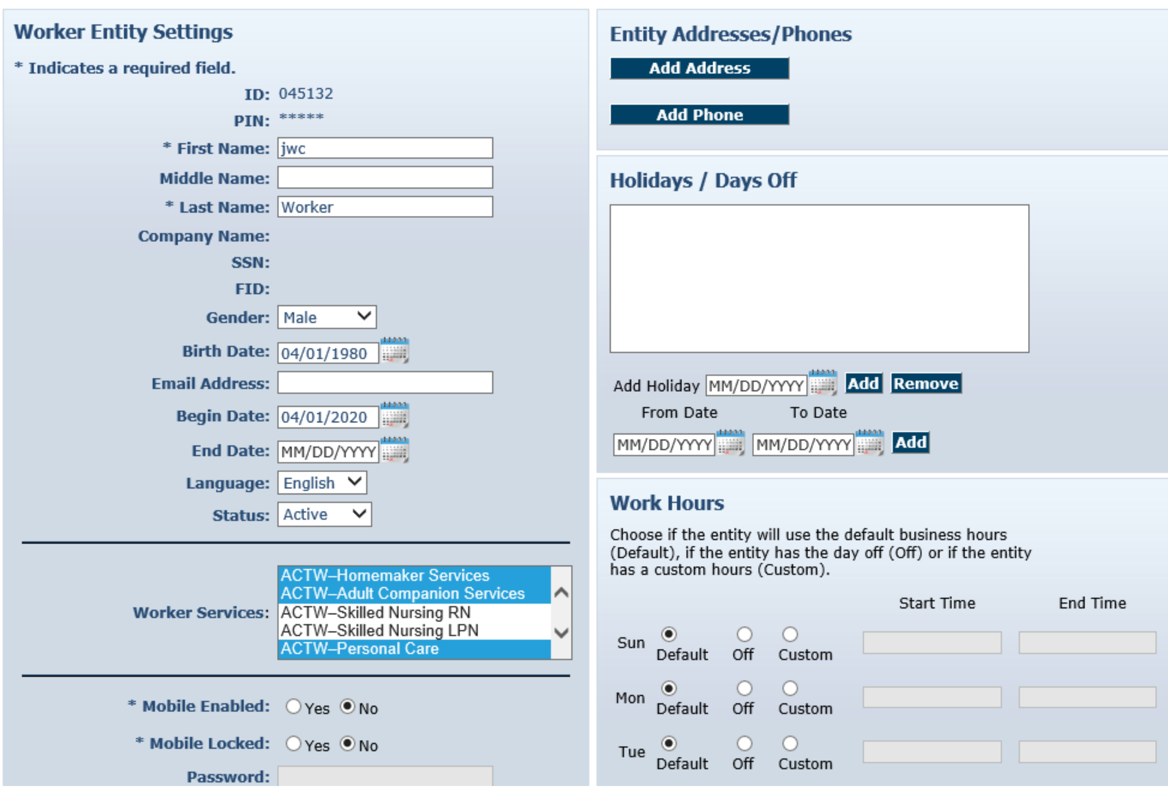
	The worker ID appears in this message. The worker must use this ID when using the mobile device or calling the IVR from the client's home. Be sure to record this ID on the Worker Instruction sheet to be supplied to the worker. The ID can also be found by viewing the Worker Entity Setting page.

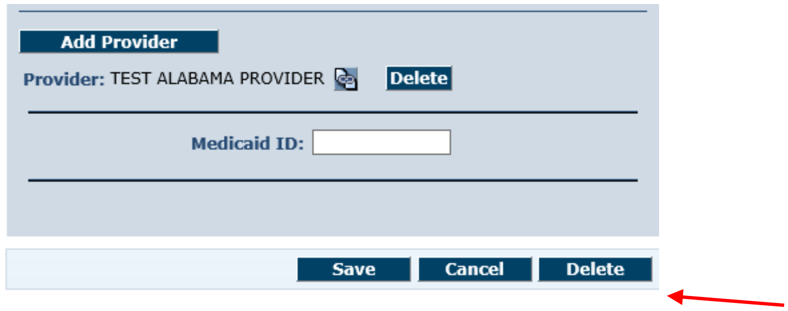
6.2 DELETING A WORKER

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. As soon as an event is scheduled or a claim is created for this worker, the worker cannot be deleted.

1. Search for the worker you wish to delete according to the instructions in Section 4.1.3.

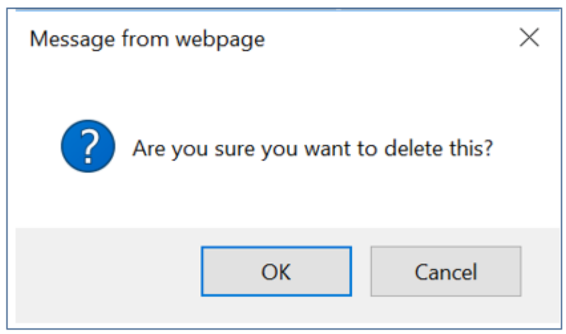
   The *Worker Entities* Settings page displays.





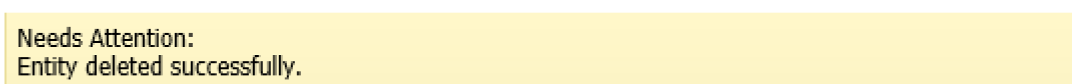
2. Click **Delete**.

   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**.

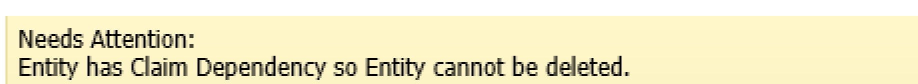


3. Click **OK** to permanently delete this worker.

   You return to the *Home* page. A message displays in the upper left hand corner confirming the deletion.

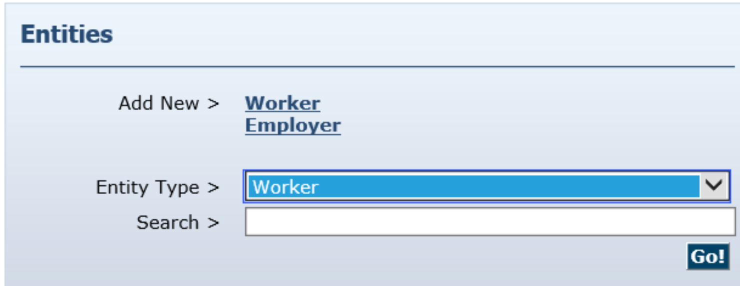


   If the worker you attempted to delete had any other relationships in the system, an error message will display informing you that the deletion was not completed.

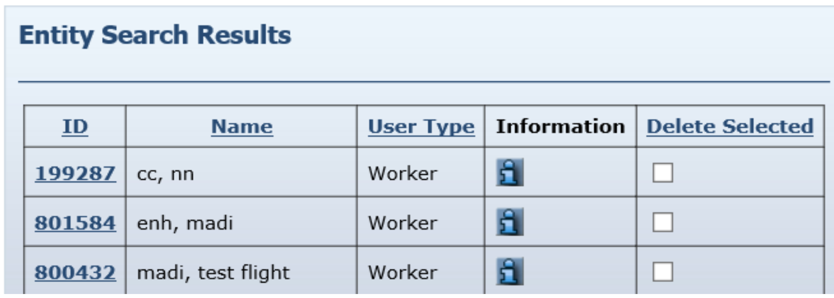


OR

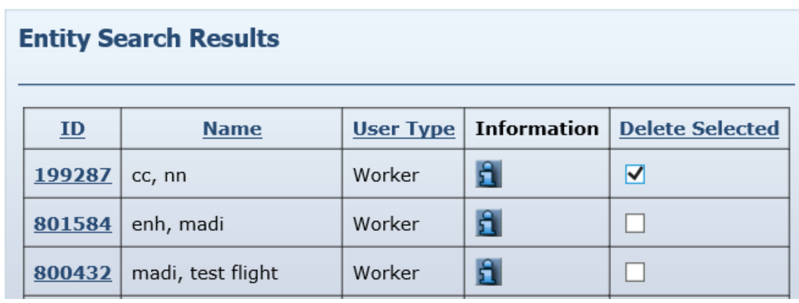
1. Enter an Entity Type to shorten the search, enter a name, partial name, or ID in the **Search** field and click **Go!** If you enter the Entity Type as Worker and leave the Search field blank before clicking Go!, all workers associated with the agency will display.



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

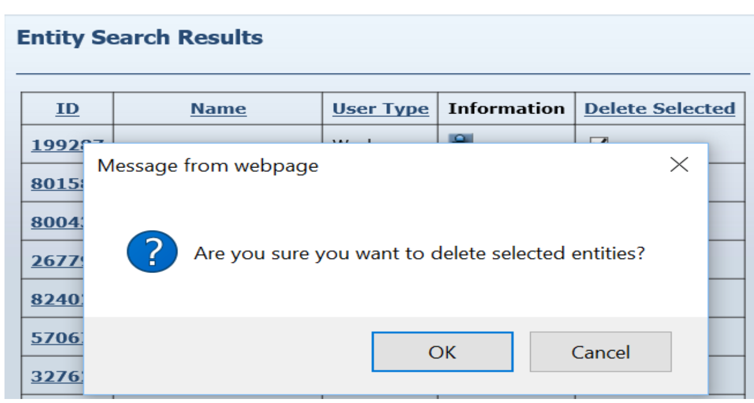


2. Click the checkbox in the **Delete Selected** column.



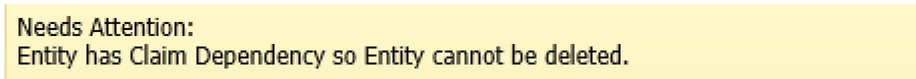
3. Click the **Delete Selected** column heading to delete the worker you wish to delete.

   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**.

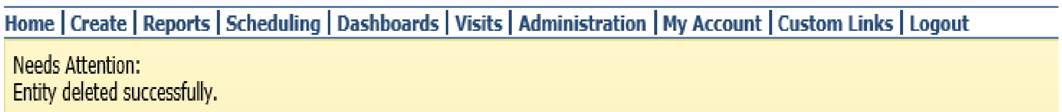


4. Click **OK** to permanently delete this worker.

   You return to the *Home* page. 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.



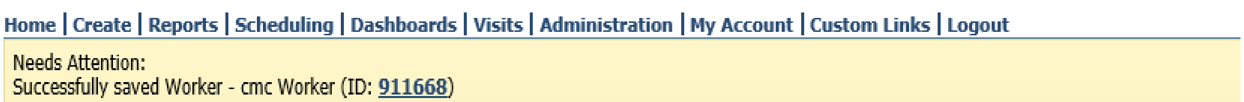
   If the deletion was successful, a message displays in the upper left hand corner confirming the deletion.



6.3 Editing Workers

1. Search for the worker you wish to edit per the instructions in Section 4.1.
2. When the *Worker Entities Settings* page appears, verify, and if needed, update the appropriate fields such as **First Name, Last Name, and Worker Services.**
3. 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.



6.4 Suspending/Inactivating/End Dating a Worker

A worker cannot be deleted once there are any relationships created for the worker. If a worker has been scheduled for an event or if a claim has been created for which the worker provided the service, the worker cannot be deleted from AuthentiCare Alabama. 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:

1. Change the worker's status to "suspend." The worker **cannot** use the mobile app or 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.
2. Change the worker's status to "inactive." The worker **cannot** use the mobile app but can still use the IVR and have claims entered via the web, but all claims (pending and new) will show a critical exception that the worker is not eligible.

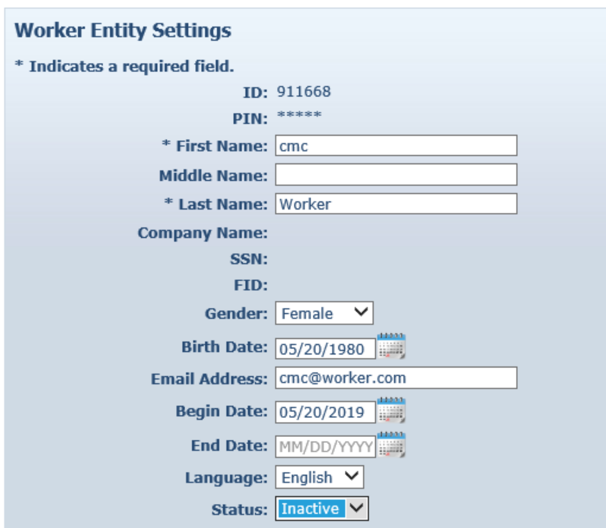
3. Populate the “End Date” field on the worker’s screen. The worker **cannot** use the mobile app but can still use the IVR and have claims entered via the web. Claims with a Date of Service (DOS) prior to the end date will be processed normally. Claims with a DOS after the end date will generate a critical 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 eligible to provide services and/or removing the “worker not eligible” critical claim from pending claims.

To change the suspend/inactive/end date of a worker:

1. Search for the worker you wish to inactivate according to the instructions in Section 4.1.3.

2. When the *Worker Entities Settings* page displays, change **Status** to Suspend or Inactive, or enter an End Date.



3. 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.

If a worker is rehired, then that worker should not be re-entered into the system. The worker still exists in the system. Instead, the ***Status*** *should be changed back to Active and/or the End Date removed.*

Chapter 7 VIEW CLIENT (MEMBER) INFORMATION

7.1 VIEWING CLIENT (MEMBER) INFORMATION

Alabama Medicaid Members are referred to as clients in AuthentiCare Alabama. Clients are created in AuthentiCare by file transfer from the Operating Agencies; however, you must verify the client information that is provided through the file transfer (specifically, the client's address, phone number, and diagnosis code).

1. Client information cannot be edited by the provider in AuthentiCare. For corrections, contact the corresponding Operating Agency. Search for the client you wish to review according to the instructions in Section 4.1.2.

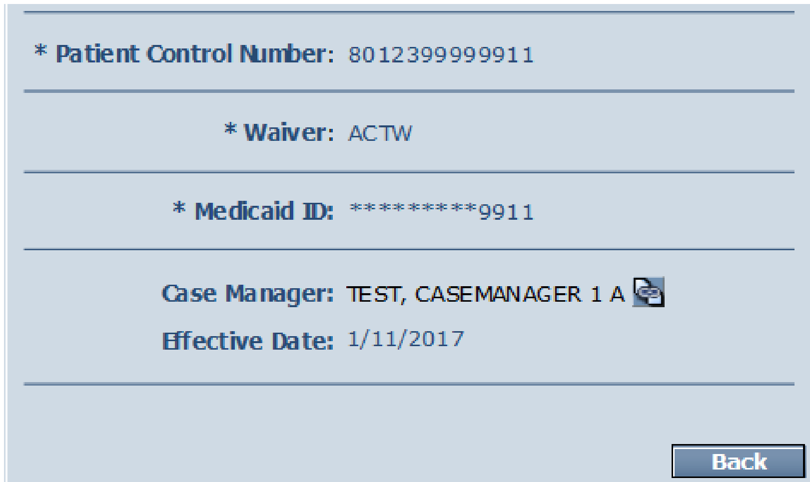
2. When the Client Entity Settings page appears, verify the client's **First Name** and **Last Name**. This must match what is documented with Medicaid.

3. Verify **Gender** and **Birth Date**.

4. Verify the address information for the client including **Address Line 1**, **City**, **State** and **Zip**.

5. Verify the **Phone Type** and **Phone Number** for the client. If the client does not have a phone, then it might be populated with 999-999-9999.

6. Verify **Waiver**.



The waiver codes displayed on the Client Entity Settings page corresponds to the following waivers:

- **ACTW**: Alabama Community Transition Waiver
- **EDWV**: Elderly and Disabled (E & D) Waiver
- **SAIL**: State of Alabama Independent Living Waiver
- **IDWV**: Intellectual Disabilities Waiver
- **LAHW**: Living At Home Waiver Services
- **TAWV**: Technology Assisted Waiver For Adults

7. After reviewing the client record, click **Back** at the bottom of the page to return to the *Home* page.

Chapter 8 SEARCH AND VIEW AUTHORIZATIONS

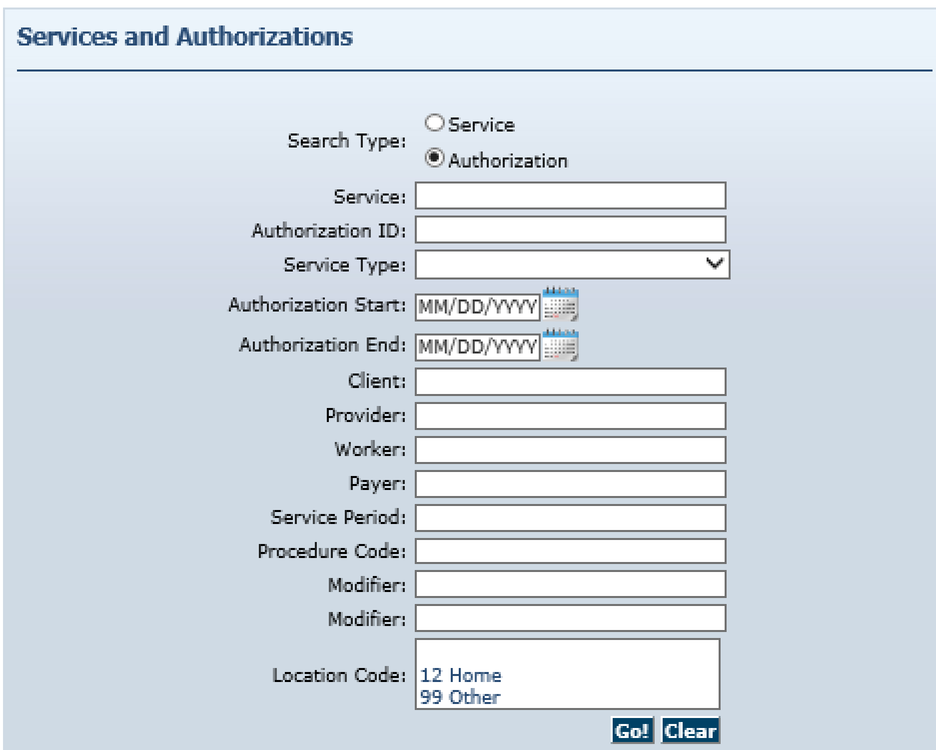
A service to be provided for a client must have a valid authorization documented in AuthentiCare Alabama in order to be scheduled and for the claim to be submitted for payment. (Note – A worker can use the mobile device or IVR to record services without a valid authorization in AuthentiCare Alabama. 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 the clients are loaded into AuthentiCare Alabama by file transfer from the Operating Agencies. The provider cannot add a new authorization or edit an existing authorization.

To search and view an authorization:

1. The default in the Services and Authorizations section of the *Home* page is *Authorizations.*

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



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

Authorizations

Event Actions	ID	Service ID	Client	Provider	Worker	Effective Dates	Information
Units Remaining: 2995	AL22222224	TAWV–Personal Choices (TAWVT1019U5HX)	Client6, TCoETest (0123456789026)		WORKER3, TCoETEST (725135)	01/01/2020 - 12/31/2020	
Units Remaining: 2986	AL22222222	SAIL-Personal Choices (SAILT1019HXUB)	Client4, TCoETest (0123456789024)		WORKER4, TCoETEST (118823)	01/01/2020 - 12/30/2020	
Units Remaining: 2999	AL22222223	SAIL-Personal Choices (SAILT1019HXUB)	Client5, TCoETest (0123456789025)		WORKER5, TCoETEST (990147)	01/01/2020 - 12/30/2020	
Units Remaining: 3000	AL22222225	SAIL-Personal Choices (SAILT1019HXUB)	ClientC, TCoE NoEmp (0123456789003)		WORKER5, TCoETEST (990147)	01/01/2020 - 12/30/2020	

If nothing is entered in the ***Search*** *fields, then all authorizations will be returned in your search results. This could take a while and it may also make it difficult to find the authorization.*

Note the columns displayed in the search results:

- **Event Actions** – Click the **Schedule Event icon** to schedule an event for this authorization. Refer to Chapter 9 (Scheduling) for further instructions. 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, as long as the current date is within the Authorization effective dates. The remaining units will be displayed as 0 if the current date is outside of the effective dates of the Authorization. This value 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. Proceed to Step 6.

- **Service ID** – Identifies the service and its procedure code. Service Identifier in AuthentiCare Alabama is formatted as:
  - ✓ Waiver Code + Procedure Code + Modifier 1 + Modifier 2 (if applicable)
  - ✓ Waiver Code = 4 letter code corresponding to the waiver
  - ✓ For example: Personal care under ACT wavier is set as ACTWT1019TFUB

- **Client –** Identifies the client and the Medicaid ID.

- **Provider –** Field is blank as the user is from the provider agency

- **Worker –** The worker assigned to the authorization is listed.

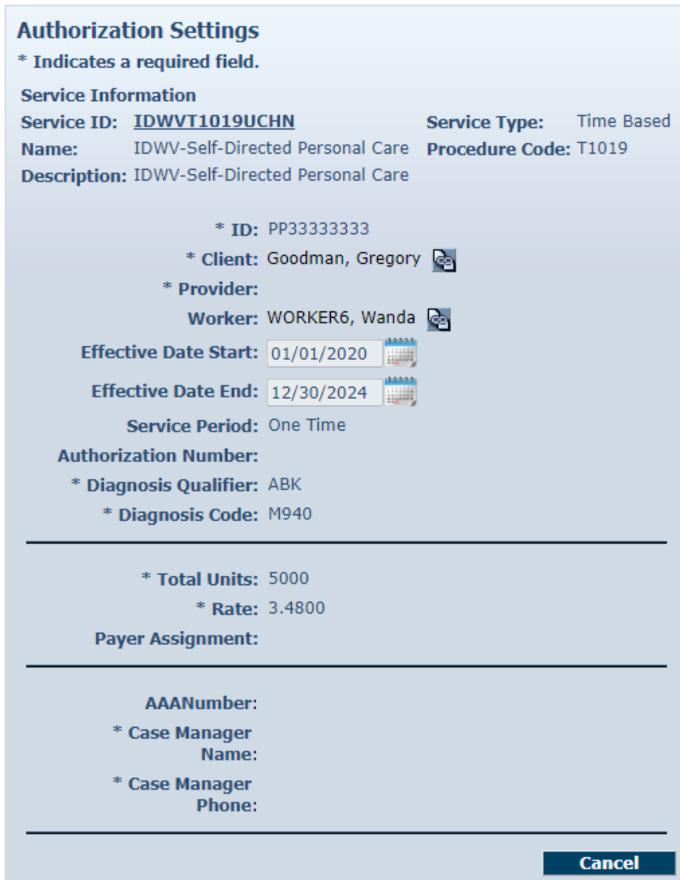
- **Effective Dates –** Identifies the start and end dates of the authorization.

3. 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.

4. Position the cursor over the Information icon to display an Additional Information pop-up about the authorization.

5. Click on the **ID** hyperlink in the **ID** column to view the authorization. The *Authorization Settings* page displays.



The top of the page displays information about the service selected.

The AAA Number section represents the ADSS regional offices. This field is populated only for ADSS authorizations.

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

7. Click on the **Authorizations** link in the top left-hand corner under the menu bar (breadcrumb) to return to the search result list.

Chapter 9 SCHEDULING

Providers use AuthentiCare Alabama to schedule workers' visits to clients' homes. A scheduled visit is called an event. Each event must be linked to an authorization. Events may only be scheduled for authorized client/service/provider combinations. AuthentiCare Alabama tracks the number of units available for scheduling in each authorization and notifies the scheduler if an event exceeds the number of units available for scheduling.

	Note – Supervisory Visits cannot be scheduled because they do not have an authorization on file. An authorization is not required for Supervisory Visits.

AuthentiCare Alabama compares the scheduled events to the actual check-in and check-out times of the worker, and alerts the provider via email if a worker is late or if an event is missed. AuthentiCare Alabama also allows providers to schedule back up workers for events.

AuthentiCare Alabama automatically identifies for the scheduler any conflicts the scheduled event creates with the worker's schedule. For example, if a worker is scheduled for an event on a regularly occurring day off, AuthentiCare Alabama 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 Alabama's scheduling warnings are meant to assist schedulers; the scheduler is not prevented from scheduling an event with a conflict.

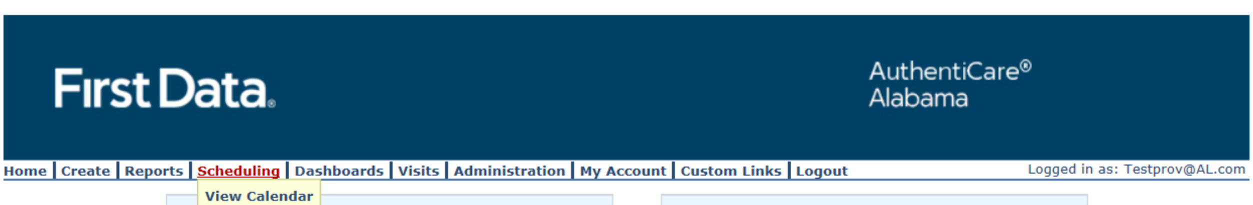
This chapter is designed to help you schedule recurring and non-recurring events. Additionally, it explains how to search for an event, view an event, maintain events, and acknowledge a missed event when a worker misses a scheduled event.

The schedule can provide your workers with information regarding their assignments. Additionally, you can use AuthentiCare Alabama to monitor that the services were provided during the scheduled time frame based on information captured from the worker's mobile device or IVR phone call.

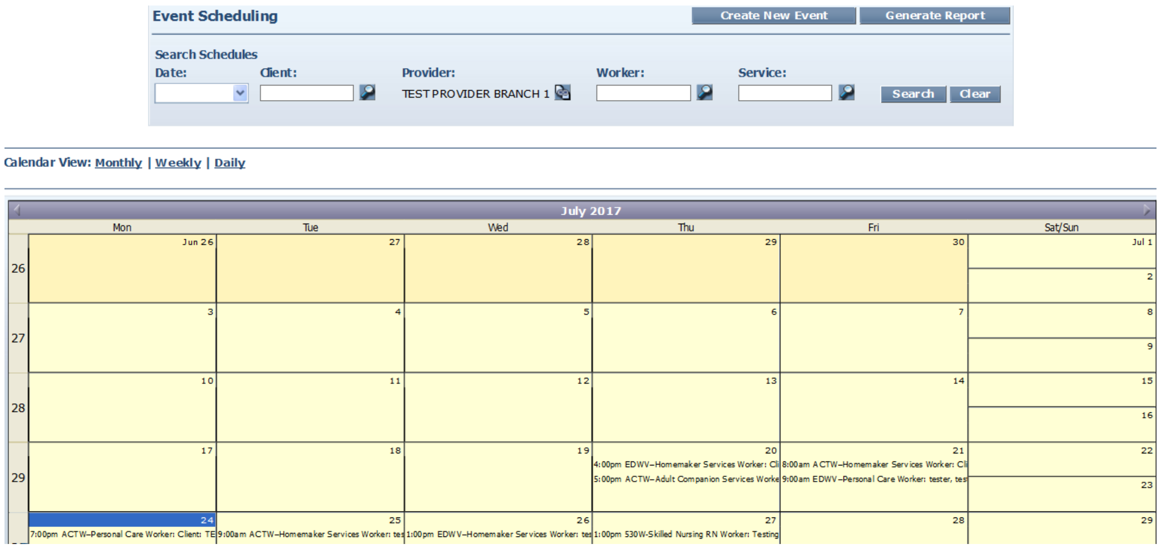
9.1 USING THE CALENDAR

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

1. Select **Scheduling** from the Main Menu on the Home page and then select '**View Calendar**'.



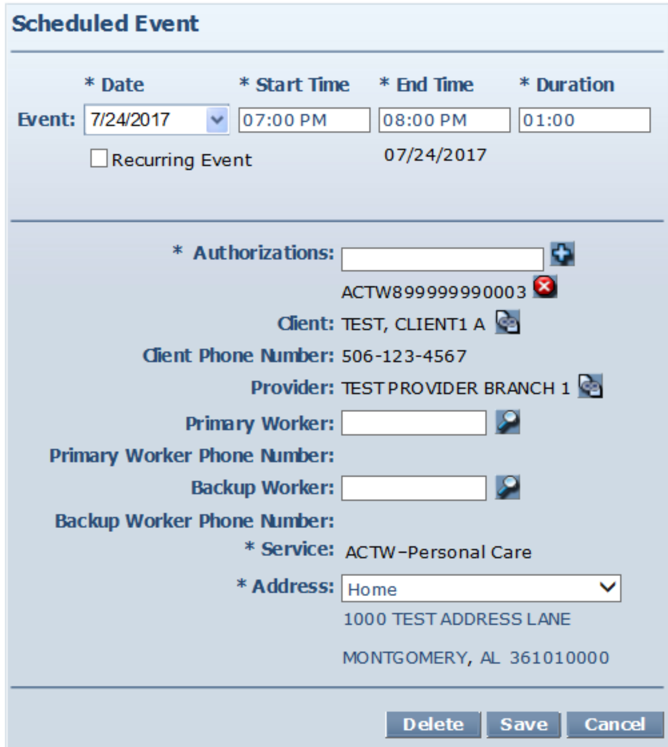
2. The Event Scheduling page displays with the calendar. The default view of the calendar is monthly.



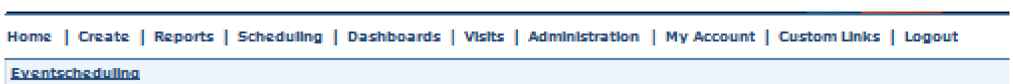
9.1.1 MONTHLY

The monthly view of your calendar enables you to view all of the events scheduled for your agency for one month at a time. This is the default setting and the view you initially see when navigating to this page.

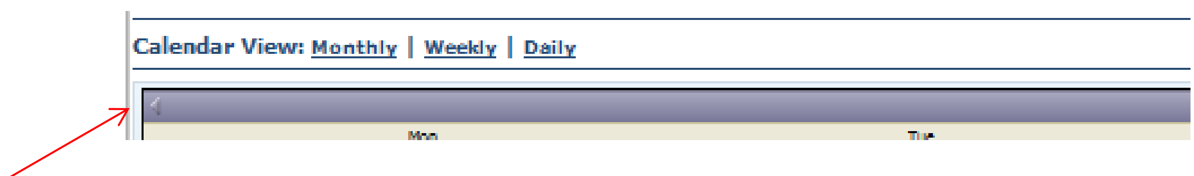
1. Position the **cursor over the event** and a pop-up box with additional detail displays.
2. **Double click on an event** to view all of the event information. The *Scheduled Event* page displays.



3. Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.



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

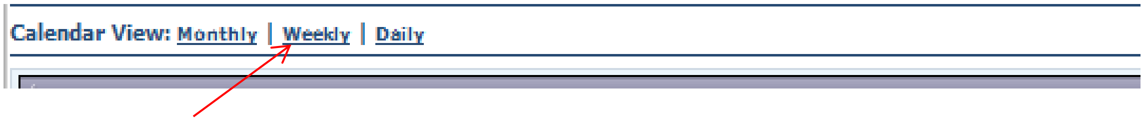


9.1.2 WEEKLY

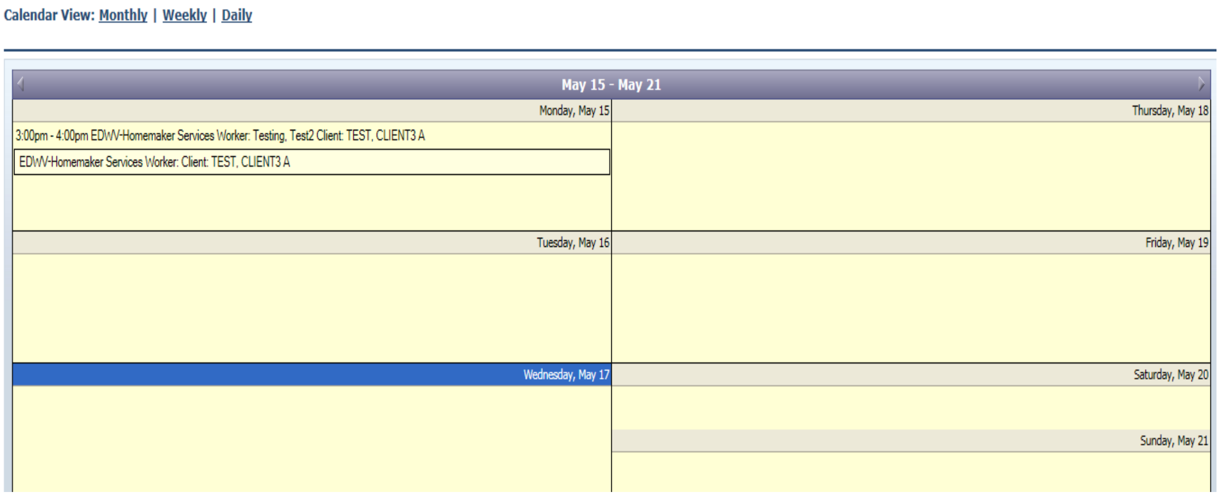
The weekly view of your calendar enables you to view all of the events scheduled for your agency for one week at a time.

1. From the *Monthly* view, **click a day in the week** you would like to view.

2. Click the **Weekly** link above the calendar.

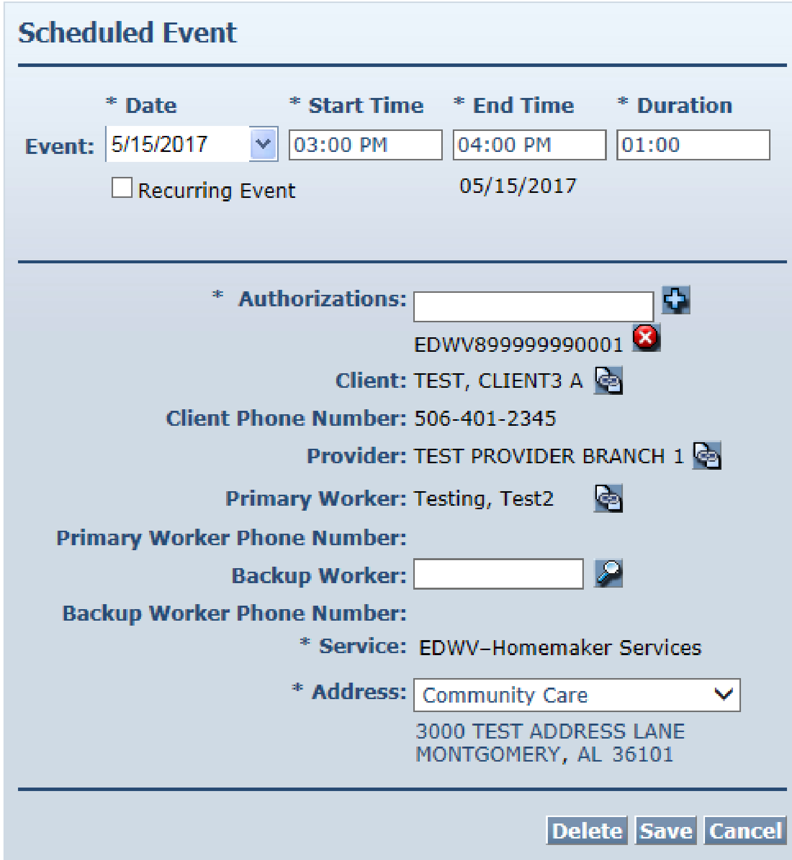


The schedule that includes the day you selected displays.

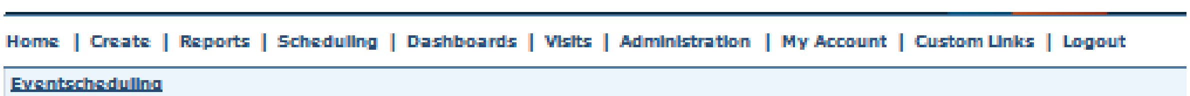


3. Position the **cursor over the event** and a pop-up box with additional detail displays.

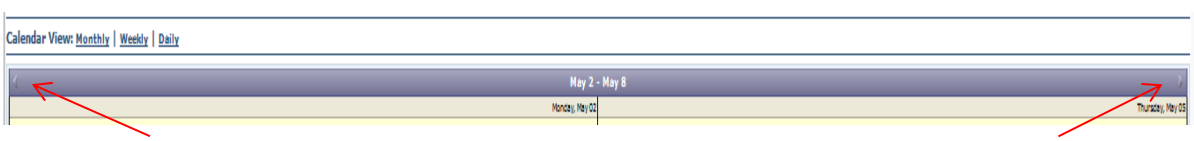
4. Double click on an event to display the *Scheduled Event* page and see the details of the event.



5. Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.



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

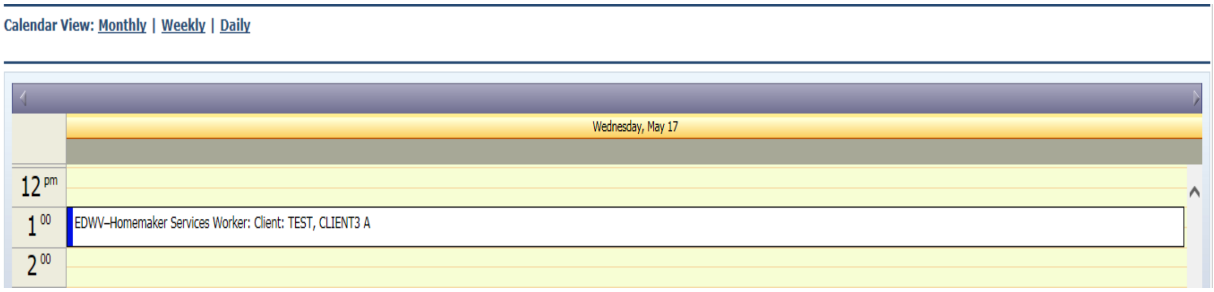


9.1.3 DAILY

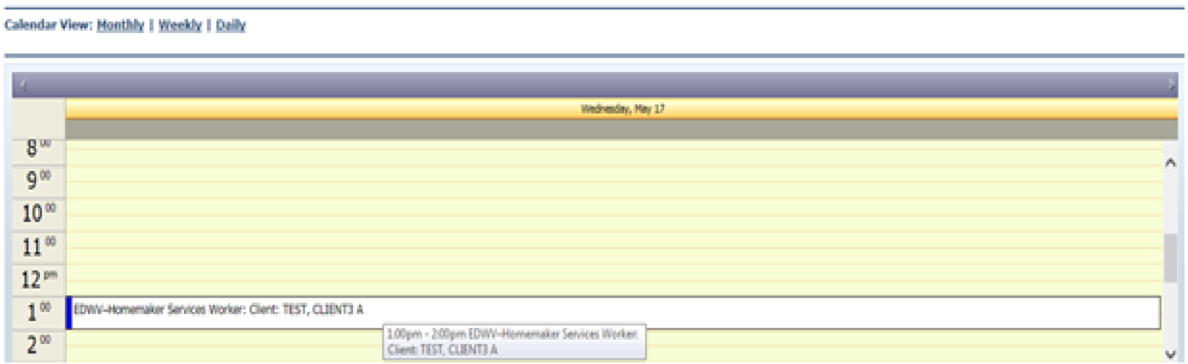
The daily view of your calendar enables you to view all of the events scheduled for your agency for one day at a time.

1. From the *Monthly* view, **click a day** you would like to view. From the *Weekly* view, **click a day** you would like to view.

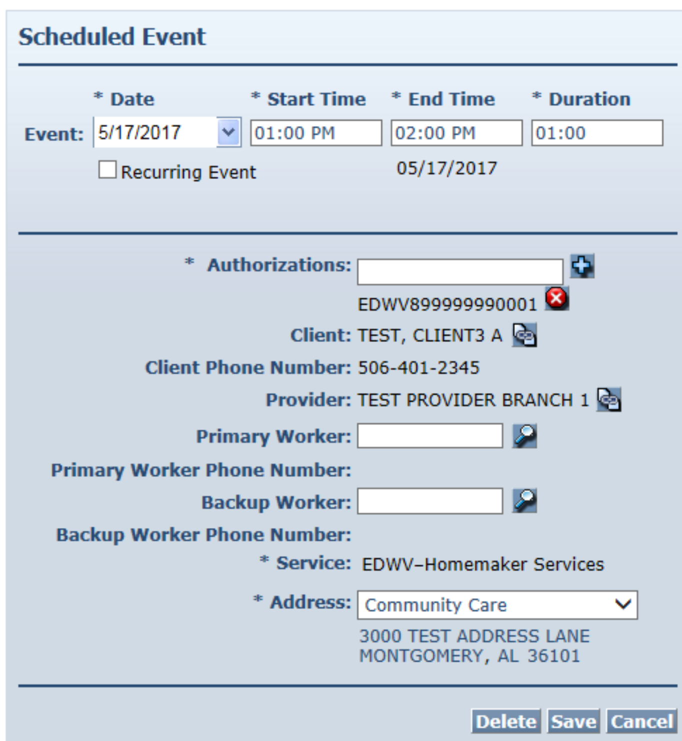
2. Click the **Daily** link above the calendar. The day displays in hourly increments.



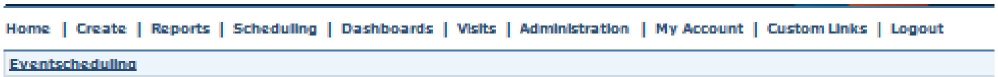
3. Position the **cursor over the event** and a pop-up box with additional detail displays.



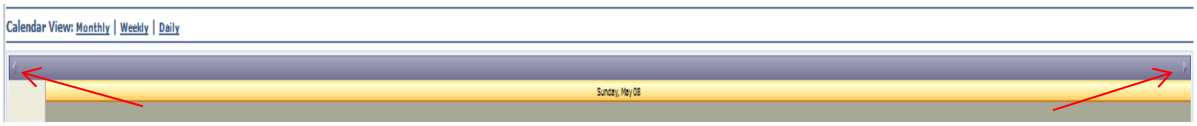
4. Double click on an event to see the details and display the *Scheduled Event* page.



5. Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.



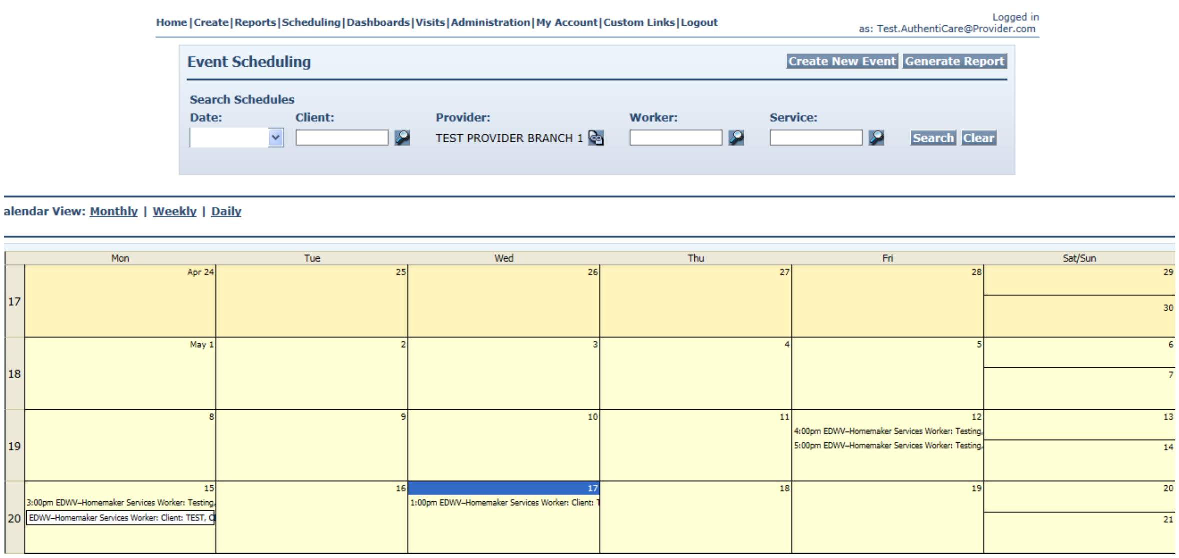
6. Click the left and right arrows in the date display bar to view the day before or the day after this date.



9.2 Searching for Scheduled Events in the Calendar

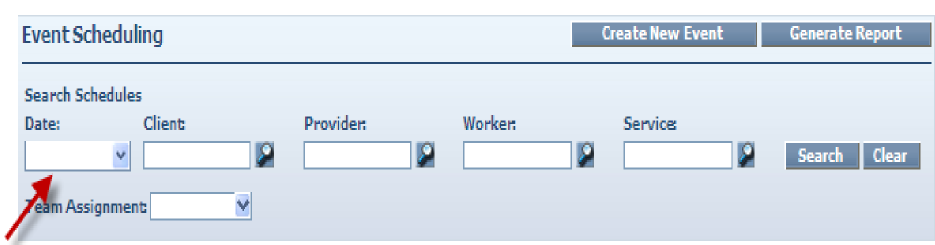
After an event has been scheduled, you are able to search for it in the calendar. AuthentiCare Alabama provides a variety of options for searching for an event in the calendar.

1. Navigate to the *Event Scheduling* page.



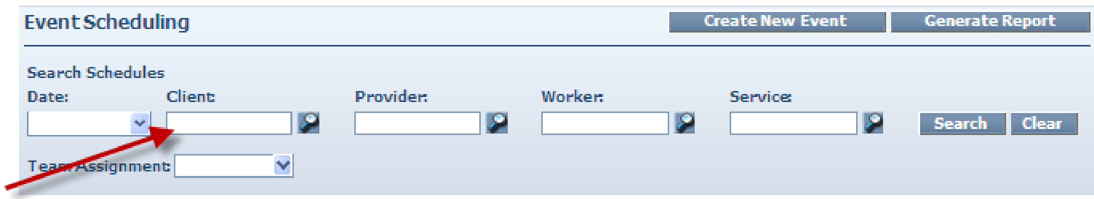
2. Enter at least one of the following **search criteria** to locate event(s) in the calendar.

   a. Enter a **Date** (mm/dd/yyyy) or click the down arrow and select the date from the calendar. Click **Search**.



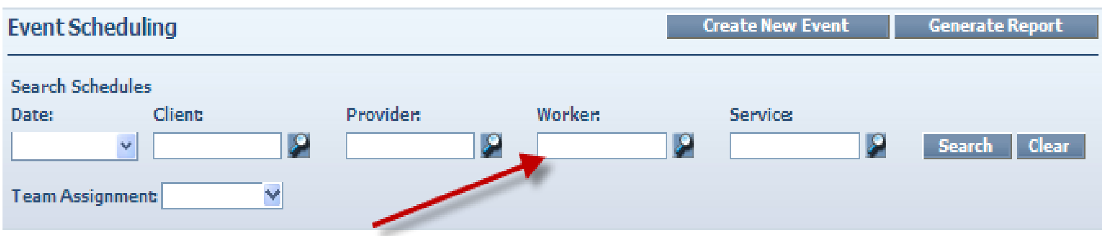
The calendar displays events from this date forward.

b. Enter the **Client** ID, full name, or partial name and click the **Looking Glass icon**  to find the client. Click **Search**.



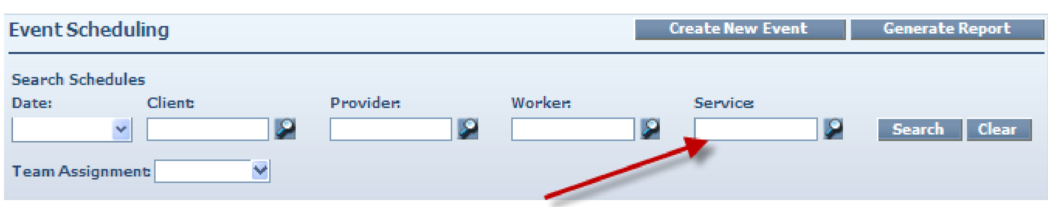
The calendar displays all the events scheduled for this individual.

c. Enter the **Primary Worker** ID, full name, or partial name and click the **Looking Glass icon**  to find the worker. Click **Search**.



The calendar displays all the events scheduled for this person.

d. Enter the **Service** name or partial name and click the **Looking Glass icon**  to find the services. Click **Search**.



The calendar displays all the events scheduled for this Service at your agency.

	The more search criteria you enter, the more narrow the search results. Be aware: there is the potential that 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 an Event

Events are the visits the worker makes to the client's home 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 service (non-recurring) or a service that is provided on an ongoing, regularly scheduled basis (recurring).

9.3.1 Scheduling an Event Using the Authorization

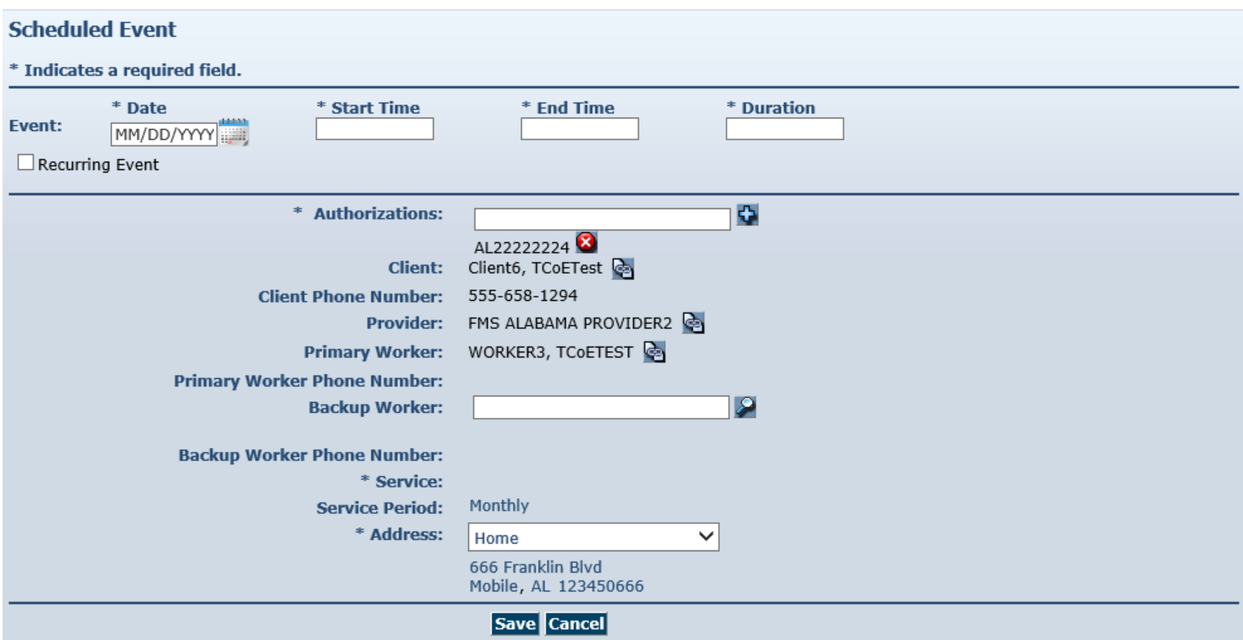
An authorization has been entered in the system; you are ready to schedule the visit for this client. Follow the instructions below to add the event. These instructions assume you are viewing the *Authorizations* page. Refer to Chapter 8 (Managing Authorizations) if you need further instructions about authorizations.

1. Click the **Schedule Event icon** for the appropriate authorization on the *Authorizations* page.


Authorizations

Event Actions	ID	Service ID	Client	Provider	Worker	Effective Dates	Information
Units Remaining: 3036	EDWV899999990001	EDWV–Homemaker Services (EDWVS5130UA)	TEST, CLIENT3 A (8012399999913)	TEST PROVIDER BRANCH 1 (80000000101)		01/09/2016 - 05/28/2018	

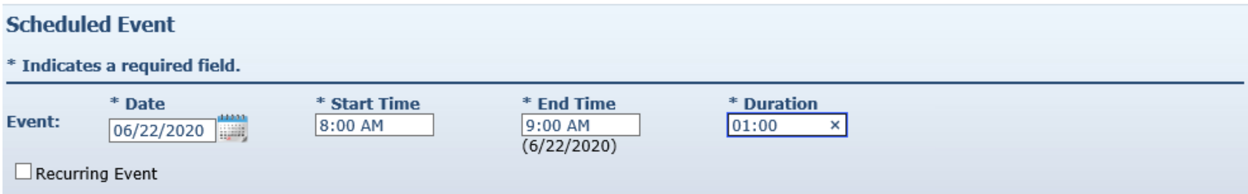
The *Scheduled Event* page displays.



	*The Authorization ID number is populated below the **Authorizations** field. Additionally, the **Client** and **Service** are completed since you navigated to this page from the **Authorizations** page. The **Provider** is populated based on the provider agency associated with the current log in.*

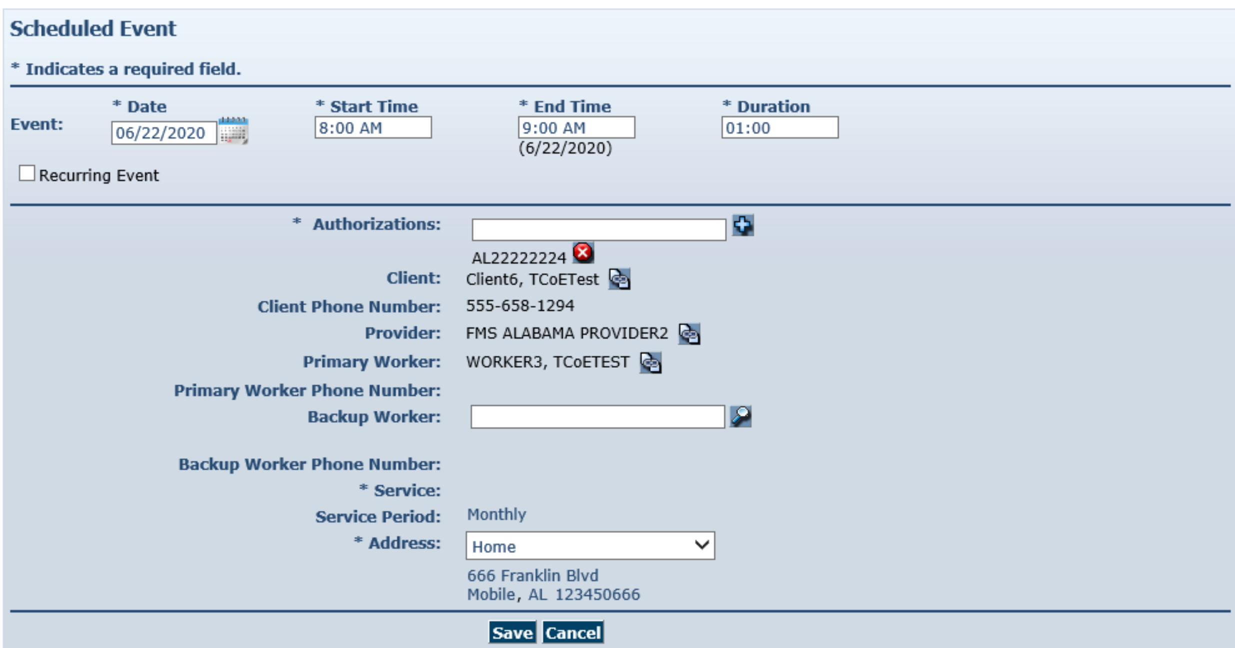
2. Enter the **Date** of the event or select a Date from the drop-down calendar.

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



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 event. When a worker visits a client on a regular basis, at the same time of the day, this is considered a recurring event. Refer to Section 9.3.3 for more information on recurring events.

4. 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.



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

The client's home phone number will be auto populated on the page if the user schedules the event using an authorization. For primary and backup workers, their associated work phone numbers are auto populated when the entity is entered in the textbox. If the client doesn't have a home phone number or primary/backup worker doesn't have a work phone number, then their first available phone number is displayed.

6. Click **Save**.

   If AuthentiCare Alabama discovers scheduling conflicts or issues, a message displays at the top of the page advising the user of the conflict. In the example below, the event scheduled exceeds the total units remaining for this authorization. The message indicates that the event will exceed the total units allowed on the authorization.

   - 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.

Messages you may receive when scheduling an event.
• This event will exceed the total units allowed on the authorization. • 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.

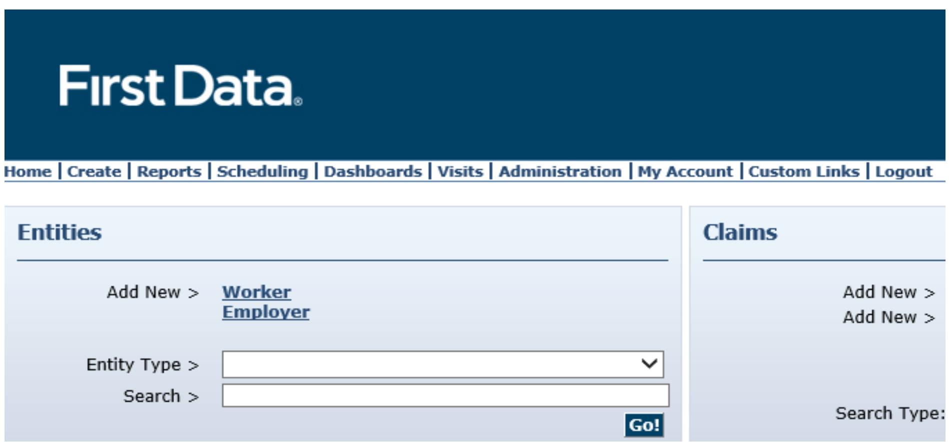
Messages you may receive when scheduling an event.
• The status of the provider is inactive or the event date is outside the effective date range.
• This event falls on the backup worker's day off.
• The status of the backup worker is inactive or the event date is outside the effective date range.

If no scheduling conflicts or issues arise, the *Authorizations* page displays a note at the top of the page indicating the event was scheduled successfully.

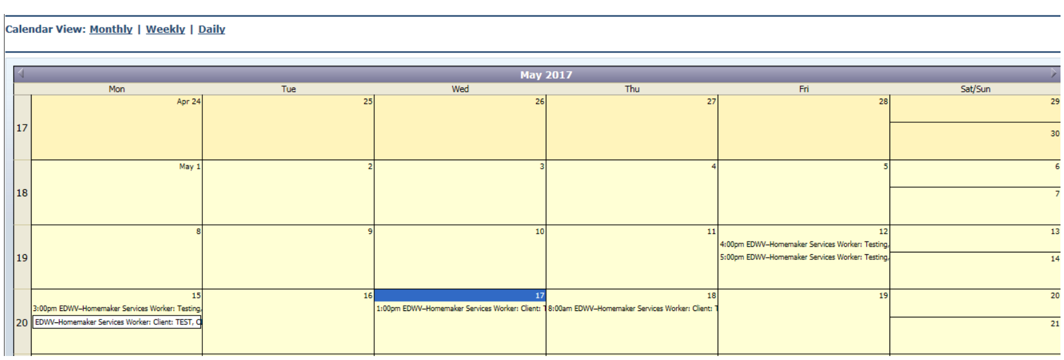
9.3.2 Scheduling an Event from the Calendar

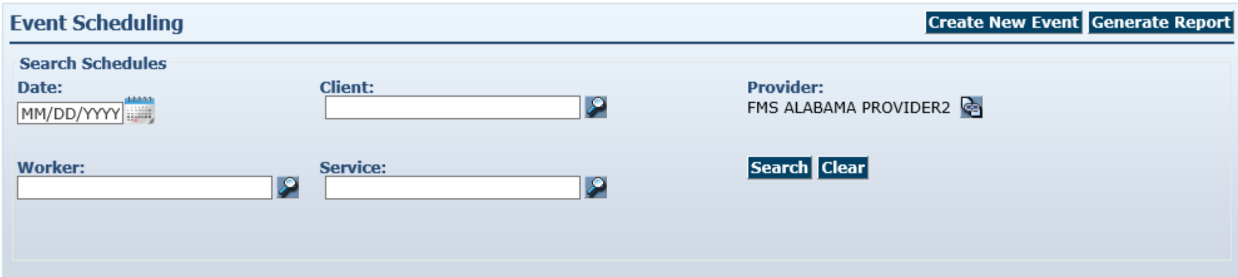
Using **Scheduling** to add an event allows you to easily identify the date of the event; however, you must have the authorization ID. Using **Scheduling** to enter an event may be most useful when you want to add an event for the current day.

1. Click **Scheduling** from the Main Menu on the *Home* page.



The *Event Scheduling* page displays.

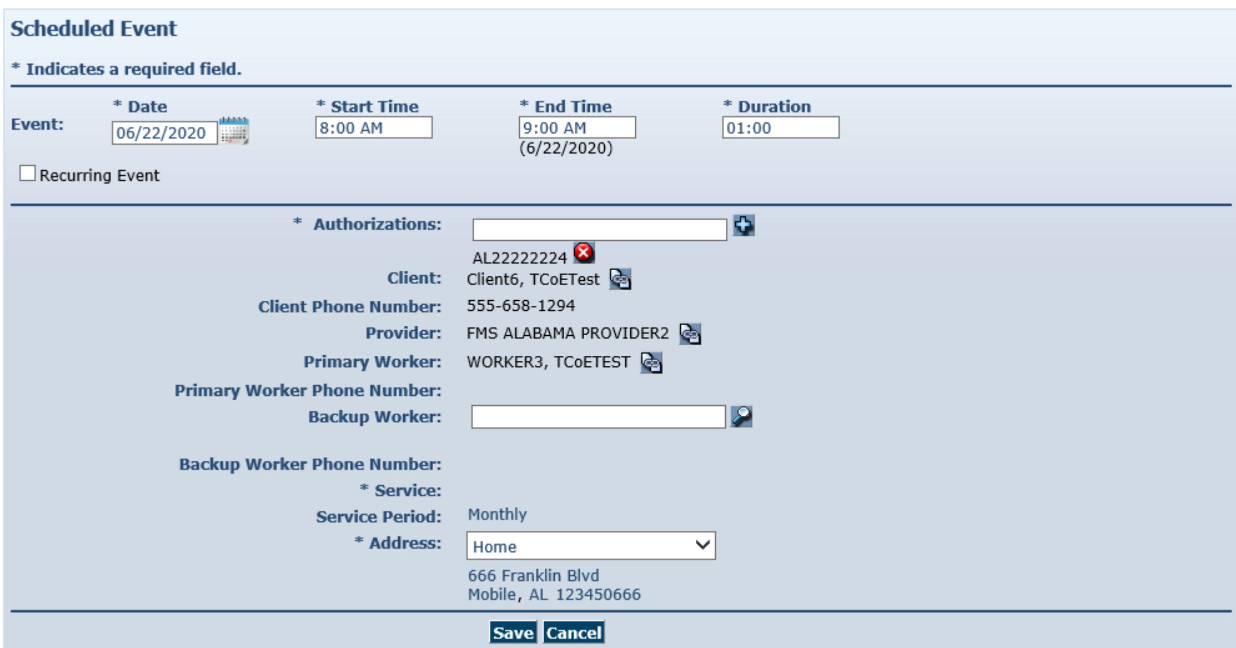




	The top half of the page allows the provider to search for events, create new events and to generate an event report. For more detailed information, see Searching for an Event in Section 9.2 and Reporting in Chapter 13. *The Create New Event button is rarely used since there is no data pre-populated in the Scheduled Event page.*

2. Double click on the appropriate **date** in the calendar section of the page for which you want to schedule an event.

   The *Scheduled Event* page displays.

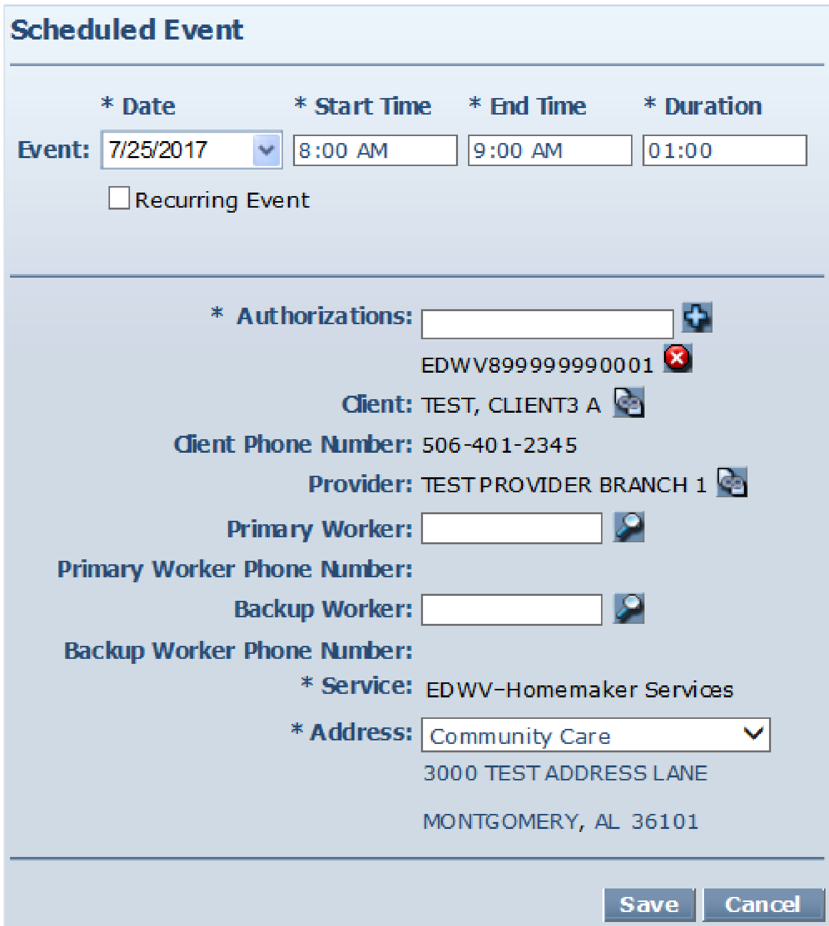


	*The **Date**, **Start and End Time**, and **Duration** are completed because you entered this page from the Schedule.* *The **Provider** is completed with the name of the provider that corresponds to the user that is presently logged in.*

3. Edit the **Start Time** and **End Time** as needed. Remember to include the AM or PM with the time.

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 event. When a worker visits a client on a regular basis, at the same time of the day, the provider can establish a recurring event. Refer to *Section 9.3.3* for further information.

4. Enter the AuthentiCare Alabama **Authorization ID** and then click the **Add icon** .



The *Scheduled Event* page displays and the **Client** and **Service** fields are completed. This information is pre-filled based on the information in the Authorization that corresponds to the Authorization ID entered in the **Authorizations** field on this page.

5. Enter the **Primary Worker**. You may enter the worker ID, a full name, or partial name. 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.

6. Enter the **Backup Worker** if desired. 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.

   When the event is being created from the calendar page, the phone numbers associated with the client, primary worker, and backup worker are auto populated when the entity is entered in the textbox.

   If the client doesn't have a home phone number or primary/backup worker doesn't have a work phone number, then their first available phone number is displayed.

7. Click **Save**.

   If AuthentiCare Alabama discovers scheduling conflicts or issues, a message displays at the top of the page advising the user of the conflict.

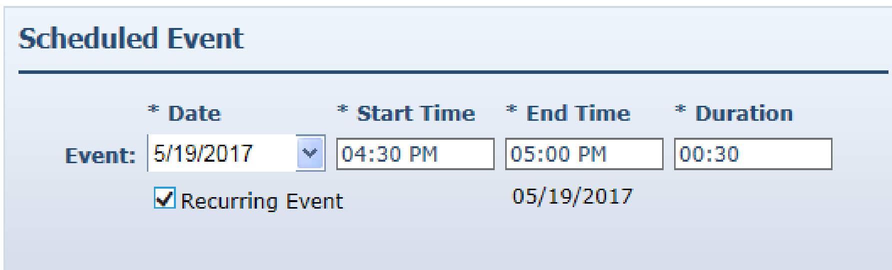
   If no scheduling conflicts or issues arise, the *Event Scheduling* page displays a note at the top of the page indicating the event was scheduled successfully.

9.3.3 SCHEDULING A RECURRING EVENT

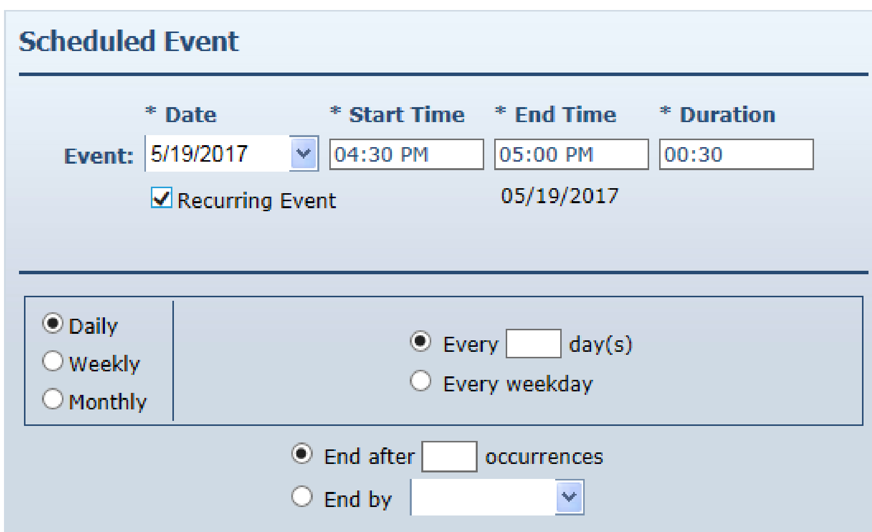
When a worker visits a client on a regular basis, at the same time of the day, the provider can establish an event that occurs repeatedly. This is considered a recurring event. This is an efficient way to schedule; you only have to enter the basic information one time but can have it populate for multiple days.

A recurring event can be created for as long as necessary within the limits set by the authorization.

1. Complete **Steps 1 – 3** from Section 9.3.1 or Section 9.3.2.
2. Click the **Recurring Event** check box.



The page expands to display scheduling options.



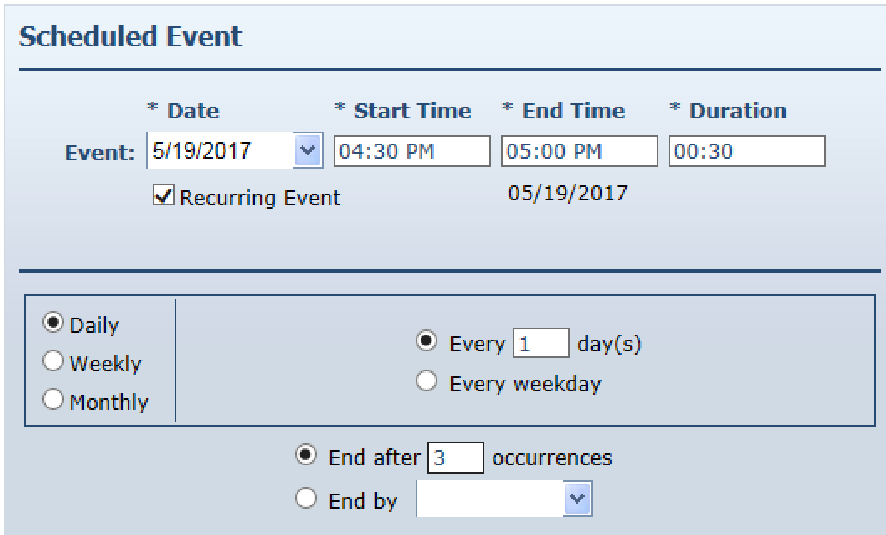
3. Follow the steps outlined below to create a Daily, Weekly or Monthly recurring event.

DAILY RECURRING EVENT

AuthentiCare Alabama defaults to a **Daily** recurrence setting. To schedule an event occurring more than once in the same week, use the Daily occurrence option.

1. 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.

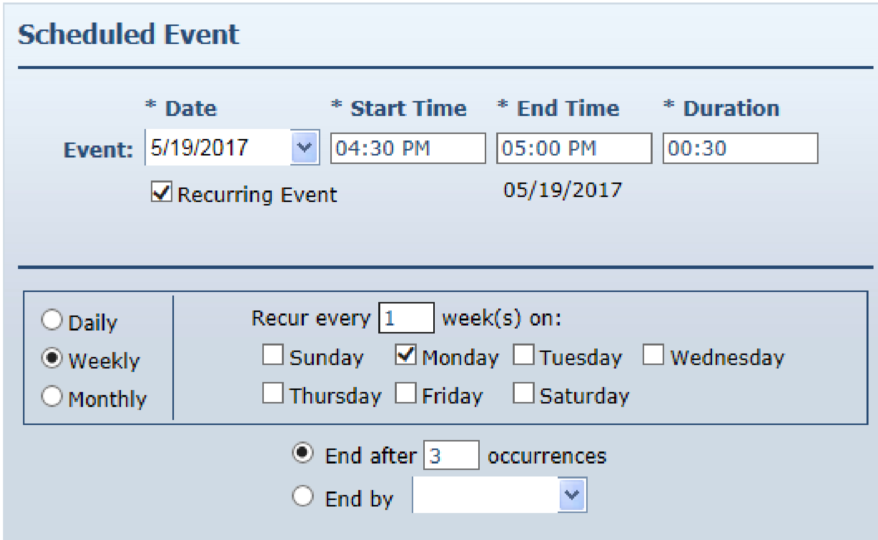
   Enter the **number of occurrences** of the event or enter an **End by** date for the event.



WEEKLY RECURRING EVENT

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

1. Select the frequency of the event by entering the number of times the event should occur (every week, every 2 weeks, for example).
2. Select the day or days of the week the event should occur.
3. Select the number of times the event should occur or enter an End by date for the event.

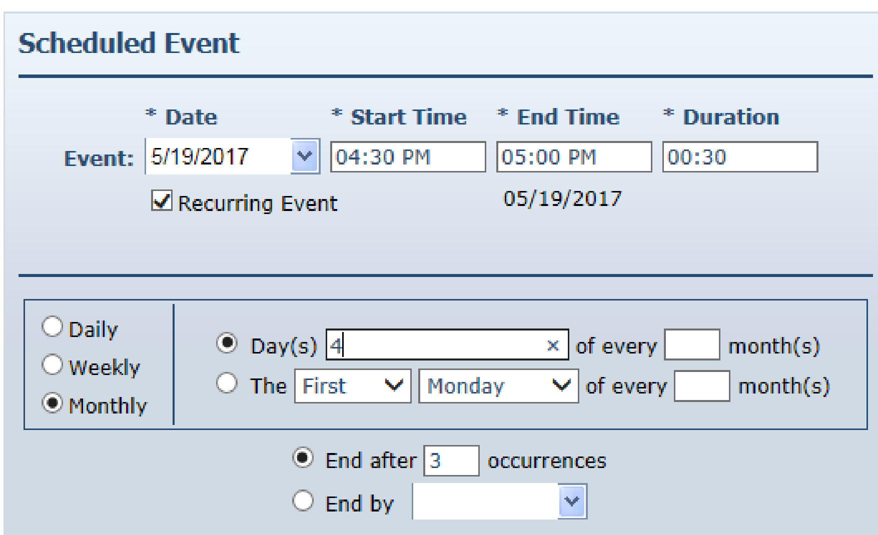


Monthly Recurring Event

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

1. Select the frequency of the event by entering the calendar day of the month (for example, the 15th day of every month,1st day of every 2nd month, etc.) or by entering the weekday of the month (the 1st Monday of every month or the last Friday of every 3rd month, for example).

2. Select the number of times the event should occur or enter an End by date for the event.



3. Proceed with Step 4 in Section 9.3.1 or in Section 9.3.2.

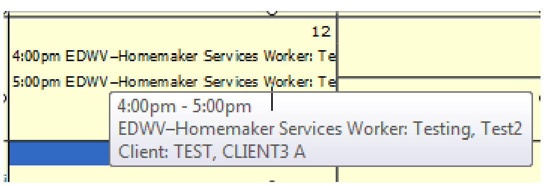
9.4 Editing an Event

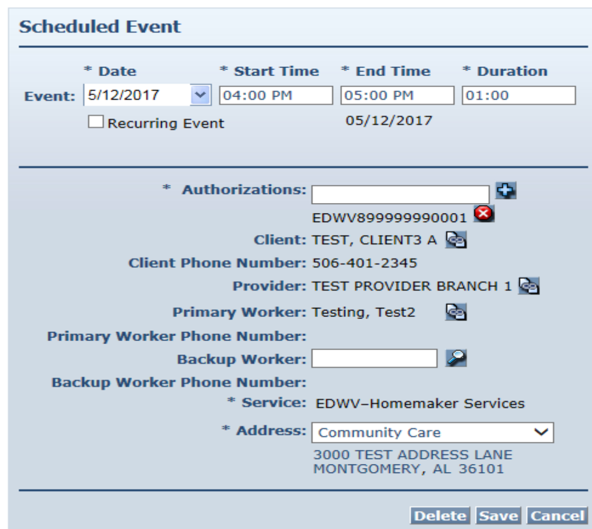
⚠	*If the date or time of a scheduled event has already passed, the event cannot be edited or deleted.*

When information changes for an event, AuthentiCare Alabama allows you to make adjustments up to the last minute. The following instructions discuss editing an event **Date**, **Time**, **Client**, and/or **Worker**.

1. Click on **Scheduling** from the Main Menu on the *Home* page.

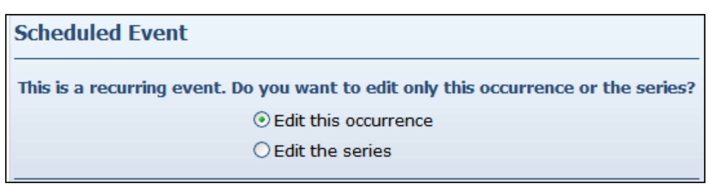
2. Find the event on the calendar that needs to be changed (use Search or various views available to do so). Double click on the **event** on the calendar to display the details in the *Scheduled Event* page.





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

Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.



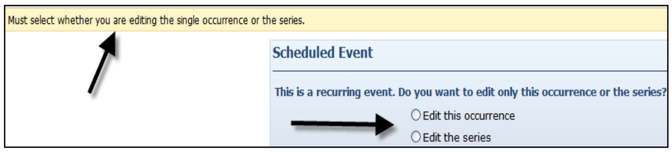
3. Click on the **field** for the item to be corrected. Initially, it looks like the fields are not editable, but once you click on the field it changes to an editable field.

4. Enter the **new information**.

5. Click **Save**.

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.

Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page and click **Save** again.

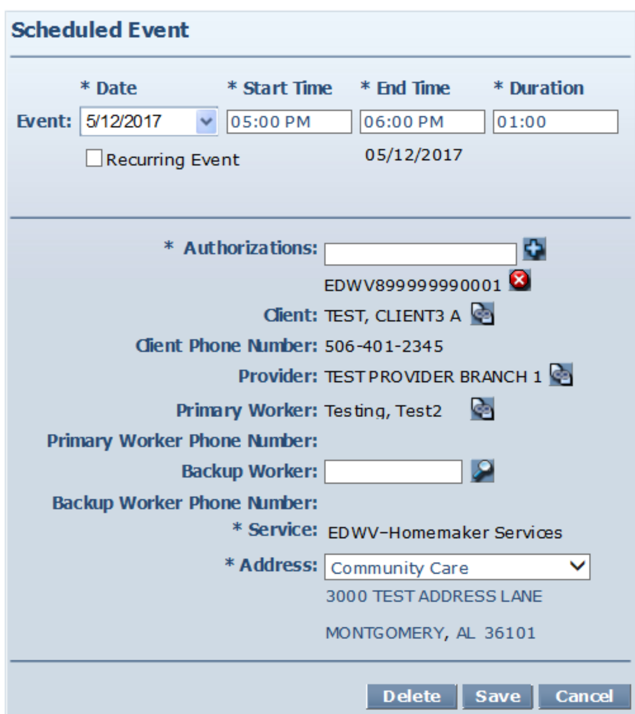


If no scheduling conflicts or issues arise, a message displays at the top of the page indicating the event was scheduled successfully.

9.5 CANCELLING AN EVENT (DELETING)

Cancellations/deletions must be done prior to the start time of the event. Once the event start time has passed, the system will not allow you to cancel (delete) the event.

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

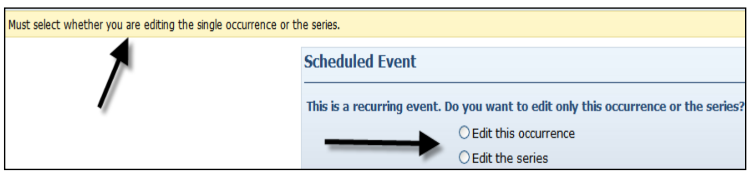


2. Click **Delete**.

> *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 *Event Scheduling* page displays with a note at the top indicating the event was deleted successfully.

> 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.



a. Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.

b. 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 future recurring events will be deleted.

9.6 Acknowledging Missed Visits

When a worker uses a mobile device or the IVR to check-in or check-out, the information is captured in AuthentiCare Alabama immediately. You may need to refresh your screen for updates to display depending on what you are doing in the system.

AuthentiCare Alabama links worker check-ins and check-outs to scheduled events continuously, and provides notice of late and missed visits to providers by email so that back-up 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.

- **Late Visit:** The worker does not check-in within 30 minutes of the event **start** time. The Late Visit is either removed because the worker checks-in or it becomes a Missed Visit if the worker does not check in within the next 30 minutes (60 minutes after the event start time).
- **Missed Visit:** The worker does not check in within 60 minutes of the event **start** time.

The late and missed visits are recorded in three ways:

1. The *Late and Missing Events* page lists all scheduled events that are late or missed.

2. The Late/Missed Visits Report. Refer to Chapter 12 (Reporting) for more information.

3. An email is sent to the email address on the provider's record each time an event is late and/or missed. An email is also sent to the email address on the case manager's record for missed events. Examples of these emails are included below.

Late:

This is an AuthentiCare late visit notification.

Worker %WorkerName% (%WorkerXRef%) for provider %ProviderName% (%ProviderXRef%) was scheduled to provide service %ServiceName% (%ServiceXRef%) on %ScheduledStartDate% at %ScheduledStartTime%.

For example: "Worker WORKER, TEST (000000) for provider TEST PROVIDER (000000000) was scheduled to provide service EDWV–Respite Care Unskilled (EDWVS5150UA) on 12/04/2017 at 08:30 AM."

An AuthentiCare visit is considered late when the service is not provided within 30 minutes of the scheduled start time.

To view this scheduled event in more detail, login to the AuthentiCare website at: https://www.authenticare.com/*alabama. Please do not reply to this email as it is intended for notification purposes only.*

Missed:

This is an AuthentiCare missed visit notification.

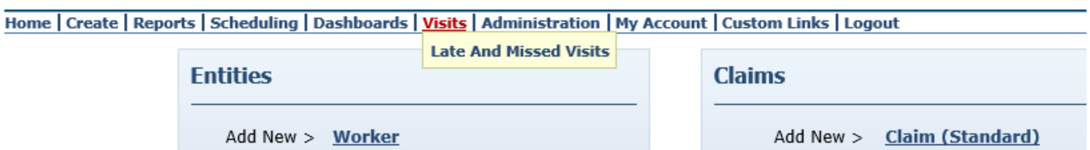
Worker %WorkerName% (%WorkerXRef%) for provider %ProviderName% (%ProviderXRef%) was scheduled to provide service %ServiceName% (%ServiceXRef%) on %ScheduledStartDate% at %ScheduledStartTime% but missed the appointment.

For example: "Worker WORKER, TEST (000000) for provider TEST PROVIDER (000000000) was scheduled to provide service EDWV–Respite Care Skilled (EDWVT1005UA) on 12/04/2017 at 08:30 AM but missed the appointment."

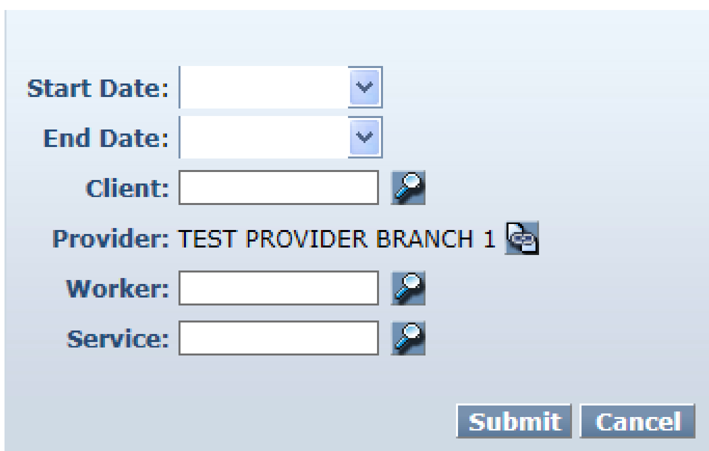
An AuthentiCare visit is considered missed when the service is not provided within 60 minutes of the scheduled start time.

To view this scheduled event in more detail, login to the AuthentiCare website at:
https://www.authenticare.com/alabama.
Please do not reply to this email as it is intended for notification purposes only.

1. To view the list of late and missed visits, place your cursor on **Late and Missed Visits i**n the toolbar of the Main Menu, and when **Late and Missed Visits** displays below, click on it.

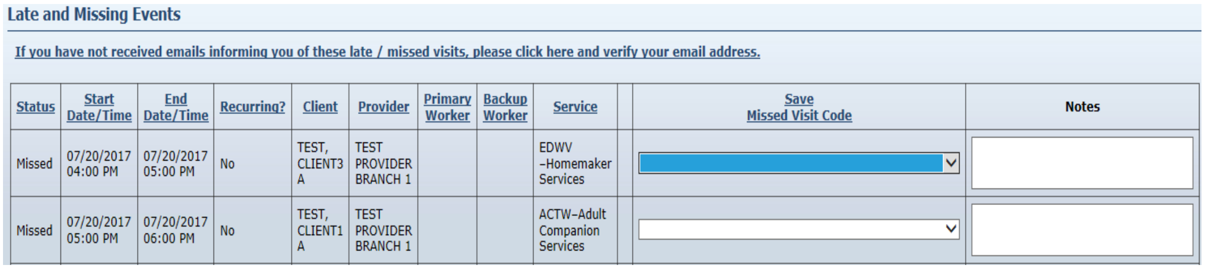


You will see a selection criteria screen that allows you to choose the visits you want to work. If you do not choose, all visits will be displayed.



The *Late and Missing Events* page displays if there are scheduled events for this provider which have been identified as late or missed. The columns in this table are sortable.

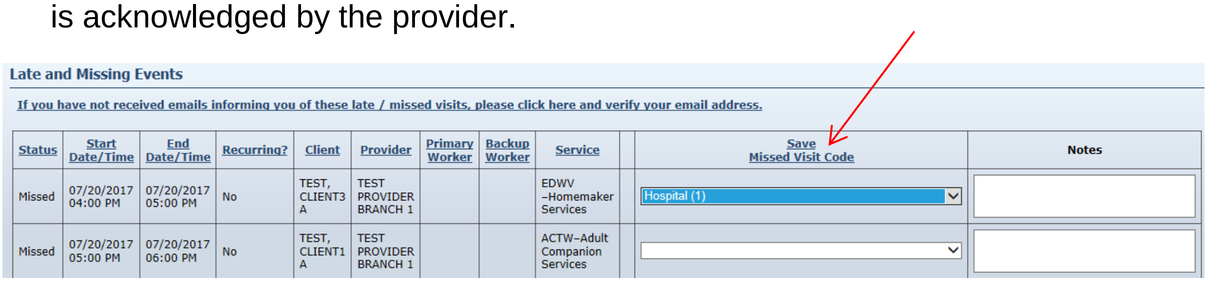
2. Select the appropriate missed visit code from the missed visit code dropdown list for each of the missed visits listed on the *Late and Missing Events* page. Do not choose missed visit codes for events that have a status of “Late.” There is a note section for each missed visit for additional documentation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



Late and Missed Visits Codes:

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

3. 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 13.5.6 for further information). A missed visit will remain on the list until it is acknowledged by the provider.



You return to the *Home* page which displays a message in the upper left hand corner that the missed visit codes have been saved successfully.

Chapter 10 THE AUTHENTICARE ALABAMA IVR

Much of the functionality and data described in Chapters 2 through 9 leads to in-home workers using the Interactive Voice Response (IVR) to record services provided for the client by calling in from the client's home when service begins and calling out from the client's home when service is completed. Each worker has a 6-digit Worker ID number that identifies him/her as worker for a specific provider agency. That Worker ID is recorded in the IVR each time the worker makes a call.

Important – If a worker works for more than one provider agency, he/she is assigned a different number for each agency. Caution workers to make sure they use the correct Worker ID for each client visit.

10.1 IVR FLOW

The IVR (available in English and Spanish) is designed to capture the information required to create a claim for the service being provided. Section 10.3 below guides the worker step-by-step through what he/she can expect to hear when calling the IVR.

Upon successful validation of the Worker ID, the worker is asked to verify the client to whom they are providing service. If the phone number the worker is calling from matches the number for the client as recorded in AuthentiCare Alabama, then the client's name will be read by the IVR. If the system does not recognize the number, then the worker will have to enter the Medicaid ID number of the client.

The IVR then reads the list of services that the worker could potentially be providing for this client. The services are played back in the order of authorized services or Supervisory Visits (if applicable), followed by any remaining provider services.

A worker can use the IVR even if there is no authorization yet for the client. However, the client <u>must exist</u> in AuthentiCare Alabama 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.

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 EXTRA SAFEGUARD FOR WORKERS WITH MORE THAN ONE WORKER ID

Workers who have more than one worker ID (they work for more than one provider agency) cannot accidently sign in using the ID not matched to the client. If they try, the IVR will play the following message "The provider you have entered is not authorized for this client, but a different provider is."

10.3 Worker Instructions for Using the IVR

Worker________________________________ **Worker ID** ______________

Instructions to check-in for IVR	
1	Dial **1-800-422-3886** from the client's touch-tone phone.
2	You will be asked if you are a worker or employer. For worker, press 1
3	Enter your 6 digit worker ID number followed by the pound (#) sign when prompted.
4	Press 1 for check-in.
5	**For traditional waiver services:** You will hear the prompts to enter the Mileage and the Travel Time if your provider has elected to collect this. **For self-directed services** these prompts will not be heard.
6	You will then hear the name of the client you are there to serve. Select the client by pressing the appropriate number on the phone key pad. If AuthentiCare does not recognize the phone number you are calling from, you will be prompted to enter the client ID number followed by the pound (#) sign.
7	You will hear a list of services that are authorized for the client selected. If the service is not found in that list, you will have an option to listen to the remaining services from the standard listing within the client's waiver. Choose the one you are there to perform by pressing the appropriate number on the phone key pad.
8	AuthentiCare will then repeat back your name, your agency's name, the client's name, and the service to be provided. If this is 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.
9	After confirming the information, you will be told that the check-in was successful at (the IVR will state the time). At this point you will be instructed to press 2 to end the call or you can just hang up.
Instructions to check-out for IVR	
1	Dial **1-800-422-3886** from the client's touch-tone phone.
2	Enter your 6 digit worker ID number followed by the pound (#) sign when prompted.
3	Press 2 for check-out.
4	Note: If you failed to check-in, the IVR will read the client name(s) 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.
5	If the service performed requires Activity Codes, you will hear the prompts to enter an Activity Code. At least one Activity Code has to be entered before continuing.
6	If the service performed requires Observation Codes, you will hear the prompts to enter an Observation Code. At least one Observation Code has to be entered before continuing.
7	AuthentiCare will then repeat back your name, your agency's name, the client's name, and the service you provided. If this is correct, press 1. If the information is not correct press 2, and you will be able to correct the information to finish the call. To continue a self-directed services Check-Out from this point, see page 3 of this Worker Instructions for Using the IVR.

8	After confirming the information, you will be told that the check-out was successful at (the IVR will state the time). At this point you will be instructed to press 2 to end the call or you can just hang up.

What do I do if . . .	
. . . I forget my worker ID or my client's Medicaid ID?	Call your supervisor who has both numbers 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 what 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 Alabama 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 10 of the check-in process or Step 8 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 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.

Instructions to check-out for IVR for self-direct services	
1	Dial **1-800-422-3886** from the client's touch-tone phone.
2	Enter your 6 digit worker ID number followed by the pound (#) sign when prompted.
3	Press 2 for check-out.

4	Note: If you failed to check-in, the IVR will read the client name(s) 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.
5	If the service performed requires Activity Codes, you will hear the prompts to enter an Activity Code. At least one Activity Code has to be entered before continuing.
6	If the service performed requires Observation Codes, you will hear the prompts to enter an Observation Code. At least one Observation Code has to be entered before continuing.
7	AuthentiCare will then repeat back your name, your agency's name, the client's name, and the service you provided. If this is correct, press 1. If the information is not correct press 2.
8	AuthentiCare will say that this service needs employer attestation to verify the accuracy of services provided. If the employer is available, press 1. If the employer is not available, press 2.
9	You will be asked to hand the phone to the employer. Ask the employer to press 1 when ready.
10	AuthentiCare will state to please note an attestation is required for this service, and the provider agency will have to document the reason why an attestation was not received during this call. The employer will be asked to press 1 to continue without employer attestation. If the employer is now available, press 2. The employer presses 2.
11	After the beep, the employer is asked to state first name, last name and employer ID, then to press # when done.
12	After the employer records his/her voice, AuthentiCare states, "Thank you. Your voice has been successfully recorded."
13	AuthentiCare plays the summary of the services provided.
14	AuthentiCare will then repeat back the employer name, ask if the employer agrees that (first name/last name of worker) has provided service (service name) to the employer, from Check-In time to Check-Out time. If the employer agrees, the employer is to press 1. If the employer does not agree, the employer is to press 2. Either choice will conclude the employer Check-Out.
15	The employer will be told the Check-Out is successful and that to return to the Main Menu, press 1 or to end this call, press 2.

10.4 STANDARD READING OF SERVICE CODE LIST ON THE IVR

When calling in and calling out on the IVR, a list of services is read and the caller is asked to choose the number that matches the service being performed. The services are played back in the order of authorized services first, then Supervisory Visits (if selected in the Worker Services list), followed by the remaining services in the Provider Services list. Refer to *Appendix A.1* for the list of the services offered in AuthentiCare Alabama and *Appendix A.2* for their corresponding activity and observation codes.

Chapter 11 THE AUTHENTICARE® 2.0 MOBILE APPLICATION

THE AUTHENTICARE MOBILE APPLICATION - ANDROID

11.1.1 INTRODUCTION – ANDROID MOBILE APPLICATION

First Data 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 applications 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 device. The following sections detail features of the Android AuthentiCare mobile app, list the setup processes to prepare providers and workers for mobile application operation and the steps for workers to utilize AuthentiCare mobile app 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.

11.1.2 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 app does not validate the clients' locations against their physical addresses. Instead the mobile app 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 app 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 device 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 device informing the user to return to a Standard Service Zone with internet coverage.

When the mobile device 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.

11.1.3 CORE AUTHENTICARE PREPARATION

The following settings have been set by First Data 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.

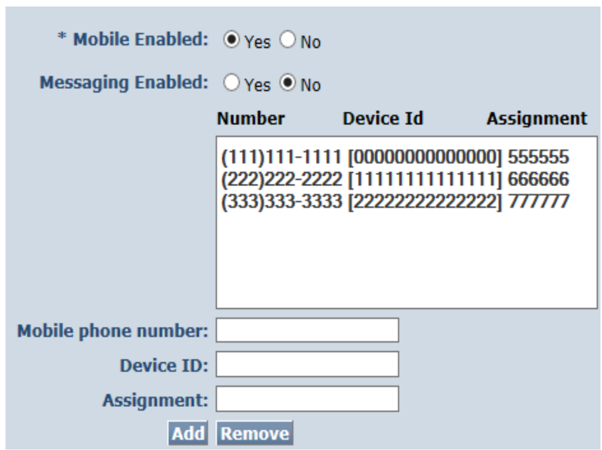
- The GPS geo-fence distance has been set so that there is a defined maximum distance surrounding the client's location that can be acquired on the app without creating an exception on the claim. An exception is an indicator that a worker is found outside the specific radius of a client's home. Exceptions are triggered on Check-In and Check-Out.
- The timeout duration is set (in minutes) before the mobile app logs the worker out of the system due to inactivity.

11.1.4 Application Setup Done by Providers

11.1.4.1 One Time Application Settings – Provider Entity Settings

On the Provider Entity Page:

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



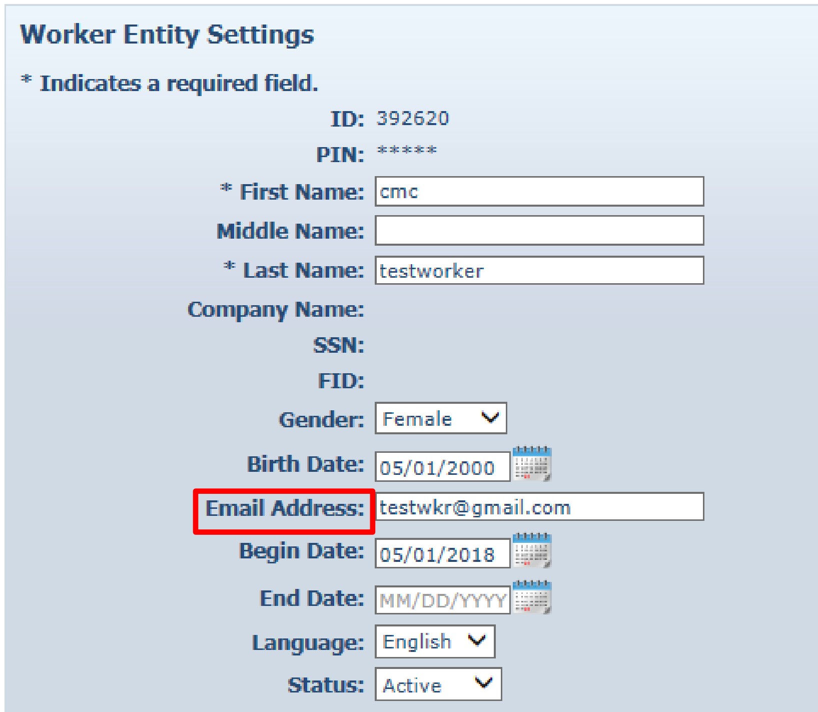
1. **Mobile Enabled** is defaulted to Yes to allow workers to use the AuthentiCare mobile app.
   - If **Yes** is not selected for **Mobile Enabled**, workers will receive a Login failed message when they try to log into the mobile app on their phones.
2. Select **Messaging Enabled** to send messages 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 app 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.

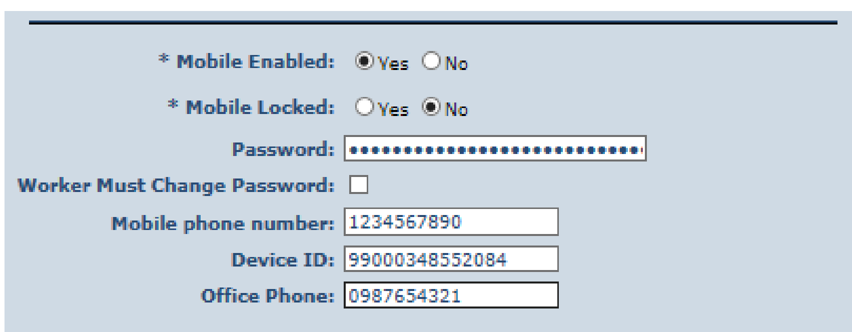
Once all information is entered, the provider can select **Add** to save.

11.1.4.2 WORKER'S MOBILE DEVICE WORKER ENTITY SETTINGS

On the Worker Entity 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 app.





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

- Passwords to log into the mobile app 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 app.

1. Enter the worker's **Mobile Phone Number**, including area code.

2. Enter the **Device ID** of the worker's personal mobile device/phone.
3. 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 app.

11.1.5 AUTHENTICARE MOBILE APP FUNDAMENTALS

11.1.5.1 DOWNLOADING, INSTALLING AND SETTING UP THE MOBILE APP

The AuthentiCare application is a free Mobile App.

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

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

11.1.5.2 INITIAL SETUP FOR ENVIRONMENT

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

1. Confirm the Provider has entered the mobile device/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 App, the worker will see a screen that requires the entry of a Setup Code. The AuthentiCare Mobile App allows the use of one or two modes (called environments:

- The Live Production Environment (used when you are going to perform actual client care), or
- The Test/Training Environment, (used for practicing and learning about how to use the app).

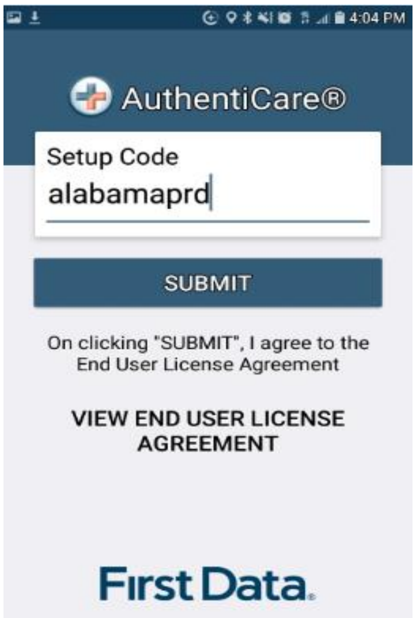
Initial Setup for Environment The worker will choose which option to use by entering one of the codes below:

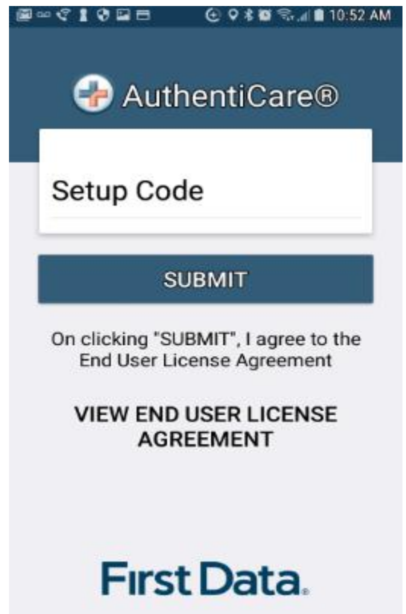
- **Live/Production Setup Code: ALABAMAPRD**
- Test/Training Setup Code: ALABAMACAT

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

The worker will:

1. Enter the choice of environment 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**.





The Worker ID Login and Password screen displays.

11.1.6 THE WORKER ID AND PASSWORD SCREEN

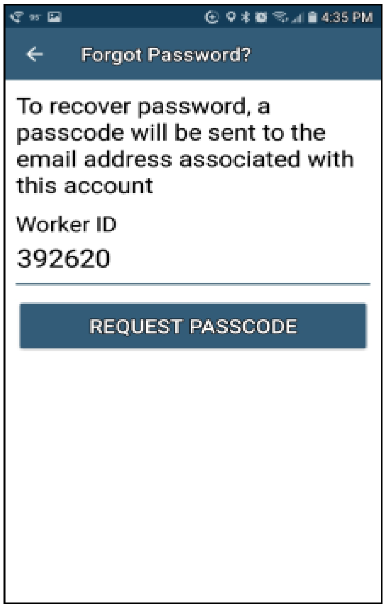
11.1.6.1 CHANGE PASSWORD BEFORE LOGIN - REQUEST PASSCODE

The choices of FORGOT PASSWORD? and Settings are also found on this screen. A worker who has forgotten the password can **tap FORGOT PASSWORD**?

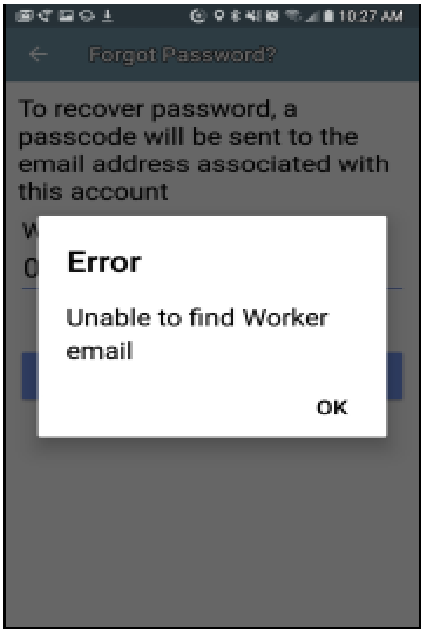
The Forgot Password? screen displays, complete with instructions.

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

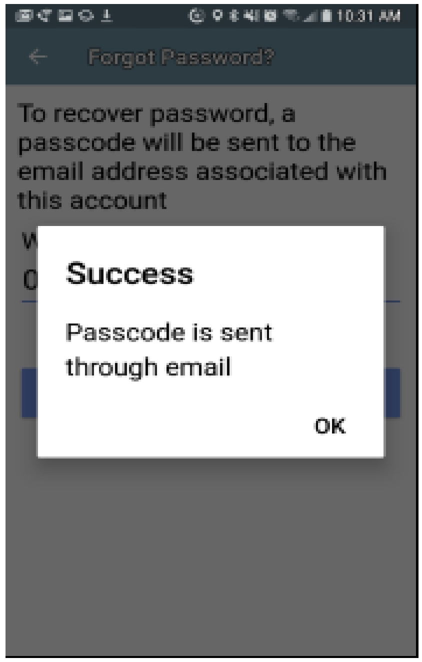
1. Input **Worker ID**.
2. Tap **REQUEST PASSCODE**.



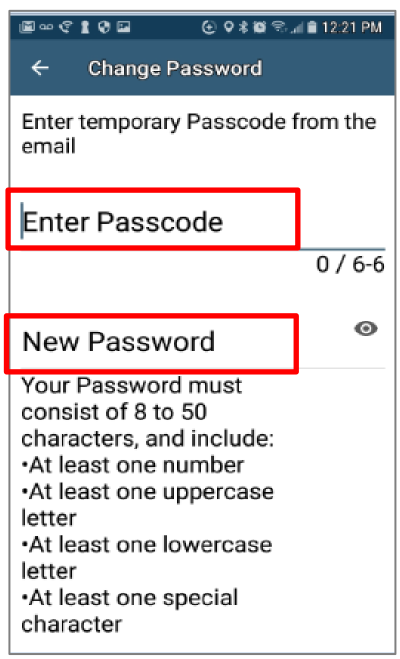
If the worker's email address is not in AuthentiCare, the following screen will display.

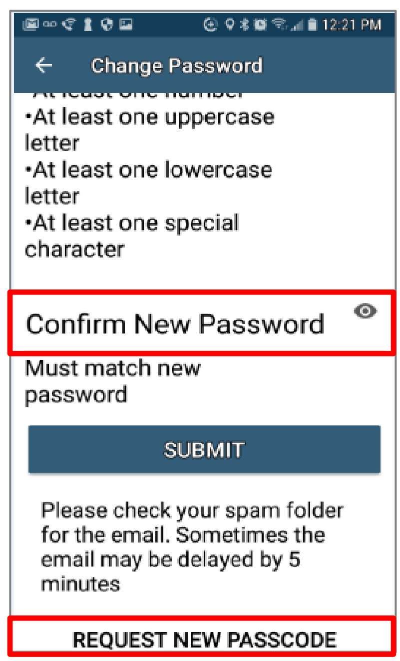


Once the worker's email address is in AuthentiCare, the following screen will display:



1. Tap **OK.**
2. 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.

11.1.6.2 CHANGE PASSWORD AFTER SUCCESSFUL LOGIN

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

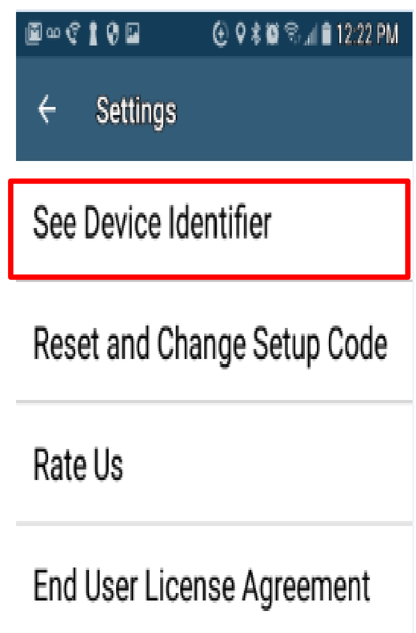
1. Tap **SETTINGS**
2. Select Change Password to display Current Password, New Password and Confirm New Password fields.
3. Enter applicable passwords in all three fields, then tap **SUBMIT**.
4. The Password Change Success screen displays. Tap **OK**.

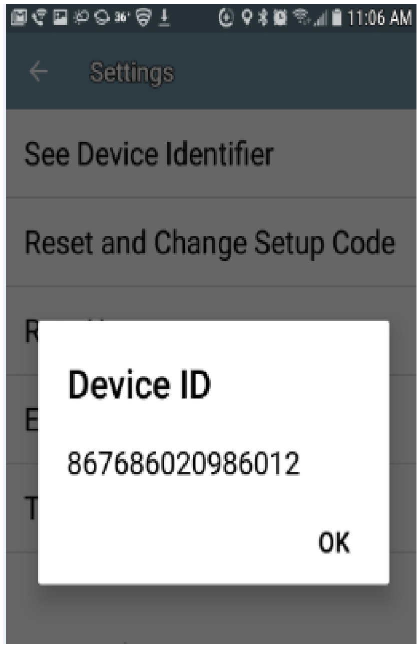
11.1.7 TO FIND A DEVICE ID FROM THE SETTINGS MENU

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

To find the mobile device'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 on the mobile device clipboard, and email it to the provider.)



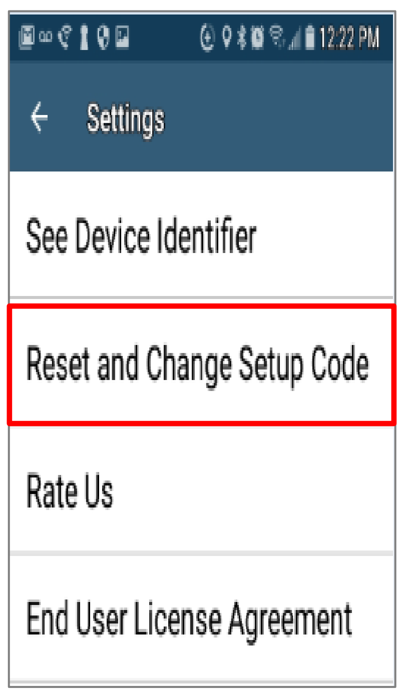


11.1.8 Clearing Data to Change from One Environment to Another

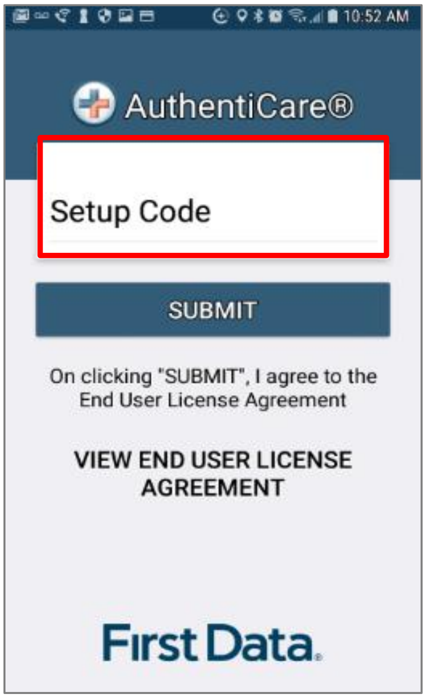
In order to switch from one environment to the other, the worker will be required to clear the data from the AuthentiCare app.

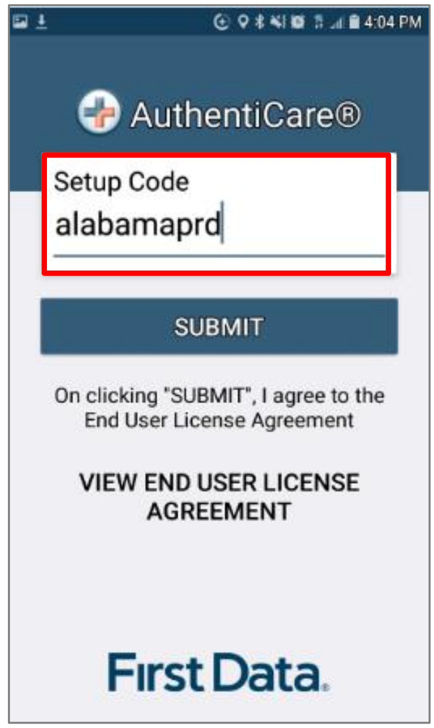
- Clearing data is necessary only when switching between environments.
- Remember that if the data is cleared from the live environment, the worker will lose any data that has not been uploaded to AuthentiCare.

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.



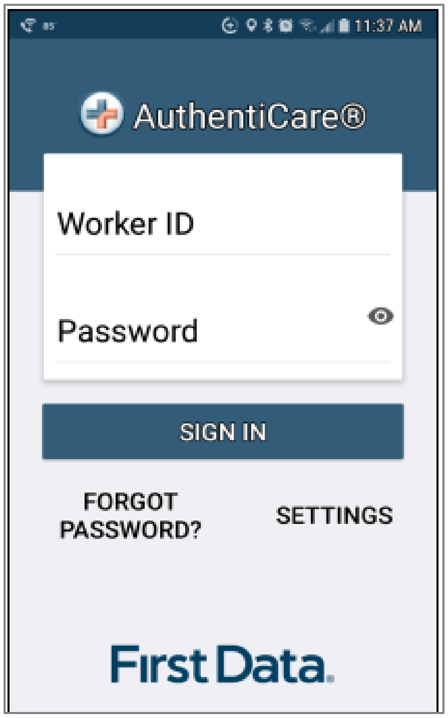


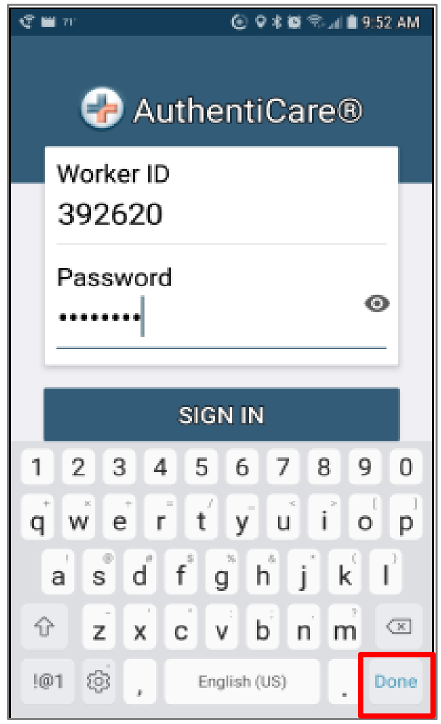
The Setup Code screen displays.

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 scroll to reveal **SUBMIT**.
3. Tap **SUBMIT**.

11.1.9 To Log In to the Mobile App – First Use

1. Change the temporary password assigned by the provider to log in.
2. On the Login screen:
3. Enter the **Worker ID**.
4. Tap the  icon which opens the “eye”  to display the password as typed or after the full **password** is fully typed.
5. Tap the icon again to cancel the display of the password.
6. Tap **Done** on the keyboard to display the full screen or simply tap **SIGN IN**.
7. 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.
4. Once the **Worker ID** and **Password** are entered, the worker's session begins.

PLEASE 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.

11.1.10 To Log Out of the Mobile App

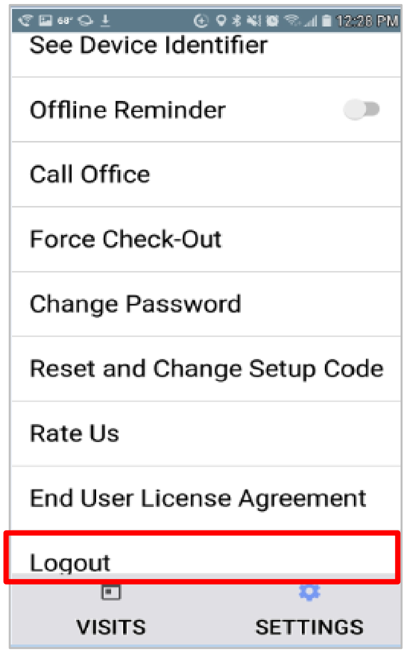
A Log Out of the Mobile App is different than a Check-Out of a service visit. There are reasons for a worker to log out of the Mobile App:

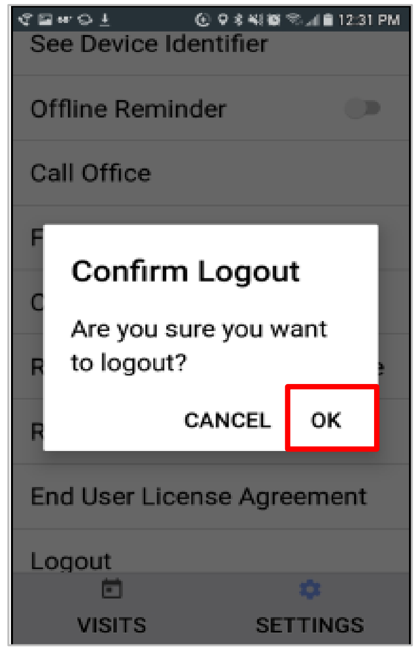
- The worker is done for the day, OR
- Another worker will be using the same mobile device to perform a Check-In or a Check-Out.

PLEASE 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 App, 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.



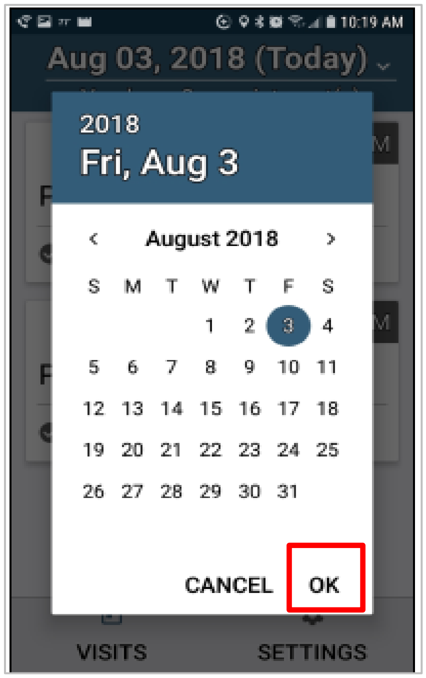


11.1.11 To Access the Calendar

To access the calendar, workers will:

1. Log in to the Mobile App 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.

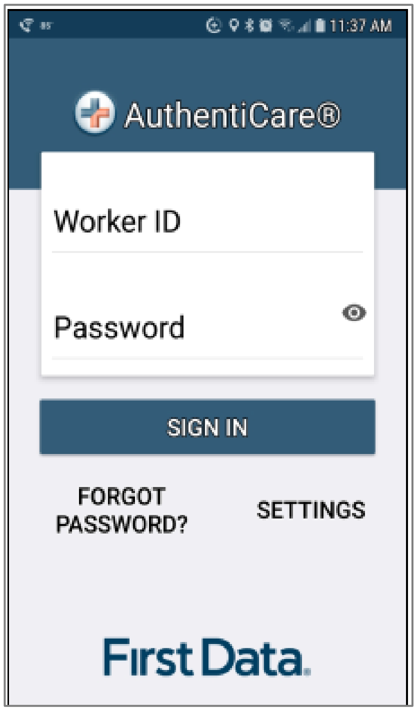
Tap and scroll to display past dates. Tap **OK** on the chosen date to view completed Visits for that date.

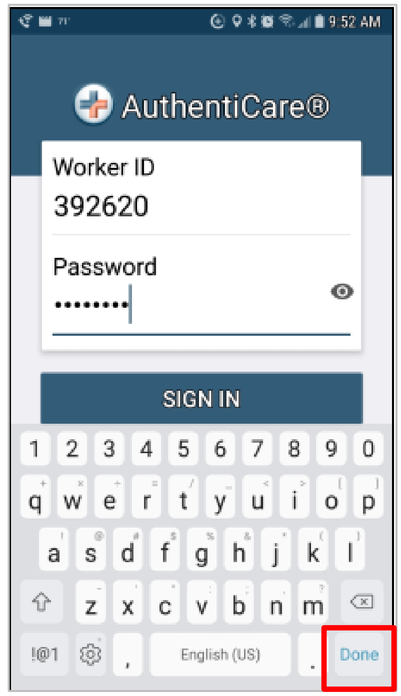


11.1.12 Worker Check-In at Client Location

When the worker arrives at the client location, the worker will:

1. Open the AuthentiCare Mobile
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.**

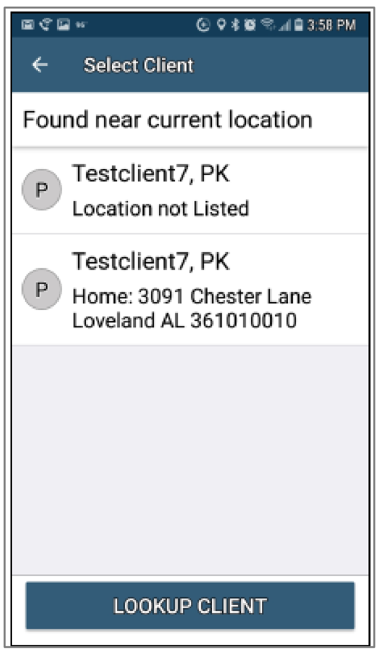




4. Tap **SIGN IN**.
5. “You have 0 appointments” displays in the date banner.
6. The worker will tap **NEW CHECK-IN**.

The Select Client screen displays with a list of any clients found near the current location of the mobile device.

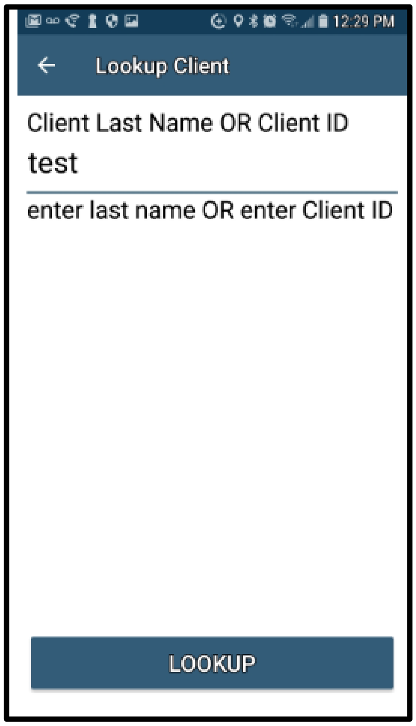
1. If the client's name is on the list, tap the **client's name** or the icon to the left of the client's name.
2. Tapping a client name leads to the display of the Visits screen.
3. If the client's name is not listed on this screen, the screen will display "**Error** No clients found."
4. The worker will:
5. Tap **OK.**
6. Tap **LOOKUP CLIENT f**ound at the bottom of the screen to process the Check-In.



11.1.12.1 LOOKUP CLIENT - ENTER THE CLIENT'S ID NUMBER OR LAST NAME

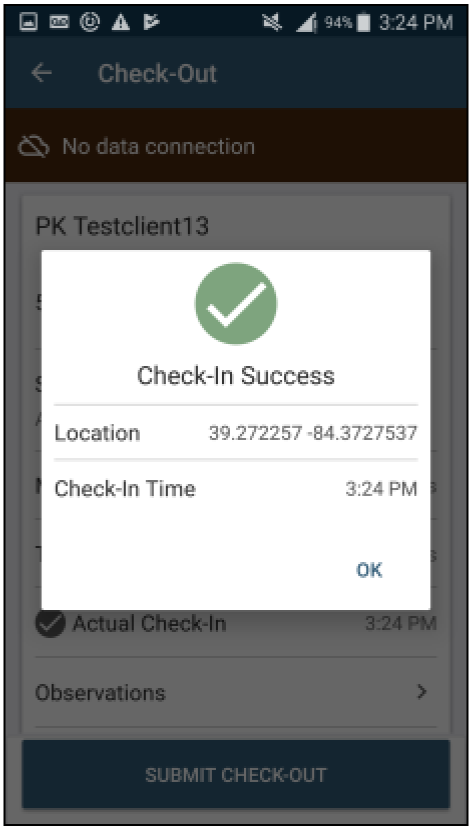
The worker will:

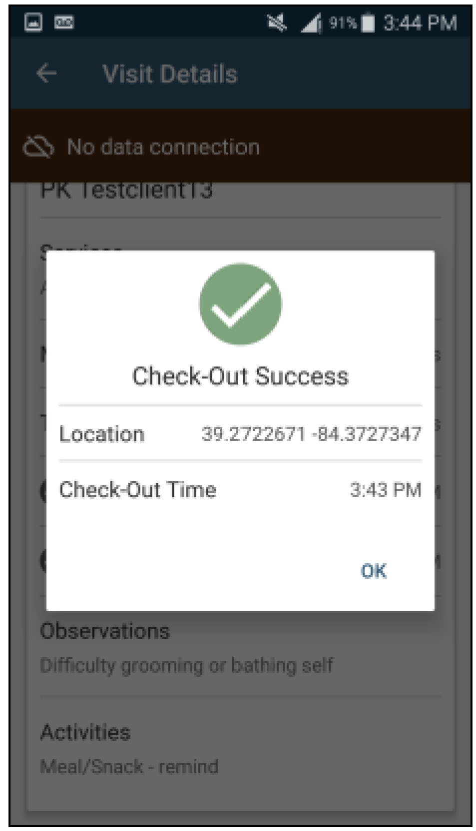
1. Tap **LOOKUP CLIENT** to open the Lookup Client screen.
2. Input the **Client's ID Number** *OR* **Last Name.**
3. Tap **LOOKUP**.



Follow the remainder Check-In process steps detailed in 11.1.12 Worker Check-In at Client Location.

- GPS coordinates from the Check-In process display if the client lives in a Standard Service Zone.
- If the mobile device 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 device used.

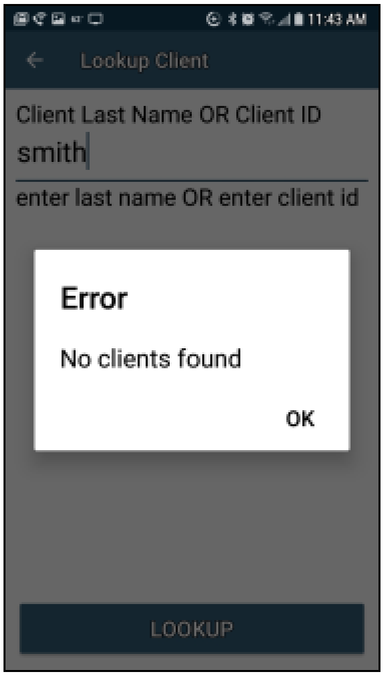


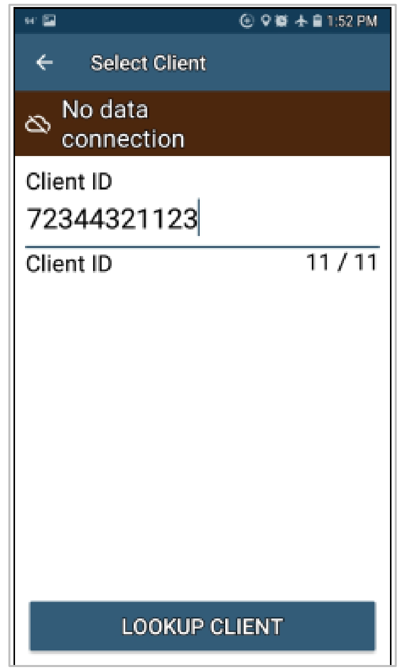


- The worker will continue with each action to progress throughout the Check-In to Check-Out for the service visit.
- The message, “Sync failed. No data connection” flashes on the screen.
- Since there is no data connection, the Check-In and the Check-Out are queued until the mobile device enters a location where internet connection is available.
- When the mobile device 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.

When the login occurs with no data connection, the worker will follow the process steps detailed in 11.1.12.1 Lookup Client - Enter the Client’s ID Number or Last Name. 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 Client ID number can be displayed.



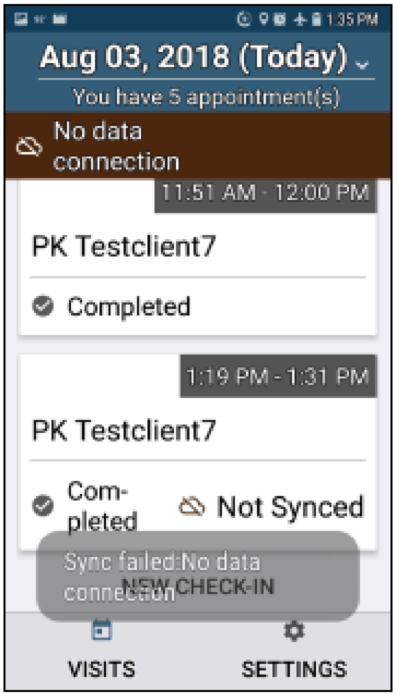


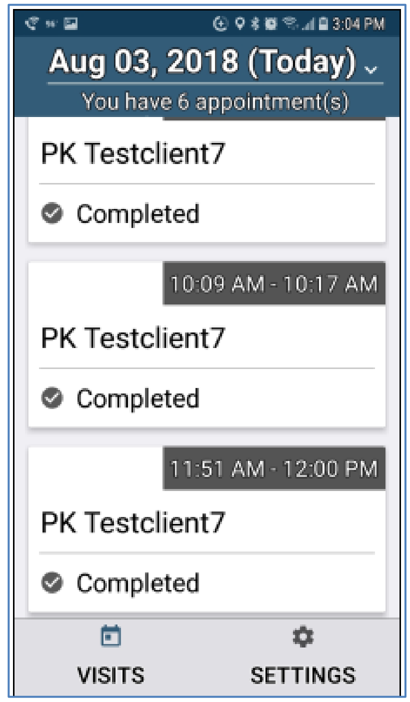
The worker will:

1. Add the **Service(s)** for the client visit.
2. Tap **SUBMIT CHECK-IN**.

As long as the mobile device 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 work day 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 App at 4:00 AM each morning.

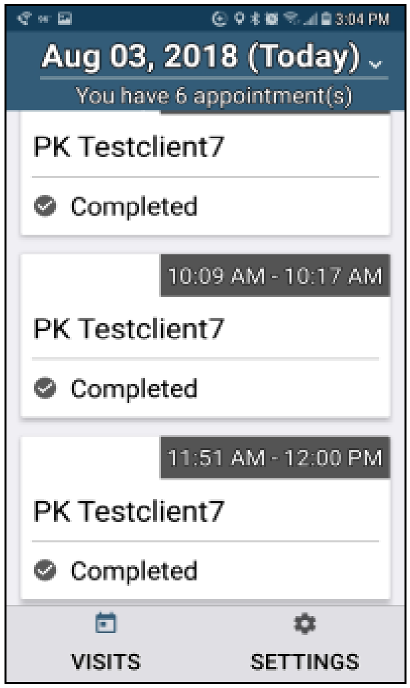
11.1.13 Worker Check-Out from Client's Location

For the client served, the worker will:

1. Access Check-In information from the Visits screen.
2. If required, tap Observations to select one or more of the Observations; tap **DONE.**
3. Tap **Activities** to select one or more of the Activities from the list; tap **DONE.**

   Depending on the service, multiple selections on both Activities and/or Observations are possible. Check these as required; tap **DONE**.
4. If the service provided was an agency service, the worker can tap **SUBMIT CHECK-OUT.**
5. If the service provided was a self-directed service, the worker will not input Activity nor Observation Codes. The worker will hand the mobile device to the employer. The employer will follow the instructions to provide an e-signature, and will return the mobile device to the worker. The worker will complete the Check-Out with the instructions provided on the mobile device.
6. If the employer is not available, the worker will follow the instructions in the mobile application to complete the Check-Out.
7. .
8. The application will display Check-Out Success. Tap **OK**.

9. The Visits screen will then display the client's visit is in **Completed status**.



11.1.14 AuthentiCare Mobile App 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:

11.1.14.1 See Device Identifier

A tap of this choice allows the mobile device's Device ID to display.

11.1.14.2 Offline Reminder

A slide of this button allows the worker to receive a reminder of the mobile device's offline status.

11.1.14.3 Call Office

A tap this choice automatically makes a call from the worker's mobile device to the agency telephone number listed on the worker's Worker Entity Settings page in AuthentiCare.

11.1.14.4 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.

11.1.14.5 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 App, the worker will have to contact the provider to reset the password following steps in 11.1.5.2 Change Password after Successful Login.

11.1.14.6 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 11.1. 7 Clearing Data to Change from One Environment to Another.

11.1.14.7 Rate Us

A tap on this choice allows the worker to rate the AuthentiCare Mobile App.

11.1.14.8 End User License Agreement

A tap of this choice displays the full agreement for the worker's review.

11.1.14.9 Logout

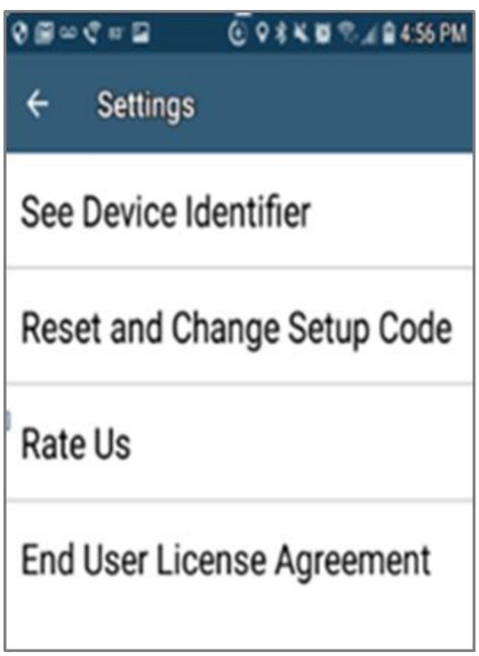
A tap of this choice enables the worker to log out of the Mobile App. All needed data should be saved before a log out.

11.1.15 Two Different Menu Displays

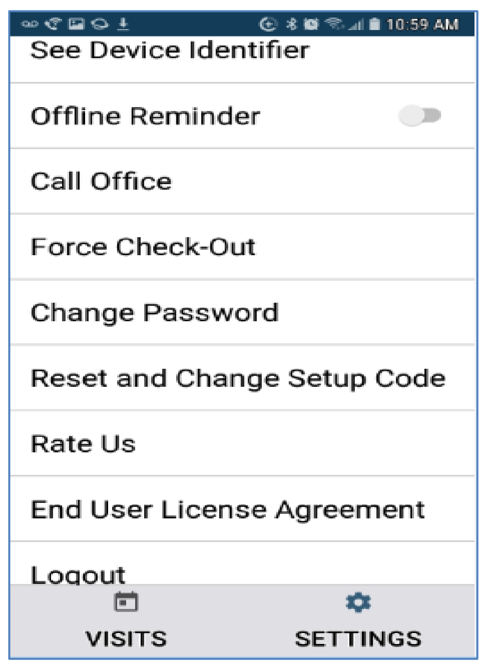
Two different Menu screens display for the worker:

- An abbreviated menu is available to the worker after opening the Mobile App, but before logging in for a service visit.
- The full menu is available to the worker after a complete login for a service visit.

Abbreviated Menu Before Log In:



Full Menu After Log In:



11.2 WORKER INSTRUCTIONS - USING THE ANDROID MOBILE APP AGENCY SERVICES

Instructions for a Mobile App Check-In and Check-Out - Agency Services	
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 device. 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**. 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 button on the mobile device 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 app has to occur.
Instructions to Check-In and Check-Out in a Limited Service Zone for Agency Services	
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 and 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 on the mobile device. The visit details screen displays.
4	A second tap of the back arrow on the mobile device 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 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 app on the mobile device. 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 requires a Check-Out time.

11.3 Worker Instructions - Using the Android Mobile App – Self-Direct Services

Instructions for a Mobile App Check-In and Check-Out – Self Direct Services
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**.
A Check-In Success screen displays; tap **OK**. The Appointment screen displays. Once the Check-In occurs, the headings 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 device. The visit details screen displays. A second tap of the back arrow on the device displays the visit as In Progress.
Once services are completed, tap **Pending Check-Out**.
Hand the mobile device to the Employer. The Employer will follow the instructions to provide an e-signature and hand the mobile device to you. You will complete the Check-Out with the instructions provided on the mobile device.
If the Employer is not available, follow the instructions in the mobile application to complete the Check-Out.
The Check-Out Success screen displays. Tap **OK**. The visit details screen displays. Tap the back button on the mobile device to view the status as Completed next to the client's name with the Check-In and Check-Out times of the visit.
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 app has to occur.
Instructions to Check-In and Check-Out in a Limited Service Zone for Self-Direct Services
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**.
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."
Once the Check-In occurs, the headings 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 device. The visit details screen displays.
A second tap of the back arrow on the mobile device displays the visit as In Progress with the Check-In time. The client ID also displays with "Pending Check-Out – Not synced."
Once services are completed, tap **Pending Check-Out**.
Hand the mobile device to the Employer. The Employer will follow the instructions to provide an e-signature, and hand the mobile device to you. You will complete the Check-Out with the instructions provided on the mobile device.
If the Employer is not available, follow the instructions in the mobile application to complete the Check-Out.
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.

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.
Visit data is stored in the mobile app on the mobile device. 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 requires a Check-Out time.

11.4 THE AUTHENTICARE MOBILE APPLICATION - IOS

11.4.1 INTRODUCTION – IOS MOBILE APPLICATION

First Data 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 applications 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 device. The following section ns detail features of the iOS AuthentiCare mobile app, list the setup processes to prepare providers and workers for mobile application operation and the steps for workers to utilize AuthentiCare mobile app 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.

11.4.2 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 app does not validate the clients' locations against their physical addresses. Instead the mobile app 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 app 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 device 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 device informing the user to return to a Standard Service Zone with internet coverage.

When the mobile device 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.

11.4.3 CORE AUTHENTICARE PREPARATION

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

- The mobile messaging feature has been turned on.

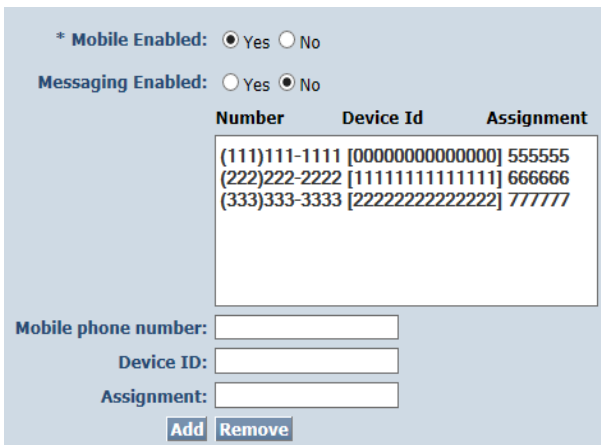
- Messaging has been enabled.
- Message expiration has been enabled.
- Message polling has been enabled.
- The GPS geo-fence distance has been set so that there is a defined maximum distance surrounding the client's location that can be acquired on the app without creating an exception on the claim. 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 app logs the worker out of the system due to inactivity.

11.4.4 Application Setup Done by Providers

11.4.4.1 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 Page:



1. **Mobile Enabled** is defaulted to Yes to allow workers to use the AuthentiCare mobile app.
   - If **Yes** is not selected for **Mobile Enabled**, workers will receive a Login failed message when they try to log into the mobile app 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 app 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.

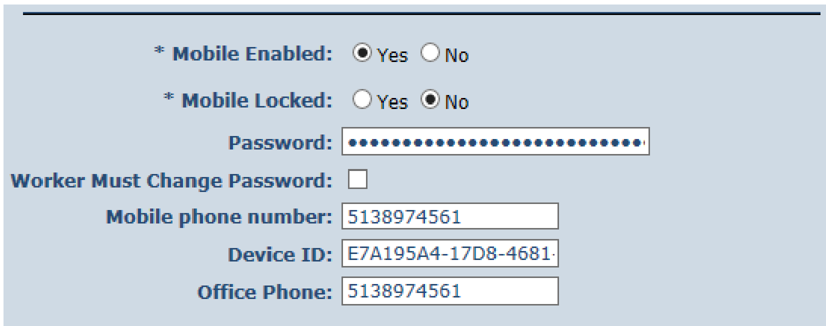
c. The Worker ID or the worker's name under Assignment.

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

11.4.4.2 Worker's Mobile Device Information – Worker Entity Settings

On the Worker Entity Settings Page:

1. Add the worker's email address so that the worker can receive a passcode if the worker forgets the password to log into the AuthentiCare mobile app.



2. Select **Yes** for **Mobile Enabled.**
3. Create initial **Password** for workers. (Workers will use their assigned Worker ID as their individual username.)
    - Passwords to log into the mobile app must contain at least 1-digit, 1-lowercase, 1-uppercase, 1-special character (acceptable special characters @#$%^&?!+=) and must be a minimum of 9 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 app.
4. Enter the worker's **Mobile Phone Number**, including area code.
5. Enter the **Device ID** of the worker's personal mobile device/phone. When inputting the iOS **Device ID**, you **MUST** include the hyphens (-).
    - The AuthentiCare Mobile App 2.0 will assign a new Device ID as the worker install the iOS app. The provider will need to input the new Device ID on the Worker Entity Settings Page.
6. 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 app.

11.4.5 AuthentiCare Mobile App Fundamentals

11.4.5.1 Downloading, Installing and Setting Up the Mobile App

The AuthentiCare application is a free Mobile App.

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

1. Open the Apple Store on the mobile device.

2. Select the AuthentiCare Mobile App for download.
3. Tap Allow for the App to make and manage phone calls.
4. Tap Allow for the App to access the mobile device's location.
5. These terms and conditions must be accepted prior to the App opening on the mobile device.

11.4.5.2 INITIAL SETUP FOR ENVIRONMENT

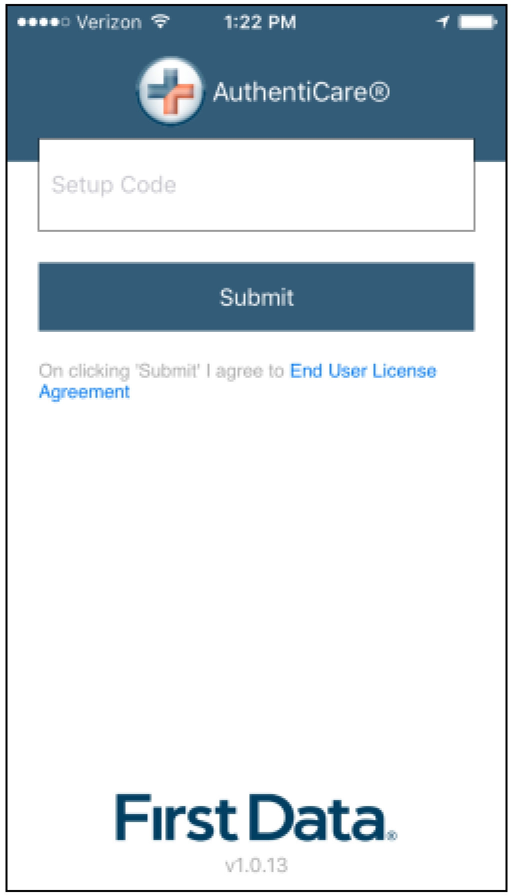
1. Once the Mobile App is installed, initial setup needs to occur. In order for the worker to use the AuthentiCare Mobile App, the worker will need to:
2. Confirm the Provider has entered the mobile device/phone number, email address and Device ID in AuthentiCare.
3. Use the Setup Code to choose the environment.
4. When the worker first opens the AuthentiCare Mobile App, the worker will see a screen that requires the entry of a Setup Code. The AuthentiCare Mobile App allows the use of one or two modes (called environments):

The Live Production Environment (used when you are going to perform actual client care), or

The Test/Training Environment, (used for practicing and learning about how to use the app).

The worker will choose which option to use by entering one of the codes below:

- **Live/Production: ALABAMAPRD**
- **Test/Training: ALABAMACAT**

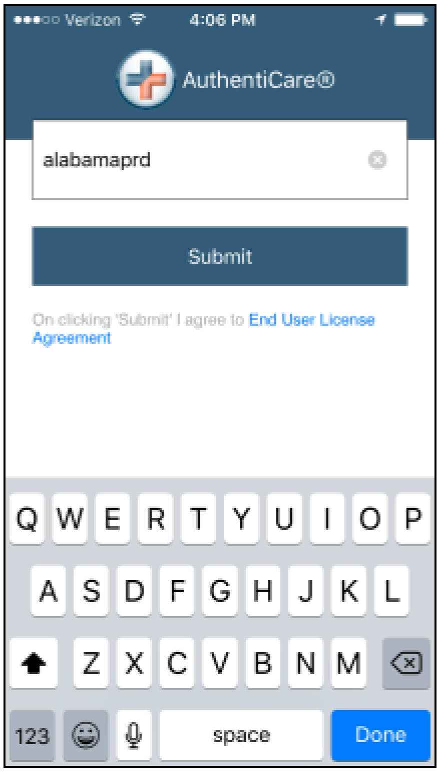


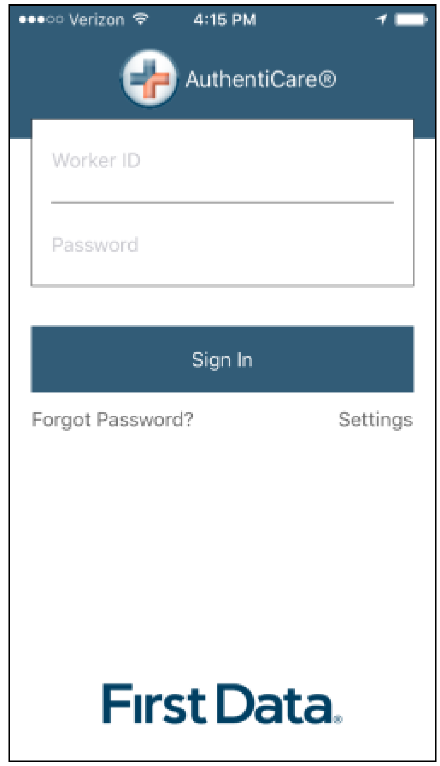
The link to the **End User License Agreement** is on the **Setup Code** screen.

The worker will:

1. Enter the choice of environment 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.





11.4.6 The Worker ID and Password Screen

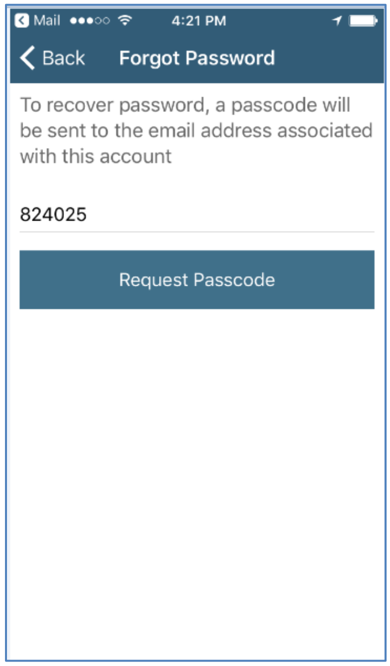
11.4.6.1 Change Password before Login - Request Passcode

The choices of **FORGOT PASSWORD?** and **Settings** are also found on this screen.

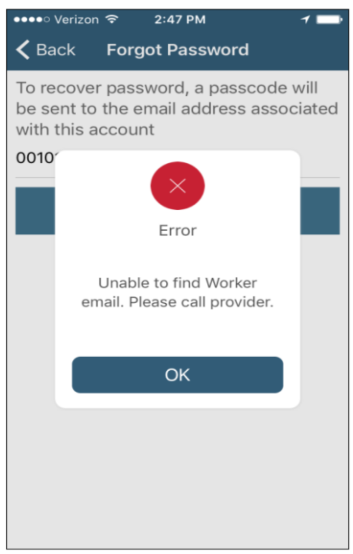
A worker who has forgotten the password can tap **FORGOT PASSWORD?** The Forgot Password? screen displays, complete with instructions.

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

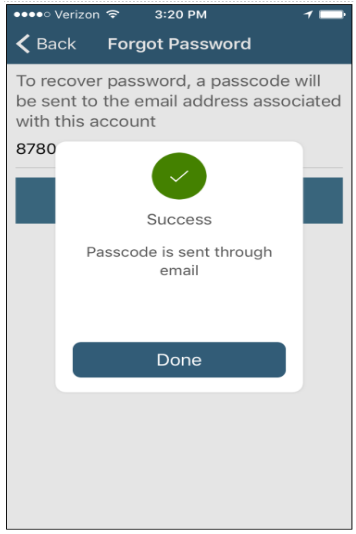
1. Input **Worker ID.**
2. Tap **REQUEST PASSCODE.**



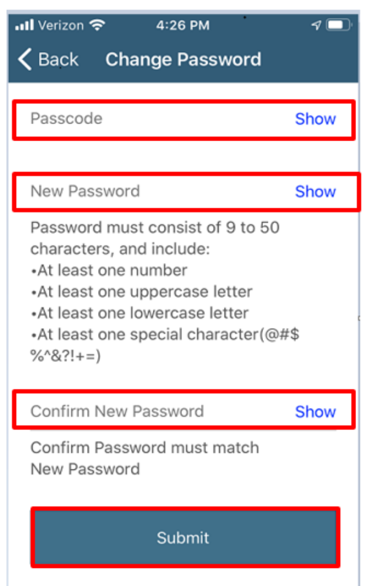
If the worker's email address is not in AuthentiCare, the following screen will display.



Once the worker's email address is in AuthentiCare, the following screen will display:



1. Tap **Done**.
2. 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.

11.4.6.2 CHANGE PASSWORD AFTER SUCCESSFUL LOGIN

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

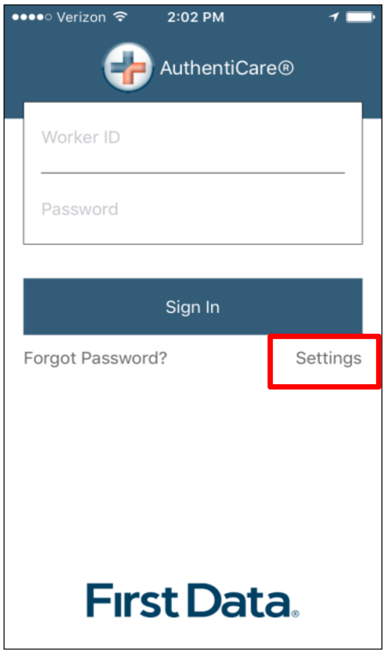
1. Tap **SETTINGS**
2. Select Change Password to display **Current Password**, **New Password** and **Confirm New Password** fields.
3. Enter applicable passwords in all three fields, and then tap **Submit**.
4. The **Password Change Success** screen displays. Tap **OK**.

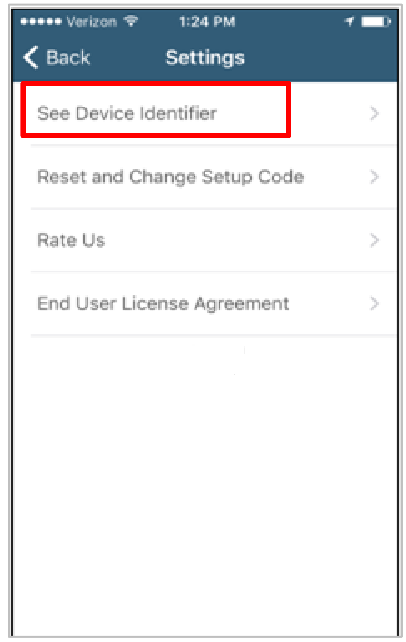
11.4.7 TO FIND A DEVICE ID FROM THE SETTINGS MENU

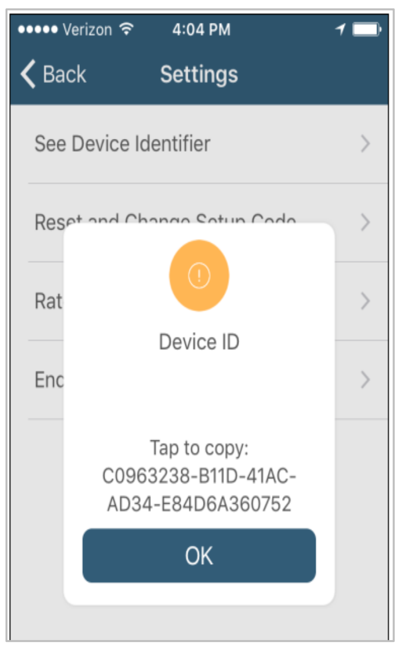
After entering the Setup Code, the worker will be taken to the login screen.

1. To find the mobile device's **Device ID**:
2. Tap **Settings** on the right side of the screen. The Menu displays.
3. Tap See **Device Identifier** in the Menu. The **Device ID** displays.
4. Tap **OK to** close the window.
5. 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 App 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.





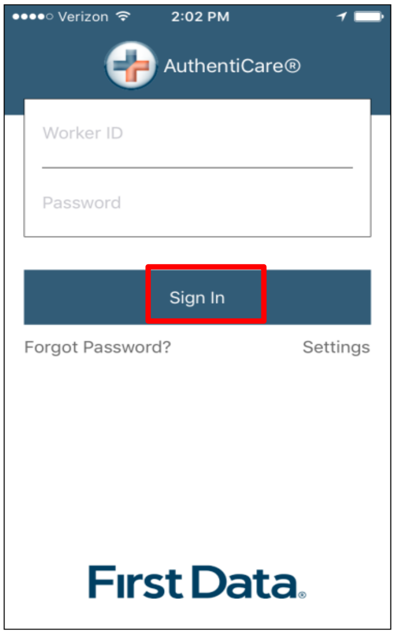


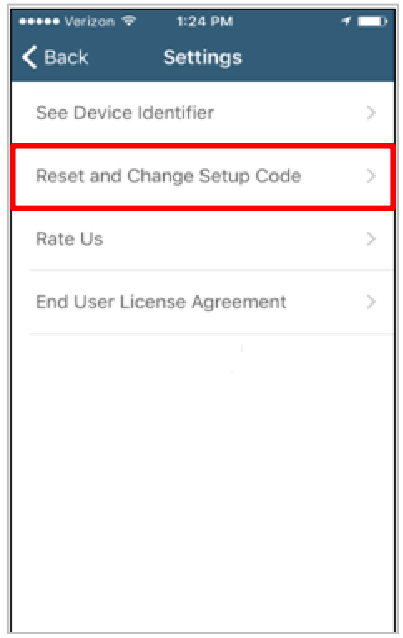
11.4.8 Clearing Data to Change from One Environment to Another

In order to switch from one environment to the other, the worker will be required to clear the data from the AuthentiCare app.

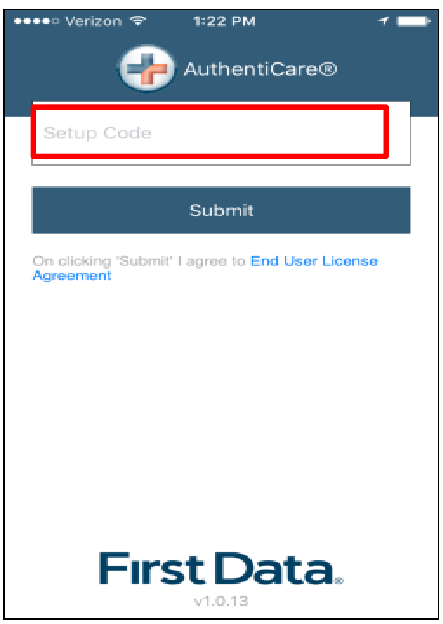
- Clearing data is necessary *only* when switching between environments.
- Remember that if the data is cleared from the live environment, the worker will lose any data that has not been uploaded to AuthentiCare.

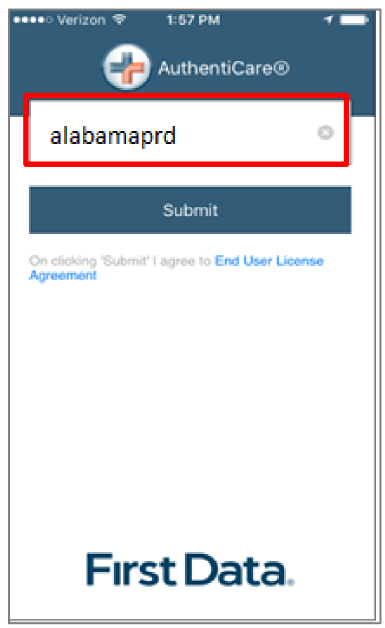
The worker will need to make sure that all data has been uploaded before leaving the Live/Production environment. To clear the data:





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 **OK**. The data is removed.





The **Setup Code screen** displays.

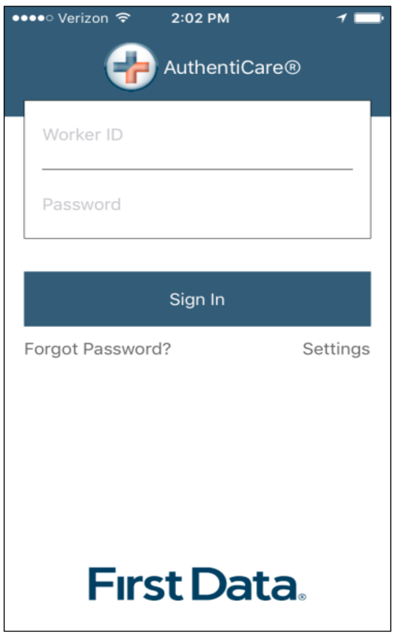
4. Enter the next Training or Production environment in the Setup Code field.
5. Tap **Done** on the keyboard to display the bottom half of the Setup Code screen or scroll to reveal **Submit**.
6. Tap **Submit**.

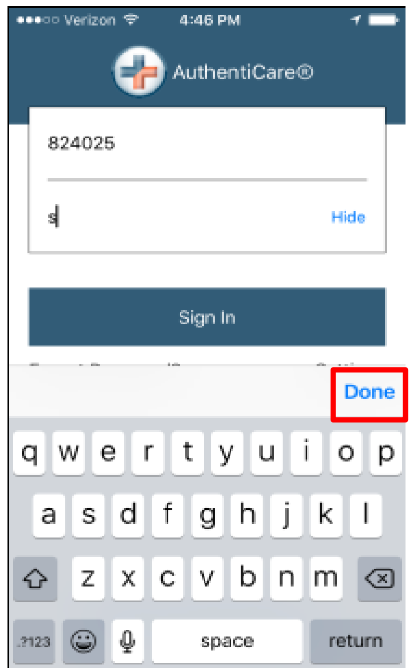
11.4.9 To Log in to the Mobile App – First Use

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 the 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.
4. Once the **Worker ID** and **Password** are entered, the worker's session begins.

PLEASE 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.

11.4.10 To Log Out of the Mobile App

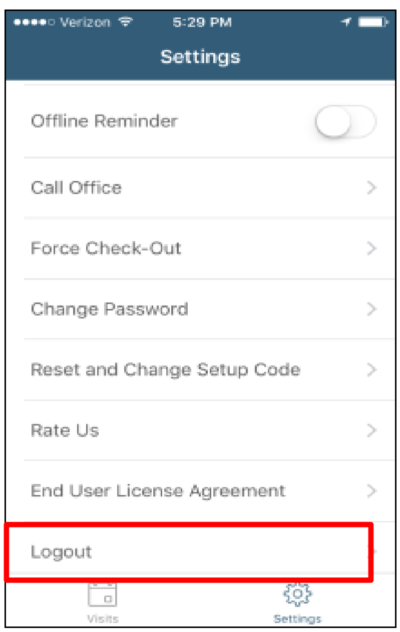
A Log Out of the Mobile App is different than a Check-Out of a service visit. There are reasons for a worker to log out of the Mobile App:

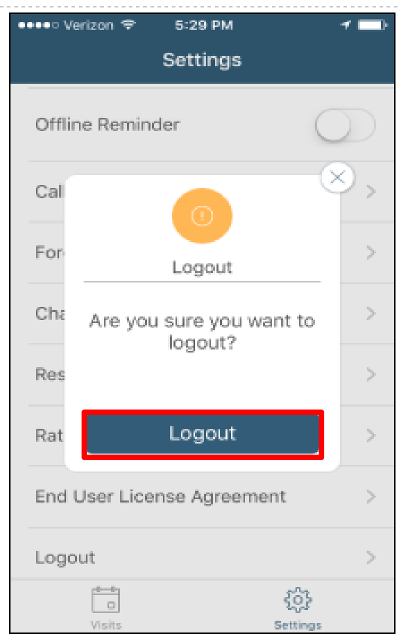
- The worker is done for the day, OR
- Another worker will be using the same mobile device to perform a Check-In or a Check-Out.

PLEASE 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 App, 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.





11.4.11 To Access the Calendar

To access the calendar, workers will:

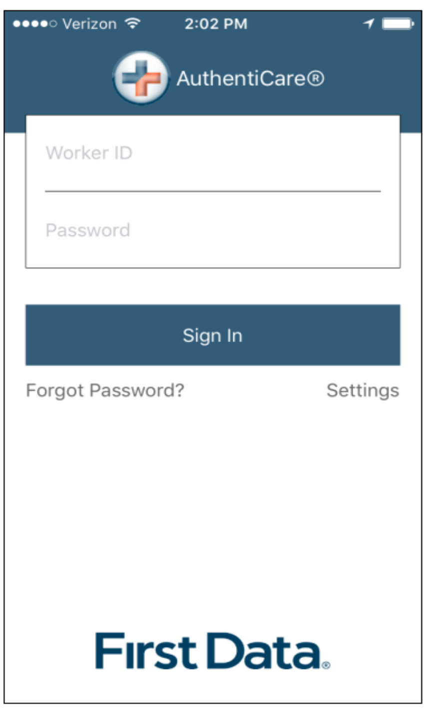
1. Log in to the Mobile App using the Worker ID and Password.
2. Tap the **current date (Today)** at the top of the mobile screen to open the calendar.
3. The calendar defaults to the current date.
4. Tap the calendar date to display any visits you have already completed for the day plus any pending visits.

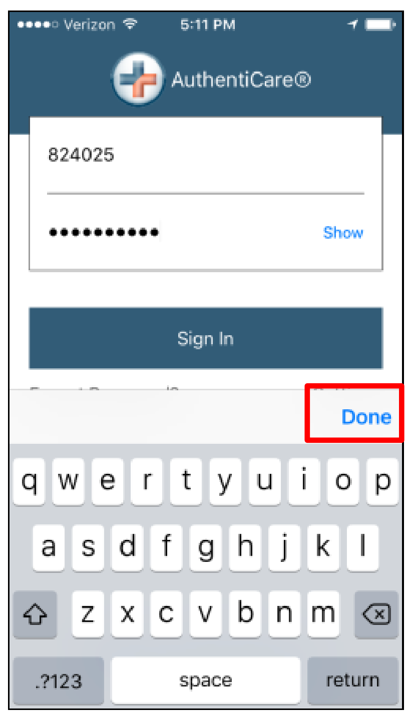
5. Tap any past dates to display any visits for that date.

11.4.11.1 Worker Check-In at Client Location

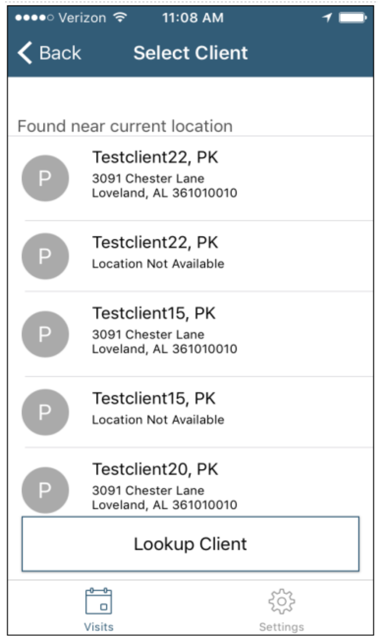
When the worker arrives at the client location, the worker will:

1. Open the AuthentiCare Mobile
2. Input **Worker ID** and App **Password** to begin the session.
3. Tap **Done** on the keyboard or simply tap **Sign In**.



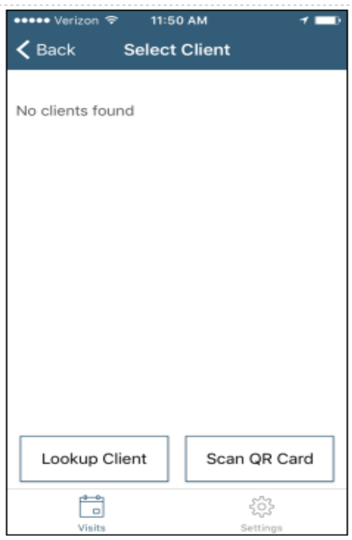


4. Tap Sign In.
5. “You have no appointments” displays in the date banner.
6. The worker will tap **New Check-In**.



The Select Client screen displays with a list of any clients found near the current location of the mobile device.

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.



3. If the client’s name is not listed on this screen, the screen will display “**No clients found**.”
4. The worker will: Tap **OK.**

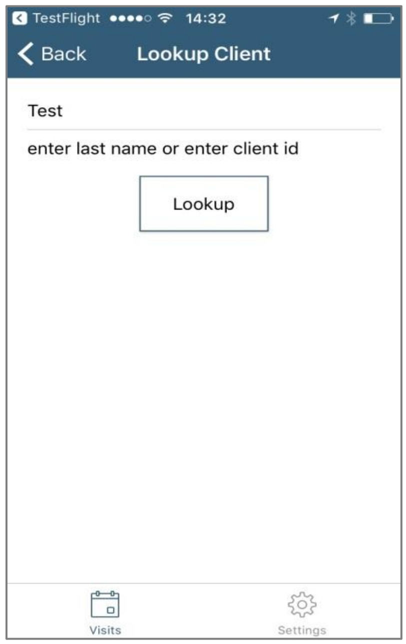
5. Tap **Lookup Client found** at the bottom of the screen to process the Check-In.

11.4.11.2 Lookup Client

Enter the Client's ID Number or Last Name

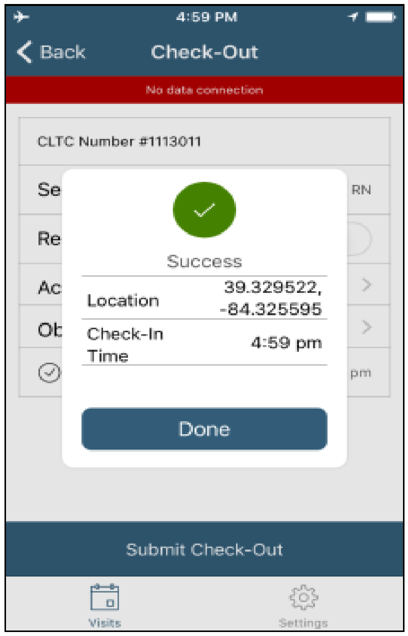
The worker will:

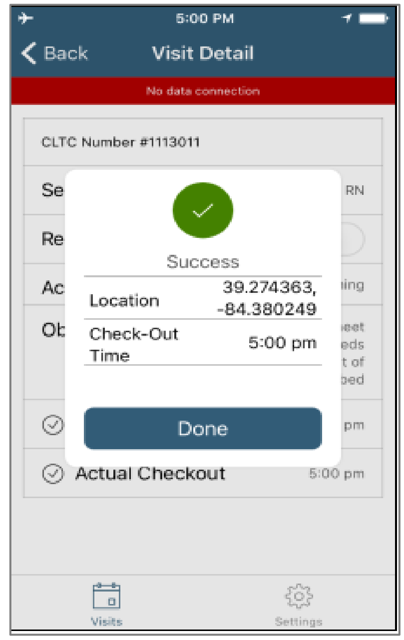
1. Tap **Lookup Client** to open the Lookup Client screen.
2. Input the client's **ID number** OR **Last Name**.
3. Tap **Lookup**.



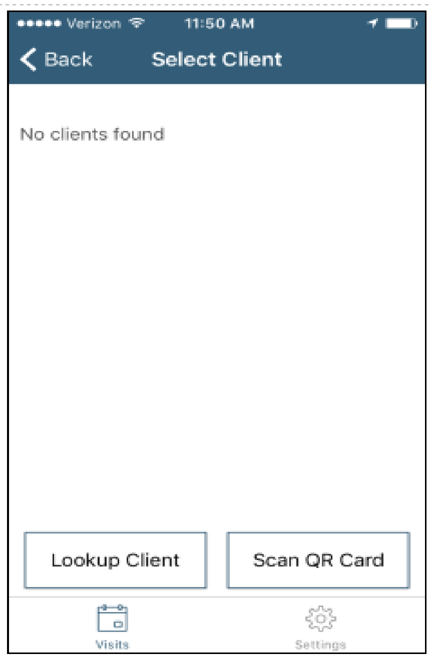
Follow the remainder Check-In process steps detailed in 11.3.11.1 Worker Check-In at Client Location.

- GPS coordinates from the Check-In process display if the client lives in a Standard Service Zone.
- If the mobile device 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 device used.





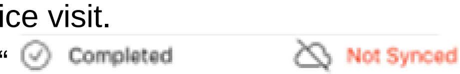
- The worker will continue with each action to progress throughout the Check-In to Check-Out for the service visit.
- Since there is no data connection, the Check-In and the Check-Out are queued until the mobile device enters a location where internet connection is available.
- When the mobile device 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.
- When the login occurs with no data connection, the worker will follow the process steps detailed in 11.4.12.1 Lookup Client - Enter the Client's ID Number or Last Name. 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 Client ID number can be displayed.



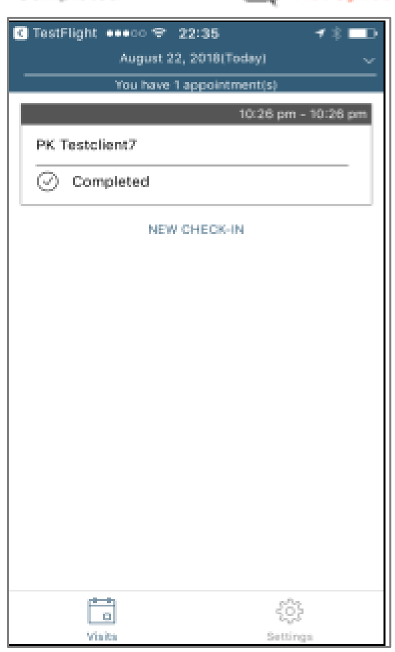
The worker will:

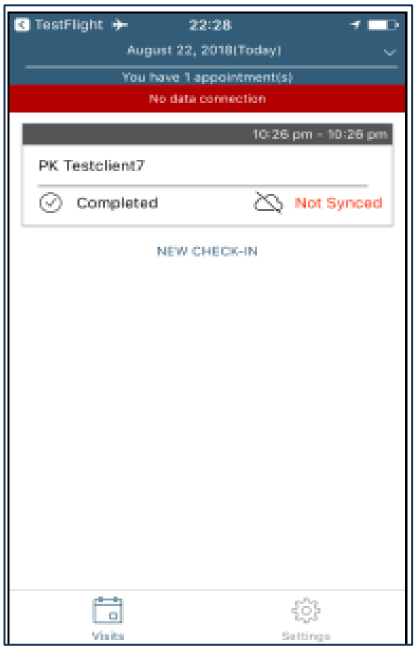
1. Add the **Service(s)** for the client visit.
2. Tap **Submit Check-In**.

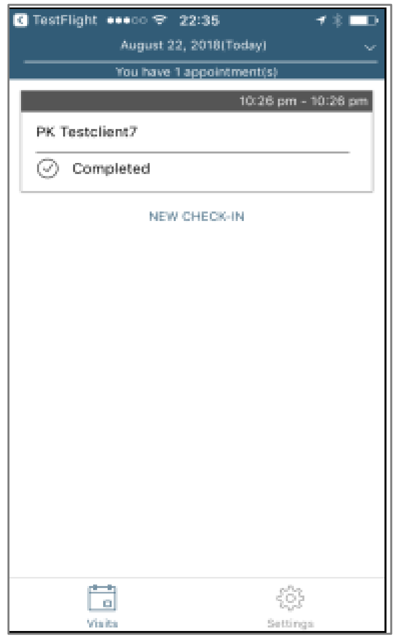
As long as the mobile device does not have internet access, all screens throughout the Check-In and Check-Out process will display the banner message, “No data connection.”

- The worker will continue with each action to progress throughout the Check-In to Check-Out for the service visit.
- The visit displays as “ 

.”







If the entire work day 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 App at 4:00 AM each morning.

11.4.12 Worker Check-Out from Client's Location

For the client served, the worker will:

1. Access Check-In information from the Visits screen.
2. If required, tap Observations to select one or more of the Observations; tap **Done**.
3. Tap **Activities** to select one or more of the Activities from the list; tap **Done**.
4. Depending on the service, multiple selections on both Activities and/or Observations are possible. The worker will check these as required.
5. If the service was an agency service, the worker will tap **Submit Check-Out.**
6. If the service provided was a self-directed service, the worker will not input Activity nor Observation Codes. The worker will hand the mobile device to the employer. The employer will follow the instructions to provide an e-signature, and will return the mobile device to the worker. The worker will complete the Check-Out with the instructions provided on the mobile device.
7. If the employer is not available, the worker will follow the instructions in the mobile application to complete the Check-Out.
8. The application will display **Check-Out Success**. Tap **OK**.

The Visits screen will then display the client's visit is in Completed status with Not synced in the Completed field. When the mobile device returns to data connection, the visit is synced, and marked as completed.

11.4.13 AuthentiCare Mobile App 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:

11.4.13.1 See Device Identifier

A tap of this choice allows the 4 device's Device ID to display.

11.4.13.2 Offline Reminder

A slide of this button allows the worker to receive a reminder of the mobile device's offline status.

11.4.13.3 Call Office

A tap on this choice automatically makes a call from the worker's mobile device to the agency telephone number listed on the worker's Worker Entity Settings page in AuthentiCare.

11.4.13.4 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.

11.4.13.5 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 App, the worker will have to contact the provider to reset the password following steps in 11.3.6.2 Change Password after Successful Login.

11.4.13.6 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 11.3.8 Clearing Data to Change from One Environment to Another .

11.4.13.7 Rate Us

A tap on this choice allows the worker to rate the AuthentiCare Mobile App.

11.4.13.8 End User License Agreement

A tap of this choice displays the full agreement for the worker's review.

11.4.13.9 Logout

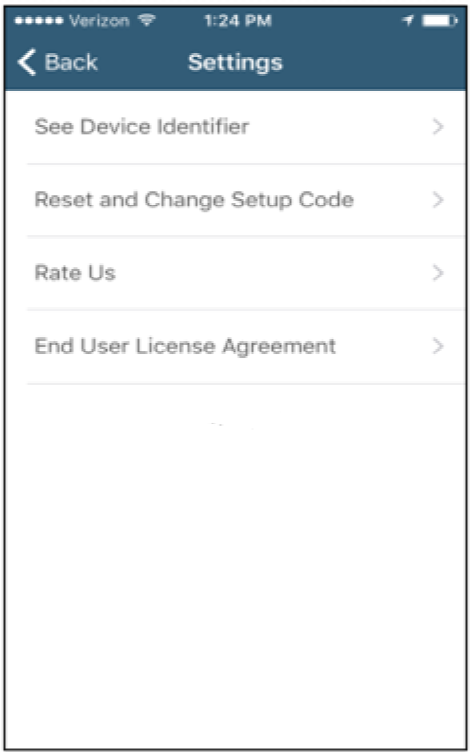
A tap of this choice enables the worker to log out of the Mobile App. All needed data *should be saved before a log out.*

11.4.14 Two Different Menu Displays

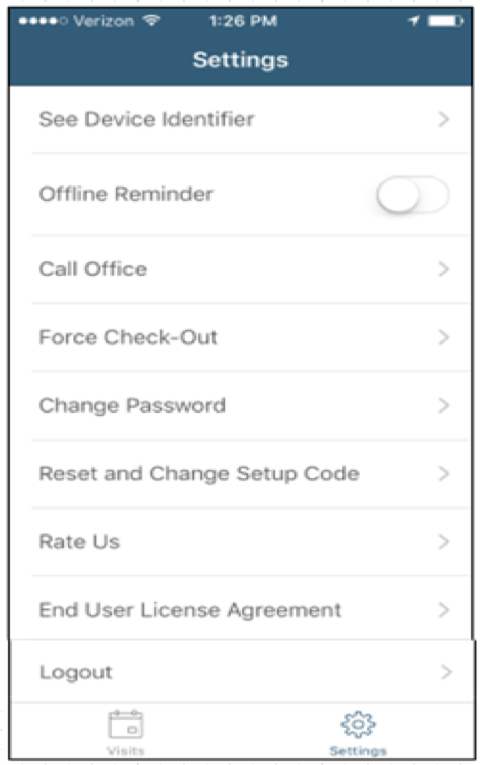
Two different Menu screens display for the worker:

- An abbreviated menu is available to the worker after opening the Mobile App, but before logging in for a service visit.
- The full menu is available to the worker after a complete login for a service visit.

Abbreviated Menu Before Log In:



Full Menu After Log In:



11.5 Worker Instructions - Using the iOS Mobile App

Instructions for a Mobile App 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 device 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 app 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 app on the mobile device. 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.

11.6 Worker Instructions - Using the iOS Mobile App – Self-Direct Services

Instructions for a Mobile App Check-In and Check-Out – Self Direct Services
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**.
A Check-In Success screen displays; tap **OK**. The Appointment screen displays. Once the Check-In occurs, the headings 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 device. The visit details screen displays. A second tap of the back arrow on the device displays the visit as In Progress.
Once services are completed, tap **Pending Check-Out**.
Hand the mobile device to the Employer, The Employer will follow the instructions to provide an e-signature, and hand the mobile device to you. You will complete the Check-Out with the instructions provided on the mobile device.
The Check-Out Success screen displays. Tap **OK**. The visit details screen displays. Tap the back button on the mobile device to view the status as Completed next to the client's name with the Check-In and Check-Out times of the visit.
If the Employer is not available, follow the instructions in the mobile application to complete the Check-Out.
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 app has to occur.
Instructions to Check-In and Check-Out in a Limited Service Zone for Self-Direct Services
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**.
Add the client's **ID** number. Tap **Services** to open the services list. Choose the service to be provided; tap **DONE**. Tap **SUBMIT CHECK-IN**. The message in the darkened banner displays as "No data connection."
Once the Check-In occurs, the headings 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 device. The visit details screen displays.
A second tap of the back arrow on the mobile device displays the visit as In Progress with the Check-In time. The client ID also displays with "Pending Check-Out – Not synced."
Once services are completed, tap **Pending Check-Out**.
Hand the mobile device to the Employer. The Employer will follow the instructions to provide an e-signature, and hand the mobile device to you. You will complete the Check-Out with the instructions provided on the mobile device.
If the Employer is not available, follow the instructions in the mobile application to complete the Check-Out.
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.

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.
Visit data is stored in the mobile app on the mobile device. 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 requires a Check-Out time.

Chapter 12 MANAGING CLAIMS

A claim contains all of the information required for submission for adjudication via a HIPAA compliant electronic billing file (837). Every service captured by the AuthentiCare mobile app, IVR system, or entered via the web automatically creates a claim. Each claim within AuthentiCare Alabama is assigned a unique claim number which can be fully tracked via AuthentiCare Alabama.

Providers of agency services must confirm each claim before AuthentiCare Alabama 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 Alabama until they are confirmed or deleted.

Employers, or an FMS provider on their behalf (with Operating Agency approval), must confirm each claim of a self-directed service before it can be approved and submitted for payment. This involves reviewing each claim for accuracy and confirming the visit. Only confirmed claims can be approved and exported.

Claims for self-directed services will require confirmation by way of:

- Employer e-signature on the mobile application, attestation on the IVR, or on the Web application
- In cases where the Employer cannot approve a visit, the FMS provider can confirm on behalf of the Employer when approved by the corresponding OA.

For information on Employer Attestation and E-Signature, see Section 12.14.

Claims can be confirmed individually (see Section 12.7) or in bulk (see Section 12.8). Bulk confirmation is a function that you initiate on the website and then it is performed by the system after hours.

AuthentiCare Alabama exports claims for adjudication in the early morning hours Monday through Friday of each week.

- Requests for bulk claim confirmation must be made on the website by **9:00 PM** CT for them to be processed and included in that night's file submission.
- Claims confirmation not using the bulk option (individual claims) needs to be confirmed by **11:59 PM** CT to be included in that night's file submission.

If it is determined that there is an error in the claim that requires a correction, a claims correction must be initiated using the procedures outlined in Section 12.2.

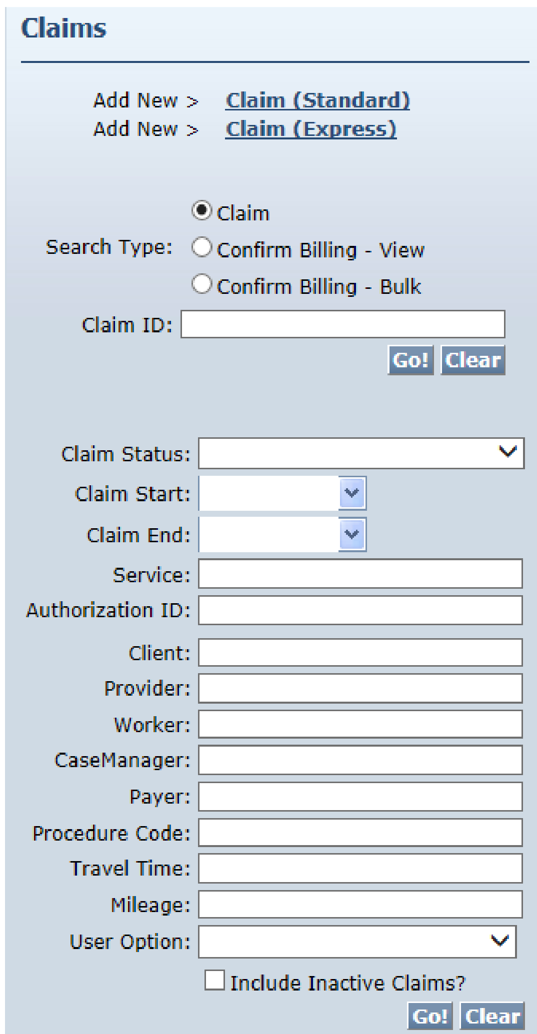
Incomplete claims of self-directed services remain in AuthentiCare for 30 days before becoming locked. Any claims that have not been exported after 30 days (such as on day 31) are locked from further editing.

  - Once the claim has been locked, it cannot be edited and the units used are returned to the authorization.

- If a claim for that service, date and time is required for export, a new claim will need to be created and resubmitted for export.

12.1 SEARCHING AND VIEWING CLAIMS

1. Click the **Claim** radio button in the Claims section of the *Home* page.
2. Enter search criteria in any of these fields, if desired. You can also choose to filter claims and confirm billing by user name (log in) as shown at the bottom of the screen. If you do not enter any search criteria, all claims will be listed.
3. Click **Go!**



The *Claims* page displays with the results of the search up a maximum of 300 claims.

887	ConfirmBillingForClaim, EventMatching	5990000000614	TEST, CLIENT ID 1	07/13/2017 - 07/13/2017	
889	Authorize, ClaimEnteredViaWeb, ConfirmBillingForClaim, EventMatching, MissingSupervisoryVisit, WorkerEligibility	8012399999911	TEST, CLIENT1 A	07/14/2017 - 07/14/2017	
872	ClaimEnteredViaWeb, ConfirmBillingForClaim, EventMatching, UnenrolledProviderServices	9012399999910	TEST, CLIENT10 A	06/21/2017 - 06/21/2017	
860	InfoExceptions	9012399999910	TEST, CLIENT10 A	07/03/2017 - 07/03/2017	

4. Note the columns displayed in the search results:
   - **ID** – Identifies a claim.
   - **Status** –
     - Displays as *NoExceptions* or *InfoExceptions* if the claim has been sent to for adjudication or is ready to be sent.

     OR

     - Displays the name of the critical exception (if there are any). The critical exceptions are: *Authorize*, *AuthExhaustedBefore, IneligibleClient, IneligibleWorker, OverlappedWorker, DuplicateClaim, ConfirmBillingForClaim, MissingSupervisoryVisit*, and *Missing Claim Attestation.* You could see any combination of these critical exceptions listed under status.

     OR

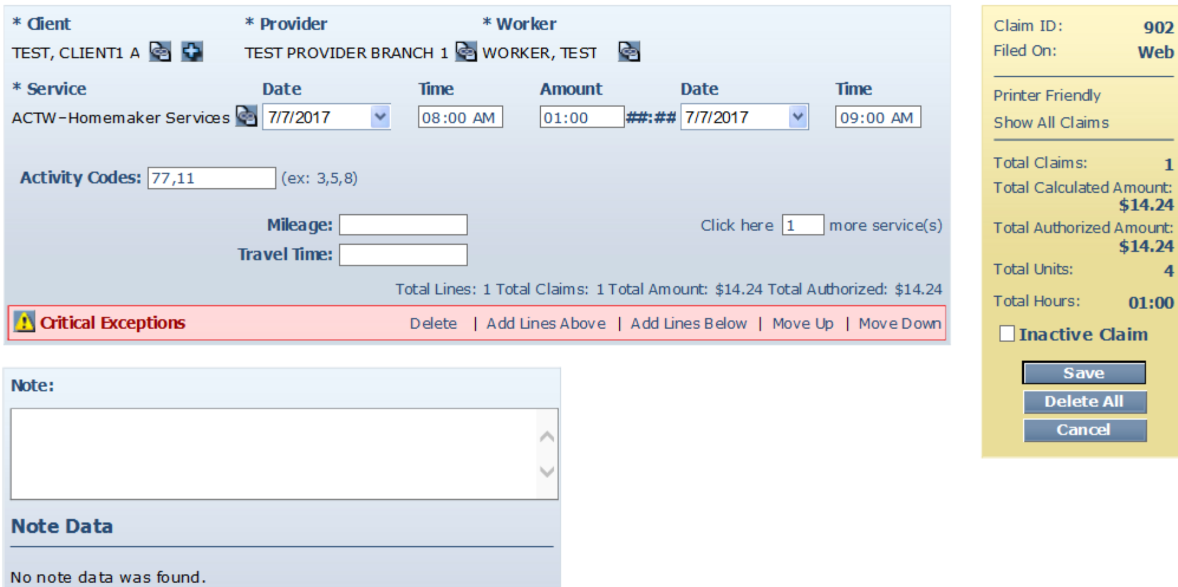
     - Displays *Raw* or *Dirty* which means that the claim has just entered AuthentiCare Alabama via the worker calling the IVR or using the mobile app or a web entry and it has not yet been compared to client, authorization, event, or worker information on file in the system. This status will automatically change to one of the above in a very short time when the appropriate edits have been applied.
   - **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.
5. 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, which is the Group ID 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.
6. Position the cursor over the **Information icon** to display an Additional Information pop-up about the claim.

7. Click the **ID** hyperlink for the claim you wish to view.

Claims

ID	Status	Client ID	Client Name	Date Range	Information
896	Authorize, ClaimEnteredViaWeb, ConfirmBillingForClaim, EventMatching	8012399999911	TEST, CLIENT1 A	07/20/2017 - 07/20/2017	
898	Authorize, ClaimEnteredViaWeb, ConfirmBillingForClaim, EventMatching	8012399999911	TEST, CLIENT1 A	07/20/2017 - 07/20/2017	
889	Authorize, ClaimEnteredViaWeb, ConfirmBillingForClaim, EventMatching, MissingSupervisoryVisit, WorkerEligibility	8012399999911	TEST, CLIENT1 A	07/14/2017 - 07/14/2017	

The *Claim* page displays and includes the Client, Provider, Worker, Service, Check-in date and time, Check-out date and time. The box on the right side notes whether the claim was created via the IVR, mobile app 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 Alabama submits for payment. When the claim is adjudicated, the actual amount paid may be different.

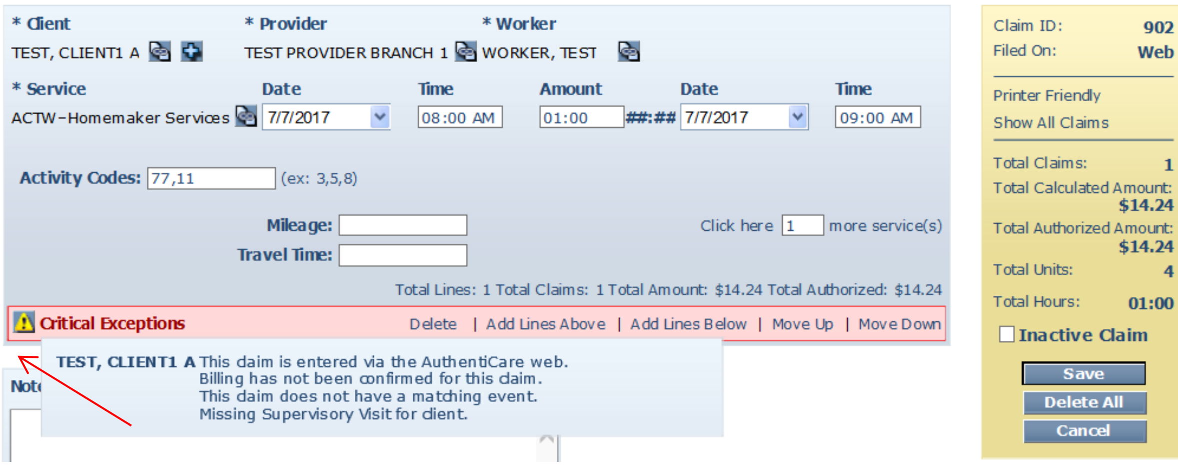


✍	*As specified by AMA, AuthentiCare Alabama follows normal rounding rules for billable units of service. Normal rounding causes 0.5 or half a unit to always round up.* *<u>For Example:</u> For a 15 minute increment time-based service, 7 minutes of acutal time rounds down to 0 minutes and 8 minutes of actual time rounds up to 15 minutes. So if a service is performed for 53 minutes (15+15+15+8,) then we round up to 60 minutes or 4 units of service.* *AuthentiCare Alabama calculates based on minutes, not seconds.* *Special case: Speech and Language Therapy service under ID and LAH waivers is setup as time-based service (requiring check-in/check-out) with a default unit of 1.*

8. Click on the **Entity icon** adjacent to the **Client**, **Provider**, **Worker** or **Service** if you wish to view the respective record for the entity.

9. Note if there are any **Exceptions**.

10. 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 Info.



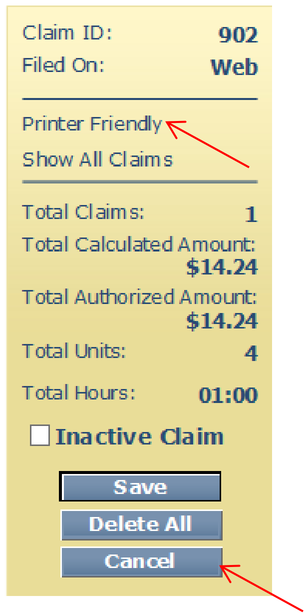
Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected. Critical Exceptions are listed in Appendix A-3.

Info Exception example:

Info 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 check-in from a phone number not associated with the client). These exceptions are informational only and are listed in Appendix A-3.

	If a worker checks in more than 30 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 10:29 AM, AuthentiCare Alabama is not able to match the scheduled event to the actual event and an Info Exception results.

11. Click **Cancel** to return to the *Claims* page which lists all of the search results.



Click **Printer Friendly** to view the claim in a format that prints well. The *Claim Acknowledgment* page displays.

Print the page using **Print**.

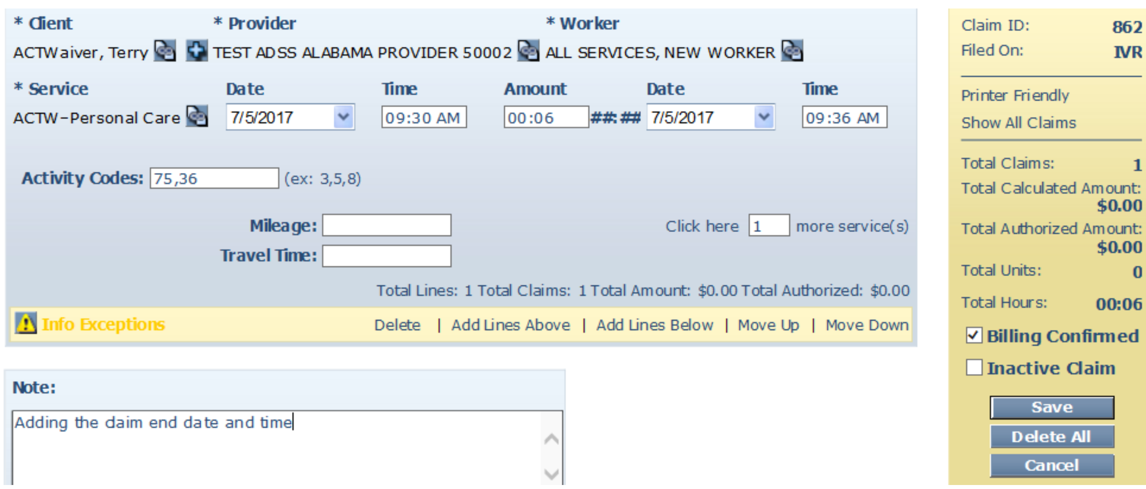
12. Click **Done** to return to the *Home* page.

12.2 Editing a Claim (Claims Correction)

In most situations, claims are created by workers using the mobile app or calling the IVR from the client's home. Workers may forget to check-in or check-out when arriving at or leaving a client's home. They may choose the wrong service in error and fail to correct it while on the phone. They may forget to enter required activity/observation codes. In such situations, the provider is able to edit the claim by completing or correcting it.

1. Search for the Claim you wish to view according to the instructions in Section 12.1.

   The *Claim* page displays and includes the Client, Provider, Worker, Service, check-in date and time, check-out date and time. The box on the right side identifies the calculated amount which takes the total hours and computes the dollar amount using the rate identified by the provider on the authorization.



2. Edit the information about the claim as necessary.

3. Note is a required field for editing.

4. 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**.

The FMS provider can make edits after claims have been confirmed but before they are exported. If edits are required the provider must note the reason for the edit before the claim can be saved. The claim will then process through the claim export process. Once a claim is exported, it can no longer be edited.

Note: This leaves the AuthentiCare claims in a state where if the claim is confirmed, but still needs an edit (e.g. because of exceeding the budget), before export, the FMS provider can do the following:

- Unconfirm the claim and save

- Edit the claim, add a note and save
- Reconfirm the claim and save for export.

12.3 Adding an Individual (Standard) Claim

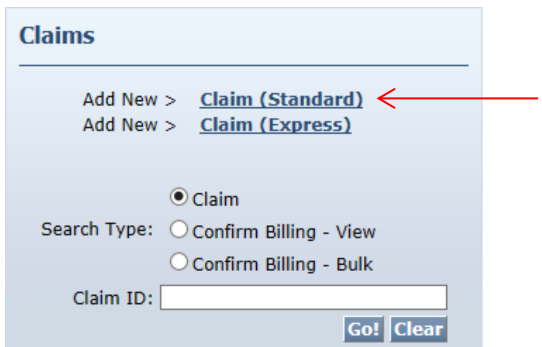
There are situations where the provider may need to add a claim using the web. For example:

- The worker was unable to use the mobile app or IVR from the client's home (phone not working, client refused)
- The worker forgot to check-in and check-out.
- The service was not provided in the client's home

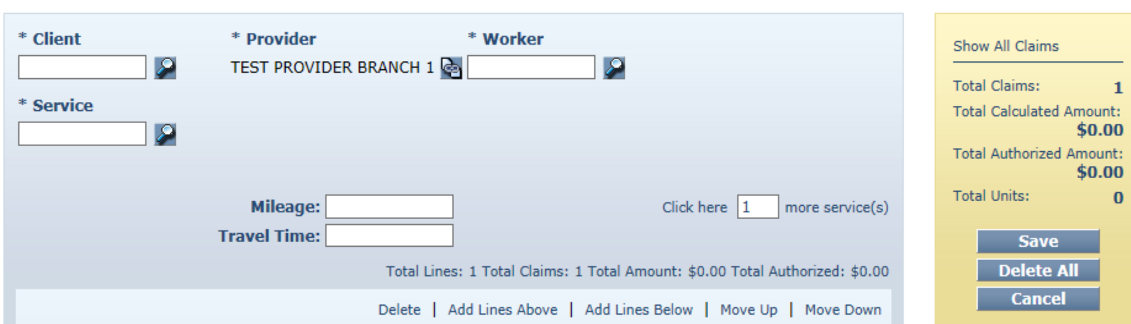
1. Click **Create** in the menu bar and select "**New Claim.**"

OR

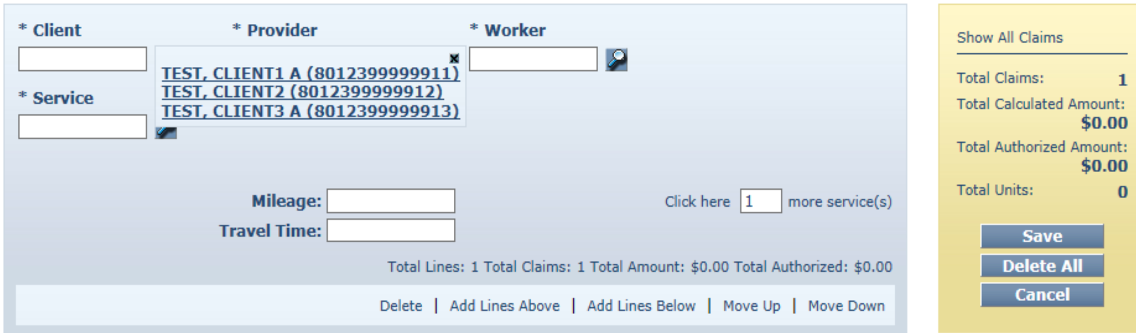
1. Click **Claim (Standard)** adjacent to "Add New >" in the Claims section of the *Home* page.



The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.

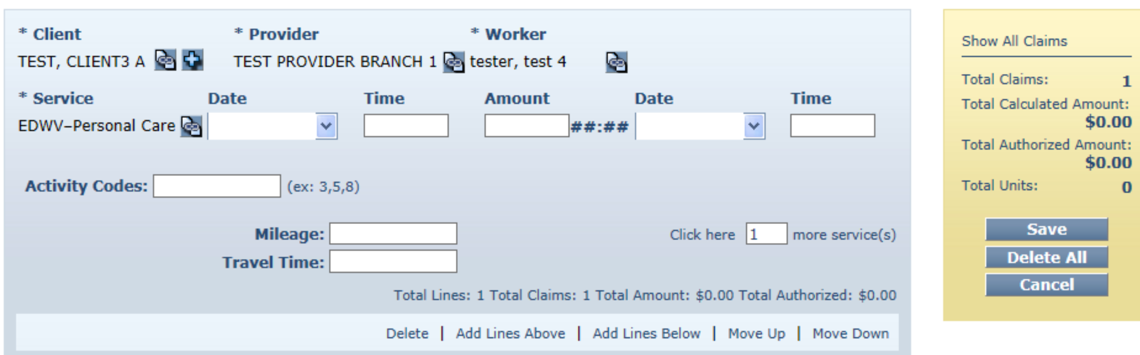


2. Enter the **Client** ID, full name or partial name and click the **Looking Glass icon** to find the client. Then select the client from the list provided.



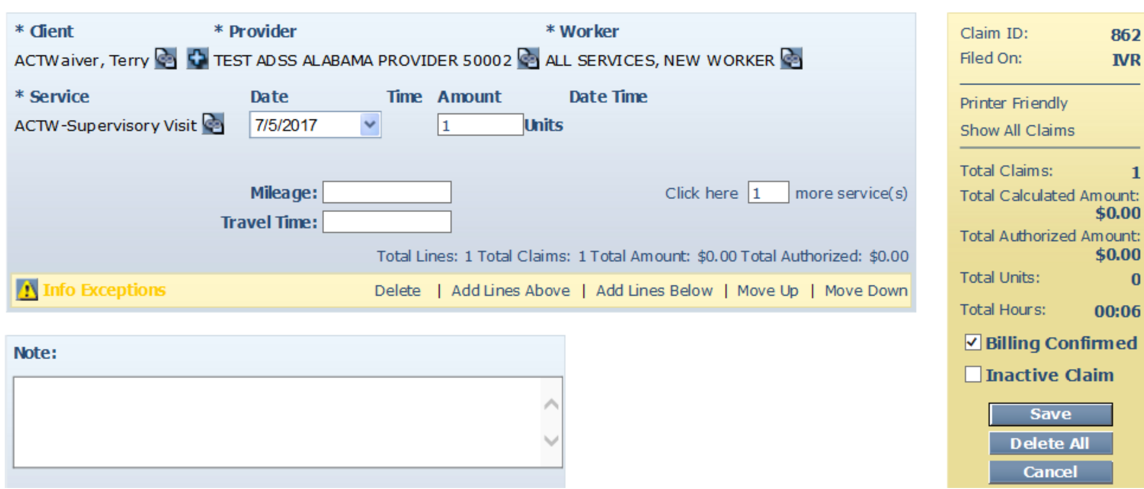
3. Enter the **Service** ID, full name or partial name and click the **Looking Glass icon** to find the service. Then select the service from the list provided.

   The following fields display once the service is selected if the service is time based: Date, Time, and Amount.



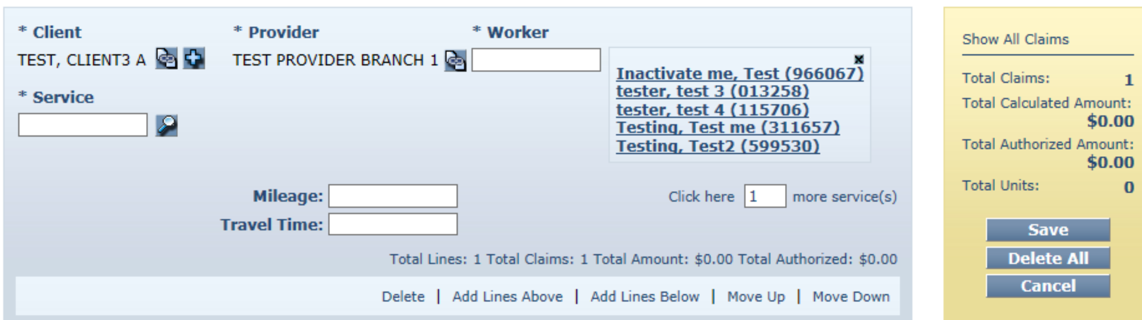
OR

The following fields display once the service is selected if the service is unit based: Date and Amount.



	Based on the service selected, the mobile app, IVR and web will prompt the worker to enter the activity and observation codes for the activities/observations performed during the visit. When adding a claim for one of these services on the web, the **Activity Codes** *field displays so that you can enter the activities completed and observations made during the visit.*

4. Enter the **Worker** ID, full name, or partial name and click the **Looking Glass icon** to find the worker who performed the service. Then select the worker from the list provided.

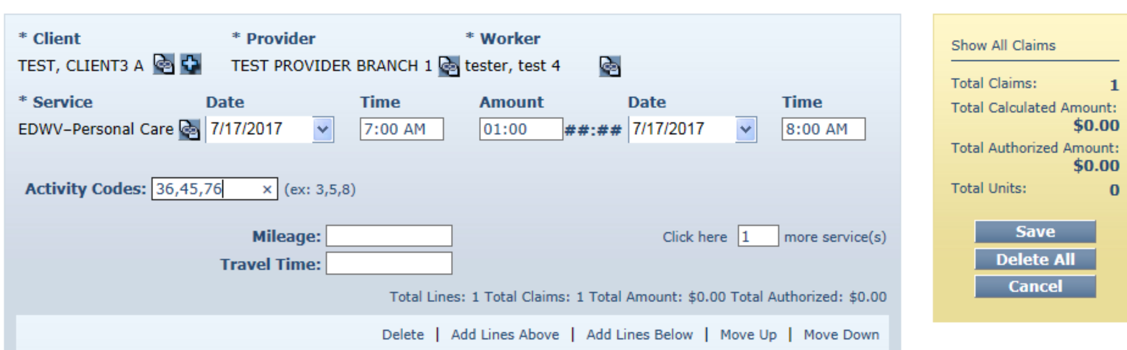


5. Enter the **Date**. This is the date the service was delivered if it was a unit-based service. If it was a time-based service, this is the date the delivery of the service was started.

    - If the service is a time-based service, proceed to Step 6.
    - If the service is a unit-based service, proceed to Step 8.

6. 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".

7. Enter the **Date** and **Time** the delivery of the service ended.

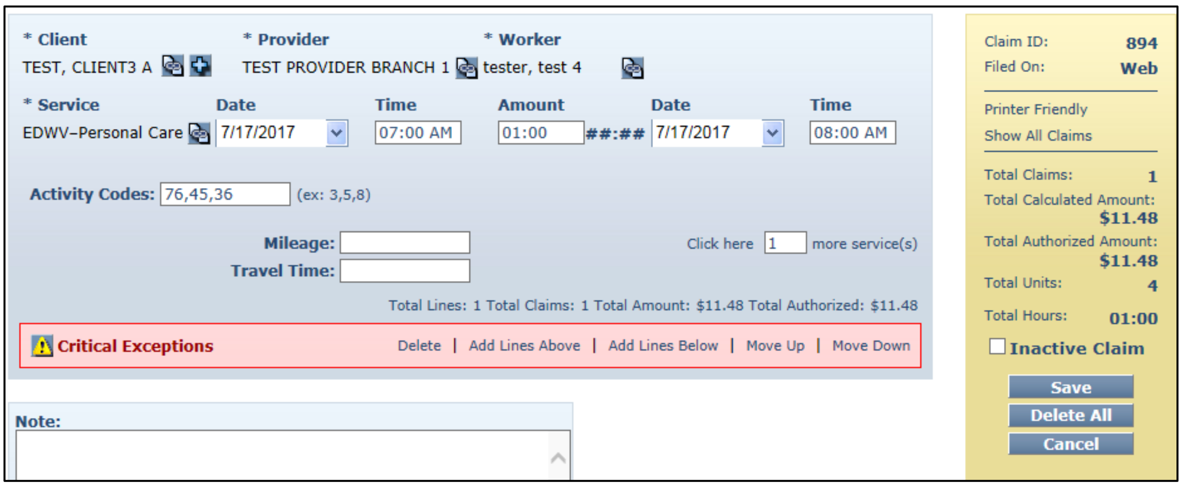


8. Enter the **Amount**. This is the number of units delivered.

	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.

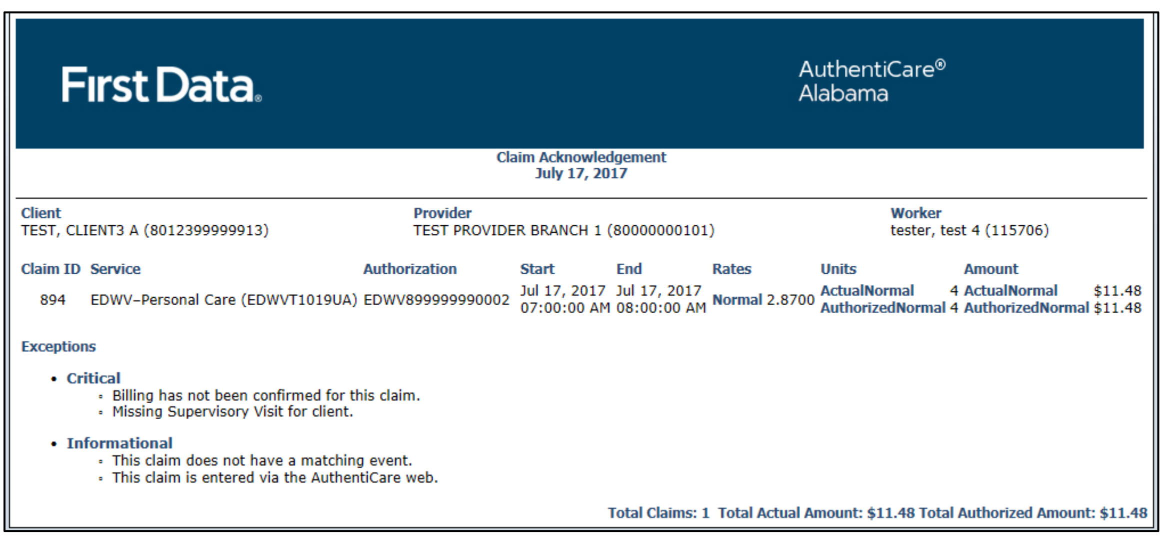
9. Enter **Mileage** (number of miles in whole numbers) and **Travel Time** (number of minutes in whole numbers) if you wish to record this information for the claim.

10. 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.



	The amount for the claim (what displays on the right side of the screen) is not computed until the claim is saved.

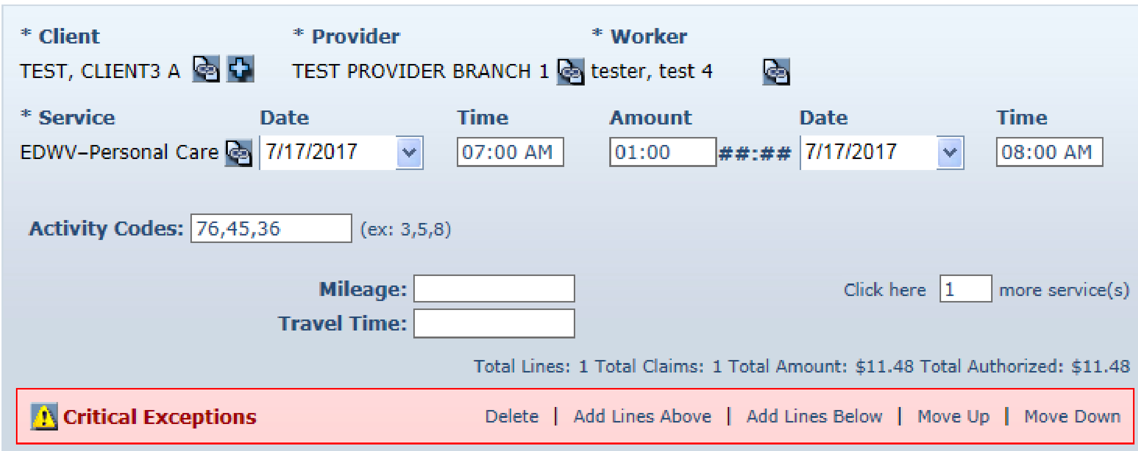
The *Claim Acknowledgement* page displays.



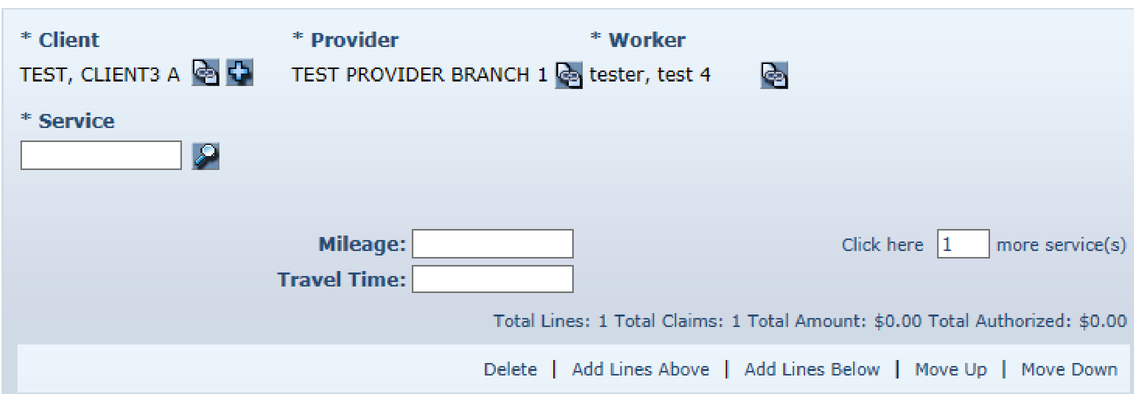
11. Click **Done** or **New Claim**. Click **Done** if you do not need to enter any other new claims. The *Home* page displays after clicking **Done**. Click **New Claim** if you need to enter additional claims. The *Claim* page displays.

12.4 Grouping Claims

Click **Add Lines Below**.



A new claim opens below the claim you just finished.



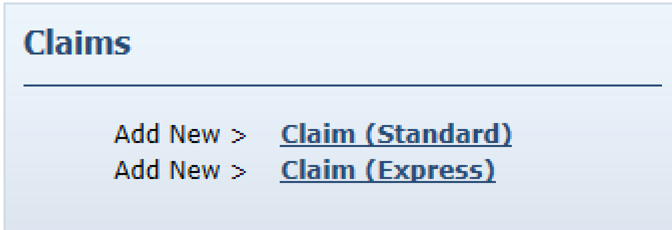
1. Enter the information for this claim. The claim pre-populates with the same client, provider, and worker of the claim above it; however, this information can be changed if needed. All of the claims in the group do not have to be for the same client and worker. Grouping claims provides a mechanism to view a number of claims on the same screen. Claims cannot be grouped using the IVR; they can only be grouped using the web interface.

2. Return to Step 10 to proceed with saving all of the claims in the group.

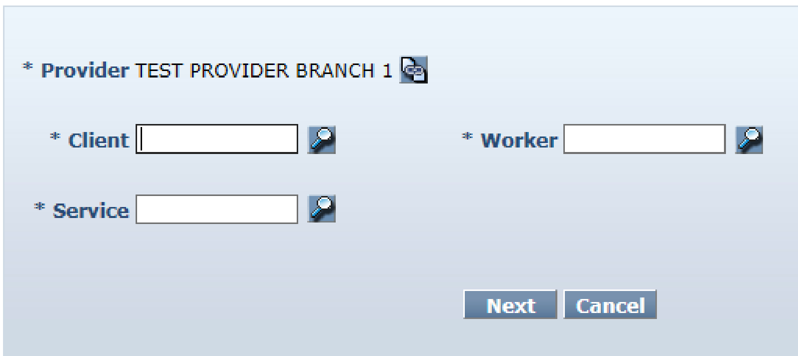
12.5 Adding Multiple Claims (Express Entry)

There are situations where the provider may need to add a claim using the web for the same client-worker-service combination.

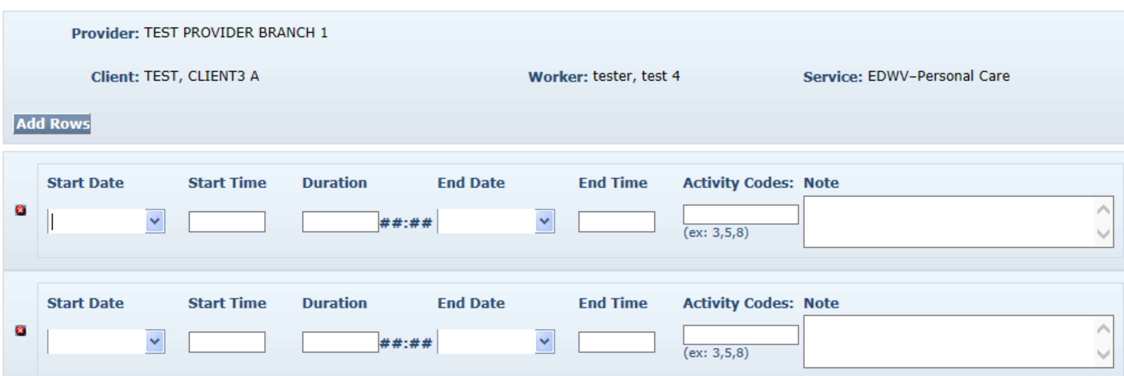
1. Click **Claim (Express)** adjacent to “Add New >” in the Claims section of the *Home* page.



The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.



2. Enter the **Client, Worker and Service** as for a single claim entry and click **Next**.
3. A list with 10 blank rows where you can enter date, time and activity codes will appear.



4. Note: for unit based services such as Supervisory Visits, the list will have entry fields for the data and number of units.
5. There is an **Add Rows** button on each screen that allows you to add as many rows as needed.
6. When you have entered all the data:

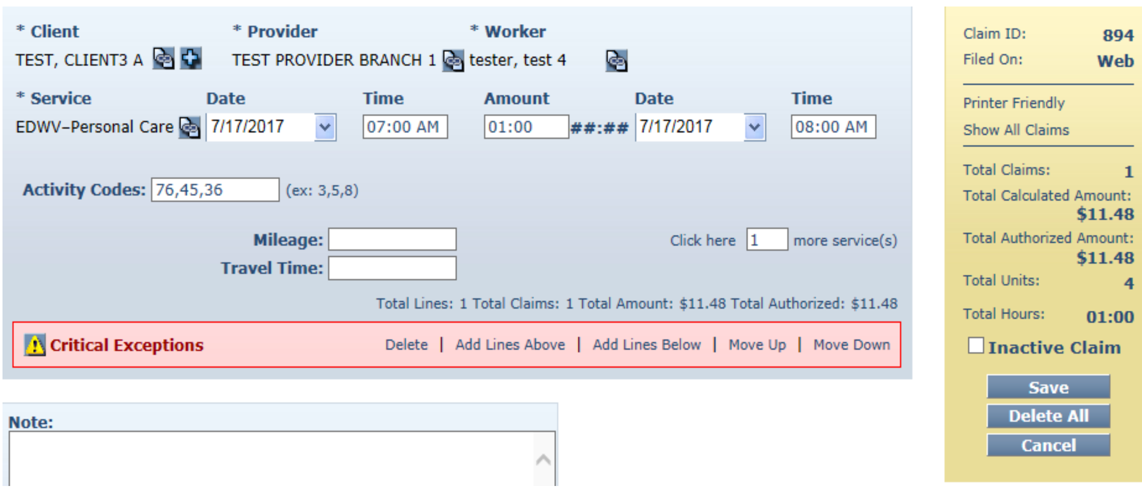
- If you click on the **Save and Continue** button, it will save the claims and present the first **Express Claim** screen where you can enter another client, worker and service combination.

- If you click on the **Save and Exit** button, you will return to the *Home* page.

12.6 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.



The system asks you to confirm the deletion. If you click **OK**, the claim is permanently deleted from the system. If you click **Cancel**, the claim is not deleted and you are returned to the *Claim* page.

2. 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.

12.7 Confirming a Single Claim for Billing

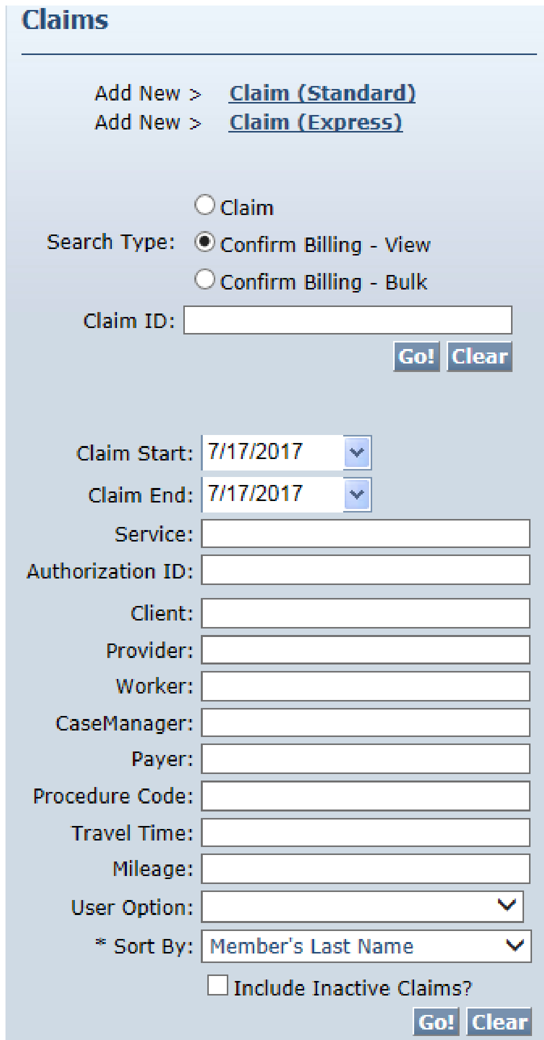
The function of confirming a single claim can take place in two areas of AuthentiCare Alabama.

Option 1

1. Select **Confirm Billing** as the Search Type in the *Claims* section of the *Home* page.

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.

3. Click **Go!**

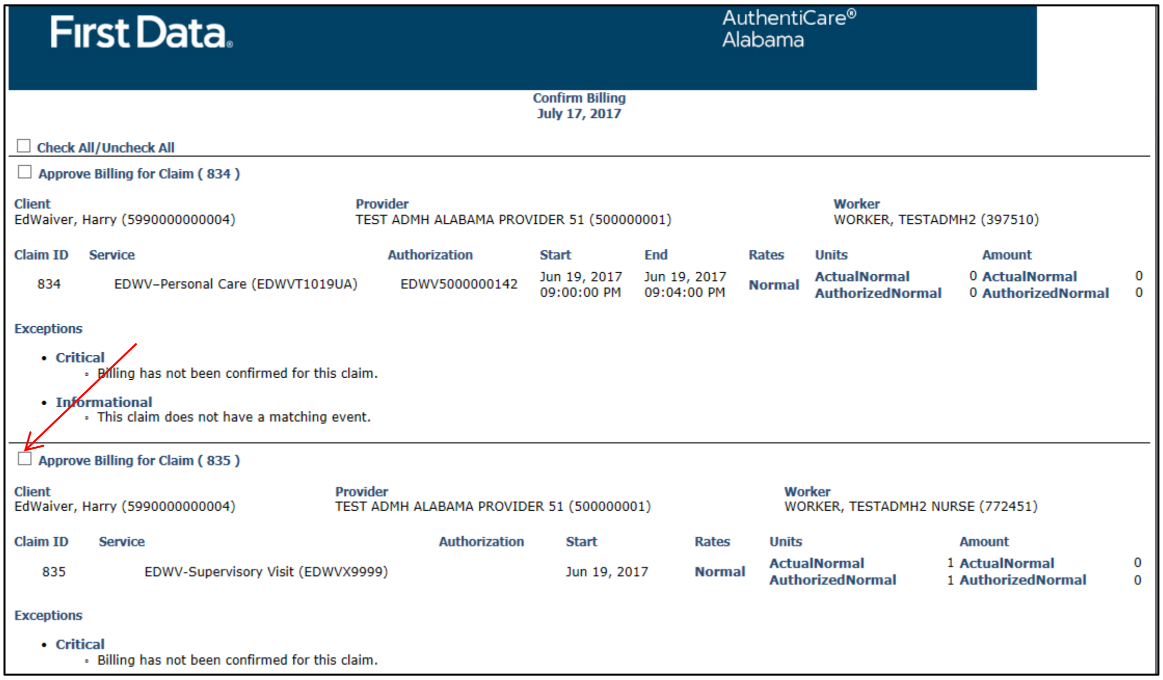


The *Confirm Billing* page displays a maximum of 300 claims not yet confirmed for billing.

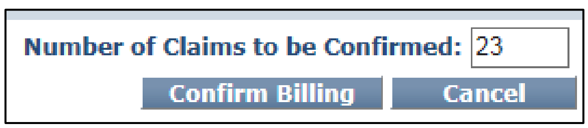
4. Click **Check All/Uncheck All** at the top of the page to select all displayed claims for confirmation.

OR

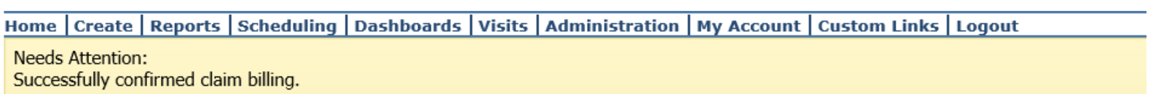
Click the **checkbox** adjacent to the claim you wish to confirm.



5. Click **Confirm Billing** to confirm all selected claims.



The *Home* page displays with a successfully confirmed billing message.

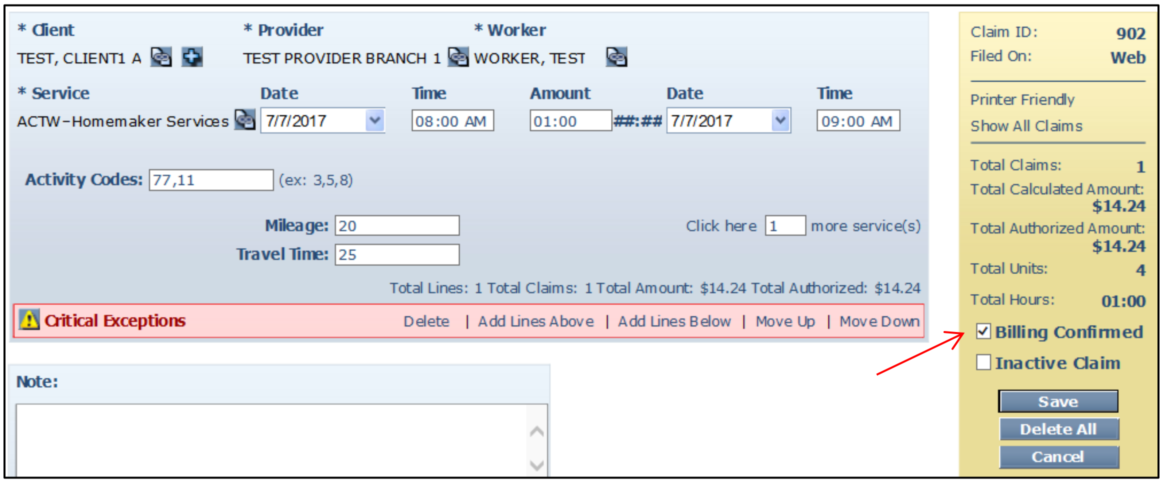


	A claim cannot be edited after it has been confirmed.

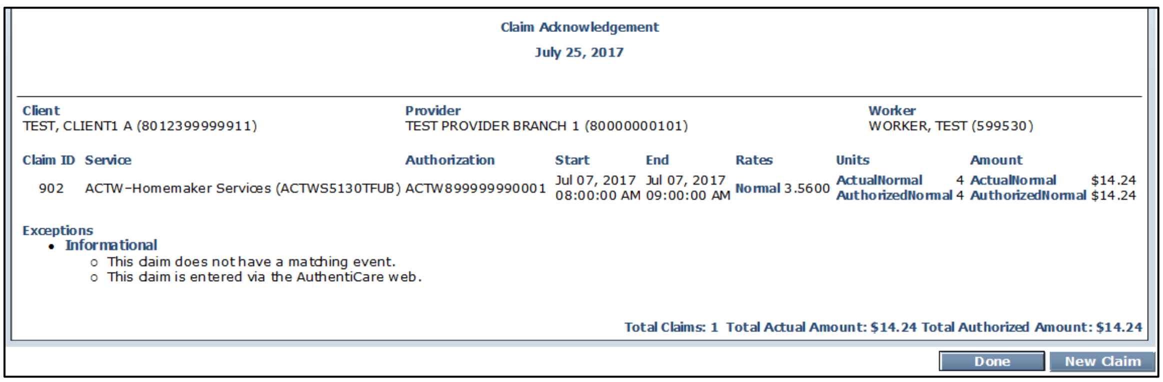
<u>Option 2</u>: Search for the Claim you wish to view according to the instructions in Section 12.1. The *Claim* page displays.

1. Click the **Billing Confirm** check box.

2. Add a **Note** and click **Save**.

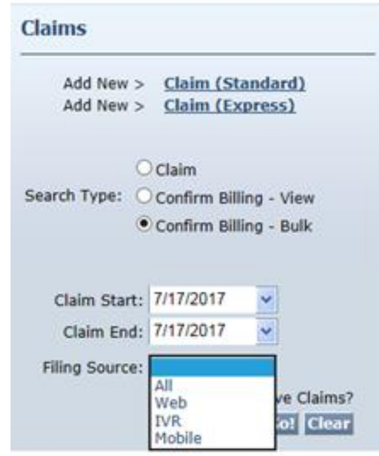


The *Claim Acknowledgement* page displays with a note that your confirmation saved successfully.



3. Click **Done** and the *Home* page displays.
4. For self-directed claims:
    - Note: Employer confirmation either via e-signature on the mobile application, attestation on IVR, or on the Web application, is required.
    - In cases where the Employer cannot approve a visit, a Critical Exception will note the claims has not been attested and the FMS provider, with approval from the OA, can confirm the claim on behalf of the Employer.
    - The exception then becomes an Informational Exception on a claim to indicate the FMS provider has confirmed the claim on behalf of the Employer, with the Operating Agency's approval.

12.8 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 for adjudication.

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. All claims filed for that date range will be chosen unless you chose a specific Filing Source (Mobile, Web or IVR). 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.

12.9 UNCONFIRMING CLAIMS FOR FURTHER EDITING

Agency providers, Employers and *FMS providers will occasionally need to edit a claim that has been confirmed <u>but not yet submitted (exported)</u> for adjudication. In order to edit it:

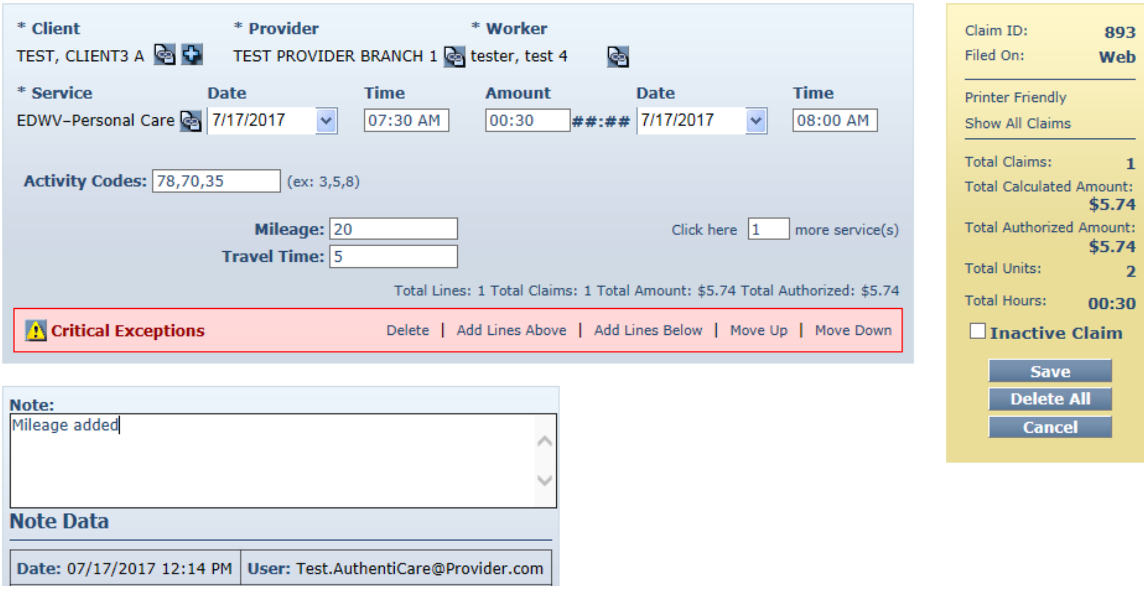
1. The claim must first be unconfirmed by unchecking the **Billing Confirmation** box.
2. The claim can now be edited or even inactivated.
3. Add a note. Save the note and the claim edit.
4. If not inactivated, the claim must be confirmed again before it can be exported for adjudication.
5. Once a claim is exported for payment, it can no longer be edited.

Note: In cases where the Employer cannot approve a visit, the FMS provider, with approval from the corresponding OA, can confirm the claim on behalf of the Employer.

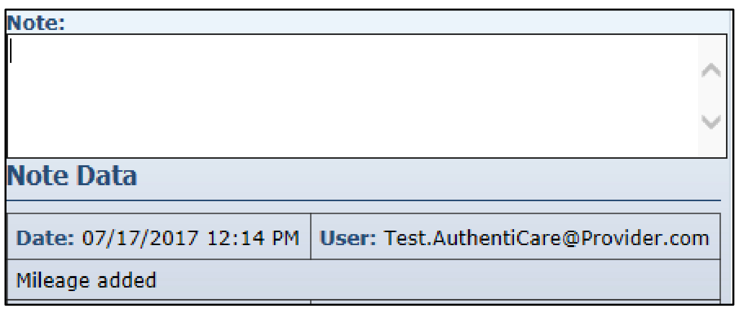
12.10 ADDING NOTES – IMPORTANT FOR CLAIM EDIT/ENTRY DOCUMENTATION

Any time 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 that explains the change being made.

1. Open the individual claim.



2. Add any note information in the text box provided. When finished hit the “Save” hyperlink. The screen will refresh and populate your note just below; the note has been successfully saved. Once you return to the claim, the note just saved is placed historically on the claim, which leaves the text box open for another note.



12.11 Resubmission of Denied Claims (Replace Claim)

To resolve a denied claim by a payer, AuthentiCare has a Replace Claim function

Provider Claim web page allows providers to select claims that have denied status.

Once a claim has been marked as denied following the 835 import, the Replace Claim button is displayed on the *Claim* page. When a provider clicks the *Replace Claim* button, a new claim with a new claim number displays with the same information as the denied claim. The provider is able to make appropriate adjustments to the new claim, write a note, save the claim, and then confirm for export.

Providers can still resubmit claims through the payer or clearinghouse portals.

Note: The Replace Claim function cannot be used on a paid claim. It can be used only on a denied claim.

After submission and after a claim has been paid, a provider has to perform any claim voids or adjustments outside of AuthentiCare.

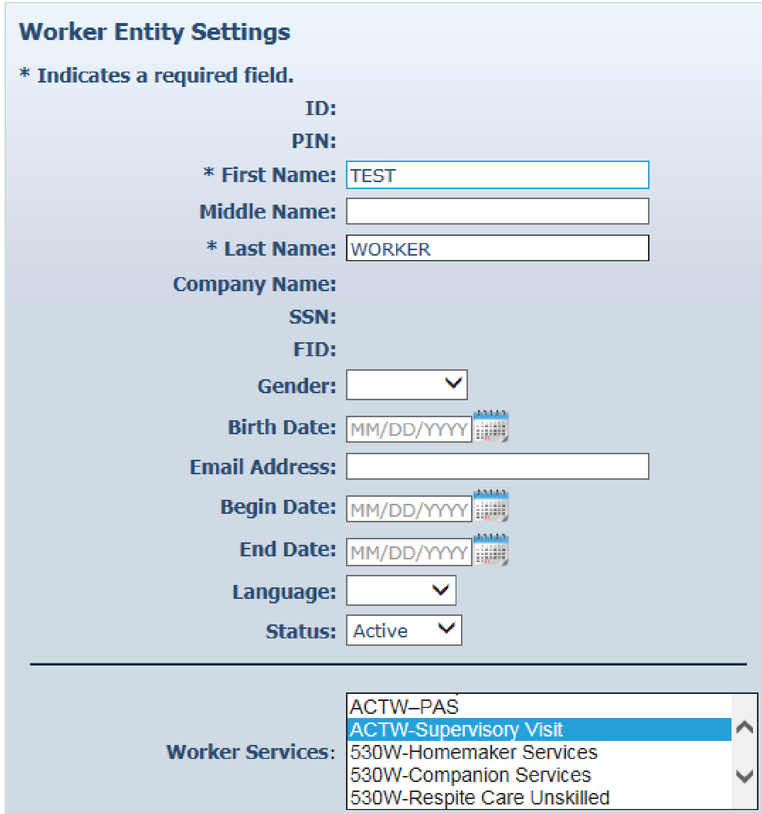
12.12 Inactivate a Claim

If the provider doesn't want to delete a claim and instead just make the claim not consume the authorized units, they have an option to make the claim "inactive." Setting the claim to inactive status is considered to be a "soft delete." In this case, the claim is not supposed to consume units on the Authorization, and not be included in overlaps for exceptions or reports.

12.13 Supervisory Visits

Before receiving certain services, a client must receive a "Supervisory Visit" every "x" number of days. In the event, a "Supervisory Visit" is missing past the "x" number of days, a critical exception will be applied to the subsequent claims filed using the specified services.

- The number of days, "x" represents how often the client should receive a 'Supervisory Visit' and it is defined as follows:
  - x = 60 days for all the services under ACT, 530, E and D, SAIL and TA waivers.
  - x = 60 days for Companion service under ID waiver.
  - x = 90 days for Personal Care, Personal Care on Worksite services under ID and LAH waivers.
- For a Nurse Supervisor, select the appropriate Supervisory Visit services from the Worker Services list in the Worker Entity Settings page. Once selected, IVR will play the option to provide the Supervisory Visit service based on the client's waiver. Similarly in the mobile app, the Supervisory Visit service corresponding to the client's waiver will be displayed.



- If a Supervisory Visit claim is retroactively added, updated or deleted on the web, no action will be taken to reassess any claims at that time, instead the nightly process will pick-up the claims with the Supervisory Visit critical exception and reprocess them.

12.14 Employer Approval of Self Directed Visits

Approval of visits by employers can occur one of two ways:

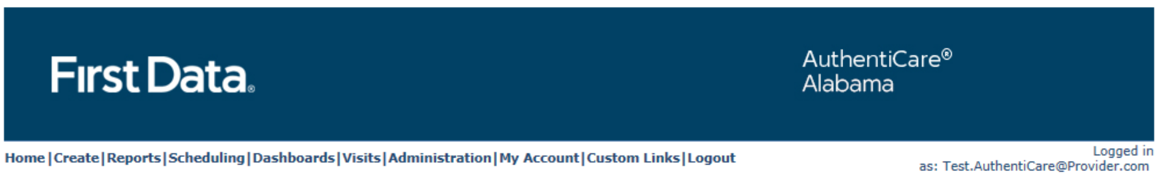
- Employer Attestation is the process that allows the employer to confirm a worker's Check-In and Check-Out by the use of the IVR system. Employer attestation is required before confirming a Check-Out.
  - Employers can confirm visits at the time of check-out, immediately following completion of the service; or
  - The IVR script includes an option for the employer to hear visits and select to confirm them after check-out is complete. See Chapter 10 for instructions to use the Employer Attestation process.
- Employers have the opportunity to confirm a worker's Check-In and Check-Out using the Mobile application e-signature function. See Chapter 11 for instructions to use the e-signature function.

Chapter 13 REPORTING

AuthentiCare Alabama includes robust reporting capabilities to assist providers in managing 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 is available to create unique reports reflecting the specific information needed. A provider 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 provider. The information may be sorted to display in an order that is most convenient for the provider. The sort and filter options for each report are discussed more fully later in this chapter.

13.1 CREATING A REPORT

1. Click **Reports** on the Main Menu.



The *Report* page displays.

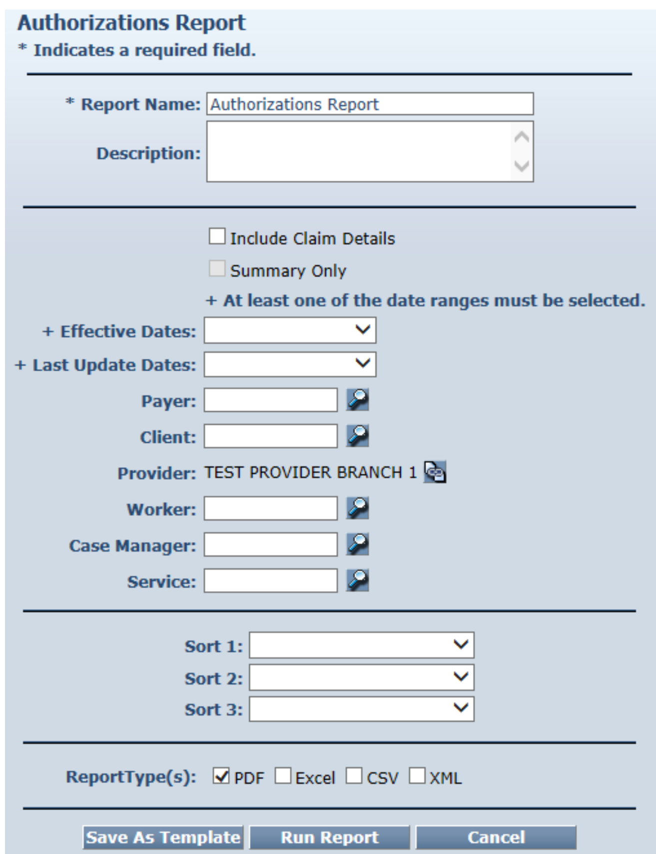
There are three sections of the Report Page:

- **Report Templates** – Providers can create templates for reports that are created on a regular basis. For example, if a provider needs 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 13.4.

- **Create Reports** – Twenty types of reports are available for creation and each can be filtered and sorted to create a unique report to fit the provider'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.
- **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 13.2.

2. Click on a report name hyperlink from the list provided in the **Create Reports** section of the *Report* page.

   For example if the *Authorizations Report* is selected, it displays the filter and sort criteria for the report which are unique for the chosen report.



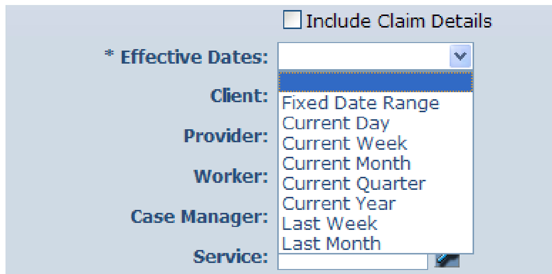
   This screen varies depending on the type of report chosen in Step 2. Refer to Section 13.5 for specific filter and sort information for each type of report.

3. 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 client, the report name can be changed to include the client's name and the date range.

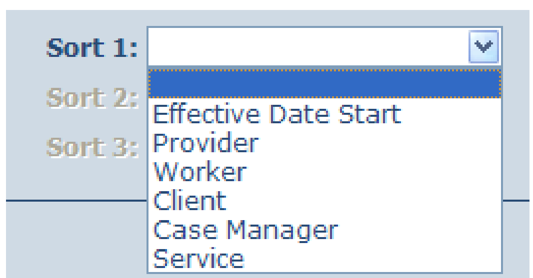
4. Enter a **Description**, if desired. This is most helpful in creating templates which are addressed in more detail in Section 13.4.

5. Choose a date range from the drop-down box for the **Dates** field. This field appears on this page for all of the reports, though it may appear as **Claim Dates** or **Effective Dates** depending on the report selected.

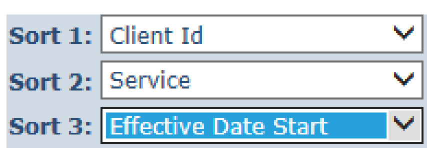


6. Enter any other filter criteria desired such as **Client**, **Worker**, **Service**, **Case Manager,** or **Provider**. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If no information is added, the report includes all information for the period selected.

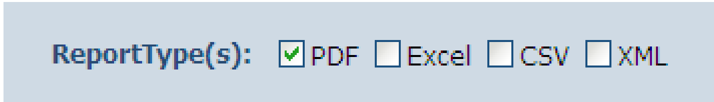
7. Select **Sort** criteria as desired. These are similar for all reports. AuthentiCare Alabama allows selection of up to three sort items.



As an example, the provider may choose to have the report sorted first by Client, then by Service, then by Date. In this example, the Sort fields would be populated as shown below.



8. Choose the Report Type(s) to indicate the format the report will be displayed. You can choose as many format types as need. If you do not choose, the report will automatically default to PDF <u>except</u> for the two list reports (Claims Data Listing and Remittance Data List) which default to Excel.

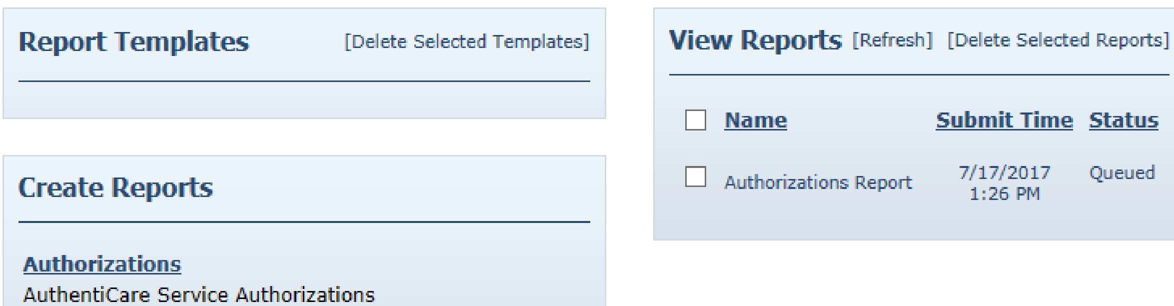


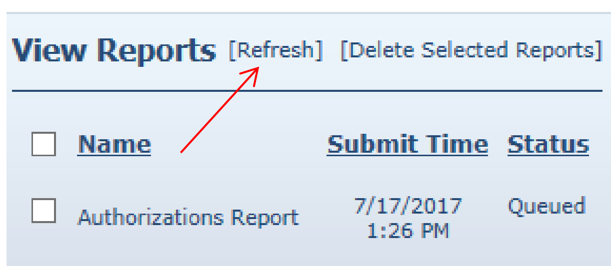
9. Click **Run Report**.

   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.

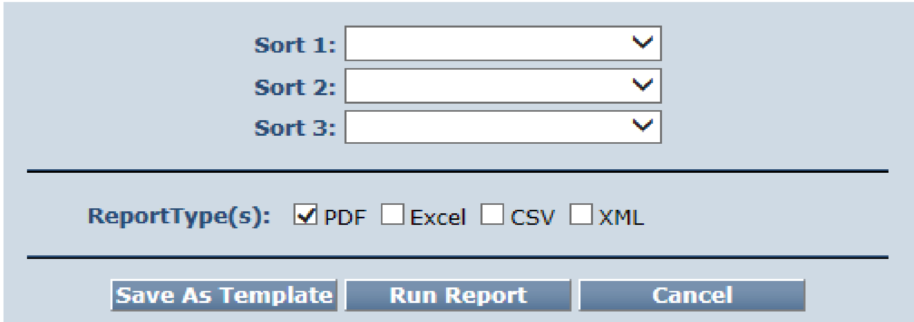
   In this example, the **Authorizations Report** created is presently in an in queued status.



	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. 

13.2 Viewing a Report

Once the status of the Report has changed to Completed, the report may be viewed in the format(s) selected.



1. 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:

 This opens the report as an Adobe .pdf file which requires Adobe Reader to view. This format is the most convenient for printing and viewing.

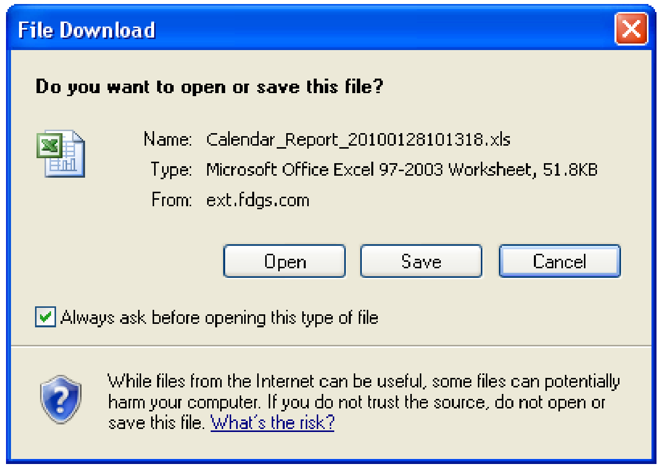
 This opens the report as an Excel spreadsheet.

 This opens the report as a CSV file. This format may be useful in importing the information to another spreadsheet or database.

 This opens the report as an XML file. Like the CSV file, this format may be useful in sending information to another source, such as a data warehouse.

	*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 once to change the view to ascending order based on the values in the column chosen. Click the hyperlink again to change the view to descending order based on the values in the column chosen.*

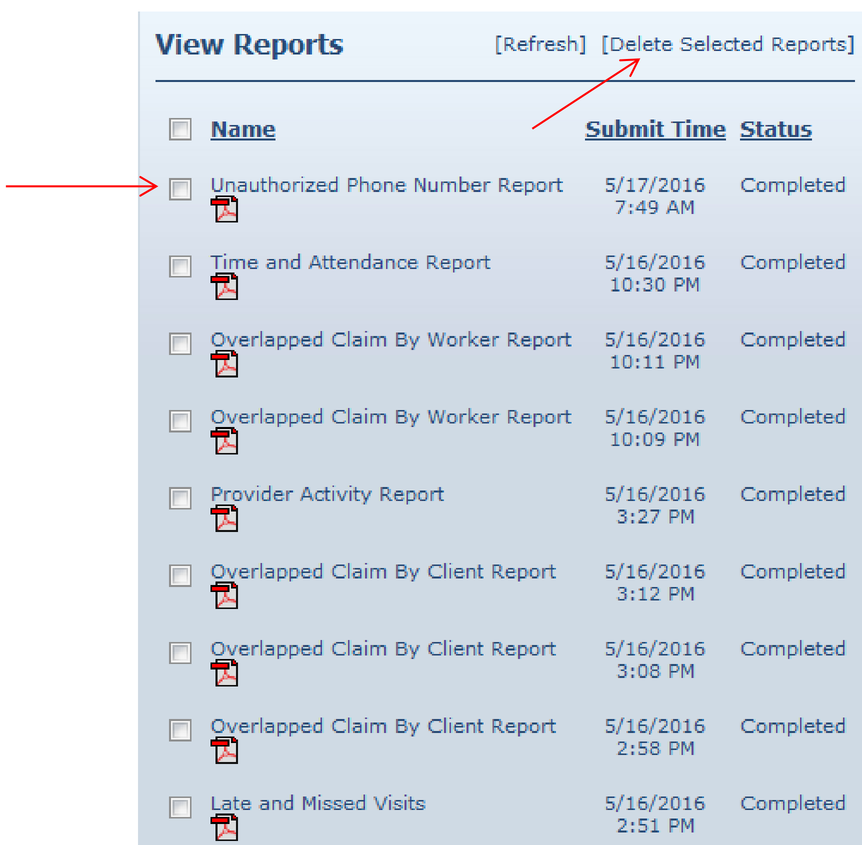
2. Click **Open** if you wish to open the report in a new window or click **Save** to save the report to a storage location, such as your hard drive or a network drive. (You will not see this if you choose the Adobe .pdf option to view your report.)



The appropriate application starts based on the format you selected and the report is displayed, if you click **Open**. At that point, you may print the report if desired.

13.3 Deleting a Report from the View Reports Section

1. Click the checkbox to the left of the name of the report you wish to delete.



	Clicking the checkbox next to **Name** *populates a checkmark in the checkboxes for all of the reports listed in the* View Reports *section.*

2. Click **Delete Selected Reports** if you want to permanently remove the report. The *Report* page displays and the report is no longer listed in the **View Reports** section.

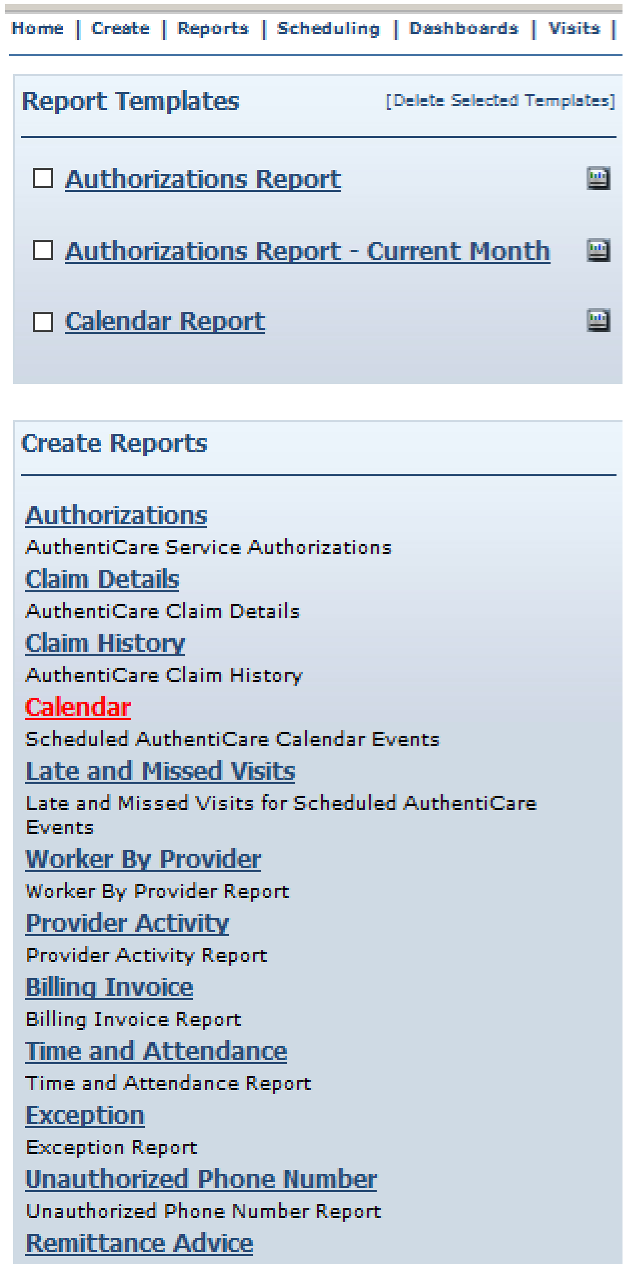
	Reports are automatically deleted three (3) days after they are created.

13.4 USING REPORT TEMPLATES

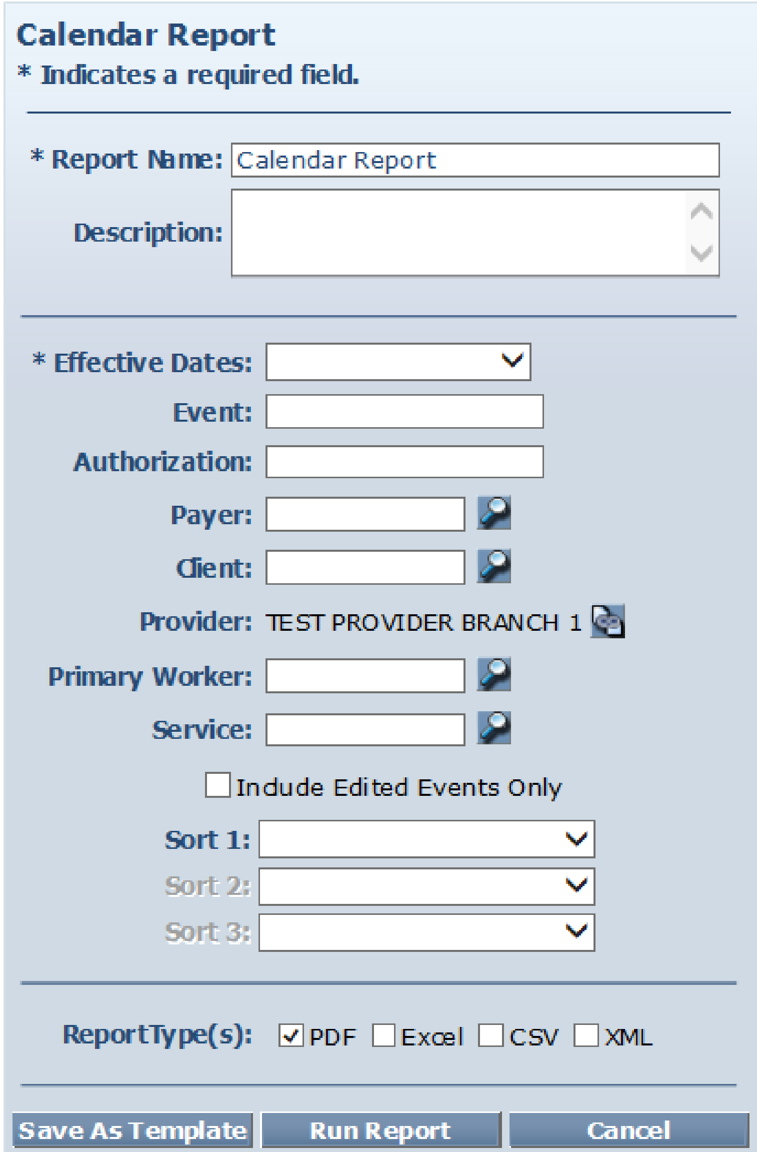
Instead of creating the same report at the end of each week, month, or quarter, providers can save time by creating a template for the report. The **Calendar Report** is being used as an example for this section.

13.4.1 Creating a Report Template

1. Click on a report name from the list provided in the **Create Reports** section of the *Report* page.



The *Calendar Report* page for the report displays. This page is where you enter the filter and sort criteria for the report.



2. Enter a unique **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive.

3. Enter a **Description**. This identifies the purpose of the report.

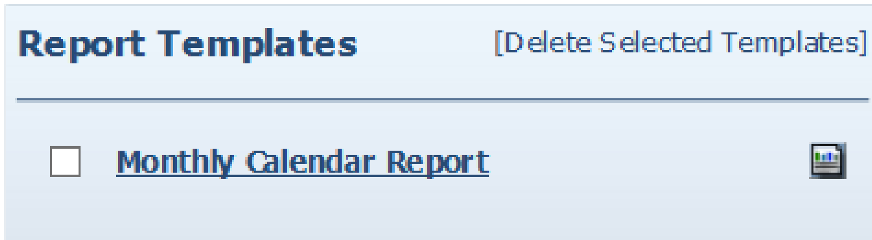
4. Choose a date range from the drop-down box for the **Effective Dates**. This varies based on the type of report. Refer to Section 13.5.

5. Enter any other filter criteria. This varies based on the type of report. Refer to Section 13.5.

6. Select **Sort** criteria as desired.

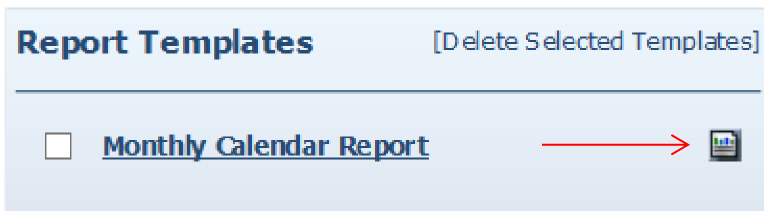
7. Select the **Report Type(s).**

8. Click **Save as Template**. The *Report* page displays and the template just created is included in the **Report Templates** section.



13.4.2 Click Running a Report from a Report Template

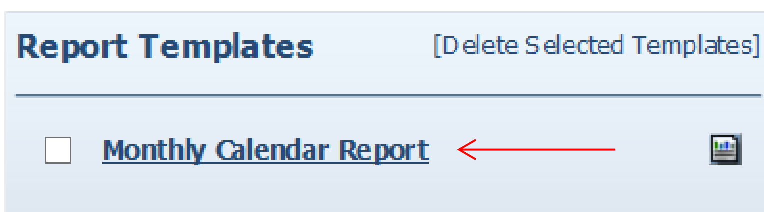
Click on the **Run Report icon** adjacent to the name of the template.



The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status of "Queued." Proceed to Section 13.2 for further instructions on viewing the report.

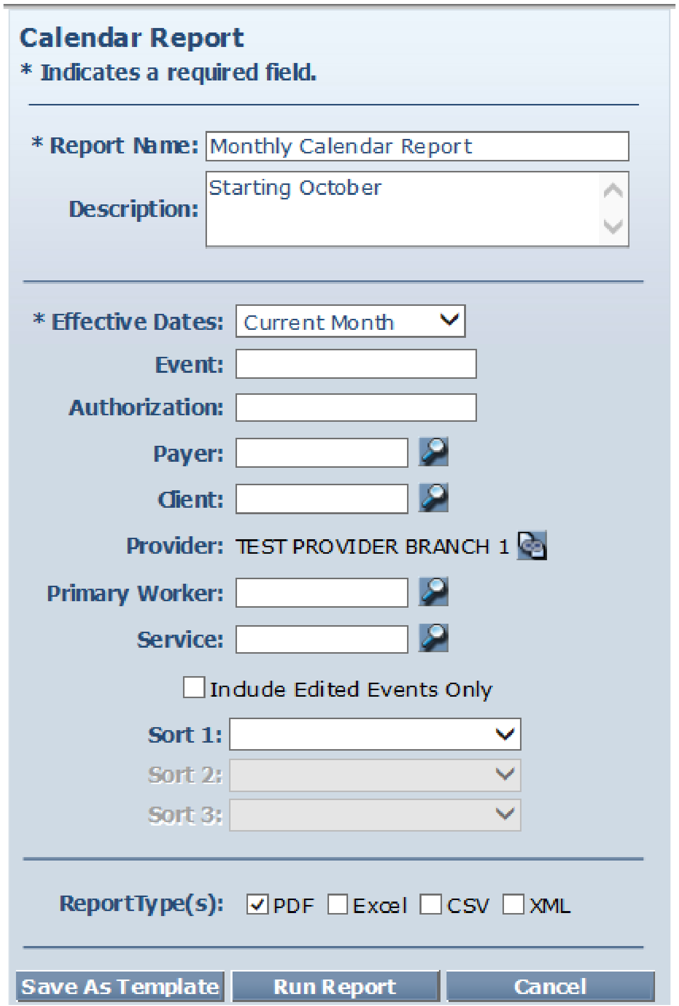
13.4.3 Editing a Report Template

Click the hyperlink on the name of the report.



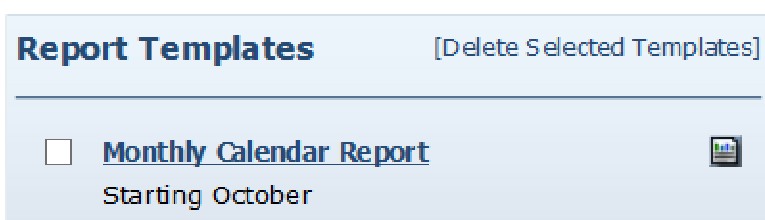
The *Calendar Report* page displays.

1. Edit the *Calendar Report* page as desired.



2. Click **Save as Template**.

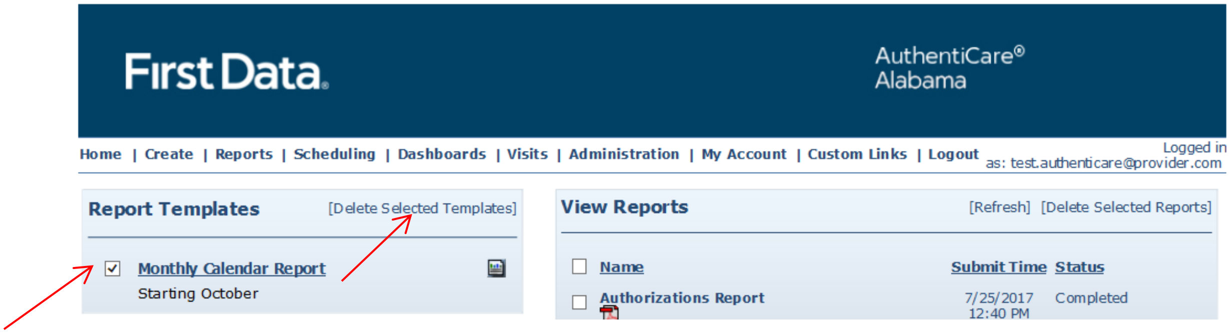
   The *Report* page displays. In this example, a **Description** was added and it now displays under the name of the Report Template.



13.4.4 Deleting a Report Template

1. Click the checkbox to the left of the name of the report template you wish to delete.

   Click **Delete Selected Templates** if you want to permanently remove the report template.



The *Report* page displays and the report template is no longer listed.

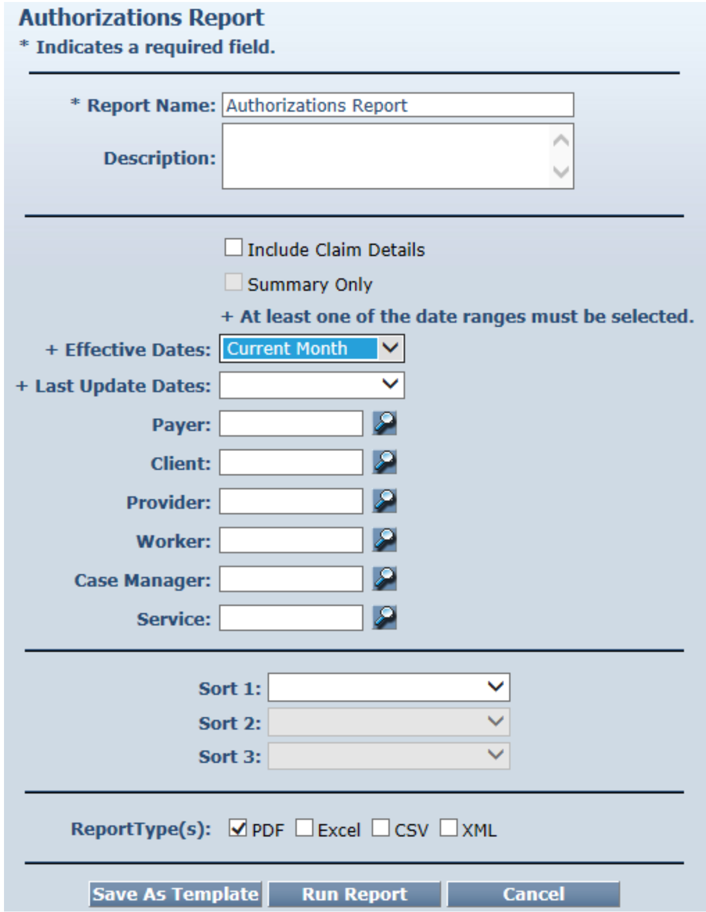
13.5 Report Examples

13.5.1 Authorizations Report without Claim Detail

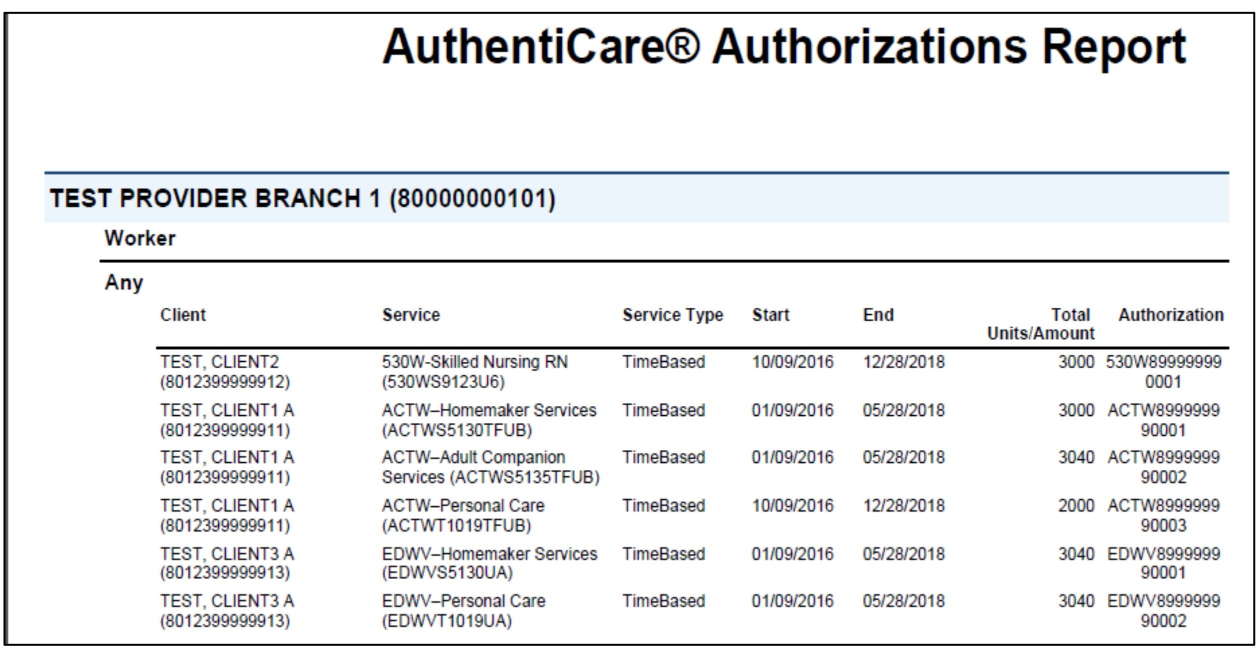
The Authorizations Report lists all authorizations in AuthentiCare Alabama for a given time period. The report can be filtered to include only authorizations for a particular client or service. It can be sorted to display the authorizations in a certain order. For example, the provider may choose to 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, Current Quarter, Current Year, 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, Case Manager, Service, and Diagnosis.

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, all of the authorizations for that client are grouped together.



An example of the Authorizations Report is shown below.



AuthentiCare® Authorizations Report

TEST PROVIDER BRANCH 1 (80000000101)

Worker

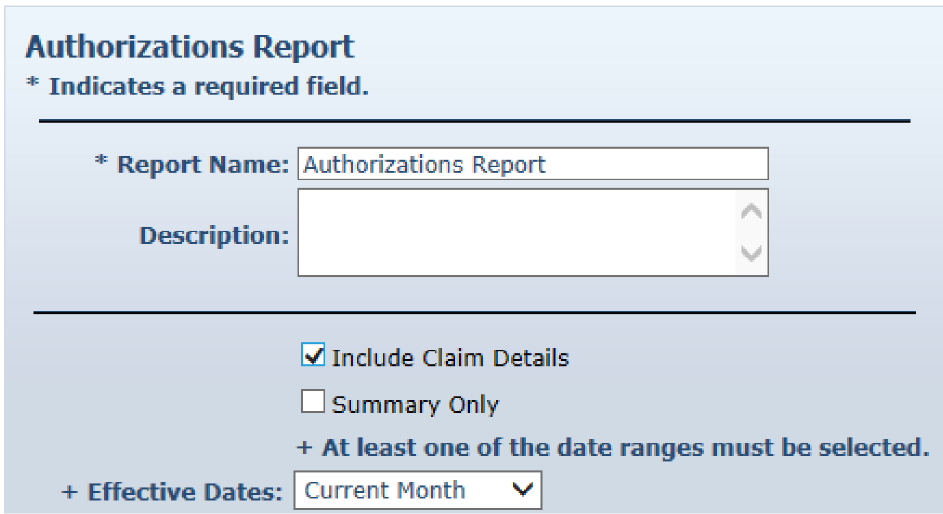
Any

Client	Service	Service Type	Start	End	Total Units/Amount	Authorization
TEST, CLIENT2 (8012399999912)	530W-Skilled Nursing RN (530WS9123U6)	TimeBased	10/09/2016	12/28/2018	3000	530W89999999 0001
TEST, CLIENT1 A (8012399999911)	ACTW–Homemaker Services (ACTWS5130TFUB)	TimeBased	01/09/2016	05/28/2018	3000	ACTW8999999 90001
TEST, CLIENT1 A (8012399999911)	ACTW–Adult Companion Services (ACTWS5135TFUB)	TimeBased	01/09/2016	05/28/2018	3040	ACTW8999999 90002
TEST, CLIENT1 A (8012399999911)	ACTW–Personal Care (ACTWT1019TFUB)	TimeBased	10/09/2016	12/28/2018	2000	ACTW8999999 90003
TEST, CLIENT3 A (8012399999913)	EDWV–Homemaker Services (EDWVS5130UA)	TimeBased	01/09/2016	05/28/2018	3040	EDWV8999999 90001
TEST, CLIENT3 A (8012399999913)	EDWV–Personal Care (EDWVT1019UA)	TimeBased	01/09/2016	05/28/2018	3040	EDWV8999999 90002

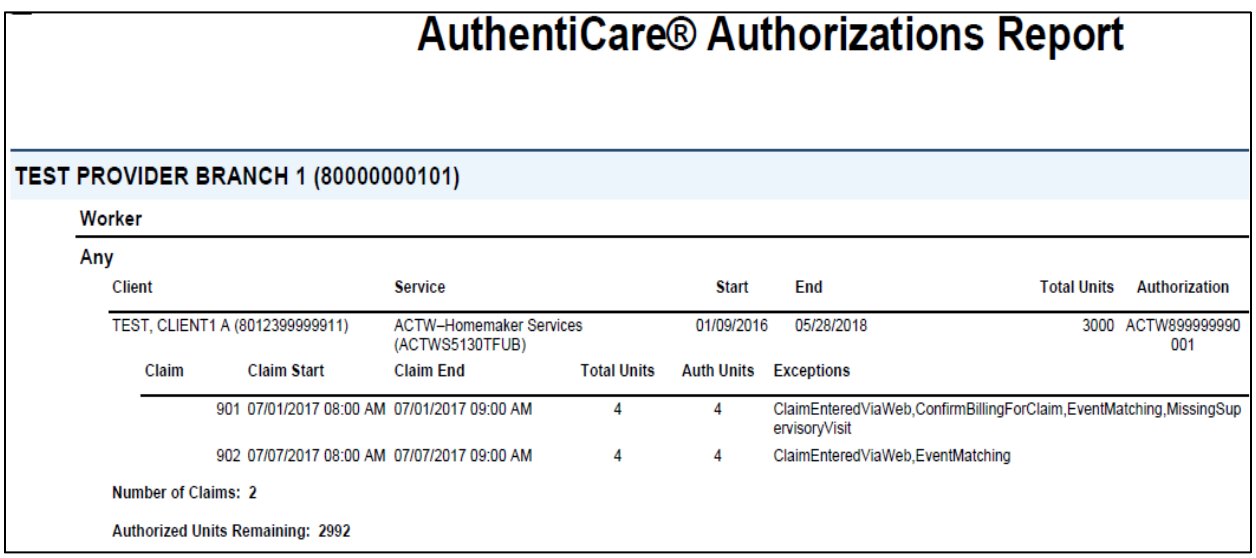
13.5.2 AUTHORIZATIONS REPORT WITH CLAIM DETAIL

The Authorizations Report with Claim Detail is the same as the Authorizations Report described in Section 13.5.1; 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.



An example of the Authorizations Report with Claim Details is shown below.



AuthentiCare® Authorizations Report

TEST PROVIDER BRANCH 1 (80000000101)

Worker

Any

Client	Service	Start	End	Total Units	Authorization
TEST, CLIENT1 A (8012399999911)	ACTW–Homemaker Services (ACTWS5130TFUB)	01/09/2016	05/28/2018	3000	ACTW899999990 001

Claim	Claim Start	Claim End	Total Units	Auth Units	Exceptions
901	07/01/2017 08:00 AM	07/01/2017 09:00 AM	4	4	ClaimEnteredViaWeb,ConfirmBillingForClaim,EventMatching,MissingSupervisoryVisit
902	07/07/2017 08:00 AM	07/07/2017 09:00 AM	4	4	ClaimEnteredViaWeb,EventMatching

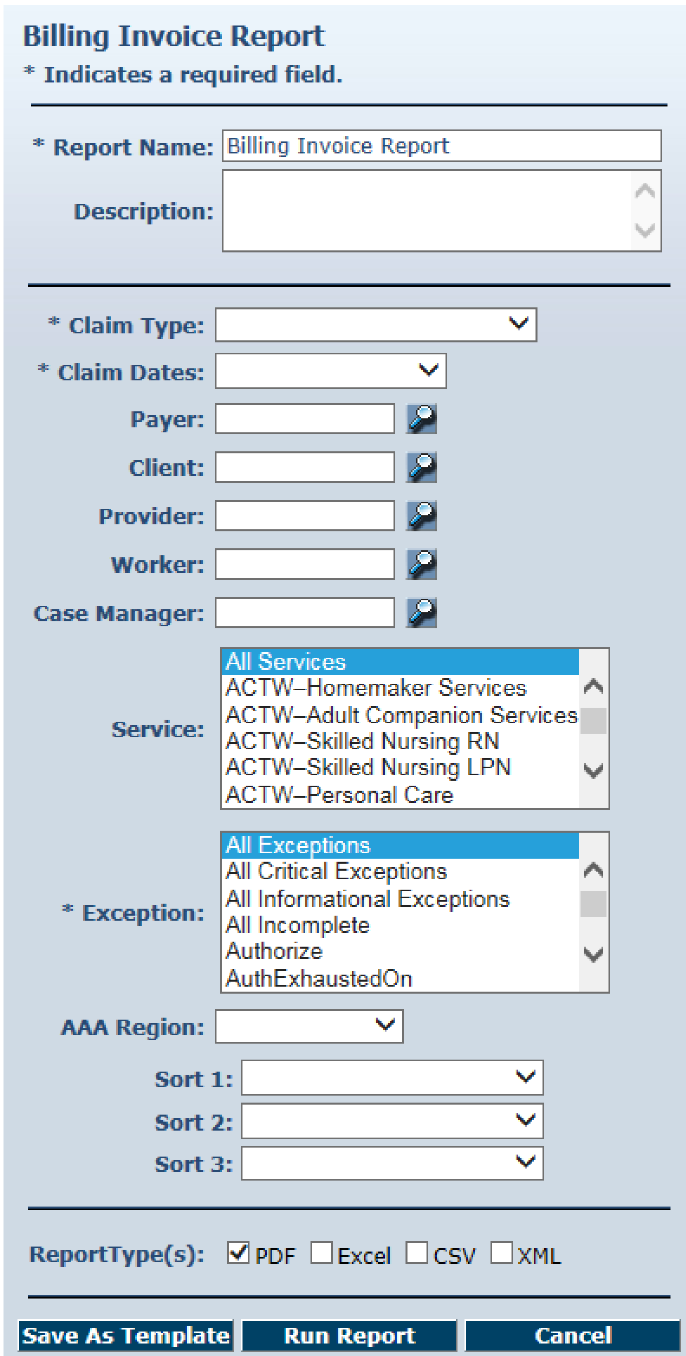
Number of Claims: 2

Authorized Units Remaining: 2992

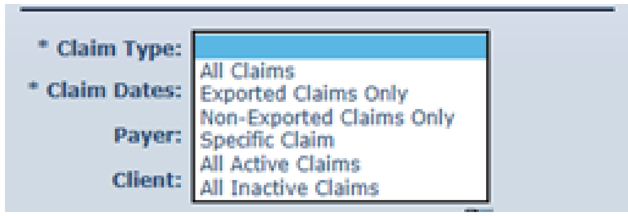
13.5.3 Billing Invoice Report

The Billing Invoice report gives a list of claims for each service date, along with the MMIS billing status and amount. With this report, providers have documented what was submitted to MMIS each day and then monitor the Remittance Advice to verify that each claim was adjudicated as expected.

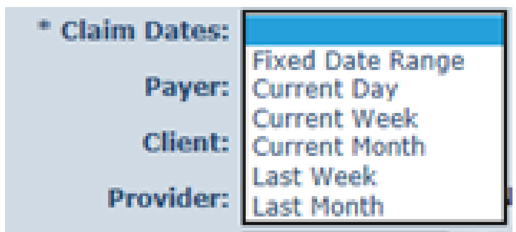
The Billing Invoice Report displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.



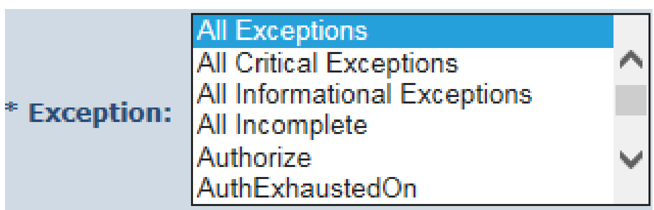
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



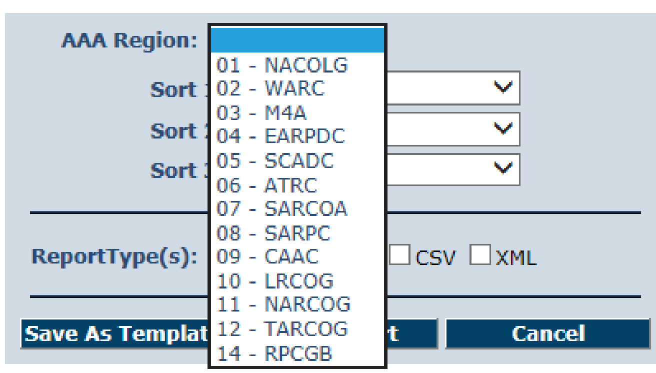
Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).



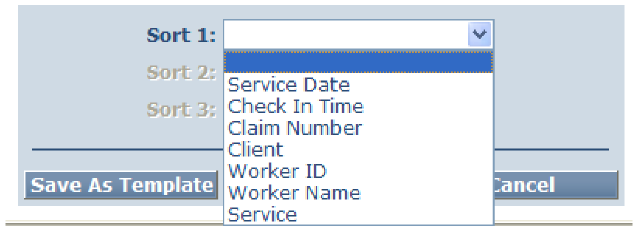
Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.



Additional filter criteria include Client, Provider, Worker, Case Manager, Service and AAA Region. The AAA Region filter represents the ADSS regional offices.



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.



An example of the Billing Invoice Report is shown below.

AuthentiCare® Billing Invoice Report

Report Date: May 17, 2018 07:53:44 AM
Date Range: 12/1/2017 to 12/31/2017
Provider Id: 500000002
Worker Id:
Client ID:

Total Records Returned: 39
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception:All

Provider Id : 500000002 **Provider Name: TEST ADSS ALABAMA PROVIDER 50002**

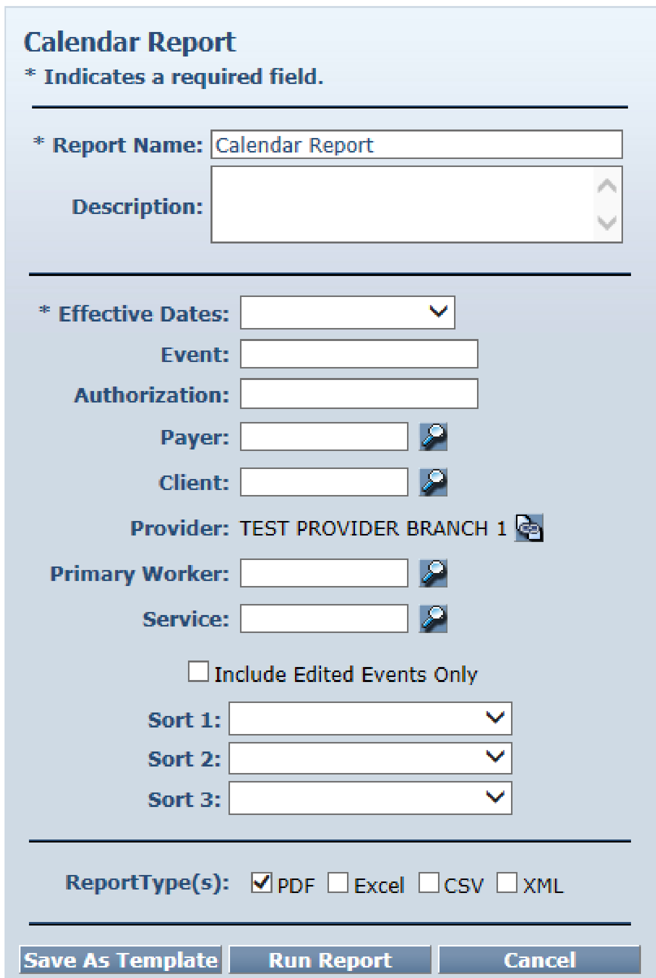
Date Of Service: 6/10/2017

Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name	AAA Region
788	HAWaiver, Dumbedore	5990000000157	5990000000157	InfoExcpts	530WS5130U6	Worker 2, ADSS	8:00AM	9:00AM	4	4	0.00	14.00		12/20/2017	C6, E1	ALABAMA	M4A
770	EdWaiver, Harry	5990000000004	5990000000004	InfoExcpts	EDWVS5130UA	Worker 1, ADSS	7:05PM	7:34PM	2	2	0.00	7.20		12/20/2017	E1, G3	ALABAMA	EARPDC
774	EdWaiver, Harry	5990000000004	5990000000004	InfoExcpts	EDWVS5130UA	Worker 1, ADSS	8:00AM	8:45AM	3	3	0.00	10.80		12/20/2017	C6, E1	ALABAMA	EARPDC
786	EdWaiver, Harry	5990000000004	5990000000004	InfoExcpts	EDWVS5135UA	Worker 1, ADSS	6:00PM	7:00PM	4	4	0.00	10.00		12/20/2017	C6, E1	ALABAMA	EARPDC
772	EdWaiver, Potter	5990000000016	5990000000016	Denied	EDWVS5150UA	Worker 2, ADSS	7:12PM	7:42PM	2	2	0.00	9.26		12/20/2017	E1	ALABAMA	EARPDC
777	EdWaiver, Potter	5990000000016	5990000000016	Denied	EDWVS5130UA	Worker 1, ADSS	12:30PM	1:10PM	3	2	0.00	4.40		12/20/2017	A2, C6, E1	ALABAMA	
								Daily Totals :	**18**	**17**	**0.00**	**55.66**			**12**		

13.5.4 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 displayed in the screenshot below only requires a filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, 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), 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, Client, Worker, Event, Authorization, and Service.

An example of the Calendar Report is shown below.

AuthentiCare® Calendar Report

()   Event Total: 3

Event	Scheduled Start	Scheduled End	Client	Provider	Service	Authorization ID	Edit Reason
451	7/20/2017 4:00:00 PM	7/20/2017 5:00:00 PM	TEST, CLIENT3 A (8012399999913) .	TEST PROVIDER BRANCH 1 (80000000101)	EDWV–Homemaker Services (EDWVS5130UA)	EDWV899999990 001	None
452	7/20/2017 5:00:00 PM	7/20/2017 6:00:00 PM	TEST, CLIENT1 A (8012399999911) 1000 TEST ADDRESS LANE MONTGOMERY, AL 361010000 5068001234	TEST PROVIDER BRANCH 1 (80000000101)	ACTW–Adult Companion Services (ACTWS5135TFUB)	ACTW899999990 002	None
453	7/21/2017 8:00:00 AM	7/21/2017 9:00:00 AM	TEST, CLIENT1 A (8012399999911) 1000 TEST ADDRESS LANE MONTGOMERY, AL 361010000 5068001234	TEST PROVIDER BRANCH 1 (80000000101)	ACTW–Homemaker Services (ACTWS5130TFUB)	ACTW899999990 001	None

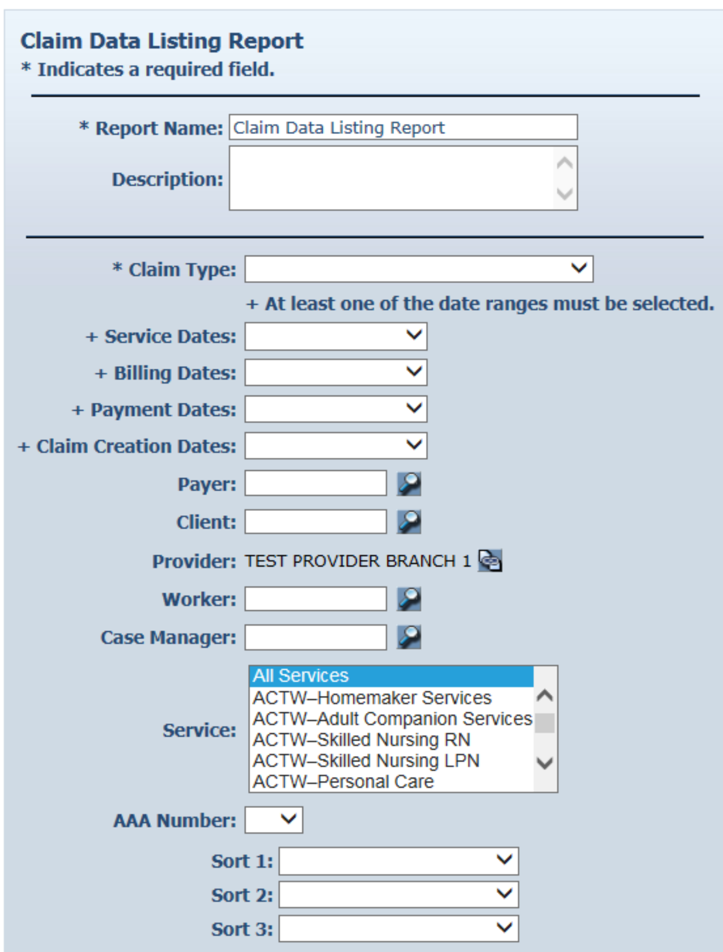
13.5.5 Claim Data Listing Report

The AuthentiCare Alabama 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 Alabama reports, the provider must select report criteria on the criteria pages. One option is to run the report by team assignment.

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 to and paid by the MMIS system (if AuthentiCare Alabama receives the 835 Remittance Advice).

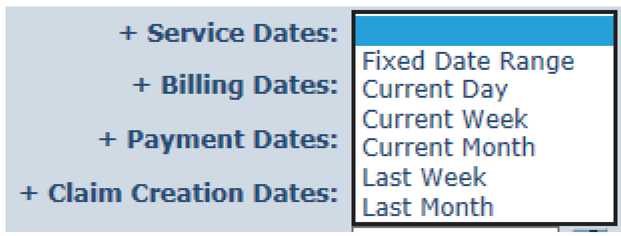
- The report has a column for external worker ID for the provider-specific worker ID if used by the provider.
- The report also has a column for “claim create date” and the report can be sorted by that date.

This report is a useful tool for State monitoring or for the provider who needs to know the services delivered by their workers for a specified time period. It is the only report that specifies mileage and travel time for each claim. The list 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.

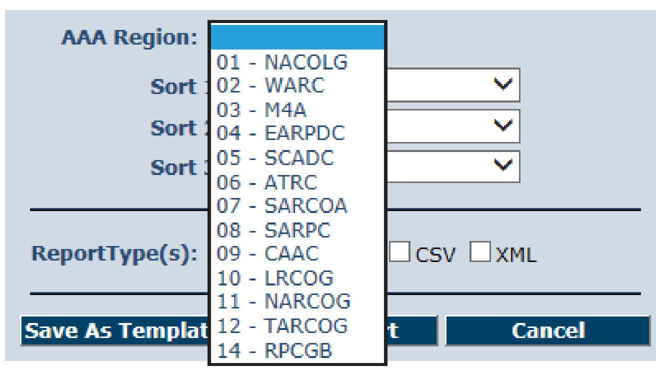


Select the **Claim Type** from the drop-down provided below. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

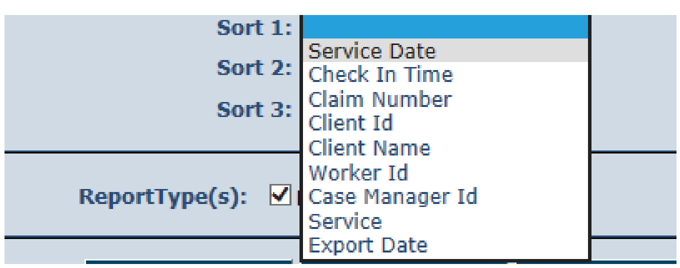
Select at least one of the date fields (**Service Dates, Billing Dates, Payment Dates or Claim Creation Dates**) from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range associated with the claim. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).



Additional filter criteria include Client, Provider, Worker, Case Manager, Service and AAA Region. The AAA Region filter represents the ADSS regional offices.



If desired you may also select sort criteria which determines the order of the data.



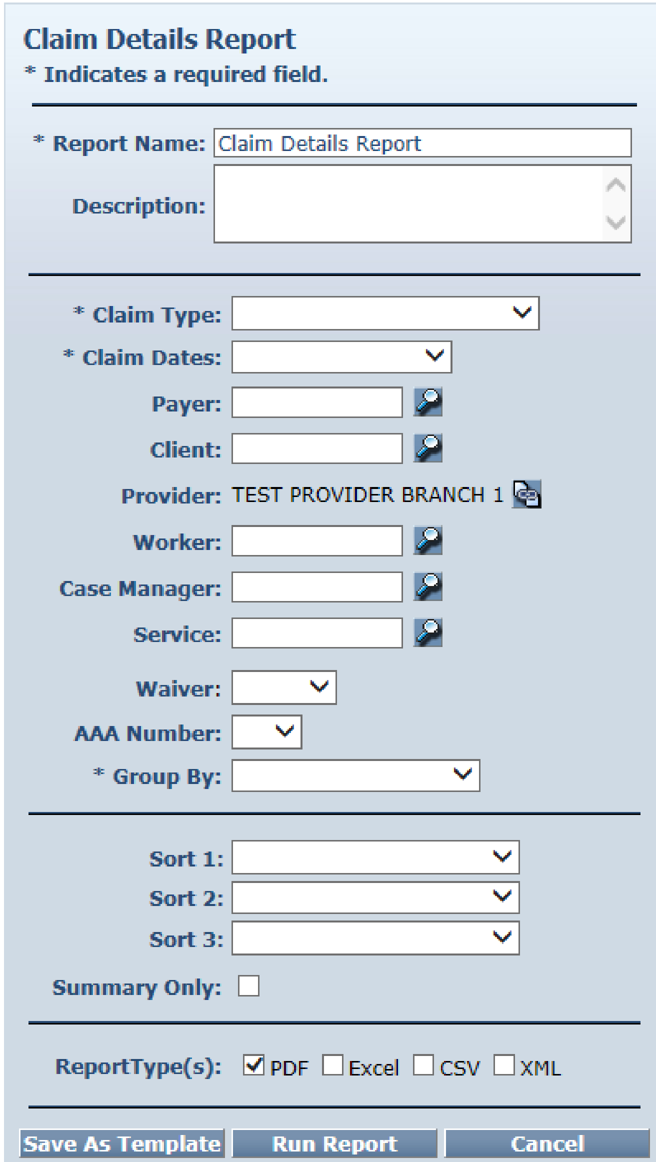
An example of the Client Data Listing Report is shown below.

Provider Id	Provider Name	Worker Id	Worker Name	External Worker ID	Client Id	Client Billing Medicaid ID	Client Name	Team Assignment	Case Manager Id	Case Manager Name	Service	Date of Service	Check In	Check Out	Actual Units
000000201	TEST ALABAMA PROVIDER201	409197	Test, Worker		0000000001201		TestClient1201, Johnny				ACTWS5125T FUB	08/01/2017	8:00AM	12:00PM	16
000000201	TEST ALABAMA PROVIDER201	409197	Test, Worker		0000000001201		TestClient1201, Johnny				ACTWT1019T FUB	08/02/2017	11:00AM	12:00PM	4
000000201	TEST ALABAMA PROVIDER201	236918	Test, Worker2		0000000001201		TestClient1201, Johnny				ACTWT1019T FUB	08/02/2017	8:00AM	12:30PM	18

13.5.6 CLAIM DETAILS REPORT

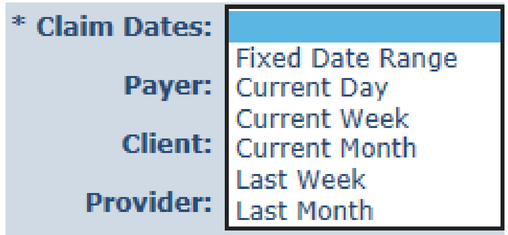
The Claim Details Report lists all claims in AuthentiCare Alabama for the time period specified. The report can be filtered to include only certain types of claims (for example, claims that have been exported for billing) or only claims for a particular client, worker, and/or service. It can also be sorted to display the claims in a specific order.

The Claim Details Report shown below has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running the report.

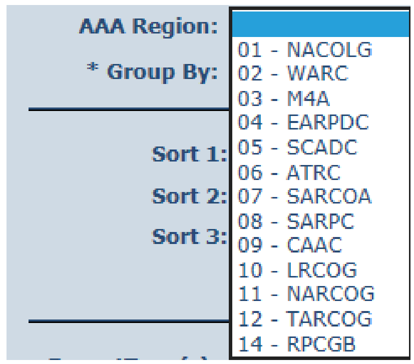


Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

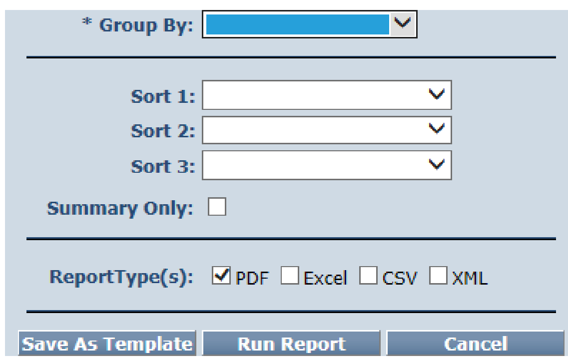
Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from“ and “to” date (mm/dd/yyyy).



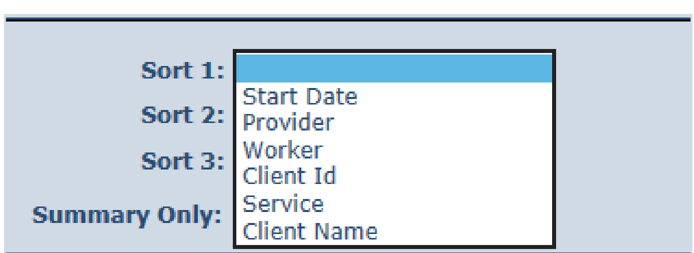
Additional filter criteria include Client, Provider, Worker, Case Manager, Service, Waiver and AAA Region. The AAA Region filter represents the ADSS regional offices.



Select **Group By** so the claims listed are grouped according to your selection. The options include Client, Case Manager, Provider, Exception (Client), and Exception (Provider).



If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, Case Manager, and Service. This determines the order of the data within the group selected in Group By.



An example of a Claim Details report is shown below.

AuthentiCare® Claim Details

FMS ALABAMA PROVIDER1 (888777001) — **Total Number of Claims: 53** — **Total Amount: $ .73**

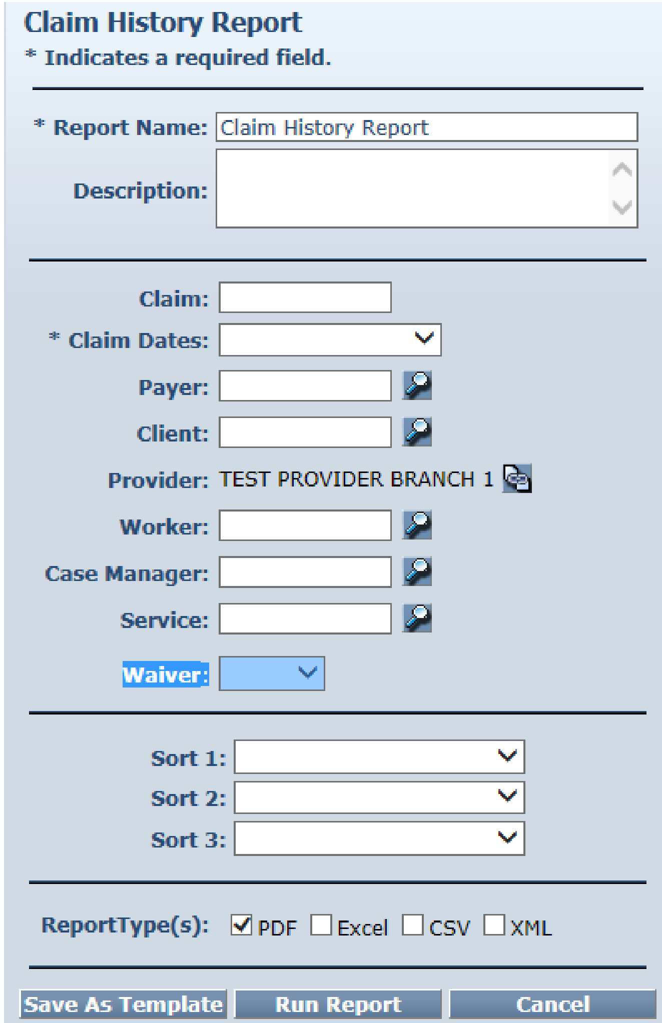
Client: Client1, TCoETest (0123456789021) — **Total Number of Units: 54**

Claim	Worker	Service	Service Type	Claim Start	Claim End	Total Units	Auth Units	Total Amount	Auth Amount	Export Date	Exceptions	Payer Name	AAA Number	Backup Worker
137082	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM	06/12/2020 07:35 AM	1	1	0.01	0.01	06/23/2020	E1,G1,G2	ALABAMA		No
137239	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/18/2020 05:00 AM	06/18/2020 05:15 AM	1	1	0.01	0.01	06/23/2020	C6,E1	ALABAMA		No
137282	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/18/2020 04:27 PM	06/18/2020 04:41 PM	1	1	0.01	0.01	06/19/2020	E1,G1,G2	ALABAMA		No
137302	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/19/2020 08:00 AM	06/19/2020 08:09 AM	1	1	0.01	0.01	06/19/2020	C6,E1	ALABAMA		No
137303	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/18/2020 10:00 AM	06/18/2020 10:09 AM	1	1	0.01	0.01	06/19/2020	C6,E1	ALABAMA		No
137304	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/18/2020 12:00 PM	06/18/2020 12:30 PM	2	2	0.02	0.02	06/19/2020	C6,E1	ALABAMA		No
137339	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/22/2020 10:00 AM	06/22/2020 10:30 AM	2	2	0.02	0.02	06/23/2020	C6,E1	ALABAMA		No
137354	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/23/2020 07:00 AM	06/23/2020 07:45 AM	3	3	0.03	0.03	06/23/2020	C6,E1	ALABAMA		No
137355	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/23/2020 10:00 AM	06/23/2020 10:15 AM	1	1	0.01	0.01	06/23/2020	C6,E1	ALABAMA		Yes
137356	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/23/2020 01:00 PM	06/23/2020 01:30 PM	2	2	0.02	0.02	06/23/2020	C6,E1	ALABAMA		Yes
137081	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/01/2020 08:00 AM	06/01/2020 10:00 AM	8	8	0.08	0.08		C6,C1,E1	ALABAMA		No
137083	WORKER1, TCoETEST (745831)	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:56 AM			0	0.00	0.00		E1,G1	ALABAMA		No

13.5.7 Claim History Report

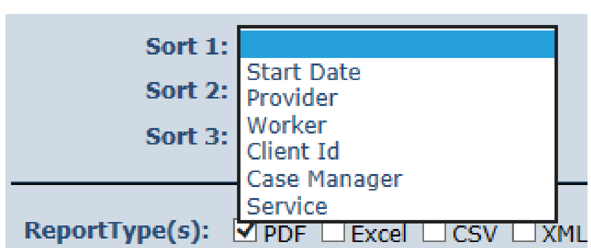
The Claim History Report lists the detail of changes made to a claim or group of claims for auditing purposes. For example, a claim was confirmed for billing and there is a need to know who confirmed it.

The Claim History Report as displayed in the screenshot below only requires a filter for **Claim Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, 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 Claim (to report on a specific claim), Client, Provider, Worker, Case Manager, Service, Program, Team Assignment, At Risk, Taxonomy Code, NPI, Diagnosis and Served by a family member living in the home.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, Case Manager, and Service.



An example of the Claim History report is shown below.

AuthentiCare® Claim History

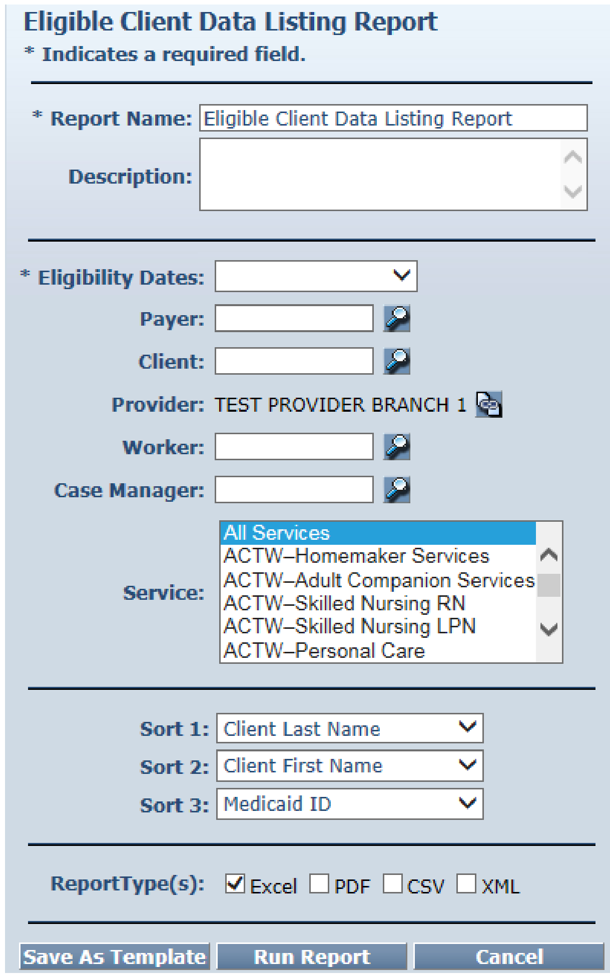
Claim137082

Client: Client1, TCoETest (0123456789021) **Provider: FMS ALABAMA PROVIDER1 (888777001)** **Worker: WORKER1, TCoETEST (745831)**

Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions	Payer	Backup Worker
6/12/2020 7:14:22 AM	acr_admin@acr.com	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM		0	0	0.00	0.00		ALABAMA	No
6/12/2020 7:36:29 AM	acr_admin@acr.com	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM	06/12/2020 07:35 AM	1	1	0.01	0.01		ALABAMA	No
6/12/2020 12:10:42 PM	lisa@ADSSEmp1.com	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM	06/12/2020 07:35 AM	1	1	0.01	0.01		ALABAMA	No
6/12/2020 12:11:31 PM	lisa@ADSSEmp1.com	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM	06/12/2020 07:35 AM	1	1	0.01	0.01		ALABAMA	No
6/12/2020 1:44:10 PM	colleen@FMSADSS.com	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM	06/12/2020 07:35 AM	1	1	0.01	0.01		ALABAMA	No
6/12/2020 5:58:13 PM	acr_admin@acr.com	ACTW-Personal Choices (ACTWT1019TFHX)	TimeBased	06/12/2020 07:13 AM	06/12/2020 07:35 AM	1	1	0.01	0.01		ALABAMA	No

13.5.8 ELIGIBLE CLIENT DATA LISTING REPORT

This report displays any clients for whom the provider has authorization to provide services, or has claims. The report provides most of the data elements shown in the client record.



An example of the Eligible Client Data Listing report is shown below.

Client Name	Client ID	SSN	Gender	DOB	Language	Status	At Risk	Client Billing Medicaid ID	Diagnosis	Program	Served by another person living in the home
TEST, CLIENT1 A	8012399999911		Male	01/29/1948		Active					
TEST, CLIENT2	8012399999912		Female	01/29/1965		Active					
TEST, CLIENT3 A	8012399999913		Unknown	01/29/1977		Active					

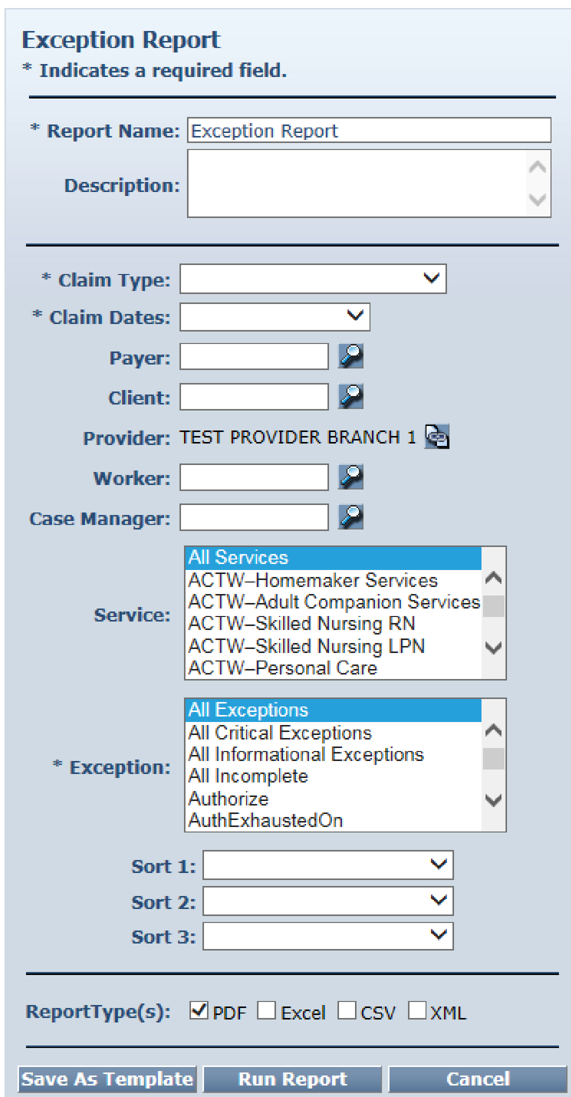
13.5.9 Exception Report

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
- **Critical** which prevents the claim from being exported to for adjudication, i.e. no authorization for service.

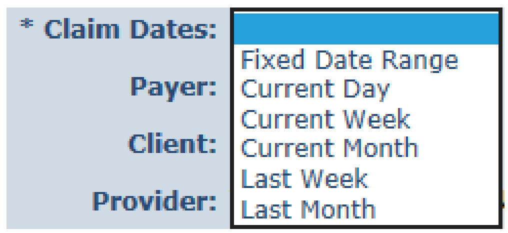
The Exception Report is structured to identify exceptions for a single client or for multiple clients with the same exception.

The Exception Report as displayed in the screenshot below 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.



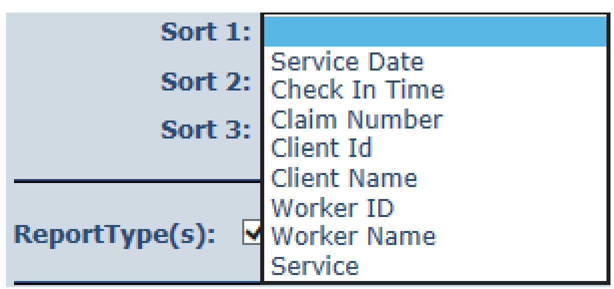
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, 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, Case Manager, 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.



An example of the Exception Report is shown below.

AuthentiCare® Exception Report

Report Date: July 26, 2017 08:11:33 AM

Date Range: 2017-07-01 to 2017-07-31

Provider Id: 80000000101

Worker Id:

Client ID:

Claim Exception Record Returned : 40

Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception

Sort by:

Case Manager Id:

Service: All

Exception: All

Provider Name: TEST PROVIDER BRANCH 1 (80000000101) **Number Of Claims With Exceptions: 10** **Number of Exceptions: 40**

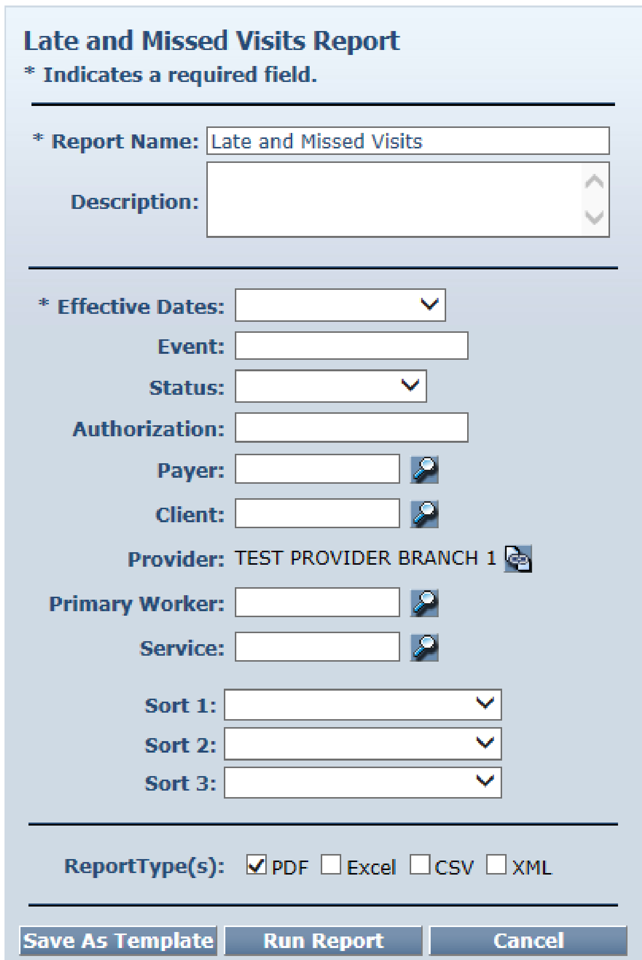
Exception	Claim Number	Client ID	Client Name	CaseManager Name	Worker ID	Worker Name	Check In Time	Check In Number	Check Out Time	Check Out Number	Actual Date Of Service	Actual Unit	Auth Unit	Service	Payer Name
C6	903	8012399999911	TEST, CLIENT1	,	599530	WORKER, TEST	12:00AM				07/01/2017	1	1	TAWVX99 99	ALABAMA
C1	903	8012399999911	TEST, CLIENT1	,	599530	WORKER, TEST	12:00AM				07/01/2017	1	1	TAWVX99 99	ALABAMA
E1	903	8012399999911	TEST, CLIENT1	,	599530	WORKER, TEST	12:00AM				07/01/2017	1	1	TAWVX99 99	ALABAMA
C6	901	8012399999911	TEST, CLIENT1	TEST, CASEMANAGER 1 A	599530	Testing, Test2	8:00AM		9:00AM		07/01/2017	4	4	ACTWS51 30TFUB	ALABAMA

The exceptions are grouped by claim number. Claim number is equivalent to Claim ID.

13.5.10 Late and Missed Visits Report

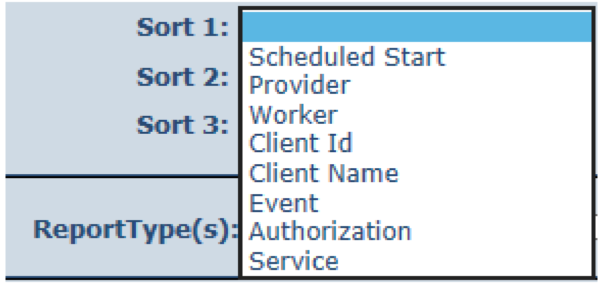
The Late and Missed Visits Report lists all late and missed visits for a selected time period. The report can be filtered to display information relating to a particular client, worker, service, or event.

The Late and Missed Visits Report shown below only requires filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, 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).

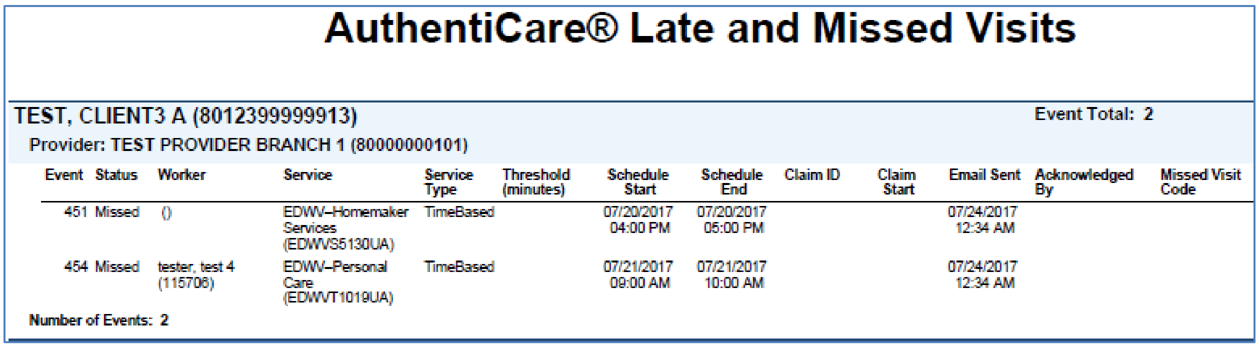


Additional filter criteria include Event (to report on a specific event), Status (Late, Missed or Completed Late), Authorization, Client, Provider, Primary Worker, Service.

If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.



An example of the Late and Missed Visits report is shown below.



AuthentiCare® Late and Missed Visits

TEST, CLIENT3 A (8012399999913) — **Event Total: 2**

Provider: TEST PROVIDER BRANCH 1 (80000000101)

Event	Status	Worker	Service	Service Type	Threshold (minutes)	Schedule Start	Schedule End	Claim ID	Claim Start	Email Sent	Acknowledged By	Missed Visit Code
451	Missed	()	EDWV–Homemaker Services (EDWVS5130UA)	TimeBased		07/20/2017 04:00 PM	07/20/2017 05:00 PM			07/24/2017 12:34 AM		
454	Missed	tester, test 4 (115706)	EDWV–Personal Care (EDWVT1019UA)	TimeBased		07/21/2017 09:00 AM	07/21/2017 10:00 AM			07/24/2017 12:34 AM		

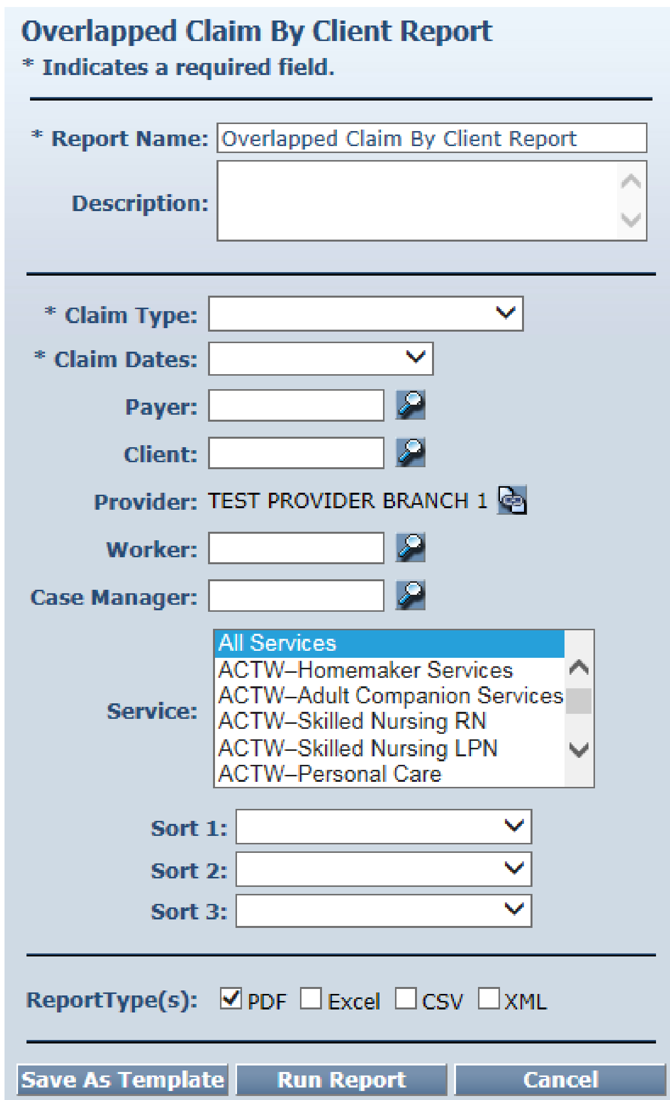
Number of Events: 2

13.5.11 Overlapped Claim by Client Report

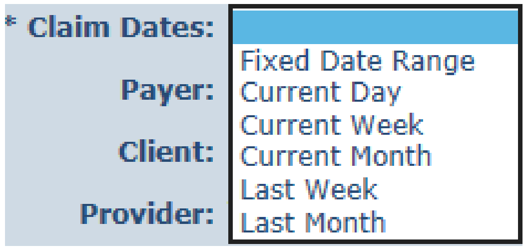
The Overlapped Claim by Client Report is useful in identifying quality concerns and/or overpayments. Under usual circumstances, clients must receive only one service at a time. Monitoring the Overlapped Claim by Client Report enables the user to identify clients whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same client.

The Overlapped Claim Report displayed below has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.

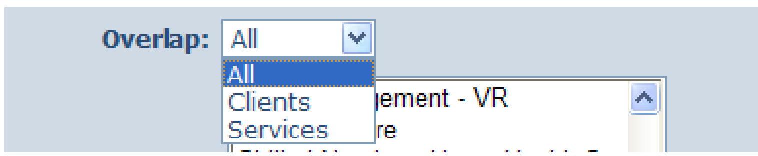
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, 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).

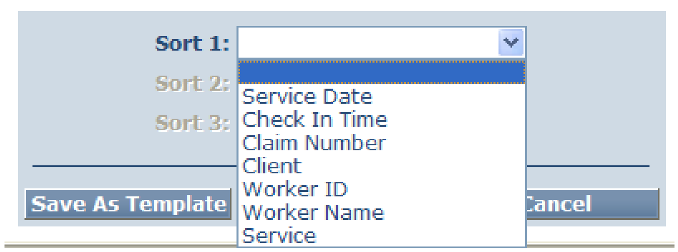


If you wish, you may change the selection for **Overlap**. This automatically defaults to "All", but you can change it to "Clients" or "Services."



Additional filter criteria include Client, Provider, Worker, Case Manager, 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.



An example of the Overlapped Claim Report is shown below.

AuthentiCare® Overlapped Claim By Client Report

Report Date: July 26, 2017 08:44:10 AM
Service Date Range: 7/1/2017 to 7/31/2017
Provider Id: 80000000101
Worker Id:
Client Id:

Total OverLaps Returned: 2
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service
Sort by:
Case Manager Id:
Service: All
Exception:

Provider Id : 80000000101 | **Provider Name: TEST PROVIDER BRANCH 1** | **Provider Overlaps: 2**

Client Id : 8012399999911 | **Client Name : TEST, CLIENT1** | **Client Overlaps : 1**

Claim Number	Worker ID	Worker Name	SVC	Date of Service	Check In Time	Check Out Time	Check In Phone	Check Out Phone	Check-In Ph. Owner	Check- Out Ph. Owner
896	115706	tester, test	LAHWS91 24UD	20170720	1:00PM	2:00PM				
898	599530	Testing, Test2	LAHWS91 24UD	20170720	1:00PM	2:00PM				

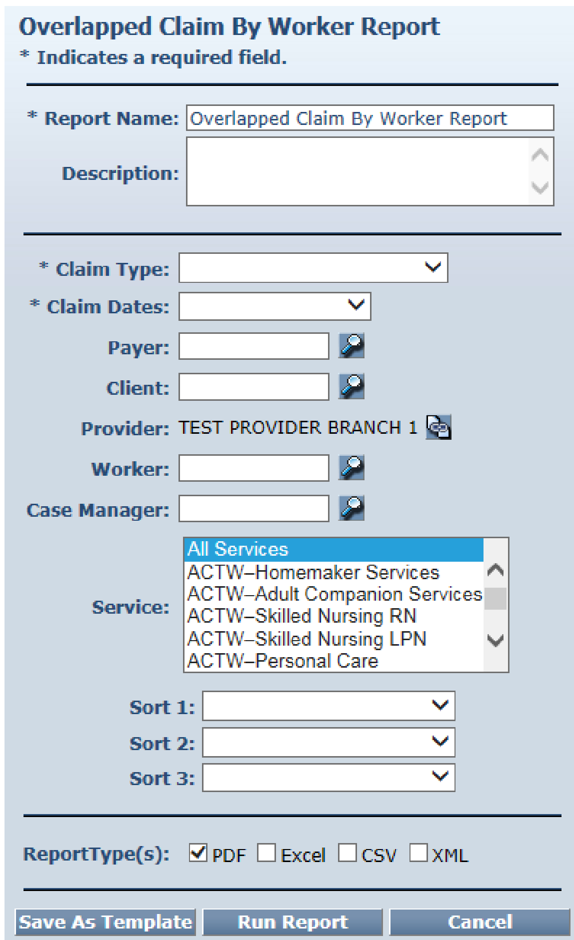
Client Id : 8012399999913 | **Client Name : TEST, CLIENT3** | **Client Overlaps : 1**

Claim Number	Worker ID	Worker Name	SVC	Date of Service	Check In Time	Check Out Time	Check In Phone	Check Out Phone	Check-In Ph. Owner	Check- Out Ph. Owner
891	115706	tester, test	EDWVS51 30UA	20170717	9:00AM	10:00AM				
892	115706	tester, test	EDWVT10 19UA	20170717	9:00AM	10:00AM				

13.5.12 Overlapped Claim by Worker Report

The Overlapped Claim by Worker Report 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 By Worker 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 shown below has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.



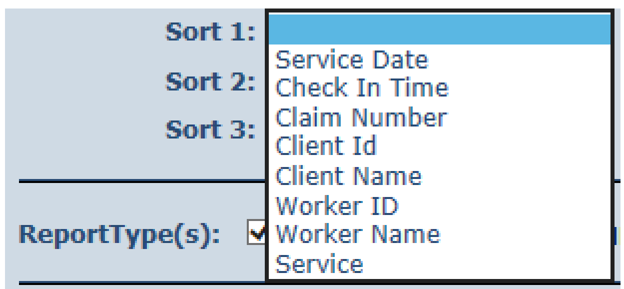
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only, Specific Claim, All Active Claims or All Inactive Claims. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

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).

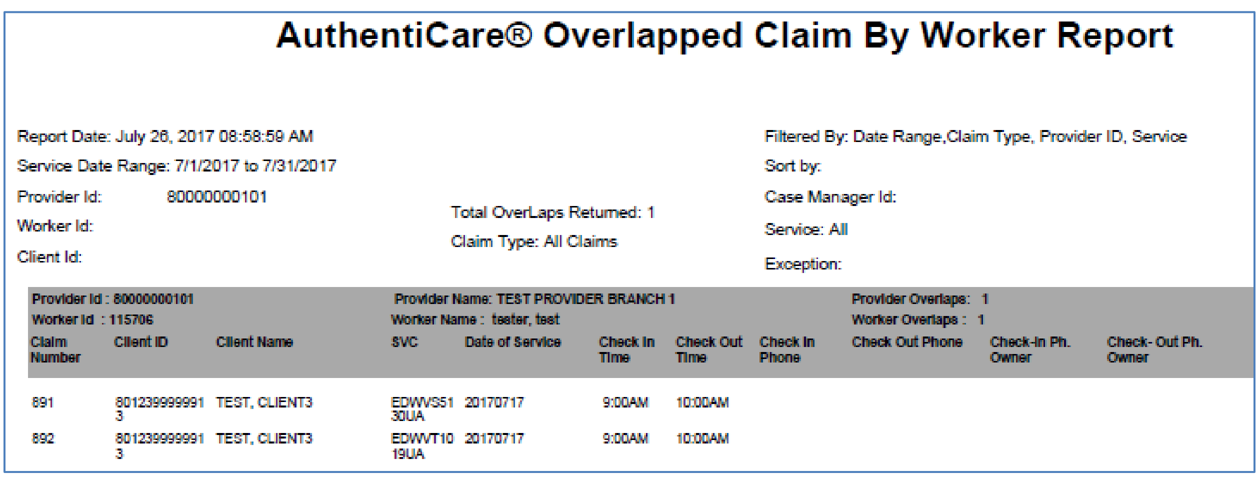
If you wish, you may change the selection for **Overlap**. This automatically defaults to “All”, but you can change it to “Clients” or “Services.”

Additional filter criteria include Payer, 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.



An example of the Overlapped Claim By Worker Report is shown below.



AuthentiCare® Overlapped Claim By Worker Report

Report Date: July 26, 2017 08:58:59 AM
Service Date Range: 7/1/2017 to 7/31/2017
Provider Id: 80000000101
Worker Id:
Client Id:

Total OverLaps Returned: 1
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service
Sort by:
Case Manager Id:
Service: All
Exception:

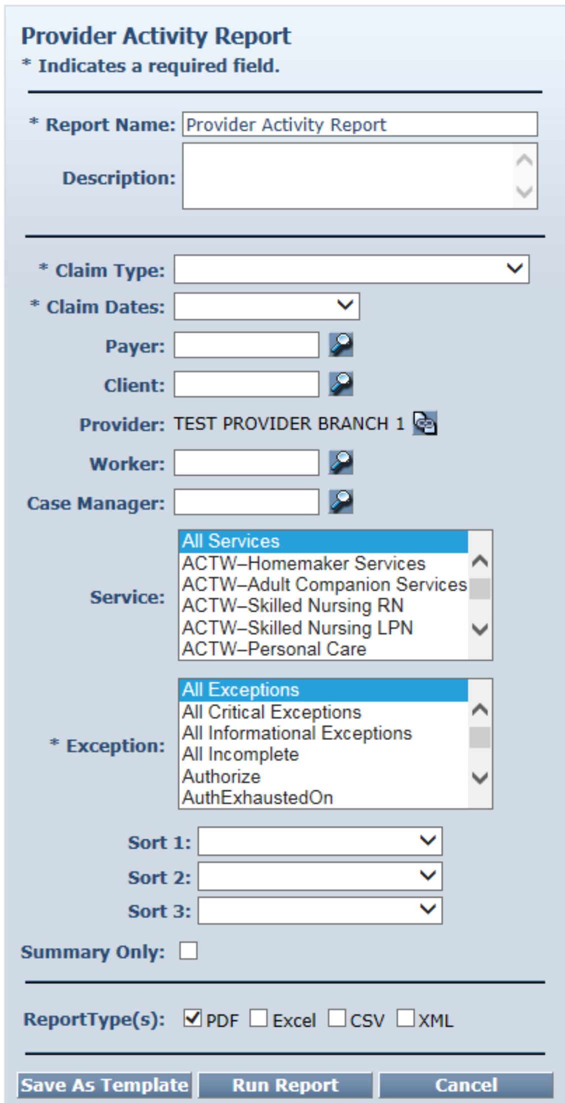
Provider Id : 80000000101 | Provider Name: TEST PROVIDER BRANCH 1 | Provider Overlaps: 1
Worker Id : 115706 | Worker Name : tester, test | Worker Overlaps : 1

Claim Number	Client ID	Client Name	SVC	Date of Service	Check In Time	Check Out Time	Check In Phone	Check Out Phone	Check-In Ph. Owner	Check- Out Ph. Owner
891	8012399999913	TEST, CLIENT3	EDWVS5130UA	20170717	9:00AM	10:00AM				
892	8012399999913	TEST, CLIENT3	EDWVT1019UA	20170717	9:00AM	10:00AM				

13.5.13 Provider Activity Report

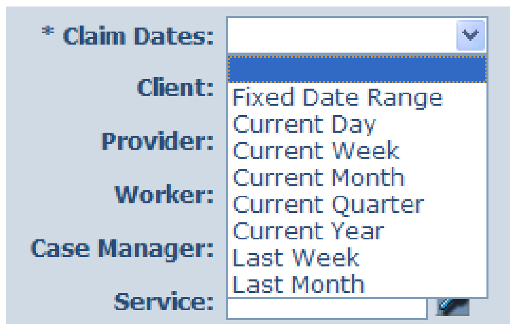
This is a report that lists, by worker, all services performed during a given time period and the total dollars billed for payment, again by worker. The Provider Activity Report is a useful tool for State monitoring or for the providers who need to know the revenue billed by a selected worker for a specified 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 below has several filter criteria. **Claim Type, Claim Dates,** and **Exception** are 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.

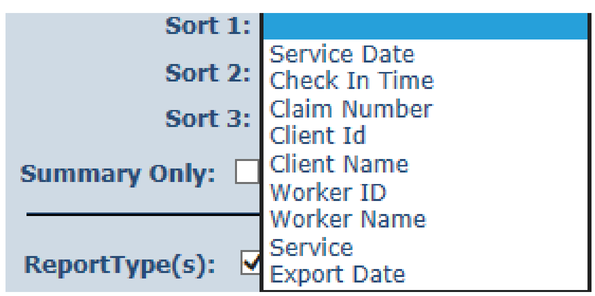
Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker, Case Manager, 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.



An example of the Provider Activity Report is shown below.

AuthentiCare® Provider Activity Report

Report Date: July 26, 2017 09:11:18 AM
Date Range: 2017-07-01 to 2017-07-31
Provider Id: 80000000101
Worker Id:
Client ID:

Total Records Returned: 10
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception:All

Provider Id : 80000000101 Provider Name: TEST PROVIDER BRANCH 1

Worker Id : 599530 Worker Name : WORKER, TEST

Claim Number	Client ID	Client Name	Claim Status	Date of Service	Service	Activity Code(s)	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name
903	8012399999911	TEST, CLIENT1	CriticalExcpts	07/01/2017	TAWVX9999		599530	12:00AM		1	1	0.00	0.00			C6, C1, E1	ALABAMA
901	8012399999911	TEST, CLIENT1	CriticalExcpts	07/01/2017	ACTWS5130TFUB	88,11	599530	8:00AM	9:00AM	4	4	0.00	14.24			C6, C1, E1, C8	ALABAMA
902	8012399999911	TEST, CLIENT1	InfoExcpts	07/07/2017	ACTWS5130TFUB	77,11	599530	8:00AM	9:00AM	4	4	0.00	14.24			C6, E1	ALABAMA
899	8012399999912	TEST, CLIENT2	CriticalExcpts	07/19/2017	IDWVS9124UC		599530	3:00PM	4:00PM	1	0	0.00	0.00			A1, C6, C1, E1	ALABAMA
898	8012399999911	TEST, CLIENT1	CriticalExcpts	07/20/2017	LAHWS9124UD		599530	1:00PM	2:00PM	1	0	0.00	0.00			A1, C6, C1, E1	ALABAMA
									Worker Total :	11	9	0.00	28.48			17	

Worker Id : 115706 Worker Name : tester, test 4

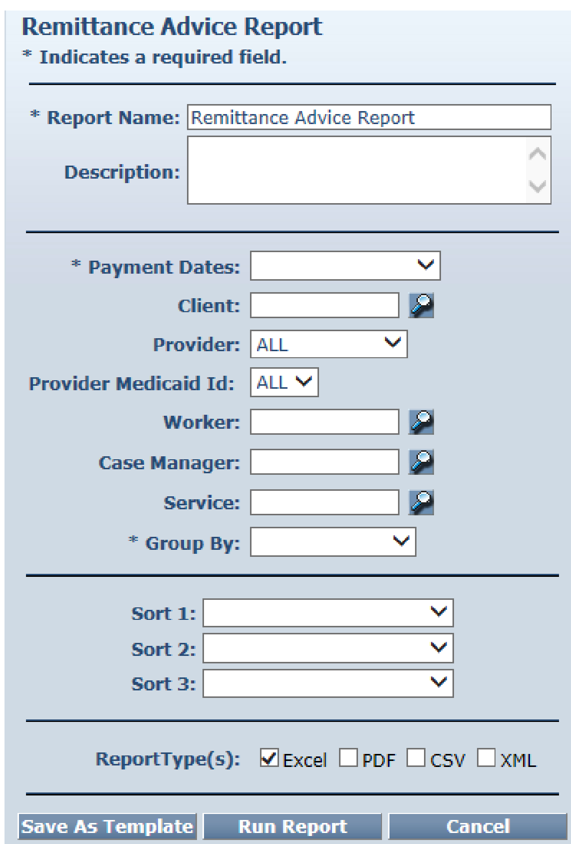
Claim Number	Client ID	Client Name	Claim Status	Date of Service	Service	Activity Code(s)	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name
889	8012399999911	TEST, CLIENT1	CriticalExcpts	07/14/2017	EDWVS5135UA	71,55	115706	7:00AM	8:00AM	4	0	0.00	0.00			A1, C6, C1, E1, C8, I2	ALABAMA
893	8012399999913	TEST, CLIENT3	CriticalExcpts	07/17/2017	EDWVT1019UA	78,70,35	115706	7:30AM	8:00AM	2	2	0.00	5.74			C6, C1, E1, C8	ALABAMA
891	8012399999913	TEST, CLIENT3	CriticalExcpts	07/17/2017	EDWVS5130UA	73,25	115706	9:00AM	10:00AM	4	4	0.00	14.40			C6, C1, E1, C8, I2	ALABAMA
892	8012399999913	TEST, CLIENT3	CriticalExcpts	07/17/2017	EDWVT1019UA	74,35	115706	9:00AM	10:00AM	4	4	0.00	11.48			C6, C1, E1, C8	ALABAMA
896	8012399999911	TEST, CLIENT1	CriticalExcpts	07/20/2017	LAHWS9124UD		115706	1:00PM	2:00PM	1	0	0.00	0.00			A1, C6, C1, E1	ALABAMA
									Worker Total :	15	10	0.00	31.62			23	
									Provider Total :	26	19	0.00	60.10			40	

13.5.14 Remittance Advice Report

Providers need to be able to balance their accounting records to confirm that payment was received for a service that was provided and billed. This report provides remittance advice reporting on the AuthentiCare Alabama web, so that Providers can examine paid claims, and understand check amounts. It is only available if the 835 electronic remittance advice received from MMIS system is uploaded to AuthentiCare Alabama.

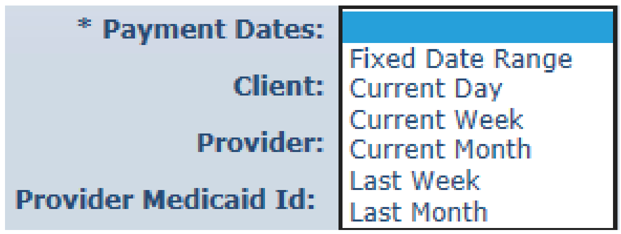
For the TA waiver, providers upload the 835 electronic remittance advice received from the MMIS system using the AuthentiCare Alabama web interface. For the remaining waivers (ACT, 530, E & D, SAIL, ID and LAH) supported by AuthentiCare Alabama, the remittance file is uploaded by the corresponding Operating Agency – the provider does not need to upload.

- In contrast to the Provider Activity report, the Remittance report is oriented around the MMIS 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 report uses a filter page variation that is specific to the Remittance Advice report. Note that the date range selected is the MMIS payment or processing date, not the date of service.
- The Remittance report offers the similar sort and filter criteria as the other Provider reports, but some criteria that are not relevant are omitted.

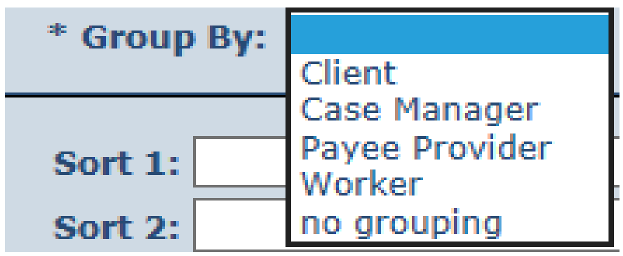


The Remittance Advice Report as displayed in the screenshot above has filter criteria of **Payment Dates** and **Group By**.

Select the **Payment Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, 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).

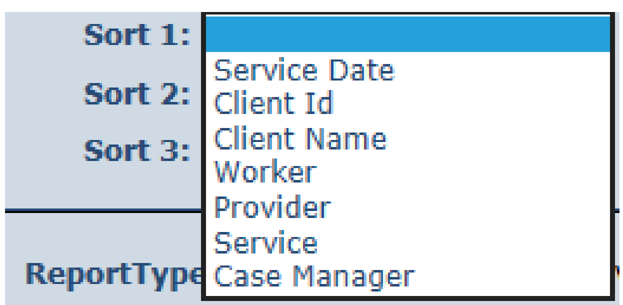


Select **Group By** from Client, Case Manager, Payee Provider, Worker and no grouping.



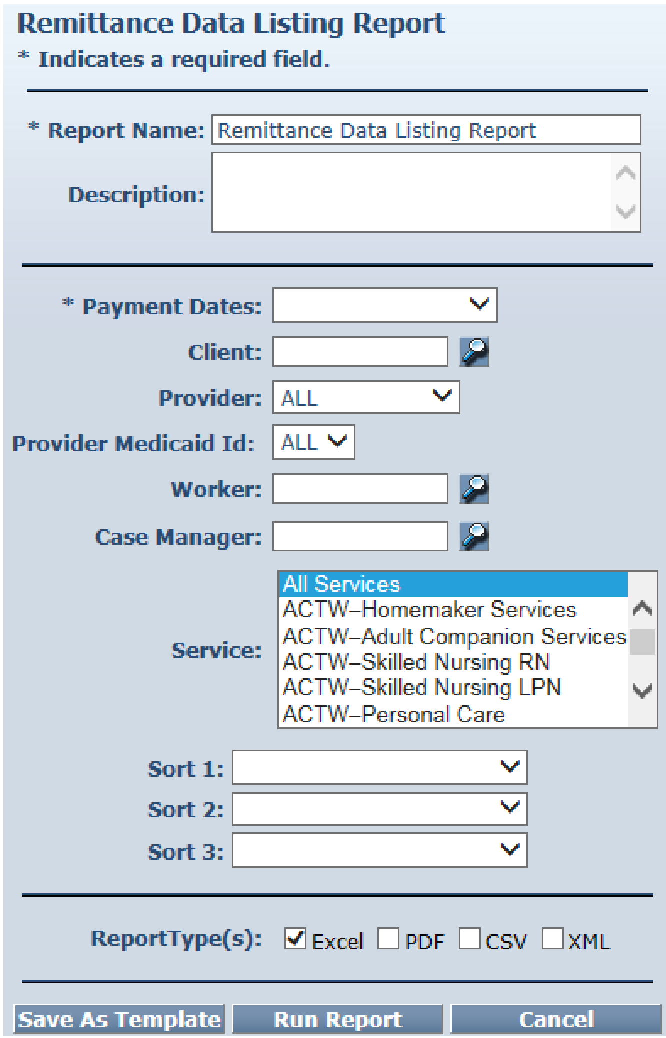
Additional filter criteria include Client, Provider, Worker, Case Manager, and Service.

If desired, you may also select sort criteria which include Service Date, Provider, Client, Worker, Case Manager, and Service. This determines the order of the data.



13.5.15 REMITTANCE DATA LISTING REPORT

The Remittance Data List Report provides remittance advice reporting on the AuthentiCare Alabama web, so that the provider can examine paid claims and understand check amounts.



The Remittance Data List report is oriented around the MMIS claim number (not the AuthentiCare Alabama 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.

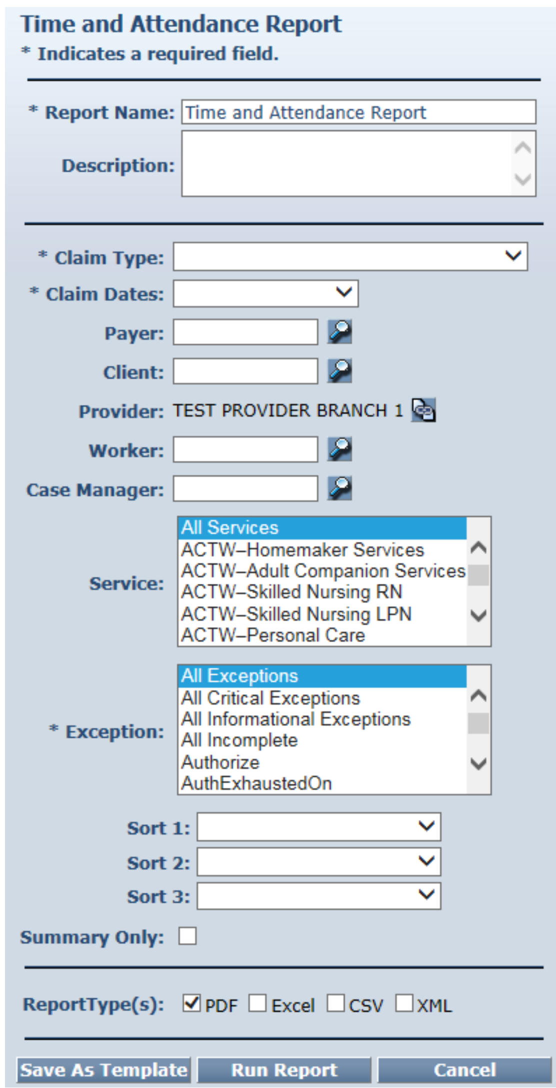
The Remittance report offers the similar sort and filter criteria as the other Provider reports, but some criteria that are not relevant are omitted. Note that the date range selected is the MMIS payment or processing date, not the date of service.

The Remittance Data List Report is only available in CSV and Excel formats.

13.5.16 Time and Attendance Report

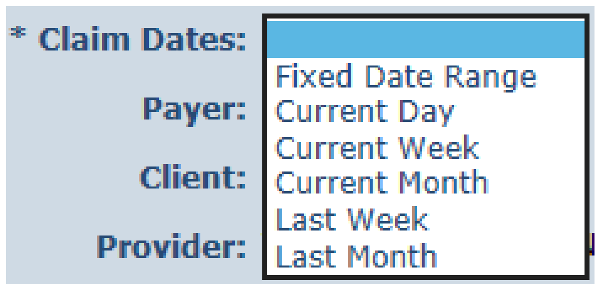
The Time and Attendance Report is a useful tool for the providers who need to know the time billed by a selected worker for a specified time period. It can be used to identify workers who report an unusually high number of hours worked, as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker with another.

The Time and Attendance Report displayed below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** 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.

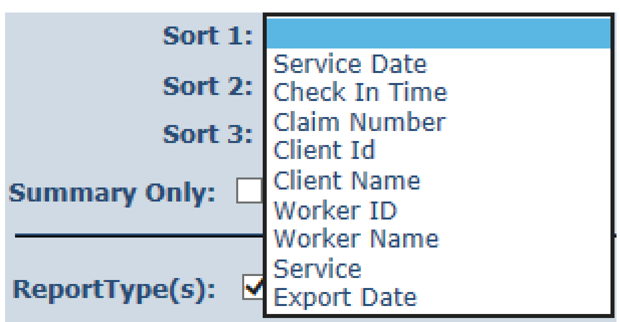
Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).



Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

Additional filter criteria include Client, Provider, Worker, Case Manager, 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.



An example of the Time and Attendance Report is shown below.

AuthentiCare® Time and Attendance Report

Report Date: July 26, 2017 09:28:57 AM
Date Range: 2017-07-01 to 2017-07-31
Provider Id: 80000000101
Worker Id:
Client ID:

Total Records Returned: 10
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception:All

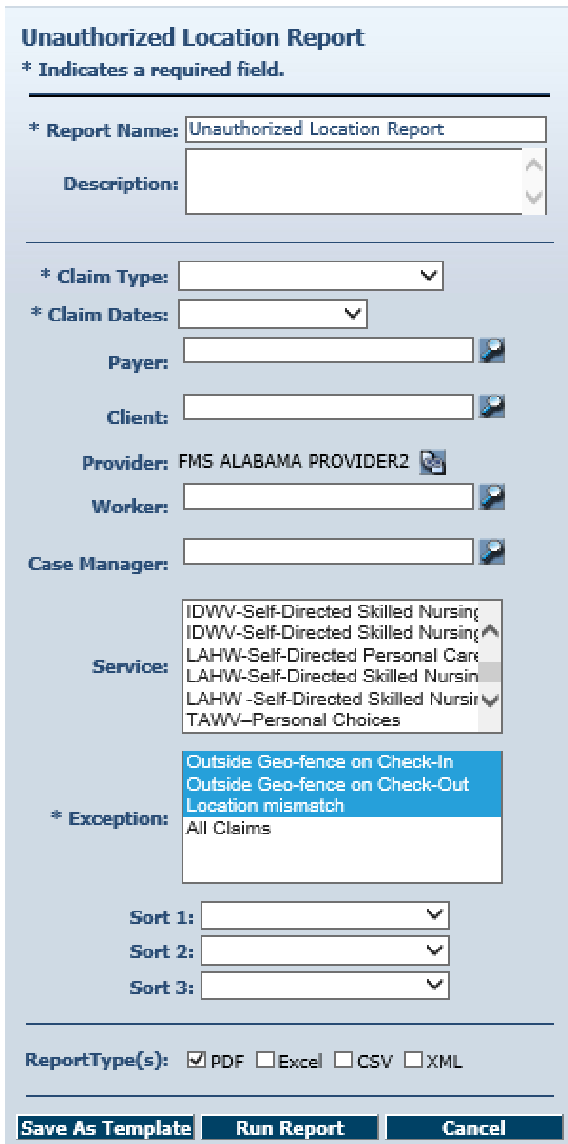
Provider Id : 80000000101 Provider Name: TEST PROVIDER BRANCH 1
Worker Id : 599530 Worker Name : WORKER, TEST

Claim Number	Client ID	Client Name	Date of Service	Service	Worker Name	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Actual Amount	Auth Amount	Export Date	Exceptions	Payer Name	External ClientID
903	8012399999911	TEST, CLIENT1	07/01/2017	TAWVX9999	WORKER, TEST	599530	12:00AM		1	1	0.00	0.00		C6, C1, E1	ALABAMA	
901	8012399999911	TEST, CLIENT1	07/01/2017	ACTWS5130TFUB	Testing, Test2	599530	8:00AM	9:00AM	4	4	14.24	14.24		C6, C1, E1, C8	ALABAMA	
902	8012399999911	TEST, CLIENT1	07/07/2017	ACTWS5130TFUB	WORKER, TEST	599530	8:00AM	9:00AM	4	4	14.24	14.24		C6, E1	ALABAMA	
899	8012399999912	TEST, CLIENT2	07/19/2017	IDWVS9124UC	Testing, Test2	599530	3:00PM	4:00PM	1	0	0.00	0.00		A1, C6, C1, E1	ALABAMA	
898	8012399999911	TEST, CLIENT1	07/20/2017	LAHWS9124UD	Testing, Test2	599530	1:00PM	2:00PM	1	0	0.00	0.00		A1, C6, C1, E1	ALABAMA	
								Worker Total :	11	9	28.48	28.48				

13.5.17 Unauthorized Location Report

The Unauthorized Location Report will provide ready access to a list of 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 Alabama Medicaid staff 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 patterns of inappropriate or questionable care by specific workers.



If the worker’s check-ins/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 as displayed here has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

An example of the Unauthorized Location Report is shown below.

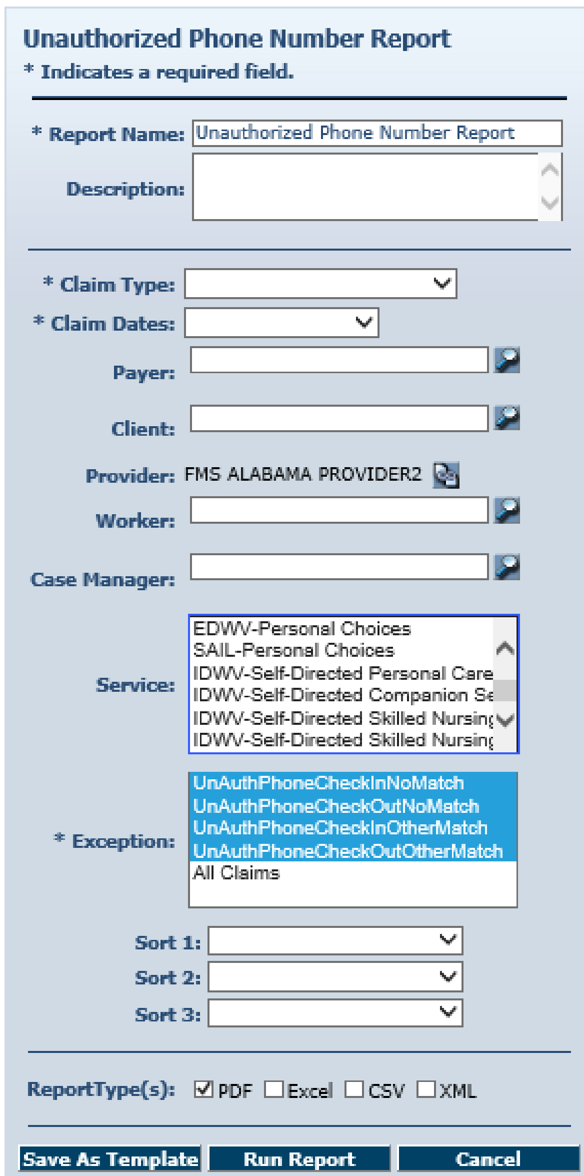
Provider Id : 12345678901			Provider Name: TEST ALABAMA PROVIDER									
Worker Id : 623428			Worker Name : Worker for ADSS, IOS									
Claim Number	Client ID	Client Name	Service	Exceptions	Date of Service	Check In	Check Out	Units	Check In Location Latitude	Check In Location Longitude	Check Out LocLatitude	Check Out LocLongitude
454	3234432112343	Testclient11, PK	ACTWS5150TF UB	C1, E1, L1, L2	6/13/2017	4:03 PM	4:04 PM	0	39.27236400	-84.37275400	39.27235900	-84.37275100
455	3234432112343	Testclient11, PK	ACTWS5150TF UB	L1	6/14/2017	10:55 AM		0	39.27237000	-84.37272300	0.00000000	0.00000000
456	3234432112343	Testclient11, PK	ACTWS5150TF UB	E1, L1	6/14/2017	10:56 AM		0	39.27232600	-84.37276800	0.00000000	0.00000000

13.5.18 UNAUTHORIZED PHONE NUMBER REPORT

The Unauthorized Phone Number 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 or State Administrative User to:

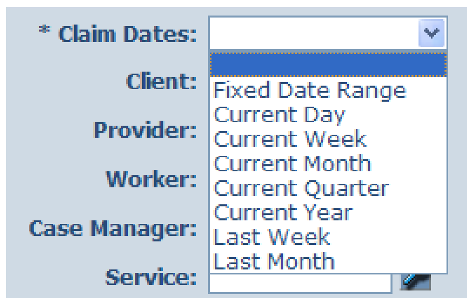
- Identify workers making calls from outside the home.
- Identify phone numbers that have changed and need updating in AuthentiCare Alabama.

The Unauthorized Phone Number Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

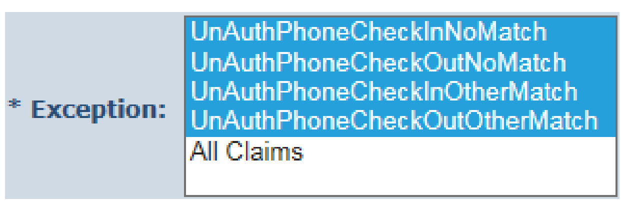


Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

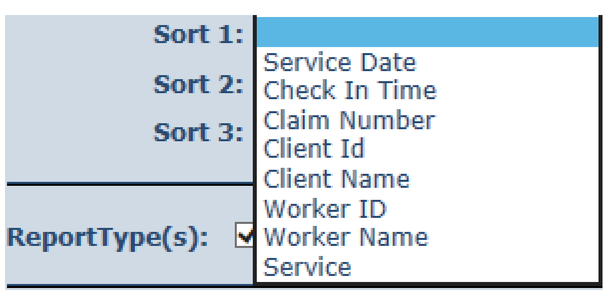
Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).



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; not just the ones with Unauthorized phone number exceptions.



Additional filter criteria include Client, Provider, Worker, Case Manager, 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.



An example of the Unauthorized Phone Number Report is shown below.

AuthentiCare® Unauthorized Phone Number Report

Report Date: July 26, 2017 04:39:44 PM
Date Range: 2017-06-01 to 2017-06-30
Provider Id:
Worker Id:
Client ID:

Total Records: 40
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception:G1,G2,G3,G4

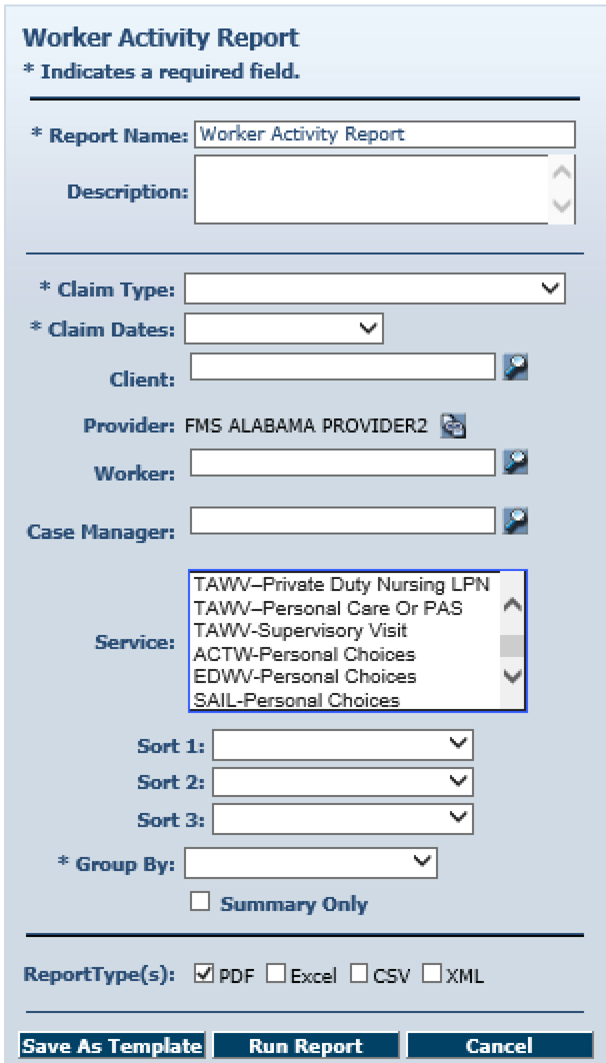
Provider Id : 200000001 **Provider Name: TEST ALABAMA PROVIDER**

Worker Id : 417 **Worker Name : Roberts, Jim**

Claim Number	Client ID	Client Name	SVC	Exceptions	Date of Service	Check In	Check Out	Units	Check In Phone	Matches Id / Name	Check Out Phone	Matches Id / Name
684	1000000000001	Lewis, Jerry	SAILS5125UB	E1, G1	6/1/2017	11:58AM		0	5138788117	Not Found		
685	1000000000001	Lewis, Jerry	SAILS5125UB	E1, G1	6/1/2017	2:47PM		0	5138788117	Not Found		

13.5.19 Worker Activity Report

The Worker Activity Report is used for monitoring purposes, or can be used by providers to determine workers' activities for a given time period. Much like the Provider Activity Report, the Worker Activity Report has great detail and can be used to validate workers' service and time of service to clients.



The Worker Activity Report as displayed in the screenshot above has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running the report.

An example of the Worker Activity Report is shown below.

AuthentiCare® Worker Activity Report

Report Date: July 26, 2017 10:12:27 AM
Date Range: 7/1/2017 to 7/31/2017
Provider Id: 80000000101
Worker Id:
Client ID:

Total Records Returned: 10

Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service
Sort by:
Case Manager Id:
Service: All

Provider Id : 80000000101 **Provider Name: TEST PROVIDER BRANCH 1**

Client Name : TEST, CLIENT1 A

Claim Number	Worker ID	External Worker ID	Worker Name	Date of Service	Service	Activity Code(s)	Check In	Check Out	Time Worked	Actual Units	Notes
903	599530		WORKER, TEST	07/01/2017	TAWVX9999		12:00AM		0:00	1	
901	599530		Testing, Test2	07/01/2017	ACTWS5130 TFUB	88,11	8:00AM	9:00AM	1:00	4	Test
902	599530		WORKER, TEST	07/07/2017	ACTWS5130 TFUB	77,11	8:00AM	9:00AM	1:00	4	Adding Mileage and Travel Time.added SUP.confirm billing
898	599530		Testing, Test2	07/20/2017	LAHWS9124 UD		1:00PM	2:00PM	1:00	1	
								Worker Total :	**3:00**	**10**	

Provider Id : 80000000101 **Provider Name: TEST PROVIDER BRANCH 1**

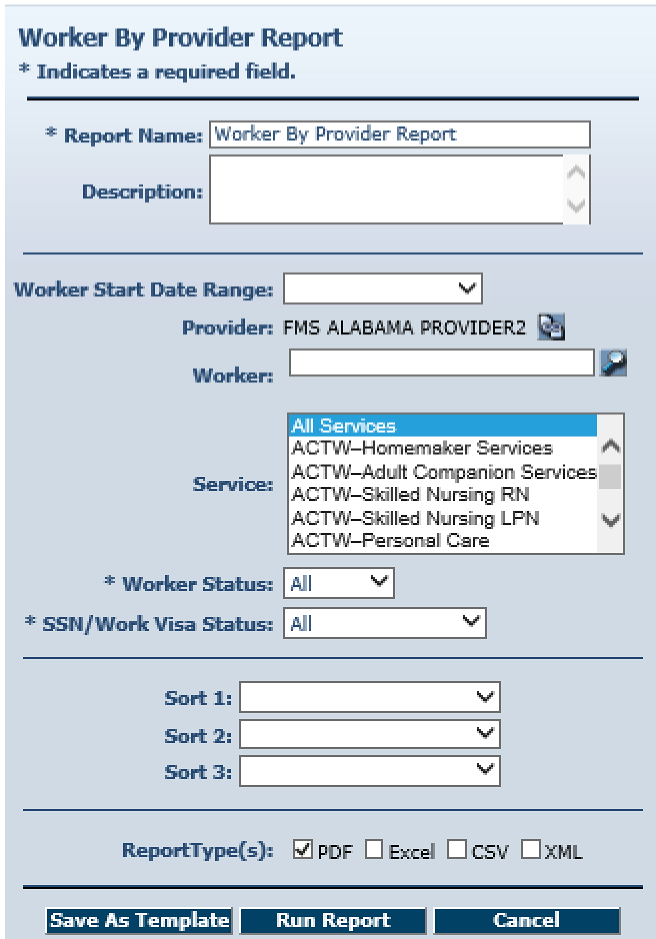
Client Name : TEST, CLIENT1 A

Claim Number	Worker ID	External Worker ID	Worker Name	Date of Service	Service	Activity Code(s)	Check In	Check Out	Time Worked	Actual Units	Notes
889	115706		tester, test 4	07/14/2017	EDWVS5135 UA	71,55	7:00AM	8:00AM	1:00	4	Client's mobile phone is not working.
896	115706		tester, test 4	07/20/2017	LAHWS9124 UD		1:00PM	2:00PM	1:00	1	
								Worker Total :	**2:00**	**6**	
								Client Total :	**6:00**	**16**	

13.5.20 WORKERS BY PROVIDER REPORT

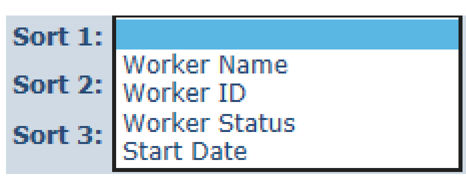
The Workers by Provider Report is used for monitoring purposes, or can be used by providers to determine workers that are currently employed to provide care. Other uses of the report include determining worker to client ratios or validating that all workers employed by the provider are registered in the system.

The Workers By Provider Report as displayed in the screenshot below has filter criteria of **Worker Status**. Select from “All”, “Active”, or “Inactive.”



Additional filter criteria include Worker Start Date Range, Provider, Worker and Service.

If desired, you may also select sort criteria which include Worker Name, Worker ID, Worker Status, and Start Date. This determines the order of the data.



An example of the Workers by Provider Report is below.

AuthentiCare® Workers by Provider Report

Report Date: July 26, 2017 10:36:06 AM

Provider ID: 80000000101

Worker ID:

Total Records Returned: 5

Filtered By: Worker Start Date Range, Provider ID, WorkerStatus, Service

Sort by:

Worker Status: All

Service: All

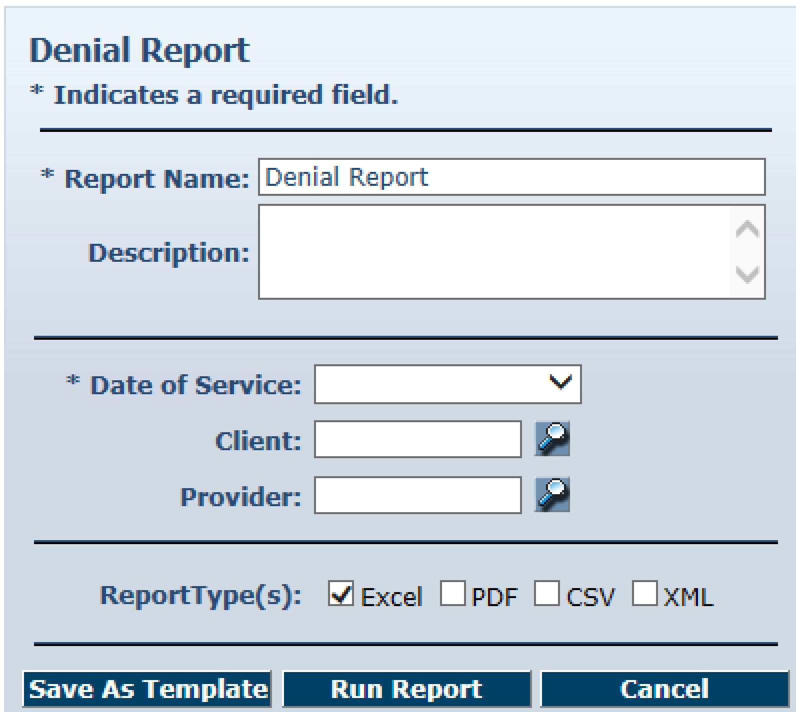
Provider Name : TEST PROVIDER BRANCH 1			Provider ID : 80000000101		Provider Service: ACTWX9999,530WX9999,EDWVX9999,SAILX9999,IDWVX9999,LAHWX9999,TAWVX9999	
Worker Id	**Worker SSN**	**Worker Name**	**Start Date**	**Termination Date**	**Sanctions**	**Worker Service**
966067		Inactivate me, Test				
013258		tester, test 3				
115706		tester, test 4				ACTWS5130TFUB,ACTWS5135TFUB,ACTWS9123TFUB,ACTWS9124TFUB,ACTWT1019TFUB,ACTWT1

13.5.21 DENIAL REPORT

The Denial Report displays the Denied Claims from the DXC proprietary BRF file with the BRF Error codes for Provider agencies to view the denial claims with the corresponding reason codes and descriptions.

BRF files are received daily from DXC two to three hours after the 837 files are transmitted to DXC for the following waivers: ACTW, EDWV, SAIL and TAWV. There is no BRF file or information received for the ADMH IDWV and LAHW waivers.

The Denial Report displayed below only requires filter criteria for **Date of Service** when running the report.



Select the **Date of Service** from the dropdown for Current Day, Current Week, Current Month, Current Year, 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 and Provider.

An example of the Denial Report is shown below.

AuthentiCare® Denial Report

Report Date: March 25, 2019 04:17:25 PM

Service Date Range: 2/1/2019 to 2/28/2019

Filtered By: Service Date Range, Provider ID, Client ID

Provider ID: 999999992

Client ID: 5990000001034

MMIS Claim #	BRF First Date of Service	Client ID	Client Name	AuthentiCare Provider Id	Rendering Provider Name	BRF Provider Medicaid Id	BRF Total Billed($)	BRF Total Payment($)	Submit to MMIS	BRF Claim Status	BRF Total Detail Count	BRF Error Count
2019070001001	02/23/2019	5990000001034	Client, Test 1	999999992	Test ADSS Provider2	169638	20.70	0.00	03/11/2019	D	1	2

Claim ID	Service	Date of Service	Worker ID	Worker Name	Case Manager ID	Case Manager Name	Detail Number	Error Code Status	Error Code	Error Message
3184	ACTWS9124TFUB	02/23/2019	096841	1, wkr	S01280116	Case Manager, Test 1	0000	D	4040	PRIMARY DIAGNOSIS CODE NOT ON FILE
3184	ACTWS9124TFUB	02/23/2019	096841	1, wkr	S01280116	Case Manager, Test 1	0001	D	0223	MISSING DIAGNOSIS INDICATOR

MMIS Claim #	BRF First Date of Service	Client ID	Client Name	AuthentiCare Provider Id	Rendering Provider Name	BRF Provider Medicaid Id	BRF Total Billed($)	BRF Total Payment($)	Submit to MMIS	BRF Claim Status	BRF Total Detail Count	BRF Error Count
2019071001001	02/26/2019	5990000001034	Client, Test 1	999999992	Test ADSS Provider2	169638	20.72	0.00	03/12/2019	D	1	2

Claim ID	Service	Date of Service	Worker ID	Worker Name	Case Manager ID	Case Manager Name	Detail Number	Error Code Status	Error Code	Error Message
3185	ACTWS9124TFUB	02/26/2019	096841	1, wkr	S01280116	Case Manager, Test 1	0000	D	4040	PRIMARY DIAGNOSIS CODE NOT ON FILE
3185	ACTWS9124TFUB	02/26/2019	096841	1, wkr	S01280116	Case Manager, Test 1	0001	D	0223	MISSING DIAGNOSIS INDICATOR

Chapter 14 Ongoing User Support and Training

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 Alabama. As with most documents of this type, searching by topic is often the first step.

1. If you are unable to solve your problem by using this manual, you can call First Data Client Support services at 1-800-441-4667, Option 5, or email authenticare.support@firstdata.com for assistance.
2. For user support regarding questions for the State, contact Alabama Medicaid.

14.1 Training URL and Phone

1. For training your staff, a Training website and Training IVR are available 24/7 and mirror the production web and IVR. The URL for the **Training website** is https://uat.authenticare.com/alabama.
2. The toll-free phone number for the Training (TEST) IVR is 1-888-852-7846; App Code 767.

14.2 Production URL and Phone

1. The URL for the **Production website** is https://www.authenticare.com/alabama.
2. The toll-free phone number for the Production IVR is 1-800-422-3886.

Chapter 15 APPENDIX A.1: SERVICE CODES

The IVR plays the services applicable in the order of authorized first, Supervisory Visits and any remaining services from the provider's list.

Service Identifier	Service Name	Checkout Window (Max.)	Service Identifier	Service Name	Checkout Window (Max.)
ACT (Alabama Community Transition Waiver)			530 (HIV/AIDS Waiver)		
ACTWT1019TFUB	ACT Personal Care	12 hours	530WS5130U6	Five-thirty Homemaker Service	12 hours
ACTWS5130TFUB	ACT Homemaker Service	12 hours	530WT1019U6	Five-thirty Personal Care	12 hours
ACTWS5150TFUB	ACT Unskilled Respite	12 hours	530WS5150U6	Five-thirty Unskilled Respite	12 hours
ACTWT1005TFUB	ACT Skilled Respite	12 hours	530WS5135U6	Five-thirty Companion Service	12 hours
ACTWS5135TFUB	ACT Companion Service	12 hours	530WT1005U6	Five-thirty Skilled Respite	12 hours
ACTWS9124TFUB	ACT Skilled Nursing LPN	12 hours	530WS9124U6	Five-thirty Skilled Nursing LPN	12 hours
ACTWS9123TFUB	ACT Skilled Nursing RN	12 hours	530WS9123U6	Five-thirty Skilled Nursing RN	12 hours
ACTWS5125TFUB	ACT Personal Assistant Services	12 hours	530WX9999	Five-thirty Supervisory Visit	12 hours
ACTWX9999	ACT Supervisory Visit	N/A			N/A
ACTWT1019TFHX	ACT Personal Choices	16 hours			
E & D (Elderly and Disabled Waiver)			SAIL (State of Alabama Independent Living Waiver)		
EDWVS5130UA	E and D Homemaker Service	12 hours	SAILT1019UB	SAIL Personal Care	12 hours
EDWVT1019UA	E and D Personal Care	12 hours	SAILS5125UB	SAIL Personal Assistant Services	12 hours
EDWVS5150UA	E and D Unskilled Respite	12 hours	SAILX9990	SAIL Face to Face Visit	12 hours
EDWVT1005UA	E and D Skilled Respite	12 hours	SAILX9999	SAIL Supervisory Visit	N/A
EDWVS5135UA	E and D Companion Service	12 hours	SAILT1019HXUB	SAIL Personal Choices	16 hours
EDWVX9999	E and D Supervisory Visit	N/A			
EDWVT1019UAHX	E and D Personal Services	16 hours			
ID (Intellectual Disabilities Waiver)			LAH (Living At Home Waiver)		
IDWVT1019UC	I.D. Personal Care	12 hours	LAHWT1019UD	L.A.H. Personal Care	12 hours
IDWVS5135UC	I.D. Adult Companion Services	12 hours	LAHW97535UD	L.A.H. Occupational Therapy	12 hours
IDWVS9124UC	I.D. Skilled Nursing LPN	12 hours	LAHWS9124UD	L.A.H. Skilled Nursing LPN	12 hours
IDWVS9123UC	I.D. Skilled Nursing RN	12 hours	LAHWS9123UD	L.A.H. Skilled Nursing RN	12 hours
IDWVT1019UCHW	I.D. Personal Care on Worksite	12 hours	LAHWT1019UDHW	L.A.H. Personal Care on Worksite	12 hours
IDWV99506UC	I.D. Injection	12 hours	LAHW99506UD	L.A.H. Injection	12 hours
IDWVX9999	I.D. Supervisory Visit	N/A	LAHWX9999	L.A.H. Supervisory Visit	N/A
IDWVT1019UCHN	I.D. Self Directed Personal Care	N/A	LAHW1019UDHN	L.A.H. Self Directed Personal Care	N/A
IDWVS5135UCHW	I.D. Self Directed Companion Services	N/A	LAHWS9123UDHW	L.A.H. Self Directed Skilled Nursing RN	N/A
IDWVS9123UCHW	I.D. Self Directed Skilled Nursing RN	N/A	LAHWS9124UDHW	L.A.H. Self Directed Skilled Nursing LPN	N/A

Service Identifier	Service Name	Checkout Window (Max.)	Service Identifier	Service Name	Checkout Window (Max.)
ACT (Alabama Community Transition Waiver)			**530 (HIV/AIDS Waiver)**		
IDWVS9124UCHW	I.D. Self Directed Skilled Nursing LPN	N/A			
TA (Technology Assisted Waiver For Adults)					
IDWVS9124U5	T.A. Waiver Private Duty Nursing LPN	18 hours	IDWVT1019U5	T.A. Waiver Personal Care/Attendant Services	12 hours
IDWVS9123U5	T.A. Waiver Private Duty Nursing RN	18 hours	IDWVX9999	T.A. Waiver Supervisory Visit	N/A
TAWVT1019U5HX	T.A. Waiver Personal Choices	16 hours			

APPENDIX A.2: ACTIVITY CODES FOR SELECTED SERVICES

ACTIVITY CODES

If a service is associated with activity and/or observation codes, the user is required to enter/select at least one of each while checking-out the visit.

Listed below are the activity and observation codes corresponding to the AuthentiCare services:

Service Name	Activity (Tasks) Name	Activity ID
Homemaker Services (ACT, E & D and 530 waivers) **S5130TFUB, S5130UA, S5130U6**	Make bed/Change linen	11
	Dust/Sweep/Vacuum	12
	Clean/Defrost refrigerator	13
	Clean stove/oven	14
	Damp mop	15
	Wash dishes	16
	Empty trash	17
	Meal/Snack preparation	18
	Clean bathroom	19
	Clean living area	20
	Wash/Dry clothes	21
	Iron/Mend clothes	22
	Prescribed diet – assist	23
	Grocery shopping	24
	Pick up medications	25
	Remind to take meds	26
	Pay bills	27
	Phone – assist with use	28
	Letters – read/write/mail	29
	Observe/Report on client	30
	Ensure home safety	31
	Other	32
Personal Care Services (ACT, E & D, 530, SAIL and TA waivers) **T1019TFUB, T1019UA, T1019U6, T1019UB, T1019U5**	Bathe client	35
	Skin/Hair/Oral	36
	Nail care	37
	Shave	38
	Dress client	39
	Bowel/Bladder	40
	Turn client	41
	Make bed/Change linen	42
	Observe/Report on client	43
	Meal/Snack preparation	44
	Feed client	45
	Housekeeping – light	46
	Laundry – light	47
	Transfer – bed/chair	48
	Ambulation – assist	49
	Toileting/Continence	50
	Medications – remind	51
	Ensure home safety	52
	Other	53
Adult Companion Services	Supervise/Observe	55
	Housekeeping – light	56
	Laundry – assist/sup	57

Service Name	Activity (Tasks) Name	Activity ID
(ACT, E & D and 530 waivers) S5135TFUB, S5135UA, S5135U6	Bathe/Groom/Hygiene	58
	Toileting/Continence	59
	Meal/Snack – remind	60
	Medications – remind	61
	Grocery – accompany	62
	Medical – accompany	63
	Ensure home safety	64
	Other	65
Unskilled Respite (ACT, E & D and 530 waivers) S5150TFUB, S5150UA, S5150U6	Make bed/Change linen	105
	Meal/Snack preparation	106
	Dust/Sweep/Vacuum	107
	Damp mop	108
	Clean/Defrost refrigerator	109
	Clean stove/oven	110
	Wash dishes	111
	Clean bathroom	112
	Clean living area	113
	Bathe/Groom/Hygiene	114
	Skin/Hair/Oral	115
	Nail care	116
	Shave	117
	Dress client	118
	Empty trash	119
	Wash/Dry clothes	120
	Iron/Mend clothes	121
	Phone – assist with use	122
	Medications – remind	123
	Prescribed diet – assist	124
	Letters – write & mail	125
	Ambulation – assist	126
	Transfer – bed/chair	127
	Toileting/Continence	128
	Turn client	129
	Observe/Report on client	130
	Ensure home safety	131
	Orient to daily events	132
	Other	133
Skilled Respite (ACT, E & D and 530 waivers) T1005TFUB, T1005UA, T1005U6	Supervise/Observe	135
	Bathe client	136
	Skin/Hair/Oral	137
	Nail care	138
	Shave	139
	Dress client	140
	Bowel/Bladder	141
	Turn client	142
	Make bed/Change linen	143
	Orient to daily events	144
	Other skilled needs	145
	Meal/Snack preparation	146
	Feed client	147
	Housekeeping – light	148
	Laundry – light	149
	Transfer – bed/chair	150
	Ambulation – assist	151

Service Name	Activity (Tasks) Name	Activity ID
	Administer medications	152
	Observe/Report on client	153
	Ensure home safety	154
Private Duty Nursing (RN, LPN) (TA waiver) **S9123U5** **S9124U5**	Administer medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist	160
	Provide education and training designed to maintain access to an appropriate level of health care.	161
	Administer skilled services as ordered by the physician	162
	Evaluate effectiveness of nursing services and report changes in client's condition as warranted	163
	Provide skilled medical observation, monitor client's physical mental or emotional conditions and report any changes	164
	Orient the client to daily events	165
	Observe home safety to include home's surroundings and report concerns to case manager	166
	Accompany client to medical appointments, if necessary	167
	In emergency accompany client to ER via ambulance	168
	Bathe client	169
	Grooming – skin/hair/oral care	170
	Nail care	171
	Toileting/Continence	172
	Dress client	173
	Turn client	174
	Feed client	175
	Suction	176
	Transfer assist – bed/chair	177
	Ambulation – assist	178
	Other	179
Skilled Nursing (RN, LPN) (ACT and 530 waivers) **S9123TFUB, S9124TFUB, S9123U6, S9124U6**	Administer medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist	180
	Provide education and training designed to maintain access to an appropriate level of health care.	181
	Administer skilled services as ordered by the physician	182
	Evaluate effectiveness of nursing services and report changes in client's condition as warranted	183
	Provide skilled medical observation, monitor client's physical mental or emotional conditions and report any changes	184
	Orient the client to daily events	185
	Observe home safety to include home's surroundings and report concerns to case manager	186
	Accompany client to medical appointments, if necessary	187
	In emergency accompany client to ER via ambulance	188
PAS (ACT and SAIL waivers) S5125TFUB, S5125UB	Essential Shopping	189
	Transportation to and from work	190
	Eating	191
	Toileting	192
	Medication monitoring	193
	Entering or exiting doors	194
	Other	195

OBSERVATION CODES

Observation Codes		
Applicable to only those services referenced above with activity codes	No observations to report	70
	Plan of care does not meet client needs	71
	Difficulty with walking, balance, or transferring	72
	Difficulty getting in or out of bed	73
	Difficulty grooming or bathing self	74
	Difficulty with dressing self	75
	Difficulty managing toileting hygiene	76
	Difficulty with feeding self	77
	Difficulty with fixing or reheating meals or snacks	78
	Difficulty with taking medication by mouth	79
	Recent emergency treatment due to improper medication administration or side effects	80
	Shortness of breath when walking	81
	Skin breakdown, open areas, bedsores, or rash	82
	Weight loss	83
	Decreased appetite	84
	Weight gain	85
	Swelling of legs or feet	86
	Difficulty speaking clearly or being understood	87
	Difficulty using the telephone	88
	Increased Level of Pain	89
	Increased Anxiety Level	90
	Behavioral problem such as yelling, spitting, or getting lost	91
	Difficulty sleeping	92
	New problems with vision	93
	New problems with forgetfulness	94
	Recent falls	95
	Recently admitted to hospital	96
	Recently in emergency room	97
	Upcoming surgeries	98
	Emergency preparedness—Evacuation	99
	Other concern(s) not otherwise specified	100

Chapter 16 APPENDIX A.3: CLAIM EXCEPTION CODES

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 Alabama for the service, date, client, and/or provider.	Wait for the authorization to be loaded from the Operating Agencies. AuthentiCare Alabama will automatically recalculate when a valid authorization is entered.
A3	Authorization Exhausted Before Claim	All authorized units were used *before* this claim was calculated.	There are not enough authorized units to cover the claim. If additional authorized units are entered, the system will recalculate and remove this exception.
C1	Billing Confirmation	The claim has not been confirmed for billing.	Complete billing confirmation. See Section 12.7 and 12.8 for instructions.
C2	Duplicate Claim	The claim data already exists in AuthentiCare Alabama system.	As a duplicate, it cannot be submitted for payment. Refer to Section 12.2, claims corrections, for the steps needed to have this claim deleted. Duplicate Claim exception is applied to a claim if there is already a completed claim in the system (with both check-in/check-out for time-based services and check-in for unit-based services) with the same Provider, Client, Worker, and Service and within 10 minutes (+/-) from the current claim's check-in/check-out time.
C8	Missing Supervisory Visit	This claim has been filed for a client prior to him/her receiving the Supervisory Visit.	A claim must be created for 'Supervisory Visit' within the past 'x' number of days if it does not already exist.

Code	Exception	Definition	What do I need to do?
I2	Ineligible Worker	The worker is not eligible to deliver services based on his/her begin and end dates or active/inactive 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 Alabama will automatically recalculate if the worker's eligibility status changes.
I3	Ineligible Client	This claim has been filed for a service using a client who is not eligible to receive it.	If you verify that this information is correct, the claim cannot be submitted.
O1	Overlapped Worker	The worker is providing more than one service at the same time.	There should not be any overlap of claims for the same worker. If one of the overlapped claims is modified and the exception is removed on it then the corresponding overlapped claim(s) will automatically be pinged to get reprocessed by the back-end process. This exception can be viewed via Reports or via the Exception Dashboard by accessing the **Other** list.
	Missing Claim Attestation	This claim does not have an attestation	Claims that contain self-directed service visits require employer confirmation through mobile or IVR attestation. If the employer is unable to attest to the claim, the provider can override the critical exception by confirming the claim online and adding a note to indicate why they attested on the employers behalf. This will result in an information exception noting that attestation was not completed by the employer.

INFORMATIONAL (NON-CRITICAL) EXCEPTIONS

Info 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.

Code	Exception	Definition	What do I need to do?
A2	Authorization Exhausted On Claim	Indicates the authorization was exhausted (authorized units used up) *while* this claim was being calculated.	There are not enough authorized units to cover the claim. If additional authorized units are entered, the system will recalculate and remove this exception. If no more units are available, the provider may edit the claim to match the authorized units so the claim can be submitted for payment.
C6	Claim Entered Via Web	This identifies a claim record is being created on the web.	This exception is applied when a claim is entered via AuthentiCare web.
C7	Claim Edit to Increase Units	This identifies a claim record has been edited on the web and it increased the number of units from the original check in/out calculation.	This occurs when the actual units on the claim increases due to the edits to the start/end time. Filling in a missing check-in or check-out will also receive this exception. Once applied, this exception will stay irrespective of the subsequent edits.
E1	Event Matching	This claim 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.

Code	Exception	Definition	What do I need to do?
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 number in AuthentiCare Alabama this 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 number in AuthentiCare Alabama this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
L1	Location Mismatch – Check-In	The claim was filed by checking in from a mobile device where the check in location did not match the client's location.	No action required. You may want to check with the worker to understand why the client's location was not matched. Update the co-ordinates on client's record if incorrect.
L2	Location Mismatch – Check-Out	The claim was filed by checking out from a mobile device where the check-out location did not match the client's location.	No action required. You may want to check with the worker to understand why the client's location was not matched. Update the co-ordinates on client's record if incorrect.

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, correct the service entered for the claim.
C14	Missing Supervisory Visit Override	Missing Supervisory Visit exception overridden by the reviewer.	Client should receive Supervisory Visits regularly within the time range.
	Claim Attestation Override	This claim did not receive employer attestation	Claims that contain self-directed service visits require employer confirmation through mobile or IVR attestation. If the employer is unable to attest to the claim, the provider can override the critical exception by confirming the claim online and adding a note to indicate why they attested on the employers behalf. This will result in an information exception noting that attestation was not completed by the employer.

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 "autoupdate" (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.

Chapter 17 APPENDIX A.4: DESCRIPTION OF PROVIDER SUB-ROLES

Each provider agency has a broad Administrator role but there are relevant sub-roles that can be assigned to staff members with specific functions related to AuthentiCare Alabama and their day-to-day responsibilities.

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 and Worker 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. 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
IntakeAndReferral	Ability to add, edit and delete client information
Employer (Representative)	This user, added on the Employer Entity Settings page, can edit, and confirm claims for the client the employer represents.

Chapter 18 Appendix A.5: AAA Region Codes (ADSS Only)

Below is an ADSS Reference Guide to identify the AAA Code based on the AAA Number.

AAA Number	AAA Region Code	AAA Region Description	AAA - First 3 Characters of CM ID
01	**NACOLG**	North Central Alabama Regional Council of Governments	S01
02	**WARC**	West Alabama Regional Commission	S02
03	**M4A**	Middle Alabama Area Agency on Aging	S03
04	**EARPDC**	East Alabama Regional Planning & Development Commission	S04
05	**SCADC**	South Central Alabama Development Commission	S05
06	**ATRC**	Alabama Tombigbee Regional Commission	S06
07	**SARCOA**	Southern Alabama Regional Council on Aging	S07
08	**SARPC**	South Alabama Regional Planning Commission	S08
09	**CAAC**	Central Alabama Aging Consortium	S09
10	**LRCOG**	Lee-Russell Council of Governments	S10
11	**NARCOG**	North Central Alabama Regional Council of Governments	S11
12	**TARCOG**	Top of Alabama Regional Council of Governments	S12
14	**RPCGB**	Regional Planning Commission of Greater Birmingham	S14

Note: Code #13 is used by another agency in our network that does not provide waiver services