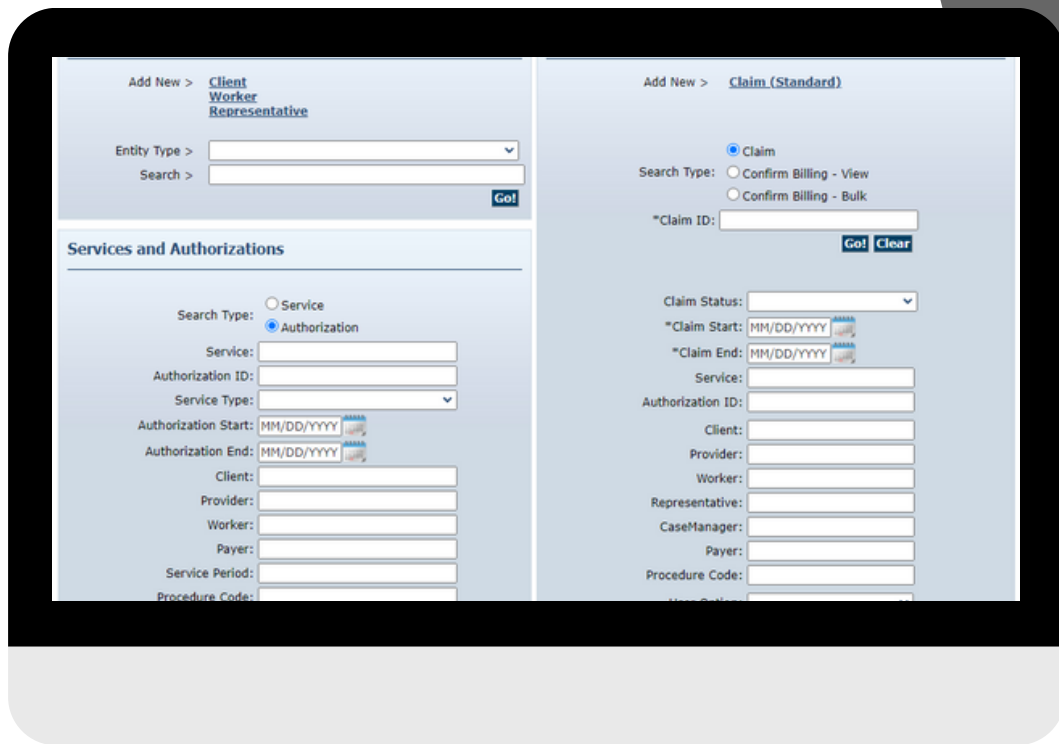


AuthentiCare New Hampshire



User Manual

Revision History

To verify that the document is the latest version, contact Fiserv Support at AuthentiCare.Support@Fiserv.com.

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1.0 Introduction

AuthentiCare is an Electronic Visit Verification (EVV) solution designed to assist states in complying with the regulations set forth by the 21st Century Cures Act. Through the web based AuthentiCare portal and its two check-in and check-out methods, agencies can seamlessly manage electronic visit verification, scheduling, reporting, and billing, thereby streamlining their daily operations. This manual is specifically intended for users who require guidance on managing worker, client, and claim information.

1.1 Points of Contact

To contact AuthentiCare Support:

- Email – AuthentiCare.Support@Fiserv.com
- Call – 1.800.441.4667 (Monday through Friday, 8:00 AM to 8:00 PM EST – excluding holidays)


For policy or billing questions, contact the New Hampshire DHHS:

- EVV email – evv@dhhs.nh.gov
- Email – nhproviderrelations@conduent.com
- Website – <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-provider-relations>




1.2 AuthentiCare Web Portal Functionalities

The AuthentiCare web portal offers a range of distinctive functions.

- **Hyperlinks:** The web portal features hyperlinks that allow users to navigate from their current location within the application to other pages within the web application. Both text and icon hyperlinks are available. When the cursor hovers over a hyperlink, it transforms from an arrow to a hand, indicating its clickable nature. With just a single click, users can access the linked page. Here's an example of a hyperlink:

ID	Status ▲	Client ID	Client Name	Date Range	Information
932	Authorize, ConfirmBillingForClaim	000000002	BRAVO,	08/01/2019 - 08/01/2019	

- **Hover Text:** The web portal incorporates a hover text feature that reveals additional information when the mouse cursor is placed over specific text. AuthentiCare leverages this function to provide users with supplementary details without the need to navigate to a separate page within the application.

Entity Search Results				
ID	Name	User Type	Information	Delete Selected
464243	Balquist, Brutus	Worker		<input type="checkbox"/>
777648	Boop, Betty	Worker		
330671	Mac, Big	Worker		

Additional Information	
ID:	464243
Full Name:	Balquist, Brutus
Home Address:	
Home Phone:	
Work Address:	
Work Phone:	
Date of Birth:	
Effective Date Start:	09/18/2023
Effective Date End:	
Medicaid ID:	
Email:	
SSN:	*****2323
Work Visa Number:	
Status:	Active

- **Icons:** when the cursor is placed on an icon, it triggers either a link to a new page or popup window that provides additional information. The web portal features various icons, including:



Looking Glass icon: is used within the web portal to search for values for fields that are linked to existing data in the system.



Information icon: is used in the web portal to provide users with more detailed data. When users place their mouse cursor over the information icon, it triggers hover text functionality.



Entity icon: is used within the web portal to provide a convenient link for viewing associated data related to a specific value displayed in a particular field.



Exception icon: view the exceptions encountered during a visit by hovering over the icon to display the text.



Run Report icon: Generate a report using a pre-existing report template.

1.3 User Manual Symbols

Sections in this manual may feature one of the following symbols:



Notes: the information presented in these boxes is designed to provide assistance and additional explanation of the material. They may include essential tips or hints for utilizing the system effectively.



Important: the information provided in these boxes emphasizes specific rules that are crucial for the correct operation of the system.



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

2.0 Accessing AuthentiCare

AuthentiCare is a web-based application. To log into the web application, open any internet browser and enter the following URL address: www.AuthentiCare.com/NHEVV

To login to AuthentiCare, one must have their:

- **Email Address (username):** To initially access AuthentiCare, Fiserv technical support must create an initial user account for an administrator. To simplify your account, you may want to use your email address as your account username. The user role assigned to the account will determine the level of access allowed within AuthentiCare and the types of transactions you can perform. For all providers, Fiserv technical support creates an initial user account for an NH Provider Administrator user and provides it to an administrator.
- **Password:** A password is also required to login to the AuthentiCare web portal. The initial password for the account will be temporarily assigned. A new, confidential password will need to be set upon the first-time logging into AuthentiCare. For more information about the password policy, refer to [section 2.2](#).

2.1 Login Page

The *Login* page is the initial screen that appears after typing in the URL address.

To log in to AuthentiCare, follow the steps below.

1. Enter your **Email Address (username)**.
2. Enter your **Password**. The password will appear as asterisks (*) as you type it.
3. Click **Submit**.



Caution: If you enter the email/password combination incorrectly three times, the following message: "The maximum number of failed login attempts has been reached. This user account has been disabled. Please contact your System Administrator for assistance." To unlock your account, contact the provider administrator or the AuthentiCare Help Desk at authenticare.support@fiserv.com or call 1.800.441.4667.

4. If this is your first-time logging into AuthentiCare, you will be directed to the *Create User Profile* page. On this page, you must enter all the necessary information, complete the CAPTCHA by typing the moving characters in the designated field, and click on the

Save button. Please note that required fields will be marked with an asterisk (*) next to the field name.



Important: Security questions serve as an alternative method for identifying users in case they forget their password. When users encounter a forgotten password scenario, AuthentiCare prompts them to answer a set of security questions.

5. A verification code is sent to the email address provided on the *Create User Profile* page.
6. Enter the code from the email address on the *Verify your email address* screen and click **Submit**.



Note: In case you did not receive the verification code or if the code is not accepted, select **Resend Code**. A correct verification code is needed to proceed.

7. The next step in the initial login process is to read and accept the User Agreement. Utilize the scroll bar located on the right side of the page to navigate to the bottom of the agreement. Once you have reviewed the agreement, click on either the **Accept** or **Deny** button to proceed.



Caution: Users must select the **Accept** button to proceed. If you choose to select the **Deny** button, you will not be permitted to complete the setup of your account.

- Once verification is complete and you have accepted the User Agreement, the *Homepage* displays. This page serves as the starting point of your interaction with the AuthentiCare system.

2.2 Passwords

AuthentiCare enforces strong password requirements to enhance security. As a new user, you will be prompted to change your password during your initial login process, as well as every 60 days as a security measure. Review the password guidelines provided below:

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

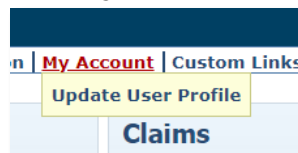


Note: The AuthentiCare Help Desk (authenticare.support@fiserv.com, 1.800.441.4667) can reset passwords.

2.2.1 Change Password

To change passwords in AuthentiCare, follow the steps below.

- Click **Update User Profile** from the **My Account** submenu.



- The *Update User Profile* screen displays.
- Click **Change Password**.

Update User Profile

* Indicates a required field.

Edit

* First Name:

Middle Name:

* Last Name:

* Mobile phone number:

* Email Address:

Change Password

* Username: nhtrain@train.com

* Password:

* Confirm Password:

4. Enter your **Existing Password** in the field provided.
5. Enter the **New Password** in the field provided.
6. Re-enter your new password in the **Confirm New Password** field.
7. Click **Submit** at the bottom of the page to complete the change.

Change Password

Please enter your existing password, then enter your new password and confirm to change your current password.

* Existing Password:

* New Password:

* Confirm New Password:

Submit

2.2.2 Password Change Reminder

In the AuthentiCare system, password expiration is enforced every 60 days for security purposes. When a user logs in and their password is set to expire within the next 5 days, the system displays a Password Change Reminder. This reminder is presented to the user until either the password expires or is changed.

The *Password Change Reminder* will provide the user with the option to select **Yes** to initiate the password change process or **No** to bypass it at that moment. However, once the designated number of days has elapsed and the password has expired, the user will be required to change their password to log in to AuthentiCare.

When resetting a password, the password must follow the strong password guidelines outlined in [Section 2.2](#).

2.2.3 Password Reset Instructions

If you have forgotten your password and need to reset it, follow the steps below.

1. Click the **Forgot Password** button on the AuthentiCare web portal login screen.

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

* Indicates a required field.

* Email Address:

* Password:

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

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

* Confirm Email Address:



Type the moving characters

[Submit](#) [Cancel](#)

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

Follow the prompts to reset password

What was your first pet's name:



Type the moving characters

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

4. An email is sent with instructions to reset your password.

2.3 Username Recovery Instructions

If a username needs to be recovered, follow the steps below.

1. Click the **Forgot Username** button on the AuthentiCare Web Portal login screen.

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

* Indicates a required field.

* Email Address:

* Password:

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

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



* Confirm Email Address:



Type the moving characters

3. An email is sent with your username.

3.0 System Navigation

Upon logging in to AuthentiCare, all users will be directed to the Home page. This page includes three primary sections: Entities, Services and Authorizations, and Claims. Additionally, a main menu toolbar is available to users, enabling seamless navigation throughout the web portal.

3.1 AuthentiCare Home Page

After a successful login, the *Home* page is displayed, which may vary in appearance based on the user's role. The *Home* page provides access to multiple functionalities. It consists of three main sections:

- **Entities** – Users can search Individual or agencies involved in providing care, such as their provider agency, workers, clients and representative if applicable.
- **Services and Authorizations** – users can verify personal care, respite, and agency attendant care authorizations.
- **Claims** – Each service captured by a mobile device, the IVR or entered via the web generates a claim. AuthentiCare automatically assigns a unique claim ID to each claim. Claims can also be confirmed for billing.

The screenshot displays the AuthentiCare Home Page interface, divided into three main sections:

- Entities (Red border):**
 - Add New > [Client](#), [Worker](#), [Representative](#)
 - Entity Type > [Dropdown menu]
 - Search > [Text input field]
 - [Go! button]
- Services and Authorizations (Green border):**
 - Search Type: Service, Authorization
 - Service: [Text input field]
 - Authorization ID: [Text input field]
 - Service Type: [Dropdown menu]
 - Authorization Start: [MM/DD/YYYY date picker]
 - Authorization End: [MM/DD/YYYY date picker]
 - Client: [Text input field]
 - Provider: [Text input field]
 - Worker: [Text input field]
 - Payer: [Text input field]
 - Service Period: [Text input field]
 - Procedure Code: [Text input field]
 - [Go! Clear buttons]
- Claims (Orange border):**
 - Add New > [Claim \(Standard\)](#)
 - Claim
 - Search Type: Confirm Billing - View, Confirm Billing - Bulk
 - *Claim ID: [Text input field]
 - [Go! Clear buttons]
 - Claim Status: [Dropdown menu]
 - *Claim Start: [MM/DD/YYYY date picker]
 - *Claim End: [MM/DD/YYYY date picker]
 - Service: [Text input field]
 - Authorization ID: [Text input field]
 - Client: [Text input field]
 - Provider: [Text input field]
 - Worker: [Text input field]
 - Representative: [Text input field]
 - CaseManager: [Text input field]
 - Payer: [Text input field]
 - Procedure Code: [Text input field]
 - User Option: [Dropdown menu]
 - Include Inactive Claims?
 - [Go! Clear buttons]

3.2 Main Menu

The main menu toolbar is across the top of the page allows the user to navigate to different pages and perform various tasks within AuthentiCare.

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

Menu Option	Definition
Home	The <i>Home</i> screen will display.
Create	<p><i>Create new entities or claims.</i></p> <ul style="list-style-type: none"> • <i>New Claims:</i> This button allows provider agencies to create claims using the web portal as a backup claim creation method. • <i>New Client:</i> This button allows provider agencies to associate clients with providers when the service does not require an authorization. • <i>New Worker:</i> This button allows provider agencies to create workers. • <i>New Representative:</i> This button creates a new representative. Search to confirm the representative is not already in the system before adding the self-direct client or their representative via this link.
Reports	AuthentiCare includes robust reporting capabilities to assist in managing and monitoring clients, workers, schedules, and claims. Report access is set according to user role and reports are available 24/7 via the web.
Scheduling	<ul style="list-style-type: none"> • <i>Schedule Event:</i> To schedule one time or recurring visits for clients. • <i>View Calendar:</i> To view the schedule in a calendar format.
Dashboards	<p>Used to review EVV Data</p> <ul style="list-style-type: none"> • <i>Provider Dashboard:</i> Displays the status of claims and <i>today's scheduled status</i>. <i>Today's scheduled status</i> only available to users who have the Administrator, AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources sub-roles in the system. • <i>Worker Dashboard:</i> Provides information about today's scheduled events. • <i>Exceptions Dashboard:</i> Provides information about exceptions.
Visits	<i>Late and Missed Visits:</i> This menu item provides information on late and missed scheduled events.

Administration	<ul style="list-style-type: none">• <i>File Layout Designer:</i>• <i>File Upload:</i> Scheduling files can be uploaded into AuthentiCare in .xml file format.• <i>Search payer history</i>
My Account	Users can edit their user profile, <i>Change Passwords</i> , and update <i>Security questions</i> .
Custom Links	Access helpful external links and printable training resources.
Logout	Exits the user from the portal.

4.0 Viewing Provider Information

This section goes over how to search and view provider information in the AuthentiCare web portal. Provider information is imported from New Hampshire MMIS.

4.1 Search and View Provider Information

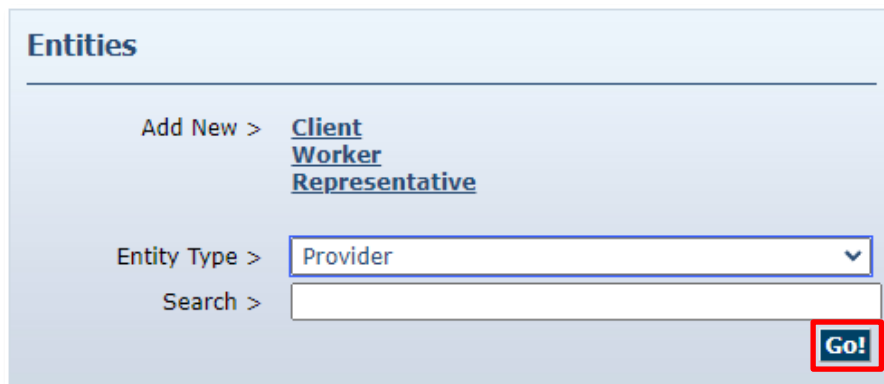
Within AuthentiCare, users can search for their provider information. Provider information cannot be edited. If any information is incorrect, contact the Provider Relations Unit for assistance via phone or email.

Phone: 603.223.4774 or 866.291.1674

Email: nhproviderrelations@conduent.com

The Provider Relations Unit will facilitate the necessary updates in the MMIS. To search for provider information, users can follow the steps outlined below:

1. Click the drop-down arrow on the *Entity Type* field and select **Provider**. Then click **Go!**



The screenshot shows a web interface titled "Entities". Under the heading "Add New >", there are three links: "Client", "Worker", and "Representative". Below this, the "Entity Type >" dropdown menu is open, showing "Provider" selected. To the right of the dropdown is a small downward arrow. Below the dropdown is a "Search >" text input field. In the bottom right corner of the form area, there is a red-bordered button labeled "Go!".

2. The *Provider Entity Settings* page displays.

Provider Entity Settings

* Indicates a required field.

ID: 3139432
 PIN: *****
 First Name: Future
 Middle Name:
 Last Name: EVV
 * Company Name: Future EVV
 SSN: *****6025
 FID: *****6025
 Gender:
 Birth Date:
 Email:
 Begin Date: 12/01/2023
 End Date: 12/31/0000
 Language:
 Status: Active
 Entity Qualifier: Individual
 NPI:
 * Provider Services:
 SP Private Duty LPN
 SP Private Duty LPN Nights/Weekend
 SP Private Duty LPN Intensive
 SP Personal Care Attendant Services
 SP PA Personal Care Attendant Services
 Taxonomy:

Mobile Enabled: Yes No
 Messaging Enabled: Yes No

Number	Device Id	Assignment

Mobile phone number:
 Device ID:
 Assignment:

Notes:

Entity Addresses/Phones

Add Address

* Address Type: Work

* Address Line 1:
 Address Line 2:
 * City:
 * State: NH * Zip: 03833

Add Phone

Phone Type: Phone Number
 Work

Registered Users

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

Add User

Holidays / Days Off

Add Holiday

From Date To Date

Work Hours

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

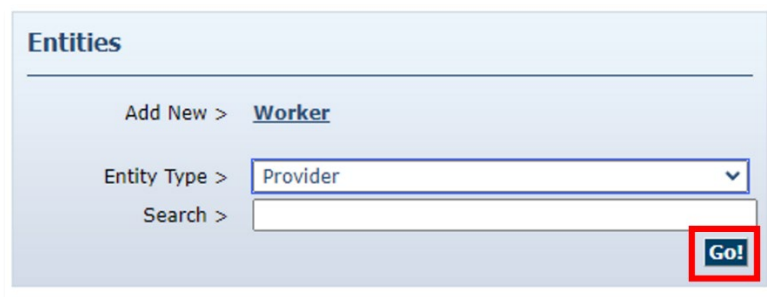
		Start Time	End Time
Sun	<input checked="" type="radio"/> Default <input type="radio"/> Off <input type="radio"/> Custom	12:00 AM	11:59 PM
Mon	<input checked="" type="radio"/> Default <input type="radio"/> Off <input type="radio"/> Custom	12:00 AM	11:59 PM
Tue	<input checked="" type="radio"/> Default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

5.0 Managing Users

The initial AuthentiCare Administrator for each provider agency is set up as a user by the AuthentiCare Helpdesk. It is important to have both a primary and a backup administrator who can add additional users.

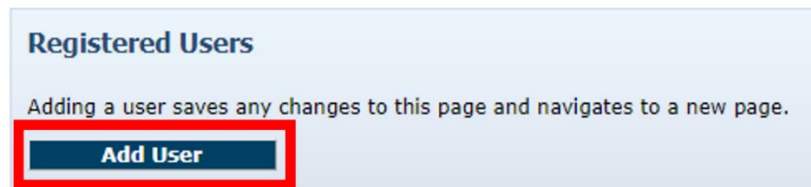
5.1 Registering New Users

1. From the **Entities** search section of the *Home* page, search for your agency by clicking the drop-down menu next to **Entity Type**. Select **Provider** then tap **Go!**



The screenshot shows the 'Entities' search interface. It includes a header 'Entities', an 'Add New >' dropdown menu currently showing 'Worker', an 'Entity Type >' dropdown menu showing 'Provider', and a 'Search >' text input field. A blue 'Go!' button is located at the bottom right of the form, highlighted with a red rectangular box.

2. The *Provider Entity Settings* page displays the provider information. Click **Add User** in the *Registered Users* section.



The screenshot shows the 'Registered Users' section. It features a header 'Registered Users' and a sub-header 'Adding a user saves any changes to this page and navigates to a new page.' Below this, a dark blue button with the text 'Add User' is highlighted with a red rectangular box.

3. The *Register* page displays. Type in the user's email address, full name, and temporary password for them to use when they login to AuthentiCare for the first time. Choose the appropriate role for the new user. Refer to [Section 5.2](#) for detailed descriptions on the rights of every role.

Register

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

* Email Address:

* Password:

* Confirm Password:

* User Roles:

- NH_Other_FMSVendor
- NH_Other_MCO
- NH_Other_TPA_Provider
- NH_Other_TPA_Vendor
- NH_Provider_AdminAssistant
- NH_Provider_Administrator
- NH_Provider_Claims_Administrator
- NH_Provider_ClaimsMott

Rights:

- Add Claims
- Edit Claims
- View Claims
- View Clients
- View Workers
- View Providers
- View Representatives
- Website Access



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

- Click **Register** to complete registration. Once completed, the *Home* page appears, and a message will display at the top left-hand corner once the registration was completed.



5.2 User Roles

Roles determine what screens display and what processes can be performed.

User Roles, Rights and Permissions	
Name	Rights
Provider_Administrator	Rights to manage all entities and claims. The Administrator can view the Provider and Worker Dashboards in addition to managing registrations from the <i>Provider Entity Settings</i> page. Note: AuthentiCare support assigns a log in and initial password for the first Administrator for the Provider who can then add/manage other Users.
Provider_AdminAssistant	Rights to do all functions the Administrator can do except the ability to add/edit registered users.

User Roles, Rights and Permissions	
Name	Rights
Provider_Payroll_Billing	Activities associated with billing and using AuthentiCare information for employee payroll, which includes adding and editing Claims as well as confirm billing. This roles' primary responsibility is resolving Claims with critical exceptions, and they can view the Provider and Worker Dashboards.
Provider_HumanResources	Activities associated with managing workers – importing, editing, and deleting workers and can access the Worker by Provider Report.
Provider 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 can run the Late and Missed Visits Report and Provider Activity Report. This role can also view the Worker Dashboard.
Provider Claims Mgt1	Can add and edit Claims
Provider Claims Mgt2	Can add, edit, and confirm Claims for submission for payment.
Provider Intake and Referral	Ability to edit client information
Provider Claim Administrator	Providers using AuthentiCare Data aggregator can only import Claims using this role.
Other MCO Claims Administrator	Can search services, search authorizations, add, edit and search claims and access reports.
Other FMS Vendor	Can search services, search authorizations, add, edit and search claims and access reports.
Other TPA Provider	Rights to manage all entities and claims. The Administrator can view the Provider and Worker Dashboards.
Other TPA Vendor	Vendors using AuthentiCare Data aggregator can only import Claim information using this role.

5.3 Edit Users

User duties within AuthentiCare can be changed through their user roles. Follow the steps below to modify a user's role.

1. From the *Home* screen, navigate to the *Provider Entity Settings* page clicking the *Entity Type* drop-down menu and selecting **Provider** and click **Go!**

The screenshot shows the 'Entities' page with the following fields:

- Add New > [Worker](#)
- Entity Type > Provider
- Search >
- Go!**

2. The *Provider Entity Settings* page displays. Under the *Registered Users* section, select the appropriate username to navigate to their user page.

The screenshot shows the 'User' page for 'Staphon Training' with the following fields and options:

- * Email Address:
- * User Full Name:
- Password:
- Confirm Password:
- User Must Change Password:
- User Account Disabled:
- Update Password** **Cancel**
- Multi User Role:
- Unrestricted Report Access:
- * User Roles:
 - NH_Other_FMSVendor
 - NH_Other_MCO
 - NH_Other_TPA_Provider
 - NH_Other_TPA_Vendor
 - NH_Provider_AdminAssistant
 - NH_Provider_Administrator
 - NH_Provider_Claims_Administrator
 - NH_Provider_ClaimsMgt1
- Rights:
 - Add Claims
 - Edit Claims
 - View Claims
 - Add Clients
 - Edit Clients
 - View Clients
 - Add Workers
 - Edit Workers
 - View Workers
 - Delete Workers
- Registrations:

Name	Type
Staphon Training (198765432A)	Provider
- Update User** **Cancel**

3. Use the *User Roles* menu to select the appropriate role and rights.
4. Click **Update User**.

5.4 Disabling Users

Disable the account of a user with AuthentiCare access promptly if they leave the agency, following the steps below:



Caution: Do not delete users, only disable users.

1. From the *Home* screen, navigate to the *Provider Entity Settings* page clicking the *Entity Type* drop-down menu and selecting **Provider** and click **Go!**

Entities

Add New > [Worker](#)

Entity Type >

Search >

Go!

- The *Provider Entity Settings* page displays. Under the *Registered Users* section use the scroll bar to move to the right.

Registered Users

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

Add User

User Name	Role	Registered On
	NH_Provider_Administrator	09/25/202
	NH_Provider_Administrator	09/27/202
	NH_Provider_Administrator	09/25/202
	NH_Provider_Administrator	09/26/202
	NH_Provider_Administrator	09/29/202

- Once the user has scrolled to the far right, the **Enabled** column will appear. Select the **Enabled** checkbox to the right of the user so no check mark remains.

Registered Users

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

Add User

	Role	Registered On	Enabled	Delete
'ANH.com	NH_Provider_Administrator	09/25/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n@PANH.com	NH_Provider_Administrator	09/27/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NH.com	NH_Provider_Administrator	09/25/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
)fiserv.com	NH_Provider_Administrator	09/26/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
:panh.com	NH_Provider_Administrator	09/29/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Click **Save** at the bottom of the *Provider Entities Settings* page.



6.0 Managing Worker Information

Workers are responsible for delivering services to clients. This section covers the following topics:




- Viewing and searching worker information
- Creating new workers
- Entering holiday and working hours for workers

6.1 View/Search Worker Information




1. On the *Home* page under the *Entities* Section click the *Entity Type* drop-down menu and select **Worker**. Enter the worker's last name or part of their last name or worker ID in the *Search* and click **Go!**

 A screenshot of the 'Entities' search interface. At the top, it says 'Entities'. Below that, there is a section for 'Add New' with three options: 'Client', 'Worker', and 'Representative'. The 'Worker' option is selected. Below this is a dropdown menu for 'Entity Type' with 'Worker' selected. To the right of the dropdown is a search input field containing the text 'bal'. At the bottom right of the search area is a blue 'Go!' button.


Note: Using the **Worker** option from the drop-down menu does not require a worker name or worker ID. Users can select the **Worker** option and select **Go!** to view search results for all workers associated with the provider agency.

Entity Search Results				
<u>ID</u>	<u>Name</u>	<u>User Type</u>	<u>Information</u>	<u>Delete Selected</u>
464243	Balquist, Brutus	Worker		<input type="checkbox"/>
777648	Boop, Betty	Worker		<input type="checkbox"/>
330671	Mac, Big	Worker		<input type="checkbox"/>

- If there is more than one worker with the same last name, click on the appropriate **Worker ID** in the column to the left.

Entity Search Results				
<u>ID</u>	<u>Name</u>	<u>User Type</u>	<u>Information</u>	<u>Delete Selected</u>
464243	Balquist, Brutus	Worker		<input type="checkbox"/>
777648	Boop, Betty	Worker		<input type="checkbox"/>
330671	Mac, Big	Worker		<input type="checkbox"/>

- The *Worker Entity Settings* page displays.

6.2 Create a Worker

To create workers in AuthentiCare, follow the steps below:



Note: Follow the [6.1 View/Search Worker Information](#) steps to make sure the worker is not already in the AuthentiCare web portal.

1. Hover over **Create** in the AuthentiCare main menu tool bar.



2. Select **New Worker** from the drop-down options.



3. Complete the *Worker Entity Settings* page by filling in all the required fields. On this page, you will find asterisk (*) next to the fields that must be filled out. These fields include:
 - a. First Name
 - b. Last Name
 - c. SSN (social security number)
 - d. Begin Date
 - e. Language
 - f. Worker Services
 - g. Mobile Enabled selection.

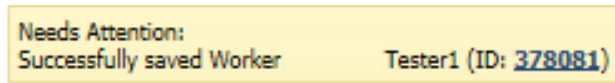


Note: Users can also use the **Worker** option listed next to *Add New* under the *Entities* section of the *Home* page to begin creating a new worker.

The screenshot shows the 'Entities' section of a web application. It features a dropdown menu labeled 'Add New >' with three options: 'Client', 'Worker', and 'Representative'. The 'Worker' option is highlighted with a red rectangular box. Below the dropdown are two input fields: 'Entity Type >' and 'Search >'. A 'Go!' button is located at the bottom right of the form area.

4. Choose either **Yes** or **No** for Mobile Enabled. If the worker will be using the mobile application to check-in and check-out of visits, then mobile enabled should be set to **Yes**; otherwise, it should be set to **No**. The page is defaulted to **No**. If **Yes**, review the [Mobile Application section](#) which includes details about setting up workers in mobile application.
5. It is a best practice and highly recommended that the user change their password rather than use the password entered at setup; in this case, click the Worker Must Change Password box.
6. Click **Save** at the bottom of the page.

7. A message displays at the top of the page with the worker’s AuthentiCare Worker ID.



Note: The AuthentiCare Worker ID appears in this message. The worker must use this ID when checking-in and checking-out with AuthentiCare and to login to the mobile application. The *Worker Entity Settings* page now includes the newly created AuthentiCare Worker ID number at the top.

6.2.1 Enter Holiday and Working Hours

Providers may choose to add holidays, days off, or work hours for each worker to assist with scheduling; scheduling is optional for New Hampshire. If entered, these parameters will generate notifications of conflicts if/when schedules are created. These hours do not prevent workers from providing services outside of the timeframe entered.

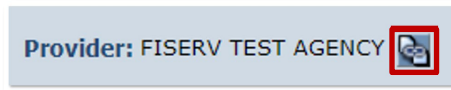
- To Add a Single Holiday/Day Off: Type in the **Date** OR choose a date from the calendar, then click **Add**.

- To Add a Range of Holidays/Days Off: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.

- To Enter Specific Work Hours for One or More Days of the Week: Click the radio button in the column labeled “Custom”. Enter the **Start Time** and **End Time**, including AM or PM, in the fields provided.
- To Establish Reoccurring Days of Closure: Check the Circle in the column labeled **Off** and click **Save**.

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

- To see the hours set for the Provider Agency: Click on the link icon next to the provider’s name. Clicking this icon displays the *Provider Entity Settings* page. To edit provider holidays, days off, or work hours.



6.3 Deleting a Worker

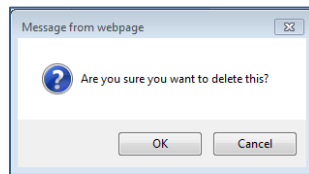
A worker can be deleted from the system if they were entered in error. Once an event is scheduled or a claim is created for this worker, the worker can no longer be deleted. There are two ways to delete workers, as outlined below.

Option 1

1. Search for the worker you wish to delete from the *Entities* section of the *Home* page.
2. The *Worker Entities Settings* page displays.
3. At the bottom of the page, click **Delete**.



4. 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**.



5. Return to the *Home* page. A message displays in the upper left-hand corner confirming the deletion.



Option 2

1. Search for the worker you wish to delete from the *Entities* section of the *Home* page.

- The *Entity Search Results* page displays with the results of your search. Click the checkbox in the **Delete Selected** column next to the worker you wish to delete. A worker can only be deleted if an event or a claim has not been created.

Entity Search Results				
ID	Name	User Type	Information	Delete Selected
[blurred]	Test, [blurred]	Worker	[blurred]	<input type="checkbox"/>
[blurred]	Test, [blurred]	Worker	[blurred]	<input type="checkbox"/>
[blurred]	Test, [blurred]	Worker	[blurred]	<input type="checkbox"/>
[blurred]	Test, [blurred]	Worker	[blurred]	<input checked="" type="checkbox"/>

- Once the check box(es) is selected, click **Delete Selected** at the top of the column.
- 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, click **Cancel**.

authenticare.com says

Are you sure you want to delete selected entities?

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

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

Needs Attention:
Entity deleted successfully.



Note: 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.

Needs Attention:
Entity has Claim Dependency so Entity cannot be deleted.

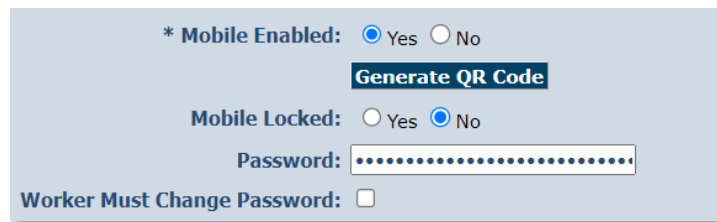
7.0 Using QR Code

QR codes are used in AuthentiCare as a second factor in the authentication process when using the mobile application. This is particularly useful when the worker's Device ID doesn't match the one in their profile, for example an agency provides a device shared by multiple workers. Providers are responsible for generating QR codes for workers through the *Worker Entity Settings* page. The QR code is created and assigned to only one worker.

7.1 Printing QR Code

To print the workers QR code to be used to log into the mobile application follow the instructions below.

1. Begin on the Home Page in the Entities section. Search for the appropriate worker following the instructions in section [6.1](#).
2. The *Worker Entity Settings* page will display. Scroll down to the Mobile section and click **Generate QR Code** button.



* Mobile Enabled: Yes No
Generate QR Code
Mobile Locked: Yes No
Password:
Worker Must Change Password:

3. The QR code will display on the screen along with the **Print** and **Download** button. The code is presented in a printer-friendly format, giving providers the option to print or download it. Provide the worker with the QR code as second authentication factor.





Important: If a worker is prompted to scan their QR code, and the scanned code doesn't match the current assigned QR code, they will receive a message: "Cannot Read QR code, please try again."

Important: If a worker needs a new QR code, they should contact their provider administrator. Provider administrators can generate a new code by visiting the Worker Entity page and clicking **Generate QR Code**. The previous QR code becomes invalid upon the generation of a new one.

8.0 Managing Client Information

Clients are individuals who receive services. Client information is imported into AuthentiCare from New Hampshire MMIS. Providers verify the client information and confirm that a correct telephone number is provided (unless the client does not have a phone).

8.1 Associating Clients with Providers

Clients are associated with provider agencies through authorizations or the association function in AuthentiCare. Clients are associated when services being rendered do not require an authorization; the provider must associate the client with their agency. You must have the client's Medicaid ID and date of birth to associate a client to your agency in the AuthentiCare web portal.

1. Start on the Home page in the Entities section.
2. Click **Add New > Client**.

3. Enter the **Birth Date** and **Medicaid ID** in the appropriate fields then click **Search**.

4. The *Client Entity Settings* Page will fill in the fields and a success message will display. Verify client information.

5. Tap **Save**. Your client has been successfully associated your provider agency.

8.2 Search for Client Information

AuthentiCare users can search for clients. To search for the client, from the *Entities* section of the *Home* page, follow the steps below:


1. Use the *Entity Type* drop-down menu and select the **Client** option. Enter the client's last name (at least four characters), the ID generated in AuthentiCare or their Medicaid ID in the *Search* field. Click **Go!**.

2. The *Client Entity Settings* page displays. This page provides client information required for claim processing, scheduling, EVV mobile method and IVR.

8.3 Client Phone Number

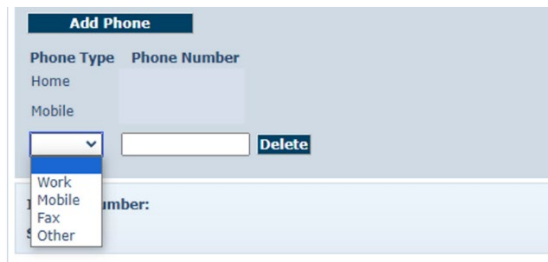
On the *Client Entities Settings* page, verify the **Phone Type** and **Phone Number** for the client. Providers can add additional telephone information for the client, but this does not update the system of record. The phone number displayed for the client is the phone number that was provided when the client was enrolled; this can be a cell phone or a landline phone. Any updates needed for the system record must be completed through New Hampshire MMIS. To add phone numbers, follow the steps below.

1. From the *Entities* section of the *Home* page, enter the client's full last name (at least four characters), their Medicaid ID, or their social security number in the *Entities Search* field on the *Home* page. Click **Go!**.
2. In the *Entity Addresses/Phones* section, click **Add Phone**.



The screenshot shows a form titled "Add Phone". It has two columns: "Phone Type" and "Phone Number". Under "Phone Type", there are two radio buttons: "Home" and "Mobile". The "Phone Number" column is currently empty.

3. Choose **Type** and enter phone number.

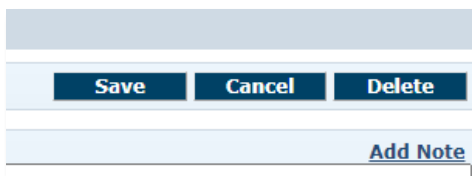


The screenshot shows the "Add Phone" form with the "Phone Type" dropdown menu open. The dropdown menu lists four options: "Work", "Mobile", "Fax", and "Other". The "Phone Number" field is now visible and empty. There is a "Delete" button next to the "Phone Number" field.



Note: The number(s) listed is the one AuthentiCare uses to verify whether the worker is calling from the client's service location.

4. Click **Save** at the bottom of the page to return to the *Home* page.



The screenshot shows the bottom of the "Add Phone" form. It features three buttons: "Save", "Cancel", and "Delete". Below these buttons is a link labeled "Add Note".

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

Needs Attention:
Successfully saved Client - Echo Foxtrot (ID: [22222333333](#))

9.0 Authorizations

New Hampshire MMIS loads all client authorizations into AuthentiCare. Authorizations are used to associate clients to provider agencies in AuthentiCare. Providers are unable to add a new authorization or modify an existing one. Each client should possess only one authorization per service with a specified date range. Keep in mind that not all services require an authorization.

Certain services in AuthentiCare necessitate an authorization for payment processing. Workers can utilize the IVR or a mobile device to check-in and check-out, even if there is no authorization or a pending authorization for the required services. It's important to note that although the worker can check-in and check-out, the claim cannot be submitted for payment until the authorization is uploaded into AuthentiCare. AuthentiCare does not prevent the rendering of services.

9.1 Search and Review Authorizations

The *Services and Authorizations* section are located on the *Home* page of the AuthentiCare web portal. The search type is set to **Authorization** by default. To perform a search to review an authorization, follow the steps below.


1. Click the **Authorization** radio button in the *Services and Authorizations* section of the *Home* page.
2. Enter authorization search criteria in any of the fields and click **Go!** The fields will filter the users search but are not required.

3. The search results display all authorizations which match the search criteria.



Note: The columns displayed in the search results:

- **Event Actions:** This column indicates the number of units that remain in the authorization. Authorizations from the past will always display zero units even if the units were not exhausted.
- **ID:** Click the **ID** hyperlink to view the *Authorization Settings* page for this Authorization.
- **Service ID:** Identifies the service and its service code.

- **Client:** Identifies the Client and the Client ID generated in AuthentiCare.
 - **Provider:** Identifies the Provider assigned to the authorization and the Provider's ID
 - **Worker:** Field is blank as authorizations are issued to the provider, not the worker
 - **Effective Dates:** Identifies the start and end dates of the authorization
4. Click the column heading if you wish for the search results to sort by that specific column. 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.
 5. Position the mouse over the **Information icon**  to display an *Additional Information* pop-up about the authorization.
 6. Click the **ID** hyperlink in the **ID** column to view the authorization.
 7. The *Authorization Settings* page displays to verify additional authorization information.



Authorization Settings
* Indicates a required field.

Service Information
Service ID: [REDACTED] Service Type: Time Based
Name: AGENCY ATTENDANT CARE Procedure Code: S5125
Description: AGENCY ATTENDANT CARE

ID: AA333355522
Client: Smith, John Walt
* Provider: Acme Provider Agency
Worker:

Effective Date Start: 06/01/2020
Effective Date End: 12/31/2020
Service Period: One Time

* Authorization Number: 333355522
Diagnosis Qualifier: ABK
Diagnosis Code: 78099

* Total Units: 10000
Rate: 4.5300
Payer Assignment:

Provider Medicaid ID: 945784215

Cancel

8. Select the *Authorization Search Results* link located under the main menu bar to go back to the search results.

9.1.1 Authorizations with Zero Units

In the case where there may be duplicate and overlapping authorizations, one of those authorizations may be for zero units and can be ignored. This allows providers' claims to bill against other authorizations with available units when providers confirm and submit claims.

10.0 Scheduling

Scheduling is an optional feature in New Hampshire, but providers may use this feature in AuthentiCare to schedule workers' EVV visits with clients. Scheduled visits are called events. The scheduling feature in AuthentiCare also accommodates scheduling of both primary and back-up workers for each event.

AuthentiCare tracks the number of service units available for scheduling events and notifies the scheduler through an alert if an event exceeds the total number of units available. Providers can discard, accept, or change events from the *Event Acknowledgement* page.

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

This section will assist schedulers in scheduling non-recurring (single) and recurring (multiple) events. Additionally, there are instructions for searching for an event, viewing an event, and maintaining events.

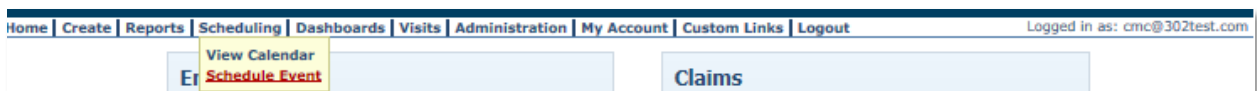
10.1 Scheduling Service Visits, or Events


Events are the scheduled visits where the worker delivers a service to a client. An event may be one-time or reoccurring.

10.1.1 Scheduling a Non-recurring (Single) Event

Providers can successfully schedule one-time service events. Follow the steps below to schedule a non-recurring event.

1. Hover over *Scheduling* in the Main Menu toolbar and click **Schedule Event**.



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



3. The *Scheduled Event* page displays.

Scheduled Event

* Indicates a required field.

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

Recurring Event

Client: Monroe, Ororo

Client Phone Number: 603-707-7007

Provider:

Primary Worker:

Backup Worker:

* Service:

* Address: Home

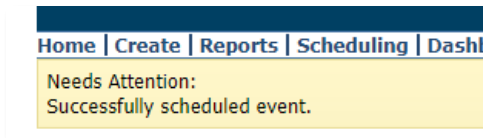
102 Storm drive
Concord, NH 03301

Source: WEB

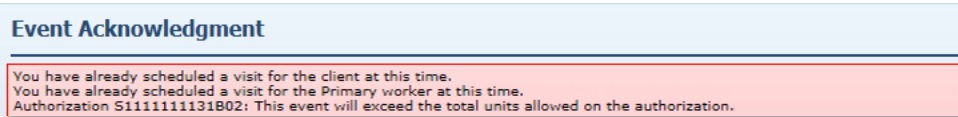
Save **Cancel**

4. Enter the **Date** of the event or select a date from the calendar.
5. Enter **Start Time** and **End Time**. Start and end times must include AM or PM. AuthentiCare automatically calculates the **Duration**.
6. For non-recurring (single) events do not select check box. When a worker visits a client one time, or a variety of times not in a normal, repeated schedule, this is a non-recurring (single) event. When a worker visits a client on a regular basis, at the same time of the day, this is a recurring event.
7. Enter the **Worker**. You may enter the AuthentiCare 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.
8. Enter the **Backup Worker**, if applicable. Enter an AuthentiCare Worker ID, full name or partial name and click the **Looking Glass icon** .
9. Look up and select the **Service** by clicking **Looking Glass icon** .
10. Click **Save**.
11. The client's phone number displays on the *Scheduled Event* page if the client has a phone number on the *Client Entity Settings* page.
12. Select the address for the scheduled event. The client's address is defaulted to the first address on the *Client Entities Settings* page, usually the home address. The drop-down displays all the address types listed on the *Client Entity Settings* page.

13. If the schedule information is correct, click **Save**. If you would like to cancel creating a schedule, click **Delete** or **Cancel**.
14. If you click **Save** in step 14, the *Event Acknowledgement* page displays. The scheduler can perform one of the following options:
 - Click **Discard** to discard the event and return to the *Scheduled Event* page.
 - Click **Accept** to save the event.
 - Click **Change** to return to the event to change the information.
15. Once the scheduler clicks the **Accept** icon, the *Home* page displays with the “Successfully scheduled event” message.



Note: If AuthentiCare discovers scheduling conflicts or issues with the attempted scheduled event, a message displays at the top of the page advising the scheduler of the conflict. In the below example, there is an alert if a client and/or worker is already scheduled for events within the attempted event’s timeline.



Other messages that may display on the *Event Acknowledgment* page are listed below.

- Authorization (*Authorization Number*).
- Authorization does not exist for this event.
- This event falls on the worker’s day off.
- The status of the worker is inactive, or the event date is outside the effective date range.
- The status of the client is inactive, or the event date is outside the effective date range.
- This event falls outside the range of the worker’s assigned business hours.
- This event falls outside the range of the backup worker’s assigned business hours.
- This event will exceed the worker’s assigned hours for the week.
- This event falls on a provider holiday.
- The status of the provider is inactive, or the event date is outside the effective date range.
- This event falls on the backup worker’s day off.
- The status of the backup worker is inactive, or the event date is outside the effective date range.

10.1.2 Scheduling a Recurring Event

To make a recurring event in your schedule, follow the steps below.

1. Enter the **Date** of the event or select a date from the calendar.
2. Enter either the **Start Time** and **End Time**, or the **Duration** of the schedule; this will depend on the schedule type selected.
3. Click the **Recurring Event** check box.

4. The page expands to display scheduling options.
5. Choose Daily, Weekly, or Monthly for the recurring event. Fill the remaining required fields to complete the recurring section on the *Scheduling* page.



Note: AuthentiCare will not allow the scheduler to save events that span multiple service authorizations. The scheduler may click **Change** to modify the **Start Date** and **End Date** of the recurring event to be within the effective dates and authorized units of each the authorization period. Effective dates of the authorization can be found by performing an authorization search from the *Home* page.

10.2 Editing an Event

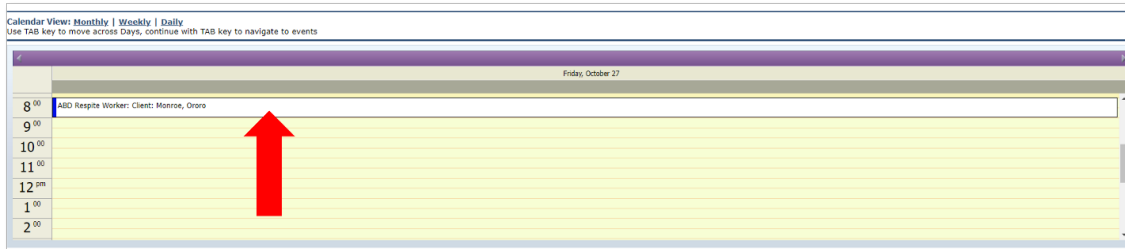
When information changes for an event, AuthentiCare allows you to adjust the event before it begins. The following instructions discuss editing an event **Date**, **Time**, **Client**, and/or **Worker**.



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

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

- Find the event on the calendar that needs to be changed (use **Search** fields to find the event). Double click the event on the calendar to display the details on the *Scheduled Event* page.



Scheduled Event

* Indicates a required field.

Event:	* Date	* Start Time	* End Time	* Duration
	10/27/2023	08:00 AM	09:00 AM 10/27/2023	01:00

Recurring Event

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

Edit this occurrence
 Edit the series
 Edit Multiple Occurrences

Client: Monroe, Ororo

Client Phone Number: 603-707-7007

Provider:

Primary Worker:

Backup Worker:

* Service:

ABD Respite

* Address: Home

102 Storm drive
Concord, NH 03301

Source: WEB

[Delete](#) [Save](#) [Cancel](#)



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

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

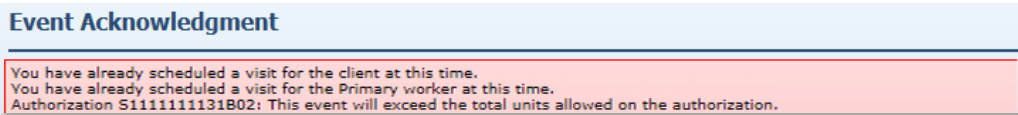
This is a recurring event. Do you want to edit only this occurrence or the series?

- Edit this occurrence
 Edit the series
 Edit Multiple Occurrences

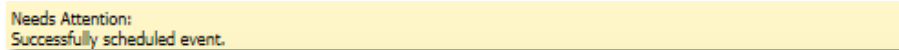
- Click on the field for the item that requires correction. Initially, the fields may appear non-editable, but upon clicking, they transform into editable fields. When using the Scheduled Event page, you must first click on whether you are editing a single occurrence, a series, or multiple occurrences before making any edits.

6. Enter the new information.
7. Click **Save**.
8. When providers add a new worker to scheduled events, the change will update only the first event and all future scheduled events, leaving historic information on past events intact.
9. If AuthentiCare discovers scheduling conflicts or issues, a message displays at the top of the page indicating the conflict found in the system. Choose one of the following three options on the message:
 - Click **Change** to return to the event and change the information.
 - Click **Accept** to accept the event with the conflict.
 - Click **Discard** to discard the event and return to the *Scheduled Event* page.

An example of an error message is displayed below. Choices for proceeding are listed at bottom right.



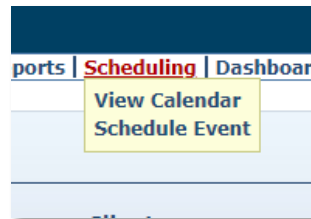
10. If no scheduling conflicts or issues arise, a message displays at the top of the page that indicates the event was scheduled successfully.



10.3 Using the Calendar to Search for Scheduled Events

The calendar can be used to view scheduled events. The calendar is displayed in either a daily, weekly, or monthly view.

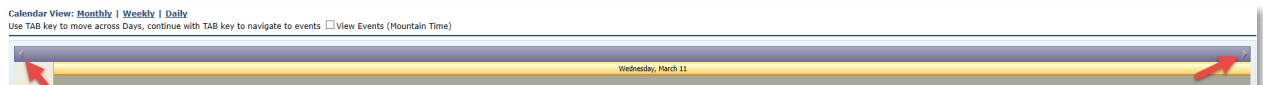
1. Hover over **Scheduling** on the Main Menu toolbar on the *Homepage*.
2. Click **View Calendar** from the drop-down.



3. The *Event Scheduling* page displays.

 A screenshot of the 'Event Scheduling' page. At the top right, there are buttons for 'Create New Event' and 'Generate Report'. Below this is a 'Search Schedules' section with four input fields: 'Date' (with a calendar icon), 'Client', 'Worker', and 'Service'. The 'Provider' is set to 'Chesco, Inc.'. At the bottom of the search section are 'Search' and 'Clear' buttons.

4. Enter a **Date** (MM/DD/YYYY), **Client**, **Worker**, or **Service**. Click **Search**.
5. The calendar displays at the bottom of the screen.
6. The calendar view can change between Daily, Weekly and Monthly. Click the left and right arrows in the calendar's date display bar to view the day before or the day after the displayed date.



Note: The more search criteria you enter, the fewer events will be displayed.

10.4 Deleting an Event or a Series After It Is Scheduled

AuthentiCare users can delete events entered in error or that need to be cancelled. Providers must delete the schedule prior to the start time of the event. Once the event start time has passed, the system will not allow you to delete the event.

1. Hover over **Scheduling** on the Main Menu toolbar on the *Homepage* and click *View Calendar*.
2. The *Event Scheduling* page displays.
3. Enter a **Date** (MM/DD/YYYY) or click the calendar to select the date.
4. Enter at least one of the search criteria to view event(s) in the calendar. The search criteria include client, worker, and/or service.
5. Click **Search**.
6. The calendar displays events from this date forward using the search criteria entered. Double click on the event to display the details in the *Scheduled Event* page.
7. Review the event carefully.
8. Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page. If you selected **Edit this Occurrence**, then only the specific event you chose will be deleted. If you selected **Edit the Series**, then all the recurring events will be deleted.
9. Click **Delete**.
10. Once you click **Delete**, the event, or the series, is permanently deleted. There is no pop-up dialog box asking you to confirm the deletion, so prior to clicking **Delete**, be sure this is the event or the series you want to delete.

Scheduled Event

* Indicates a required field.

Event: * Date: 10/27/2023 * Start Time: 08:00 AM * End Time: 09:00 AM * Duration: 01:00
10/27/2023

Recurring Event

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

Edit this occurrence
 Edit the series
 Edit Multiple Occurrences

Client: Monroe, Ororo
Client Phone Number: 603-707-7007
Provider:
Primary Worker:
Backup Worker:
* Service:
ABD Respite
* Address: Home
102 Storm drive
Concord, NH 03301
Source: WEB

Delete **Save** **Cancel**

11. The *Calendar and Event Scheduling* page displays a message at the top indicating the event was deleted successfully.

Needs Attention:
Successfully deleted the scheduled event.



Important: If this is a recurring event and you have forgotten to select whether you are deleting the single event or the entire series, a message will be displayed.



Note: AuthentiCare deletes all future scheduled appointments automatically when the worker is end dated in the web portal.

10.5 Late and Missed Visits

When a worker uses the IVR or the mobile device for both check-in and check-out, the event (visit) information is captured in AuthentiCare immediately. Providers may need to refresh computer screens for updates to display.

If a worker, other than the worker noted on the client's schedule, provides services within the early and late threshold of the scheduled event, AuthentiCare will not consider the event late or missed. The criteria for a **Late Visit** and for a **Missed Visit** are below:

- **Late Visit:** This means the worker checked-in later than 30 minutes after the scheduled start time of the event but before 11:59 pm that calendar day.
- **Missed Visit:** The worker did not check-in by 11:59 pm on the calendar date of the scheduled state time of the event.

The *Late and Missing Events* page lists all scheduled events that are late or missed. This page is available from the menu bar to the following roles: Administrator, AdminAssistant, and Scheduler/Coordinator. To view the list of late and missed visits:

1. Place your cursor on **Visits** in the toolbar of the Main Menu.
2. Click **Late and Missed Visits**. This page will have information only if scheduling is used.

Late and Missed Visits Search

Start Date: 10/01/2023

End Date: 10/31/2023

Client:

Provider:

Worker:

Service:

Submit Cancel

3. You will see a selection criteria screen that allows you to choose specific visits. If you do not specify, all visits will be displayed.

Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service
Missed	10/11/2023 12:00 PM	10/11/2023 01:00 PM	Yes			Fiserv, Staphon		IHS In Home Residential Habilitation
Missed Visit Code : <input type="text"/>						Notes : <input type="text"/>		
Missed	10/12/2023 08:45 AM	10/12/2023 09:45 AM	Yes	Stark, Tony		Fiserv, Staphon		ABD Respite
Missed Visit Code : <input type="text"/>						Notes : <input type="text"/>		

- The *Late and Missing Events* page displays if there are scheduled events for this provider that have been identified as late or missed.

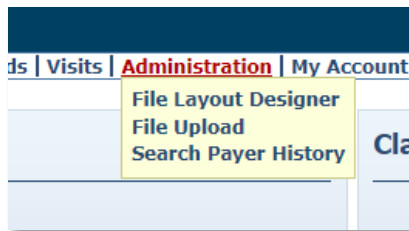


Note: The columns on the *Late and Missed Visits* page are sortable. Click on each header to sort the column in ascending or descending order. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

10.6 Uploading Worker Schedules

Provider agencies can create schedules individually or in bulk via file upload. To complete a bulk upload of schedules, follow the steps below.

- Hover over **Administration** and click **File Upload** in the drop-down in the AuthentiCare main menu toolbar.



- In the File Type drop-down menu, select **Schedules**.
- Click **Choose File** and select the file to upload in either .xml or .zip format.

First Data.
AuthentiCare®
New Hampshire

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout Logged in as: [username]

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

File Upload

* Indicates a required field.

* File Type:

* Select File: No file chosen

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

* Email Address:

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

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

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

File Upload History

4. Enter your email address to receive a notification when the file has successfully processed.
5. Click **Attach It** to upload the file.



Note: The name of the file must be formatted as such:
Schedules_ProviderXRef_MMDDYYYYHHMMSS.zip or
Schedules_ProviderXRef_MMDDYYYYHHMMSS.xml.

For the File Format see: [Appendix F: File Format for Uploaded Schedules](#)



Note: Uploaded schedules cannot be edited using the AuthentiCare web scheduling feature. Provider agencies must re-upload the schedules to update and delete schedules before the event start time.

6. Once the schedules have been successfully uploaded, the *File Upload History* section of the *File Upload* page will display information about the following items:
 - The file name
 - The date and time the file was uploaded
 - The username of the user who uploaded the file
 - The size of the file
 - The time the file was processed
 - The status of the file, which can display the following:
 - File Uploaded
 - File has been uploaded, but it has not yet been processed
 - Complete
 - File has been uploaded and successfully processed
 - Complete with Errors
 - File has been uploaded and processed, but there are errors

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

7. Once the file upload is complete, check that the imported data is accurate.



Important: If the status of the uploaded file is **Complete with Errors**, a results file with details on those errors will be available on the *Reports* page.

11.0 Worker Check-in and Check-out

Workers can check-in and check-out of services either through the AuthentiCare 2.0 mobile application or the AuthentiCare Interactive Voice Response (IVR) system. Information about setting up and using these two methods can be found below.

Additional information about checking-in and checking-out can be found in the Caregiver Manual which is located under the Custom Links Tab in the web portal.

11.1 AuthentiCare 2.0 Mobile Application

The AuthentiCare 2.0 mobile application can be downloaded in the **App Store** or **Google Play store**.



Notes:

- The GPS geo-fence distance has been set so that there is a maximum distance of 1/8th of a mile surrounding the client's home location. An exception will indicate when a worker is outside this radius of a client's home during check-in or check-out when the client's home is the service location.
- Each worker has an AuthentiCare Worker ID number that identifies them as a worker for a specific provider agency.
- If the worker exceeds the 12-hour service limit, the web portal separates the visit into two claims. The mobile device will show only one service provided. The 12-hour service limit is not applicable for Respite services.
- The AuthentiCare 2.0 mobile application times out after 15 minutes. The worker must login to the mobile application again if the application times out.

11.1.1 Mobile Application Setup in the Web Portal – Provider

On the *Provider Entity Settings* page, the AuthentiCare user must enable the following settings for the mobile application to function. Follow the steps below to setup the provider agency in the AuthentiCare web portal to enable mobile application use.

1. Search for the provider agency in the *Entities* section of the *Home* page by selecting Provider in the Entity Type drop-down and click **Go!**

The screenshot shows the 'Entities' section of the web portal. It features a search form with the following elements:

- Add New >** with links for [Client](#), [Worker](#), and [Representative](#).
- Entity Type >** with a dropdown menu currently set to 'Provider'.
- Search >** with an empty text input field.
- A **Go!** button located at the bottom right of the search area.

2. On the *Provider Entities Settings* page, check **Mobile Enabled** to **Yes**.

* **Mobile Enabled:** Yes No



Note: Workers will receive a Login failed message when they try to log into the mobile application on their phones if this is set to **No**.

11.1.2 Mobile Application Setup in the Web Portal – Worker

Workers must be setup in the AuthentiCare web portal to use the mobile application. Follow the steps below to set up the worker in the web portal.

1. Search for the worker in the *Entities* section of the *Home* page and click **Go!**

2. On the *Worker Entities Settings* page, confirm the worker's email address. This allows the worker to reset their mobile application password if they forget their password.
3. Create a temporary password for the worker; the worker will be prompted to change their password the first time they login. The password for the mobile application must follow the AuthentiCare strong password guidelines. Workers will use their assigned AuthentiCare Worker ID, found at the top of the *Worker Entities Settings* page, as their username. The password policy guidelines can be found below:
 - The password entered cannot be the same as any of the previous ten passwords you have used.
 - Minimum length of ten characters
 - At least one upper case
 - At least one lower case
 - At least one number
 - At least 1 of the following special characters (@#%&?!+=)
 - Cannot contain any common dictionary words (e.g., Password)

- Cannot contain strings of consecutive numbers or characters (e.g., 123, AAA, 555, !!!)
 - Cannot contain user's name or email.
4. Enter the worker's **Mobile Phone Number**, including area code.
 - a. If a tablet is used for the AuthentiCare 2.0 mobile application, use all nines for the **Mobile Phone Number** field (i.e., 9999999999)
 5. Enter the **Device ID** of the worker's personal mobile device/phone.
 - a. The **Device ID** is located in the *Settings* menu of the AuthentiCare mobile application. In the *Settings* menu, click **See Device Identifier**. This ID must be shared and copied into the web portal. More information about the **Device ID** can be found in the Caregiver Manual.
 6. Enter the **Office Phone** number. The **Office Phone** number entered on the worker record will be the number the worker will call when the worker selects **Call Office** from the *Settings* menu within the mobile application.

11.2 AuthentiCare Interactive Voice Response System

The Interactive Voice Response (IVR) allows workers 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. The IVR records the AuthentiCare Worker ID.

When checking-out, if the IVR reads more than one name, that means the worker has not checked-out for any previous visit(s) for which he/she had checked-in. To resolve this, the visit(s) must be completed on the web with the appropriate check-out times.

11.2.1 IVR Set up in the Web Portal – Client

The *Client Entities Settings* page must be setup for the IVR prior to the worker checking-in and checking-out. Follow the steps below to set up the client with the IVR.

1. From the *Entities* section of the *Home* page click the **Entity Type** drop-down option **Client**, enter the client's full last name (at least four characters) or the client's Medicaid ID in the **Entities Search** field on the *Home* page. Click **Go!**.

- In the *Entity Addresses/Phones* section, make sure that the phone number listed is the phone number that the worker will be calling from to check-in and check-out for services.
- If the phone number is not correct, click **Add Phone**.

Phone Type	Phone Number
Other	(501) 555-5572 Delete
* Phone Description: Unknown	

- Add the telephone number.
- Click **Save** at the bottom of the screen.

11.2.2 IVR Flow

The IVR is available in English and Spanish. When the worker calls into the IVR, the IVR captures information required to create a claim for the service provided.

Workers can select option eight on the Main Menu in the IVR to select their language preference. Once a worker has changed the language preference from the Main Menu in the IVR, the language preference will automatically update the *Language Preference* field on the *Worker Entity Settings* page.

For step-by-step information on how to use the IVR, refer to the Caregiver Manual.

11.2.3 Checking-in and Checking-out from an Unauthorized Phone Number

An authorized phone number is a phone number that is listed on the *Client Entities Settings* page for that specific client.

The IVR will automatically state the clients name when the call is coming from a number listed on the *Client Entity Settings* page. The IVR will prompt the worker to enter the client's ID if a phone number not listed on the *Client Entity Settings* page is used to call in the services provided. A worker can still check-in and check-out using an unauthorized phone number, but a critical exception will populate on the claim in the AuthentiCare web portal. Refer to the Caregiver Manual for additional information about the check-in and check-out.

12.0 Claims

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

Providers must confirm each claim before AuthentiCare can submit it for payment. This involves reviewing each claim for accuracy and approving the claim for billing. Only confirmed claims are exported to be adjudicated for payment. Unconfirmed claims remain in AuthentiCare until they are confirmed or inactivated.

Claims can be confirmed one at a time or in bulk. Bulk confirmation is a function that providers initiate on the website, and then AuthentiCare completes the confirmation process after hours. If a bulk confirmation is chosen, all claims for all services in each timeframe are confirmed at once.

AuthentiCare exports claims for adjudication Monday through Thursday at 11:00 PM EST and Friday at 5:30 PM EST.

If it is determined that there is an error in the claim that requires a correction, you can make those corrections using the procedures outlined.

12.1 Rounding Rules

AuthentiCare applies rounding rules to actual hours by rounding the total hours worked to the next quarter hours, which is shown as the number of units on an EVV Visit.

Within each quarter-hour increment, the EVV system rounds up to the next quarter-hour when the total actual time is eight minutes or more and rounds down to the previous quarter hour when the total actual time worked is seven minutes or less.

The inclusion seconds or milli-seconds are ignored and can be sent or left as zeros.

Examples of rounding rules are:

- If worker works 2 hours and 53 minutes, the adjusted pay hours will round up to 3 hours.
- If worker works 2 hours and 52 minutes, the adjusted pay hours will round down to 2.75 hours.
- If worker works 4 hours and 10 minutes, the adjusted pay hours will round up to 4.25 hours.
- If worker works 4 hours and 6 minutes, the adjusted pay hours will round down to 4 hours.

12.2 Search for Claims

To complete a search for the claims in the AuthentiCare portal, follow the steps below.

12.2.1 General Claim Search


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** using the fields provided. If you do not enter any search criteria, all claims will be listed.
3. Click **Go!**

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

Claims (total of 27 records)					
ID	Status	Client ID	Client Name	Date Range	Information
345	InfoExceptions	10043512345	Banner, Bruce	10/26/2023 - 10/26/2023	
346	InfoExceptions	10043512345	Banner, Bruce	10/26/2023 - 10/26/2023	
358	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim	10043512345	Banner, Bruce	10/31/2023 - 10/31/2023	
344	InfoExceptions	10043512345	Banner, Bruce	10/25/2023 - 10/25/2023	
355	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim	10043512345	Banner, Bruce	10/30/2023 - 10/30/2023	
357	ClaimNeedsAttestation, ConfirmBillingForClaim, MissingActivityCode	10043512345	Banner, Bruce	10/30/2023 - 10/30/2023	
351	InfoExceptions	10043512345	Banner, Bruce	10/26/2023 - 10/26/2023	
354	ClaimNeedsAttestation, ConfirmBillingForClaim	10043512345	Banner, Bruce	10/30/2023 - 10/30/2023	



Note: The columns displayed in the search results:

- **ID:** Identifies a claim
 - **Status:** Displays as **NoExceptions** or **InfoExceptions** if the Claim has been sent for payment or is ready to be sent OR displays the name of the **critical exception** (if there are any). You could see any combination of these critical exceptions listed under status.
 - **Client ID:** Identifies the client who received services
 - **Client Name:** Identifies the name of 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. 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 mouse pointer over the **Information icon**  to display an additional information pop-up about the claim.

Claims (total of 27 records)					
ID	Status	Client ID	Client Name	Date Range	Information
345	InfoExceptions	10043512345	Banner, Bruce	10/26/2023 - 10/26/2023	
346	InfoExceptions	10043512345	Banne		Additional Information Claim ID: 345 Provider: Worker: Filing Source: Mobile DateOfService: 10/26/2023 - 10/26/2023 09:45 AM Service: DD Respite (DDT1005SEU1) (Time Based) Status: ActualNormal: 105.69 AuthorizedNormal: 105.69 Unit: ActualNormal: 39 AuthorizedNormal: 39 Amount: 105.69 CustomData: ActivityCodes: 72,22 - This claim does not have an attestation. - The client is receiving multiple services at Exception: the same time. - The worker is providing multiple services at the same time. Note: 10/10/2023 - 10/10/2023
358	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim	10043512345	Banne		
344	InfoExceptions	10043512345	Banne		
355	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim	10043512345	Banne		
357	ClaimNeedsAttestation, ConfirmBillingForClaim, MissingActivityCode	10043512345	Banne		
351	InfoExceptions	10043512345	Banne		
354	ClaimNeedsAttestation, ConfirmBillingForClaim	10043512345	Banne		
343	NoExceptions	10043512345	Banne		
349	InfoExceptions	10043312345			
348	InfoExceptions	10043312345			
347	InfoExceptions	10043312345			
333	InfoExceptions	01092377147			
328	InfoExceptions	01092377147		10/10/2023 - 10/10/2023	

7. Click the **Claim ID** to view the *Claims Details* page.

Claim Details

*** Client**
Banner, Bruce

*** Worker**
TestWorker, Kibria

*** Service**
DD Respite

Date	Time	Amount	Date	Time
10/26/2023	12:00 AM	09:45	10/26/2023	09:45 AM

Activity Codes:
22,72 (ex: 3,5,8)

*** Reason Code :**
[Dropdown]

Check-in Latitude:40.715215 Check-in Longitude:-73.736176
Check-out Latitude:40.715088 Check-out Longitude:-73.736301
[Check-in Coordinates](#) [Check-out Coordinates](#)

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$105.69 Total Authorized: \$105.69

Info Exceptions | Add Lines Above | Add Lines Below | Move Up | Move Down

Claim ID: **345**

Filed On: **Mobile**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$105.69**

Total Authorized Amount: **\$105.69**

Total Units: **39**

Total Hours: **09:45**

Scheduled Units: **0**

Scheduled Hours: **00:00**

Billing Confirmed

Inactive Claim

Save

Cancel

Note:

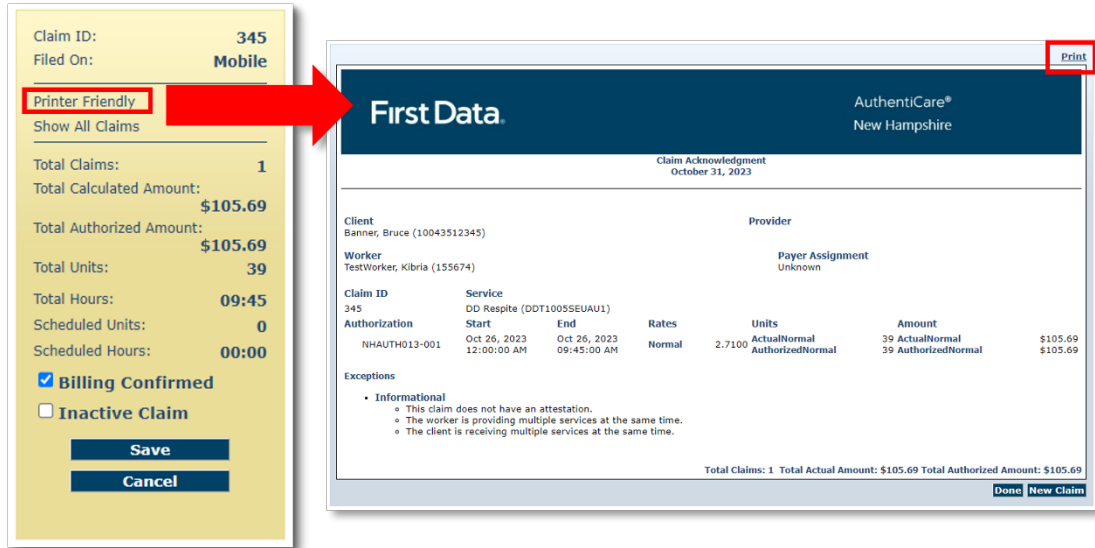
Note Data



Date: 10/26/2023 09:45 AM	User: Aadmin@Authenticare.com
Reason Code: Overnight Visit	

8. The *Claim Details* page displays and includes the client, provider, worker, service, check-in date and time, check-out date and time and the time amount (if required).
9. The yellow box on the right-side notes whether the claim was created via the IVR, mobile device 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 exports to the payer for adjudication. The *Claim Details* page displays the number of scheduled units and scheduled hours for the authorization used by the claim for the current day.
10. By clicking the **Printer Friendly** option located in the yellow box, The *Claim Acknowledgement* page displays the scheduled units and scheduled amount in hours for the authorization used by the claim for the current day.



Note: After clicking **Printer Friendly**, the system will display the *Claim Acknowledgement* page as shown below. Print the page using the **Print** link. Click **Done** to return to the *Home* page.



11. While on the Claim Details page click on the **Entity** icon  adjacent to the client, provider, worker, or service if you wish to view the respective record for the entity. Note if there are any exceptions.
12. Position the cursor over the **Exceptions icon**  to view the pop-up that displays the exceptions for the claim, if there are any.

12.2.2 Claim Search by Claim ID

1. Click the **Claim** radio button in the *Claims* section of the *Home* page.
2. Type in the Claim ID and click **Go!**

The image shows a screenshot of the 'Claims' search form. At the top, it says 'Add New > Claim (Standard)'. Below that, there are radio buttons for 'Claim' (selected), 'Confirm Billing - View', and 'Confirm Billing - Bulk'. A search type dropdown is set to 'Claim'. The 'Claim ID' field is highlighted with a red box and contains the text '*Claim ID:'. To the right of the field are 'Go!' and 'Clear' buttons. Below the search fields are several input fields for 'Claim Status', '*Claim Start', '*Claim End', 'Service', 'Authorization ID', 'Client', 'Provider', 'Worker', 'Representative', 'CaseManager', 'Payer', 'Procedure Code', and 'User Option'. At the bottom, there is a checkbox for 'Include Inactive Claims?' and 'Go!' and 'Clear' buttons.

3. The *Claim Details* page displays and includes the client, provider, worker, service, check-in date and time, check-out date and time and the time amount (if required). The box on the right-side notes whether the claim was created via the IVR, mobile device 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 exports to the payer for adjudication. The *Claim Details* page displays the number of scheduled units and scheduled hours for the authorization used by the claim for the current day.

12.3 Editing a Claim or Claim Maintenance

Claim maintenance is the process by which provider users can adjust an EVV visit in AuthentiCare. Entry of EVV note data is required during claim maintenance.

Examples of claim maintenance include, but are not limited to, when a worker:

- Fails to check-in or check-out.
- Works more or fewer hours than scheduled.
- Calls from a phone number not registered in the EVV system.
- Makes multiple or incomplete calls.

12.3.1 Correcting a Check-In/Check-Out



Provider can edit a claim created through the AuthentiCare 2.0 mobile application, IVR, or web portal (refer to NH DHHS for policy related instructions).

1. Search the claim that needs claim maintenance. Instructions on how to search for a claim can be found in [Section 11.2](#).
2. The *Claim Details* page displays.

3. Edit the information about the claim as necessary to add the check-in time and add note data. Click **Save** to save your changes or click **Cancel** to cancel your changes and return to the *Claims* page.
4. The *Claim Acknowledgement* page displays with a successful save message at the top if you clicked **Save**.

12.3.2 Clearing Critical Exceptions

Claims may be marked with an exception. Exceptions are classified as critical or informational.

Critical Exceptions	Informational Exceptions
 Critical Exceptions	 Important Messages
<p>Claims with critical exceptions cannot be submitted for payment until the identified problem has been corrected. Critical exceptions are listed in Appendix A.</p>	<p>Informational exceptions or non-critical exceptions do not prevent a claim from being processed but serves as a notice of some problem associated with the claim creation which may warrant further investigation (e.g., a claim that does not have a matching event). These exceptions are informational only and are listed in Appendix A.</p>

Occasionally a claim will not successfully pass all the NH business rules, and a critical exception will be applied to the claim. For the claim to be submitted for payment, the critical

exception must be cleared. Claims with critical exceptions will remain in the AuthentiCare portal until claim maintenance has been completed. Many critical exceptions can be cleared by providing a reason code and entering Note Data. A list of available reason codes can be found in [Appendix B](#).

To clear critical exceptions on claims, follow the steps below.

1. Search the claim that needs claim maintenance. Instructions on how to search for a claim can be found in [Section 11.2](#).
2. The *Claim Details* page displays.

The screenshot shows the 'Claim Details' page. On the left, there are fields for Client, Worker, Service, Date, Time, Amount, and another Date/Time pair. Below these is an 'Activity Codes' field with the value '21,73' and a dropdown for 'Reason Code'. The dropdown menu is open, listing various reasons for claim maintenance. On the right, there is a summary panel with 'Claim ID: 360', 'Filed On: Mobile', and various financial and unit statistics. At the bottom right of the summary panel are 'Save' and 'Cancel' buttons.

3. Select the **Reason Code** that is applicable and add note data. Click **Save** to save your changes or click **Cancel** to cancel your changes and return to the *Claims* page.
4. The *Claim Acknowledgement* page displays with a successful save message at the top if you clicked **Save**.

12.4 Adding Notes – Claim Edit/Entry Documentation

Anytime you make an edit to an existing claim, such as changing the service or adding a check-out, you must also enter a note that details the change(s) being made. Anytime you add a new claim on the web, you should also enter notes to detail the manual entry.

1. Open the individual claim.
2. Add any note information in the text box provided.
3. Click **Save**.



Caution: It is critical that users do not exit this screen without clicking **Save**. Failure to do so may result in the loss of information entered.

12.5 Adding an Individual (Standard) Claim

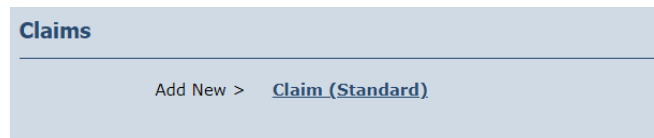
There are situations where the provider agency may need to add a claim using the web. This should be used as a backup claim creation method.


To create a manual, individual claim, follow the steps below.

1. Hover over *Create* in the menu bar and select “**New Claim.**”

OR

2. Click **Claim (Standard)** in the **Claims** section of the *Home* page.



3. The *Standard Claim* page displays. It is pre-populated with the name of the provider of the user currently logged in.
4. Enter the **partial last name** or **client ID** and click the **Looking Glass icon**  to find the client. Select the client from the list provided.

Standard Claim

* Client

* Worker

* Service

* Provider
Acme Provider Agency

Payer Assignment
Current Payer For Client

Click here more service(s)

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

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

Note:

Note Data

Show All Claims

Total Claims: 1

Total Calculated Amount: \$0.00

Total Authorized Amount: \$0.00

Total Units: 0

Scheduled Units: 4

Scheduled Hours: 01:00

Save

Delete All

Cancel

5. Enter the **Worker** ID, full name or partial last name and click the **Looking Glass** icon to find the worker who performed the service. Then select the worker from the list provided.
6. 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.
7. The following fields display once the service is selected if the service is time based: Date, Time, and Amount.
 - a. Enter the **Date**. This is the date the service was delivered if it was a unit-based service. If it was a time-based service, then this is the date the delivery of the service was started.
 - b. 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”.
 - c. Enter the **Date** and **Time** the delivery of the service ended.
 - d. Enter the **Amount**. This is the number of units delivered.



Note: For time-based services the amount is computed by the system based on the start date and time and the end date and time. This step is not required.

Claim Details

*** Client**
Banner, Bruce

*** Worker**
TestWorker, Kibria

*** Service**
DD Respite

Date	Time	Amount	Date	Time
10/25/2023	12:45 PM	00:02	10/25/2023	12:47 PM

Activity Codes:
20,21,22,23,72,73 (ex: 3,5,8)

*** Reason Code :**

Check-in Latitude:40.715215 Check-in Longitude:-73.736176
Check-out Latitude:40.715215 Check-out Longitude:-73.736176
[Check-in Coordinates](#) [Check-out Coordinates](#)

Click here more service(s)

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

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

Note:

Claim ID: **343**
Filed On: **Mobile**

Printer Friendly
Show All Claims

Total Claims: **1**
Total Calculated Amount: **\$0.00**
Total Authorized Amount: **\$0.00**
Total Units: **0**
Total Hours: **00:02**
Scheduled Units: **0**
Scheduled Hours: **00:00**

Billing Confirmed
 Inactive Claim

8. Click **Save** if you have completed the claim.



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

9. The *Claim Acknowledgement* page displays.

Needs Attention:
Successfully saved ClaimID(s) (ID: 870)

First Data
AuthentiCare®
New Hampshire

Claim Acknowledgment
February 13, 2024

<p>Client Pickles, Angelica (11223344551)</p> <p>Worker Knowles, Malcolm (506152)</p> <p>Claim ID 870</p> <p>Authorization</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Start</th> <th>End</th> <th>Rates</th> <th>Units</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Feb 12, 2024 05:00:00 PM</td> <td>Feb 12, 2024 06:00:00 PM</td> <td>Normal</td> <td>18.40</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">4 ActualNormal 4 AuthorizedNormal</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">\$73.60 \$73.60</td> </tr> </tbody> </table> <p>Exceptions</p> <ul style="list-style-type: none"> • Critical <ul style="list-style-type: none"> ◦ Billing has not been confirmed for this claim. • Informational <ul style="list-style-type: none"> ◦ EVV not used 	Start	End	Rates	Units	Amount	Feb 12, 2024 05:00:00 PM	Feb 12, 2024 06:00:00 PM	Normal	18.40						4 ActualNormal 4 AuthorizedNormal					\$73.60 \$73.60	<p>Provider Staphon Training (198765432A)</p> <p>Payer Assignment AmeriHealth Caritas NH</p>
Start	End	Rates	Units	Amount																	
Feb 12, 2024 05:00:00 PM	Feb 12, 2024 06:00:00 PM	Normal	18.40																		
				4 ActualNormal 4 AuthorizedNormal																	
				\$73.60 \$73.60																	

Total Claims: 1 Total Actual Amount: \$73.60 Total Authorized Amount: \$73.60

10. 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 *Claims* page displays



Note: AuthentiCare checks for duplicates at the time the claim is saved. If there is another claim for the same client/service/worker combination, and the service times (check-in and check-out) are within 10 minutes of each other, a duplicate critical exception will be noted.

12.6 Inactivate a Claim

If a claim was added in error, it should be inactivated. Once the claim is confirmed for billing, it cannot be inactivated.

1. Select the checkbox next to **Inactive Claim** on the *Claims* page.
2. The system asks you to confirm the inactivation. If you click **OK**, the claim is inactivated in the system. If you click **Cancel**, the claim remains active, and you are returned to the *Claims* page.
3. Click **OK** to proceed with inactivating the claim.

Claim Details

* Client
Banner, Bruce

* Worker
TestWorker, Kibria

* Service
DD Respite

Date	Time	Amount	Date	Time
10/25/2023	12:45 PM	00:02	10/25/2023	12:47 PM

Activity Codes:
20,21,22,23,72,73 (ex: 3,5,8)

* Reason Code :

Check-in Latitude:40.715215 Check-in Longitude:-73.736176
Check-out Latitude:40.715215 Check-out Longitude:-73.736176
[Check-in Coordinates](#) [Check-out Coordinates](#)

Click here more service(s)

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

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

Note:

Claim ID: 343
Filed On: Mobile

Printer Friendly
Show All Claims

Total Claims: 1
Total Calculated Amount: \$0.00
Total Authorized Amount: \$0.00
Total Units: 0
Total Hours: 00:02
Scheduled Units: 0
Scheduled Hours: 00:00

Billing Confirmed
 Inactive Claim

Save
Cancel

4. Then write a note and click **Save**.

Claim Details

*** Client**
Banner, Bruce

*** Worker**
TestWorker, Kibria

*** Service**
DD Respite

*** Provider**
Payer Assignment: Payer from Current Authorization

Date	Time	Amount	Date	Time
10/25/2023	12:45 PM	00:02	10/25/2023	12:47 PM

Activity Codes:
20,21,22,23,72,73 (ex: 3,5,8)

*** Reason Code :**

Check-in Latitude:40.715215 Check-in Longitude:-73.736176
Check-out Latitude:40.715215 Check-out Longitude:-73.736176
[Check-in Coordinates](#) [Check-out Coordinates](#)

Click here more service(s)

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

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

Note:

Claim ID: **343**

Filed On: **Mobile**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$0.00**

Total Authorized Amount: **\$0.00**

Total Units: **0**

Total Hours: **00:02**

Scheduled Units: **0**

Scheduled Hours: **00:00**

Billing Confirmed

Inactive Claim

Save

Cancel

- You are returned to the *Claims Acknowledgement* page which displays a message in the upper left-hand corner that the claim was successfully saved.

Needs Attention:
Successfully saved ClaimID(s) (ID: 343)

AuthentiCare®
New Hampshire

Claim Acknowledgment
November 1, 2023

Client Banner, Bruce (10043512345)	Provider
Worker TestWorker, Kibria (155674)	Payer Assignment NHEVV DHS

Claim ID 343	Service DD Respite (DDT1005SEUJU1)		
Authorization	Start	End	Rates Units Amount
	Oct 25, 2023 12:45:00 PM	Oct 25, 2023 12:47:00 PM	

Exceptions

- **Critical**
 - Billing has not been confirmed for this claim.

Total Claims: 1 Total Actual Amount: \$.00 Total Authorized Amount: \$.00

Done **New Claim**

12.7 Confirming Claims for Export

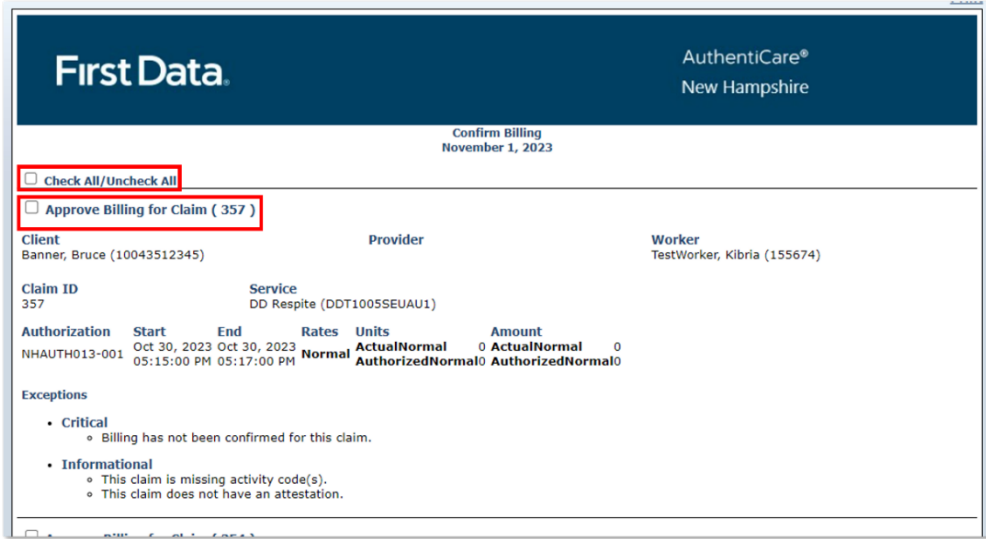
There are multiple ways to confirm claims for export. Follow one of the steps below to confirm claims for export.

12.7.1 Confirm Billing – View

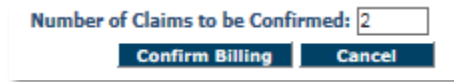
1. Select **Confirm Billing – View** as the *Search Type* in the *Claims* section of the *Home* page.

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 AuthentiCare worker ID.

3. Click **Go!**.
4. The *Confirm Billing* page displays a maximum of 300 claims not yet confirmed for billing. 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.



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

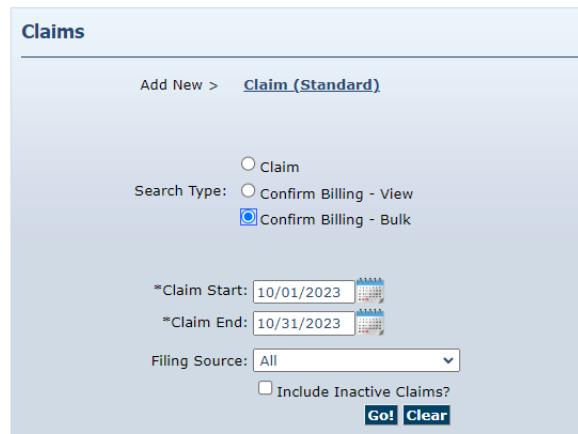


Note: A claim cannot be edited after it has been confirmed.

12.7.2 Confirm Billing – 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.

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



- Put in a **Claim Start** date and **Claim End** date for to select the date range of claims to be confirmed. Click **Go!**.

- All claims filed for that date range will be chosen unless you chose a specific filing source (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. Make sure the claims chosen to be confirmed have been checked for accuracy before confirming them in bulk.

12.7.3 Confirm Individual Claims

- Click the **Claim** radio button in the *Claims* section of the *Home* page.
- Type in the Claim ID and click **Go!**.

- The *Claim Details* page displays.
- If the claim has no more critical exceptions, check the box next to **Billing Confirmed**.

Claim ID: 449
 Filed On: Web

Printer Friendly
 Show All Claims

Total Claims: 1
 Total Calculated Amount: \$18.12
 Total Authorized Amount: \$18.12
 Total Units: 4
 Total Hours: 01:00
 Scheduled Units: 4
 Scheduled Hours: 01:00

Billing Confirmed
 Inactive Claim

Save
 Delete All
 Cancel

5. Click **Save**.

12.8 Unconfirming Claims for Further Editing

Occasionally you will need to edit a claim that has been confirmed but not yet exported. To edit it, you must first unconfirm it.

1. Open the individual claim.
2. Uncheck the **Billing Confirmation** box.

Billing Confirmed
 Inactive Claim

Save
 Cancel

3. Write a note.

Note:

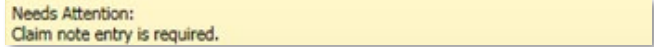
Note Data
 No note data was found.

4. **Save** the claim.
5. The claim can now be edited, inactivated, or deleted. It must be confirmed again before it can be exported for adjudication.

12.9 Caution: Claims for Same Date of Service

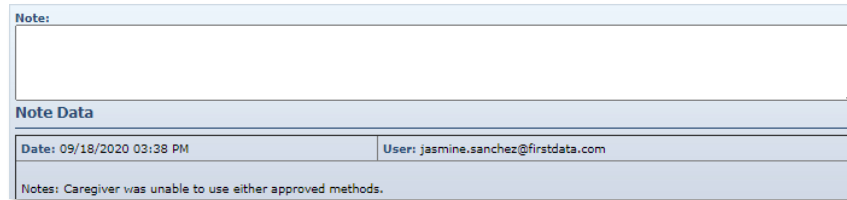
Clients receiving the same service on the same date and from the same provider must be verified together to ensure they are exported as a group. Failure to do so may lead to any remaining claims for that specific service, client, that specific date, being considered duplicates and subsequently denied.

If the provider attempts to save the claim without a note, AuthentiCare will display an error message: “*Claim note entry is required.*”



Needs Attention:
Claim note entry is required.

Once a claim is saved, the note entered appears in the *Note Data* section on the *Claims* page.



Note:

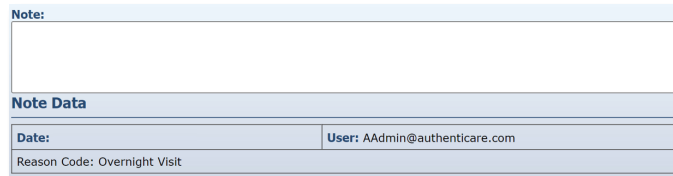
Note Data

Date: 09/18/2020 03:38 PM	User: jasmine.sanchez@firstdata.com
Notes: Caregiver was unable to use either approved methods.	

The *Note Data* is included in the body of the *Claim Data Listing* report. For more information regarding the *Claim Data Listing* Report, refer to the AuthentiCare Reports Guide.

12.10 Services Provided Overnight

When a worker provides services overnight from one day to another or a claim is entered manually into the web portal across two days, AuthentiCare will automatically split the visit into two claims. In the *Note Data* section of the Claim Details page, a note will populate indicating an “overnight visit”. The first claim will end at 11:59 PM and then second claim will begin at 12:00 AM.



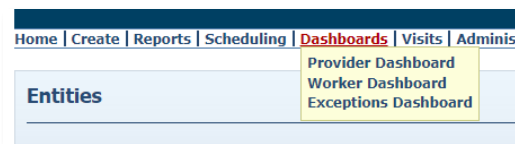
Note:

Note Data

Date:	User: AAdmin@authenticare.com
Reason Code: Overnight Visit	

13.0 Dashboards

There are three AuthentiCare dashboards-- Provider, Worker, and Exceptions. The dashboards are available from the main menu. Each dashboard is outlined below.



Home | Create | Reports | Scheduling | **Dashboards** | Visits | Adminis

Entities

- Provider Dashboard
- Worker Dashboard
- Exceptions Dashboard

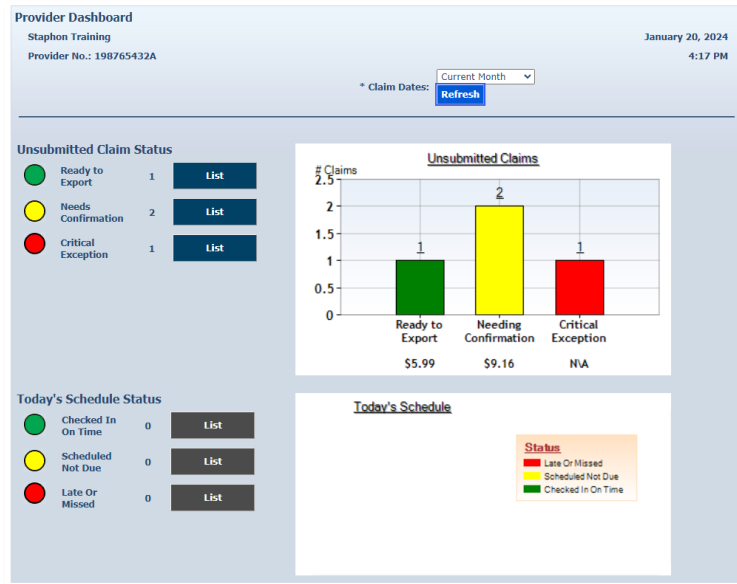
13.1 Provider Dashboard

The provider dashboard has two main sections: Unsubmitted Visit Status and Today’s Schedule Status. Both sections are outlined below.

To change the claim dates displayed on the dashboard, select an updated date range for the *Claim Dates* drop-down menu and then click **Refresh**.



Notes: If **fixed date range** is selected for *claim dates* are chosen, the date range should have a maximum of a 31-day span.



13.1.1 Unsubmitted Visit Status

The *Unsubmitted Visit Status* section provides information on the number of visits that fall into the following categories:

- **Ready to export:** This gives the number of claims that have been confirmed by the provider but have not yet been exported for adjudication. These claims may have informational exceptions, but they do not have any critical exceptions. In the next routine system export, these claims will be exported. Click the **List** button to view these claims on the *Claims Search Results*.
- **Needs Confirmation:** This represents the number of claims that are ready to be confirmed for submission and cannot be exported until confirmation. Once a claim has been confirmed, it will be moved to the *ready to export* list. Click the **List** button to view the *Confirm Billing* page where providers can confirm these claims.
- **Critical exception:** This represents the number of claims with one or more critical exception in addition to submission confirmation. These claims require provider attention, and the associated critical exceptions prevent the claim from being confirmed for export. Click the **List** button to view the *Claim Search Results*, which will list these claims.

13.1.2 Today's Schedule Status

The *Today's Schedule Status* section provides information for the events scheduled for the current day only if the provider is using the scheduling functionality of AuthentiCare. If a provider does not use the scheduling functionality in AuthentiCare, this section of the dashboard will show zeros. Refer to [scheduling section](#) for more information. This section of the provider dashboard is divided into the following three categories.

- **Checked-in on time:** This represents the number of events (claims) where the worker has checked-in on time. The worker checked-in between 30 minutes prior to the scheduled event start time and up to 30 minutes after the scheduled event start time.
- **Scheduled Not Due:** This represents the number of events scheduled for later in the day based on the current time in AuthentiCare.
- **Late :** This means the worker checked-in later than 30 minutes after the scheduled start time of the event but before 11:59pm that calendar day.
- **Missed:** The worker did not check-in by 11:59 pm on the calendar day of the scheduled start time of the event.

13.2 Worker Dashboard

The *Worker Dashboard* provides quick access to information about the current day's schedule. Certain users with the provider agency will have access to the *Worker Dashboard*.

If the provider does not use the scheduling functionality in AuthentiCare, or if there are no scheduled events for the date selected, the *Worker Dashboard* will be blank.

1. Place your cursor on **Dashboards** in the Main Menu toolbar and click **Worker Dashboard**.
2. The *Worker Dashboard* displays real-time information about the scheduled events for the current day.



Today's Scheduled Workers	Worker ID	Scheduled Check-In Time	Actual Check-In Time	Client Name	Client ID	Status
Test, Jake	378081	10:15 AM		Foxtrot, Echo	222222333333	● Scheduled Not Due
Test, Jake	378081	09:00 AM	09:00 AM	Foxtrot, Echo	222222333333	● Checked In On Time
Test, Jake	969537	08:50 AM		Foxtrot, Echo	222222333333	● Scheduled Not Due

3. Each column has the option to sort the information. By default, the *Worker's Dashboard* displays the scheduled events in ascending alphabetical order of the worker's last name.



Note: To change the order of the sort, click the title of the column, then the arrow in the column name on which you wish to have the information displayed.

4. The **Status** column displays one of the following statuses:

- **Checked-in on time**: This represents the number of events (claims) where the worker has checked-in on time. The worker checked-in between 30 minutes prior to the scheduled event start time and up to 30 minutes after the scheduled event start time.
- **Scheduled Not Due**: This represents the number of events scheduled for later in the day based on the current time in AuthentiCare.
- **Late**: This means the worker checked-in later than 30 minutes after the scheduled start time of the event but before 11:59pm that calendar day.
- **Missed**: The worker did not check-in by 11:59 pm on the calendar day of the scheduled start time of the event.














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

- Click the worker's name or AuthentiCare Worker ID to display the *Worker Entity Settings* page. This allows you to view the information about the worker.
- Click the scheduled check-in time to display the *Scheduled Event* page. This allows you to view the information about the event.
- Click the actual check-in time (if there is one) to display the *Claims* page. This allows you to view the information captured for the claim.
- Click the client's name, or client Medicaid ID in AuthentiCare to display the *Client Entity Settings* page. This allows you to view the information about the client for whom the event is scheduled.

13.3 Exceptions Dashboard

The *Exceptions Dashboard* facilitates quick access to information about exceptions associated with claims.

1. Place your cursor on **Dashboards** in the Main Menu toolbar and click **Exceptions Dashboard**.
2. The *Exceptions Dashboard* displays real-time information about exceptions on claims.

* Claim Dates: Last Month		Refresh
	No Authorization	0 List
	Authorized For Different Service	0 List
	Outside Of Authorized Period	0 List
	Authorized Units Exhausted On	0 List
	Authorized Units Exhausted Before	0 List
	Incomplete Claims Outside Check Out Window	0 List
	Incomplete Claims Within Check Out Window	0 List
	Eligibility Exceptions	0 List
	Duplicate Exceptions	0 List
	Unenrolled Provider Service Exception	0 List
	Claim Review Needed	0 List
	Payer Review Required	0 List
	Payer Denied	0 List
	Other	4 List

3. Each entry is an exception on a claim. If there are no records, the **List** button remains gray. If there are items associated with the exception, the **List** button becomes blue and is clickable. Use these lists to identify claims with specific exceptions. A single claim with multiple exceptions will be listed on multiple lists.

14.0 Reports

The *Reports* page allows options to create a new report, to create and to use a report template, and to view an existing report.

14.1 Report Menu

The *Homepage* Main Menu toolbar allows access to reports by clicking **Reports**.

Home **Reports** My Account | Custom Links | Logout

The *Report* page displays.

There are three sections of the *Report* page:

- **Report Templates** – Users can create templates for reports that are created on a regular basis. For example, if there is a need for a report on *Late and Missed Visits* at the end of each month for all clients, a template can be created with the desired settings.
- **Create Reports** – A variety of reports are available for creation, and each can be filtered and sorted to create a unique report to fit the user’s needs. Each report name is a hyperlink that allows you to enter your filter criteria, sort criteria, and run the report.
- **View Reports** – Once a report is generated, it appears in the *View Reports* section of the page. Reports can be saved to the user’s local drive for permanent storage and retrieval. If a report is needed later and has been deleted, it can simply be rerun for the same dates.

14.2 Report Descriptions

Report Name	Description
Authorizations	The Authorizations Report lists all authorizations in AuthentiCare for a given time. Include filters to include only authorizations for a particular client or service. The Authorizations Report does not include the claims associated with the authorizations.

Report Name	Description
Authorization History	The Authorization History Report lists both new authorizations and updated authorizations. Labels in the report indicate if an authorization is “New” or has an “Update” with the “change” date and the “start date” of the updated service. The report displays the last two records and the update so providers can identify changes.
Billing Invoice	The Billing Invoice report gives a list of visits for each service date, along with the billing status and amount. With this report, providers have documented what was submitted each day. Providers can then monitor the Remittance Advice to validate that each visit was adjudicated as expected.
Calendar	The Calendar Report lists all scheduled events for a specific time. 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.
Claim Data Listing	The AuthentiCare Claim Data Listing Report gives a provider the ability to download visits data as needed for use in the back-end systems. As with the other AuthentiCare reports, the provider must select report criteria on the criteria pages. The Claim Data Listing Report lists, by provider and worker, all services performed during a given time and the total dollars billed.
Claim Details	The report provides most the data elements shown in the claim record, displayed as one row for the client, with only the current payer.
Claim History	The Claim History Report lists the detail of changes made to a claim or group of claims for auditing purposes. For example, a claim was confirmed for billing and there is a need to know who confirmed it. The Claim History Report requires a filter for Visit Dates which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range.
Clients by Provider	Lists all providers and all clients under each provider. All client specific information is enclosed in this report.
Eligible Client Data Listing	Shows any clients that the provider has authorization to provide services for or has visits. The report provides most the data elements shown in the client record. The EVV Units of Service Summary Report shows the daily, weekly and monthly totals of service units delivery for a specific Medicaid ID. The report also helps identify breaks in services for that Medicaid ID.

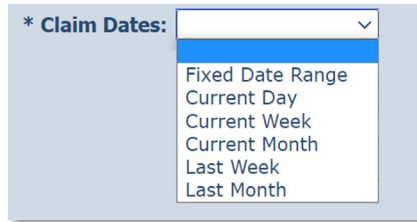
Report Name	Description
Exception	Exceptions are used to identify visits that do not meet the business rules established for the program. Exceptions can be informational to alert the user that a criterion was not met, i.e., check-in phone number does not match authorized, or can be critical which prevents the visit from being exported for adjudication, i.e., no authorization for service. The Exception Report is structured to identify exceptions for a single client or for multiple clients with the same exception.
Late and Missed Visits	Provides information on late and missed visits. The report can be filtered to display information relating to a particular client, worker, service, or event.
Overlapped Claim by Client	In typical circumstances, clients receive only one service at a time. The Overlapped Claim by Client Report enables the user to identify clients whose care may be compromised as well as workers who may have forgotten to check out from one service before beginning to provide another service to the same client.
Overlapped Claim by Worker	AuthentiCare verifies the occurrence of authorized worker visits by electronically documenting the precise time a service delivery visit begins and ends. This report identifies workers who are servicing two beneficiaries at the same time.
Provider Activity	The provider activity report shows the EVV record associated with the beneficiary and matches it to the claim submission for the provider. This report shows any clients that the provider has authorization to provide services for or has visits. It provides most the data elements shown in the client record. The report displays only one row for the client, with only the current payer.
Remittance Advice	This report provides remittance advice reporting on the AuthentiCare, so that Providers can examine paid claims, and understand check amounts.
Remittance Data Listing	Provides remittance advice reporting on AuthentiCare, allowing providers to review paid claims and understand check amounts.

Report Name	Description
Time and Attendance	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. It can identify workers who report an unusually high number of hours worked as that could be considered a risk for quality-of-care issues or for providers to use to compare revenue generated by one worker with another. The Time and Attendance Report has several filter criteria. Claim Type, Claim Dates and Exception are all required when running the report.
Unauthorized Location	This report serves as an administrative tool allowing the Provider to identify workers checking-in and checking-out from a location other than the client's authorized location.
Unauthorized Phone Number	The Unauthorized Phone Number Report offers convenient access to a list of IVR calls made from a phone other than the one associated with the client. These calls result in a claim with an unauthorized phone number exception. The report serves as an administrative tool, enabling the provider to identify phone numbers that have changed and need updating in AuthentiCare.
Worker Activity	Much like the Provider Activity Report, the Worker Activity Report has detail and can be used to validate caregivers' service and time of service to clients.
Worker By Provider	The Worker by Provider provides a list of all services performed during a given time, along with the total dollars billed and the ability to download visit data as needed

14.3 Creating a Report

To create a report, follow the steps below.

1. Select the desired report from the *Create Reports* section of the *Reports* page.
2. Enter a **Report Name**. This automatically defaults to the name of the report selected, but this name can change to something more descriptive.
3. Enter a **Description**, if desired. This is most helpful in creating templates.
4. Choose a date range from the drop-down box for the *Claim Dates* or *Effective Dates* field, depending on the report selected. Select Fixed Date Range the range must be equal or less than 31 days.



5. Enter any other filter criteria desired such as client, worker, or service. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If information is not added, the report includes all information for the period selected.
6. Select **Sort** criteria as desired. These are similar for all reports. AuthentiCare allows selection of up to three sort items.
 - It is recommended to sort reports by service date to make sure the data is received in chronological order.
7. Choose the **Report Type(s)** to indicate the format in which the report will be displayed. You can choose as many format types as needed.
8. Click **Run Report**.
9. The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status. The Status can be one of the following:
 - Queued – the report is in line for processing.
 - In Progress – the report is being created.
 - Completed – the report is ready for viewing.
10. It usually takes a few minutes for a report status to change from *Queued* to *In Progress* to *Completed*. 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.

View Reports

[Refresh]

[Delete Selected Reports]

14.4 Viewing Reports

Click one of the icons under the report name to generate the report in the desired format. These icons do not appear until the status of the report is **Completed**. The icons are:



Adobe (pdf). This format is the most convenient for printing and viewing.



Excel (xls)



Comma delimited (CSV).



XML.



Important: The column headings in the *View Reports* section are hyperlinks that change the sort order of the reports that are displayed in this section. Click the hyperlink to adjust the view between descending and ascending order based on the values in the column chosen.

14.5 Using Report Templates

Templates are the fastest way to create reusable reports. For example, if you needed to look at a specific report every day, you should create a template. Templates remain in the *Report Template* section until deleted.

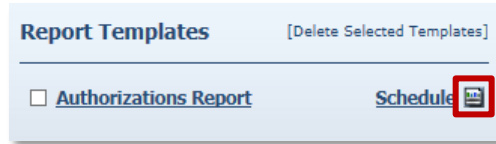
14.5.1 Creating Report Templates

To create a report template, follow the steps below.

1. Click on a report name from the list provided in the *Create Reports* section of the *Report* page.
2. The report criteria page for the report displays. This page is where you enter the filter and sort criteria for the report.
3. Enter a unique **Report Name**. This automatically defaults to the name of the report selected, but this name could be changed to something more descriptive.
4. Choose a date range from the drop-down box for the **Claims Dates** or **Effective Dates** (depending on the report).
5. Enter any other filter criteria. This varies based on the type of report.
6. Select **Sort** criteria as desired. These are similar for all reports. AuthentiCare allows selection of up to three sort items.
 - It is recommended to also sort reports by service date to make sure the data is received in chronological order.
7. Choose the **Report Type(s)** to indicate the format in which the report will be displayed. You can choose as many format types as needed.
8. Click **Save as Template**.
9. The *Report* page displays, and the template just created is included in the *Report Templates* section.

14.5.2 Running a Report from a Template

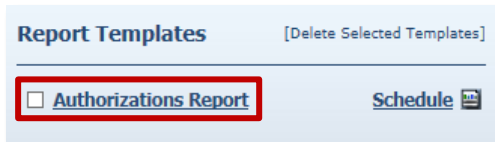
To run report from a template, click the **Run Report** icon adjacent to the name of the template. The report name will now show in the *View Reports* section of the *Reports* page with a submitted time and status of **Queued**.



14.5.3 Edit a Report Template

To edit a report template, follow the steps below.

1. Click the name of the report.

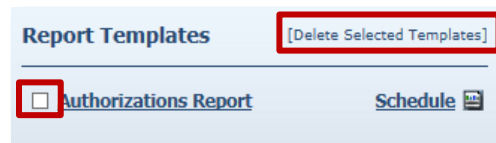


2. The report criteria page displays.
3. Edit the report criteria page as desired.
4. Click **Save as Template**.

14.5.4 Deleting a Report Template

To delete a report template, follow the steps below.

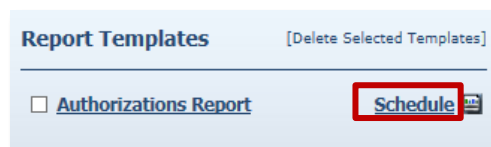
1. Click the checkbox to the left of the name of the report template you wish to delete.
2. Click **Delete Selected Templates** to permanently remove the report template.



14.5.5 Scheduling a Report

Instead of running as a report immediately from the *Reports* page, users can select **Save as Template** and schedule the report to run at a specific time. To schedule a report, follow the steps below.

1. Create a report template as outlined in [Section 13.5.1](#).
2. Click **Schedule** next to the name of the report.



3. The *Schedule Report* window displays.

Schedule: Provider Activity Report

Schedule Type: DAILY

Start Date: 7/8/2019 Time: 01:00 AM PST

End Date: 7/7/2020

Monthly: Day of the Month 1 The First Monday

Recurring Weekday: Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Disabled:

Email: Send Email when report completes

Email Addresses (semicolon delimited list):
cmc@302test.com

Update Cancel

4. Select the **Schedule Type**, **Start Date**, **End Date** and other reoccurring features.
5. Specify **Email Addresses** to receive an automated email alert once the report has completed running and the file is ready for download in AuthentiCare.
6. Click **Update**.

15.0 Appendix A: Glossary

Term/Acronym	Meaning/Use
NH DHHS	New Hampshire Department of Health & Human Services
DHHS	Department of Health & Human Services
Claim	Each episode of service captured in AuthentiCare is known as a Claim. Each will have a unique Claim number. Claims may be entered into AuthentiCare by the mobile device, IVR, or the Web.
Client	The New Hampshire recipient of services and/or health plan member is known as Client throughout this manual.
AuthentiCare Support Services	AuthentiCare Support Services is the Fiserv team established to assist users over the phone or by email.
Event	In the Scheduling functionality in AuthentiCare, an event is a visit scheduled in advance for service to a client
FD	First Data which is now Fiserv, is the company that operates AuthentiCare for New Hampshire
GPS	Global Positioning System
IVR	The Interactive Voice Response System used by AuthentiCare contains pre-recorded information that the worker interacts with via touch tone phone when calling a designated toll-free number.
Mobile Device	A GPS enabled mobile device (smartphone or tablet) can be used to record services provided for a client.
Provider	Agencies that are authorized/enrolled to deliver services for a client.
Role	A Role designates what information the user may access and what actions the User may perform on the AuthentiCare website.
Service	The procedure provided for the client through AuthentiCare New Hampshire is known as the service.
Worker	The worker is the employee of an agency or self-directed member. They provide services to a client.

16.0 Appendix B: Exceptions

16.1 Critical Exceptions

Claims with Critical Exceptions cannot be submitted for export to a Payer until the identified problem has been corrected.

Code	Exception	Definition	What do I need to do?
A1	Authorize	There is no authorization in AuthentiCare for the service, date, Client, and/or Provider.	Wait for authorization to be provided from NH DHHS then click Save on the <i>Claim Details</i> page to clear the critical exception. AuthentiCare will automatically recalculate once the valid authorization is entered.
C5	Calculate	All data needed to calculate the claim is not available. Usually means that the check-in time or check-out time is missing. If an Authorize exception occurs, it will trigger the Calculate exception as well.	Use the web portal to perform claim maintenance by entering the missing check-in or check-out.
A2	AuthExhaustedOn	Indicates the authorization was exhausted (authorized units consumed) as a result of this claim.	Wait for authorization to be provided from NH DHHS then click Save on the <i>Claim Details</i> page to clear the critical exception.
A3	AuthExhaustedBefore	All authorized units were used before this claim was calculated.	Wait for authorization to be provided from NH DHHS then click Save on the <i>Claim Details</i> page to clear the critical exception.
I2	WorkerEligibility	The Worker is not eligible to deliver services based on their start and/or end dates or Inactive status.	Edit the Worker start date if appropriate by searching for the worker in the Entities section of the web portal, then edit start date and save.

Code	Exception	Definition	What do I need to do?
C2	DuplicateClaim	A visit for the same member, provider, service, date of service, and time already exists in the system.	Inactivate one of the duplicate claims by using section 11.6 of this manual.
C1	ConfirmBillingForClaim	The claim has not been confirmed for billing.	Confirm billing by following the steps in section 11.7 of this manual.

16.2 Informational (Non-Critical) Exceptions

Informational Exceptions or non-Critical exceptions do not prevent a Claim from being processed, i.e., there is no action required to confirm the Claim. This informational exception does serve as a notice of some problem associated with the Claim creation which may warrant further investigation.

Code	Exception	Definition	What do I need to do?
I3	ClientEligibility	The Client (Member) is not eligible to receive services based on their eligibility start and/or end dates.	Client must have active status and service date must be within begin and end dates.
I1	ProviderEligibility	The Provider is not eligible to deliver services based on their start and/or end dates or Inactive status.	
G1	UnAuthPhoneCheckInNoMatch	The claim was filed by checking-in from a phone number that does not match the phone number on record for the Client.	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. Clear the critical exception with a reason code and note data.
G2	UnAuthPhoneCheckOutNoMatch	The claim was filed by checking-out from a phone number that does not match the phone number on record for the Client.	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. Clear the critical exception with a reason code and note data.

Code	Exception	Definition	What do I need to do?
L1	OutOfFenceCheckIn	The check-in location does not match the Client's learned location for the selected address.	Verify that the location where the check-in occurred is an authorized location. If it is, then clear the critical exception with a reason code and note data.
L2	OutOfFenceCheckOut	The check-out location does not match the Client's learned location for the selected address.	Verify that the location where the check-out occurred is an authorized location. If it is, then clear the critical exception with a reason code and note data.
O1	OverlappedWorker	The worker has recorded multiple visits at the same time.	Verify which service the worker provided. Inactivate the other claim(s).
O2	OverlappedClient	There are multiple visits recorded for a given client at the same time.	Verify which service the worker provided. Inactivate the other claim(s).
C6	EVVNotUsed	Visit was not created using mobile app or IVR.	You may want to check with the worker to understand why EVV was not used. Clear the critical exception with a reason code and note data.
C17	ClaimDoesNotHaveAttestation	Identifies the claim is missing a client attestation at Check-Out.	No action required. You may want to check with the worker to understand why client attestation was not captured.

Code	Exception	Definition	What do I need to do?
C3	MissingActivityCode	Activity code is missing from claim where service requires code entry.	Add appropriate Activity code(s) by performing Claim Maintenance by following the instructions in section 11.3

17.0 Appendix C: Activity Codes

The following tables contain the activity codes used for New Hampshire claim creation:

Activity Codes	
Activity Name	Code
Bathing and Grooming	20
Dressing or undressing	21
Toileting	22
Ambulation and Mobility	23
Meal Preparation and Set-Up	24
Shopping and Errands	25
Accompanying to Medical Appointment	26
Laundry	27
Medication Reminder	28
Feeding	29
Transfer	30
Housekeeping	31
Incontinence Care	32
Transportation to Medical Appointment or Services	33
Report Changes in Condition	34
Administer Medications	35
Skin or Decubitus Care	36
Tube Feedings	37
Catheter Care	38
Tracheostomy Care	39
Wound Care	40
Ventilator Care	41
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 or decreased appetite	83
Weight gain or swelling of legs or feet	84
Difficulty speaking clearly or being understood	85
Difficulty using the telephone	86
Increased Level of Pain	87
Increased Anxiety Level	88
Behavioral problem such as yelling, spitting, or getting lost	89
Difficulty sleeping	90
New problems with vision	91
New problems with forgetfulness	92
Recent falls	93
Recently admitted to hospital	94
Recently in emergency room	95
Upcoming Surgeries	96

18.0 Appendix D: Reason Code List

During the claim maintenance process, the below reason codes can be selected to clear certain critical exceptions:

Reason Code
Client not able to sign
Tablet Malfunction
Smartphone Malfunction
Landline/IVR Unavailable
Weather Issue
Electrical Outage
Verified Visit Data As Accurate
Forgot to clock in
Forgot to clock out

Activity Codes:
 (ex: 3,5,8)

*** Reason Code :**

- Client not able to sign
- Tablet Malfunction
- Smartphone Malfunction
- Landline/IVR Unavailable
- Weather Issue
- Electrical Outage
- Verified Visit Data As Accurate
- Forgot to clock in
- Forgot to clock out

Note:

19.0 Appendix F: File Format for Uploaded Schedules

System administrators who would like to upload schedules in AuthentiCare for their workers can do so using the below file format and the provided file sample.

Field	Max Chars	Description	Standard Content Validation
Jurisdiction Code	8	Assigned Jurisdiction NHEVV	Required ; Alphanumeric characters
username	1	Leave Null	Optional; Alphanumeric characters
password	1	Leave Null	Optional; Alphanumeric characters
AppointmentId	64	Unique identifier of a scheduled appointment in the Provider's system (Foreign Primary Key)	Required ; Alphanumeric characters – Used to determine if file record is a new appointment or updating an old one.
ProviderId	64	Provider ID assigned by AuthentiCare (ID on the <i>Provider Entity Settings</i> page) Not the Provider Medicaid ID	Required ; Alphanumeric characters
PrimaryWorkerId	64	Worker ID assigned by AuthentiCare (ID on the <i>Worker Entity Settings</i> page) Worker must be associated to the provider	Optional; Alphanumeric characters
BackupWorkerId	64	Worker ID assigned by AuthentiCare (ID on the <i>Worker Entity Settings</i> page) Worker must be associated to the provider	Optional; Alphanumeric characters

Field	Max Chars	Description	Standard Content Validation
ConsumerId	64	Client Medicaid ID (ID on the <i>Client Entity Settings</i> page)	Required ; Alphanumeric characters
ServiceId	64	Service ID value of an AuthentiCare Service to be provided	Required ; Alphanumeric characters
AddressType	Int	Address Type of a valid AuthentiCare address for the Client	Required ; Valid Address Types: Home = 1, Work = 2, Billing = 3, Other = 4
AddressDesc	64	Address Description of a valid AuthentiCare address for the Consumer	Optional; Alphanumeric characters. Normally blank unless AddressType = 4 (Other)
ApptStartDate	Date	Date the appointment starts	Required ; Format: MM/DD/CCYY
ApptStartTime	Time	Time the appointment starts	Required ; Format: HH:MM:SS (24 hour)
Duration	Time	Duration of the appointment	Required ; Format: HH:MM:SS (24 hour)
DeleteFlag	Bit	0=Insert 1=Delete	Required ;