

# Electronic Visit Verification

## Frequently Asked Questions

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## GENERAL QUESTIONS

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| <b>Question</b> | <b>What is Electronic Visit Verification (EVV) and is it mandatory ?</b>  |
| <b>Answer</b>   | EVV is the process of utilizing technology to verify home health care visits by capturing time, location and attendance of health care workers.<br>EVV is mandatory for the services posted on the website. Providers are to review the list of services periodically.<br>The State of NH has contracted with Fiserv to implement EVV. Fiserv utilizes the application of AuthentiCare. |

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| <b>Question</b> | <b>When does EVV become in effect ?</b>  |
| <b>Answer</b>   | The MCOs are expected to be ready by the end of April and full Go Live is anticipated to begin June 1, 2024. The claims requirements are expected 60 days after Go Live, approximately August 1, 2024. |

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| <b>Question</b> | <b>What is the name of the application to download for EVV? Can you send the link to download the application to be able to familiarize ourselves with the apps?</b> |
| <b>Answer</b>   | AuthentiCare 2.0 is the name of the application, however you will not be able to use it until NH goes live.  |

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| <b>Question</b> | <b>Is it possible to create a care plan through the portal?</b>   |
| <b>Answer</b>   | No, there is not a care plan component in the portal, however the provider administrator can optionally create a schedule of all the visits from a care plan. |

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| <b>Question</b> | <b>Is the MMIS portal then no longer needed?</b>                                       |
| <b>Answer</b>   | You still want to view information on MMIS as it is the system of record of the State. |

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| <b>Question</b> | <b>How and when do we get access to the portal</b>  |
| <b>Answer</b>   | Once a provider has completed AuthentiCare training, they will receive their log on credentials and access to the NH AuthentiCare Web portal. |

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| <b>Question</b> | <b>What will training cover ?</b>   |
| <b>Answer</b>   | Training will cover Web Portal, Reporting, Mobile App/Interactive Voice Response (IVR). |

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| <b>Question</b> | <b>When will the worker data need to be loaded onto a spreadsheet and submitted?</b>  |
| <b>Answer</b>   | The spreadsheet will be provided in the Provider training sessions. It is recommended that as quickly after training as possible, workers be entered. |

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| <b>Question</b> | Will the training be separated for providers using 3rd party versus those that are using the AuthentiCare app directly?  |
| <b>Answer</b>   | All providers will need to be trained in AuthentiCare's website for provider administrator functions, such as worker entry and reporting. We will have separate sessions on the same days. |

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| <b>Question</b> | Will there be a demonstration for how Fiscal Intermediaries (FIs) will utilize this portal, as well as using an alternate EVV and how that will tie to AuthentiCare? |
| <b>Answer</b>   | These groups will receive the same type of training as everyone else.  |

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| <b>Question</b> | If we are using a 3rd party vender, are we still required to attend one of the training sessions in order to receive production credentials? |
| <b>Answer</b>   | Yes - there will still be functions you'll need to understand in the AuthentiCare system, and you'll have a specific training session.       |

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| <b>Question</b> | How do we get access to the Fiserv Learning Management system?   |
| <b>Answer</b>   | Fiserv will be sending emails out to create an account in the learning management system in advance of the training session. |

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| <b>Question</b> | Does the training include the managers who need to approve EVV visits ? If so, which training includes that?                  |
| <b>Answer</b>   | The Web Portal and Reporting training is for the Provider Administrators. The approval of visits is in the Web Portal portion |

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| <b>Question</b> | These systems are complex, and you cannot evaluate workflows until you actually work with it. Will there be trial periods for agencies to familiarize and modify procedures? |
| <b>Answer</b>   | Training will be provided, along with a test environment to help providers familiarize themselves with the portal prior to going live.                                       |

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| <b>Question</b> | Our agency only provides those services being delayed. So we don't have services starting on 3/18. Will a new series of trainings be held when the delayed services go live, or should we attend in January ? |
| <b>Answer</b>   | Training session will be held in the future for providers of services which have been delayed.  |

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| <b>Question</b> | Should all employees who will access AuthentiCare be trained through the established Authenticare training. I have heard missed understanding of this that an employee can be trained by the provider agency itself which was not my understanding. |
| <b>Answer</b>   | Each user of the web portal should be go through the training.  |

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| <b>Question</b> | Will there be any office hours/meetings as we get close to the June 1 go-live date or only beginning June 3? |
| <b>Answer</b>   | There will be meetings every day at 9am beginning 6/3  |

## PROVIDER ADMINSTRATORS

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| <b>Question</b> | How many provider admin roles will each organization be allowed ?                           |
| <b>Answer</b>   | There is currently not a limit; however Fiserv suggest limiting the administrator function. |

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| <b>Question</b> | How do the Administrator emails get into Authenticare ?  |
| <b>Answer</b>   | Provider Administrator will set them up once they have their credentials and able to sign into NH Authenticare. The Provider Administrator needs to enter the preferred email into Authenticare. |

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| <b>Question</b> | How do I add an Administrator when the system indicates the person already has an account ?   |
| <b>Answer</b>   | If you've added and deleted them and go to add them again, they won't be able to be re-added with the same email address.<br>Please send a screenshot to <a href="mailto:Authenticare.Support@fiserv.com">Authenticare.Support@fiserv.com</a> |

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| <b>Question</b> | I can only add HR and billing staff and do not have emails for other staff. Please explain why we need two email addresses. |
| <b>Answer</b>   | You may have to set up aliases. It is a data scope issue, in which organizations need to have separate logins for security. |

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| <b>Question</b> | Is attending the training required to set up admins in Authenticare? |
| <b>Answer</b>   | Yes, training is required to set up the Administrator role.          |

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| <b>Question</b> | By separate emails do you mean completely different email addresses? Or do you mean filling out a separate form for each ID with email included? |
| <b>Answer</b>   | Yes, a separate form is required for each ID and needs to include an email address.  |

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| <b>Question</b> | If we had an admin go through training, but I want to pull down reports, do I need to go to training?   |
| <b>Answer</b>   | No, the training was setup such that your administrator should be able to walk you through, however you are welcome to sign up for the virtual or on-demand training in the xChange learning management system. |

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| <b>Question</b> | Can a portal admin also be an app user?   |
| <b>Answer</b>   | Yes, you will need to add the person person under both provider admin and worker. |

## PILOT PROVIDERS

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| <b>Question</b> | When does the Pilot begin ? And how long does it last ?        |
| <b>Answer</b>   | February 12, 2024 and has been extended through April 29, 2024 |

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| <b>Question</b> | Can we be in the Pilot and also complete tasks in MMIS   |
| <b>Answer</b>   | It is encouraged that you participate fully in the pilot. However, some members are continuing to be billed directly through MMIS. |

## UPLOADING WORKERS

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| <b>Question</b> | The reference to Parent Provider ID - is this the Medicaid ID the provider uses? |
| <b>Answer</b>   | Yes, the Parent Provider ID is the MID (Medicaid Identification Number).         |

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| <b>Question</b> | Will a different Worker ID be generated once the upload is complete or are the Workers to use their SSN minues hyphens as their permanent Worker ID ?  |
| <b>Answer</b>   | Yes, a Worker ID is generated once the worker information is uploaded. The SSN connects the information and different worker IDs will be generated if the worker has more than one employer. |

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| <b>Question</b> | I am hearing push back regarding using clinicians' social security number as the identifier. Any consideration for an alternative id#?   |
| <b>Answer</b>   | DHHS has contracted with Fiserv to deliver the standard EVV solution, AuthentiCare. AuthentiCare uses Social Security Numbers as a worker's unique identifier across provider agencies. The AuthentiCare system has several security roles, only two of which would have access to enter an SSN: the Provider Administrator and the Human Resources Administrator. Once the SSN has been entered to the worker's profile which is a one-time process, AuthentiCare masks the entry so only last 4 digits are visible. Using SSN is not a requirement for AuthentiCare. However, the Fiserv team have recommended it over a concatenation of name/DOB/4 digits of SSN, as this option may not reliably map to workers and create usability issues. In order to prevent fraud, waste, and abuse, the project team determined that using the SSN is the most cost-effective way to ensure workers' efforts have been accurately captured in the system. The collection of SSN is also consistent with other state system requirements for Medicaid providers. |

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| <b>Question</b> | Where does the EVV spreadsheet get uploaded with all the employee information?          |
| <b>Answer</b>   | An email with instructions was sent to providers who attended NH Authenticare training. |

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| <b>Question</b> | If we are using a 3rd party vendor do we still need to enter service IDs on the upload sheet? How does this match with data that 3rd party vendor is sending? |
| <b>Answer</b>   | Yes, service IDs need to be uploaded and are matched with the worker SSN.   |

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| <b>Question</b> | On the csv upload for the user Phone and address, can we provide their work phone but can we just use the agency address? |
| <b>Answer</b>   | Yes, the agency address may be used.  |

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| <b>Question</b> | Who will be entering the worker data? I am concerned about on-going manual task of adding workers. Are you not able to use the integration/API to add workers?  |
| <b>Answer</b>   | Workers will be uploaded by Fiserv as a part of the initial onboarding process. After this initial import subsequent new workers will be added manually by the provider administrator or human resource representative. |

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| <b>Question</b> | <b>Can you delete a worker if someone leaves ?</b>   |
| <b>Answer</b>   | No, the system will not allow you to delete the worker. Providers can disable a worker, but not delete a worker. By maintaining the worker database, and not deleting the workers, historical information is maintained. |

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| <b>Question</b> | <b>Is this worker information only for providers not using an alternate EVV solution? Do the workers need to be added here if we plan to export data from our system and upload it to the aggregator?</b> |
| <b>Answer</b>   | No, all providers must enter their worker’s profiles.   |

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| <b>Question</b> | <b>Can the worker be “assigned” to a client, or do they always have to search?</b>                         |
| <b>Answer</b>   | If they are using the mobile app, the clients will need to be searched by full name or Medicaid ID number. |

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| <b>Question</b> | <b>How does FiServ handle a worker who works for more than one agency?</b>   |
| <b>Answer</b>   | Workers will be added to each of their agencies based off of their social security number. The social security number connects the master record to each agency. |

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| <b>Question</b> | <b>Does the look up feature mean the worker can see other clients?</b>   |
| <b>Answer</b>   | No, the clients that your organization serves (based on Provider Medicaid ID), will be the only clients that your worker will see under the login you setup, even if they work at two organizations. |

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| <b>Question</b> | <b>When are we going to get access to complete this mass employee import?</b>   |
| <b>Answer</b>   | After training, prior to implementation, providers will be provided a spreadsheet to enter their workers in bulk and that completed spreadsheet will be sent to AuthentiCare via a secure portal. |

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| <b>Question</b> | <b>Is there a way to obtain the phone ID number without the employee providing it? Can we find it through the portal</b>   |
| <b>Answer</b>   | Device ID’s are specific to each workers device (phone or tablet) and automatically created in the app. This will require the provider administrator to retrieve this ID from the worker. The worker can copy the device ID within the app and can email or text it to the provider administrator. |

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| <b>Question</b> | Please check on the tax implications. A concern is that this may be viewed as ordinary income that the families will need to add to their tax return. What are the tax implications on the families if they are listed as the “workers”? |
| <b>Answer</b>   | Thank you. We’ll review this internally  |

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| <b>Question</b> | If AuthentiCare is used as an aggregator and documentation is being done in a different system, then do you still need the worker spreadsheet completed? Do service codes need to align?   |
| <b>Answer</b>   | Yes to both questions. Your company may use the aggregator, however your workers may be with a second company and thus we’ll still need the master record to sync. Service codes will also need to match up between systems – this is part of the specifications and requirements for alternate EVV solutions. |

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| <b>Question</b> | Would it be possible to make the worker upload option available on an ongoing basis (since there’s lots of turnover)? |
| <b>Answer</b>   | Unfortunately, worker additions will be manual, after the initial load.   |

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| <b>Question</b> | What are the staff/provider requirements for AuthentiCare - ex: SSN or NPI number?   |
| <b>Answer</b>   | This is still being discussed as for what information you’ll need from your staff in order to enroll them in the system. Our program integrity unit is assessing how to ensure a worker who works for multiple agencies is assigned to the correct agency for the visit. We expect that all Direct Support Professionals (DSPs) will register with DHHS and be issued an internal number which will be used to register the DSP in AuthentiCare. |

## EVV MOBILE APPLICATION, DEVICES AND CONNECTIVITY

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| <b>Question</b> | What is the Mobile Application used for?  |
| <b>Answer</b>   | It is utilized by workers to complete the following tasks: check in and check out for scheduled and unscheduled visits; search for a client; select services and additional description. If cellular connectivity is limited worker can still check in/check out. Once Wi-Fi connection is available application will sync. |

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| <b>Question</b> | What about wifi issues. Can worker complete check-in/check-out punches from home?   |
| <b>Answer</b>   | The worker will be able to work offline and save locally, then sync when they get back to a location with connectivity. Workers cannot complete check in/check out from home. Workers are expected to check in/check out at the location of the client. |

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| <b>Question</b> | How long after the visit is entered on mobile app how long until it will appear on the portal? Can their login/password be cached? |
| <b>Answer</b>   | Immediately, assuming there is connectivity. Login and password cannot be cached or saved in device.                               |

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| <b>Question</b> | When worker is on the app, how do they select the client they are working with?   |
| <b>Answer</b>   | When the worker logs in to the application, and if the schedule is loaded, then they'll be able to see clients. If the schedule is not loaded or unavailable, then the worker will be able to search for the client either by name or Medicaid ID. The mobile app is very user friendly. All of this will be covered in the training classes too. |

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| <b>Question</b> | Is there a setup process before using the app?  |
| <b>Answer</b>   | The Application is available in both the Google Play and Apple App stores.<br><br>A document is available in the AuthentiCare website to assist providers in helping workers to set up the AuthentiCare Mobile application. |

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| <b>Question</b> | Can a worker use a tablet instead of a mobile phone?  |
| <b>Answer</b>   | Yes, a worker can use any AuthentiCare compliant mobile device, including a GPS enabled tablet Wi-Fi only device. Devices supported by AuthentiCare are Android version 6.0 or later and iOS 13 or later. |

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| <b>Question</b> | Regarding collecting worker device information what specific device information do we need to collect?   |
| <b>Answer</b>   | At this point, you can work to ensure that your technical staff or IT department adds the AuthentiCare 2.0 application to the approved applications list to download it, and then begin having users download the application. Also reviewing and ensuring that you have the employee's phone number. There will be several steps to setup when we go live, where the provider administrator will need to reach out to staff and obtain the application's device identifier. For those providers with 3 <sup>rd</sup> party EVV vendors the device data will not be required for your workers. |

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| <b>Question</b> | Will a worker's device (phone or tablet) be tracked ?   |
| <b>Answer</b>   | The worker's device will have an application which only captures the geo-fencing for their current location when the worker is actively checking in and out of a visit. |

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| <b>Question</b> | Will the device information on the worker spreadsheet need to be completed, if you are using a third-party vendor?                                |
| <b>Answer</b>   | No, if you are working with a third-party, you'll only need to complete the worker information on the spreadsheet but not the device information. |

## CHECK IN AND CHECK OUT

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| <b>Question</b> | With respect to tracking the individual receiving service, how will EVV manage the fact that staff provide services to different individuals throughout day and typically multiple individuals at the same time?  |
| <b>Answer</b>   | The direct support professional will have to check in and check out, before and after each visit for each client. The requirement to check in and out is per individual visit, not for a shift or day's schedule. |

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| <b>Question</b> | Our nurse providers perform case management and normally perform this at the office, do they stay logged in ?  |
| <b>Answer</b>   | No, most documentation as it pertains to the visit should be completed at the home. Reimbursement for mileage, completing records or phone calls are not part of reimbursable EVV. |

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| <b>Question</b> | What happens if someone forgets to clock in or clock out?  |
| <b>Answer</b>   | The worker would notify their provider agency of the missed check in or check out. A provider administrator will then enter or complete the visit information (manually) in the AuthentiCare website.<br>DHHS knows that this can happen. There is the capability where the administrative staff can manually enter dates and times; Our quality team will be monitoring the manual entries. It is always an option to input a manual claim for a visit where the DSP forgot to clock in and out. However, if using AuthentiCare as your EVV solution, the DSP can check out without checking in, giving the provider less data entry. |

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| <b>Question</b> | What is the process for the provider to clock in and out at the client's home (if on vacation) ?                      |
| <b>Answer</b>   | Yes, the caregiver still logs in, needs to select "Other" location, not at the addressed location – also make a note. |

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| <b>Question</b> | Is there a list that the State will allow for reasons to not clock in or out?                  |
| <b>Answer</b>   | DHHS is reviewing the ability to document reasons for manual entry or corrections with Fiserv. |

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| <b>Question</b> | If the worker stated is not starting at the client's home, should the worker still log in ? |
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| <b>Answer</b> | Yes, the Worker still logs in, but needs to select “other” location, not the client address. Also a note should be made. |
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| <b>Question</b> | <b>How is visit data validated?</b> |
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| <b>Answer</b> | The visit data will be validated by the worker checking in and out; CMS is looking for 6 data points, the GPS coordinates at time of check in and check out. (1. Type of service performed, 2. Individual receiving the service, 3. Date of service, 4. Location of service delivery, 5. Individual providing the service, 6. Time service begins and ends) |
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| <b>Question</b> | <b>Does the app prevent another worker from checking in if there is already one checked in for that client?</b> |
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| <b>Answer</b> | No, AuthentiCare is not designed to prevent any service from being rendered. Business rules are applied after visit is captured. |
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| <b>Question</b> | <b>Could you check in for a service that was not authorized?</b> |
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| <b>Answer</b> | Yes, you can check in for a service that wasn’t authorized. The visit will not be able to be billed until the authorization has been received in AuthentiCare. The provider will work with the payer to confirm the authorization has been delivered to AuthentiCare. Once received, AuthentiCare will automatically connect the authorizations to any related visits and the critical exception will clear. |
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| <b>Question</b> | <b>Can we override a check in if there no authorization is in place? What if an authorization is still pending review with a payer when the visit is made. Will that be allowed? What if there is a delay receiving T1019 u2 authorizations?</b> |
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| <b>Answer</b> | No, AuthentiCare is not designed to prevent any service from being rendered. Business rules are applied after visit is captured to check for authorization. The visit will not be billed until an authorization has been received. |
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| <b>Question</b> | <b>What is an Interactive Voice Response (IVR)?</b> |
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| <b>Answer</b> | IVR allows users to call into a computer operated system. Users will follow prompts and input keys to check in and out. |
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| <b>Question</b> | <b>How will the IVR option work?</b> |
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| <b>Answer</b> | Interactive voice response, or IVR, is an automated telephone system that combines pre-recorded messages or text-to-speech technology. The worker will call in and make the same input selections as on the mobile application. They'll select the patient, service, etc. by number. |
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| <b>Question</b> | <b>Is the IVR a viable option without a cellular signal?</b>   |
| <b>Answer</b>   | Yes, if there is a landline phone available, it can be used in cases of no cell coverage. It should also be noted that the mobile app does work when there is no cell coverage or Wi-Fi connection. The mobile device application will store the information and upload it once the device has connectivity. A red banner in the app will let the worker know that they have visits waiting to be uploaded. When the app is active and connects to the internet, the pending visit data will be automatically uploaded without action from the worker. |

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| <b>Question</b> | <b>Can you use both the phone (IVR) and the internet interchangeably?</b>                                   |
| <b>Answer</b>   | Yes, however users are encouraged to use the application and IVR as primary sources of checking in and out. |

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| <b>Question</b> | <b>What is Geofence?</b>  |
| <b>Answer</b>   | Geofence is a virtual perimeter set by the client’s residence’s longitude and latitude obtained at check in and check out. If the worker performs check in and check out outside of the area identified area it will notify the administrator through an informational exception. |

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| <b>Question</b> | <b>What are the recommended limits to put in for the third party s Geofence?</b> |
| <b>Answer</b>   | FiServ uses 1/8 of a mile.   |

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| <b>Question</b> | <b>How do scheduled visits get into the app?</b>  |
| <b>Answer</b>   | Scheduled visits are downloaded into the app when the worker logs in. The current day’s visits are displayed to the worker so they can see their day and for easy check in upon arrival.<br><b>Note:</b> <i>The schedule is not a required feature and does not prevent workers from checking in and out.</i> |

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| <b>Question</b> | <b>Services don't always happen in the home, they can be in the community as well. How does that work?</b>   |
| <b>Answer</b>   | AuthentiCare can be used to capture visits in both the home and community. The location will be stored wherever check in or check out has been selected by the worker. Location exceptions may be in place to let providers and NH DHHS know that the visit did not take place in the expected location. |

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| <b>Question</b> | <b>What happens if staff is providing the service in a remote location that may not have any Wi-Fi or IT connection?</b>   |
| <b>Answer</b>   | The mobile device application will store the information and upload it once the device has connectivity. A red banner in the app will let the worker know that they have visits waiting to be uploaded. When the app is active and connects to the internet, the pending visit data will be automatically uploaded without action from the worker. |

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| <b>Question</b> | <b>What if there is no cell coverage?</b>  |
| <b>Answer</b>   | The mobile app works when there is no cell coverage. The mobile device application will store the information and upload it once the device has connectivity. A red banner in the app will let the worker know that they have visits waiting to be uploaded. When the app is active and connects to the internet, the pending visit data will be automatically uploaded without action from the worker. After logging in on network, the app will have the information needed to complete the day even if there is no cell coverage. |

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| <b>Question</b> | <b>If a staff person has a flip phone and they are not able to access the clients phone how do they prove the visit verification?</b>         |
| <b>Answer</b>   | The worker will call in and make the same input selections as on the mobile application. They'll select the patient, service, etc. by number. |

**CLIENT RELATED QUESTIONS**

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| <b>Question</b> | <b>What about clients who do not have Medicaid/MCO coverage yet? For example, newborns that have applied but not added?</b> |
| <b>Answer</b>   | If the client has not been sent to AuthentiCare from MMIS, then the system cannot collect visits for a client.              |

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| <b>Question</b> | <b>If an individual does not appear when ported over, who would we contact?</b>                      |
| <b>Answer</b>   | Check client's eligibility via MMIS - Client eligibility is determined and sent over by New Heights. |

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| <b>Question</b> | <b>Does the client have to be scheduled in order for the staff to pick them up in the app?</b> |
| <b>Answer</b>   | No, they do not have to be scheduled to render a service.                                      |

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| <b>Question</b> | <b>If family hires a representative, how will that work?</b>  |
| <b>Answer</b>   | AuthentiCare supports a web user known as a Representative. These users have a data relationship to the clients and their visits. Representatives work similar to provider agencies |

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|  | within AuthentiCare. Representatives are typically associated with self-directed care programs. |
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## CLIENT RELATED QUESTIONS – LIVE IN CARE

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| <b>Question</b> | If a family member lives with the client and does not have to use EVV, how does it get billed and paid? Do we use MMIS for that one person?   |
| <b>Answer</b>   | <p>A live in caregiver is a family member who lives in the home 24/7. They are paid a single amount to care for the patient on and off through the day. This person is not required to use EVV.</p> <p>However, if a family member or caregiver is hired and paid by the agency, this person is not considered a live-in caregiver, and will need to use EVV.</p> |

## CLAIMS APPROVAL/SUBMISSIONS AND OTHER CLAIM RELATED QUESTIONS

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| <b>Question</b> | We will need to understand the process if Medicaid eligibility is retroactive. Newborn care will need to be billed this way as well. Newborns don't get Medicaid numbers until weeks after birth. We have many newborn patients. Newborns get their own ID numbers - not for home health care.               |
| <b>Answer</b>   | The retroactive eligibility process has always been difficult, as the patient will not be in the system. The visit won't be able to be entered until the member is in the Fiserv system, which will be a day after they are in the MMIS. The provider will have to manually create the visit after the fact. |

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| <b>Question</b> | Will you conduct a soft launch? Do you intend to have providers continue to submit claims as they always have (no change in billing)?  |
| <b>Answer</b>   | A soft launch is a period of time where the claims edits will not be on. There will be approximately 90 days for the state to ensure that the visit data and claim information is flowing appropriately without the edits being turned on. We'll announce when the claims edits will be turned on, as we go through the soft launch. If you are using the AuthentiCare system for EVV, then you'll start submitting claims right away. If you are using third-party and the interface is up and running, then you can confirm the claim in AuthentiCare. If there are issues, then continue to submit claims as you always have. |

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| <b>Question</b> | Is EVV required for visits where Medicaid is the secondary payer (and Medicare is primary)? If Medicare or Private insurance is primary, but they deny or partial pay, leaving the rest of the claim to Medicaid to pay, is this still excluded or does it now become an EVV visit? |
| <b>Answer</b>   | No. EVV will not be required where Medicaid is the secondary payer. Crossover claims are not currently set up for EVV validation.   |

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| <b>Question</b> | Providers will have to bill through Fiserv or the MCO aggregator for the EVV-mandated services whereas other services would still be billed the same way as always. Is that correct? |
| <b>Answer</b>   | All EVV claims will go through AuthentiCare. There is no change to claims for other non-EVV services.  |

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| <b>Question</b> | Does a supervisor have a chance to review the claim prior to submission?                                |
| <b>Answer</b>   | Yes, all visits will need to be verified (confirmed for billing) before they are submitted for payment. |

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| <b>Question</b> | Can you please clarify whether claims are required to be submitted through AuthentiCare? Is it required for some payers but not all?  |
| <b>Answer</b>   | All visit data will need to go through AuthentiCare aggregator for reporting. All claims will need go through the AuthentiCare application or potentially the AmeriHealth Caritas New Hampshire (ACNH) EVV solution for adjudication. |

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| <b>Question</b> | Would this mean agency EMR would need different interfaces if the managed care plans use different EMR aggregators?  |
| <b>Answer</b>   | Up to the provider if they want to submit visit data to both AuthentiCare and HHAx. It's acceptable to only submit visit data to AuthentiCare where claims will be submitted to all 3 MCO's. |

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| <b>Question</b> | Would this count towards respite? What is the turnaround time for reimbursement?   |
| <b>Answer</b>   | If the services is on the list, then yes. There will be a nightly interface for claims submissions, however the payments will remain weekly. |

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| <b>Question</b> | Will Choices for Independence (CFI) be billed through MMIS?  |
| <b>Answer</b>   | Refer to EVV services list for services that will require EVV. Those services will need to be processed via AuthentiCare. All CFI services are paid by the MMIS. |

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| <b>Question</b> | <b>Is it correct to say that service codes that do not require EVV will need billed in MMIS?</b> |
| <b>Answer</b>   | Yes  |

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| <b>Question</b> | <b>What happens if a worker forgets to check in? If they miss a check in / out, can they go in at another time and enter it on the app?</b>   |
| <b>Answer</b>   | If a worker forgets to login, then the provider admin can enter the claim manually in the office and provide a reason code for the manual entry. Please note that if your organization has many manually entered claims, Provider integrity will be alerted, as you may be out of compliance. |

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| <b>Question</b> | <b>Do providers have a chance to review times before claims are processed or does the shift get submitted on clock out? Do we have to create and submit individual claims, or can a bulk of claims is submitted at once?</b>  |
| <b>Answer</b>   | Yes, the provider administrators will need to login to the web application to formally approve and submit the claims for payment. The provider admin will have the option of bulk approving and submitting claims in addition to approving and submitting individually. |

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| <b>Question</b> | <b>If we can't upload 837s to MMIS, how do we rebill?</b>  |
| <b>Answer</b>   | AuthentiCare submits the claim on the providers behalf. Generally, the claim will process through FiServ and be submitted to the payer and pay, then you'll go into the MMIS or payer system and adjust it there. If the claim was denied, then you'd make adjustments in the Fiserv system. |

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| <b>Question</b> | <b>If our billing system doesn't submit the claims to MMIS, how will be able to match the remit when we get it?</b> |
| <b>Answer</b>   | AuthentiCare has a suite of reports that will allow providers to see the claim information sent out on the 837.     |

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| <b>Question</b> | <b>When will claims denials start?</b>   |
| <b>Answer</b>   | A denial code stating that the provider needs to submit through an EVV Solution, will commence 60 days after implementation. |

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| <b>Question</b> | <b>Will time of day modifiers still need to be included on claims?</b>                                 |
| <b>Answer</b>   | These will be the same as they currently are – however, you'll want to look for changes in the future. |

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| <b>Question</b> | <b>Will the MCOs be using a Third-Party EVV Solution?</b>             |
| <b>Answer</b>   | The 3 current MCOs will be using NH AuthentiCare for Medicaid claims. |

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| <b>Question</b> | <b>Can you explain the claims billing workflow for the aggregator?</b>   |
| <b>Answer</b>   | The provider will send claims to AuthentiCare aggregator and aggregator will send to the appropriate payer for adjudication. |

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| <b>Question</b> | <b>Is the claim details section where we enter mileage and travel time?</b>                |
| <b>Answer</b>   | No, mileage and travel time are not EVV required services and should be billed separately. |

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| <b>Question</b> | <b>Will services that require time modifiers be added to the claim and not manually entered ?</b>                       |
| <b>Answer</b>   | The services that require time modifiers will be selectable based on the service description on the mobile application. |

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| <b>Question</b> | <b>How would an agency confirm a service when it is the family who schedules and is the on-site supervisor for employees?</b>   |
| <b>Answer</b>   | The family will be in contact with the provider agency; the agency is responsible for the service delivery. The family's invoice should be sent to the provider agency. |

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| <b>Question</b> | <b>What is the connection between "billing" in AuthentiCare and our own billing system?</b>   |
| <b>Answer</b>   | AuthentiCare is the aggregator for EVV services only. All EVV claims need to be confirmed in AuthentiCare. All other services should be billed as they are currently. |

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| <b>Question</b> | <b>Is there a field to document why a visit was not checked in/out in the home and a claim is confirmed?</b> |
| <b>Answer</b>   | Yes, there will be a reason code drop down and a notes section.  |

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| <b>Question</b> | <b>How do we submit the bill ?</b>  |
| <b>Answer</b>   | AuthentiCare has a documented process for billing confirmation. Once the provider has confirmed a visit for billing, an 837 is created nightly and automatically submitted to the payer for adjudication. |

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| <b>Question</b> | Is there any specification for how the billing information can be extracted from the system? This would be so files can be created on our end to feed into our financial systems. |
| <b>Answer</b>   | There will be reports which are extracted from Fiserv's system. The reports are moderately formatted and won't be terribly difficult to extract the information you need.         |

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| <b>Question</b> | What is Informational Exception?  |
| <b>Answer</b>   | A visit/claim is flagged because a business rule was not passed. Information Exceptions do not prevent Administrators from confirming the visit/claim for billing. Exceptions are viewed on the Claim page in the AuthentiCare website. |

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| <b>Question</b> | What is Critical Exception ?   |
| <b>Answer</b>   | A Critical Exception is a visit/claim that is flagged because a business rule was not passed. Critical Exceptions prevent the Administrator from confirming the visit/claim for billing until required resolution is completed. Exceptions are viewed on the Claim page in the AuthentiCare website. |

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| <b>Question</b> | Will there be an electronic remittance file?              |
| <b>Answer</b>   | Yes, there will be an electronic remittance advice (ERA). |

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| <b>Question</b> | How will we get the revenue from AuthentiCare since our internal billing system will not be doing the billing? We still need a way to get the revenue data to update our GL. |
| <b>Answer</b>   | Even though AuthentiCare will be doing the billing, providers will still get the Remittance Advice file from MMIS or MCO.  |

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| <b>Question</b> | There is a user approval process before the claim is submitted. Is it not automated based on completed EVV visit ? |
| <b>Answer</b>   | Provider administrators need to review and address claims before submission.                                       |

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| <b>Question</b> | What is the hard edit date when claims will be rejected without EVV data?  |
| <b>Answer</b>   | We expect to go live on March 18, 2024, with a soft edit for those who after that time are still sending EVV-required claims to MMIS rather than an EVV solution. The soft edit will last for 60 days after go-live, at which time, the state will begin claim rejections and denial of payment. |

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| <b>Question</b> | For Providers who are not included in the pilot, when should they start submitting data to the aggregator? At or before? |
| <b>Answer</b>   | At go live on 3/18/2024.   |

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| <b>Question</b> | We have multiple caregivers/workers that go to homes and care for two family members; would all of the claims need a TT modifier?  |
| <b>Answer</b>   | The system won't allow overlapping time frames for different claims. The worker would need to complete two (or more) separate clock ins per member/client. The TT modifier is informational and should be used on both visits/claims despite being separate time frames. |

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| <b>Question</b> | What if a claim is denied and needs to be resubmitted. How would that work?                            |
| <b>Answer</b>   | Visits captured in AuthentiCare can be resubmitted. The provider needs to manually submit a new claim. |

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| <b>Question</b> | Are Service Animal claims included?                      |
| <b>Answer</b>   | At this time service animal claims will not be included. |

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| <b>Question</b> | Is there a limit to how many times we can "add new claim"/manual claims on the EVV website? Is there a penalty?  |
| <b>Answer</b>   | There won't be any provider penalties at the time of go-live. All manual claim entries are not counted in the CMS deliverables, which means the state will need to pay fees. |

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| <b>Question</b> | When will we get info on how the process flow works from a service being provided all the way through the claim being paid?                |
| <b>Answer</b>   | A flow chart was provided during the 6/1/2023 meeting:<br>Please reference slides 4 and 5 <a href="#">PowerPoint Presentation (nh.gov)</a> |

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| <b>Question</b> | Is billing required through AuthentiCare or can providers continue to use the MMIS system? If required, given the project dates have shifted, has the soft edit date also shifted?   |
| <b>Answer</b>   | We expect to go live on March 18, 2024, with a soft edit for those who after that time are still sending EVV-required claims to MMIS rather than an EVV solution. The soft edit will last for 60 days after go-live, at which time, the state will begin claim rejections and denial of payment. |

|                 |  |
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| <b>Question</b> | Is it possible to have one support persons supporting two individuals with appropriate staffing ratio for specific events? Can you note that for billing purposes, or how is that handled? Individuals like to have friends. We also have families who have 2 kids getting services. |
| <b>Answer</b>   | Check in/out will be completed for each client serviced.   |

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| <b>Question</b> | Can I still bill biweekly?  |
| <b>Answer</b>   | Yes, billing can occur biweekly, but will need to be confirmed before the cutoff. |

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| <b>Question</b> | How do we bill for a family provider who is a live in?   |
| <b>Answer</b>   | You'll use the place of service (28 – Live in) code and bill directly to the payer/insurance provider. |

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| <b>Question</b> | Do services performed have to be confirmed daily ?  |
| <b>Answer</b>   | You will likely find yourself wanting to keep up with them daily, but you won't need to do confirm all of the visits daily. |

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| <b>Question</b> | What happens if the worker goes over on the authorization?  |
| <b>Answer</b>   | You'll need to get the authorization corrected through MMIS or the MCO. The payer/insurance provider is the system of record for the authorization. |

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| <b>Question</b> | What does soft denial mean?  |
| <b>Answer</b>   | You will receive payment with a warning stating you should be using an EVV solution. |

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| <b>Question</b> | With billing going through AuthentiCare how will corrected claims be handled ?             |
| <b>Answer</b>   | Can still adjust in MMIS directly with TCN, or void and submit a new claim in AuthentiCare |

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| <b>Question</b> |  |
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| <b>Answer</b> |  |
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## MANAGED CARE ORGANIZATIONS (MCO)

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| <b>Question</b> | What will FiServ send on the claim for Place of Service? |
| <b>Answer</b>   | 12 Home  |

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| <b>Question</b> | Is rollout timing different for MCOs or is it just a different approach with billing MCOs (versus bills in Authenticare)? |
| <b>Answer</b>   | The MCOs will not be ready for 3/18 and you'll have to double bill – through the EVV solution and directly.               |

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| <b>Question</b> | When must providers begin billing claims through Authenticare?  |
| <b>Answer</b>   | Providers must bill through an EVV solution (AuthentiCare or your third-party) beginning with Date of Service 3/18. |

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| <b>Question</b> | We usually bill Medicaid monthly-so we will have to bill March 1-17 ourselves (directly) and then Authenticare will be the second part of the month? |
| <b>Answer</b>   | Yes, you'll have to split the month and have the dates of service 18 <sup>th</sup> on through an EVV solution.                                       |

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| <b>Question</b> | When is hard edit?   |
| <b>Answer</b>   | We expect the claims to be denied, if they don't come from an EVV solution by 60 days after go live. |

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| <b>Question</b> | If we are continuing to bill as usual, what about the visits being captured through the EVV process; will they continue to be billed out from, in our case "Matrixcare" ? |
| <b>Answer</b>   | They'll flow through AuthentiCare and be rejected if they are already paid.   |

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| <b>Question</b> | <b>In the AuthentiCare user manual it references more detail about the IVR prompts are in the “Caregiver Manual”; how do we get visibility to what the IVR prompts are so we can train Workers in its use?</b> |
| <b>Answer</b>   | The Caregiver manual is still under review of the vendor, however should be available by go live.  |

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| <b>Question</b> | <b>On the csv file what is the definition of Begin Date?</b>                      |
| <b>Answer</b>   | The Begin Date is ideally, the employee start date, however you may use 1/1/2024. |

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| <b>Question</b> | <b>What AuthentiCare roles have the ability to unlock passwords as it is not clear on the matrix of roles?</b>  |
| <b>Answer</b>   | The Provider Admin/Office Staff can unlock via self-service and workers can be unlocked via the provider admin. Any non-worker will have access to the self service password reset. |

## THIRD PARTY VENDORS

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| <b>Question</b> | <b>What are the specific requirements for a third-party vendor to get certified? There are no test scripts.</b>      |
| <b>Answer</b>   | The third party vendor should work with Fiserv to ensure that their data can be imported to the AuthentiCare system. |

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| <b>Question</b> | <b>Are you saying that providers who are already using Alt EVV to collect data need to use Authenticare if the relay to the aggregator is not ready by 3/18?</b>   |
| <b>Answer</b>   | If the provider is already using their EVV to collect data, then please continue to do so and your vendor should be able to back fill the information into the aggregator. If you are not using an EVV solution, you’ll need to on 3/18. |

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| <b>Question</b> | <b>A single authorization can be assigned to more than one Worker – how will that work in AuthentiCare?</b> |
| <b>Answer</b>   | For the time being it may be advantageous to not associate an authorization with a worker.                  |

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| <b>Question</b> | <b>Where do we submit the EVV manually edited report ?</b>                             |
| <b>Answer</b>   | If you are with Matrixcare, please send folder set up to; karen.j.carleton@dhhs.nh.gov |

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| <b>Question</b> | <b>Authenticare doesn't track manual edits within their system? Is this just for MatrixCare or any 3rd party vendor?</b>   |
| <b>Answer</b>   | Just for MatrixCare, all other third parties have signed an attestation stating their system (as well as AuthentiCare) does track them as required by the State. |

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| <b>Question</b> | <b>Do we have a third party email address for AuthentiCare?</b> |
| <b>Answer</b>   | Authenticare.support@fiserv.com                                 |

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| <b>Question</b> | <b>Need to update to add AccessCare as a 3<sup>rd</sup> party</b> |
| <b>Answer</b>   | Need to update to add AccessCare as a 3 <sup>rd</sup> party       |

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| <b>Question</b> | <b>Do providers need to do anything to register or indicate their choice of state system or Third-party EVV and when do you need the responses?</b>  |
| <b>Answer</b>   | <p>All providers need to complete a Declaration Form. The NH EVV System Declaration form can be found on the EVV website under NH EVV Provider forms.</p> <p>Providers who choose to use a Third Party Vendor for EVV, are required to work with the Third Party vendor and complete and submit a separate third-party Attestation Form, found on the EVV website under NH EVV Provider forms.</p> <ul style="list-style-type: none"> <li>○ The declaration/attestation form will be confirmed/accepted by DHHS and then returned to the provider.</li> <li>○ The provider will then instruct the Third Party Vendor to contact Fiserv indicating the option to use for file transmission.</li> <li>○ Fiserv will then send the Third Party Vendor the specifications based on the selected method of transfer.</li> </ul> |

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| <b>Question</b> | <b>How can we confirm that our Attestation forms are marked as received?</b>  |
| <b>Answer</b>   | You should receive a receipt indicating the Attestation Form has been received. However, once attestation is completed and returned with approval, then the Third Party Vendor can reach out to Fiserv at <a href="mailto:AuthentiCare.Support@fiserv.com">AuthentiCare.Support@fiserv.com</a> indicating what option they want to use for file transfer. |

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| <b>Question</b> | <b>Do we have to use Fiserv?</b>   |
| <b>Answer</b>   | If you do not choose to use a third-party EVV solution, then yes, you'll need to use AuthentiCare. Whether you are using a third-party EVV, or AuthentiCare, all visits must go to AuthentiCare for reporting and Key Performance Indicators (KPIs). Regardless of how your visits are captured (entered in a third-party or AuthentiCare directly), you are confirming and billing through the AuthentiCare application. When using an MCO EVV solution, it is possible to use their system, then after the MCO pays the claim, they will send Fiserv the encounter information in order to keep all of the data in one system. |

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| <b>Question</b> | <b>Is billing through AuthentiCare required or optional?</b>  |
| <b>Answer</b>   | All billing is through AuthentiCare and occurs either directly or through a third party vendor; therefore the use of AuthentiCare is required. The claim will either be entered in a third-party EVV solution, AuthentiCare, or the MCO's EVV solution. If using a third-party solution, the visit data will be sent to AuthentiCare to create the claim. When using an MCO EVV solution, it is possible to use their system, then after the MCO pays the claim, they will send Fiserv the encounter information in order to keep all of the data in one system. The AuthentiCare system creates an 837-claim based on the visit data provided. |

|                 |  |
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| <b>Question</b> | <b>How can the third-party vendors obtain specifications ?</b>   |
| <b>Answer</b>   | Fiserv has finalized the specification documents and they can be obtained by contacting Fiserv directly. |

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| <b>Question</b> | <b>Will Fiserv be building your aggregator? Will third-party vendors be integrating with Fiserv or the NH MMIS?</b>  |
| <b>Answer</b>   | Any third-party vendor would be required to integrate with the state's Fiserv aggregator. Fiserv's AuthentiCare aggregator will be implemented. Third-party vendors will not be allowed to send EVV claims directly to MMIS for payment. |

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| <b>Question</b> | <b>I use Generations for my system, is that ok or do I have to go with someone else?</b>   |
| <b>Answer</b>   | Yes, provided DHHS has approved your third-party Attestation form, then the company will be contacted by Fiserv to determine the preferred method to transfer files. |

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| <b>Question</b> | <b>Is there a distribution list for third-party vendors to receive updates when specification documents and declaration forms are available?</b>  |
| <b>Answer</b>   | DHHS has a distribution list and have sent out a few surveys – if you are not on the list/have not received anything, please send your name, organization, and email address to EVV@dhhs.nh.gov along with the EVV declaration form and we will add you to the distribution list. |

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| <b>Question</b> | <b>Will third-party vendors store data, if there is no internet ?</b>   |
| <b>Answer</b>   | Please seek guidance from your third-party vendor. DHHS and Fiserv are unable to tell the capabilities nor active functions of other EVV solutions. |

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| <b>Question</b> | <b>For those using an external EVV system, will they connect to MMIS or will they have to import their own clients?</b>                                |
| <b>Answer</b>   | The state will not interface with any other third-party system for client data. You'll need to import that data in or do whatever you are doing today. |

|                 |   |
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| <b>Question</b> | <b>Are scheduled submission required when you are a third-party EVV vendor? Would we need to send the scheduled data for the EVV record before the completed visit?</b> |
| <b>Answer</b>   | Schedules are optional for all providers, but providers are encouraged to complete them.  |

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| <b>Question</b> | <b>When providers submit the visits to AuthentiCare, will AuthentiCare bill on behalf of the providers, when those EVV records are received?</b> |
| <b>Answer</b>   | Yes, that is correct   |

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| <b>Question</b> | <b>I have AxisCare as a third party EVV solution and Change Healthcare as a clearing house for billing. Can you help me understand what do I have to do?</b>   |
| <b>Answer</b>   | The 3 <sup>rd</sup> party vendor should be working with Fiserv after the attestation has been completed. The 3 <sup>rd</sup> party billing representative may want to attend the training for the provider administrator functions such as claim submission and reporting. |

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| <b>Question</b> | <b>Are you certain that Fiserv will be submitting claims based on recorded EVV services? This is very unusual. Usually, the claims have to be submitted by the user in the Fiserv system, which then match against Fiserv/Aggregator provided EVV data before the claims are paid. It is very unusual that your stated methodology would be in place where once EVV is submitted that the Fiserv system would then automatically submit the claim.</b>  |
| <b>Answer</b>   | The process flow will be: 1. The worker will enter the visit details into the 3rd party system. 2. The third party EVV system will send the visit data to AuthentiCare, possibly after a manual submission process (please check with your 3 <sup>rd</sup> party vendor), via the AuthentiCare Aggregator. 3. The AuthentiCare system creates an 837-claim based on the information provided. The provider admin will need to review and submit the claim to the payer in the AuthentiCare system. 4. MCO or FFS insurance carrier receives the 837 for adjudication. |

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| <b>Question</b> | <b>Will this spreadsheet need to be done if you are using a third-party vendor?</b>  |
| <b>Answer</b>   | Yes - We will still need the worker data (without device information) to be in AuthentiCare even if you are using a third party. |

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| <b>Question</b> | <b>Are you still approving 3<sup>rd</sup> party vendors ?</b> |
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| <b>Answer</b> | Yes, please send in your attestations as soon as you can. |
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## AUTHORIZATIONS

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| <b>Question</b> | Is the authorization going to be automatically attached? What if there are two authorizations for the same time and code?                           |
| <b>Answer</b>   | MMIS will apply the authorization, and so you shouldn't have to worry about it. AuthentiCare would choose the authorization most recently received. |

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| <b>Question</b> | If there are no authorized units, will the client show ?   |
| <b>Answer</b>   | <p>This answer is in three parts:</p> <ol style="list-style-type: none"> <li>1. System of record for authorization is the payor</li> </ol> <p>If there is no authorization in Autthenticare then you will need to associate the client to the provider agency via the DOB and MID</p> <p>If there is no authorization and it is required, then the claim will be denied</p> <p><b>Yes</b>, the client will still show in the system and the worker will be able to check-in and check-out, however when the provider admin submits the claim, <b>if there are no authorized units, the claim will be</b> <del>they will be</del> stopped with "an authorization required" <del>claim-edit</del>.</p> |

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| <b>Question</b> | How are client, authorization, and provider data added to the AuthentiCare app? Is the authorization data also downloaded nightly from MMIS?   |
| <b>Answer</b>   | Clients, Authorizations, and Provider information will be pulled nightly from MMIS into Authenticare, which will continue to be the system of record. Authorizations will be automatically applied to visits as they are captured. |

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| <b>Question</b> | When you say "authorized services" does this means MCO authorizations and CFI authorizations? Auths for any payer that is a Medicaid product? |
| <b>Answer</b>   | Yes, any EVV service that is determined by DHHS or MCO to require a Service Authorization will be transmitted to Fiserv on a regular basis.   |

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| <b>Question</b> | Will they need the authorization prior to services being provided?   |
| <b>Answer</b>   | Providers can begin delivering services when they have been notified of the authorization. Authorization is not required to capture visits. For services that require authorization, AuthentiCare will need to receive the authorization before visits can be confirmed for billing and subsequent claim submission. |

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| <b>Question</b> | Will the MCO authorizations be sent over from MMIS as well?                          |
| <b>Answer</b>   | Yes, the MCO service authorizations are going to be part of the file sent to Fiserv. |

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| <b>Question</b> | What will happen when an authorization has not been put in by NH Medicaid. Does it mean we cannot provide the service? There are times when we are requested to provide a service and the authorization is not in the system.   |
| <b>Answer</b>   | Services will not be prevented from being rendered. The client will still be viewable and the worker can click on the service being provided.<br><br>The visit will be able to be logged and it will have an exception on the claim. The claim won't be able to be submitted until there is an authorization. |

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| <b>Question</b> | Will the services that are approved in NH Easy be automatically uploaded into AuthentiCare for the authorizations?                                 |
| <b>Answer</b>   | All services have been preloaded into the AuthentiCare system and Authorizations will come over from MMIS, some of which originate in New HEIGHTs. |

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| <b>Question</b> | For Choices for Independence Program (CFIP) services, there a few procedure codes that have two codes, depending on which code the outside CM authorizes for the patient. For example, HHA could be G0156 or T1021. How will AuthentiCare know which code to use, to avoid denials? |
| <b>Answer</b>   | At the time of service your provider will be choosing which service they are performing regardless of authorization.  |

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| <b>Question</b> | How will the authorized services be set up/determined? will it be based on the individuals service agreements ? |
| <b>Answer</b>   | Authorized services are determined by NH DHHS and sent from MMIS to AuthentiCare on a scheduled basis.          |

## SERVICES (PARALLELS AUTHORIZATIONS AND CHECK IN/CHECK OUT)

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| <b>Question</b> | I understand this applies to Home Care Aides, Personal Care Attendants and Skilled Nursing and Personal Care Services CFI, has this been extended to Residential and CPS DSP's serving people through the DD waiver by 1/24? |
| <b>Answer</b>   | Please review service list, does apply to Developmental Services, but not if the member is in a facility, only if in a personal home.  |

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| <b>Question</b> | Will the skilled nursing include Private Duty Nursing shift care or just skilled nursing visits? |
| <b>Answer</b>   | The EVV services list does include Private Duty Nursing.   |

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| <b>Question</b> | Will EVV be required in staffed residences? Will it be required if staff are providing services to individuals in the community? What is considered in-home care? Does this include Family Centered Early Supports and Services and/or Developmental Waiver services done in-home/community residence?   |
| <b>Answer</b>   | EVV is for in home care only. Our website has the latest list of services that EVV will be required for, including some DD waiver services. In home care is when you are providing the client's service in the home, rather than if the place of service is out in the community. If the place of service on the claim is in the home and the service matches those in the list, then the system will expect that the EVV visit has been verified and come through to allow those to be paid. Providers should review the EVV required services list periodically. |

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| <b>Question</b> | Does this include Developmental Disability Residential Direct Support Professionals (DSPs)?        |
| <b>Answer</b>   | A future meeting will be scheduled to focus specifically on the developmental disability services. |

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| <b>Question</b> | For state plan services, such as Skilled RN, PT, OT, we're required to have signed orders for those services. Does AuthentiCare have a function to store those signed orders in that patient's file, or is AuthentiCare just the visit time/documentation system and we'd be required to store/manage those signed orders elsewhere? |
| <b>Answer</b>   | AuthentiCare is strictly for visit documentation with respect to EVV. Providers are responsible for all medical records and documentation.   |

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| <b>Question</b> | Will the services be prefilled? Are the Services and Authorizations used to look up info only?  |
| <b>Answer</b>   | Services will be populated in AuthentiCare prior to live operations. Services and authorizations are not modified by providers in AuthentiCare but can be viewed by providers through the website. Workers select services from a list at check in. |

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| <b>Question</b> | Is EVV required for individuals who live with a caregiver, but receive hourly/episodic/intermittent personal care services?                       |
| <b>Answer</b>   | Yes. Personal care services provided (and billed) on a unit or hourly basis are subject to EVV even when the individual lives with the caregiver. |

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| <b>Question</b> | Sometimes recertification through the state is delayed, and updated authorizations for CFIP services are delayed. But we as the provider understand they are in process. I don't hold services. What will happen with those claims that temporarily don't have an authorization, but the authorizations are in process after precertification is done. (I mean recertification of patients for CFIP services that are delayed.) |
| <b>Answer</b>   | Typically, cases are "bridged" (where the next service authorization is started at the end of the first authorization so there is no gap in coverage) and authorizations stay in place and are rebuilt upon redetermination of eligibility. If there is a lag/delay; they are rebuilt and authorized retroactively.   |

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| <b>Question</b> | With pass through services, do we collect administrative fees? How is that going to be processed in EVV?                   |
| <b>Answer</b>   | The administrative costs for pass through will continue to be in the individual service authorizations, as they are today. |

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| <b>Question</b> | Which BDS services are required for EVV and which have been delayed ? How long is the delay ?   |
| <b>Answer</b>   | The list of services that have a delayed implementation can be found on the website. When BDS has a final date in which these delayed services will be implemented, then it will be communicated. |

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| <b>Question</b> | If pt/ot/st is under the umbrella of home health agency--are they still excluded until the additional functionality is added? Does the agency now have to list them as a renderer ? |
| <b>Answer</b>   | If you are not a PT/OT/ST group type provider (206, 207, 209, or 210), then yes you are excluded from needing to add the NPI for all workers.                                       |

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| <b>Question</b> | Could you please briefly clarify what those OT/PT provider types are?   |
| <b>Answer</b>   | These are the Therapy groups (physical, speech, and occupational therapy). We have the group NPI but will need the provider specific NPI under the worker profile. In MMIS they are provider types 206, 207, 209, and 210. If you are not sure what provider type(s) you are, then we can help with that. |

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| <b>Question</b> | For Medication Management (pill boxes etc) would the state want us to use Medication Reminders or Other? What is the accepted use of the Other activity code? We will be piloting one of our nurses, should we be billing both through MMIS and EVV for these visits or solely rely on AuthentiCare? |
| <b>Answer</b>   | Med Management can be used under Other if the SN is actually filling the planners, also other should be for tasks that do not have a category.   |