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### AuthentiCare EVV New Mexico Centennial Care Self-Directed Community Benefit Employer of Record Quick Reference Guide

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### **Electronic Visit Verification (EVV) Overview**

The AuthentiCare Electronic Visit Verification (EVV) solution supports web-based, smartphone, and landline electronic timesheet verification, reporting and billing. cures act. The solution is used by Attendants, provider agencies, state agencies and managed-care organizations, in compliance with the 21<sup>st</sup> Century Cures Act.





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# Terminology



#### **Case Manager**

 NMCC SDCB Support Broker



#### Representative

• NMCC SDCB Employer of Record (EOR)



Claim

NMCC SDCBTimesheet



#### Client

• Member



Worker

• Attendant/Caregiver



Service

• Personal Care Service



### AuthentiCare Workflow Overview



Attendant Checks In



Service is performed

3

6



**Attendant Checks Out** 

4



#### **Timesheet is completed**



Timesheet data confirmed & exported to Palco for billing



EOR users <u>must</u> approve/confirm, then export timesheets for payment. Skipping these steps will cause a lapse in payment.



### Using the Web Portal



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### **Access for Each Role**

#### **Support Broker**

- View EOR profile
- Register EORs email
- Manage users

 View & Edit Member, Attendant

- $\circ$  View authorizations
- $\circ$  View timesheets
- o Run and View reports
- Add mobile device details for Attendants

#### Employer of Record

- o Edit timesheets
- o Confirm timesheets
- Create web timesheets



# **Employer of Record User**



# Logging In

aunch the AuthentiCare https://www.authenticar		<b>2</b> Enter your email address and password and se Submit.
First Data.		AuthentiCare® New Mexico Centennial Care
	Welcome to the AuthentiCare Please enter your AuthentiCare email a <u>Register for Access</u> * Indicates a required field. * Email Address:	e <sup>®</sup> Solution address and password to access the system.
	Password:	Submit

Your support broker must register you for access to the portal. You will receive your login credentials from your support broker.

# Navigation and Searching



## AuthentiCare Home Page

FIRST Data	0	Ne	w Mexico Centennial Care
Home   Create   Reports   My Accou	unt   Custom Links   Logout		Logged in as: Employer12@testing.com
Entities		Claims	
Search >	Go!		i <u>im (Standard)</u> ii <u>m (Express)</u>
Services and Authorizati	ons	Search Type:	Claim Confirm Billing - View
Search Type:	O Service Authorization	Claim ID:	Go! Clear
Service: Authorization ID:		Claim Status:	MM/DD/YYYY
Service Type: Authorization Start:			MM/DD/YYYY
Authorization End: Client:		Authorization ID:	
Provider: Worker:		Client: Provider:	
Payer: Service Period:		Worker: Representative:	
Procedure Code:		CaseManager: Payer:	
	Go! Clear	Payer: Procedure Code:	
		User Option:	~

AuthentiCare®

Include Inactive Claims?

Go! Clear

#### Primary Content Sections:

- Entities
- Services & Authorizations
- Claims



### Homepage Navigation Bar

### Home | Create | Reports | My Account | Custom Links | Logout

Menu Option	Function	Menu Option	Function
Home	Link to homepage	My Account	Link to change password
Create	Allows creation of new Timesheet	Custom Links	Link to resources
Reports	Link to Reports page	Logout	Exit application



## **Searching Entities**

	Enter the search criteria for the entity
Entities	
Search >	<ul> <li>✓ Member: ACR ID</li> <li>✓ Attendant: Last name or ACR ID</li> <li>✓ EOR: ACR ID or email address</li> </ul>
	Click Go
	<b>Note:</b> You will only see the clients and workers associated with your user.

- A minimum of four (4) characters is required for last name search
- Blanket search to pull all entities
- ACR is an abbreviation for AuthentiCare. The ACR ID is specific to each entity (*i.e., Member's ACR ID is the ID found on the Client Entity Settings page in AuthentiCare*).



## **Searching Authorizations**

Services and Authorizations				
Search Type:	<ul><li>Service</li><li>Authorization</li></ul>			
Service:				
Authorization ID:				
Service Type:	~			
Authorization Start:	MM/DD/YYYY			
Authorization End:	MM/DD/YYYY			
Client:				
Provider:				
Worker:				
Payer:				
Service Period:				
Procedure Code:				
	Go! Clear			

From the *Homepage*, Search for Authorizations by:

- Completing any of the fields and clicking Go.
- Clicking Go for a blanket search to pull all Authorizations

S								
ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates	Information
AA3333555522	CARE	Walt	Acme Provider Agency (10000201)		ARKANSAS DHS (ARMED)	One Time	06/01/2020 - 12/31/2020	8
	Authorization	Sottings					1	
			S	ervice T	ype: Ti	me Based		
				rocedur	e Code: St	5125		
	Description: AGE	NCY ATTEND	ANT CARE					
		ID:	AA333355552	2				
		Client:	Smith, John W	/alt 💽				
	,	Provider:	Acme Provider	Agency				
		Worker:						
	Effective I	Date Start:	06/01/2020					
	Effective	Date End:	12/31/2020	-				
	Servi	ice Period:	One Time					
	* Authorization	n Number:	3333555522					
	Diagnosis	Qualifier:	ABK					
	Diagn	osis Code:	78099		1			
	* т	otal Units:	10000					
		Rate:	4.5300					
	Payer As	signment:	ARKANSAS DI	IS				
	Provider	Medicaid ID:	945784215					
					C	ancel		
	ID AA3333555522	ID Service ID AGENCY ATTENDANT CARE (ARKS5125U2) AUthorization * Indicates a requ Service Informat Service ID: ARK Name: AGEN Description: AGEN * Effective I Effective I Effective I Effective I * Authorization Diagnosis Diagn	ID SERVICE ID Client AA3333555522 ACENCY ATTENDANT CARE (ARK\$5125U2) CONTATENDANT Smith, John Walt (ARK\$5125U2) Settings * Indicates a required field. Service Information Service ID: ARK\$5125U2 Name: AGENCY ATTEND Description: AGENCY ATTEND Description: AGENCY ATTEND Client: * Provider: Uorker: Effective Date Start: Effective Date Start: Effective Date End: Service Period: * Authorization Number: Diagnosis Qualifier: Diagnosis Code: * Total Units: Rate: Payer Assignment: Provider Medicaid	ID       Service ID       Client       Provider         AGENCY ATTENDANT CARE (ARKS5125U2)       Smith, John Wait (01478231)       Acme Provider Agency (0102021)         Authorization Settings       * Indicates a required field.       Service Information Service ID: ARKS5125U2       S         Service Information Service ID: ARKS5125U2       S       Name: AGENCY ATTENDANT CARE       S         ID: AA333355552       Client: Smith, John W * Provider: Acme Provider       Mathematical Worker:       S         Effective Date Start:       06/01/2020       S       S         Effective Date End:       12/31/2020       S       S         Service Period:       One Time       *       Authorization Number:       333355522         Diagnosis Qualifier:       ABK       D       D       S         * Total Units:       10000       Rate:       4.5300       Payer Assignment:       ARKANSAS DF         Provider Medicaid       945784215       S       S       S	ID       Service ID       Client       Provider       Worker         AA333355552       AGENCY ATTENDANT CARE (ARKS5125U2)       Smith, John Wait (0014785231)       Acme Provider Agency (1000201)       Acme Provider Agency (1000201)       Acme Provider Agency (1000201)         Authorization Settings       * Indicates a required field.       Service Information Service ID: ARKS5125U2       Service T         Service ID:       AGENCY ATTENDANT CARE       Procedur Description: AGENCY ATTENDANT CARE       Procedur Description: AGENCY ATTENDANT CARE         ID:       AA3333555522       Client: Smith, John Walt * Provider: Acme Provider Agency Worker:       *         Effective Date Start:       06/01/2020       *         Service Period:       One Time * Authorization Number:       3333555522         Diagnosis Qualifier:       ABK         Diagnosis Code:       78099         * Total Units:       10000 Rate:       4.5300         Payer Assignment:       ARKANSAS DHS	ID       Service.ID       Client       Provider       Worker       Payer         AA3333555522       AGENCY ATTENDANT CARE (ARKS5125U2)       Smith, John Walt (OU14785233)       Acme Provider Agency       ARKANSAS DHS (ARKANSAS DHS (ARMED)         Authorization Settings       * Indicates a required field.       Service Information         Service ID:       ARKS5125U2       Service Type:       Th         Name:       AGENCY ATTENDANT CARE       Procedure Code: SS Description: AGENCY ATTENDANT CARE         ID:       AA3333555522       Client:       Smith, John Walt       Set         Effective Date Start:       06/01/2020       Setvice Type:       Th         Worker:       Effective Date End:       12/31/2020       Setvice Type:       Setvice Type:         Effective Date End:       12/31/2020       Setvice Type:       Setvice Type:       Setvice Type:       Th         Diagnosis Qualifier:       ABK       Diagnosis Qualifier:       ABK       Diagnosis Code:       78099         * Total Units:       10000       Rate:       4.5300       Payer Assignment:       ARKANSAS DHS         Provider Medicaid ID:       945784215       945784215       Setsets       Setsets       Setsets	ID       Service. ID       Client       Provider       Worker       Payer       Service Period         AA333355552       AGENCY ATTENDANT CARE (ARKS5125U2)       Smith, John Welt (0014785233)       Arme Provider Agency (0014785233)       ARKANSAS DHS DHS (ARMED)       One Time         Authorization Settings       * Indicates a required field.       Service Information       Service ID: ARKS5125U2       Service Type: Time Based         Name:       AGENCY ATTENDANT CARE       Procedure Code: S5125       Description: AGENCY ATTENDANT CARE       Procedure Code: S5125         Description:       AGENCY ATTENDANT CARE       Provider: Acme Provider Agency       Service Effective Date Start:       06/01/2020         Effective Date Start:       06/01/2020       Service Service Period:       One Time         * Authorization Number:       3333555522       Diagnosis Qualifier: ABK       Diagnosis Code: 78099         * Total Units:       10000       Rate: 4.5300       Payer Assignment: ARKANSAS DHS         Provider Medicaid       045784215	ID       Service ID       Client       Provider       Worker       Payer       Service Driso       Effective Dates         AA3333355522       AGENCY ATTENDANT (ARKS5125U2)       Smith, John Walt (2014785233)       Arme Provider Agency (1014785233)       ARKANSAS Driso       One Time       0e/01/2020- 12/31/2020*         Authorization Settings       * Indicates a required field.       Service Information       Service ID:       ARKS5125U2       Service Type:       Time Based         Name:       AGENCY ATTENDANT CARE       Procedure Code:       S5125         Description: AGENCY ATTENDANT CARE       ID:       AA3333555522         Client:       Smith, John Walt       *       *         * Provider:       Acme Provider Agency       *       *         * Provider:       Color1/2020       *       *         Worker:       Effective Date Start:       06/01/2020       *         Effective Date Start:       06/01/2020       *       *         Service Period:       One Time       *       Authorization Number:         Sagnosis Qualifier:       ABK       Diagnosis Code:       78099         * Total Units:       10000       Rate:       4.5300         Payer Assignment:       ARKANSAS DHS       Provider Medicaid       94578

- Cannot be added or edited by Support Brokers
- Are required for EORs to complete timesheet confirmation
- Must be valid to capture check-in/out by mobile, IVR or web to create timesheets



### **Searching Timesheets**

Claims		
	Add New > <u>Claim (Standard)</u> Add New > <u>Claim (Express)</u>	
	Search Type: O Confirm Billing - View	
	Claim ID:	
	Go! Clear	
	Claim Status: 🗸	
	Claim Start: MM/DD/YYYY	
	Claim End: MM/DD/YYYY	
	Authorization ID:	
	Client:	
	Provider:	
	Worker:	
	Representative:	
	Payer:	
	Procedure Code:	
	User Option:	
	Include Inactive Claims?     Go! Clear	

Search by selecting **Claim** and entering either:

• Claim ID, then click go

#### OR

• Start/End date, then click go

Claims					
ID	<u>Status</u>	Client ID	Client Name	Date Range	Information
<u>44059</u>	PendingCheckOut	3999444014	ZealBautista, Clifford O	11/11/2020	â
<u>34034</u>	InfoExceptions	3999444000	ZealDawe, Dannielle A	11/06/2020 - 11/06/2020	â
<u>44057</u>	InfoExceptions	3999444000	ZealDawe, Dannielle A	11/11/2020 - 11/11/2020	2

### Hover the <u> </u>for a high-level view of the timesheet

Additional Information	0
Claim ID: 44057	
Provider: FMS NMCC PROVIDER1 (5550117)	
Worker: ZealHilton, Agnes (604633)	
Filing Mobile Source:	
DateOfService: 11/11/2020 12:47 PM - 11/11/2020 12:52 PM	Status: Billed (11/13/2020)
Service: SDCB – Self Directed Personal Care (SDCB99509) (Time Based)	
Unit:	Amount:
CustomData:	
ActivityCodes: 01	
Exception: This claim does not have a matching event.	
Note: Alison note - just created this visit on mobile	



## Viewing/Editing Timesheets

Claim Details	Claim ID: 44196
* Client * Provider ZealLloyd, Hadassah M	Filed On: Web Printer Friendly
* Worker Payer Assignment ZealNewton, Alyce a Current Payer For Client	Show All Claims Total Claims: 1
* Service SDCR _ Solf Directed Percenal Care Exception	Total Calculated Amount: \$0.08
Date         Time         Amount         Date         Time           11/18/2020         12:30 PM         02:00         11/18/2020         02:30 PM	<b>\$0.08</b> Total Units: <b>8</b>
Activity Codes: 03 (ex: 3,5,8)	Total Hours:     02:00       Scheduled Units:     0       Scheduled Hours:     00:00
	<ul> <li>Billing Confirmed</li> <li>Inactive Claim</li> </ul>
Click here 1 more service(s) Total Lines: 1 Total Claims: 1 Total Amount: \$0.08 Total Authorized: \$0.08	Save Cancel
Critical Exceptions   Add Lines Above   Add Lines Below   Move Up   Move Down	
Note:       (EOR can see what exception need to be cleared before the timesheet can be exported for billing.)	é

Once you click the ID of the timesheet you want to view, the **Claim Detail** page will open

Modifications to the **Date** and **Time** fields are the most common timesheet edits

**TIP:** You can also use the *Printer Friendly* option in the yellow box on the right for a clearer view of the exceptions.



## **Confirm Billing**

- 1. From *Homepage*, select **Confirm Billing View**
- 2. Enter start/end date
- 3. Click Go

Clai

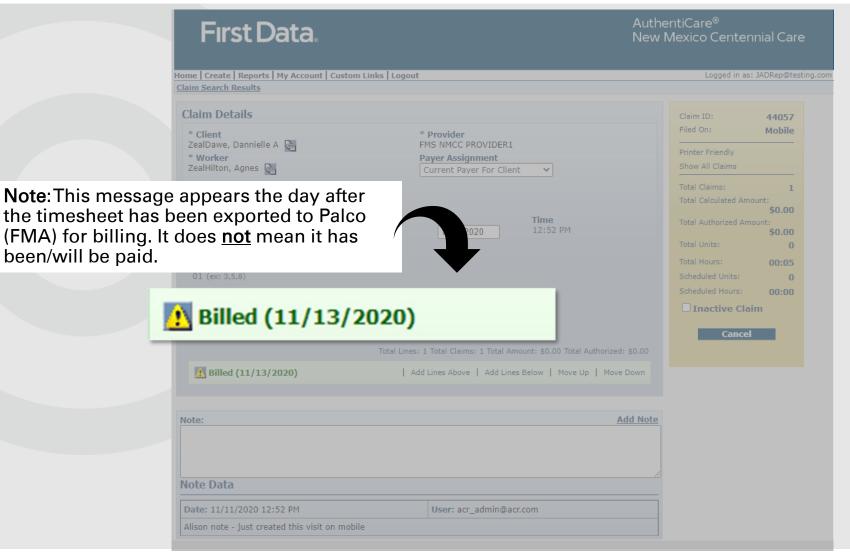
- 4. *Confirm Billing* screen appears
- 5. Check box next to Approve Billing for Claim
- 6. Click Confirm Billing

ns	First Data,	AuthentiCare® New Mexico Centennial Care
Add New > <u>Claim (Standard)</u> Add New > <u>Claim (Express)</u>	Home   Create   Reports   My Account   Custom Links   Logout	Logged in as: JADRep©testing.cc
Search Type: Claim Claim ID:	First Data.	AuthentiCare® New Mexico Centennial Care
Go! Clear	Confirm Billing November 17, 20	
Claim Start: 11/17/2020 Claim End: 11/17/2020 Service: Authorization ID: Client: Provider: Worker: Representative: CaseManager:	Check All/Uncheck All Approve Billing for Claim ( 44145 ) Client ZealDawe, Dannielle A (3999444000) FMS NMCC PROVIDER1 (5) Claim ID Service 44145 SDCB – Self Directed Personal Care (SDCB99509) Authorization Start End Rates Units AuthorizedNormal 0 ActualNormal 0 ActualNormal 0 ActualNormal 0 ActualNormal 0 ActualNormal 0 AuthorizedNormal 0 AuthorizedNormal 0 ActualNormal 0	
Payer:		L Total Actual Amount: \$.00 Total Authorized Amount: \$.00 Total Units:
Procedure Code:		Number of Claims to be Confirmed: 0
User Option: 🗸 🗸		Confirm Billing Cancel
* Sort By: Member's Last Name	© 2013 First Data Government Solutions, LP. All Rights Reserved. All trademarks, servi their respective ow <u>AuthentiCare Digital Accessibility Statement</u> First Data	/ners.





# **Billing Confirmed**



#### Web timesheets can be created two ways starting from the Homepage...

1. Create tab, then the New Claim dropdown option

<u>Create</u>	
New Claim	

#### 2. Claims section

laims		
	Add New >	<u>:laim (Standard)</u>
	Add New >	laim (Express)
	Search Type:	Claim
		Confirm Billing - View
	Claim ID:	
		Go! Clear
	Claim Status	
	Claim Star	: 11/01/2020
	Claim End	1: 11/19/2020
	Service	
	Authorization ID	
	Clien	±
	Provide	
	Worke	
	Representative	
	CaseManage	
	Paye	
	Procedure Code	
	User Optior	
	User Option	
		Include Inactive Claims?     Go! Clear
		Gor Clear



Standard Claim		Show All Claims
* Client	* Provider FMS NMCC PROVIDER1	Total Claims: 1 Total Calculated Amount:
* Worker  * Service	Payer Assignment Current Payer For Client	\$0.00         Total Authorized Amount:         \$0.00         Total Units:         0         Scheduled Units:         0         Scheduled Hours:         00:00         Save         Delete All         Cancel
	Click here 1 more service(s) Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00	Enter the Member ID in
Note:	Delete   Add Lines Above   Add Lines Below   Move Up   Move Down	<ul> <li>the <i>Client</i> field,</li> <li>Enter the Attendant ID in the <i>Worker</i>, and</li> <li>Enter the Service ID in the <i>Service</i> field</li> </ul>
Note Data	/	



Standard Claim	Show All Claims
* Client * Provider FMS_NMCC_PROVIDER1	Total Claims:
ZealLloyd, Hadassah M	Total Calculated Amount:
* Worker     Payer Assignment       ZealNewton, Alyce     Image: Current Payer For Client	Total Authorized Amount:
* Service	Total Units:
SDCB - Self-Directed Personal Care Exception	Scheduled Units:
Date     Time     Amount     Date     Time       MM/DD/YYYY     ##:##     MM/DD/YYYY     ##       Activity Codes:     (ex: 3,5,8)       Reason Code:	Scheduled Hours: ( Save Delete All Cancel
Click here 1 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:	

- Select the Date
- Enter the Start Time

1

0

0 00:00

\$0.00

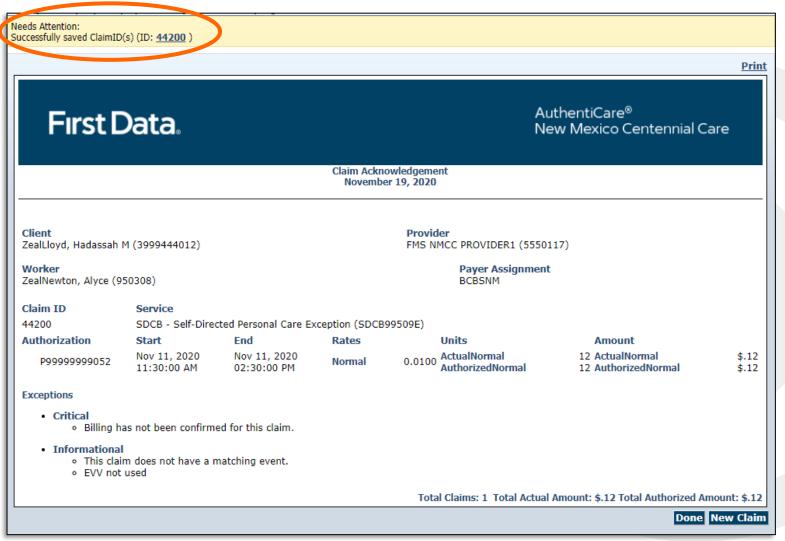
ount: \$0.00

- Enter the Amount (time duration)
- Enter Activity
   Codes if
   applicable
- Select a Reason Code from the dropdown list
- Enter a Note



Standard Claim	Show All Claims	
* Client * Provider   ZealLloyd, Hadassah M FMS NMCC PROVIDER1   * Worker Payer Assignment   ZealNewton, Alyce Current Payer For Client   * Service   SDCB - Self-Directed Personal Care Exception   Date Time   11/11/2020 11:30   03:00 11/11/2020     Activity Codes:   [07   (ex: 3,5,8)   Reason Code: Electrical outage Click here   1   Click here   1   Total Lines: 1 Total Claims: 1 Total Amount: \$0.00 Total Authorized: \$0.00	Show All Claims          Total Claims:       1         Total Calculated Amount:       \$0.00         Total Authorized Amount:       \$0.00         Total Units:       0         Scheduled Units:       0         Scheduled Hours:       00:00         Save       Delete All         Cancel       1	Once all fields are completed, Click <b>Save</b>
Delete   Add Lines Above   Add Lines Below   Move Up   Move Down		
Note: Testing again!		
Note Data		







### Reports

- AuthentiCare offers several standard reports that can be created as is or customized as templates
- Reports can be run instantly or scheduled for the frequency that suits business needs, 24/7
- Information is current as of the time the report is requested by the user.
- A wide variety of filtering and sorting options are provided.
- The user may choose to display the report in PDF, Excel, CSV or XML format.

#### **Create Reports**

Authorizations
Authorization S
Authorization History
AuthentiCare Service Authorization History
Claim History
AuthentiCare Claim History
Exception
Exception
Exception Report
Overlapped Claim By Client
Overlapped Claim By Worker
Overlapped Claim By Worker Report
Time and Attendance
Time and Attendance Report



### My Responsibilities as an EOR

- Login to the AuthentiCare web portal
- View Members/Clients and Workers/Attendants
- Confirm claims/timesheets
- Create manual web claim/timesheets
- View Reports
- Register mobile devices





# **Attendant Utilization**



### **Attendant Overview**

Attendants provide services to Members, and use one of two approved methods to check in when service delivery begins, and check out when service delivery ends



- Attendants do not have access to the AuthentiCare web portal
- EORs or Support Brokers must add Attendant device information to AuthentiCare



### Adding Attendant Information for Mobile and IVR

Before an Attendant can use AuthentiCare to check-in and check-out, their EOR or Support Broker must update the Attendant's profile with their mobile device ID using the web portal. They will also need to ensure the correct language is set for IVR use.

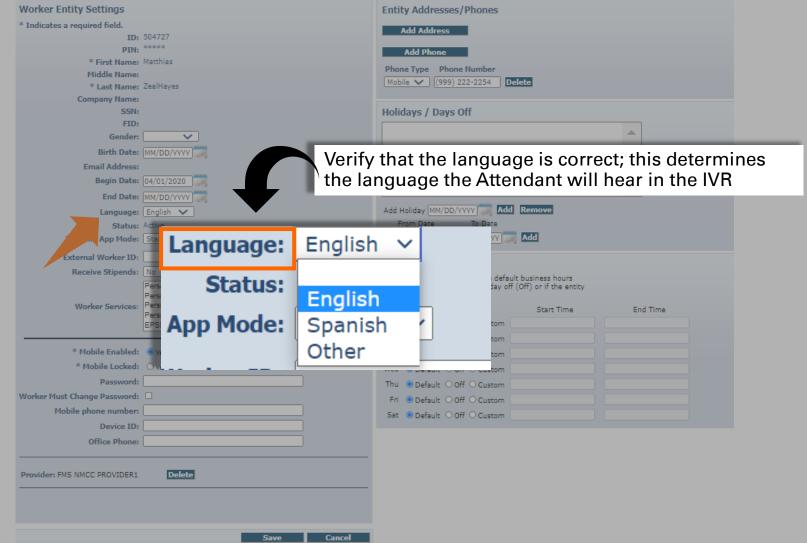
Entities Search >			1. So Enti	
Entity Searc	n Results			
ID	Name	<u>User Type</u>	Information	2. Fi
<u>609405</u>	ZealEllwood, Aila	Worker	<u>1</u>	Res Atte
504727	ZealHayes, Matthias	Worker	<u>3</u>	you
<u>171808</u>	ZealHollis, Christine	Worker	<u>1</u>	ID

#### I. Search for Attendant from E*ntities* section on **Homepage**

2. From the **Entity Search Results** page select the Attendant whose profile you will edit by clicking the ID

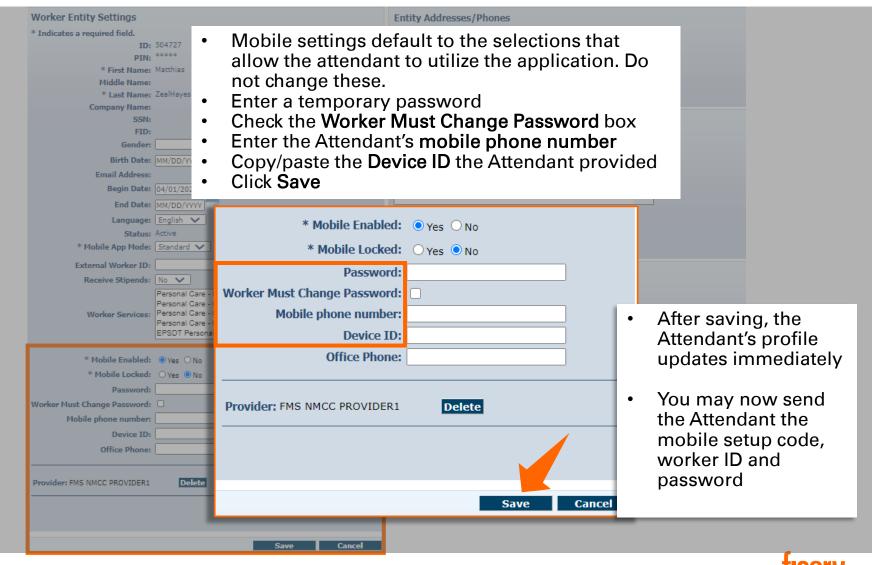


### Adding Attendant Information for Mobile and IVR





### Adding Attendant Information for Mobile and IVR



### Verifying Member Setup

- For the mobile application to confirm location, the correct address must be listed on the Client Entity Settings page.
- For the IVR system to confirm that the Attendant is calling from the correct landline, the **Client Entity Settings** page must have the home phone number listed.

Entities	Entity Addresses	/Phones	
Search > Go! Complete a search for the Member from the	Address Line 1: Address Line 2: City:	: Little Rock : AR <b>Zip:</b> 722111600 : : :	0
AuthentiCare NMCC homepage.	Add Phone Phone Type Other	ViewMap Phone Number (501) 555-5572	- Delete
	* Phone Description:	Home	



### **Mobile Application Demonstration**

Recordings of the mobile check-in and check-out process are not included in this presentation. The recordings will be sent in separate links.





### Key Items to Remember for Mobile

### For the SB/EOR

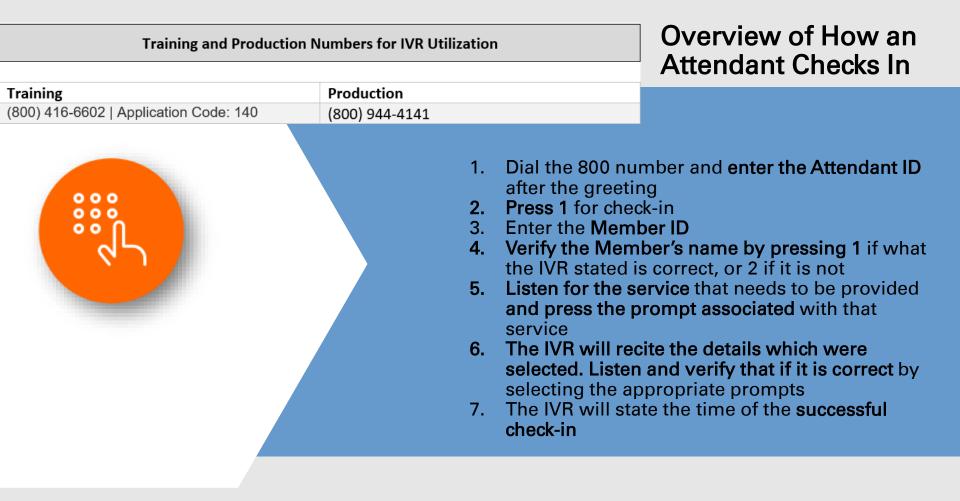
- The Device ID entered in the AuthentiCare portal must match the phone
- Must retrieve Attendant's Device ID from the Attendant and add it to Attendant profile
- GPS is only active at check-in and check-out

### For the Attendant

- Device ID is located within AuthentiCare mobile app settings
- One check-in/out per service
- Ability to reset their passwords
- When looking up Members, always select the one that shows the Member's address
- Only SDCB services will show for SDCB Attendants
- Remember to enter activity codes for applicable services
- Check-in/out methods are interchangeable
- Step-by-step handout available

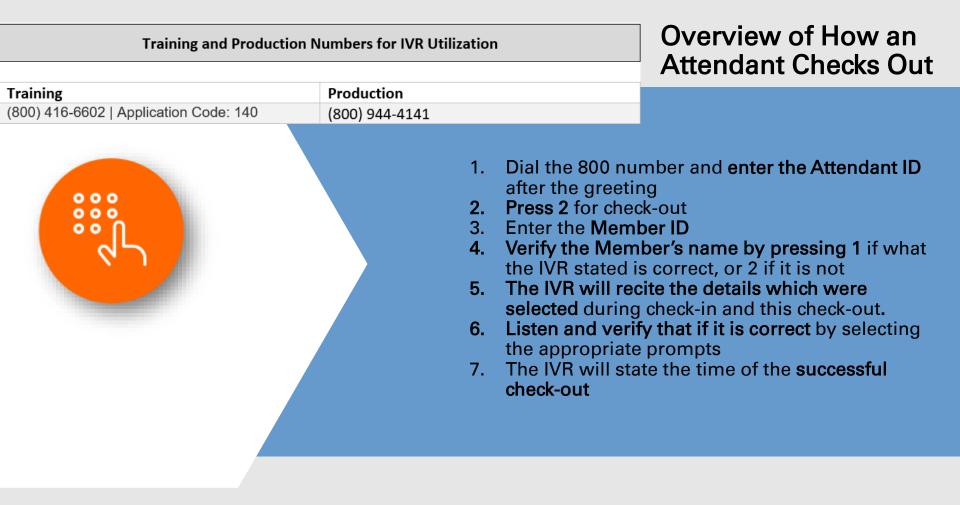


### Interactive Voice Response (IVR)





### Interactive Voice Response (IVR)



### Key Items to Remember for IVR

### For the SB/EOR

- The matching of phone numbers is based on the landline number on the Client Entity Settings page
- If Attendant calls from an unauthorized phone number, the check-in cannot be completed

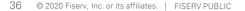
### For the Attendants

- One check-in/out per service
- IVR can be used as the checkin/out method only from a phone number on the member's profile
- Only SDCB services will play for SDCB Attendants
- Remember to enter activity codes for applicable services
- The check-in/out methods are interchangeable
- Step-by-step handout available



### Recap of Methods to Generate Timesheets

Method	Equipment	User
IVR	Member's home phone landline	Caregiver
Mobile App	Caregiver's or Member's cell phone or tablet	Caregiver
Manual Web Claim	Computer	EOR



### **Post-Implementation Support**

To Whom to Turn			
Attendants	Employer of Records (EORs)	Support Brokers	
Contact EOR for training and technical assistance	Contact <b>Support Broker</b> for login credentials, training, and technical assistance	<u>Training/Credentials</u> : Contact <u>Adaunnis.Dodson@Fiserv.com</u> & <u>Alejandro.Pessano@Fiserv.com</u> <u>Technical Assistance</u> : 1-800-441-4667, Option 6 <u>authenticare.support@firstdata.com</u> 6:00 AM – 6:00 PM MST, M-F	



ThankYou!



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