



Arkansas Electronic Visit Verification (EVV) Employer Manual for Self-Direction

Arkansas Independent Choices & AR Choices

March 2021

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Disclaimer: This manual is for distribution to Arkansas IndependentChoices participant/employers, who are solely responsible for the time capture, submission, and approval of time worked by their employees. This manual is intended to provide helpful information to participant/employers in complying with federal rules and regulations, pursuant to Palco’s role and contract with the program.

Overview of Electronic Visit Verification

Electronic Visit Verification (EVV) is a system which electronically verifies that home or community-based service visits occur by capturing and documenting six points of data:

- Type of services performed
- Individual receiving the services
- Individual providing the services
- Date of service
- Location of service
- Time service delivery begins and ends

EVV is a Federal mandate under the 21st Century Cures Act that requires compliance by all Medicaid agencies by January 2021. You can find an EVV FAQ document with lots of valuable information on the Palco website.

DHS has partnered with FiServ to provide Arkansas Employers with one of the best EVV platforms that exists nationwide and they have been in business for over 17 years. AuthenticCare by First Data offers stakeholders with the choice of EVV via a mobile application or telephony via a landline phone.

EVV must be utilized for all Arkansas services provided by caregivers starting 03/30/2021, and Palco has been asked to assist participant/employers with this transition. At this time, paper timesheets will be eliminated and any paper submitted will be rejected. The caregivers must be registered for EVV prior to this date or as part of your new employee enrollment. **It is the responsibility of the Employer to ensure 100% compliance with EVV for every shift and to ensure caregivers are setup and trained on how to use EVV properly.**

Definitions

These definitions are to be used while using the Authenticare website and this user manual.

Client – The client, also known as the participant, is the individual receiving Medicaid or other public funds to pay for self-directed care

Service Authorization – Also known as the budget or plan of services that include the specific services a provider or worker will be performing.

Representative – As it relates to self-direction, a person who is authorized by the participant to serve as the Employer of Record, and to direct and manage the client/participant's worker(s).

Provider – Providers are the individuals that participants hire to provide their care. Providers are also referred to as caregivers or workers.

Claims - A "Claim" is the same word for a Visit or a Shift. The claims must be approved and submitted to Palco at the end of every pay period to be processed and paid

Arkansas EVV Process Flow:



Chapter 1 - Getting Started

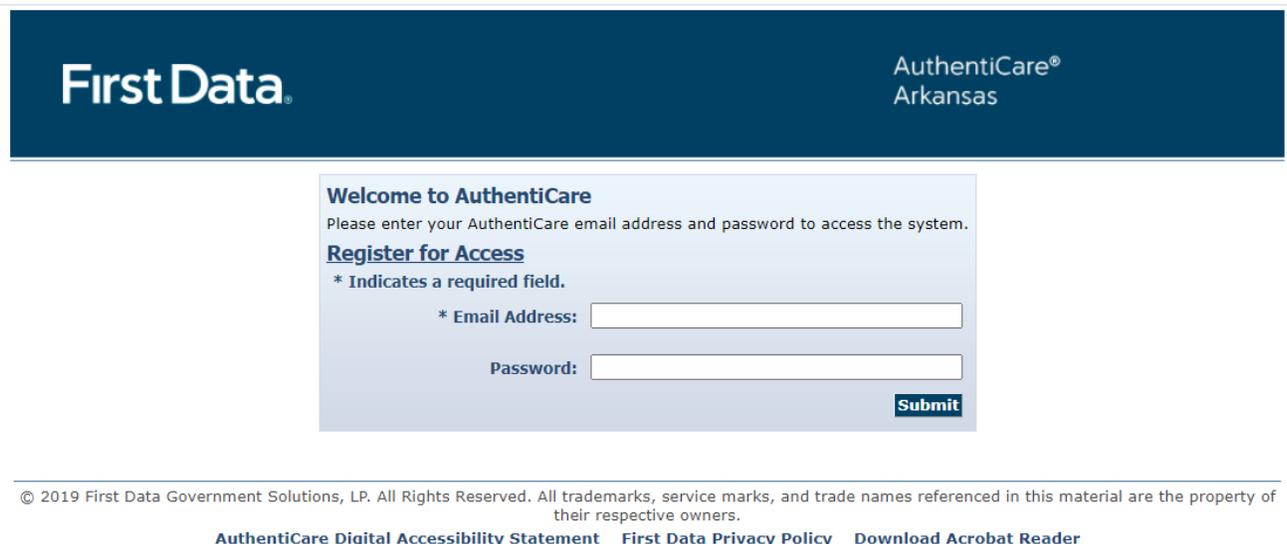
This chapter is designed to help you begin using AuthentiCare by walking through the process to access the site, set and change your password and accessing the home screen.

Accessing your Employer User Account

To log into AuthentiCare, you must have a user account which consists of a username (email address) and a password. Your Support Coordinator with Palco will assist you with getting your account set up.

Logging In

To login, the Employer should Navigate to the AuthentiCare website at <https://www.authenticare.com/arkansas>



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[AuthentiCare Digital Accessibility Statement](#) [First Data Privacy Policy](#) [Download Acrobat Reader](#)

1. Enter your email address and password provided by your Support Coordinator with Palco.
2. Click Submit.

Verify Your Identity

AuthentiCare uses multi-factor authentication to reduce the risks associated with compromised passwords by adding an additional layer of security to protect highly sensitive personal information.

Step 1. Log in to AuthentiCare and fill in the fields on the Create User Profile screen

Step 2. Set Security Questions and enter the Characters (Captcha)

Step 3. Obtain code from email



Note: Check junk/spam folders for email from pingidentity.com

Step 4: Enter the Verification code and Click Submit

The first page that will display is the Home page. This page will allow the employer to search and access their workers.

The screenshot displays the First Data AuthentCare Arkansas web application interface. At the top, the First Data logo is on the left and AuthentCare® Arkansas is on the right. A navigation bar below contains links for Home, Create, Reports, Scheduling, Visits, My Account, Custom Links, Training, and Logout. The user is logged in as representative@palco.com.

The main content area is divided into three sections:

- Entities:** This section is highlighted with a red border. It includes an "Add New > Worker" link and a search field with a "Go!" button.
- Services and Authorizations:** This section contains search filters for Service and Authorization. It includes fields for Service, Authorization ID, Service Type, Authorization Start/End (with date pickers), Client, Provider, Worker, Payer, Service Period, and Procedure Code. It also has "Go!" and "Clear" buttons.
- Claims:** This section includes an "Add New > Claim (Standard)" link. It features search filters for Claim and Confirm Billing - View. It includes a Claim ID field, Claim Status dropdown, Claim Start/End (with date pickers), and fields for Service, Authorization ID, Client, Provider, Worker, Representative, Payer, Procedure Code, and User Option. There is also an "Include Inactive Claims?" checkbox and "Go!" and "Clear" buttons.

Changing Your Password

There are several reasons why an Employer would need to change their password:

- **Password Expiration:** The password expires every 60 days and a new one needs to be chosen. There is a password rotation of ten (10) passwords which means that you cannot use any of your previous ten passwords when creating a new password.
- **Security:** Employers may want to secure their password by creating a new one if they feel this information has been compromised.
- **Account Lockout:** After three (3) failed attempts to log-in in a single session the account is automatically disabled. Employers will need to contact the Palco Customer Service team to have their account unlocked.

Password Change Reminder

A reminder to change a password will appear once a user logs in and the password is to be changed within the next ten (10) days. Employers will also receive a reminder each of the next 9 days after that as illustrated below with a 3-day reminder. An Employer has the ability to select 'Yes' to change the password or 'No' to bypass. Once the number of days has expired, the Employer will be required to change their password in order to log in to AuthentiCare.

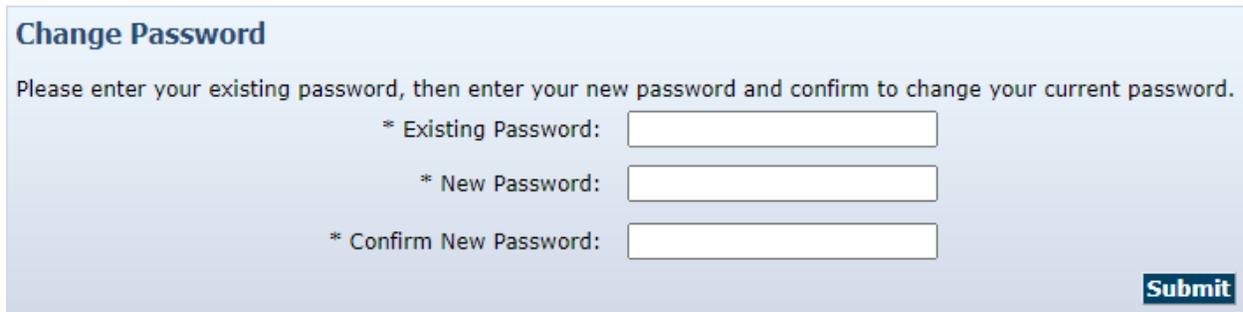


Follow the steps below to change your password:

1. Place the cursor over **My Account** in the main menu, and click on **Change Password**.



The *Change Password* page displays.



Change Password

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

* Existing Password:

* New Password:

* Confirm New Password:

Submit

2. Enter your Existing Password.
3. Enter a new password in the New Password and Confirm New Password fields.

The Password must have at least one uppercase letter, at least one lower case letter, at least one number, at least one special character, and be at least nine characters in length. Do not use * or + in your password.

The password entered cannot be the same as any of the previous ten passwords you have used.

4. Click Submit.

The AuthentiCare *Home* page displays with a confirmation that you successfully changed your password.



Chapter 2 – Navigating the Employer AuthentiCare Suite

AuthentiCare provides several “starting points” from which to navigate through the system. All users will see the *Home* page when first logging in to the system. From this point, the user can access all data and functionality allowed by the assigned role.

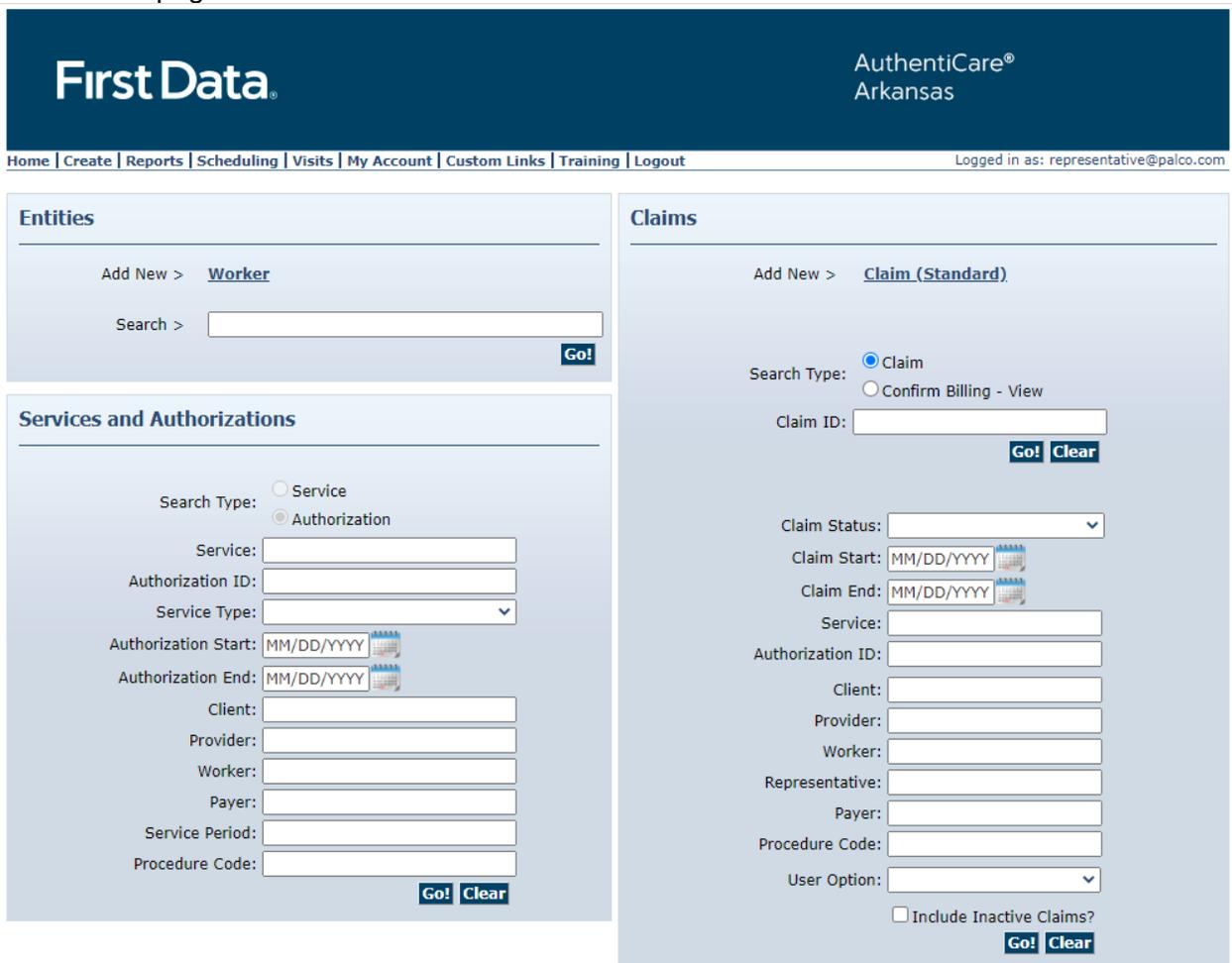
Home Page and Searching

The *Home* page is the central location in AuthentiCare. From this page users can navigate to any of the other areas of the system.

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

The Main Menu on the tool bar across the top of the page allows the user to navigate to different pages to perform different tasks. The options on the main menu differ depending on the user’s role and appear on every page in the system.

The *Home* page is divided into three sections:



The screenshot displays the AuthentiCare Home page interface. At the top, there is a dark blue header with the 'First Data' logo on the left and 'AuthentiCare® Arkansas' on the right. Below the header is a navigation bar with links: Home | Create | Reports | Scheduling | Visits | My Account | Custom Links | Training | Logout. On the right side of the navigation bar, it says 'Logged in as: representative@palco.com'.

The main content area is divided into three sections:

- Entities:** Contains an 'Add New > Worker' link and a search field with a 'Go!' button.
- Services and Authorizations:** Features a search form with radio buttons for 'Service' and 'Authorization'. Fields include Service, Authorization ID, Service Type (dropdown), Authorization Start/End (date pickers), Client, Provider, Worker, Payer, Service Period, and Procedure Code. It has 'Go!' and 'Clear' buttons.
- Claims:** Features an 'Add New > Claim (Standard)' link. Search Type has radio buttons for 'Claim' (selected) and 'Confirm Billing - View'. Fields include Claim ID, Claim Status (dropdown), Claim Start/End (date pickers), Service, Authorization ID, Client, Provider, Worker, Representative, Payer, Procedure Code, and User Option (dropdown). It also has an 'Include Inactive Claims?' checkbox and 'Go!' and 'Clear' buttons.

Entities – This section of the homepage is where users can do a search for associated Clients or caregivers. You can search by Last Name or Authenticare ID. If you do not have either one, click “Go!” to see a list of all caregivers associated to you!

Services and Authorizations – This section of the Home page allows the user to perform detailed searches for existing authorizations by clicking on **Go!** An employer will likely never need to use this section.

Claims – While most claims are created using the IVR phone system or the GPS enabled mobile device, designated roles can also create claims using the website. All claims, whether they were created using the IVR, mobile device or the website, can be viewed from the website. Users may perform detailed searches for existing claims from the Home page.

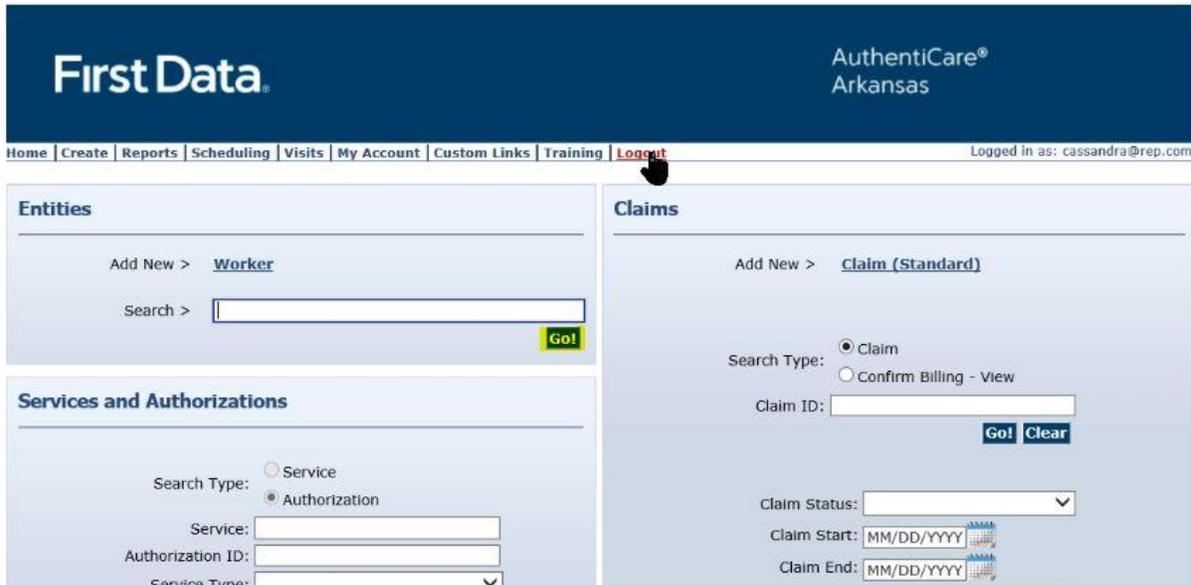
Tip: A “Claim” is the same word for a Visit or a Shift. The claims must be approved and submitted to Palco at the end of every pay period to be processed and paid.

Chapter 3 – Managing your Employee’s Information

Worker information requires regular maintenance to add new workers, update your current worker information and inactivate your workers that no longer work for you.

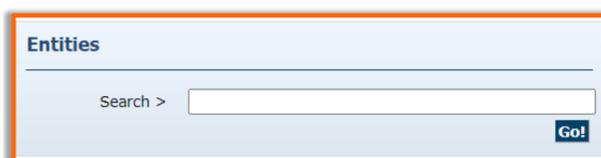
Setting up your Employees

The first step to setting up your workers is by searching them. From the home page, select “GO” and your enrolled workers will display.



Workers are vital to the Authenticare process. In order for the EVV system to document services provided by a worker, the worker must be in the system and have a system-generated ID number. This will enable accurate scheduling, use of the IVR and billing for services provided.

If you are searching for a worker and not finding them, this is likely because they have not completed their Provider Identification Number (PIN) enrollment with Gainwell. Every caregiver must obtain a PIN before they are entered into the Authenticare system.



1. Search for Attendant from *Entities* section on **Homepage**

ID	Name	User Type	Information
609405	ZealEllwood, Aila	Worker	
504727	ZealHayes, Matthias	Worker	
171808	ZealHollis, Christine	Worker	

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

Editing Your Workers

Verify, and if needed, update the appropriate fields such as **Worker Services**, and scheduling information. Click **Save** at the bottom of the page to save the worker and return to the Home page.

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

Needs Attention:
Successfully saved Worker - test Worker1 (ID: 13365)

Registering Your Employee for Using the Mobile App

The screenshot shows the 'Entity Addresses/Phones' section of a worker's profile. A white callout box lists the following steps:

- Mobile settings default to the selections that allow the attendant to utilize the application. Do not change these.
- Enter a temporary password
- Check the **Worker Must Change Password** box
- Enter the Attendant's mobile phone number
- Copy/paste the **Device ID** the Attendant provided
- Click **Save**

Another white callout box on the right side of the form provides additional instructions:

- After saving, the Attendant's profile updates immediately
- You may now send the Attendant the mobile setup code, worker ID and password

The form fields include:

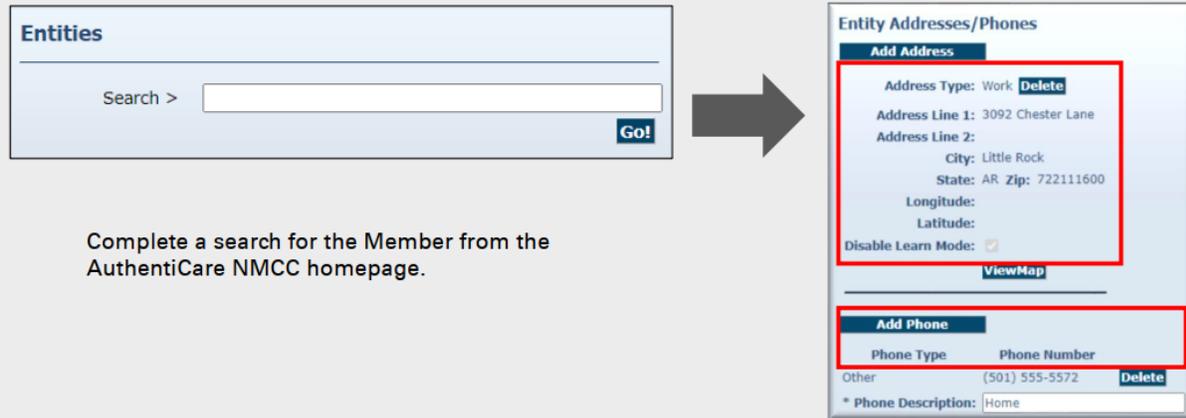
- * Mobile Enabled: Yes No
- * Mobile Locked: Yes No
- Password: [text input]
- Worker Must Change Password:
- Mobile phone number: [text input]
- Device ID: [text input]
- Office Phone: [text input]
- Provider: FMS NMCC PROVIDER1 [Delete button]
- Save [button] Cancel [button]

For the mobile application to confirm location, the correct address must be listed on the Client Entity Settings page.

Registering Your Employee for Using Telephony

Search for the Client Entities page by searching for the Participant form the Home 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.



Complete a search for the Member from the AuthentiCare NMCC homepage.

Phone Type	Phone Number	
Other	(501) 555-5572	Delete

* Phone Description: Home

Deleting Your Workers

Your worker cannot be deleted once there are any relationships created for your worker. In other words, if your worker has been scheduled for an event or if a claim has been created for which the worker provided the service, then your worker cannot be deleted from AuthentiCare.

Chapter 4 - Training your Employees to Use EVV

It is your responsibility as the Employer to ensure 100% compliance with EVV for every shift and to ensure your caregiver employees are setup and trained on how to use EVV properly. Your employees must choose **one** method for using EVV, either the Mobile Application or Telephony via the participant’s landline home phone.

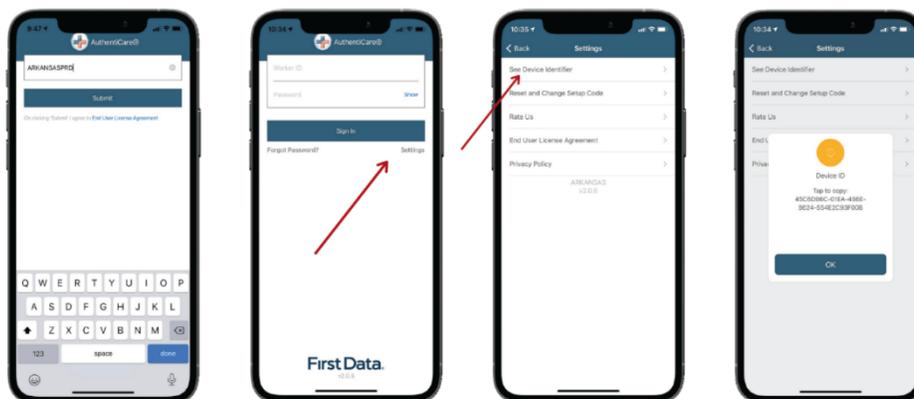
Mobile Application

The AuthentiCare Mobile Application is a smart phone application that uses the cellular GPS capabilities on your smart phone or device (like a tablet) to capture the 6 points of data required to comply with EVV.

In order to use the Mobile Application, the Employer must setup the worker profile in AuthentiCare with your employees **Device ID**. The first step to getting set up is downloading the application.

How to download the AuthentiCare Application and obtain the Device ID:

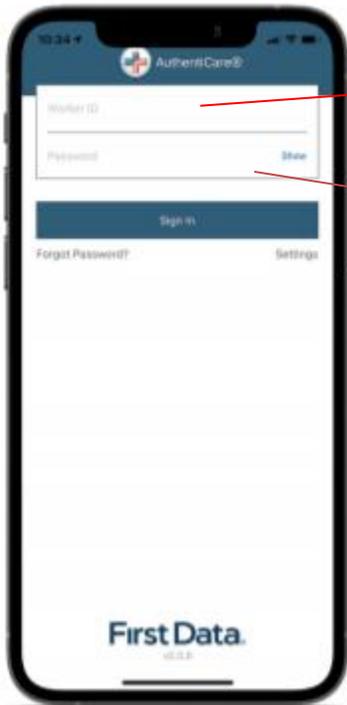
1. On the caregiver’s smart phone or device, go to the App Store on your iPhone or Google Play store and search for the “AuthentiCare” application and download the AuthentiCare mobile application.
2. When the download is finished, open the application.
3. Tap “allow” for the app to access the device’s location and to make and manage phone calls. This is required.
4. Enter the set-up code for Arkansas which is **ARKANSASPRD**.
5. On the login screen, click on “Settings” at the bottom right of the screen.
6. Click on “See Device Identifier” from the menu options.
7. Record your Device ID exactly as it is shown on the screen on to the EVV Registration SurveyMonkey Form.



Please include all letters, numbers, and dashes.

The Device ID must be added to the employee's profile in AuthentiCare before the worker can log in to the application. In addition, the Employer is responsible to set the initial password their employee will use when logging in to the app for the first time. See page 12 for details.

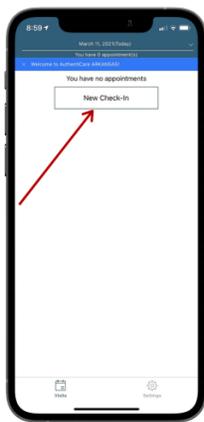
Once the worker profile is set up, your worker can log in to the application with their Worker ID to clock in and out.



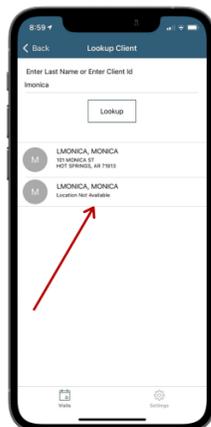
Worker ID: AuthentiCare ID

Password: Setup by the Employer in AuthentiCare Employer Suite

Clocking in/out with the Mobile Application



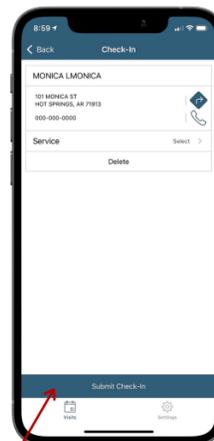
1. Click on "New Check-In"



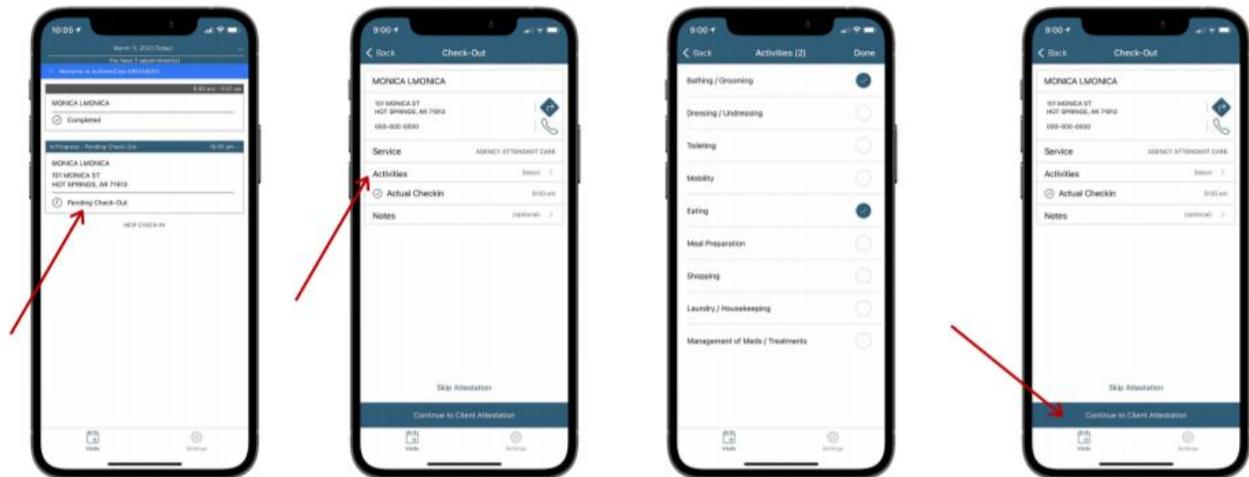
2. Choose the participant from the list of participants. If the participant is not found, click "Lookup Client" and follow the steps.



3. Click on "Service" and select the service you are providing for that shift. Self-directed services will either be Personal Care 21 and Over or Agency Attendant Care. You should only choose services the Participant is authorized for.



4. Click on "Submit Check-In" and click "OK" on the confirmation page.



1. At the end of the shift, login to the app again and select "Pending Check-Out"

2. Select "Activities"

3. Check off the activities that were completed during the shift and click "Done"

4. The next step is to complete the Client Attestation. If the client is available click "Continue to Client Attestation" and hand the device to the Participant. If they are not, you can skip the attestation.

At the end of the shift, your employee will log back in to the app, select the active visit and click "Submit Check Out" to clock out. They will see a screen that confirms a successful check out.

Please note, GPS coordinates are only collected during the check-in and check-out process. They are not collected at any other point in the visit.

Troubleshooting Issues with Mobile App

Issue / Topic	Troubleshooting Tips
Your Employee cannot login to the mobile application	<p>Ensure you have set up their worker profile in AuthentiCare.</p> <ol style="list-style-type: none"> 1. Check the Device ID field and ensure it is entered accurately including dashes. 2. Reset their password 3. Ensure they are not locked out, if they are, unlock them <p>More information and instructions for all these steps can be found on page 14</p>
If your employee is still unable to access after doing initial troubleshooting tips	An update to your phone's operating system might cause the issue. Simply delete the Authenticare app and redownload, following the steps on page 14. You won't have a new Device ID and

	should be able to login like before.
Your employee is asked to change password, but application will not accept	The password needs to include a lowercase, uppercase, special character, and a number. The password also can't include common words or be a previous password.
No service	The app should work in areas of little to no service. If you are going to this type of area, log in while you still have internet access and do not close the app. You should be able to clock time while in these areas. When you enter an area with service again, those times will be sent.
Android Device	In order to use AuthentiCare Mobile Application 2.0.7 for daily EVV activities, please ensure workers use a device that is compatible with Android OS operating system version of 6.0 or higher to address a security compliance issue.
Apple Device	Apple iOS operating system version of 13.0

Telephony

AuthentiCare Telephony/IVR software allows you to utilize the participant's landline phone to clock in and out. Interactive Voice Recognition (IVR) is sometimes referred to as Telephony. Six points of data, including location, are automatically captured when you call in.

The participant's landline number must be added to the client's profile in AuthentiCare by the employer. See page 13 for details.

Once your worker's profile is set up, your worker can log in to the application to clock in and out.

Clocking in/out with the Telephony / IVR

Using the participant's landline phone, dial the toll-free number at the beginning and the end of the visit.

Start of visit:

1. Have your employee dial toll free number, enter their worker ID (PIN) when prompted
2. Your employee presses **1** for check-in
3. Your employee will then hear the name of the participant they are there to serve. If it is correct, press **1**. If AuthentiCare does not recognize the phone number your employee is calling from, they will be asked to enter the participant's ID number (Medicaid number) followed by the pound (#) sign.
4. Your employee will then hear a list of services available for the participant and be asked to choose the one you are there to perform by pressing the appropriate number on the phone key pad. Self-directed services will either be Personal Care 21 and Over or Agency Attendant Care. You should only choose services the Participant is authorized for.
5. AuthentiCare will then repeat back your employees name, the participant's name, and the service to be provided. If this is all correct, your employee will press **1**. If the information is not correct your employee will press **2** and will be able to correct the information before they finish the call.
6. If the information is correct, your employee will be told that the check-in was successful at (states the time). At this point your employee will be instructed to press **2** to end the call.

End of visit:

1. Have your employee dial toll free number, enter their worker ID (PIN) when prompted
2. Your employee will press **2** for check-out
3. AuthentiCare will repeat back your employees name, the participant's name and the service your employee provided. If it is all correct, your employee will press **1**. If the information is not correct, your employee can press **2** and they will be able to correct the information before they finish the call.
4. If the information is correct, your employee will be told that the check-out was successful, and they will be instructed to press **2** to end the call. If you don't complete all of the steps, your clock out will be unsuccessful.

Chapter 5 – Manually Adding or Adjusting your Employees Time

An instance may arise where a manual adjustment to your employee's time is necessary, such as a broken device or forgetting to clock in/out. Below are instructions for how to do that in AuthentiCare.

Claim Maintenance Rules

Claim maintenance is the process by which EVV employers can adjust an EVV visit in AuthentiCare.

- Claim maintenance in AuthentiCare must be completed within **60 calendar days** from the date of service.
- A claim record is locked after 60 days and cannot be unlocked and edited without payer approval.

- Claim maintenance can be performed on non-exported claims, EVV Aggregator accepted claims, and rejected claims.
- Entry of EVV note data is required during claim maintenance. Note Data can tell the payer what time the caregiver actually started or stopped providing services.

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

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

Rounding Rules

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

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

Examples of rounding rules are:

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

Searching for Claim Information

To complete a search for the claims in the AuthentiCare portal, click the **Claim** radio button in the *Claims* section of the *Home* page.

Enter search criteria in any of these fields, if desired. You can also choose to filter Claims and confirm billing by date or Username (login) as shown at the bottom of the screen. If you do not enter any search criteria, other than the Claim Start and End date range, all Claims will be listed.

Click **Go!**

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

ID	Status	Client ID	Client Name	Date Range	Information
424	InfoExceptions	0014785231	Mouse, Mickey Walt	09/09/2020 - 09/09/2020	
422	InfoExceptions	0014785231	Mouse, Mickey Walt	09/01/2020 - 09/01/2020	
570	ClaimNeedsAttestation, ConfirmBillingForClaim, EventMatching, OutOfFenceCheckIn, OutOfFenceCheckOut	0014785231	Smith, John Walt	09/18/2020 - 09/18/2020	
535	PendingCheckOut	0014785231	Smith, John Walt	09/17/2020	
572	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim, EventMatching, OutOfFenceCheckIn	0014785231	Smith, John Walt	09/18/2020 - 09/18/2020	
571	ClaimNeedsAttestation, ConfirmBillingForClaim, DuplicateClaim, EventMatching, OutOfFenceCheckIn, OutOfFenceCheckOut	0014785231	Smith, John Walt	09/18/2020 - 09/18/2020	

Note the columns displayed in the search results:

- **ID:** Identifies a Claim
- **Status:** Displays as **NoExceptions** or **InfoExceptions** if the Claim has been sent for payment or is ready to be sent OR displays the name of the critical exception (if there are any). You could see any combination of these critical exceptions listed under status. The critical exceptions are:
 - Authorize

- Calculate
- AuthExhaustedBefore
- IneligibleCaregiver
- IneligibleClient
- IneligibleProvider
- DuplicateClaim
- ConfirmBillingForClaim
- MissingActivityCode
- OverlappedCaregiver
- ClaimNeedsAttestation
- **Client ID:** Identifies the Client who received services
- **Client Name** - Identifies the Client who received services.
- **Date Range:** The date or dates of the service. This indicates if a Claim spanned more than one day.

Claims are automatically listed alphabetically by Client last name. Click the column heading if you wish for the search results to sort using a different column than the default. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

Position the mouse pointer over the **Information icon**  to display an additional Information pop-up about the Claim. Click **ID**.

First Data
AuthentiCare®
Arkansas

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout
Logged in as: jasmine.sanchez@firstdata.com

ID	Status	Client ID	Client Name	Date Range	Information	
424	InfoExceptions	0014785231	Mouse, Mickey Walt	09/09/2020 - 09/09/2020		
422	InfoExceptions	0014785231	Mouse, Mickey Walt	09/01/2020 - 09/01/2020		
570	ClaimNeedsAttestation, ConfirmBillingForClaim, EventMatching, OutOfFenceCheckIn, OutOfFenceCheckOut	0014785231	Smith, John Walt	09/18/2020 - 09/18/2020	Additional Information Claim ID: 422 Provider: Acme Provider Agency (10000201) Worker: Caregiver, Mary (662990) Filing Source: Web DateOfService: 09/01/2020 08:00 AM - 09/01/2020 10:00 AM Service: AGENCY ATTENDANT CARE (ARKS5125U2) (Time Based) Status: Billed (09/06/2020) Unit: ActualNormal: 8 AuthorizedNormal: 8 Amount: ActualNormal: 36.24 AuthorizedNormal: 36.24 CustomData: ActivityCodes: 70 Exception: This claim does not have a matching event. EVV not used Note: sss	
535	PendingCheckOut	0014785231	Smith, John Walt	09/17/2020		
572	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim, EventMatching, OutOfFenceCheckIn	0014785231	Smith, John Walt	09/18/2020 - 09/18/2020		
571	ClaimNeedsAttestation, ConfirmBillingForClaim, DuplicateClaim, EventMatching, OutOfFenceCheckIn, OutOfFenceCheckOut	0014785231	Smith, John Walt	09/18/2020 - 09/18/2020		
449	ConfirmBillingForClaim, WebClaimSuppress	0014785231	Smith, John Walt	09/09/2020 - 09/09/2020		
435	PendingCheckOut	0014785231	Smith, John Walt	09/09/2020		
434	InfoExceptions	0014785231	Smith, John Walt	09/09/2020 - 09/09/2020		
440	InfoExceptions	0014785231	Smith, John Walt	09/09/2020 - 09/09/2020		
436	Authorize, ClaimNeedsAttestation, ConfirmBillingForClaim, EventMatching, UnAuthPhoneCheckInNoMatch	0014785231	Smith, John Walt	09/09/2020 - 09/09/2020		

The *Claims* page displays and includes the Client, Provider, Caregiver, Service, Check-in date and time, Check-out date and time and the Time Amount (if required). The box on the right-side notes whether the Claim was created via the IVR, mobile device or web and identifies the calculated amount which takes the total time after applying rounding rules and computes the dollar amount using the rate identified on the authorization. This is the amount that AuthentiCare exports to the payer for adjudication.

The *Claims* page displays the number of Scheduled Units and Scheduled Hours for the authorization used by the Claim for the current day.

The *Claim Acknowledgement* page displays the Scheduled Units and Scheduled Amount in hours for the authorization used by the Claim for the current day.

Click on the **Entity** icon adjacent to the Client, Provider, Caregiver or Service if you wish to view the respective record for the entity. Note if there are any Exceptions.

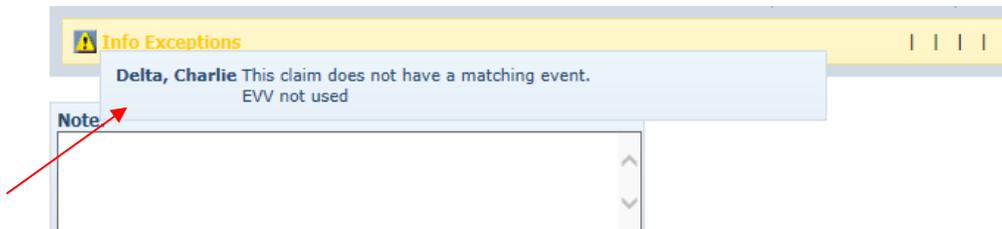
Position the mouse pointer over the **Exceptions icon** to view the pop-up that displays the exceptions for the Claim, if there are any.

When business rules are not met, a Claim is marked with an exception. Exceptions are classified as Critical or Informational.

Critical Exception example:

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

Informational Exception example:



Informational Exceptions or non-critical exceptions do not prevent a Claim from being processed, but serves as a notice of some problem associated with the Claim creation which may warrant further investigation (e.g., a Claim that does not have a matching event). These exceptions are informational only and are listed in Appendix A.



If a Caregiver checks in more than 240 minutes prior to the start time for the scheduled event, the Claim indicates an Event Matching Info Exception. For example, if the event was scheduled from 11:00 AM to 11:30 AM and the Caregiver checked in at 6:59 AM, AuthentiCare is not able to match the scheduled event to the actual event and an Info Exception results.

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

Additional Functionality on this page:

Click **Printer Friendly** to view the Claim in a format that prints well.

Claim Details

*** Client**
Smith, John Walt

*** Worker**
Worker1, TCoETest

*** Service**
AGENCY ATTENDANT CARE

Date 09/09/2020 **Time** 10:00 AM **Amount** 01:00 **Date** 09/09/2020 **Time** 11:00 AM

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

*** Provider**
Acme Provider Agency

Payer Assignment
Current Payer For Client

Click here 1 more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$18.12 Total Authorized: \$18.12

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

Claim ID: **449**
Filed On: **Web**

Printer Friendly
Show All Claims

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

Billing Confirmed
 Inactive Claim

Save
Delete All
Cancel

Note:

Note Data

Date: 09/09/2020 03:21 PM	User: caylecox@hotmail.com
Reason Code: Recipient IVR not functioning	

The *Claim Acknowledgment* page displays.

Print

Claim Acknowledgement
September 18, 2020

Client
Smith, John Walt (0014785231)

Worker
Worker1, TCoETest (117409)

Claim ID
449

Provider
Acme Provider Agency (10000201)

Payer Assignment
ARKANSAS DHS

Authorization	Start	End	Rates	Units	Amount
AA3333555522	Sep 09, 2020 10:00:00 AM	Sep 09, 2020 11:00:00 AM	Normal	4 ActualNormal	\$18.12
				4 AuthorizedNormal	\$18.12
				4 ScheduledUnits	\$18.12

Exceptions

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

Total Claims: 1 Total Actual Amount: \$18.12 Total Authorized Amount: \$18.12

Done New Claim

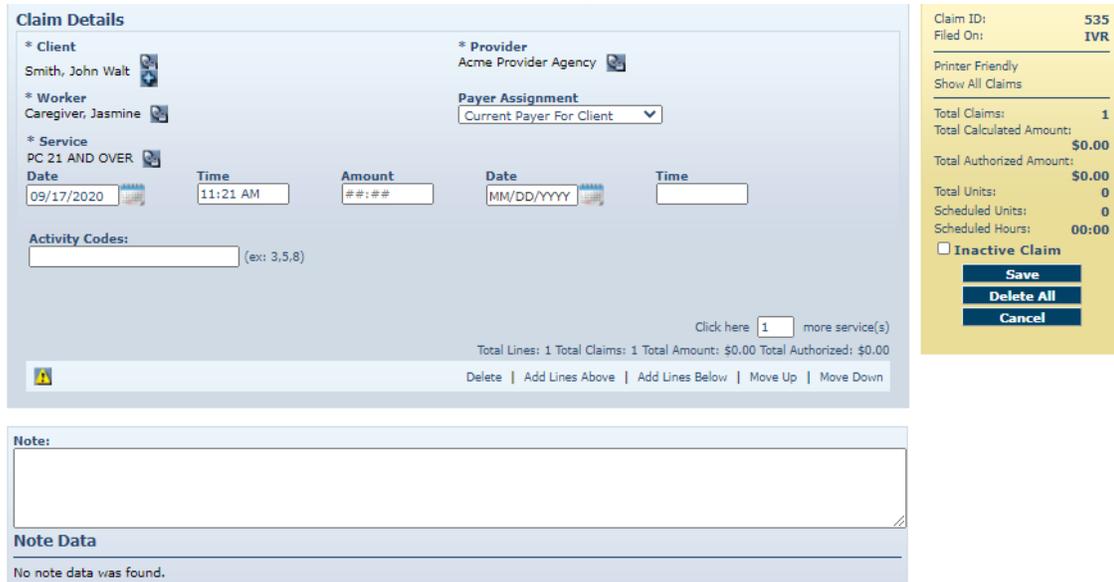
Editing a Claim (Claims Correction)

Correcting a Check-In/Check-Out

In most situations, Claims are created by Caregivers calling from the Client's home. Caregivers may forget to check-in or check-out when arriving at or leaving a Client's home. They may choose the wrong service in error and fail to correct it while on the phone. In such situations, the Employer is able to edit the Claim by completing or correcting it (refer to ARDHS for policy related instructions).

Search for the Claim you wish to view.

The *Claims* page displays:



The screenshot displays the 'Claim Details' form and a summary sidebar. The 'Claim Details' form includes fields for Client (Smith, John Walt), Worker (Caregiver, Jasmine), Service (PC 21 AND OVER), Date (09/17/2020), Time (11:21 AM), Amount (###:##), and Date (MM/DD/YYYY). It also has an 'Activity Codes' field and a 'Payer Assignment' dropdown set to 'Current Payer For Client'. A summary sidebar on the right shows: Claim ID: 535, Filed On: IVR, Total Claims: 1, Total Calculated Amount: \$0.00, Total Authorized Amount: \$0.00, Total Units: 0, Scheduled Units: 0, and Scheduled Hours: 00:00. There are buttons for 'Save', 'Delete All', and 'Cancel'.

Edit the information about the Claim as necessary to add the check-in time and add note data. Click **Save** to save your changes,

OR

Click **Cancel** to cancel your changes and return to the *Claims* page.

The *Claim Acknowledgement* page displays with a successful save message at the top, if you clicked **Save**.

Needs Attention:
Successfully saved ClaimID(s) (ID: 436)

Print

First Data
AuthentiCare®
Arkansas

Claim Acknowledgement
September 22, 2020

Client Smith, John Walt (0014785231)	Provider Acme Provider Agency (10000201)
Worker Caregiver, Jasmine (662990)	Payer Assignment Unknown

Claim ID 436	Service AGENCY ATTENDANT CARE (ARKSS125U2)	
------------------------	--	--

Authorization	Start	End	Rates	Units	Amount
	Sep 09, 2020 02:08:00 PM	Sep 09, 2020 03:08:00 PM		ActualNormal	4

Exceptions

- **Critical**
 - o Unauthorized Claim.
 - o Billing has not been confirmed for this claim.
 - o This claim check in number does not match the authorized number for the client.
- **Informational**
 - o This claim does not have a matching event.
 - o This claim does not have an attestation.

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

Done New Claim

Clearing Critical Exceptions

Occasionally a claim will not successfully pass all the ARDHS business rules and a critical exception will be applied to the claim. In order for the claim to be submitted for adjudication, the critical exception must be cleared. Claims with critical exceptions will remain in the AuthentiCare portal until claim maintenance has been completed. Many critical exceptions can be cleared by providing a reason code and entering Note Data. A list of available reason codes can be found in Appendix B.

Search the claim that needs claim maintenance.

The Claims page displays:

Claim Details

* Client Smith, John Walt	* Provider Acme Provider Agency
* Worker Caregiver, Jasmine	Payer Assignment Current Payer For Client
* Service AGENCY ATTENDANT CARE	

Date	Time	Amount	Date	Time
09/09/2020	02:08 PM	01:00	09/09/2020	03:08 PM

Activity Codes: 70 (ex: 3,5,8)

Reason Code:

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

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

Claim ID: **436**

Filed On: **IVR**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$0.00**

Total Authorized Amount: **\$0.00**

Total Units: **4**

Total Hours: **01:00**

Scheduled Units: **0**

Scheduled Hours: **00:00**

Inactive Claim

Save
Delete All
Cancel

Note Data

Select the reason code that is applicable and add note data. Click **Save** to save your changes,

OR

Click **Cancel** to cancel your changes and return to the *Claims* page.

The *Claim Acknowledgement* page displays with a successful save message at the top, if you clicked **Save**.

Create an Individual Claim / Shift

There are situations where the Employer may need to add a Claim using the web. This should be used as a backup claim creation method. Arkansas DHS will be monitoring the number of claims created manually by employers.

Click **Create** in the menu bar and select “**New Claim**”.

OR

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



The *Claims* page displays. It is pre-populated with the name of the User currently logged in.

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

Standard Claim

* Client

* Worker

* Service

* Provider
Acme Provider Agency

Payer Assignment
Current Payer For Client

Click here more service(s)

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

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

Show All Claims

Total Claims:	1
Total Calculated Amount:	\$0.00
Total Authorized Amount:	\$0.00
Total Units:	0
Scheduled Units:	4
Scheduled Hours:	01:00

Save
Delete All
Cancel

Note:

Note Data

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

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

4. Enter the **Worker ID**, full name or partial last name and click the **Looking Glass icon** to find the Caregiver who performed the service. Then select the Caregiver from the list provided
5. Enter the **Date**. This is the date the service was delivered if it was a unit-based service. If it was a time-based service, then this is the date the delivery of the service was started
6. Enter the **Time** the delivery of the service started. You must include AM or PM in the time entry or use military time. If it is on the hour, it is not necessary to include “:00”
7. Enter the **Date** and **Time** the delivery of the service ended
8. Enter the **Activity Codes**. This number is for the activities completed during service delivery. These codes can be found in Appendix C.



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

Claim Details

*** Client**
Smith, John Walt

*** Worker**
Worker1, TCoEtest

*** Service**
AGENCY ATTENDANT CARE

Date: 09/09/2020
Time: 10:00 AM
Amount: 01:00

Date: 09/09/2020
Time: 11:00 AM

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

*** Provider**
Acme Provider Agency

Payer Assignment
Current Payer For Client

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$18.12 Total Authorized: \$18.12

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

Claim ID: **449**

Filed On: **Web**

Printer Friendly
Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$18.12**

Total Authorized Amount: **\$18.12**

Total Units: **4**

Total Hours: **01:00**

Scheduled Units: **4**

Scheduled Hours: **01:00**

Billing Confirmed

Inactive Claim

Note:

Note Data

Date: 09/09/2020 03:21 PM	User: caylecox@hotmail.com
Reason Code: Recipient IVR not functioning	

- Click **Save** if you have completed the Claim and do not need to group this Claim with any other Claims



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

The Claim Acknowledgement page displays.

Needs Attention:
Successfully saved ClaimID(s) (ID: 436)

First Data

AuthentiCare®
Arkansas

Claim Acknowledgement
September 22, 2020

Client
Smith, John Walt (0014785231)

Worker
Caregiver, Jasmine (662990)

Claim ID
436

Provider
Acme Provider Agency (10000201)

Payer Assignment
Unknown

Service
AGENCY ATTENDANT CARE (ARKSS125U2)

Authorization	Start	End	Rates	Units	Amount
	Sep 09, 2020 02:08:00 PM	Sep 09, 2020 03:08:00 PM		ActualNormal	4

Exceptions

- **Critical**
 - o Unauthorized Claim.
 - o Billing has not been confirmed for this claim.
 - o This claim check in number does not match the authorized number for the client.
- **Informational**
 - o This claim does not have a matching event.
 - o This claim does not have an attestation.

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

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



Note – *AuthentiCare* checks for duplicates at the time the Claim is saved. If there is another Claim for the same Client/service/Caregiver combination where the service times (check-in and check-out) are within 10 minutes of the same times, a Duplicate critical exception will be noted.

Inactivate a Claim

If a Claim was added in error, it should be inactivated as soon as possible. Once the Claim is confirmed for billing, it cannot be inactivated.

- Select the checkbox next to **Inactive Claim** on the *Claims* page.

Claim Details

*** Client**
Smith, John Walt

*** Provider**
Acme Provider Agency

*** Worker**
Worker1, TCoETest

Payer Assignment
Current Payer For Client

*** Service**
AGENCY ATTENDANT CARE

Date	Time	Amount	Date	Time
09/09/2020	10:00 AM	01:00	09/09/2020	11:00 AM

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

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$18.12 Total Authorized: \$18.12

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

Summary Sidebar:

- Claim ID: 449
- Filed On: Web
- Printer Friendly
- Show All Claims
- Total Claims: 1
- Total Calculated Amount: \$18.12
- Total Authorized Amount: \$18.12
- Total Units: 4
- Total Hours: 01:00
- Scheduled Units: 4
- Scheduled Hours: 01:00
- Billing Confirmed
- Inactive Claim
- Save
- Delete All
- Cancel

Note:

Note Data

Date: 09/09/2020 03:21 PM User: caylecox@hotmail.com

Reason Code: Recipient IVR not functioning

The system asks you to confirm the inactivation. If you click **OK**, the Claim is inactivated in the system. If you click **Cancel**, the Claim remains active and you are returned to the *Claims* page.

- Click **OK** to proceed with inactivating the Claim.

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

Adding Notes – Claim Edit/Entry Documentation

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

1. Open the individual Claim
2. Add any note information in the text box provided. When finished click Save. The “Save” button saves the Claim details and the note.



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

Caution: Claims for Same Date of Service

Medicaid views the date of services for Claims by the same Employer, for the same Client, who has been provided the same service when Claims are reviewed. All Claims for a Client receiving one particular service on a given date must be confirmed together so those Claims are exported together. Otherwise, any lingering Claims for that service for that Client, on that date, are viewed as duplicates, and are denied.

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

Needs Attention:
Claim note entry is required.

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

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

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

Chapter 6 – Approving and Submitting your Employees Time

Use the following search criteria to retrieve a visit.

Use lower section with one or multiple filters and **click GO!**

- Status
- Visit Start/End Dates
- Service
- Authorization ID
- Client
- Provider
- Employee
- Payer
- Service Code

Visit Status:	<input type="text"/>
Visit Start:	MM/DD/YYYY
Visit End:	MM/DD/YYYY
Service:	<input type="text"/>
Authorization ID:	<input type="text"/>
Client:	<input type="text"/>
Provider:	<input type="text"/>
Worker:	<input type="text"/>
Representative:	<input type="text"/>
Payer:	<input type="text"/>
Procedure Code:	<input type="text"/>
User Option:	<input type="text"/>
<input type="checkbox"/> Include Inactive Visits?	
Go! Clear	



Important:

The Visit Start/End Date range cannot exceed 31 days.

Inactive Visits will be included in Search Results if user checks “Include Inactive Visits?” Checkbox.

After a successful search result, the system displays one or multiple visit(s).

Visits that require approval in AuthentiCare will display a red Important Messages banner. When a cursor hovers over the icon, a critical exception of “Action needed: Visit review is required” will display. AuthentiCare will resolve this exception if the employer reviews (approves) the visit by checking the review complete checkbox located on the lower right of the Visit Details page. The employer must click the Save button to proceed to the next screen.

The screenshot shows the 'Claim Details' page for a visit. On the right side, there is a yellow sidebar with summary statistics: Visit ID: 2724, Filed On: Web, Total Visits: 1, Total Calculated Amount: \$15.00, Total Authorized Amount: \$15.00, Total Units: 4, Total Hours: 01:00, Scheduled Units: 0, and Scheduled Hours: 00:00. A red arrow points to the 'Review Complete' checkbox, which is currently unchecked. Below the sidebar are 'Save' and 'Back' buttons. In the main content area, a red banner labeled 'Critical Exceptions' is visible. A note box for 'TESTER, EVAN' is also present, with a red arrow pointing to the text 'Action Needed: Visit review is required.' Below the note is a 'Note Data' section with fields for Date, User, and Reason Code.

After reviewing the visit and clicking Save, the system will display the Printer version page of the visit and indicate that the visit is ready for export by displaying the message “Successfully saved VisitID(s).”

The screenshot shows a yellow message bar at the top of the page. The text reads: 'Needs Attention: Successfully saved VisitID(s) (ID: 2724)'. A red arrow points to the text. A 'Print' link is visible in the bottom right corner of the message bar.

When returning to the Visit Detail page by selecting the visit ID hyperlink on the top of the page, the employer can check that the red color indicating a critical exception has disappeared and that the Review Complete check box is checked. The visit now has a yellow Important Messages banner indicating that all critical exceptions are resolved.

Claim Details

*** Client**
Smith, John Walt

*** Worker**
Worker1, TCoETest

*** Service**
AGENCY ATTENDANT CARE

Date 09/09/2020 **Time** 10:00 AM **Amount** 01:00

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

*** Provider**
Acme Provider Agency

Payer Assignment
Current Payer For Client

Date 09/09/2020 **Time** 11:00 AM

Click here more service(s)

Total Lines: 1 Total Visits: 1 Total Amount: \$15.00 Total Authorized: \$15.00

Visit ID: 2724
Filed On: Web

Printer Friendly
Show All Visits

Total Visits: 1
Total Calculated Amount: \$15.00
Total Authorized Amount: \$15.00
Total Units: 4
Total Hours: 01:00
Scheduled Units: 0
Scheduled Hours: 00:00

Review Complete

Note:

Confirming Individual Claims for Export

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

Option 1:

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

Claims

Add New > [Claim \(Standard\)](#)

Claim

Search Type: Confirm Billing - View
 Confirm Billing - Bulk

1. There is a **Sort By** selection at the bottom of the screen. The default is to display the Claims to be confirmed alphabetically by Client's Last Name. However, you can also sort by Caregiver's Last Name, Date of Service, Claim ID, Client ID or Caregiver ID.

Claim Start:
 Claim End:
 Service:
 Authorization ID:
 Client:
 Provider:
 Worker:
 Payer:
 Procedure Code:
 User Option:
 * Sort By:
 Include Inactive Claims?

2. Click **Go!**
3. Click **Check All/Uncheck All** at the top of the page to select all displayed Claims for confirmation.

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

Confirm Billing
September 18, 2020

Check All/Uncheck All

Approve Billing for Claim (449)

Client Smith, John Walt (0014785231)	Provider Acme Provider Agency (10000201)	Worker Worker1, TCoEtest (117409)
Claim ID 449	Service AGENCY ATTENDANT CARE (ARKS5125U2)	

Authorization	Start	End	Rates	Units	Amount
AA3333555522	Sep 09, 2020 10:00:00 AM	Sep 09, 2020 11:00:00 AM	Normal 4,5300	ActualNormal 4 AuthorizedNormal 4	ActualNormal \$18.12 AuthorizedNormal \$18.12

Exceptions

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

Total Claims: 1 Total Actual Amount: \$18.12 Total Authorized Amount: \$18.12 Total Units: 4

Number of Claims to be Confirmed:

OR

1. Click the **checkbox** adjacent to the Claim you wish to confirm.
2. Click **Confirm Billing** to confirm all selected Claims.

Number of Claims to be Confirmed:

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

Option 2:

1. Search for the Claim you wish to view.
2. The *Claims* page displays.

First Data AuthentCare® Arkansas

Confirm Billing
September 18, 2020

Check All/Uncheck All

Approve Billing for Claim (449)

Client
Smith, John Walt (0014785231)

Provider
Acme Provider Agency (10000201)

Worker
Worker1, TCoEtest (117409)

Claim ID
449

Service
AGENCY ATTENDANT CARE (ARKS5125U2)

Authorization	Start	End	Rates	Units	Amount
AA3333555522	Sep 09, 2020 10:00:00 AM	Sep 09, 2020 11:00:00 AM	Normal 4.5300	ActualNormal 4 AuthorizedNormal 4	ActualNormal \$18.12 AuthorizedNormal \$18.12

Exceptions

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

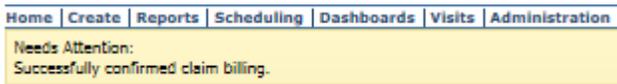
Total Claims: 1 Total Actual Amount: \$18.12 Total Authorized Amount: \$18.12 Total Units: 4

Number of Claims to be Confirmed: 0

Confirm Billing **Cancel**

3. Click the Approve Billing for Claim checkbox and click Confirm Billing.

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



Confirming Claims in Bulk

Employers have the option to choose a group of Claims to be automatically confirmed by the system after hours but prior to the next submission of Claims. Put in a start and end date for the Date of Service (DOS) to indicate the Claims for that date range are to be confirmed in bulk. All Claims filed for that date range will be chosen unless you chose a specific Filing Source (Web or IVR). When the bulk confirmation process runs, it will look at the services that are ready for confirmation and confirm those that do not have critical exceptions. Make sure the claims chosen to be confirmed have been checked for accuracy before confirming them in Bulk.

Claims

Add New > [Claim \(Standard\)](#)

Claim

Search Type: Confirm Billing - View
 Confirm Billing - Bulk

Appendix A: Exceptions

Critical Exceptions:

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

Code	Exception	Definition	What do I need to do?
A1	Unauthorized Claim	There is no authorization in AuthentiCare for the service, date, Client, and/or employer.	Wait for authorization to be provided from ARDHS then click Save on the Claim details page to clear the critical exception. AuthentiCare will automatically recalculate once the valid authorization is entered.
A2	Authorization Exhausted on Claim	Authorization was exhausted on this Claim.	No action required. Remaining authorized units before the Claim are greater than actual amount used in Claim. AuthentiCare will automatically recalculate once the new authorization information is entered.
A3	Authorization Exhausted Before Claim	All authorized units were used <i>before</i> this Claim was calculated.	Contact the appropriate AKDHS administrator to see if additional units can be added to the authorization. If so, this update will be reflected in AuthentiCare once approved. Click Save on the Claim details page to clear the critical exception. AuthentiCare will automatically recalculate once the new authorization information is entered.
C1	Billing Confirmation Needed	The Claim has not been confirmed for billing.	Complete billing confirmation.
C2	Duplicate Claim	The Claim data already exists in the AuthentiCare system.	As a duplicate, it cannot be saved and confirmed for export to the Payer. Refer to <i>Chapter 9: Claims</i> for the steps needed to have this Claim inactivated.
C5	Calculate	All data needed to calculate the Claim is not available. Usually means that the check-in time or check-out time is missing. If an Authorize exception occurs, it will trigger the Calculate exception as well.	Verify what information is missing. If the check-in or check-out time is missing, see <i>Chapter 9: Claims</i> for correction instructions.

Code	Exception	Definition	What do I need to do?
C6	EVV Not Used	EVV System was not used to create the claim.	You may want to check with the caregiver to understand why EVV was not used. Clear the critical exception with a reason code and note data.
I2	Ineligible Worker	The caregiver is not eligible to deliver services based on his/her start- and end-dates or active/inactive/suspend status.	If you verify that this information is correct, the Claim cannot be submitted. If the information is incorrect and the employer corrects it, click Save on the Claim details page to clear the critical exception.
I3	Ineligible Client	The Client is not eligible to receive services based on his/her start- and end-dates and status.	Client must have active status and service date must be within begin and end dates.
O1	Overlapped Claim by Worker	Claims reflect the caregiver is providing more than one service at the same time.	Verify which service the caregiver provided. Inactivate the other Claim(s).
O2	Overlapped Claim by Client	Multiple claims exist for the same client at the same time.	Verify which service the caregiver provided. Inactivate the other Claim(s).
O3	Overlapped Service	Multiple services have been provided to the same client at the same time.	Verify which service the caregiver provided. Inactivate the other Claim(s).
L1	Out of Fence Check-In	The check-in location does not match the Client's location.	Verify that the location where the check-in occurred is an authorized location. If it is, then clear the critical exception with a reason code and note data.
L2	Out of Fence Check-Out	The check-out location does not match the Client's location.	Verify that the location where the check-out occurred is an authorized location. If it is, then clear the critical exception with a reason code and note data.

Code	Exception	Definition	What do I need to do?
G1	Unauthorized phone number – No Match – Check-In	This Claim check-in number does not match the authorized number for the Client.	You may want to check with the caregiver to understand why the Client's phone was not used. Double check the Client's phone number to make sure it is correct. Clear the critical exception with a reason code and note data.
G2	Unauthorized phone number – No match – Check-Out	The Claim check-out number does not match the authorized number for the Client.	You may want to check with the caregiver to understand why the Client's phone was not used. Double check the Client's phone number to make sure it is correct. Clear the critical exception with a reason code and note data.

Informational (Non-Critical) Exceptions:

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

Code	Exception	Definition	What do I need to do?
C16	Claim Needs Attestation	The Claim does not have an attestation via the IVR method.	No action required. You may want to check with the caregiver to understand why client attestation was not captured.
C17	Claim Needs Attestation	The Claim does not have an attestation via the mobile application method.	No action required. You may want to check with the caregiver to understand why client attestation was not captured.
G3	Unauthorized phone number – Other Match – Check-In	The Claim was filed by checking in from a phone number that exists in the system, but isn't the phone number on record for the Client named in the Claim.	No action required. You may want to check with the caregiver to understand why the Client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another Client's home). Double check the Client's phone number to make sure it is correct.

Code	Exception	Definition	What do I need to do?
G4	Unauthorized phone number – Other Match – check-out	The Claim was filed by checking out from a phone number that exists in the system, but isn't the phone number on record for the Client for which the Claim is being filed.	No action required. You may want to check with the caregiver to understand why the Client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another Client's home). Double check the Client's phone number to make sure it is correct.
C3	Missing Activity Codes	The Claim is for a service that requires the selection of an Activity Code but no code was entered.	Add appropriate Activity Code(s).
E1	Event Matching	Identifies if the claim data matches a scheduled event in the system.	No action required. This exception will apply if the agency does not use the optional scheduling functionality.

Appendix B: Reason Code List

During the Claim maintenance process, the below Reason Codes can be selected to clear certain critical exceptions:

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

Appendix C: Activity Codes

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

Activity Codes for Personal Care Services	
Activity (Phrase stated on the IVR)	Code
Personal Grooming	41
Bathing	42
Meal Prep	43
Toileting	44
Housekeeping	45
Ambulation	46
Medication	47
Shopping	48
Dressing/ Undressing	49
Laundry	50

Activity Codes for Attendant Care	
Activity (Phrase stated on the IVR)	Code
Bathing / Grooming	70
Dressing / Undressing	71
Toileting	72
Mobility	73
Eating	74
Meal Preparation	75
Shopping	76
Laundry / Housekeeping	78
Management of Meds / Treatments	79