



# AGENCY AUTHENTICARE USER GUIDE

New Mexico

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## Introduction

Many individuals who participate in the Developmental Disabilities (DD) and Supports Waiver Agency-based waiver programs receive their support services through agency-based providers. Individuals who participate in Mi Via and Supports Waiver Participant-Directed program waiver can choose to receive their services through agency-based providers. These providers employ staff who deliver services such as in-home support services, respite care and family support services, to name a few. Mi Via, DD and Supports Waiver **Participant-Directed** participants may also hire staff directly for these functions.

To ensure all services rendered are tracked and paid appropriately, services are recorded as claims in the AuthentiCare system. The AuthentiCare system is operated by a company called Fiserv (formerly First Data). Fiserv works hand in hand with Palco to ensure claims submitted through AuthentiCare are paid accurately for MiVia, DD and the Supports Waiver.

This user guide will provide step-by-step information on the use of the AuthentiCare system for providers.



## Chapter 1 - Getting Started

This chapter is designed to help you begin using AuthentiCare by walking through the provider registration process, adding new users, logging in, logging out, and changing your password. **Please note:** The information in this User Guide is not intended for AuthentiCare training for claims associated to individuals enrolled in Centennial Care, the New Mexico Medicaid Managed Care program.

AuthentiCare users requiring assistance should contact the NM Human Services Department's (HSD) Consolidated Customer Service Center (CCSC) at 1-800-283-4465, option #5. The hours of operation are Monday through Friday, 7:00 am to 5:00 pm (MT). Additional resources are available here: <https://palcofirst.com/new-mexico/>

AuthentiCare supports claim submissions for the following services:

Service Identifier	Service name in English	Service name in Spanish
MVIA99509	Mi Via Homemaker/Direct Support	Apoyo directo/Servicio doméstico de Mi Via
MVIAT2033	Mi Via In Home Living Supports	Apoyos para la vida en el hogar de Mi Via
MVIAT1005SD	Mi Via Respite	Programa de descanso de Mi Via
DDWVS5125HB	DD Waiver Customized In Home Supports -Family Natural Supports	Apoyos en el hogar personalizados del programa de Exención por Discapacidades del Desarrollo: apoyo familiar
DDWVS5125HBUA	DD Waiver Customized In Home Supports - Independent Living	Apoyos en el hogar personalizados del programa de Exención por Discapacidades del Desarrollo: vida independiente
DDWVT1005HB	DD Waiver Respite	Exención por Discapacidades del Desarrollo del programa de descanso
DDWVT1005HBHQ	DD Waiver Respite-Group	Exención por Discapacidades del Desarrollo del grupo del programa de descanso
SUWV99509	Supports Waiver Personal Care	Exención de apoyos de cuidado personal
SUWVT1005SD	Supports Waiver Respite	Exención de apoyos del programa de descanso



# 1.1 Common Terminology/Acronyms

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

Term/Acronym	Meaning/Use
Direct Service Professional (DSP)	Term for worker. See the "worker" meaning/use below.
Claim	Each unit of service captured in AuthentiCare is known as a claim and has its own unique claim number. Currently, claims may be entered into AuthentiCare through Interactive Voice Response (IVR) or online ( <a href="https://www.authenticare.com/palconm/default.aspx">https://www.authenticare.com/palconm/default.aspx</a> ).
Client	The Medicaid-eligible individual receiving waiver services.
Critical Exceptions	During Phase 1, EVV claims exceptions (i.e., clock in/clock out exceptions) are informational and do not require action by the provider or vendor in order for the claim to proceed. When Phase 2 is implemented, both critical and informational exceptions will be generated by the AuthentiCare system. However, critical claim exceptions must be resolved before the claim can move forward to be paid. Additional information will be provided prior to Phase 2 implementation.
Employer of Record (EOR)	The Employer of Record is the individual responsible for directing the work of employees and vendors for participant-directed waiver participants.
IVR	An Interactive Voice Response (IVR) is an automated phone system that allows incoming callers to access information through voice or keypad responses to pre-recorded messages. AuthentiCare's IVR utilizes a toll-free number for Workers to access and respond to the pre-recorded information using a touch tone phone.
Provider	A "Provider" is the provider agency that is authorized to deliver services for a client.
Role	<p>A "Role" designates the information that an individual may access and defines the actions that the individual may perform in a system. A user's role is accessed through their log-in and allows them to complete their designated work, while assuring that all data is maintained in a private and secure manner.</p> <p>In AuthentiCare, each provider location has at least one NM Provider Admin. The Administrator is able to create users and define their roles.</p>



Timesheet	The claim check-in and check-out field(s) in AuthentiCare (see "Claim" definition above).
Worker	A worker is the employee of the provider agency (see "Provider" above) that delivers services to the client. Workers are assigned a unique Worker ID number for each provider and/or provider location where they work. Their worker ID is needed to submit claims for services via the AuthentiCare IVR or online( <a href="https://www.authenticare.com/palconm/default.aspx">https://www.authenticare.com/palconm/default.aspx</a> ).

## 1.2 Overview of AuthentiCare

The AuthentiCare system is a database that contains information on the clients, services, authorizations, providers and workers in New Mexico's Mi Via, DD and Supports Waiver programs. The basic use of AuthentiCare requires these steps:

- The worker goes to the home of the client or other service location, such as the community, to provide a service.
- The worker must "check-in" at the location services are being provided. To do this, the worker may use the client's touch-tone phone to call the toll-free AuthentiCare number.
- When the worker calls, AuthentiCare identifies the client and the services authorized for that client. The worker is prompted to enter his/her Worker ID number and verify the service(s) to be provided.
- AuthentiCare verifies the information and advises the worker that he/she is "checked in" and that services can be delivered. .
- When the worker completes the service, the worker calls the same toll-free number or uses the GPS enabled mobile device to "check out". The worker is given a verification that checkout has been completed.
- From the telephone interaction, AuthentiCare creates a claim. The claim records the Worker ID, their check-in/check-out time, services rendered and the information of the client who received the service(s).
- All claims are viewable and approved or denied for payment in the AuthentiCare system. Once approved, payments are issued by Palco in a bi-weekly "payroll" run.



### 1.3 Establishing a New AuthentiCare Account

Agency-based providers must register for an AuthentiCare account.

To register, agency-based providers must complete the fields in the spreadsheet embedded below. Once completed, email the spreadsheet to [cody.waits@palcofirstcom](mailto:cody.waits@palcofirstcom). Palco will review the information and forward the information to Fiserv to set up the AuthenticCare User Provider account.



We recognize that some atypical providers may not have a Medicaid ID or National Provider Identifier (NPI) number. Just fill in as much of the requested information as possible and provide a quick note in the email to Palco if you are missing one of these requested fields. We can work with the information you provide and with AuthentiCare/Fiserv to get your account set up.

The information requested on the spreadsheet includes:

- Medicaid ID\*
- Provider Agency Name
- Services Provided (by applicable billing code)
- Typical or Atypical provider
- Federal Identification (FID)/Federal Employer Identification Number (FEIN)
- NPI\*
- Taxonomy
- Mailing Address line 1
- Mailing Address line 2
- Mailing City
- Mailing State
- Mailing Zip Code
- Phone Number
- Agency Email
- NM Provider Administrator Email
- NM Provider Administrator First and Last Name

\*Not applicable to all providers

You may list more than one person for the NM Provider Admin role, just be sure to list their first and last names and email addresses. Each AuthentiCare NM Provider Administrator must have a different email address.

Please allow 2-3 business days for your account to be registered with AuthentiCare and to receive an email from AuthentiCare Client Support with your log in credentials.



## 1.4 Logging into AuthentiCare

Navigate to the AuthentiCare website at: <https://www.authenticare.com/palcomn>.

1. Enter your AuthentiCare email address and password.
2. Click Submit.

**First Data** AuthentiCare®  
Palco New Mexico

**Welcome to the AuthentiCare® Solution**  
Please enter your AuthentiCare email address and password to access the system.  
[Register for Access](#)  
\* Indicates a required field.

\* Email Address:

Password:

**Submit**

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

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

## 1.5 Logging Out of AuthentiCare

For security and privacy reasons, it is important for users to log out of AuthentiCare when leaving the work station. Select Logout from the Main Menu.

After a 15-minute period of inactivity, AuthentiCare automatically logs the user out of the system.



### 1.6 Adding New AuthentiCare Web Users

A staff member at a provider agency with the NM\_Provider\_Admin role can create additional user accounts, including adding another user with the NM\_Provider\_Admin role.

Users with a NM\_Provider\_Admin role have rights to perform all functions for that provider except those functions restricted to First Data (add/edit/delete services; add/edit/delete authorizations; and delete providers). Users with a NM\_Provider\_Admin role can view the Provider and Worker Dashboards.

The staff member with the NM\_Provider\_Admin role will log into AuthentiCare (<https://www.authenticare.com/palconm/default.aspx>), and from the Home page conduct a search for the provider agency in the Entities search box. All clients, services, authorizations, providers and workers that are in AuthentiCare can be found using the "Entities" search field.

To search for the Provider Agency, type the agency name in the "Search" field; Click "Go!" (**NOTE:** "Entity Type" is left blank when searching for a Provider Agency).

The screenshot shows a web interface titled "Entities". Below the title, there is a link "Add New > Client Worker". Underneath, there is a label "Entity Type >" followed by a dropdown menu. Below that is a label "Search >" followed by a text input field. At the bottom right of the form area is a blue button labeled "Go!".



The *Provider Entity Settings* page will display with information specific to this provider agency.

To add a new user for the provider agency, click Add User.

The *Register* page will display which is where you will register a new user for this specific provider agency. Registering a new user requires a unique email address and password.



Remember: There can only be one user role assigned to each email address. If a staff member needs to be assigned to more than one user role, each role will require its own unique email address.

**The email address** serves as a User Name for the user being registered. It is NOT used to contact the provider. It does not have to be a valid email address, but it must be in the format of an email address.

**The password** must be at least 9 characters in length and contain at least 1 upper-case letter, 1 lower-case letter, 1 number, and 1 special character. The allowed special characters include: @#\$%^&!+=.

Passwords cannot contain:

- A user's name or email
- Commonly used dictionary words or passwords, such as "Password"
- Strings of consecutive numbers of the same characters, e.g. 123, aaa, 555, !!!

To register a new user, fill in the email address, create a password and confirm the password, choose the appropriate user role (by clicking on that role so that it is highlighted), and click Register.

You will be returned to the *Home* page and a message will appear in the top left corner of the screen to inform you that the registration was completed successfully. You can also double check the *Provider Entity Settings* page to verify that the user you just created/registered is listed in the Registered Users section with the appropriate user role assigned.



### 1.7 Deactivating an AuthentiCare Web User

If an employee of the provider has left the company and that person had access to AuthentiCare as an agency Administrator, it is critical that the user account is deactivated immediately. Because you can log into AuthentiCare anywhere you can access the Internet, a former employee would still have access to your agency's information. Only users with the NM\_Provider\_Admin role can deactivate an account.

- 1. Navigate to the *Provider Entity Settings* page by entering the name of the provider or some portion of the name in the Entities Search > field and click Go!
- 2. The *Provider Entity Settings* page displays.
- 3. Uncheck the Enabled checkbox.
- 4. Click Save.



You are returned to the *Home* page which displays a message that the provider agency's office staff member change was saved successfully. This user will no longer be able to log into AuthentiCare. All changes are done in real time from the time of the save.



## 1.8 Changing Your Password

AuthentiCare users may need to change passwords. Passwords may need to be reset when: **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:** Users 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 deactivated. Users with a NM\_Provider\_Admin role can manage registrations and change the password for the locked out user.

For the complete list of password rules, please refer to **Section 1.6 - Adding New AuthentiCare Web Users.**

### 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 five (5) days. Users will also receive a reminder each of the next 4 days after that as illustrated below with a 3-day reminder. A provider has the ability to select 'Yes' to change the password or 'No' to bypass. Once the number of days has expired, the user will be required to change their password in order to log in to AuthentiCare.



Follow the steps below to change your password:

- 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**

- Enter your Existing Password.
- Enter a new password in the New Password and Confirm New Password fields.
- The password must be at least 9 characters in length and contain at least 1 upper-case letter, 1 lower-case letter, 1 number, and 1 special character. The allowed special characters include: @#\$%^&!+=. The password entered cannot be the same as any of the previous ten passwords you have used.
- Click Submit.

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

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

Needs Attention:  
Password was updated successfully.



## Chapter 2 - Navigating AuthentiCare

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

For providers with the role of NM\_Provider\_Admin, and roles of AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources, there are two additional navigation tools that are listed on the top tool bar, *Provider Dashboard*, *Worker Dashboard*, and *Exceptions Dashboard*. These are short cuts to data that is essential to daily operations.

### 2.1 Home Page

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

The user name is displayed in the upper right-hand corner of the *Home* page. All actions taken by the user are tracked in AuthentiCare 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 three distinct sections of the AuthentiCare interface:

- Entities:** Features a search area with "Add New > Client" and "Add New > Worker" links, an "Entity Type" dropdown menu, and a "Search" input field with a "Go!" button.
- Services and Authorizations:** Includes a "Search Type" selector with radio buttons for "Service" and "Authorization" (selected). Below are input fields for "Service:", "Authorization ID:", "Service Type:" (dropdown), "Authorization Start:" (calendar), "Authorization End:" (calendar), "Client:", "Provider:", "Worker:", "Payer:", "Service Period:", and "Procedure Code:" with "Go!" and "Clear" buttons.
- Claims:** Contains "Add New > Claim (Standard)" and "Add New > Claim (Express)" links, a "Claim ID:" input field with "Go!" and "Clear" buttons, a "Claim Status:" dropdown, "Claim Start:" and "Claim End:" (calendar) fields, and input fields for "Service:", "Authorization ID:", "Client:", "Provider:", "Worker:", "Payer:", "Procedure Code:", and "User Option:" (dropdown). It also includes an "Include Inactive Claims?" checkbox and "Go!" and "Clear" buttons.



- **Entities** – There is an optional Entity Type to narrow the search. Users can choose from either Client or Worker.

**Entities**

Add New > [Client](#)  
Add New > [Worker](#)

Entity Type >   
Search >

- Client
- Worker

- **Services and Authorizations** – This section of the *Home* page allows the user to perform detailed searches for existing services and authorizations.

**Services and Authorizations**

Search Type:  Service  
 Authorization

Service:

Authorization ID:

Service Type:

Authorization Start:

Authorization End:

Client:

Provider:

Worker:

Payer:

Service Period:

Procedure Code:



- **Claims** – Claims can be created using the IVR phone system or from this website (only certain user roles have this permission). All claims, regardless of how they were created, can be viewed from the website. Users may perform detailed searches for existing claims from the *Home* page.

**Claims**

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

Claim ID:

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



## Chapter 3 - Managing Worker/Employee Information

Regular maintenance of worker information is needed to add new workers, update current worker information, and inactivate workers that no longer work for a provider agency.

### 3.1 Adding a Worker/Employee

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

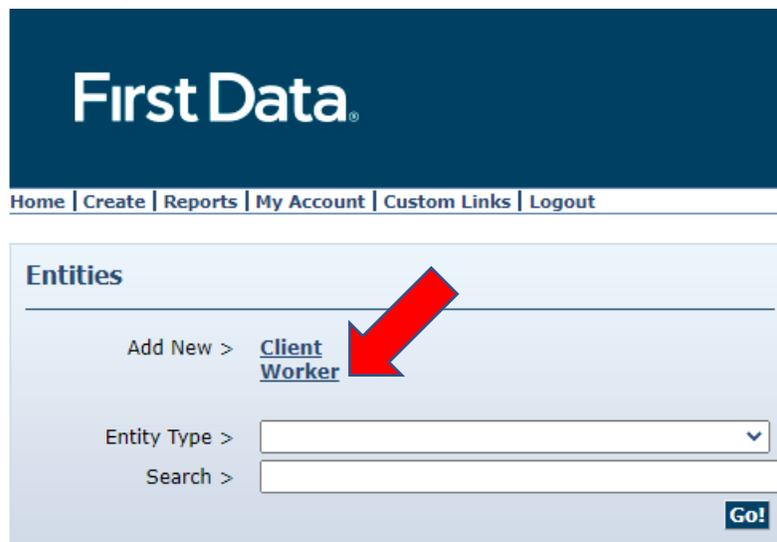
The staff member with the NM\_Provider\_Admin role will log into AuthentiCare (<https://www.authenticare.com/palconm/default.aspx>).

From the *Home* page, there are two ways to create a new worker:

1. Hover your mouse over **Create** on the menu bar at the top of the screen. This presents a drop-down menu and select **New Worker**; or



2. Select **Worker**, adjacent to “Add New” in the Entities section of the *Home* page.





The *Worker Entity Settings* page will display.

1. Enter the worker's First Name and Last Name.
2. Select the worker's Gender from the drop-down box.
3. Enter the worker's Birth Date in mm/dd/yyyy format.
4. Select Language. Selecting either *English* or *Spanish* will determine the language the worker will hear when using the IVR. If *Other* is selected, the IVR language will default to *English*.
5. If the provider chooses, an External Worker ID can be entered. Many providers already have an ID number for their workers and want to capture that information here.
6. Select the Worker Services. Providers must select at least one service this worker may provide but may select more than one if needed. To do so, hold down the Control key (Ctrl) on the keyboard while clicking the selections in the list.
7. Enter additional information in the appropriate fields if desired.

**Worker Entity Settings**

\* Indicates a required field.

ID: \_\_\_\_\_  
PIN: \_\_\_\_\_  
\* First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\* Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
FID: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Begin Date: MM/DD/YYYY  
End Date: MM/DD/YYYY  
Language: \_\_\_\_\_  
Status: Active

\* External Worker ID: \_\_\_\_\_

Worker Services:  
 Mi Via Homemaker/Direct Support  
 Mi Via In Home Living Supports  
 Mi Via Respite  
 DD Waiver Respite

\* Mobile Enabled:  Yes  No  
Mobile Locked:  Yes  No  
Password: \_\_\_\_\_  
Worker Must Change Password:   
Mobile phone number: \_\_\_\_\_  
Device ID: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

**Add Provider**

**Entity Addresses/Phones**

**Add Address**  
**Add Phone**

**Holidays / Days Off**

Add Holiday	From Date	To Date	Add	Remove
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	<b>Add</b>	<b>Remove</b>

**Work Hours**

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

	Default	Off	Custom	Start Time	End Time
Sun	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Mon	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Tue	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Wed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Thu	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Fri	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Sat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____

**NOTE:** The section on the bottom left corner of the *Worker Entity Settings* page is for the mobile application only. This functionality will not be implemented until Phase II.



### 3.2 Editing Workers

The staff member with the NM\_Provider\_Admin role will log into AuthenticCare (<https://www.authenticare.com/palconm/default.aspx>).

On the *Home* page conduct a search for the employee in the Entities search box. To perform this search, type the worker/employee's name in the Search field and click Go.

The screenshot shows a search interface titled "Entities". It includes a link "Add New > Client Worker", a dropdown menu for "Entity Type", a text input field for "Search", and a "Go!" button.

The *Worker Entity Settings* page will display with information specific to this employee. There are only a few fields that can be edited once a worker profile is created. The editable fields include email address, language, external worker ID, and worker services.

The screenshot shows the "Worker Entity Settings" page. It includes a note: "\* Indicates a required field." and the following fields: ID: 222016, PIN: \*\*\*\*\* (masked), \* First Name: BBBB, Middle Name: (empty), \* Last Name: AAAA, Company Name: (empty), SSN: (empty), FID: (empty), Gender: (empty), Birth Date: (empty), Email Address: BBB@test.com, Begin Date: 10/21/2020, End Date: MM/DD/YYYY, Language: English, Status: Active, \* External Worker ID: 111213, and Worker Services: Instrumental / Activities of Daily Living, Supported Employment, Night Support.

When you have finished your edits, click Save at the bottom of the screen. You should receive a notification stating that the worker info was successfully saved.

**Needs Attention:**  
Successfully saved Worker - BBBB AAAA (ID: 222016)



## Chapter 4 - Managing Client Information

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

- From the Entity section of the *Home* page, enter the client's full last name in the Entities Search field on the *Home* page. Click Go.
- Enter the Client's Medicaid ID in the Entities Search field on the Home page. Click Go.

The client's Last Name search will complete only if a User enters four or more alphanumeric characters.

If fewer than 4 characters are entered the following message will display:

**Needs Attention:**  
No entities were found matching the search criteria. For Searching client full name, please provide 4 or more characters.

When the search is successful, the *Client Entity Settings* page displays. This page provides client information required for claim processing and the client's home phone landline.



## 4.1 Adding Client Information

You can add a client to AuthentiCare through an import using the client's Medicaid ID number. The import auto-populates the client's information into AuthentiCare so that you do not need to complete the client information fields.

**You must be a NM\_Provider\_Admin to add a client to AuthentiCare.** From the *Home* Page, click on Add New > Client hyperlink.

1. The *Client Entity Settings* page will display.
2. Enter the client's New Mexico Medicaid ID.
3. Click Search.

**Client Entity Settings**  
\* Indicates a required field.

ID:   
PIN:   
First Name:   
Middle Name:   
Last Name:   
Company Name:   
SSN:   
FID:   
Gender:   
\* Birth Date:    
Email Address:   
Begin Date:   
End Date:   
Language:   
Status: Active

---

Plan ID:   
Payer Assignment:

---

\* Medicaid ID:

---

Representative:   
Effective Date:

---

**Entity Addresses/Phones**

The system will auto populate the fields with the client information. Review the information for accuracy and click on the Save button.



## 4.2 Client Address and Phone Number

**Any permanent updates to demographic / contact information records must be made in in NM Human Services Department systems.**

Client contact information is updated regularly in AuthentiCare through a data feed from the NM Human Services Department (HSD). While it is possible to add phone numbers and addresses to a client's profile in AuthentiCare, that information will be overwritten the next time data is received from HSD and synced in AuthentiCare. Any permanent updates to client records should be made at an HSD Income Support Division (ISD) Office, online at [www.yes.state.nm.us](http://www.yes.state.nm.us) or by calling HSD's Consolidated Customer Service Center at 1-800-283-4465.



# Chapter 5 - Web-Based Claims

## 5.1 Creating Web-Based Claims

Web-based claims should be avoided unless absolutely necessary. However, web-based claims can be created through the AuthentiCare portal when:

- a worker forgets to check in or out; or
- a need arises to manually enter claims using the web-based portal due to an IVR outage.

There are two ways to get started with manually entering an EVV claim.

1. Click Create in the menu bar and select "New Claim" from the drop-down menu.
2. Click Claim adjacent to "Add New >" in the Claims section of the *Home* page.



This will open the *Standard Claim* page. First, search for the Client by typing the client's name in the Client field. Next, search for the worker by typing the worker's name in the Worker field. Lastly, click the magnifying glass next to the Service field. A window will appear listing the allowed services for this client. Choose the service appropriate for the claim you are creating for this client.



**Standard Claim**

\* **Client**

\* **Provider**  
TEST PROVIDER

\* **Worker**

\* **Service**

**Mileage:**       **Travel Time:**       Click here  more service(s)

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

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

**Note:**

**Note Data**

<b>Date:</b> 04/08/2021 09:06 AM	<b>User:</b> palcnm@provider.test
Employee forgot to clock in and out.	

Show All Claims

---

Total Claims: **1**

Total Calculated Amount: **\$0.00**

Total Authorized Amount: **\$0.00**

Total Units: **0**

**Save**

**Delete All**

**Cancel**

Once a Provider enters a web claim with Notes/Reason, and saves the claim, the Note Data will display the Notes/Reason explaining why the web claim was created. The Provider can no longer edit and save changes to the claim other than to inactivate it or to cancel the view of the claim.

**Note:**

**Note Data**

<b>Date:</b> 04/08/2021 09:06 AM	<b>User:</b> palcnm@provider.test
Employee forgot to clock in and out.	

During Phase 1, EVV claims exceptions (i.e., clock in/clock out exceptions) are informational and do not require action by the provider or vendor in order for the claim to proceed. When Phase 2 is implemented, both critical and informational exceptions will be generated by the AuthentiCare system. However, critical claim exceptions must be resolved before the claim can move forward to be paid. Additional information will be provided prior to Phase 2 implementation.



## 5.2 Searching for a Web-Based Claim

You can search for a claim by the Claim ID or by using the Claim Start and Claim End to search a range of dates (no more than 30 days). Adding information to the other fields will also narrow the results.

**Claims**

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

Claim  
 Search Type:  Confirm Billing - View  
 Confirm Billing - Bulk

Claim ID:  **Go!** **Clear**

Claim Status:

Claim Start:

Claim End:

Service:

Authorization ID:

Client:

Provider:

Worker:

Representative:

Payer:

Procedure Code:

User Option:

Include Inactive Claims? **Go!** **Clear**

This pulls up a list of claims meeting the search criteria. After locating the claim you want to adjust, click on the ID number.

**Claims**  
(total of 3 records)

ID	Status	Client ID	Client Name	Date Range	Information
<a href="#">11017</a>	Authorize, ClientEligibility, ConfirmBillingForClaim, EventMatching, UnAuthPhoneCheckInNoMatch, UnAuthPhoneCheckOutNoMatch	9999900316	LDIAMOND, DIAMOND	03/04/2021 - 03/04/2021	
<a href="#">11016</a>	Authorize, ConfirmBillingForClaim, EventMatching, WebClaimSuppress	9999900316	LDIAMOND, DIAMOND	03/01/2021 - 03/01/2021	
<a href="#">11015</a>	Authorize, ClientEligibility, ConfirmBillingForClaim, EventMatching, WebClaimSuppress	9999900316	LDIAMOND, DIAMOND	03/01/2021 - 03/01/2021	



This will bring up the Claim Details page for that specific claim.

**Claim Details**

\* Client: LDIAMOND, DIAI  
 \* Worker: LHELEN, HELEN  
 \* Service: PC UNDER 21

\* Provider: TEST PALCO TYPE  
 Payer Assignment: Current Payer For Client

Date	Time	Amount	Date	Time
03/04/2021	12:45 PM	00:06	03/04/2021	12:51 PM

Claim ID: 11017  
 Filed On: IVR

Printer Friendly  
 Show All Claims

Total Claims: 1  
 Total Calculated Amount: \$0.00  
 Total Authorized Amount: \$0.00  
 Total Units: 0  
 Total Hours: 00:06  
 Scheduled Units: 0  
 Scheduled Hours: 00:00

Inactive Claim

Save  
 Delete All  
 Cancel

### 5.3 Editing Web-Based Claims

In most situations, claims are created by workers when they call from the client’s home phone. Workers may forget to check in or check out when arriving at or leaving a client’s home. They may choose the wrong service in error and fail to correct it while on the phone. In such situations, the provider is able to edit the claim by completing or correcting it.

Search for the claim using the instructions provided in Section 5.2. This will bring up the Claim Details page for that specific claim. From here, you can edit the check in and check out times or change the service type for example.

**Claim Details**

\* Client: LDIAMOND, DIAI  
 \* Worker: LHELEN, HELEN  
 \* Service: PC UNDER 21

\* Provider: TEST PALCO TYPE  
 Payer Assignment: Current Payer For Client

Date	Time	Amount	Date	Time
03/04/2021	12:45 PM	00:06	03/04/2021	12:51 PM

Claim ID: 11017  
 Filed On: IVR

Printer Friendly  
 Show All Claims

Total Claims: 1  
 Total Calculated Amount: \$0.00  
 Total Authorized Amount: \$0.00  
 Total Units: 0  
 Total Hours: 00:06  
 Scheduled Units: 0  
 Scheduled Hours: 00:00

Inactive Claim

Save  
 Delete All  
 Cancel

Click Save to save your changes. The Claim Acknowledgement page will display a message at the top of the screen to let you know the changes were saved successfully. The save message appears in a yellow text box across the top of the screen.



## Chapter 6 - Reports

AuthentiCare reports provide valuable data about clients, workers, and services. The staff member with the NM\_Provider\_Admin role may access core reports and create ad hoc reports or report templates.

### 6.1 Report Menu

The AuthentiCare web portal *Home* page Main Menu Bar allows access to reports. The user will click Reports.



There are three sections of the *Report Page*:

- **Report Templates:** Users can create templates for reports that are needed on a regular basis.
- **Create Reports:** A variety of reports are available for creation and each can be filtered and sorted to create a unique report to fit the user's needs. Each report name is a hyperlink that allows you to enter your filter, sort criteria, and run the report.
- **View Reports:** Once a report is generated, it appears in the View Reports section of the page. Reports can be saved to the user's local drive for permanent storage and retrieval. If a report is needed later and has been deleted, it can simply be rerun for the same dates. Click a report name hyperlink from the list provided in the Create Reports section of the *Report Page*.



## 6.2 Report Descriptions

Report Name	Description
<b>Claim Data Listing</b>	The AuthentiCare Visit Data Listing Report gives a provider the ability to download visits data as needed for use in the back-end systems. As with the other AuthentiCare reports, the provider must select report criteria on the criteria pages. The Visit Data Listing Report lists, by provider and worker, all services performed during a given time period and the total dollars billed.
<b>Claim Details</b>	The report provides most of the data elements shown in the visit record, displayed as one row for the client, with only the current payer.
<b>Claim History</b>	The Visit History Report lists the detail of changes made to a visit or group of visits for auditing purposes. For example, a visit was confirmed for billing and there is a need to know who confirmed it. The Visit History Report requires a filter for Visit Dates which include Current Day, Current Week, Current Month, Last Week, Last Month or Fixed Date Range.
<b>Time and Attendance</b>	The Time and Attendance Report is a useful tool for the providers who need to know the time billed by a selected worker for a specified time period. It can be used to identify workers who report an unusually high number of hours worked, which could be considered a risk for quality of care issues, or for providers to compare the revenue one worker generates with another's. The Time and Attendance Report has several filter criteria. Claim Type, Claim Dates and Exception are all required when running the report.
<b>Worker by Provider</b>	The AuthentiCare Visit Data Listing Report gives a provider the ability to download visits data as needed for use in the back-end systems. As with the other AuthentiCare reports, the provider must select report criteria on the criteria pages. The Visit Data Listing Report lists, by provider and worker, all services performed during a given time period and the total dollars billed.



## 6.3 Creating a Report

To create a report listed in Section 6.2, follow the steps outlined below.

1. Enter a Report Name. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive. For example, if the report is for a single client or worker, the report name can be changed to include the client or worker's name and the date range.
2. Enter a Description, if desired. This is most helpful in creating templates.
3. Choose a date range from the drop-down box for the Dates field. This field appears on this page for all of the reports, though it may appear as Visit Dates or Effective Dates depending on the report selected.

+ At least one of the date ranges must be selected.

+ Effective Dates:

+ Last Update Dates:

Payer:

Client:

- Fixed Date Range
- Current Day
- Current Week
- Current Month
- Last Week
- Last Month

4. Enter any other filter criteria desired such as Client, Worker, Service or Provider. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If no information is added, the report includes all information for the period selected.
5. Select Sort criteria as desired. These are similar for all reports. AuthentiCare allows selection of up to three sort items.
6. Choose the Report Type(s) to indicate the format in which the report will be displayed. You can choose as many format types as needed. If you do not choose, the report will automatically default to PDF except for the Claims Data Listing report, which defaults to Excel.
7. Click Run Report. The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status. The Status will be one of the following:
  - o Queued: the report is in line for processing
  - o In Progress: the report is being created
  - o Completed: the report is ready for viewing

It usually takes a few minutes for a report status to change from Queued to Completed. There is an interim status of In Progress. To view the updated report status, you may need to refresh your browser. This updates the page and displays the latest report status.



## 6.4 Viewing Reports

Instead of creating the same report at the end of each week, month or quarter, providers can save time by viewing the completed reports. Click one of the icons under the report name to generate the report in the desired format. These icons do not appear until the status of the report is Completed. The icons are:

-  Adobe (PDF)
-  Excel (XLS)
-  Comma delimited (CSV)
-  Extensible Markup Language (XML)

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

## 6.5 Deleting a Report

Reports are automatically deleted three days after they are created. Click the checkbox to the left of the name of the report you wish to delete sooner.

**Report Templates** [Delete Selected Templates]

- [Authorizations Report](#) [Schedule](#) 
- [Authorizations Report - July 2019](#) [Schedule](#) 
- [Claim Data Listing Report](#) [Schedule](#) 

**View Reports** [Refresh] [Delete Selected Reports]

<input type="checkbox"/> <b>Name</b>	<b>Submit Time</b>	<b>Status</b>
<input type="checkbox"/> Claim Data Listing Report	7/7/2019 3:57 PM	Queued
<input type="checkbox"/> Claim Details Report - Week 1 July	7/7/2019 3:52 PM	Completed

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

**View Reports** [Refresh] [Delete Selected Reports]

<input checked="" type="checkbox"/> <b>Name</b>	<b>Submit Time</b>	<b>Status</b>
<input checked="" type="checkbox"/> Claim Data Listing Report	7/7/2019 3:57 PM	Completed
<input checked="" type="checkbox"/> Claim Details Report - Week 1 July	7/7/2019 3:52 PM	Completed

Click Delete Selected Reports if you want to permanently remove the report(s) selected.



## 6.6 Using Report Templates

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

## 6.7 Creating Report Templates

**Calendar Report**  
\* Indicates a required field.

\* Report Name:

Description:

\* Effective Dates:

Event:

Authorization:

Payer:

Client:

Provider:

Primary Worker:

Service:

Include Edited Events Only

Sort 1:

Sort 2:

Sort 3:

ReportType(s):  PDF  Excel  CSV  XML

**Save As Template** **Run Report** **Cancel**

1. Click on a report name from the list provided in the Create Reports section of the *Report* page. In this example, the Calendar Report page for the report displays. This page is where you enter the filter and sort criteria for the report.

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

3. Choose a date range from the drop-down box for the Effective Dates. This varies based on the type of report.

4. Enter any other filter criteria. This varies based on the type of report.

5. Select Sort criteria as desired.

6. Select the Report Type(s).

7. Click Save as Template.

The *Report* page will display and the template just created is included in the Report Templates section.

## 6.8 Running a Report from a Template

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

The system returns to the *Report* page. The report will be visible in the View Reports section of the page with a submitted time and status of Queued.



## 6.9 Editing a Report Template

**Report Templates** [Delete Selected Templates]

- [Authorizations Report](#) [Schedule](#)
- [Authorizations Report - July 2019](#) [Schedule](#)
- [Calendar Report July 2019](#) [Schedule](#)

1. Click the hyperlink on the name of the report. The *Calendar Report* page displays.

**Calendar Report**  
\* Indicates a required field.

\* Report Name:   
Description:

\* Effective Dates:

Event:   
Authorization:   
Payer:    
Client:    
Provider:    
Primary Worker:    
Service:

Include Edited Events Only

Sort 1:    
Sort 2:    
Sort 3:

ReportType(s):  PDF  Excel  CSV  XML

**Save As Template** **Run Report** **Cancel**

2. Edit the *Calendar Report* page as desired.
3. Click Save as Template.



## 6.10 Deleting a Report Template

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



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

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

After the delete function, the page displays, and the deleted calendar report template is no longer listed.

## 6.11 Scheduling a Report

AuthentiCare provides users with a standard report criteria (template) page to select content and sorting of the data requested in a report. Instead of running as a report immediately from the *Reports* page, the user can select Save as Template. This choice accesses a Reports Scheduler feature in AuthentiCare whereby a provider is able to:

1. For any report, filter for content, sort as needed, then select a standard file format for the output as available: Excel, CSV, XML or PDF.
2. Save the template.
3. Once saved, select Schedule.
4. Select Schedule Type to choose a daily or monthly schedule for the report to run.
5. Specify a regular Time in the scheduler for the report to run.
6. Select the Recurring Weekdays or the Day of the Month for the report to run.
7. Specify Email Addresses to receive an automated email alert once the report has completed running and the file is ready for pickup and viewing.



Scheduled Export files for the user are available under View Reports on the *Reports* page. The user clicks on a file icon and the file opens in a browser tab. The file can be saved from there.

Schedule Report

**Schedule: Provider Activity Report**

Schedule Type:

Start Date:  Time:

End Date:

Monthly:  Day of the Month   The

Recurring Weekday:  Sunday  Monday  Tuesday  Wednesday  
 Thursday  Friday  Saturday

Disabled:

Email:  Send Email when report completes

Email Addresses (semicolon delimited list):