



March 2, 2018

On April 1, 2018, a new enhancement will be deployed within the Authenticare® system that will require the Centennial Care Managed Care Organizations (MCOs) to review all manually entered web claims. This enhancement will also require Personal Care Services (PCS) agencies to collect and maintain documentation for every manually entered transaction and use of an exception.

Every manually entered web-based claim will be reviewed by MCOs prior to billing. The MCOs will make every effort to review these manual entries within one (1) business day, but no later than two (2) business days and either approve for billing; or the claims will be returned to the submitting agency via Authenticare® with the request to provide documentation to justify the use of the manually entered claims. When the MCOs request documentation, those claims will not be released for billing until the agency provides the requested documentation. Agencies are urged to provide the required documentation as soon as possible once the request is received to avoid unnecessary delay in payment.

This process will NOT affect claims that were submitted without an exception.

To avoid conflict with State of New Mexico regulatory requirements for timely claims payment; the MCOs will deny claims if the requested documentation is not provided within five (5) calendar days of the date of the original request. PCS agencies will need to work directly with the MCO on the process involved for resubmitting those claims.

The MCOs in collaboration with First Data will provide training to all PCS Agencies. It is the expectation that each agency participates in this training. Failure to attend training and unfamiliarity with these new requirements will have a negative impact on agency's revenue.

TRAINING DATES AND TIMES

March 14, 10AM – 12PM MST*

March 15, 2PM – 4PM MST*

*Please see links for training registration on separate page

In advance of the training, the MCOs are providing examples of the documentation providers can collect and maintain in the event of an MCO request. Please note that this is not intended to be an all-inclusive list of documentation. In addition, please note that in some instances your agency may or may not receive requests for documentation from all MCOs. This is largely influenced by the number of members your agency has with each MCO and your agency's use of manually entered web-based claims with exception codes.

Nothing in this communication, nor the fact that an MCO approves manually entered web based claims without requesting documentation should be interpreted as the MCOs releasing agencies from their contractual obligations for audits and other activities stipulated within your agency's contracts with the MCOs. The MCOs retain and reserve all rights contained within the contracts.

If your agency has any doubt or questions regarding documentation please communicate directly to the MCO requesting the documentation. This is very important; please do not contact another MCO with questions as they will not be able to provide support.

Below is the list of exceptions and examples of what documentation agencies may be required to submit to the MCO's if requested. If in doubt, please do not hesitate to reach out to the MCOs with questions. This list is not all inclusive nor is it intended to serve as PCS agency internal policies. Each agency is encouraged to develop their own policies and procedures to track caregiver compliance with EVV requirements.

Tablet Malfunction:

A statement that the agency was able to resolve the tablet malfunction without engaging Mobility Exchange or First Data is acceptable. Please note that the MCOs are cognizant that, on occasion, technological solutions may fail. However, the MCOs would not expect this to be a consistent or on-going issue. Agencies are encouraged to develop internal processes to monitor.

Smartphone Malfunction:

A statement that the agency was able to resolve the malfunction without engaging Mobility Exchange or First Data is acceptable. Please note that the MCOs are cognizant that, on occasion, technological solutions may fail. However, the MCOs would not expect this to be a consistent or on-going issue. Agencies are encouraged to develop internal processes to monitor.

Landline or IVR Temporarily Unavailable:

If no reference number is provided, a statement from the agency is acceptable. The MCOs recommend that agencies develop their own internal tracking mechanism to identify potential caregiver non-compliance in these instances. If it is determined that a member's landline availability is an unreliable resource for EVV utilization the agency should work with the caregiver to use their smartphone with the application and stipend or request a tablet.

Also, in instances that a phone line is disconnected, the MCOs understand that providers are not able to provide a proof of disconnected line for the members and MCOs do not expect members or agencies to provide proof of a disconnected landline, however the MCOs would not expect to see "landline disconnected" as justification for manual entry in perpetuity. The expectation is that if member's landline availability is an unreliable resource for EVV utilization the agency would work with the caregiver to use their smartphone with the application and stipend or request a tablet.

Tablet Not Delivered Timely:

A reference or order number from Mobility Exchange is acceptable, please include the date you placed the tablet order, this will allow the MCOs to validate in the Mobility Exchange portal.

Inclement Weather:

Simply record the duration of the weather event and an explanation of why the weather prohibited use of EVV.

The MCOs would primarily expect to see this exception used when caregiver's are unable to travel to a location with either cellular service or Wi-Fi.

Electricity Outage:

A statement that there was a brief, temporary power outage is acceptable. Please record the date and time.

In instances when electricity is disconnected, the MCOs understand that providers are not able to provide a proof of disconnection for the members and MCOs do not expect members or agencies to provide proof. However the MCOs would expect to see this reported to the member's Care Coordinator as lack of electricity may pose a health and safety risk to the member. *Reporting an electrical outage through Authenticare® does not absolve the agency's requirements related to Critical Incident reporting.*

Authorization issue:

As agencies send MCOs the required spreadsheet with authorizations in Authenticare (r) issues, including when an authorization is missing from Authenticare ® can a provider state on the claim that the authorization issue has been sent to the MCO and the MCO verify with their authorization department? The MCOs **will be** responsible for internal coordination/confirmation.

Substitute Caregiver:

Simply record the name of the substitute caregiver as well as the name of the caregiver they substituted for.

Registration Link for March 14, 2018

Please register for Authenticare® New Mexico - Payer Claim Review Training on Mar 14, 2018 10:00 AM MST at:

<https://attendee.gotowebinar.com/register/46400879106427139>

Authenticare ® New Mexico - Payer Claim Review Training for Providers

After registering, you will receive a confirmation email containing information about joining the webinar.

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Registration Link for March 15, 2018



Please register for Authenticare® New Mexico - Payer Claim Review Training on Mar 15, 2018 2:00 PM MST at:

<https://attendee.gotowebinar.com/register/3935505447945527043>

Authenticare® New Mexico - Payer Claim Review Training for Providers

After registering, you will receive a confirmation email containing information about joining the webinar.

MCO's Provider Representative Contact Information

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