



User Manual

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Table of Contents

DOCUMENT HISTORY	6
CHAPTER 1 INTRODUCTION.....	7
1.1 COMMON TERMINOLOGY/ACRONYMS.....	7
1.2 OVERVIEW OF KS AUTHENTICARE.....	9
1.3 ORGANIZATION OF THE DATA	10
1.4 KS AUTHENTICARE USERS	10
1.5 SECURITY	11
1.6 USING THIS WEB APPLICATION.....	12
1.7 USING THIS MANUAL.....	14
CHAPTER 2 GETTING STARTED	15
2.1 ESTABLISHING A USER ACCOUNT.....	15
2.1.1 Adding New Users.....	15
2.2 LOGGING IN TO KS AUTHENTICARE	20
2.3 LOGGING OUT OF KS AUTHENTICARE	21
2.4 CHANGING PASSWORD.....	22
2.5 DISABLING A USER	23
2.5.1 Providers.....	23
2.5.2 State Administrative Users.....	25
CHAPTER 3 AN INTRODUCTION TO NAVIGATING KS AUTHENTICARE	26
3.1 HOME PAGE.....	26
3.2 PROVIDER DASHBOARD.....	29
3.3 WORKER DASHBOARD.....	31
CHAPTER 4 SEARCH AND VIEWING PEOPLE AND/OR AGENCIES	34
4.1 SEARCHING FOR PEOPLE AND/OR AGENCIES.....	34
4.2 VIEWING PROVIDERS.....	36
4.3 VIEWING CLIENTS.....	37
4.4 VIEWING WORKERS.....	37



CHAPTER 5 MANAGING PROVIDER INFORMATION.....	39
5.1 EDITING PROVIDER INFORMATION.....	39
5.2 835 ELECTRONIC REMITTANCE ADVICE FROM KMAP/MMIS	42
5.3 UPLOADING THE 835 INTO AUTHENTICARE.....	43
CHAPTER 6 MANAGING WORKER INFORMATION.....	45
6.1 ADDING A WORKER	45
6.2 DELETING A WORKER.....	50
6.3 EDITING WORKERS.....	53
6.4 SUSPENDING/INACTIVATING/END DATING A WORKER.....	54
CHAPTER 7 MANAGING CLIENT (CONSUMER OR CUSTOMER) INFORMATION.....	56
CHAPTER 8 SEARCH AND VIEW AUTHORIZATIONS.....	57
CHAPTER 9 SCHEDULING.....	60
9.1 USING THE CALENDAR.....	60
9.1.1 <i>Monthly</i>	61
9.1.2 <i>Weekly</i>	62
9.1.3 <i>Daily</i>	64
9.2 SEARCHING FOR SCHEDULED EVENTS IN THE CALENDAR	65
9.3 SCHEDULING AN EVENT.....	67
9.3.1 <i>Scheduling an Event Using the Authorization</i>	67
9.3.2 <i>Scheduling a Recurring Event</i>	70
9.4 EDITING AN EVENT.....	74
9.5 CANCELLING AN EVENT (DELETING).....	76
9.6 ACKNOWLEDGING MISSED VISITS	77
CHAPTER 10 THE KS AUTHENTICARE IVR.....	81
10.1 IVR FLOW.....	81
10.2 EXTRA SAFEGUARD FOR WORKERS WITH MORE THAN ONE WORKER ID.....	82
10.3 WORKER INSTRUCTIONS FOR USING THE IVR.....	83
10.4 ACTIVITY CODES REQUIRED FOR SPECIFIED SERVICES.....	85
CHAPTER 11 GPS ENABLED MOBILE DEVICE	86
CHAPTER 12 MANAGING CLAIMS	87



12.1	SEARCHING AND VIEWING CLAIMS.....	87
12.2	EDITING A CLAIM (CLAIMS CORRECTION)	94
12.3	ADDING AN INDIVIDUAL (STANDARD) CLAIM.....	95
12.4	ADDING MULTIPLE CLAIMS (EXPRESS ENTRY)	100
12.5	DELETING A CLAIM	102
12.6	CONFIRMING A SINGLE CLAIM FOR BILLING	103
12.7	CONFIRMING CLAIMS IN BULK	107
12.8	UNCONFIRMING CLAIMS FOR FURTHER EDITING	108
CHAPTER 13 REPORTING.....		109
13.1	CREATING A REPORT	109
13.2	VIEWING A REPORT.....	114
13.3	DELETING A REPORT FROM THE VIEW REPORTS SECTION.....	116
13.4	USING REPORT TEMPLATES.....	117
13.4.1	<i>Creating a Report Template</i>	<i>118</i>
13.4.2	<i>Running a Report from a Template.....</i>	<i>120</i>
13.4.3	<i>Editing a Report Template.....</i>	<i>121</i>
13.4.4	<i>Deleting a Report Template.....</i>	<i>122</i>
13.5	REPORT EXAMPLES.....	123
13.5.1	<i>Authorizations Report without Claim Detail.....</i>	<i>123</i>
13.5.2	<i>Authorizations Report with Claim Detail.....</i>	<i>124</i>
13.5.3	<i>Claim Details Report.....</i>	<i>125</i>
13.5.4	<i>Claim History Report.....</i>	<i>127</i>
13.5.5	<i>Calendar Report</i>	<i>128</i>
13.5.6	<i>Late and Missed Visits Report</i>	<i>130</i>
13.5.7	<i>Exception Report.....</i>	<i>131</i>
13.5.8	<i>Unauthorized Phone Number Report.....</i>	<i>134</i>
13.5.9	<i>Billing Invoice Report</i>	<i>137</i>
13.5.10	<i>Time and Attendance Report</i>	<i>139</i>
13.5.11	<i>Overlapped Claim Report.....</i>	<i>142</i>
13.5.12	<i>Workers by Provider Report.....</i>	<i>144</i>



13.5.13	<i>Provider Activity Report</i>	146
13.5.14	<i>Remittance Advice Report</i>	149
13.5.15	<i>Claim Data Listing Report</i>	151
13.5.16	<i>Remittance Data List Report</i>	152
13.5.17	<i>Eligible Client Report</i>	153
CHAPTER 14 ONGOING USER SUPPORT AND TRAINING		155
APPENDIX A.1: SERVICE CODES		156
APPENDIX A.2: ACTIVITY CODES FOR SELECTED SERVICES		158
ACTIVITY CODES FOR ATTENDANT CARE SERVICES LEVEL I, LEVEL II, AND SELF-DIRECTED IN THE FRAIL ELDERLY WAIVER		158
ACTIVITY CODES FOR PERSONAL ASSISTANT SERVICES (T1019) IN THE MR/DD WAIVER AND PERSONAL SERVICES (S5126) IN THE PD AND TBI WAIVERS.....		159
ACTIVITY CODES FOR LPN (T1000) AND RN (T1000TD) SPECIALIZED MEDICAL CARE SERVICES MR/DD WAIVER.....		160
ACTIVITY CODES FOR PERSONAL CARE ATTENDANT		161
SRS – TECHNOLOGY ASSISTED WAIVER		161
APPENDIX A.3: CLAIM EXCEPTION CODES		162
CRITICAL EXCEPTIONS.....		162
INFORMATIONAL (NON-CRITICAL) EXCEPTIONS.....		164
APPENDIX A.4: DESCRIPTION OF PROVIDER SUB-ROLES		167



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Chapter 1 INTRODUCTION

The Kansas Department of Aging (KDOA) uses KS AuthentiCare for home and community based services (HCBS) clients (consumers or customers) receiving care under the Frail Elderly Waiver.

The Kansas Department of Social and Rehabilitation Services (SRS) uses KS AuthentiCare for HCBS clients (consumers or customers) receiving care under the Physical Disability (PD) Waiver, the MR/DD Waiver, the Traumatic Brain Injury (TBI) Waiver and the Technology Assisted (TA) Waiver.

Providers of selected services (procedures) under each waiver are required to use KS AuthentiCare to capture and bill for services provided to clients. (See Appendix A.1 for the list of included services.)

KS AuthentiCare is a web-based electronic scheduling, tracking, reporting and billing system that:

- Automatically captures and invoices accurate services provided to clients,
- Provides the ability to automate scheduling, time and attendance, billing and reporting functions,
- Assists in identifying and responding to unmet client needs (missed and late visits), and
- Provides KDOA and SRS with data to assist in making policy decisions regarding the delivery of home and community based care.

1.1 COMMON TERMINOLOGY/ACRONYMS

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

Term/Acronym	Meaning/Use
835	The electronic remittance advice (RA) that KMAP/MMIS provides to each provider reporting the adjudication status of each claim submitted
837	The electronic billing file that KS AuthentiCare submits each weekday morning to KMAP/MMIS on behalf of each provider
Activities	Those specific tasks that a worker performs for the client that make up the service (procedure). For a list of services that require activity codes and the specific activity codes, see Appendix A.2 of this User Manual.



Term/Acronym	Meaning/Use
Case Manager	Responsible for assessing eligibility, referring to needed services, monitoring services, follow-up, and Plan of Care (POC) entry into KMAP/MMIS to create the authorizations for services to be provided to the client. (Includes Targeted Case Managers)
Claim	Each episode of service captured in KS AuthentiCare. Each will have a unique claim number auto-assigned by the system. Claims may be entered into KS AuthentiCare by the IVR, web or mobile device.
Client	The individual receiving services under the applicable waiver; usually known as the consumer, the customer or the beneficiary.
Client Services	The First Data help desk that can assist KS AuthentiCare users. Contact information for them is located in Chapter 14 of this User Manual.
Event	For those providers who use the Scheduling functionality in KS AuthentiCare, an event is a visit scheduled in advance for service for a client.
First Data	The company that operates KS AuthentiCare for the State of Kansas.
IVR	Interactive Voice Response system used by KS AuthentiCare; pre-recorded information that the Worker interacts with via touch tone phone when calling a designated toll-free number. For more information, see Chapter 10 of this User Manual.
Mobile Device	A GPS enabled mobile device (smart phone) can be used to record services provided for a client. For more information, see Chapter 11 of this User Manual.
MMIS	Also known as Kansas Medical Assistance Program (KMAP) or HP; the entity that maintains information on enrolled clients and providers and that processes claims submitted for payment. Much of the data in KS AuthentiCare is from the KMAP/MMIS system. KMAP/MMIS updates data in KS AuthentiCare each week night via secure file transfer.
Provider	The provider agency or FMS provider that is authorized to provide services for a client. Each provider has a unique Medicaid provider ID (9-digit number plus a letter). If a provider company has multiple locations, each is considered a unique provider as each has a unique Medicaid provider ID + service location indicator (letter suffix).
Service	The procedure provided for the client under the waiver. For a list of the services where the provider must use KS AuthentiCare, see Appendix A.1 of this User Manual.



Term/Acronym	Meaning/Use
State Staff or State	State staff who will have access to information in KS AuthentiCare are staff at the KDOA and SRS who oversee the Physical Disability (PD), MR/DD, Traumatic Brain Injury (TBI) and Technology Assisted (TA) Waivers.
Sub-Role	The KS AuthentiCare initial administrator user at each provider location/FMS provider will create additional users and assign them a sub-role which defines what information they can access and what actions they can perform on the KS AuthentiCare website. The sub-role each one uses is assigned allows them to do their designated work while assuring that all data is maintained in a private and secure manner. For a description of each sub-role, see Appendix A.4 of this User Manual.
Worker	The Worker is the employee of the provider who actually provides the service to the client. May also be known as Attendant, PA (Personal Assistant) or Direct Support Worker (in self-directed care). Each worker is assigned a unique 5-digit Worker ID number for each provider and/or provider location where they work to use when recording services via the IVR, web or mobile device.

1.2 OVERVIEW OF KS AUTHENTICARE

The core of KS AuthentiCare is a database containing information on the clients, services, authorizations, providers and workers. This information is updated each week day via file transfer from KMAP/MMIS or web entry as needed by provider staff. The basic use of KS AuthentiCare requires these steps:

1. The worker goes to the home of the client to provide a service.
2. The worker uses the client's touch-tone phone to call the toll-free KS AuthentiCare number or uses a GPS enabled mobile device.
3. Using caller ID or GPS technology, KS AuthentiCare identifies the client and the services authorized for that client and prompts the worker to enter his/her Worker ID number and verify the service to be provided.
4. The system verifies the information and advises the worker that he/she is "checked in" as of the time the contact was initiated.
5. When the worker completes the service, the worker calls the same toll-free number or uses the GPS enabled mobile device to "check out" and record the activities performed as appropriate. The worker is advised that he/she is "checked out" as of the end of the contact.



6. From that telephone/mobile device interaction, KS AuthentiCare creates a claim. After the provider reviews and approves it, the claim is submitted to KMAP/MMIS electronically for adjudication.
7. Claims are submitted for processing in the early morning of each week day. KMAP/MMIS makes payment directly to the provider on their normal payment schedule.

In situations where the IVR system cannot be used (example: the phone is out of order) and the worker does not have a mobile device or situations where the worker makes an error (example: forgets to check out); the worker notifies his/her supervisor and provides the information about the visit. The provider enters the visit information into KS AuthentiCare via the web, thus creating a claim for the service provided.

1.3 ORGANIZATION OF THE DATA

The data in KS AuthentiCare is organized under four main areas:

1. **Entities** - includes people or agencies that are involved in providing care as well as individuals receiving care. In KS AuthentiCare, the Entities are: Providers, Workers and Clients.
2. **Services** – those procedures defined by KDOA and SRA for reporting through KS AuthentiCare are listed in Appendix A.1.
3. **Authorizations** - specify the types and amount (units) of service that providers/workers are pre-authorized to provide based on the client's Plan of Care.
4. **Claims** - each occasion a service was provided to a client by a worker. (Also known as a visit, this does not always equate to a claim submitted to KMAP/MMIS. Under certain pre-defined circumstances several visits may be combined to create one claim for billing purposes.) Each claim created in KS AuthentiCare has a unique claim number.

1.4 KS AUTHENTICARE USERS

The user of KS AuthentiCare is assigned one of several different roles. This User Manual is designed to provide each user, regardless of role, with the ability to maximize use of the system on a daily basis.

While the client is the heart of any in home and community based care system, clients do not interact directly with KS AuthentiCare. Those who do have active roles in KS AuthentiCare are:

- The **Worker** who calls the IVR or uses a GPS mobile device to check in upon arrival at a client's home and again to check out after completing services.




- The **Provider Staff** who use the secure website to
 - Manage worker information
 - Schedule workers' visits to clients' homes (optional)
 - Add claims for services where the use of the IVR or mobile device was not feasible
 - Modify a claim that was incorrectly entered by the worker using the IVR or mobile device
 - Confirm claims for billing prior to their submission to KMAP/MMIS
 - Acknowledge and provide an explanation of missed visits
 - View reports of real-time information to assist in record keeping and management
- The **State Administrative Staff** use the secure website to monitor care being provided to clients

KS AuthentiCare helps to reduce paperwork and gives the user tools to assist in managing staff resources, service delivery and reimbursement through access to real-time information via the Internet at any time.

1.5 SECURITY

KS AuthentiCare maintains extensive security protocols to protect the information available via the website while at the same time making it readily available to authorized users. There are two levels of security controlling access to the data:

The first level of security is dependent on **the role** that the user has in the system. The roles in KS AuthentiCare are Provider, KDOA Administrative User and SRS Administrative User.

	<i>Each Provider can designate sub-roles within their agency. Each sub-role has the ability to perform specific functions within the system. See Appendix A.4 for a description of the sub-roles.</i>
---	---

The second level of security is referred to as **data scoping**. Data scoping restricts what information the user has access to within their role.

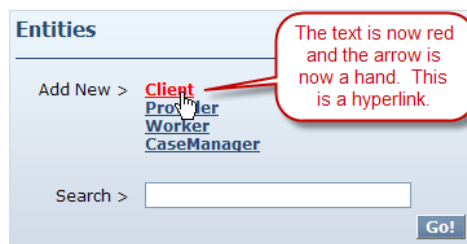
- A Provider user has the access only to information associated with his/her provider Medicaid ID. A provider is not able to view the data of other providers for confidentiality reasons.
- The KDOA Administrative users can view all data in KS AuthentiCare related to clients in the Frail Elderly Waiver.

- The SRS Administrative users can view all data in KS AuthentiCare related to clients in the four SRS Waivers.

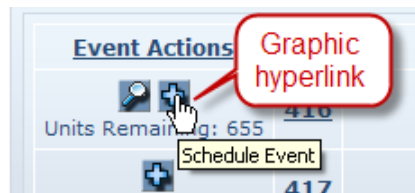
1.6 USING THIS WEB APPLICATION

The KS AuthentiCare web component is accessible from any computer that has a connection to the Internet. Examples of unique functions:

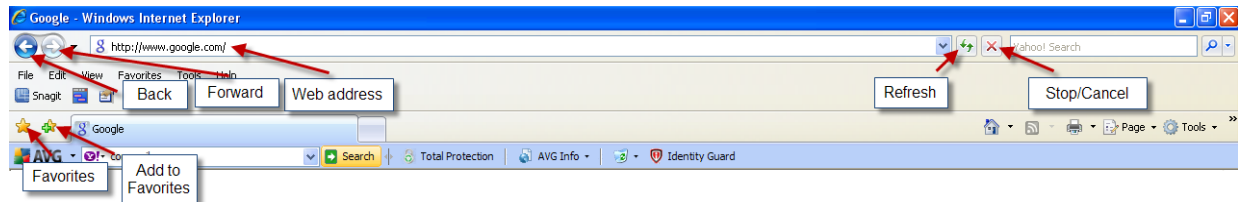
- **Hyperlinks** - a hyperlink, or link, is a connection from your current location in the application to another page in the application or another web site or web application. When the mouse is placed on a hyperlink, the text may change, and the cursor changes from an arrow to a hand. Hyperlinks only require a single click. Below is an example of a text hyperlink in KS AuthentiCare.



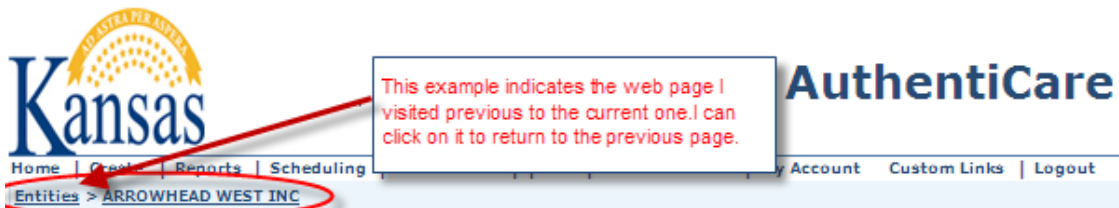
- Pictures, graphics, or icons can also be used as hyperlinks. If the cursor arrow changes to a hand, then there is a link. In the example below, the graphic does not change in appearance but a pop up box indicates what the hyperlink does and the arrow changed to a hand.



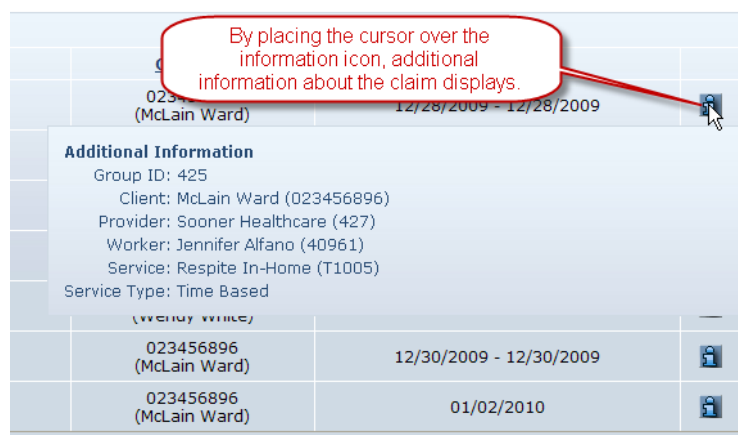
- Web applications use a **web browser**. The web browser has the ability to maintain the web addresses of your "favorite" websites, to add an address to your favorites, to enter a web address (also known as a URL), to go back to the previous page, to go forward to the next web page assuming you have viewed it previously, to reload or refresh the current page, and to cancel the loading of the current page.



- Web applications can use **breadcrumbs** to assist in navigation. As the name suggests, this provides you with a history of the web pages you used in getting to your current page in the event that you wish to return to any of the previous web pages. The web pages identified in the breadcrumb are hyperlinks, and by clicking on them, you will be returned to that web page.




- Hover Text** - additional information is displayed when the mouse cursor is placed over the hover link. This functionality is utilized in KS AuthentiCare to provide additional information rather than having to navigate to another page in the application to get the same information.





- There are also several icons unique to KS AuthentiCare that you will see on the web pages. These include:


Schedule Event icon  - used on the *Authorizations* page to schedule an event for the authorization




Looking Glass icon  - provides the ability to look up values for fields linked to other existing data in the system

Information icon  - provides the ability to display more detailed data when you place the mouse over the icon (hover text)

Entity icon  - provides a link to view the associated data for the value displaying in a certain field


Exceptions icon  - provides an ability to view the exceptions on a claim


Run Report icon  - provides the ability to run a report from a previously created report template


1.7 USING THIS MANUAL

This manual is designed to provide the information you need to use KS Authenticare.

Each section within a chapter provides step-by-step instructions. Each section may also have one of the following boxes:

	<p><i>Notes – The information provided in these boxes is intended to assist and further explain the material. It may include an important tip or hint to using the system.</i></p>
---	--

	<p><i>Important – The information provided in these boxes highlights specific rules that are critical to the proper functioning of the system.</i></p>
---	--

	<p><i>Caution – The information provided in these boxes highlights actions that if taken in the system may have an adverse affect.</i></p>
---	--

The information provided in all of these boxes is essential when using the system and should not be ignored.



Chapter 2 GETTING STARTED

This chapter is designed to help you begin using KS AuthentiCare by walking through the provider registration process, adding new users, logging in, logging out, and changing your password.

The KS AuthentiCare website is www.authenticare.com/kansas. The use of an Internet Explorer web browser is preferable.

2.1 ESTABLISHING A USER ACCOUNT

To log into KS AuthentiCare, you must have a user account which consists of a username (email address) and a password. There are several ways that a user may obtain a username and password.

- For all **providers**, an initial user account for an Administrator user is created by First Data and provided to a manager. Proceed to Section 2.2 for instructions on logging into KS AuthentiCare. After logging in, the Administrator user can create user accounts for other users for that provider (refer to Section 2.1.2 for further instructions).
- For **state administrators**, user accounts are created by First Data when authorized by the KDOA or SRS. The registration process is not required. First Data will provide your username (email address) and password so that you are able to log into and use KS AuthentiCare. Proceed to Section 2.2 for instructions on logging into KS AuthentiCare.

2.1.1 ADDING NEW USERS

KS AuthentiCare allows providers with the Administrator sub-role to create additional user accounts, including another user with the Administrator sub-role.



Important – A State Administrative User cannot add another user. To add a new State Administrative User, contact KSAuthentiCare@aging.ks.gov.



Upon successful completion of logging into KS AuthentiCare, the *Home* page displays.

Kansas AuthentiCare

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout

Logged in as: acr_admin@acr.com

Entities

Add New > [Client](#)
[Provider](#)
[Worker](#)
[CaseManager](#)
[Representative](#)

Search >

Services and Authorizations

Add New > [Service](#)

Search Type: ☒ Service
☐ Authorization

Service

Authorization ID

Service Type

Authorization Start

Authorization End

Client

Provider

Worker

Procedure Code

Claims

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

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

Claim Group ID

Claim ID

Claim Status

Claim Start

Claim End

Service

Authorization ID

Client

Provider

Worker

CaseManager

Representative

Procedure Code

User Option

Go! **Clear**

1. Enter the name of your provider or some portion of the name in the Entities **Search >** field.

Entities

Add New > [Client](#)
[Provider](#)
[Worker](#)
[CaseManager](#)
[Representative](#)

Search >

Go!

2. Click **Go!**

The *Provider Entity Settings* page displays with the information about this provider.



Provider Entity Settings

* Indicates a required field.

* ID: 100027399A
PIN: 15060

First Name:
Middle Name:
Last Name:

* Company Name: ARROWHEAD WEST INC
SSN:
FID:
Gender:
Birth Date:

* Communication Email:

Begin Date: 7/1/1991
End Date:
Language:
Status: Active

* Entity Qualifier: Business
NPI:
Personal Assistant Services - MRDD
Sleep Cycle Support - MRDD
Overnight Respite - MRDD

Entity Addresses/Phones

Add Address

Address Type: Work **Delete**

* Address Line 1: PO BOX 1417
Address Line 2: 1100 E WYATT EARP BLVD
* City: DODGE CITY
* State: KS * Zip: 678011417

Add Phone

Phone Type: Phone Number
Work: (620) 227-8803 **Delete**

ID Card Number:
Status:

Registered Users

Add User

User Name	Role	Registered On	Enabled	Delete
provider@arrowhead.com	KS_Administrator	10/31/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Click Add User.

Registered Users

Add User

User Name	Role	Registered On	Enabled	Delete
provider@arrowhead.com	KS_Administrator	10/31/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The *Register* page displays.

Register

Use your assigned ID and PIN plus your e-mail address and a password you choose to register for access to the website.

* Email Address:

* Password:

* Confirm Password:

* User Roles:

- KS_AdminAssistant
- KS_Administrator
- KS_ClaimsMgt1
- KS_ClaimsMgt2
- KS_HumanResources
- KS_IntakeReferral
- KS_PayrollBilling

Rights:

- Add Claims
- Edit Claims
- View Claims
- Delete Claims
- View Clients
- Add Workers
- Edit Workers
- View Workers

Register **Cancel**




4. Choose a **Sub-Role** from the list. When you choose the sub-role, the screen will refresh to display the list of rights for that sub-role on the right. See Appendix A.4 for a description of the functions each sub-role can performed. Available provider sub-roles:


- KS_Administrator
- KS_AdminAssistant
- KS_Payroll/Billing
- KS_Human Resources
- KS_Payroll/Billing/Human Resources
- KS_Scheduler/Coordinator
- KS_Intake & Referral

There can be only one sub-role per email address. If the person needs to be assigned to more than one sub-role, he/she will need to be added again with another email address.

5. Enter an **Email Address**.

	<p><i>This email address serves as a User Name and 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.</i></p> <p><i>For example, a provider with a facility called. "Special Care, Inc." may wish to type in the User Name: specialcare@inc.com.</i></p>
---	---

6. Enter a **Password**. The password must have at least 1 uppercase letter, at least 1 lower care letter, at least 1 number and must be at least 6 characters in length.
7. Re-enter the password in **Confirm Password**.

	<p><i>This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.</i></p>
---	--

The *Register* page displays with the entered information.



Register
Use your assigned ID and PIN plus your e-mail address and a password you choose to register for access to the website.

* Email Address:

* Password:

* Confirm Password:

* User Roles:

- KS_ClaimsMgt2
- KS_HumanResources
- KS_IntakeReferral
- KS_PayrollBilling**
- KS_PayrollBilling/HumanResources
- KS_Scheduler/Coordinator
- State Administrator

Rights:

- Add Claims
- Edit Claims
- View Claims
- Delete Claims
- View Clients
- Edit Workers
- View Workers
- View Providers

8. Click **Register**.

You are returned to the *Provider Entity Settings* page. A message in the top left hand corner informs you that the registration was completed successfully. The user you just registered displays in the Registered Users section of the *Provider Entity Settings* page specifying the email address, the sub-role assigned and that he is enabled.

Registration added successfully.

Provider Entity Settings

* Indicates a required field.

* ID: 100027399A
PIN: 15060

First Name:
Middle Name:
Last Name:

* Company Name: ARROWHEAD WEST INC
SSN:
FID:
Gender:
Birth Date:

* Communication Email:

Begin Date: 7/1/1991
End Date:
Language:
Status: Active

* Entity Qualifier: Business
NPI:
Personal Assistant Services - MRDD
Sleep Cycle Support - MRDD
Overnight Respite - MRDD
LPN Specialized Medical Care - MRDD
RN Specialized Medical Care - MRDD
Personal Services - PD

Entity Addresses/Phones

Address Type: Work

* Address Line 1: PO BOX 1417
Address Line 2: 1100 E WYATT EARP BLVD
* City: DODGE CITY
* State: KS * Zip: 678011417

Phone Type Phone Number
Work: (620) 227-8803

ID Card Number:
Status:

Registered Users

User Name	Role	Registered On	Enabled	Delete
Betsy@redslippers.com	KS_Payroll/Billing	11/09/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>
provider@arrowhead.com	KS_Administrator	10/31/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ruby@redslippers.com	KS_HumanResources	11/09/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>



2.2 LOGGING IN TO KS AUTHENTICARE

1. Navigate to the KS AuthentiCare website at <https://acr.fdgs.com/Kansas>.

The *Welcome* page displays.

Custom Links

Kansas AuthentiCare

Welcome to AuthentiCare
Please enter your AuthentiCare email address and password to access the system.

[Register for Access](#)

* Email Address:

Password:

Copyright © 2011 by First Data Government Solutions [Privacy Policy](#)

2. Enter your KS AuthentiCare **Email Address** and **Password**.
3. Click **Submit**.

Welcome to AuthentiCare
Please enter your AuthentiCare email address and password to access the system.

[Register for Access](#)

* Email Address:

Password:

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



2.3 LOGGING OUT OF KS AUTHENTICARE

For security and privacy reasons, it is important for users to log off KS AuthentiCare when leaving the work station. After a 20 minute period of inactivity, KS AuthentiCare automatically logs the user off.

Click on **Logout** from the Main Menu



The *Welcome* page displays and you are logged out of KS AuthentiCare.

2.4 CHANGING PASSWORD

There are several reasons why a KS AuthentiCare user would want or need to change their password:

- **Password Expiration:** The password expires every 30 days and a new one needs to be chosen. There is a password rotation of 12 passwords which means that you cannot use any of your previous 12 passwords when creating a new password.
- **Security:** A user may want to secure their password by creating a new one if they feel this information has been compromised.
- **Account Lockout:** After 10 failed attempts to log-in in a single session the account is automatically disabled. To re-establish access:
 1. Providers – someone with an Administrator sub-role can manage registrations and change the password for the locked out user.
 2. State Administrators – contact First Data Client Support services at 1-800-441-4667 or clientsupport@firstdata.com.



When creating a new user account, you cannot use the same email address as the account that has been locked out.

Follow the steps below to change your password.

1. Place your cursor on **My Account** in the Main Menu, and when **Change Password** displays below, click on it.



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:

2. Enter your Existing Password.

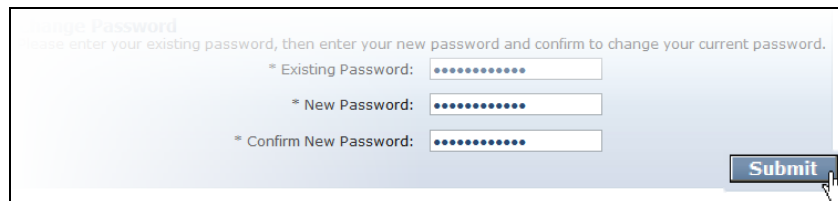


3. Enter a New Password.

	<ul style="list-style-type: none"> <i>The Password must have at least 1 uppercase letter, at least 1 lower case letter, at least 1 number and at least 6 characters in length.</i> <i>This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.</i> <i>The password entered cannot be the same as any of the previous 12 passwords you have used.</i>
---	---

4. Re-enter the password in **Confirm Password**.

5. Click **Submit**.



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



2.5 DISABLING A USER

2.5.1 PROVIDERS

If an employee of the provider has left the company and that person had access to KS AuthentiCare, it is critical that the user account is disabled immediately. Because you can log in to KS AuthentiCare anywhere you can access the Internet, a former employee would still have access to your agency's information. Only someone with the Administrator sub-role can disable 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!**



The *Provider Entity Settings* page displays with the information about this provider.



2. Click the **Enabled** checkbox and the check mark will disappear.



Registered Users				
Add User				
User Name	Role	Registered On	Enabled	Delete
Betsy@redslippers.com	KS_Payroll/Billing	11/09/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>
provider@arrowhead.com	KS_Administrator	10/31/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ruby@redslippers.com	KS_HumanResources	11/09/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Click **Save**.

You are returned to the *Home* page which displays a message that the provider was saved successfully.



This user will no longer be able to log into KS AuthentiCare.



Do not click the "delete" check box to disable the user. That will hamper the functions in KS AuthentiCare that automatically track by user name (email) actions that were taken in the system.

2.5.2 STATE ADMINISTRATIVE USERS

If a user should no longer have access to KS AuthentiCare, contact First Data Client Support Services at clientsupport@firstdata.com to have the account disabled.



Chapter 3 AN INTRODUCTION TO NAVIGATING KS AUTHENTICARE

KS 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 or sub-role.

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

3.1 HOME PAGE

The *Home* page is the central location in KS AuthentiCare. From this page you can navigate to any of the other areas of the system. This page differs depending on your role, and therefore, controls the information you can access in 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 KS AuthentiCare to maintain an accurate record of activity.



Kansas AuthentiCare



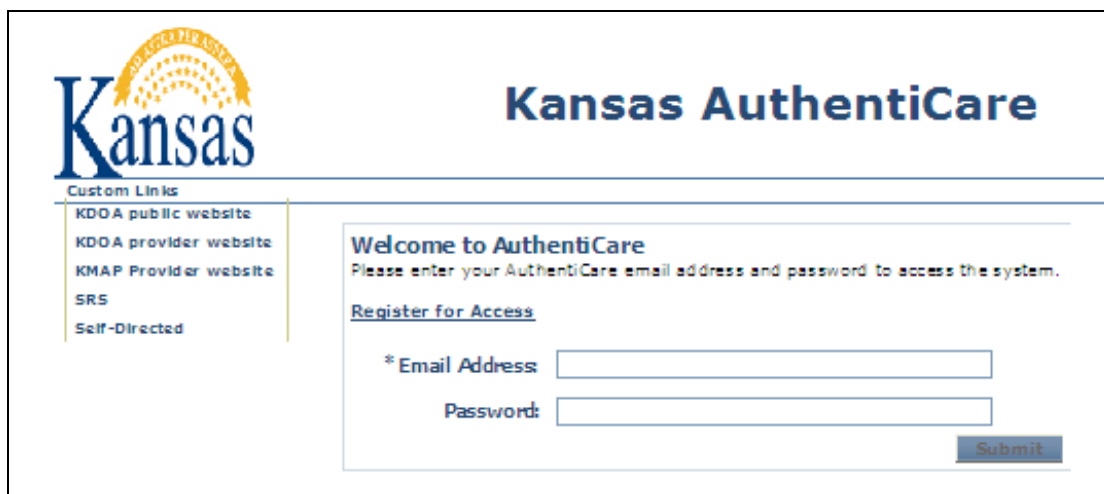
[Administration](#) | [My Account](#) | [Custom Links](#) | [Logout](#)

Logged in as: Suzie@genHC.com

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 Main Menu functions are discussed in detail throughout this manual. The options on the main menu differ depending on the user's role and appear on every page in the system.

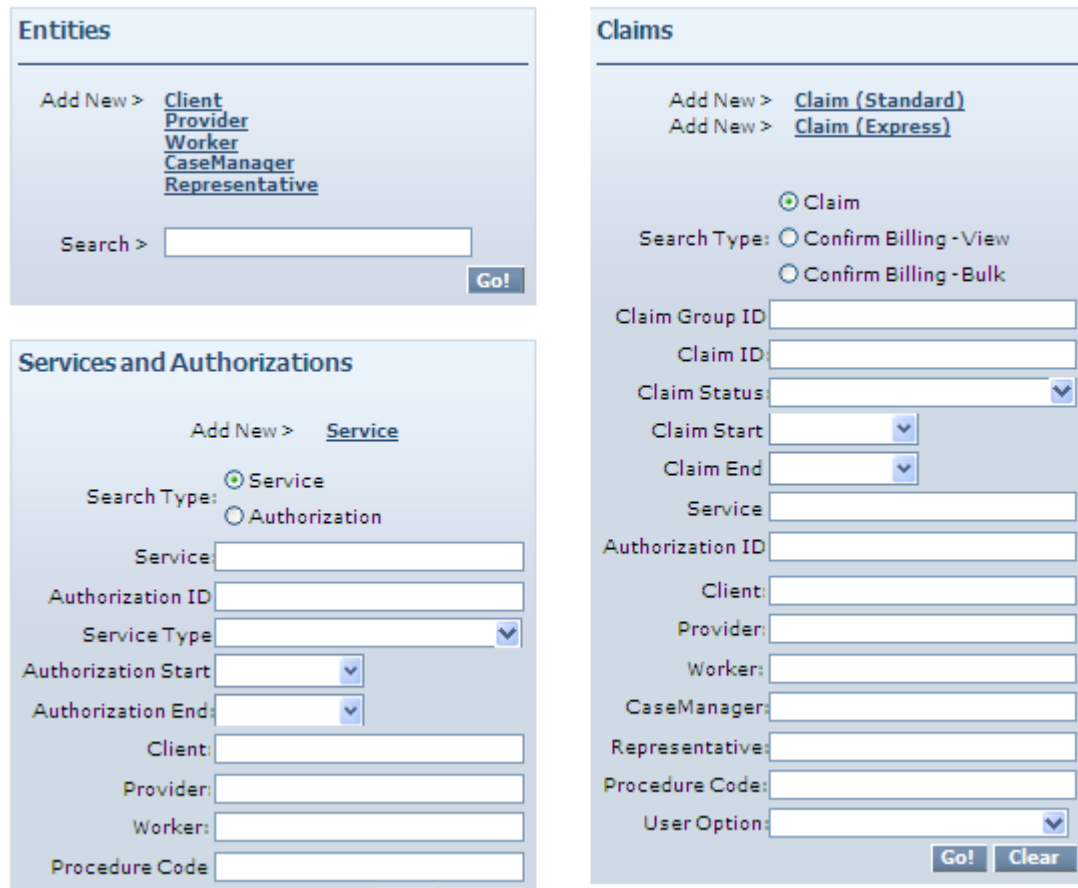


All users have a **Custom Links** option on the tool bar that links to sites or information that is outside of KS AuthentiCare. These links include the KDOA and KDOA provider websites, the SRS website, the KMAP website and the Kansas Self-Directed Services website.





The *Home* page is divided into three sections:



The screenshot displays the KS AuthentiCare Home page interface, which is organized into three main sections:

- Entities:** This section includes a link to "Add New" with sub-links for Client, Provider, Worker, CaseManager, and Representative. It also features a search bar and a "Go!" button.
- Services and Authorizations:** This section includes a link to "Add New" with a sub-link for Service. It features a search type selector (Service or Authorization), a search bar, and various filters including Service, Authorization ID, Service Type, Authorization Start, Authorization End, Client, Provider, Workers, and Procedure Code. A "Go!" button is present at the bottom.
- Claims:** This section includes a link to "Add New" with sub-links for Claim (Standard) and Claim (Express). It features a search type selector (Claim, Confirm Billing - View, or Confirm Billing - Bulk), a search bar, and various filters including Claim Group ID, Claim ID, Claim Status, Claim Start, Claim End, Service, Authorization ID, Client, Provider, Workers, CaseManager, Representative, Procedure Code, and User Option. "Go!" and "Clear" buttons are at the bottom.

1. **Entities** – Entities is a broad category within KS AuthentiCare that designates people and agencies involved in the care giving experience including:
 - Clients (which is the consumer or customer in Kansas)
 - Providers (each provider agency and FMS provider)
 - Workers (both those employed by a provider agency and those working for an FMS provider)
2. **Services and Authorizations** – This section of the **Home** page allows the user to perform detailed searches for existing services and authorizations by clicking on **Go!**

3. **Claims** – While most claims are created using the IVR phone system or the GPS enabled mobile device, designated provider sub-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. Providers may perform detailed searches for existing claims from the **Home** page. Refer to Chapter 11, Managing Claims.

The Search and Create functions are described in more detail throughout the manual.

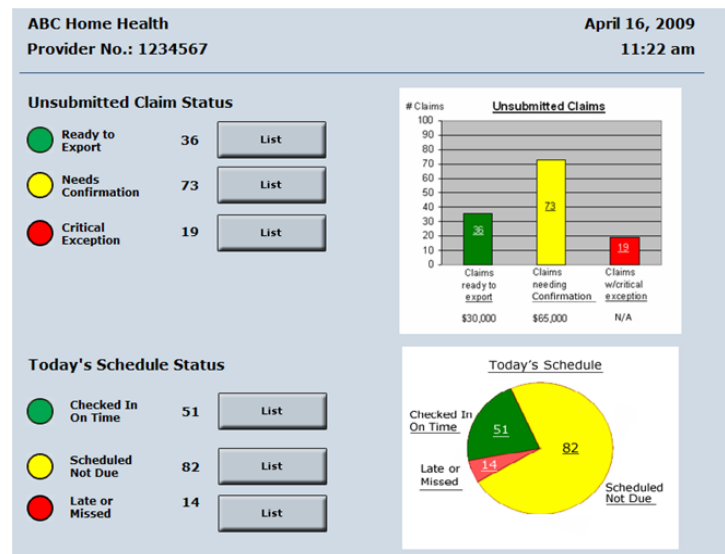
3.2 PROVIDER DASHBOARD

In addition to the *Home* page, KS AuthentiCare includes a Provider Dashboard where information is presented in a graphical format and provides easy navigation to the source data represented in the dashboard. The Provider Dashboard is only available to users who have the Administrator, AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources sub-roles in the system.

Place your cursor on **Dashboards** in the Main Menu and click on **Provider**.



The Provider Dashboard displays with real time information.





The *Unsubmitted Claim Status* section provides information on the number of claims that fall into the following categories:

- Ready to export – This gives the number of claims that have been confirmed by the provider, but have not yet been submitted to KMAP/MMIS for adjudication. These claims may have informational exceptions, but they do not have any critical exceptions. In the next routine system export, these claims will be sent to KMAP/MMIS. Click on the **List** button to view these claims on the *Claim Search Results*. Refer to Section 12.1 for more information.
- Needs Confirmation – This represents the number of claims that are ready to be confirmed for billing to allow submission to KMAP/MMIS. In other words the only critical exception on these claims is billing confirmation. Once a claim has been confirmed for billing, it will be moved to the “ready to export” group. Click on the **List** button to view the *Confirm Billing* page where you can confirm these claims. Refer to Section 12.6 for more information.
- Critical exception – This represents the number of claims with one or more critical exceptions in addition to billing confirmation. A critical exception means the claim did not pass one of the system edits that are based on KDOA, SRS and KMAP/MMIS business rules. These exceptions prevent the claim from being confirmed for billing and exported to KMAP/MMIS. Click on the **List** button to view the *Claim Search Results* which will list these claims and provide a link to the claim so that details about the exception can be viewed and addressed.

The *Today's Schedule Status* section provides information for the events scheduled for the current day only if the provider is using the scheduling functionality of KS AuthentiCare. Refer to Chapter 9, *Scheduling* for further information. The information in this section of the dashboard is divided into the following three categories:

- Checked In On Time – This represents the number of events (visits) where the worker has checked in on time. (On time is defined as checking in between 60 minutes prior to the scheduled event start time and 60 minutes after the scheduled event start time.) For further information about these events, click **List** to view the *Worker Dashboard* which will display all events identifying the worker, the check in time, and the check out time (if the visit has been completed). Refer to Section 3.3 for further information.
- Scheduled Not Due – This represents the number of events scheduled for later in the day. To view these scheduled events, click **List** to view the *Worker Dashboard* which will display the scheduled events and the worker assigned to each event scheduled to occur later in the day. Refer to Section 3.3 for further information.
- Late or Missed – This represents the number of scheduled events where the worker either checked in Late (between 60 and 120 minutes after the scheduled start time of the event), has not yet checked in and the current time is between 60 and 120 minutes after the

scheduled start time of the event, or the worker did not check in within 120 minutes of the scheduled start time of the event.

- If a worker checks in more than 60 minutes before the scheduled start time of the event or 120 minutes or later after the scheduled start time of the event, the check in will not match to the scheduled event and the event status will be "Missed". For further information about these events, click **List** to view the *Worker Dashboard* which will display all late or missed events for the current day. Refer to Section 3.3 for further information.

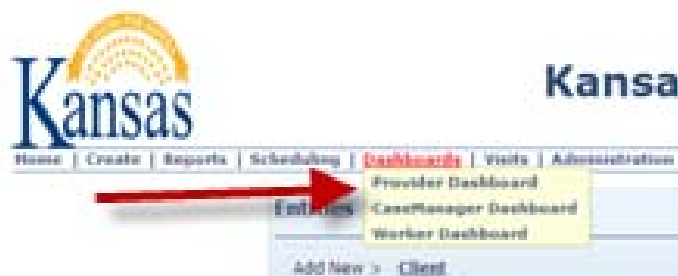
In your provider agency or FMS provider does not use the scheduling functionality in KS AuthentiCare this part of the Dashboard will be blank.

3.3 WORKER DASHBOARD

In addition to the Provider Dashboard, KS AuthentiCare also includes a Worker Dashboard to facilitate quick access to information about the current day's schedule. The Worker Dashboard is accessible to users with the Provider Administrator, AdminAssistant, Payroll/Billing, Payroll/Billing/Human Resources, and Scheduler/Coordinator sub-roles.






In your provider agency or FMS provider does not use the scheduling functionality in KS AuthentiCare the Worker Dashboard will be blank.

Place your cursor on **Dashboards** in the Main Menu, and when **Worker** displays below, click on it.



The Worker Dashboard displays with real time information about the scheduled events for the current day.






ABC Home Health Provider No.: 1234567				April 16, 2009 11:22 am		
Today's Scheduled ▲ Workers ▼	Worker ▲ ID ▼	Scheduled Check-In ▲ Time ▼	Actual Check-In ▲ Time ▼	Client ▲ Name ▼	Client ID ▼	Status ▼
Boop, Betty	80244	08:30 am	08:35 am	Fudd, Elmer	987654	 Checked In On Time
Bunny, Bugs	19827	02:00 pm		Walker, Jay	678345	 Scheduled Not Due
Cotton, Candy	50822	07:00 am	06:50 am	Nasium, Jim	256356	 Checked In On Time
Devil, Tasmanian	44987	08:00 am		Padd, Lily	576879	 Late or Missed
						 Late or

Copyright © 2010 by First Data

Each column has a sort option. By default the Worker Dashboard displays the scheduled events in ascending alphabetical order of the worker's last name.

To change the order of the sort, click on the arrow in the column name on which you wish to have the information displayed. For instance if you click on the up arrow in the Worker ID column, the information will be sorted in ascending worker ID order.

ABC Home Health Provider No.: 1234567				April 16, 2009 11:22 am		
Today's Scheduled ▲ Workers ▼	Worker ▲ ID ▼	Scheduled Check-In ▲ Time ▼	Actual Check-In ▲ Time ▼	Client ▲ Name ▼	Client ID ▼	Status ▼
Boop, Betty	80244	08:30 am	08:35 am	Fudd, Elmer	987654	 Checked In On Time
Bunny, Bugs	19827	02:00 pm		Walker, Jay	678345	 Scheduled Not Due
Cotton, Candy	50822	07:00 am	06:50 am	Nasium, Jim	256356	 Checked In On Time

The Status column displays one of the following three statuses:

- Checked In on Time – This means the worker checked in between 60 minutes prior to the scheduled event start time and 60 minutes after the scheduled event start time.
- Scheduled Not Due – This means the event is scheduled to occur later in the day based on the current time in AuthentiCare.
- Late or Missed – This means either the worker checked in late (between 60 and 120 minutes after the scheduled start time of the event), has not yet checked in and the current time is between 60 and 120 minutes after the scheduled start time of the event, or the worker did not check in within 60 minutes prior to the scheduled start time of the event.



Each of the data items displayed on the Worker Dashboard is a hyperlink.

- Clicking on the worker name or worker ID will take you to the *Worker Entity Settings* page. This allows you to view the information about the worker. Refer to Section 4.4 for further information.
- Clicking on the scheduled check in time will take you to the *Scheduled Event* page. This allows you to view the information about the event. Refer to Section 9.2 for further information.
- Clicking on the actual check in time (if there is one) will take you to the *Claim* page. This allows you to view the information captured for the claim. Refer to Section 12.1 for further information.
- Clicking on the client name or client ID will take you to the *Client Entity Settings* page. This allows you to view the information about the client for whom the event is scheduled. Refer to Section 4.3 for further information.

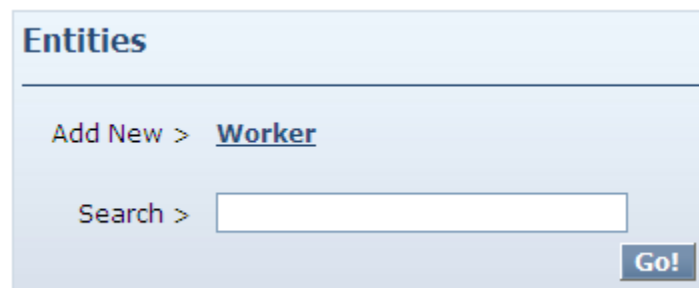
Chapter 4 SEARCH AND VIEWING PEOPLE AND/OR AGENCIES

The extent to which a user is able to view people and/or agencies depends on his/her role in the system.

- The KDOA Administrative users can view all data in KS AuthentiCare related to clients in the Frail Elderly Waiver.
- The SRS Administrative users can view all data in KS AuthentiCare related to clients in the following SRS Waivers: Physical Disability, Technology Assisted, MR/DD and Traumatic Brain Injury.
- A provider user can view the information about his/her agency as well as information about all clients served by the agency and all workers who work for that agency.

4.1 SEARCHING FOR PEOPLE AND/OR AGENCIES

1. Enter a name, partial name or ID in the **Search** field and click **Go!**





*If nothing is entered in the **Search** field, then all entities will be returned in your search results. This could take awhile and it will also make it difficult to find the entity.*



The search results display all Entities which match the search criteria entered on the *Home* page. If there is only one entity that matches the search criteria entered, then that entity is displayed immediately rather than the *Entity Search Results* page.










Entity Search Results			
ID	Name	User Type	
414	Enid Worker's Co.	Provider	
56331	Delmon Young	Worker	
097097097	Joe Mauer	Client	
77777777	Joe Medwick	Client	
418	Sooner's Provider	Provider	
94964	Walter Alston	Worker	
421	Johnny Keane	CaseManager	
010925904	Enos JaneTest Slaughter	Client	
80172	Shawn Chacon	Worker	
434	Teller's Maid Sevice	Provider	
< Prev 1 2 3 4 5 Next >			

- Note the columns displayed in the search results:
 - ID** – Click this link to go to the *Entity Settings* page for this entity
 - Name** – Identifies the name for the Entity
 - User Type** – Identifies the type of Entity: Provider, Client or Worker
- Click the column heading for the search results to sort using a different column. Click the heading once to change the sort to ascending order for that column. Click the heading again to change it to descending order for that column.
- Position the cursor over the **Information icon**  to display a pop-up to view more detailed information.

Custom Links Logout			Additional Information	
Entity Search Results			ID:	987654321
ID	Name	User Type	Full Name:	Wendy Brown
421	Ryan Howard	CaseManager	Home Address:	
427	Sooner Healthcare	Provider	Home Phone:	(712) 908-0998
023456896	McLain Ward	Client	Work Address:	
12156	Betsy Jones	Worker	Work Phone:	
23424	Wendy Brown	Worker	Date of Birth:	04/05/1920
987654321	Wendy Brown	Client	Effective Date Start:	
			Effective Date End:	
			Medicaid ID:	987654321
			Email:	
			SSN:	
			FID:	
			Status:	Active



- Click the **ID** number in the first column next to the entities name to view the *Entity Settings* page. The *Entity Settings* page that displays is dependent on the type of entity.

ID	Name	User Type	
414	Enid Worker's Co.	Provider	
56331	Delmon Young	Worker	
097097097	Joe Mauer	Client	
77777777	Joe Medwick	Client	
418	Sooner's Provider	Provider	
94964	Walter Alston	Worker	
421	Johnny Keane	CaseManager	
010925904	Enos JaneTest Slaughter	Client	
80172	Shawn Chacon	Worker	
434	Teller's Maid Sevice	Provider	

< Prev 1 2 3 4 5 Next >

4.2 VIEWING PROVIDERS

If you click on a provider, the *Provider Entity Settings* page displays.

Provider Entity Settings

* Indicates a required field.

* ID: 100260589A
PIN: 45706

First Name:
Middle Name:
Last Name:

* Company Name: JAYHAWK AREA AGENCY ON AGING
SSN:
FID:
Gender:
Birth Date:

* Communication Email:

Begin Date: 1/1/1997
End Date:
Language:
Status: Active

* Entity Qualifier: Business
NPI:
Level 2 Attendant Care - FE
Self Directed Attendant Care - FE
Level 1 Attendant Care - FE
Adult Day Care - FE

* Provider Services:
Personal Emergency Response - Install - FE
Wellness Monitoring - FE
Nurse Evaluation Visit - FE
Sleep Cycle Support - FE
Provider Directed Comprehensive Support - FE
Self Directed Comprehensive Support - FE

Taxonomy Code:

* Mobile Enabled: ☐ Yes ☒ No
Messaging Enabled: ☐ Yes ☒ No

Entity Addresses/Phones

Add Address

Address Type: Work **Delete**

* Address Line 1: 2910 SW TOPEKA BLVD
Address Line 2:
* City: TOPEKA
* State: KS * Zip: 66611

Add Phone

Phone Type: Phone Number
Work: (785) 235-1367 **Delete**

ID Card Number:
Status:

Registered Users
Add User

Holidays / Days Off

Add **Remove**

From Date: To Date: **Add**

Work Hours



This page provides information on the provider, the services enrolled to provide, the provider's workers, address and phone information, holidays, and work hours. This information is data scoped (restricted) to match the rights of the user who is logged in. A provider can only see information specific to that provider agency. Only the provider can edit this information via the web. State administrative staff can see (but not change) provider information.

4.3 VIEWING CLIENTS

If you click on a client, the *Client Entity Settings* page displays.

Client Entity Settings	Entity Addresses/Phones
* Indicates a required field.	
ID: 2222222222	Add Address
PIN:	Address Type: Home Delete
* First Name: Minie	* Address Line 1: 123 MAIN ST
Middle Name: Z	Address Line 2:
* Last Name: Mouse	* City: COLDWATER
Company Name:	* State: KS * Zip: 670290284
SSN:	Longitude:
FID:	Latitude:
* Gender: Female	ViewMap
* Birth Date: 7/23/1945	Add Phone
Email Address:	Phone Type: Phone Number
Begin Date: 2/10/2011	Home <input type="button" value="v"/> (999) 999-9999 Delete
End Date: 10/31/2012	ID Card Number:
Language: English	Status:
Status: Active	
Diagnosis: 1234V.05	
Greater Than Age 65: No	
Waiver Admission Date: 02/10/2011	
* Waiver: FE	

This page provides client information required for claims processing, scheduling and using the IVR/mobile device. The client's name and Medicaid ID must be an exact match to the information in KMAP/MMIS in order for a claim to process and be paid without exception. Only the provider can add or edit client information on the web.

4.4 VIEWING WORKERS

If you click on a worker, the *Worker Entity Settings* page displays.



Worker Entity Settings

* Indicates a required field.

ID: 23322

Pin:

* First Name:

Middle Name:

* Last Name:

Company Name:

SSN:

FID:

Gender:

* Birth Date:

Email Address:

Begin Date:

End Date:

Language:

Status:

External Worker ID:

Family Member:

Live with a client you serve:

* Worker Services:
Self Directed Attendant Care - FE
Level 1 Attendant Care - FE
Adult Day Care - FE
Personal Emergency Response - Install - FE

* Mobile Enabled: Yes No

Entity Addresses/Phones

ID Card Number:

Status:

Holidays / Days Off

From Date	To Date	Add	Remove
<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Remove"/>

Work Hours

	Start Time	End Time	Def	Off	Cust
Sun	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mon	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tue	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wed	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thu	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fri	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sat	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

This page provides information about the worker that is required for scheduling and capturing service activities via the IVR. This information is entered and maintained by the provider.



Chapter 5 MANAGING PROVIDER INFORMATION

5.1 EDITING PROVIDER INFORMATION

Providers are created and updated in KS AuthentiCare by a file transfer from KMAP/MMIS. Each provider can only access information associated with their Medicaid ID. State Administrative staff can also view a provider's information but cannot change any of a provider's information on the web.

When first signing on to the system, the Provider Administrator user must view their information in KS AuthentiCare to verify that it is correct. If it is not correct, contact KMAP/MMIS so that corrections can be made and then transmitted to KS AuthentiCare.

Providers must also add an **Email Address** to their provider page. This is the email address used for notification of late and/or missed visits.

You may also enter holidays and working hours for your agency if you wish. If entered, this will drive some of the pop-up messages in the Scheduling system.

Providers should verify their information in the system on a regular basis to make sure that it is up-to-date and no changes are required.

1. Follow the Search and View instruction above to access your *Provider Entity Settings* page.

Provider Entity Settings

* Indicates a required field.

* ID: 100260589A
PIN: 45706

First Name:
Middle Name:
Last Name:

* Company Name: JAYHAWK AREA AGENCY ON AGING
SSN:
FID:
Gender:
Birth Date:
* Communication Email:

Begin Dates: 1/1/1997
End Dates:
Language:
Status: Active

* Entity Qualifier: Business
NPI:
Level 2 Attendant Care - FE
Self Directed Attendant Care - FE
Level 1 Attendant Care - FE
Adult Day Care - FE
Personal Emergency Response - Install - FE
Wellness Monitoring - FE
Nurse Evaluation Visit - FE
Sleep Cycle Support - FE
Provider Directed Comprehensive Support - FE
Self Directed Comprehensive Support - FE

Taxonomy Code:

* Mobile Enabled: ☐ Yes ☒ No
Messaging Enabled: ☐ Yes ☒ No

Entity Addresses/Phones

Add Address

Address Type: Work

* Address Line 1: 2910 SW TOPEKA BLVD
Address Line 2:
* City: TOPEKA
* State: KS * Zip: 66611

Add Phone

Phone Type: Phone Number
Work: (785) 235-1367

ID Card Number:
Status:

Registered Users
Add User

Holidays / Days Off


From Date	To Date	Add
		<input type="button" value="Add"/>

Work Hours

2. Verify the existing data is correct.



3. Enter the **Email Address**. This is where KS AuthentiCare will automatically send alerts for missed and late visits.

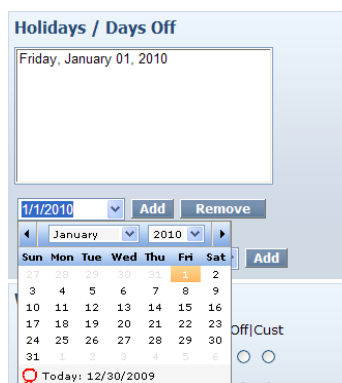


Unlike the email address you use for your user name, KS AuthentiCare uses this address to automatically send an alert if a worker is late checking in for a scheduled service and/or if a worker does not check in at all to provide a scheduled service (missed visit).

There can only be one email address but it can be an individual or an address that distributes the email to multiple employees within your agency.

4. Schedule information.

- A) Providers may choose to add **Holidays/Days Off** for the agency. These are days that the agency does not provide services to clients, not days that the office is closed.
 - To add a single day: Type in the **Date** OR choose a date from the calendar then click **Add**.
 - To add a date range for a multi-day agency closure: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.



- B) Providers may choose to enter **Work Hours**. These are the hours that workers from your agency may provide services for clients and does not reflect the office hours of the agency.



- To apply the **default hours (12:00 AM to 11:59 PM)**, no change is needed.

Work Hours			
	Start Time	End Time	Def Off Cust
Sun	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Mon	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Tue	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Wed	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Thu	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Fri	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Sat	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>

- To **enter specific service hours** for one or more days of the week:
 - Click the radio button in the column labeled **"Cust"** (for Custom)
 - Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.

Work Hours			
	Start Time	End Time	Def Off Cust
Sun	12:00 AM	11:59 PM	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
Mon	8:00 AM	8:00 PM	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
Tue	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Wed	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Thu	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Fri	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Sat	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>

- To **establish days of the week (for every week)** that the agency's workers do not provide services (for example on Sunday):
 - Check the circle in the column labeled **"Off"**.

Work Hours			
	Start Time	End Time	Def Off Cust
Sun			<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
Mon	8:00 AM	8:00 PM	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
Tue	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Wed	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Thu	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Fri	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
Sat	12:00 AM	11:59 PM	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>



Entering details in this section causes warning notices to display if the provider attempts to schedule a worker for a time that falls outside of the agency's work hours. However, you are not prevented from scheduling a visit outside normal work hours. Refer to Chapter 9, Scheduling.

5. Click **Save**.



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



5.2 835 ELECTRONIC REMITTANCE ADVICE FROM KMAP/MMIS

KS AuthentiCare submits claims on the provider's behalf to KMAP/MMIS in a HIPAA compliant 837 electronic file in the early morning hours of each week day. KMAP/MMIS provides adjudication results to the provider in a HIPAA compliant 835 electronic remittance advice file.

Each provider must decide whether or not to load the 835 remittance advice into KS AuthentiCare. The advantage to loading it into KS AuthentiCare is that you will have a complete history of each claim in one system; from the worker's IVR call/mobile device contact or claim web entry through adjudication with the amount paid linked to each service episode.

If you choose to not load the 835 remittance advice into KS AuthentiCare, many of your reports will be incomplete; having no information about a claim beyond the date it was submitted to KMAP/MMIS for adjudication.

If you choose to load the 835 loaded into KS AuthentiCare, use the process outlined below.



5.3 UPLOADING THE 835 INTO AUTHENTICARE

Providers can upload the 835 files they receive from KMAP/MMIS into KS AuthentiCare whenever they want to do so, 24/7. The ability to upload the file is a right assigned to the person(s) with an Administrator role in the system. KS AuthentiCare will accept the 835 file with an “.edi” extension, as a zip file having a “.zip” extension or with an “.rsp” extension.

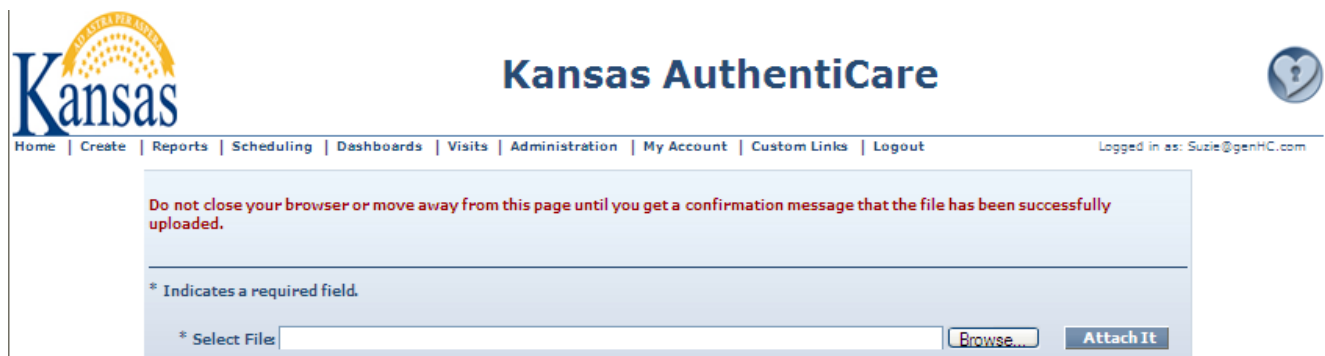
Once uploaded, the 835 file will be queued in the background for the remittance data to be imported. The provider will be notified by email when the processing is complete. The provider can enter up to three email addresses to be used to report file processing results.

- If the file is successfully processed, providers will be able to run the remittance reports to see the data processed from the 835 files.
- If the file is unsuccessful, the reason will be provided in the email along with contact information for Customer Support for assistance in resolving the issue.

To begin the upload process, hover over the **Administration** tab on the tool bar and click on the **835 Import** tab when it appears,



The screen below displays where you can upload your 835 file.





A 90 day rolling history will be displayed that shows details about the files uploaded (date, time, uploaded and processed, success/failure, payment date in the file, Medicaid ID in the file).

835 Import History

<u>File Name</u>	<u>Date & Time Uploaded</u>	<u>Uploaded By</u>	<u>Size</u>	<u>Time Processed</u>	<u>Status</u>	<u>Medicaid ID</u>	<u>Payment Date</u>
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Chapter 6 MANAGING WORKER INFORMATION

A worker is all the provider's staff members who will be providing services for a client (does not include staff who use the web only). Prior to implementation, worker information for each provider is pre-populated in KS AuthentiCare. Prior to implementation, providers must verify that the worker information is correct and add additional information for workers if appropriate such as serving a family member or living with the client being served.

Workers hired by the provider after the files were sent to First Data for pre-populating must be added via the web.

Worker information requires regular maintenance to add new workers, update current worker information and inactivate workers that no longer work for your agency. The following sections describe how these maintenance activities are accomplished.

6.1 ADDING A WORKER

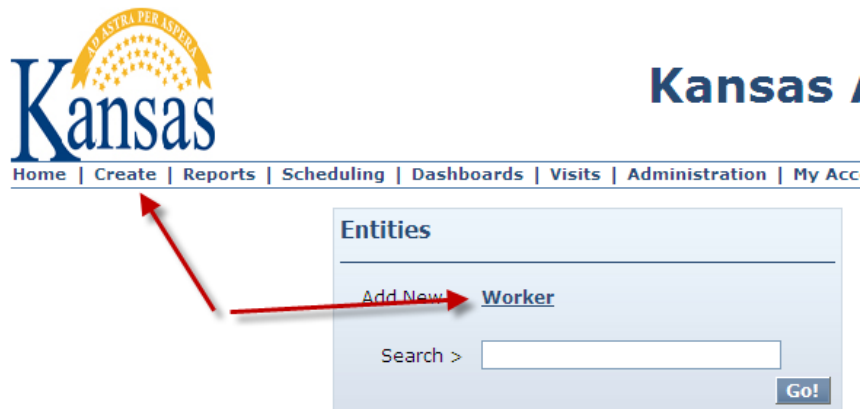
Your workers are vital to the KS AuthentiCare process. In order for the IVR system to document services provided by a worker, the worker must be in the system and have a system-generated ID number. This will enable accurate scheduling, use of the IVR and billing for services provided.

Prior to adding a new worker, it is recommended that a search be performed to determine if the worker has already been added. For details on searching, refer to Section 4.4.

1. Click **Create** in the menu bar and select "**New Worker**".

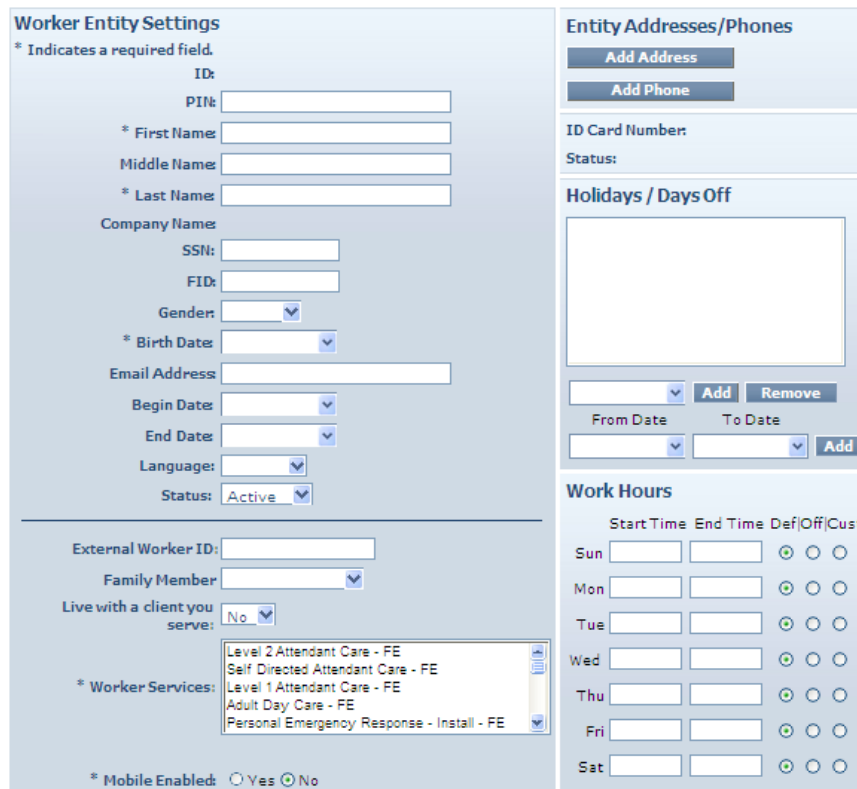
OR

1. Click **Worker** adjacent to "Add New >" in the Entities section of the *Home* page.





The *Worker Entity Settings* page displays. The *Worker Entity Settings* page is similar to the *Client Entity Settings* page.



2. Enter the worker's **First Name** and **Last Name**.
3. Select the worker's **Gender** from the drop down box.
4. Enter the worker's **Birth Date** in mm/dd/yyyy format.
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. Consider if the worker is working for a **Family Member** (parent, adoptive parent, grandparent, spouse, ant/uncle, sibling, first cousin) and indicate the correct relationship from the drop down box if appropriate.
7. Consider if the worker **Lives with the Client** he/she serves. If so, change the box from the default "no" to "yes".

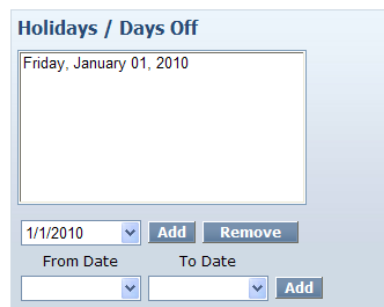


8. Select the **Worker Services**. You must select at least one service this worker may provide, but may select more than one if needed. To do so, hold down the Control key (Ctrl) on the keyboard while clicking the selections in the list.
9. Enter additional information in the appropriate fields if desired.



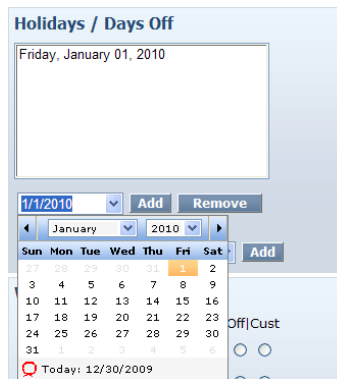
Provider is automatically populated with the name of the provider that corresponds to the user that is presently logged into KS AuthenticCare and creating this worker. Do not use the Add Provider button.

6. Enter the following schedule information, if desired.



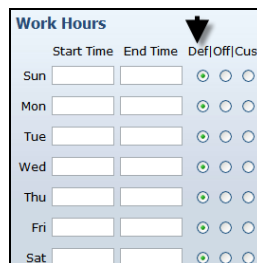

Entering details in this section causes warning notices to display if the provider attempts to schedule a worker for a planned day off. For details on scheduling, refer to the Chapter 9, Scheduling.

- A) Providers may choose to add **Holidays / Days Off** for each worker to assist with scheduling.
 - To add a single day: Type in the **Date** OR choose a date from the calendar then click **Add**.
 - To add a date range: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.

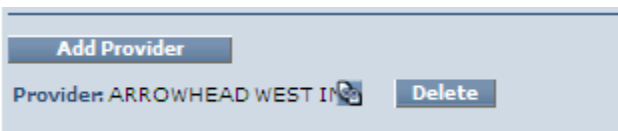
B) Providers may choose to **Work Hours** for the worker.

- To apply the **default hours** to the worker, no change is needed.




The default hours are the work hours of the provider and KS AuthentiCare automatically checks the circles in the column labeled "Def" for each day.

To see the hours set for the provider, click on the link icon next to the provider's name. Clicking this icon displays the Provider Entity Settings page.



- To **enter hours** that differ from the provider's work hours for one or more days of the week:
 - Check the circle in the column labeled "**Cust**" (for Custom)
 - Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.



	Start Time	End Time	Def	Off	Cust
Sun			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mon	3:00 PM	7:00 PM	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tue	9:00 AM	12:00 PM	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>

- To **establish ongoing days off** (for example if the worker never works on Monday or Tuesday):
 - Check the circle in the column labeled **"Off"**.

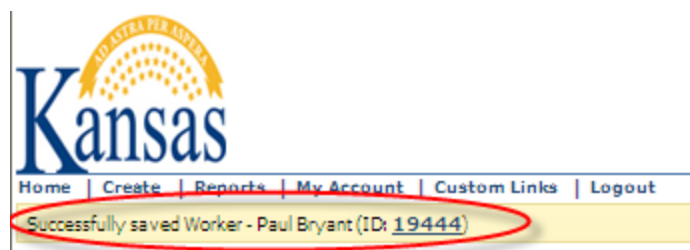
	Start Time	End Time	Def	Off	Cust
Sun			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mon			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Tue			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Wed			<input checked="" 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"/>

7. Click **Save/Create Another** at the bottom of the page, to save the worker and create another worker.

OR

8. Click **Save**, 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.





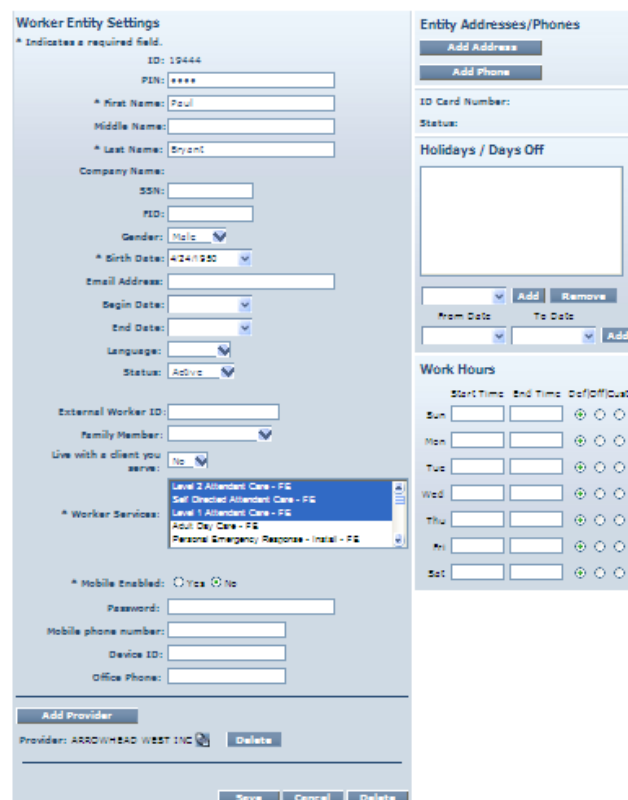
The worker ID appears in this message. The worker must use this ID when calling the IVR from the client's home. Be sure to record this ID on the Worker Instruction sheet to be supplied to the worker. The ID can also be found by viewing the Worker Entity Setting page.

6.2 DELETING A WORKER

If a worker is entered in error, the worker can be deleted from the system, but this must be done immediately after the mistake is made. As soon as an event is scheduled or a claim is created for this worker, the worker cannot be deleted.

1. Search for the worker you wish to delete according to the instructions in Section 4.4.

The *Worker Entities* Settings page displays.



2. Click **Delete**.



* Mobile Enabled: ☐ Yes ☒ No

Password:

Mobile phone number:

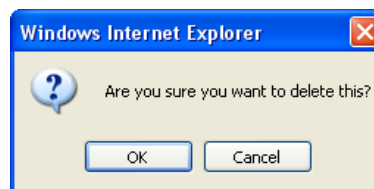
Device ID:

Office Phone:

Add Provider

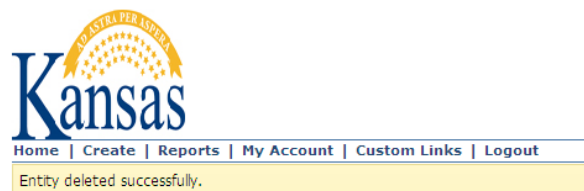
Provider: ARROWHEAD WEST INC

The system asks you to confirm the deletion. By clicking **OK**, the worker is permanently deleted from the system. If you do not wish to proceed with permanently deleting the worker, then click **Cancel**.



3. Click **OK** to permanently delete this worker.

You return to the *Home* page. A message displays in the upper left hand corner confirming the deletion. If the worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.



OR

1. Enter a name, partial name or ID in the **Search** field and click **Go!**







Entities

Add New > [Worker](#)







Search >

Go!

The *Entity Search Results* page displays with the results of your search.

Entity Search Results			
ID	Name	User Type	Delete Selected
472	Sooner Healthcare	Provider	 <input type="checkbox"/>
123456789	McLain Ward	Client	 <input type="checkbox"/>
24684	Betsy Jones	Worker	 <input type="checkbox"/>
987654321	Molly Ashe	Client	 <input type="checkbox"/>
75771	Brett Johnson	Worker	 <input type="checkbox"/>
908765432	Wendy Brown	Client	 <input type="checkbox"/>

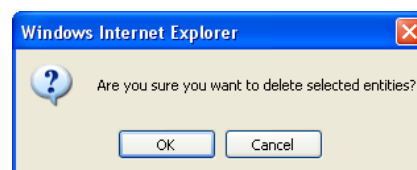
- Click the checkbox in the **Delete Selected** column.

Entity Search Results			
ID	Name	User Type	Delete Selected
472	Sooner Healthcare	Provider	 <input type="checkbox"/>
123456789	McLain Ward	Client	 <input type="checkbox"/>
24684	Betsy Jones	Worker	 <input type="checkbox"/>
987654321	Molly Ashe	Client	 <input type="checkbox"/>
75771	Brett Johnson	Worker	 <input checked="" type="checkbox"/>
908765432	Wendy Brown	Client	 <input type="checkbox"/>

- Click the **Delete Selected** column heading to delete the worker you wish to delete.

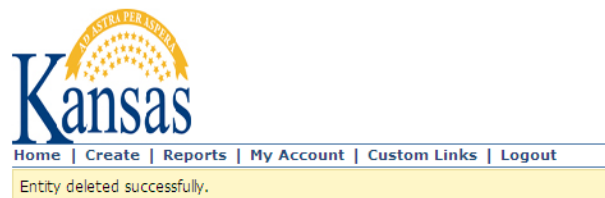
Entity Search Results			
ID	Name	User Type	Delete Selected
472	Sooner Healthcare	Provider	 <input type="checkbox"/>
123456789	McLain Ward	Client	 <input type="checkbox"/>
24684	Betsy Jones	Worker	 <input type="checkbox"/>
987654321	Molly Ashe	Client	 <input type="checkbox"/>
75771	Brett Johnson	Worker	 <input checked="" type="checkbox"/>
908765432	Wendy Brown	Client	 <input type="checkbox"/>

The system asks you to confirm the deletion. By clicking **OK**, the worker is permanently deleted from the system. If you do not wish to proceed with permanently deleting the worker, then click **Cancel**.



4. Click **OK** to permanently delete this worker.

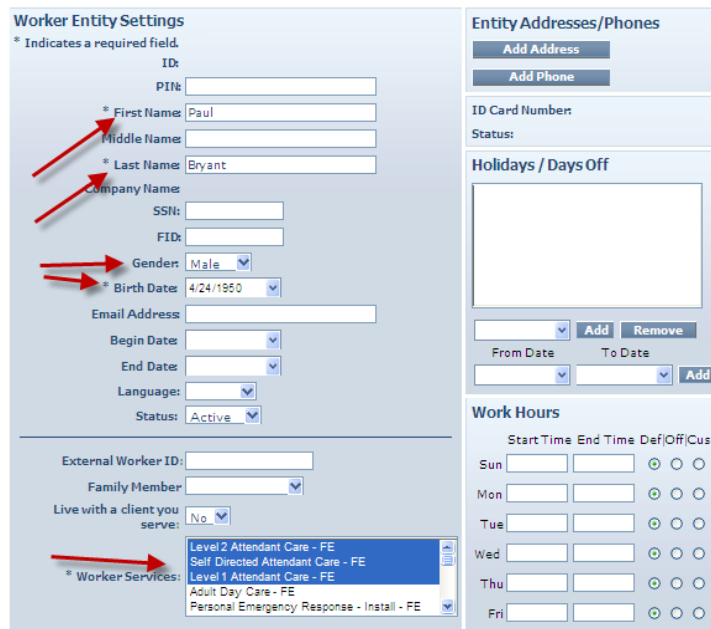
You return to the *Home* page. A message displays in the upper left hand corner confirming the deletion. If the worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.



6.3 EDITING WORKERS

1. Search for the worker you wish to edit according to the instructions in Section 4.4.

The *Worker Entities Settings* page displays.



2. Verify, and if needed, update the appropriate fields such as **First Name, Last Name, Gender, Birth Date, Worker Services, Family Member, Living with a Client** and scheduling information.



3. 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.

6.4 SUSPENDING/INACTIVATING/END DATING A WORKER

A worker cannot be deleted once there are any relationships created for the worker. In other words, if a worker has been scheduled for an event or if a claim has been created for which the worker provided the service, then the worker cannot be deleted from KS AuthentiCare. If the worker no longer works for the provider or simply will not be providing services any longer, there are three options for editing the worker file:

1. Change the worker's status to "suspend". The worker **cannot** use the IVR but claims can be entered via the web. All claims (pending and new) will show a critical exception that the worker is not eligible.
2. Change the worker's status to "inactive". The worker can still use the IVR and have claims entered via the web but all claims (pending and new) will show a critical exception that the worker is not eligible.
3. Populate the "End Date" field on the worker's screen. The worker can still use the IVR and have claims entered via the web. Claims with a Date of Service (DOS) prior to the end date will be processed normally. Claims with a DOS after the end date will generate a critical exception that the worker is not eligible.

At any time the "End Date" can be removed or the worker's status changed back to active, making the worker again eligible to provide services and/or removing the "worker not eligible" critical exception from pending claims.

To change suspend/inactive/end date a worker:

1. Search for the worker you wish to inactivate according to the instructions in Section 4.4
The *Worker Entities Settings* page displays.
2. Change **Status** to Suspend or Inactive or enter an End Date.



Worker Entity Settings
 * Indicates a required field.

ID: 58745

PIN: ****

* First Name: Eric

Middle Name:

* Last Name: Burton

Company Name:

SSN:

FID:

* Gender: Male

* Birth Date: 1/4/1987

Email Address:

Begin Date:

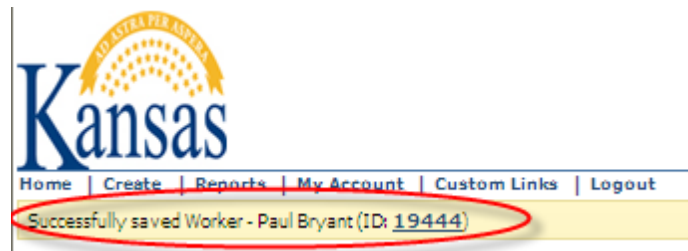
End Date: 8/23/2010

Language:

* Status: Inactive

- 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.



*If a worker is rehired, that worker should not be re-entered because the worker still exists in the system. Instead, the **Status** should be changed back to Active and/or the End Date removed.*



Chapter 7 MANAGING CLIENT (CONSUMER OR CUSTOMER) INFORMATION

Consumers or customers are referred to as clients in KS AuthentiCare. Clients are created in KS AuthentiCare by file transfer from KMAP/MMIS. You must verify your client list and confirm that a correct telephone number(s) is provided (unless the client does not have a phone).

1. Search for the client you wish to edit according to the instructions in Section 4.3.

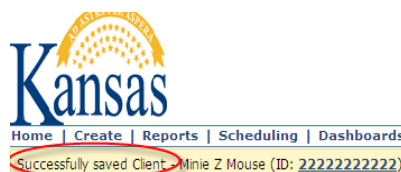
The *Client Entity Settings* page displays.

2. Verify the **Phone Type** and **Phone Number** for the client. If the client does not have a phone, then this field should be populated with 999-999-9999.

You manage the client's telephone information. You can correct or delete an incorrect number and add a correct or additional numbers. The number(s) listed is the one KS AuthentiCare will use to verify if the worker is calling from the client's home.

3. Click **Save** at the bottom of the page to save the client and return to the *Home* page.

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



Chapter 8 SEARCH AND VIEW AUTHORIZATIONS

A service to be provided for a client must have a valid authorization documented in KS AuthentiCare in order to be scheduled and for the claim to be submitted for payment.

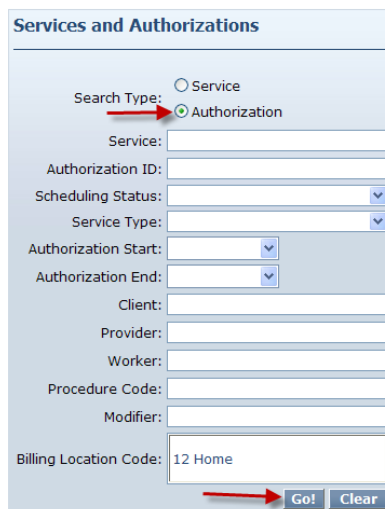


A worker can use the IVR to record services without a valid authorization in KS AuthentiCare. A claim will be created but will have a critical exception and will not be submitted for payment until the authorization is in place.


All authorizations for clients are loaded into KS AuthentiCare by file transfer from KMAP/MMIS. The provider cannot add a new authorization or edit an existing authorization.

To search and view an authorization:

1. Click the **Authorization** radio button in the Services and Authorizations section of the *Home* page.
2. Enter search criteria in any of the fields, if desired and click **Go!**




The search results display all authorizations which match the search criteria entered on the *Home* page.

Authorizations						
Event Actions	ID	Service ID	Client	Provider	Worker	Effective Dates
 Units Remaining: 3000000	415	Personal Assistant Services (HCDDT1019)	Mouse, Minie Z (2222222222)	General Health Care (462880000A)		11/01/2011 - 11/30/2012 



*If nothing is entered in the **Search** fields, then all authorizations will be returned in your search results. This could take awhile and it may also make it difficult to find the authorization.*

3. Note the columns displayed in the search results:

- **Event Actions** – Click the **Schedule Event icon**  to schedule an event for this authorization. Refer to Chapter 9, Scheduling, for further instructions. This column also indicates how many units remain in the authorization by comparing the total number of units authorized and the total number of units scheduled. This is **not** a comparison with the units actually provided to date but with those scheduled to date.
- **ID** – Click the ID hyperlink to view/edit the *Authorization Settings* page for this Authorization. Proceed to Step 7.
- **Service ID** – Identifies the service and its service code
- **Client** – Identifies the client and the Medicaid ID
- **Provider** – Identifies the provider assigned to the authorization
- **Worker** - Field is blank as authorizations are issued to the provider, not the provider's individual workers.
- **Effective Dates** – Identifies the start and end dates of the authorization

4. Click the column heading if you wish for the search results to sort using a different column than the default, which is the ID (Authorization) column in ascending order. 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.

5. Position the cursor over the **Information icon**  to display an Additional Information pop-up about the authorization.

6. Click on the **ID** hyperlink in the **ID** column to view the authorization.

The *Authorization Settings* page displays.



Authorization Settings
* Indicates a required field.

Service Information
Service ID: HCDDT1019 **Service Type:** Time Based
Name: Personal Assistant Services **Procedure Code:** T1019
Description: Personal Assistant Services - MRDD

ID: 415
Client: Mouse, Minie Z 
Provider: General Health Care 
Worker:

Effective Date Start: 11/1/2011
Effective Date End: 11/30/2012

* **Total Units:** 3000000
* **Rate:** 3.6500

Cancel

7. Click Cancel to return to the Authorization Search Page.



Chapter 9 SCHEDULING

Providers may use KS AuthentiCare to schedule workers' visits to clients' homes. A scheduled visit is called an event. Each event must be linked to an authorization. Events may only be scheduled for authorized client/service/provider/worker combinations. KS AuthentiCare tracks the number of units available for scheduling in each authorization and notifies the scheduler if an event exceeds the number of units available for scheduling. KS AuthentiCare also allows providers to schedule back up workers for events.

KS AuthentiCare compares the scheduled events to the actual check in and checkout times of the worker and alerts the provider via email if a worker is late or if an event is missed.

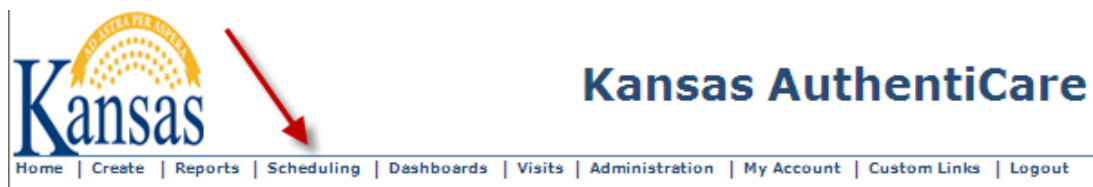
KS AuthentiCare automatically identifies for the scheduler any conflicts the scheduled event creates with the worker's schedule. For example, if a worker is scheduled for an event on a regularly occurring day off, KS AuthentiCare displays a warning message alerting the scheduler to this conflict. The scheduler may choose to change the event or to save it even though a conflict exists. KS AuthentiCare's scheduling warnings are meant to assist schedulers but not prevent the scheduler from scheduling an event with a conflict.

This chapter is designed to help you schedule non-recurring and recurring events. Additionally, it helps you search for an event, view an event, maintain events, and acknowledge a missed event when a worker misses a scheduled event.

9.1 USING THE CALENDAR

KS AuthentiCare allows you to view your calendar of events by the month, week or day. This section describes the three views.

1. Select **Scheduling** from the Main Menu on the Home page.



2. The *Event Scheduling* page displays with the calendar.



Event Scheduling

Create New Event

Generate Report

Search Schedules

Date:

Client:

Provider:

Workers:

Services:

Search

Clear

Calendar View: [Monthly](#) | [Weekly](#) | [Daily](#)

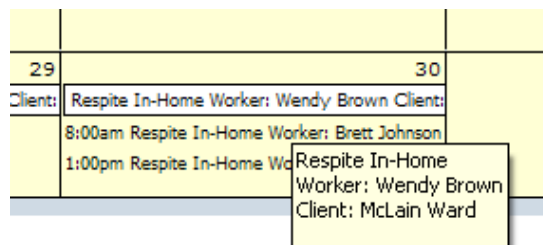
November 2011						
	Mon	Tue	Wed	Thu	Fri	Sat/Sun
43	Oct 24	25	26	27	28	29
44	31	Nov 1	2	3	4	5
						6

The default view of the calendar is the monthly view.

9.1.1 MONTHLY

The Monthly view of your calendar enables you to view all of the events scheduled for your agency for one month at a time. This is the default setting and the view you initially see when navigating to this page.

1. Position the **cursor over the event** and a pop-up box with additional detail displays.



2. **Double click on an event** to view all of the event information.

The *Scheduled Event* page displays.



Scheduled Event

* Date	* Start Time	* End Time	* Duration
Event: 12/29/2009	11:00 PM	01:00 AM	02:00

☐ Recurring Event 12/30/2009

* Authorizations:

417 

Client: McLain Ward 

Provider: Sooner Healthcare 

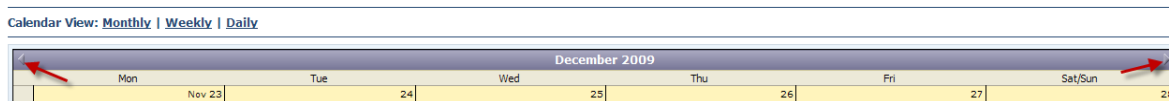
Primary Worker: Wendy Brown 

Backup Worker:

* Service: Respite In-Home

[Delete](#) [Save](#) [Cancel](#)

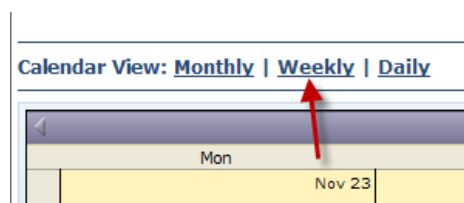
3. Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.
4. Click the left and right arrows in the date display bar to view the month before or the month after this date.



9.1.2 WEEKLY

The Weekly view of your calendar enables you to view all of the events scheduled for your agency for one week at a time.

1. From the *Monthly* view, **click a day in the week** you would like to view.
2. Click the **Weekly** link above the calendar.





The week schedule that includes the day you selected displays.

Calendar View: [Monthly](#) | [Weekly](#) | [Daily](#)

December 28 - January 3	
Monday, December 28	Thursday, December 31
Respite In-Home Worker: Wendy Brown Client: McLain Ward	4:00am - 5:00am Respite In-Home Worker: Jennifer Afano Client: Joshua Waters
Tuesday, December 29	Friday, January 01
Respite In-Home Worker: Wendy Brown Client: McLain Ward	
Wednesday, December 30	Saturday, January 02
8:00am - 9:00am Respite In-Home Worker: Brett Johnson Client: Joshua Waters	
1:00pm - 2:00pm Respite In-Home Worker: Brett Johnson Client: McLain Ward	Sunday, January 03

- Position the **cursor over the event** and a pop-up box with additional detail displays.

Wednesday, December 30	
Respite In-Home Worker: Wendy Brown Client: McLain Ward	
8:00am - 9:00am Respite In-Home Worker: Brett Johnson Client: Joshua Waters	Respite In-Home Worker: Wendy Brown Client: McLain Ward
1:00pm - 2:00pm Respite In-Home Worker: Brett Johnson Client: McLain Ward	

- Double click on an event to display the *Scheduled Event* page and see the details of the event.

Scheduled Event

* Date	* Start Time	* End Time	* Duration
Event: 12/29/2009	11:00 PM	01:00 AM	02:00
<input type="checkbox"/> Recurring Event		12/30/2009	

*** Authorizations:**

417

Client: McLain Ward

Provider: Sooner Healthcare

Primary Worker: Wendy Brown

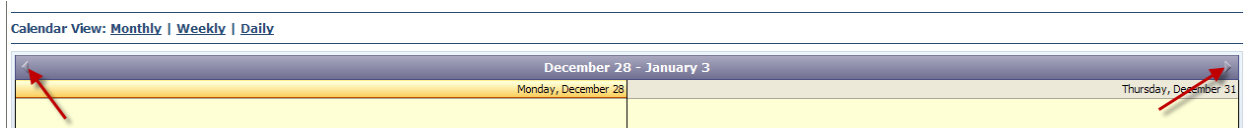
Backup Worker:

* Service: Respite In-Home

Delete Save Cancel

- Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.

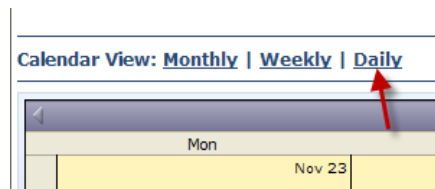
- Click the left and right arrows in the date display bar to view the week before or the week after this date.



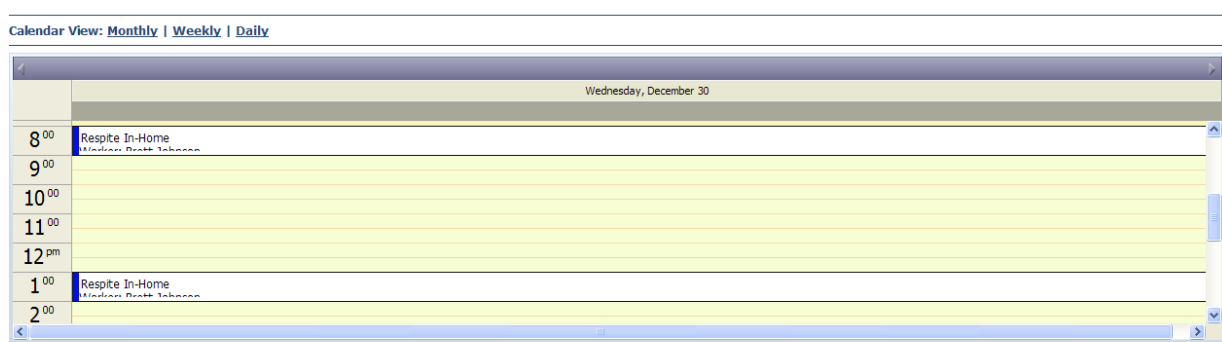
9.1.3 DAILY

The Daily view of your calendar enables you to view all of the events scheduled for your agency for one day at a time.

- From the *Monthly* view, **click a day** you would like to view. Or from the *Weekly* view, **click a day** you would like to view.
- Click the **Daily** link above the calendar.



The day displays in hourly increments.



- Position the **cursor over the event** and a pop-up box with additional detail displays.



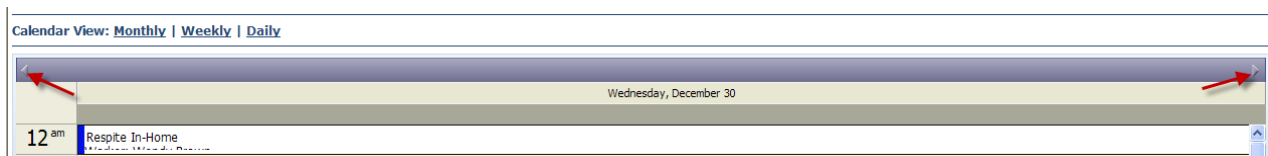
8 ⁰⁰	Respite In-Home
9 ⁰⁰	
10 ⁰⁰	
11 ⁰⁰	

8:00am - 9:00am
Respite In-Home
Worker: Brett Johnson
Client: Joshua Waters

- Double click on an event, to see the details and display the *Scheduled Event* page.

* Date	* Start Time	* End Time	* Duration
Event: 12/30/2009	08:00 AM	09:00 AM	01:00
<input type="checkbox"/> Recurring Event			
* Authorizations: <input type="text"/>			
420			
Client: Joshua Waters			
Provider: Sooner Healthcare			
Primary Worker: Brett Johnson			
Backup Worker: <input type="text"/>			
* Service: Respite In-Home			
Delete Save Cancel			

- Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.
- Click the left and right arrows in the date display bar to view the day before or the day after this date.



9.2 SEARCHING FOR SCHEDULED EVENTS IN THE CALENDAR

After an event has been scheduled, you are able to search for this event in the calendar. KS AuthentiCare provides a variety of options for searching for an event in the calendar.

- Navigate to the *Event Scheduling* page.



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

Event Scheduling

[Create New Event](#) [Generate Report](#)

Search Schedules

Date: Client: Provider: Worker: Service: [Search](#) [Clear](#)

Team Assignment:

Calendar View: [Monthly](#) | [Weekly](#) | [Daily](#)

June 2011						
	Mon	Tue	Wed	Thu	Fri	Sat/Sun
21	May 22	24	25	26	27	28
22	30	31	Jun 1	2	3	4


2. Enter at least one of the following **search criteria** to locate event(s) in the calendar. Each search criteria field is described below:
 - a. Enter a **Date** (mm/dd/yyyy) or click the down arrow and select the date from the calendar, then click **Search**.

Event Scheduling [Create New Event](#) [Generate Report](#)

Search Schedules

Date: Client: Provider: Worker: Service: [Search](#) [Clear](#)

The calendar displays events from this date forward.


- b. Enter the **Client** ID, full name or partial name and click the **Looking Glass icon**  to find the client, and then click **Search**.

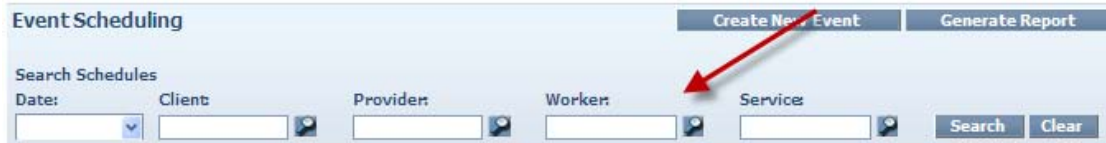
Event Scheduling [Create New Event](#) [Generate Report](#)

Search Schedules


Date: Client: Provider: Worker: Service: [Search](#) [Clear](#)

The calendar displays all the events scheduled for this individual.

- c. Enter the **Primary Worker** ID, full name or partial name and click the **Looking Glass icon**  to find the worker, and then click **Search**.





The calendar displays all the events scheduled for this person.

- d. Enter the **Service** name or partial name and click the **Looking Glass icon**  to find the services, and then click **Search**.



The calendar displays all the events scheduled for this Service at your agency.

	<p><i>The more search criteria you enter, the more narrow the search results. Be aware, there is the potential no results will display because some of the criteria may conflict.</i></p>
---	---

	<p><i>Click Clear, if you have entered incorrect information in the search criteria fields at any time or would like to start a new search.</i></p>
---	--


9.3 SCHEDULING AN EVENT



Events are the visits the worker makes to the client to deliver an authorized service. Events can be of varying durations, at any time of the day and on any day of the week. An event may be a one-time service (non-recurring) or a service that is provided on an ongoing, regularly scheduled basis (recurring).

9.3.1 SCHEDULING AN EVENT USING THE AUTHORIZATION

An authorization has been entered in the system and now you are ready to schedule the visit for this client. Follow the instructions below to add the event. These instructions assume you

are viewing the *Authorizations* page. Refer to Chapter 8, Managing Authorizations if you need further instructions about authorizations.

1. Click the **Schedule Event icon**  for the appropriate authorization on the *Authorizations* page.

Authorizations							
Event Actions	ID	Service ID	Client	Provider	Worker	Effective Dates	
 Units Remaining: 3000000	415	Personal Assistant Services (HCDDT1019)	Mouse, Minie Z (22222222222)	General Health Care (462880000A)		11/01/2011 - 11/30/2012	

The *Scheduled Event* page displays.

Scheduled Event

* Date

* Start Time


* End Time


* Duration


Event:


☐ Recurring Event


* Authorizations

415 

Client: Mouse, Minie Z 

Provider: General Health Care 

Primary Worker: 

Backup Worker: 

* Service: Personal Assistant Services



The Authorization ID number is populated below the **Authorizations** field. Additionally, the **Client** and **Service** are completed since you navigated to this page from the **Authorizations** page. The **Provider** is populated based on the provider agency associated with the current log in.



2. Enter the **Date** of the event or select a Date from the drop-down calendar.
3. Enter **Start and End Times**. Start and end times must include AM or PM. The **Duration** is automatically calculated by KS AuthentiCare.



Scheduled Event

* Date	* Start Time	* End Time	* Duration
Event: 11/17/2011	9:30AM	10:30 AM	01:00
<input type="checkbox"/> Recurring Event		(11/17/2011)	

When a worker visits a client one time, or a variety of times not in a normal, repeated schedule, this is considered a non-recurring event. For these types of events, proceed to Step 4. When a worker visits a client on a regular basis, at the same time of the day, this is considered a recurring event. Refer to *Section 9.3.3* for further information.

4. Enter the **Primary Worker**. You may enter the worker ID, a full name or partial name. Then click the **Looking Glass icon** . Select the worker from the list displayed. You may leave this field blank if you do not know who will be conducting the service.
5. Enter the **Backup Worker**, if applicable. Enter a worker ID, full name or partial name and click the **Looking Glass icon** .
6. Click **Save**.

If KS AuthentiCare discovers scheduling conflicts or issues, a message displays at the top of the page advising the user of the conflict. In this example the event scheduled for January 4, 2010 exceeds the total units remaining for this authorization. The authorization for this event has 1 unit remaining (15 minutes) and the event scheduled requires 4 units; therefore, the message indicates that the event will exceed the total units allowed on the authorization.

Event Acknowledgment

Authorization 421: This event will exceed the total units allowed on the authorization.

Start Jan 04, 2010 1:00 PM	End Jan 04, 2010 2:00 PM
Recurrence None	
Client Wendy White (987654321)	Provider Sooner Healthcare (427)
Primary Worker Jennifer Alfano (40961)	Backup Worker None
Authorization 421	Service Respite In-Home (T1005)

Discard Accept Change

- Click **Change** to return to the event and change the information, OR
- Click **Accept** to accept the event with the conflict, OR



- Click **Discard** to discard the event and return to the Scheduled Event page.

Messages you may receive when scheduling an event.

- This event will exceed the total units allowed on the authorization.
- This event occurs outside the effective dates of the authorization.
- This event falls on the worker's day off.
- The status of the primary worker is inactive or the event date is outside the effective date range.
- The status of the client is inactive or the event date is outside the effective date range.
- This event falls outside the range of the worker's assigned business hours.
- This event falls outside the range of the backup worker's assigned business hours.
- This event will exceed the worker's assigned hours for the week.
- This event falls on a provider holiday.
- The status of the provider is inactive or the event date is outside the effective date range.
- This event falls on the backup worker's day off.
- The status of the backup worker is inactive or the event date is outside the effective date range.

If no scheduling conflicts or issues arise, the *Authorizations* page displays a note at the top of the page indicating the event was scheduled successfully.



9.3.2 SCHEDULING A RECURRING EVENT

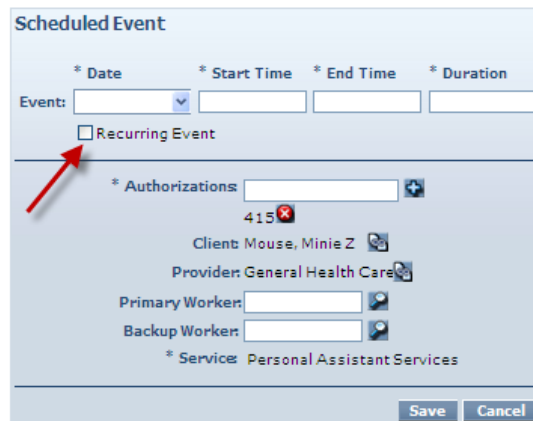
When a worker visits a client on a regular basis, at the same time of the day, the provider can establish an event that occurs repeatedly. This is considered a recurring event. This is an



efficient way to schedule as you only have to enter the basic information one time but can use it to populate multiple days.

A recurring event can be created for as long as necessary within the limits set by the authorization.

1. Complete **Steps 1 - 3** from Section 9.3.1 or Section 9.3.2.
2. Click the **Recurring Event** check box.





Scheduled Event


* Date * Start Time * End Time * Duration


Event:


☐ Recurring Event


* Authorizations: 

415 

Client: Mouse, Minie Z 

Provider: General Health Care 

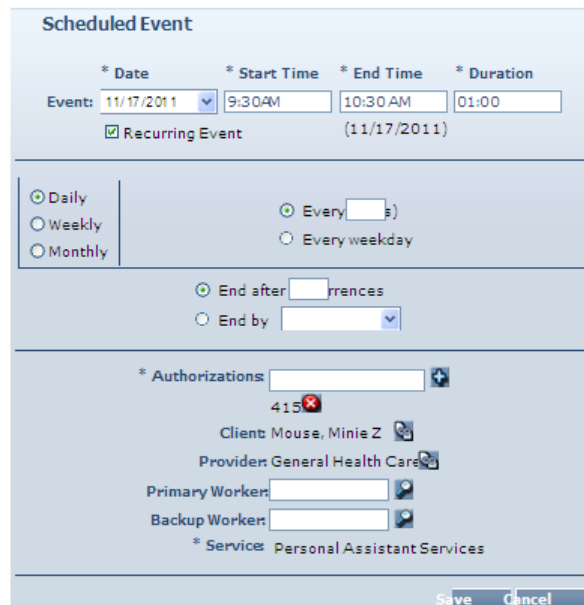
Primary Worker: 

Backup Worker: 

* Service: Personal Assistant Services

Save Cancel

The page expands to display scheduling options.



Scheduled Event

* Date * Start Time * End Time * Duration


Event: 11/17/2011 9:30AM 10:30AM 01:00


☒ Recurring Event (11/17/2011)


☒ Daily ☐ Weekly ☐ Monthly


☒ Every s) ☐ Every weekday


☒ End after rrences ☐ End by


* Authorizations: 

415 

Client: Mouse, Minie Z 

Provider: General Health Care 

Primary Worker: 

Backup Worker: 

* Service: Personal Assistant Services

Save Cancel

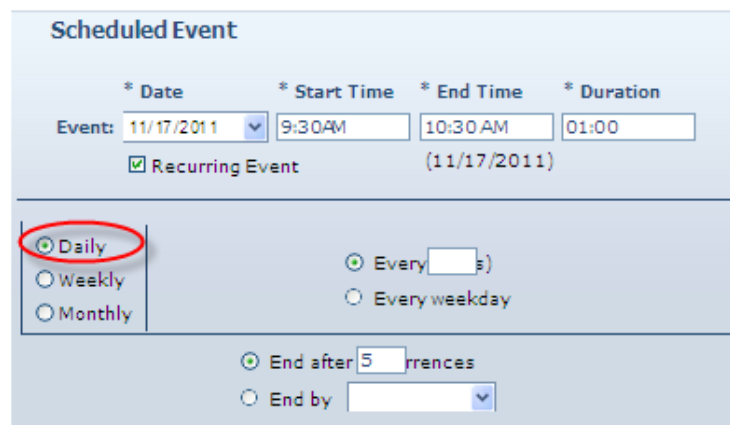


3. Follow the steps outlined below to create a Daily, Weekly or Monthly recurring event.

Daily Recurring Event

KS Authenticare defaults to **Daily** recurrence. To schedule an event to occur more than once in the same week, use the Daily occurrence option.

- a. Select the **frequency** of the recurring event by entering the number of times the event should occur (every 2 days or every 3 days for example) or by choosing every weekday.
- b. Enter the **number of occurrences** of the event or enter an **End by** date for the event.



The screenshot shows the 'Scheduled Event' form. At the top, there are fields for * Date (11/17/2011), * Start Time (9:30AM), * End Time (10:30AM), and * Duration (01:00). Below these is a checkbox for 'Recurring Event' which is checked, and a date '(11/17/2011)'. In the middle section, there are three radio buttons for frequency: 'Daily' (which is selected and circled in red), 'Weekly', and 'Monthly'. To the right of these are two options: 'Every [] s)' and 'Every weekday'. At the bottom, there are two options: 'End after [5] rrences' (selected) and 'End by []'.

Weekly Recurring Event

To schedule an event to occur on the same day or days for multiple weeks, select the **Weekly** occurrence option.

- a. Select the **frequency** of the event by entering the number of times the event should occur (every week, every 2 weeks for example).
- b. Select the **day or days** of the week the event should occur.
- c. Select the **number of times** the event should occur or enter an **End by** date for the event.



Scheduled Event

* Date	* Start Time	* End Time	* Duration
Event: 11/17/2011	9:30AM	10:30 AM	01:00

☒ Recurring Event (11/17/2011)

☐ Daily
☒ **Weekly**
☐ Monthly

Recur every (s) on:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday ☐ Saturday

☐ End after rrences
☒ End by 2/24/2012

Monthly Recurring Event

To schedule an event to occur on a monthly, bi-monthly or quarterly basis, select the **Monthly** occurrence option.

- Select the **frequency** of the event by entering the calendar day of the month (the 15th day of every month or the 1st day of every 2nd month, for example) or by entering the weekday of the month (the 1st Monday of every month or the last Friday of every 3rd month, for example).
- Select the **number of times** the event should occur or enter an **End by** date for the event.

Scheduled Event

* Date	* Start Time	* End Time	* Duration
Event: 11/17/2011	9:30AM	10:30 AM	01:00

☒ Recurring Event (11/17/2011)

☐ Daily
☐ Weekly
☒ **Monthly**

☒ Day(s)
☐ The First Monday

☐ End after rrences
☒ End by 2/24/2012

- Proceed with Step 4 in Section 9.3.1 or in Section 9.3.2.

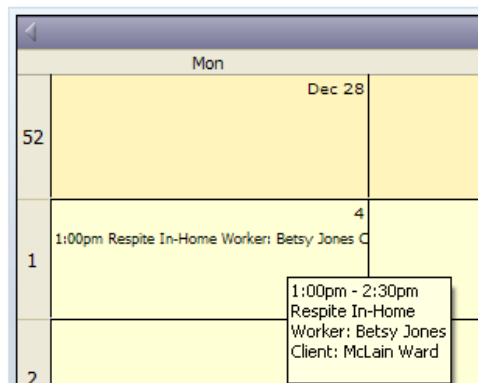
9.4 EDITING AN EVENT



If the date or time of a scheduled event has already passed, the event cannot be edited or deleted.

When information changes for an event, KS AuthentiCare allows you to make adjustments up to the last minute. The following instructions discuss editing an event **Date**, **Time**, **Client**, and/or **Worker**.

1. Click on **Scheduling** from the Main Menu on the *Home* page.
2. Find the event on the calendar that needs to be changed (use Search or various views available to do so). Double click on the **event** on the calendar to display the details in the *Scheduled Event* page.



Scheduled Event

This is a recurring event. Do you want to edit only this occurrence or the series?

☐ Edit this occurrence
☐ Edit the series

* Date	* Start Time	* End Time	* Duration
Event: 1/1/2010	01:00 PM	02:30 PM	01:30


☒ Recurring Event 01/01/2010


☐ Daily
☒ Weekly
☐ Monthly


Recur every 2 week(s) on:


☐ Sunday ☒ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday ☐ Saturday


☒ End after 2 occurrences
☐ End by


* Authorizations: 

418 

Client: McLain Ward 


Provider: Sooner Healthcare 

Primary Worker: Betsy Jones 

Backup Worker: 

* Service: Respite In-Home



	<p><i>If this is a recurring event, KS Authenticare asks you to confirm whether you are editing the single event or the whole series.</i></p> <p>Click Edit this Occurrence or Edit the Series in the <i>Scheduled Event</i> page.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Scheduled Event</p> <hr/> <p>This is a recurring event. Do you want to edit only this occurrence or the series?</p> <p style="text-align: center;"> <input checked="" type="radio"/> Edit this occurrence <input type="radio"/> Edit the series </p> </div>
---	--

- Click on the **field** for the item to be corrected. Initially it looks like the fields are not editable, but once you click on the field it changes to an editable field.

Client: McLain Ward

Provider: Sooner Healthcare

Primary Worker: Betsy Jones

Backup Worker:

* Service: Respite In-Home

- Enter the new information.




Client: McLain Ward

Provider: Sooner Healthcare

Primary Worker: Brett Johnson

Backup Worker:

- Click **Save**.

	<p>If this is a recurring event, and you have forgotten to select whether you are editing the single event or the whole series, a message displays.</p> <ol style="list-style-type: none"> Click Edit this Occurrence or Edit the Series in the <i>Scheduled Event</i> page. Click Save again. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="background-color: yellow;">Must select whether you are editing the single occurrence or the series.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <div style="background-color: #e6f2ff; padding: 5px;"> <p>Scheduled Event</p> <hr/> <p>This is a recurring event. Do you want to edit only this occurrence or the series?</p> <p style="text-align: center;"> <input type="radio"/> Edit this occurrence <input type="radio"/> Edit the series </p> </div>  </div> </div> </div>
---	--



If KS AuthentiCare discovers scheduling conflicts or issues, a message displays at the top of the page indicating the conflict the system has found. Refer to Section 9.3.1 for further instructions. Along with the message are three options from which to choose for how the system should proceed. Select one of the following three options:

- Click **Change** to return to the event and change the information, *OR*
- Click **Accept** to accept the event with the conflict, *OR*
- Click **Discard** to discard the event and return to the *Scheduled Event* page.

If no scheduling conflicts or issues arise, a message displays at the top of the page indicating the event was scheduled successfully.



9.5 CANCELLING AN EVENT (DELETING)

If you need to delete an event that means it was either entered in error or needs to be cancelled. Cancellations must be done prior to the start time of the event. Once the event start time has passed, the system will not allow you to cancel (delete) the event.

1. Double click on the **event** on the calendar to display the details in the *Scheduled Event* page.



2. Click **Delete**.



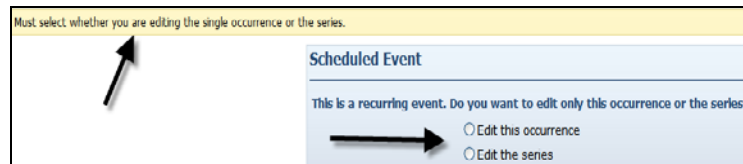
Once you click *Delete*, the event is permanently deleted. There is no pop up dialog box asking you to confirm the deletion, so prior to clicking *Delete*, be sure this is the event you want to delete.

The *Event Scheduling* page displays with a note at the top indicating the event was deleted successfully.

Home | Create | Reports | **Scheduling**
Successfully deleted the scheduled event.



If this is a recurring event, and you have forgotten to select whether you are deleting the single event or the whole series, a message displays.



- Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.
- Click **Delete** again. If you selected Edit this Occurrence, then only the specific event you chose will be deleted. If you selected Edit the Series, then all of the recurring events will be deleted.

9.6 ACKNOWLEDGING MISSED VISITS

When a worker uses the IVR or the GPS mobile device either to check in or check out, the information is captured in KS AuthentiCare immediately. You may need to refresh your screen for updates to display depending on what you are doing in the system.

KS AuthentiCare links worker check ins and check outs to scheduled events continuously and provides notice of late and missed visits to providers via email so that back-up coverage can be initiated. In addition to email message, these late and missed visits are posted on the *Late and Missing Events* page of the system.

Definition of a Late Visit: The worker does not check in within 60 minutes of the event **start** time. The Late Visit is either removed because the worker checks in or it becomes a Missed Visit if the worker does not check in within the next 60 minutes (120 minutes after the event start time).



Definition of a Missed Visit: The worker does not check in within 120 minutes of the event start time.

The late and missed visits are recorded in three ways:

1. The *Late and Missing Events* page lists all scheduled events that are late or missed. This page is available from the menu bar to the following sub-roles: Administrator, AdminAssistant and Scheduler/Coordinator.
2. The Late/Missed Visits Report. Refer to Chapter 12, *Reporting* for more information.
3. An email is sent to the email address on the provider's record each time an event is late and/or missed. Examples of these emails are included below.

Late:

This is a KS AuthentiCare late visit notification. Worker John Jones (ID Number) for provider Senior Helpers (WMIS ID) was scheduled to provide service Level 2 Attendant Care (Service ID) on 01/05/2012 at 09:00 PM. A KS AuthentiCare visit is considered late when the service is not provided within 60 minutes of the scheduled start time. To view this scheduled event in more detail, log in to the AuthentiCare website at: <https://acr.fdgs.com/Kansas>.

Please do not reply to this email as it is intended for notification purposes only.

Missed:

This is a KS AuthentiCare missed visit notification. Worker John Jones (ID number) for provider Senior Helpers (WMIS ID) was scheduled to provide service Level 2 Attendant Care (Service ID) on 01/04/2012 at 09:00 PM but missed the appointment. A KS AuthentiCare visit is considered missed when the service is not provided within 120 minutes of the scheduled start time. To view this scheduled event in more detail, log in to the KS AuthentiCare website at: <https://acr.fdgs.com/Kansas>.

Please do not reply to this email as it is intended for notification purposes only.

4. To view the list of late and missed visits, place your cursor on **Late and Missed Visits** in the toolbar of the Main Menu, and when **Late and Missed Visits** displays below, click on it.



Kansas AuthentiCare

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout

Entities

Late And Missed Visits

Change

You will see a selection criteria screen that allows you to choose the visits you want to work. If you do not choose, all visits will be displayed.

Start Date:
End Date:
Client:
Provider:
Worker:
Service:
Submit Cancel

The *Late and Missing Events* page displays if there are scheduled events for this provider which have been identified as late or missed.

5. Select the appropriate missed visit code from the missed visit code dropdown list for each of the missed visits listed on the *Late and Missing Events* page. Do not choose missed visit codes for events that have a status of "Late". There is a note section for each missed visit for additional documentation if needed.

Kansas AuthentiCare

Late and Missing Events

If you have not received emails informing you of these late / missed visits, please click here and verify your email address.

Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Select Missed Visit Code	Notes
Missed	11/03/2013 09:10 AM	11/03/2013 09:40 AM	No	STUBBS, DREW	CENTRAL PLAINS AIA	Brakens, BR		Level 2 Attendant Care	<input type="text"/>	<input type="text"/>

Description	Code
Hospital	1
Nursing Facility temporary	2
Consumer refusal	3
Consumer not available – justify in notes	4
Family voluntarily provided temporary service instead	5



Description	Code
Other (consumer driven) – justify in notes	6
Consumer deceased	7
No staff available	A
No staff willing	B
Natural disaster	C
Late plan from Case Manager	E
Other (provider driven) – justify in notes	F
Not a Missed Visit	N

- Click the **Save Missed Visit Code** link column heading. This saves the missed visit codes which can be viewed on the Late and Missed Visits Report (refer to Section 13.5.6 for further information). A missed visit will remain on the list until it is acknowledged by the provider.

Late and Missing Events									
If you have not received emails informing you of these late / missed visits, please click here and verify your email address.									
Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Save Missed Visit Code
Missed	02/18/2010 07:30 AM	02/18/2010 08:00 AM	No	McLain Ward	Sooner Healthcare	Betsy Jones		Personal Care	Hospital (1)
Missed	03/01/2010 01:00 PM	03/01/2010 02:00 PM	Yes	Paul McCartney	Sooner Healthcare	Betsy Jones		Personal Care	Not a Missed Visit (N)
Missed	03/08/2010 01:00 PM	03/08/2010 02:00 PM	Yes	Paul McCartney	Sooner Healthcare	Betsy Jones		Personal Care	Consumer refusal (3)

You return to the *Home* page which displays a message in the upper left hand corner that the missed visit codes have been saved successfully.





Chapter 10 THE KS AUTHENTICARE IVR

Much of the functionality and data described in Chapters 2 through 9 leads to in-home workers using the Interactive Voice Response (IVR) to record services provided for the client by calling in from the client's home when service begins and calling out from the client's home when service is completed. Each worker has a 5-digit worker ID number that identifies him/her as a worker for a specific provider location. That worker ID is recorded in the IVR each time the worker makes a call.



Important – If a worker works for more than one provider location, he/she is assigned a different number for each location. Caution workers to make sure they use the correct Worker ID for each client visit.

10.1 IVR FLOW

The IVR (available in English and Spanish) is designed to capture the information required to create a claim for the service being provided. Section 10.3 below walks the worker step-by-step through what he/she can expect to hear when calling KS AuthentiCare.

If the phone number the worker is calling from matches the number for the client as recorded in KS AuthentiCare, then the client's name will be read by the IVR. If the system does not recognize the number, then the worker must enter the Medicaid ID number of the client.



When checking out, if the IVR reads more than one name, that means the worker has not checked out for previous claim(s) for which he/she had checked in. In order to resolve this, the claim(s) must be completed on the web with the appropriate check out times.

The IVR then reads the list of services that the worker could potentially be providing for this client. For consistency, the services for a specific provider are read in the same order on all calls. This same list also applies during check out calls. Additionally, during check out the worker must specify activities (tasks) completed during the visit if the services provided required activity codes.



A worker can use the IVR even if there is no authorization yet for the client. However, the client must exist in KS AuthentiCare in order for the call to be completed.

The IVR then reads back all of the information in order for the worker to verify its accuracy. If there are any errors, the worker has the option to start over and correct the errors. If the information is correct, then the call is completed and the worker is checked in or out depending on the option chosen at the beginning of the call.



If the worker is there to provide services for more than one client, the worker must check in for the first client and at the end of the call when given the option to return to the main menu, choose that option and check in for the second client. The worker can repeat this process as many times as necessary.

When checking out, the worker will need to follow the same process – check out for the first client, return to the main menu as needed to check out for additional clients.

Each time the worker returns to the main menu on either a check-in or check out call, the beginning time of the call is reset.

10.2 EXTRA SAFEGUARD FOR WORKERS WITH MORE THAN ONE WORKER ID

Workers who have more than one worker ID because they work for more than one provider cannot accidentally sign in using the ID not matched to the client. If they try, the IVR will play the following message “You have entered an incorrect worker ID. Please enter a different worker ID followed by the pound sign.”



10.3 WORKER INSTRUCTIONS FOR USING THE IVR

Worker _____

Worker ID _____

Instructions to Check-in	
1	Dial 1-800-903-4676 from the client's touch-tone phone.
2	Enter your worker ID number followed by the pound (#) sign when prompted.
3	Press 1 for Check-in
4	You will then hear the name of the client you are there to serve. If it is correct, press 1. If KS AuthentiCare does not recognize the phone number you are calling from, you will be asked to enter the client's ID number (Medicaid number) followed by the pound (#) sign.
5	You will hear a list of services available for the client and be asked to choose the one you are there to perform by pressing the appropriate number on the phone key pad.
6	KS AuthentiCare will then repeat back your name, your agency's name, the client's name, and the service to be provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call
7	If the information is correct you will be told that the check-in was successful at (states the time). At this point you will be instructed to press 2 to end the call.
Instructions to Check-out	
1	Dial 1-800-903-4676 from the client's touch-tone phone.
2	Enter your worker ID number followed by the pound (#) sign when prompted.
3	Press 2 for Check-out
4	If you failed to check in, the IVR will read the client back to you or, if it does not recognize the phone number you are calling from, you will be asked to enter the client's ID number (Medicaid number) followed by the pound (#) sign. You will also be asked to select a service.
5	Some services will require the entry of activity codes. You will be prompted to enter the activity codes one at a time. After the entry of each code, press the pound (#) sign. KS AuthentiCare reads the activity code, asks you confirm it is correct and then asks you to enter another activity code if needed. Once you have entered all activity codes, press 8 to continue to the next step.



6	KS Authenticare will repeat back your name, your agency's name, the client's name and the service you provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call
7	If the information was correct you will be told that you have successfully filed your claims and the time and press 2 to end your call.

What do I do if . . .	
. . . I forget my worker ID or my client's Medicaid ID?	Call your supervisor who has both numbers on file.
. . . I check-in but forget to check-out?	Call your supervisor and let him know what client you were serving and the time you left the client's home.
. . . I forget to check-in?	If you are near the beginning of your visit, go ahead and do a check-in. Then let your supervisor know the check-in was phoned in late and what time you started providing care. If you don't remember until the end of your visit, go ahead and check-out when you leave. Let your supervisor know you forgot to check-in and what time you arrived at the client's home.
. . . I forget to check-in and check-out?	Call your supervisor and explain what happened.
. . . I am in the process of checking in and realize I have made a mistake?	KS Authenticare will let you change the information before you complete the check-in. You can go back by pressing 2 at the confirmation heard during Step 6 of the Check-in process or Step 6 of the Check-out process. Re-enter the correct information when prompted.
. . . I have already checked in and realize I made a mistake?	Go ahead and check out but call your supervisor and explain what happened.
. . . I have checked in and checked out and realize I have made a mistake?	Call your supervisor and explain what happened.
. . . the client does not have a touch-tone phone, refuses to let me use the phone, or the phone is out of order?	Call your supervisor and explain what happened.



10.4 ACTIVITY CODES REQUIRED FOR SPECIFIED SERVICES

The table below lists the services (procedures) by Waiver for which an activity code must be documented for the claim to be complete. The Activity Code lists are in Appendix A.2 of this manual.

Waiver	Service Code	Name
Frail Elderly	HCSES5125	Level 2 Attendant Care
Frail Elderly	HCSES5125UD	Self-Directed Attendant Care
Frail Elderly	HCSES5130	Level 1 Attendant Care
MR/DD	HCDDT1019	Personal Assistance Services
MR/DD	HCDDT1000	LPN Specialized Medical Care
MR/DD	HCDDT1000TD	RN Specialized Medical Care
Physical Disability	HCPDS5126U6	Personal Services
Traumatic Brain Injury	HCTBIS5126UB	Personal Services
Technology Assisted	HCTAT1019	Personal Service Attendant



Chapter 11 **GPS ENABLED MOBILE DEVICE**

User instructions to be added



Chapter 12 **MANAGING CLAIMS**

A claim contains all of the information required for submission to KMAP/MMIS via a HIPAA compliant electronic billing file (837). Every service captured by the IVR, mobile device or entered via the web automatically creates a claim. Each claim within KS AuthentiCare is assigned a unique claim number which can be fully tracked in the system.

Providers must confirm each claim before KS AuthentiCare can submit it to KMAP/MMIS for payment. This involves reviewing each claim for accuracy and approving the claim for billing. Only confirmed claims are exported to KMAP/MMIS to be adjudicated for payment. Unconfirmed claims remain in KS AuthentiCare until they are confirmed or deleted.

Claims can be confirmed one at a time (see Section 12.6) or in bulk (see Section 12.7). Bulk confirmation is a function that you initiate on the website and then it is performed by the system after hours.

KS AuthentiCare exports claims to KMAP/MMIS for adjudication in the early morning hours Monday through Friday of each week. Claims confirmed by 11:59 PM the night before will be included in that morning's file submission.

If it is determined that there is an error in the claim that requires a correction, you can make those corrections using the procedures outlined in Section 12.2.

12.1 **SEARCHING AND VIEWING CLAIMS**

1. Click the **Claim** radio button in the Claims section of the *Home* page.
2. Enter search criteria in any of these fields, if desired. You can also choose to filter claims and confirm billing by date or user name (log in) as shown at the bottom of the screen. If you do not enter any search criteria, all claims will be listed.
3. Click **Go!**



Claims

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

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

Claim Group ID:
 Claim ID:
 Claim Status:
 Claim Start:
 Claim End:
 Service:
 Authorization ID:
 Client:
 Provider:
 Worker:
 CaseManager:
 Representative:
 Procedure Code:
 Travel Time:
 Mileage:
 User Option:

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


Claims					
Group ID	ID	Status	Client ID	Client Name	Date Range
725	906	InfoExceptions	111111111	Aniston, Jennifer	03/29/2010 - 03/29/2010
728	909	ConfirmBillingForClaim	111111111	Aniston, Jennifer	03/30/2010 - 03/30/2010
733	917	InfoExceptions	111111111	Aniston, Jennifer	03/31/2010 - 03/31/2010
734	918	InfoExceptions	111111111	Aniston, Jennifer	03/31/2010 - 03/31/2010
655	754	InfoExceptions	111111111	Aniston, Jennifer	03/09/2010 - 03/09/2010
724	905	InfoExceptions	111111111	Aniston, Jennifer	03/30/2010 - 03/30/2010
744	935	Authorize, Calculate, ConfirmBillingForClaim	033006586	BOSSE, HARRY A	03/30/2010 - 03/30/2010
855	1093	ClientEligibility, ConfirmBillingForClaim	026352675	Brocklan, Bradley	07/02/2010 - 07/02/2010
855	1092	ClientEligibility, ConfirmBillingForClaim, ProviderEligibility	026352675	Brocklan, Bradley	07/10/2010 - 07/10/2010

- Note the columns displayed in the search results:



- **Group ID** – Identifies a claim. Each claim is assigned to a claim group ID as well as a claim ID. Individual claims may be entered into the system as part of a group which is why there is a group ID and a claim ID. If the claim is not part of the group, then the group ID and claim ID will be the same.
- **ID** – Identifies a claim
- **Status** –
 - Displays as *NoExceptions* or *InfoExceptions* if the claim has been sent to KMAP/MMIS or is ready to be sent.

OR

- Displays the name of the critical exception (if there are any). The critical exceptions are: *Authorize*, *Calculate*, *AuthExhaustedBefore*, *AuthExhaustedOn*, *IneligibleWorker*, *IneligibleProvider*, *DuplicateClaim*, *ConfirmBillingForClaim*, *MissingActivityCode* and *UnenrolledProviderServices*. You could see any combination of these critical exceptions listed under status.
 - **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.
5. 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.
6. Position the cursor over the **Information icon**  to display an additional Information pop-up about the claim.



Claims					
Group ID	ID	Status	Additional Information		
725	906	InfoExceptions	Group ID: 725 Client: Aniston, Jennifer (111111111) Provider: Brangelina Inco (953) Worker: Pitt, Brad (48315) Service: Respite In-Home (T1005) Service Type: Time Based		
728	909	ConfirmBillingForClaim			
733	917	InfoExceptions			
734	918	InfoExceptions			
655	754	InfoExceptions			
724	905	InfoExceptions	111111111	Aniston, Jennifer	03/09/2010-03/09/2010
			111111111	Aniston, Jennifer	03/30/2010-03/30/2010


7. Click the **Group ID** hyperlink for the claim you wish to view.

Claims					
Group ID	ID	Status	Client ID	Client Name	Date Range
725	906	InfoExceptions	111111111	Aniston, Jennifer	03/29/2010-03/29/2010
728	909	ConfirmBillingForClaim	111111111	Aniston, Jennifer	03/30/2010-03/30/2010
733	917	InfoExceptions	111111111	Aniston, Jennifer	03/31/2010-03/31/2010
734	918	InfoExceptions	111111111	Aniston, Jennifer	03/31/2010-03/31/2010
655	754	InfoExceptions	111111111	Aniston, Jennifer	03/09/2010-03/09/2010
724	905	InfoExceptions	111111111	Aniston, Jennifer	03/30/2010-03/30/2010
744	935	Authorize, Calculate, ConfirmBillingForClaim	033006586	BOSSE, HARRY A	03/30/2010-03/30/2010
855	1093	ClientEligibility, ConfirmBillingForClaim	026352675	Brocklan, Bradley	07/02/2010-07/02/2010
855	1092	ClientEligibility, ConfirmBillingForClaim, ProviderEligibility	026352675	Brocklan, Bradley	07/10/2010-07/10/2010

The *Claim* page displays and includes the Client, Provider, Worker, 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 KS AuthentiCare submits to KMAP/MMIS for payment. When the claim is adjudicated by KMAP/MMIS, the actual amount paid may be different.

* Client McLain Ward	Provider Sooner Healthcare	Worker Jennifer Alfano
* Service Respite In-Home	Date 12/29/2009	Time 08:53 AM
Amount 00:23	Date 12/29/2009	Time 09:16 AM
Mileage: <input type="text"/> Travel Time: <input type="text"/>		
Total Lines: 1 Total Claims: 1 Total Amount: \$10.00 Total Authorized: \$10.00		
Critical Exceptions		
Note: <input type="text"/>		
Total Claims: 1 Total Calculated Amount: \$10.00 Total Authorized Amount: \$10.00 Total Hours: 00:23 <input type="checkbox"/> Billing Confirmed		
Save Delete All Cancel		






As specified by KDOA and SRS, KS AuthentiCare follows normal rounding rules for billable units of service. Normal rounding causes 0.5 or half a unit to always round up.

For Example: For a 15 minute increment time-based service, 7 minutes of actual time rounds down to 0 minutes and 8 minutes of actual time rounds up to 15 minutes. So if a service is performed for 53 minutes (15+15+15+8,) then we round up to 60 minutes or 4 units of service.


KS AuthentiCare calculates based on minutes, not seconds.

Rounding Rule for Adult Day Care:


- If the length of the Adult Day Care is 0-59 minutes, the claim calculates 0 units.*
- If the length of the Adult Day Care is 1-5 hours (60 – 300 minutes), the claim calculates 1 unit.*
- If the length of the Adult Care is more than 301 minutes in a 24 hour period from check in, the claim calculates 2 units.*

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


*** Client**


McLain Ward 

Provider

Sooner Healthcare 

Worker

Jennifer Alfano 


* Service	Date	Time	Amount	Date	Time
Respite In-Home 	12/29/2009	08:53 AM	00:23 ###	12/29/2009	09:16 AM

Mileage:

Travel Time:

Click here more service(s)

Total Lines: 1 Total Claims: 1 Total Amount: \$10.00 Total Authorized: \$10.00

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

Note:

[Add Note](#)

Group ID: **427**

Filed On: **IVR**

Printer Friendly

Show All Claims

Total Claims: **1**

Total Calculated Amount: **\$10.00**

Total Authorized Amount: **\$10.00**


Total Hours: **00:23**

☐ **Billing Confirmed**

[Save](#)


[Delete All](#)

[Cancel](#)

10. Position the cursor 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 Info.

Critical Exception example:

* Client		Provider		W	
McLain Ward		Sooner Healthcare		Jer	
* Service	Date	Time	Amount	Date	Ti
Respite In-Home	12/29/2009	08:53 AM	00:23	###.##	12/29/2009
			Mileage:		
			Travel Time:		
Total Lines: 1 Total Claims:					
<div style="border: 1px solid red; padding: 5px;">  Critical Exceptions Delete Add Lines Above </div>					
<div style="border: 1px solid gray; padding: 5px;"> McLain Ward <ul style="list-style-type: none"> Billing has not been confirmed for this claim. This claim check in number does not match the authorized number for the client. This claim check out number does not match the authorized number for the client. </div>					

Claims with Critical Exceptions cannot be submitted to KMAP/MMIS for payment until the identified problem has been corrected. Critical Exceptions are listed in Appendix A.3.

Info Exception example:

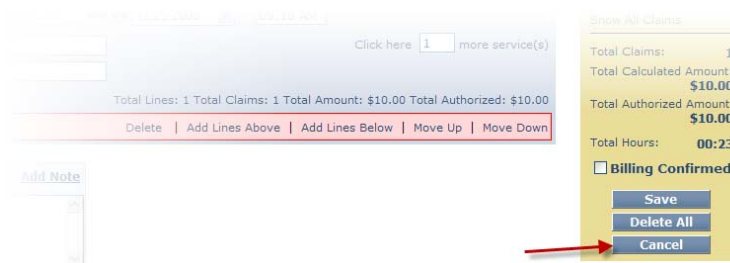
* Client		Provider			
Chris Kappler		Sooner Healthcare			
* Service	Date	Time	Amount	Date	Time
Respite In-Home	12/29/2009	07:19 AM	00:20	###.##	12/29/2009 07:39
			Mileage:		
			Travel Time:		
Total Lines: 1 Total C					
<div style="border: 1px solid gray; padding: 5px;">  Info Exceptions </div>					
<div style="border: 1px solid gray; padding: 5px;"> Chris Kappler <ul style="list-style-type: none"> This claim does not have a matching event. This claim check in number does not match the authorized number for the client. This claim check out number does not match the authorized number for the client. </div>					

Info 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 check-in from a phone number not associated with the client). These exceptions are informational only and are listed in Appendix A.3



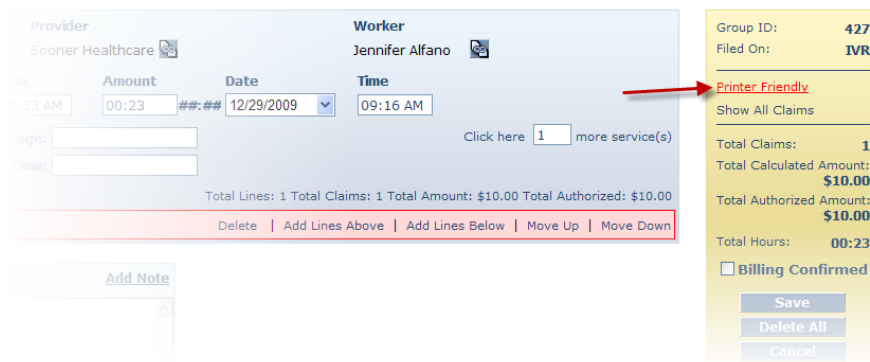
If a worker checks in more than 60 minutes prior to the start time for the scheduled event, the claim indicates an Event Matching Info Exception. For example, if the event was scheduled from 11:00 AM to 11:30 AM and the worker checked in at 9:59 AM, KS AuthentiCare is not able to match the scheduled event to the actual event and an Info Exception results.

11. 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.





The *Claim Acknowledgment* page displays.

Print

Claim Acknowledgement
Claim Group ID: 3931
November 10, 2011

Client	Provider	Worker
Mouse, Minnie Z (22222222222)	General Health Care (462880000A)	Mouse, Mickey (71979)

Claim ID	Service	Authorization Start	End	Rates	Units	Amount
3931	Personal Assistant Services (HCDOT1019)	Nov 02, 2011 09:00:00 AM	Nov 02, 2011 10:00:00 AM	\$14.60	4	\$14.60

Exceptions

- Critical
 - Billing has not been confirmed for this claim.
 - Unenrolled Provider Service Exception
- Informational
 - This claim does not have a matching event.

Total Claims: 1 Total Actual Amount: \$14.60 Total Authorized Amount: \$14.60

Done New Claim

Print the page using **Print**.

12. Click **Done** to return to the *Home* page.

12.2 EDITING A CLAIM (CLAIMS CORRECTION)

In most situations, claims are created by workers calling from the client's home. 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.

1. Search for the claim you wish to view according to the instructions in Section 12.1.

The *Claim* page displays.

Client: McLain Ward
Provider: Sooner Healthcare
Worker: Jennifer Alfano

Service: Respite In-Home
Date: 12/29/2009
Time: 08:53 AM
Amount: \$10.00
Date: 12/29/2009
Time: 09:16 AM

Mileage:
Travel Time:

Total Lines: 1 Total Claims: 1 Total Amount: \$10.00 Total Authorized: \$10.00

Critical Exceptions

Notes:

Group ID: 427
Filed On: IVR
Provider Friendly
Show All Claims

Total Claims: 1
Total Calculated Amount: \$10.00
Total Authorized Amount: \$10.00
Total Hours: 00:23
Billing Confirmed

Save
Delete All
Cancel



2. Edit the information about the claim as necessary.
3. 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**.

Successfully saved ClaimGroup (ID: 3931)

Print

Kansas

Claim Acknowledgement
Claim Group ID: 3931
November 10, 2011

Client Mouse, Minie Z (22222222222)	Provider General Health Care (462880000A)	Worker Mouse, Mickey (71979)
--	--	---------------------------------

Claim ID	Service	Authorization Start	End	Rates	Units	Amount
3931	Personal Assistant Services (HCDDT1019)	415	Nov 02, 2011 09:00:00 AM	Nov 02, 2011 10:00:00 AM	Normal 8.6500 Authorized Normal	4 Actual Normal Authorized Normal \$14.60

Exceptions

- Critical
 - Billing has not been confirmed for this claim.
 - Unenrolled Provider Service Exception
- Informational
 - This claim does not have a matching event.

Total Claims 1 Total Actual Amount \$14.60 Total Authorized Amount \$14.60

Done New Claim

12.3 ADDING AN INDIVIDUAL (STANDARD) CLAIM

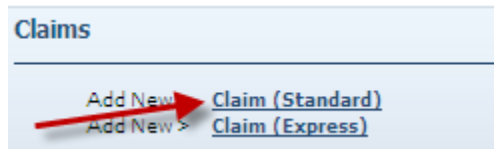
There are situations where the provider may need to add a claim using the web. For example:

- The worker was unable to use the IVR from the client's home (phone not working, client refused)
- The worker forgot to use the IVR
- The service was not provided in the client's home (such as Adult Day Care)

1. Click **Create** in the menu bar and select "**New Claim**".


OR

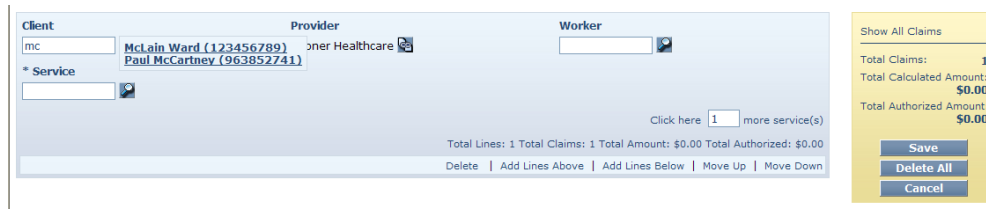
1. Click **Claim (Standard)** adjacent to "Add New >" in the Claims section of the *Home* page.




The *Claim* page displays. It is pre-populated with the name of the Provider 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.



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.



* Client McLain Ward	Provider Sooner Healthcare	Worker <input type="text"/>
* Service Respite In-Home	Date <input type="text"/>	Time <input type="text"/>
Amount ###:##	Date <input type="text"/>	Time <input type="text"/>
Mileage: <input type="text"/>	Click here <input type="text"/> more service(s)	
Travel Time: <input type="text"/>		
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		

OR

The following fields display once the service is selected if the service is unit based: Date and Amount.

* Client McLain Ward	Provider Sooner Healthcare	Worker <input type="text"/>
* Service Skilled Nursing A-E	Date <input type="text"/>	Amount 0 Units
Mileage: <input type="text"/>	Click here <input type="text"/> more service(s)	
Travel Time: <input type="text"/>		
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

Save

Delete All

Cancel

*If the service requires the specification of an activity code, the **Activity Codes** field displays so that you can enter the activities completed during the visit.*

* Client Paul McCartney	Provider Sooner Healthcare	Worker Betsy Jones
* Service Personal Care	Date 3/4/2010	Time 11:25 AM
Amount 01:00	Date 3/4/2010	Time 12:25 PM
Activity Codes: <input type="text" value="11"/> (ex: 3,5,8)		
Mileage: 20	Click here <input type="text"/> more service(s)	
Travel Time: 30		
Total Lines: 1 Total Claims: 1 Total Amount: \$14.52 Total Authorized: \$0.00		
Critical Exceptions Delete Add Lines Above Add Lines Below Move Up Move Down		

- Enter the **Worker** ID, full name or partial last name and click the **Looking Glass icon** to find the worker who performed the service. Then select the worker from the list provided.

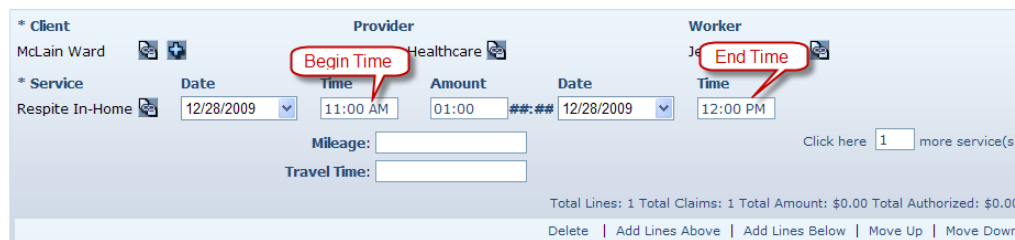
Provider Sooner Healthcare	Worker <input type="text"/>
Amount ###:##	Date <input type="text"/>
Time <input type="text"/>	<p>Betsy Jones (12156)</p> <p>Jack Stedding (27036)</p> <p>Jennifer Alfano (40961)</p> <p>Brett Johnson (69384)</p>



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.


If the service is a time-based service, proceed to Step 6. If the service is a unit-based service, proceed to Step 8.

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.

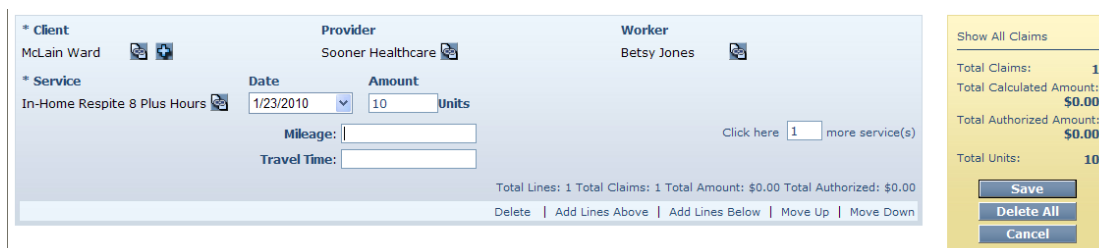


The screenshot shows a form with the following fields: Client (McLain Ward), Provider (Healthcare), Worker (J...), Service (Respite In-Home), Date (12/28/2009), Time (11:00 AM), Amount (01:00), Date (12/28/2009), and Time (12:00 PM). Red callouts labeled 'Begin Time' and 'End Time' point to the time fields. Below these are fields for Mileage and Travel Time. At the bottom, there are summary statistics: Total Lines: 1, Total Claims: 1, Total Amount: \$0.00, Total Authorized: \$0.00. Navigation links include Delete, Add Lines Above, Add Lines Below, Move Up, and Move Down.

8. Enter the **Amount**. This is the number of units delivered.



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.



The screenshot shows a form with the following fields: Client (McLain Ward), Provider (Sooner Healthcare), Worker (Betsy Jones), Service (In-Home Respite 8 Plus Hours), Date (1/23/2010), and Amount (10 Units). Below these are fields for Mileage and Travel Time. At the bottom, there are summary statistics: Total Lines: 1, Total Claims: 1, Total Amount: \$0.00, Total Authorized: \$0.00. Navigation links include Delete, Add Lines Above, Add Lines Below, Move Up, and Move Down. On the right side, there is a yellow box titled 'Show All Claims' containing a table with the following data:

Show All Claims	
Total Claims:	1
Total Calculated Amount:	\$0.00
Total Authorized Amount:	\$0.00
Total Units:	10

Below the table are buttons for Save, Delete All, and Cancel.



9. Click **Save** if you have completed the claim and do not need to group this claim with any other claims. If you are grouping claims, then proceed to Step 12.



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.

10. 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 *Claim* page displays.



KS AuthentiCare checks for duplicates, at the time the claim is saved. If there is another claim for the same client/service/worker combination where the service times (check in and checkout) are within 10 minutes of the same times, a Duplicate critical exception will be noted.



Grouping Claims

11. Click **Add Lines Below**.

A new claim opens below the claim you just finished.

12. Enter the information for this claim. The claim pre-populates with the same client, provider, and worker of the claim above it; however, this information can be changed if needed. All of the claims in the group do not have to be for the same client and worker. Grouping claims provides a mechanism to view a number of claims on the same screen. Claims cannot be grouped using the IVR or mobile device; they can only be grouped using the web interface.

13. Return to Step 10 to proceed with saving all of the claims in the group.

12.4 ADDING MULTIPLE CLAIMS (EXPRESS ENTRY)

There are situations where the provider may need to add a claim using the web for the same client-worker-service combination.

1. Click **Claim (Express)** adjacent to "Add New >" in the Claims section of the *Home* page.



Claims


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

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

The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.


Scheduling | Dashboards | Visits | My Account | Custom Links | Logout

* Provider Enid Worker's Co. 

* Client  * Worker 

* Service 

2. Enter the **Client**, **Worker** and **Service** as for a single claim entry and click **Next**.
3. A list with 10 blank rows where you can enter date, time and activity codes will appear.



Kansas AuthentiCare

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout

Logged in as: scr_admin@ar

Provider: General Health Care

Client: Mouse, Minie Z

Worker: Mouse, Mickey

Service: Personal Assistant Services

Start Date	Start Time	Duration	End Date	End Time	Activity Codes	Note
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. There is an **Add Rows** button on each screen that allows you to add as many rows as needed.

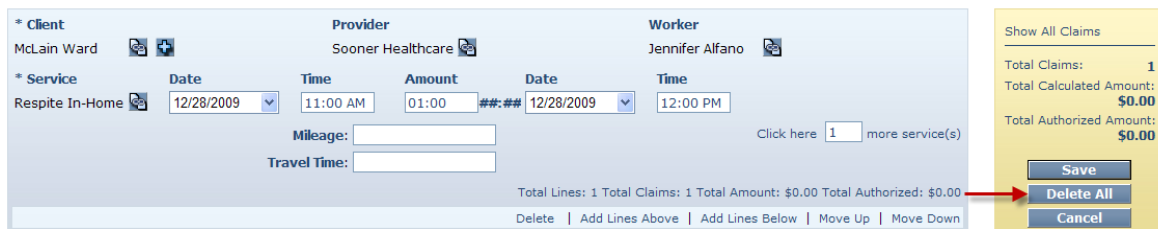


5. When you have entered all the data,
 - a. If you click on the **Save and Continue** button, it will save the claims and present the first **Express Claim** screen where you can enter another client, worker and service combination.
 - b. If you click on the **Save and Exit** button, you will return to the **Home** page.

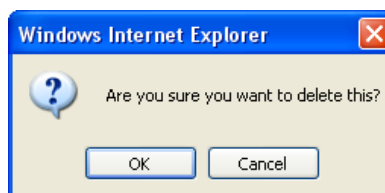
12.5 DELETING A CLAIM

If a claim was added in error, then it should be either edited or deleted. Once the claim is confirmed for billing, it cannot be deleted.

1. Click **Delete All** on the *Claim* page.



The system asks you to confirm the deletion. If you click **OK**, the claim is permanently deleted from the system. If the claim is a group of claims, they will all be permanently deleted. If you click **Cancel**, the claim is not deleted and you are returned to the *Claim* page.



2. Click **OK** to proceed with permanently deleting the claim.

You are returned to the *Home* page which displays a message in the upper left hand corner that the claim was deleted successfully.



12.6 CONFIRMING A SINGLE CLAIM FOR BILLING

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

Option 1

1. Select **Confirm Billing** as the Search Type in the *Claims* section of the *Home* page.
2. 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 Worker's Last Name, Date of Service, Claim ID, Client ID or Worker ID.
3. Click **Go!**

Claims


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

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

Claim Group ID:
Claim ID:
Claim Start:
Claim End:
Service:
Authorization ID:
Client:
Provider:
Worker:
Case Manager:
Representative:
Procedure Code:
Travel Time:
Mileage:
User Options:
* Sort By: Member's Last Name



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



Confirm Billing
November 12, 2011

☐ Check All/Uncheck All

☐ Approve Billing for Claim (1129)

Client Mowat, Minic Z (112121212121)	Provider ARROWHEAD WEST INC (100027199A)	Worker Mowat, Mickey (11619)
---	---	---------------------------------

Claim ID	Service	Authorization	Start	End	Rate	Units	Amount
1129	Personal Assistant Services (H00071019)	416	Oct 17, 2011 01:00:00 AM	Oct 17, 2011 01:15:00 AM	Normal \$5.00	ActualNormal 1 AuthorizedNormal 1	ActualNormal \$5.00 AuthorizedNormal \$5.00

Exceptions

- Critical
 - o Billing has not been confirmed for this claim.
- Informational
 - o This claim does not have a matching event.

☐ Approve Billing for Claim (1277)

Client Mowat, Minic Z (112121212121)	Provider ARROWHEAD WEST INC (100027199A)	Worker Mowat, Mickey (11619)
---	---	---------------------------------

Claim ID	Service	Authorization	Start	End	Rate	Units	Amount
1277	Personal Assistant Services (H00071019)	416	Nov 06, 2011 06:00:00 AM	Nov 06, 2011 06:45:00 AM	Normal \$5.00	ActualNormal 1 AuthorizedNormal 1	ActualNormal \$5.00 AuthorizedNormal \$5.00

Exceptions

- Critical
 - o Billing has not been confirmed for this claim.
- Informational
 - o This claim does not have a matching event.

☐ Approve Billing for Claim (1933)

Client Mowat, Minic Z (112121212121)	Provider ARROWHEAD WEST INC (100027199A)	Worker Mowat, Mickey (11619)
---	---	---------------------------------

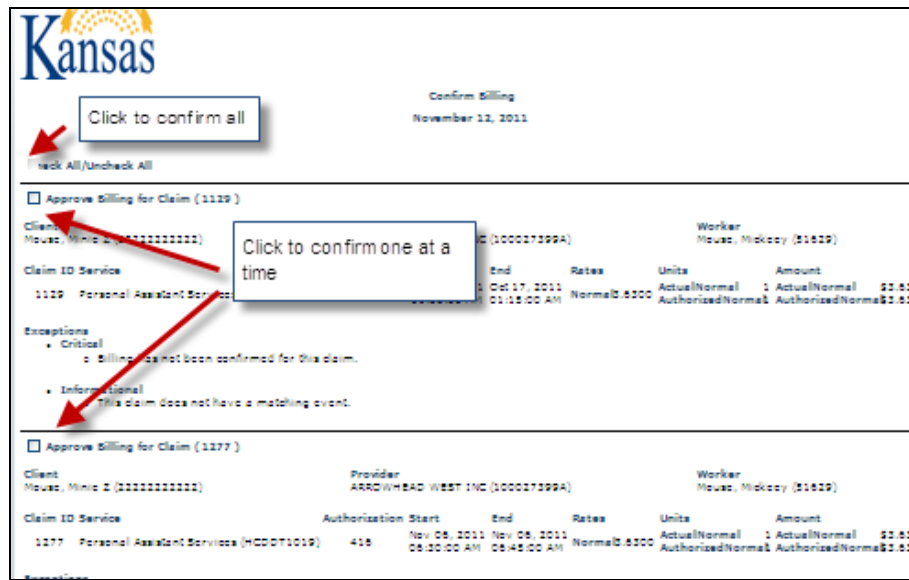
Claim ID	Service	Authorization	Start	End	Rate	Units	Amount
----------	---------	---------------	-------	-----	------	-------	--------

4. Click **Check All/Uncheck All** at the top of the page to select all displayed claims for confirmation.

OR



- Click the **checkbox** adjacent to the claim you wish to confirm.



Confirm Billing
November 12, 2011

Click to confirm all

Check All/Uncheck All

☐ Approve Billing for Claim (1129)

Client: Mowat, Minnie Z (00000000000000000000) Worker: Mowat, Mickey (01000000000000000000)

Claim ID Service: 1129 Personal Assistant Services (H00000000000000000000)

End	Rate	Units	Amount
Oct 17, 2011 01:00:00 AM	Normal \$ 6.000	Actual/Normal 1	Actual/Normal \$ 6.00
		Authorized/Normal	Authorized/Normal \$ 6.00

Exceptions:

- Critical: Billing has not been confirmed for this claim.
- Informational: This claim does not have a matching event.

☐ Approve Billing for Claim (1177)

Client: Mowat, Minnie Z (00000000000000000000) Provider: ARROWHEAD WEST INC (10000000000000000000) Worker: Mowat, Mickey (01000000000000000000)

Claim ID Service: 1177 Personal Assistant Services (H00000000000000000000)

Authorization Start	End	Rate	Units	Amount
Nov 06, 2011 06:00:00 AM	Nov 06, 2011 06:45:00 AM	Normal \$ 6.000	Actual/Normal 1	Actual/Normal \$ 6.00
			Authorized/Normal	Authorized/Normal \$ 6.00

- Click **Confirm Billing** to confirm all selected claims.


Amount: \$14.52 Total Authorized Amount: \$14.52

Number of Claims to be Confirmed: 1

Confirm Billing Cancel

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



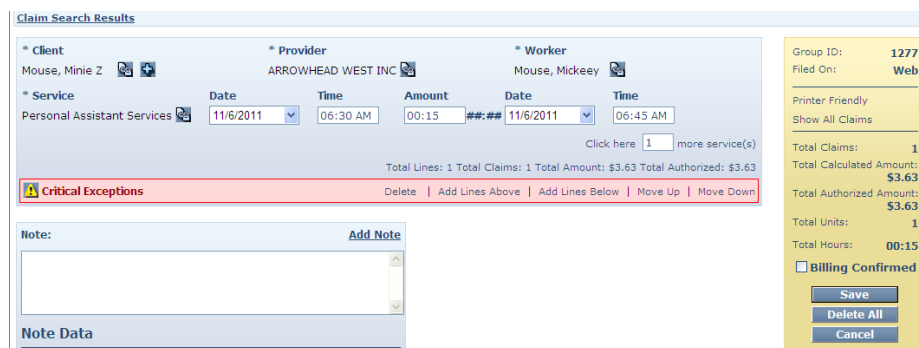
	<p><i>A claim cannot be edited after it has been confirmed.</i></p>
---	---



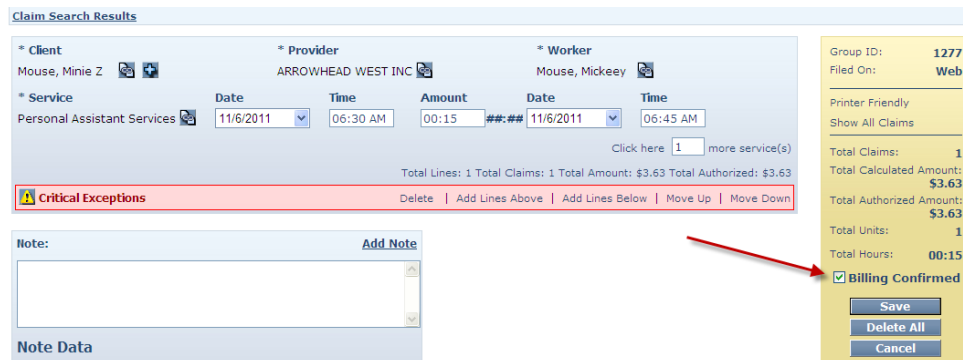
Option 2:

1. Search for the Claim you wish to view according to the instructions in Section 12.1.

The *Claim* page displays.




2. Click the **Billing Confirm** check box and click **Save**.



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

Successfully saved ClaimGroup ID: 1277



Claim Acknowledgement

Claim Group ID: 1277

November 12, 2011

Client Mouse, Minie Z (22222222222)		Provider ARROWHEAD WEST INC (100027399A)		Worker Mouse, Mickey (51629)	
Claim ID Service	Authorization Start	End	Rates	Units	Amount
1277 Personal Assistant Services (HCDDT1019) 416	Nov 06, 2011	Nov 06, 2011	Norma 0.6300	Actual Normal 1	Actual Normal \$3.63
				Authorized Normal	Authorized Normal \$3.63

Exceptions

- Informational
 - This claim does not have a matching event.

Total Claims: 1 Total Actual Amount: \$3.63 Total Authorized Amount: \$3.63

3. Click **Done** and the *Home* page displays.

12.7 CONFIRMING CLAIMS IN BULK

Providers 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 to KMAP/MMIS. 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.

Claims

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

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

☐ Claim

Search Type: ☐ Confirm Billing - View

☒ Confirm Billing - Bulk

Claim Start:

Claim End:

Filing Source:

Both

Web

IVR



12.8 UNCONFIRMING CLAIMS FOR FURTHER EDITING

Occasionally you will need to edit a claim that has been confirmed but not yet submitted to KMAP/MMIS for adjudication. In order to edit it, you must first unconfirm it.

1. Open the individual claim.
2. Uncheck the **Billing Confirmation** box
3. **Save** the claim

The claim can now be edited or even deleted. It must be confirmed again before it can be exported to KMAP/MMIS for adjudication.



Chapter 13 **REPORTING**

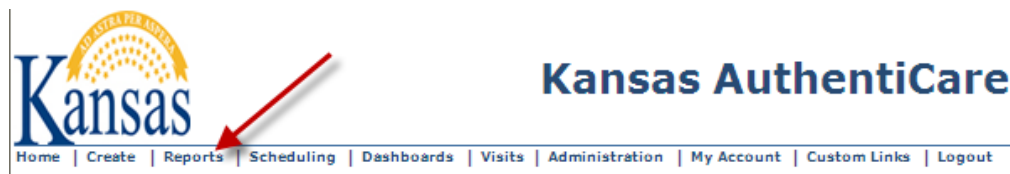
KS AuthentiCare includes robust reporting capabilities to assist providers and state staff in managing and monitoring clients, workers, schedules and claims. Reports are available 24/7 via the web and information is current as of the time a report is created.

A variety of sort and filter criteria are available to create unique reports reflecting the specific information needed. A user may filter information to produce a report which displays information related to a particular client, worker or service and within date ranges chosen by the user. The information may be sorted to display in an order that is most convenient for the user. The sort and filter options for each report are discussed more fully later in this chapter.

As discussed in earlier chapters, the provider agency/FMS provider can only create reports with information related to the specific provider location (unique Medicaid ID + letter). KDOA staff can create reports on any information related to KDOA clients. SRS staff can create reports on any information related to SRS clients.

13.1 **CREATING A REPORT**

1. Click **Reports** on the Main Menu.



The *Report* page displays.



Report Templates

[\[Delete Selected Templates\]](#)

Create Reports

- [Authorizations](#)
- [AuthentiCare Service Authorizations](#)
- [Claim Details](#)
- [AuthentiCare Claim Details](#)
- [Claim History](#)
- [AuthentiCare Claim History](#)
- [Calendar](#)
- [Scheduled AuthentiCare Calendar Events](#)
- [Late and Missed Visits](#)
- [Late and Missed Visits for Scheduled AuthentiCare Events](#)
- [Worker By Provider](#)
- [Worker By Provider Report](#)
- [Provider Activity](#)
- [Provider Activity Report](#)
- [Billing Invoice](#)
- [Billing Invoice Report](#)
- [Time and Attendance](#)
- [Time and Attendance Report](#)
- [Exception](#)
- [Exception Report](#)
- [Overlapped Claim](#)
- [Overlapped Claim Report](#)
- [Unauthorized Phone Number](#)
- [Unauthorized Phone Number Report](#)
- [Remittance Advice](#)
- [Remittance Advice Report](#)
- [Claim Data Listing](#)
- [Claim Data Listing Report](#)
- [Remittance Data Listing](#)
- [Remittance Data Listing Report](#)
- [Eligible Client Data Listing](#)
- [Eligible Client Data Listing Report](#)

View Reports

[\[Refresh\]](#) [\[Delete Selected Reports\]](#)

<input type="checkbox"/>	Name	Submit Time	Status
<input type="checkbox"/>	Eligible Client Data Listing Report	5/31/2011 10:39 AM	Completed

There are three sections of the Report Page:

1. **Report Templates** – Users can create templates for reports that are created on a regular basis. For example, there is a need for a report on Late and Missed Visits at the end of each month for all clients, a template can be created with the desired settings. Templates are addressed in more detail in Section 13.4.
2. **Create Reports** – Seventeen types 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 and sort criteria and run the report. Proceed to Step 2 for further instructions.
3. **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 at a later date and has been deleted, it can simply be rerun for the same dates. Methods of viewing reports are addressed in detail in Section 13.2.



- Click on a report name hyperlink from the list provided in the **Create Reports** section of the *Report* page.

Report Templates [Delete Selected Templates]

Create Reports

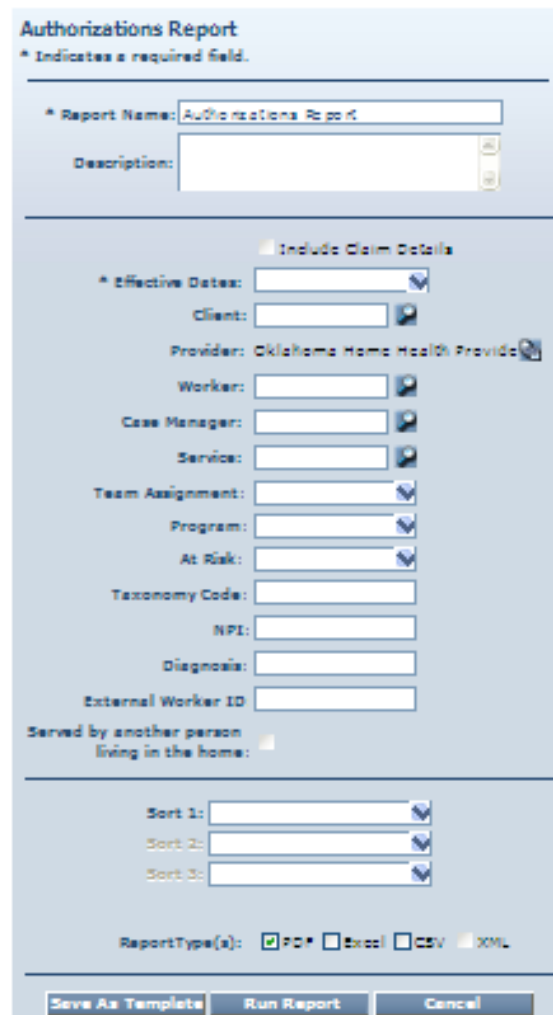
- [Authorizations](#)
- AuthentiCare Service Authorizations
- [Claim Details](#)
- AuthentiCare Claim Details
- [Claim History](#)
- AuthentiCare Claim History
- [Calendar](#)
- Scheduled AuthentiCare Calendar Events
- [Late and Missed Visits](#)
- Late and Missed Visits for Scheduled AuthentiCare Events
- [Worker By Provider](#)
- Worker By Provider Report
- [Provider Activity](#)
- Provider Activity Report
- [Billing Invoice](#)
- Billing Invoice Report
- [Time and Attendance](#)
- Time and Attendance Report
- [Exception](#)
- Exception Report
- [Overlapped Claim](#)
- Overlapped Claim Report
- [Unauthorized Phone Number](#)
- Unauthorized Phone Number Report
- [Remittance Advice](#)
- Remittance Advice Report
- [Claim Data Listing](#)
- Claim Data Listing Report
- [Remittance Data Listing](#)
- Remittance Data Listing Report
- [Eligible Client Data Listing](#)
- Eligible Client Data Listing Report

View Reports [Refresh] [Delete Selected Reports]

<input type="checkbox"/>	Name	Submit Time	Status
<input type="checkbox"/>	Eligible Client Data Listing Report	5/31/2011 10:39 AM	Completed




The *Authorizations Report* page was chosen for this example. It displays the filter and sort criteria for the report which are unique for the chosen report. This screen varies depending on the type of report chosen in Step 2, refer to Section 13.5 for specific filter and sort information for each type of report.

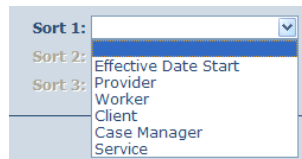



3. Enter a **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive. For example, if the report is for a single client, the report name can be changed to include the client's name and the date range.
4. Enter a **Description**, if desired. This is most helpful in creating templates which are addressed in more detail in Section 13.4.

- 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 **Claim Dates** or **Effective Dates** depending on the report selected.

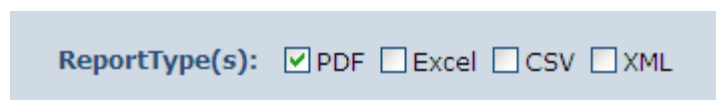


- Enter any other filter criteria desired such as **Client**, **Worker**, **Service** or **Provider**. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If no information is added, the report includes all information for the period selected.
- Select **Sort** criteria as desired. These are similar for all reports. KS AuthentiCare allows selection of up to three sort items.



	<p><i>As an example, the provider may choose to have the report sorted first by Client, then by Service, then by Date. In this example, the Sort fields would be populated as shown below.</i></p> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Sort 1: Client</p> <p>Sort 2: Service</p> <p>Sort 3: Effective Date Start</p> </div>
---	---

- Choose the Report Type(s) to indicate the format the report will be displayed. You can choose as many format types as need. If you do not choose, the report will automatically default to PDF except for the two list reports (Claims Data Listing and Remittance Data List) which default to Excel.



9. 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 can be one of the following:

- Queued - the report is in line for processing
- In Progress – the report is being created
- 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 status of the report, you may need to click Refresh. This refreshes the page and displays the updated status of the report.

View Reports		
[Refresh] [Delete Selected Reports]		
<input type="checkbox"/> Name	Submit Time	Status
<input type="checkbox"/> Events Scheduled for Jennifer Alfano today	1/15/2010 3:49 PM	Queued
<input type="checkbox"/> Authorizations Report for January	1/15/2010 3:41 PM	Completed

13.2 VIEWING A REPORT

Once the Status of the Report has changed to Completed, the report may be viewed in the format(s) selected.

Report Templates
[Delete Selected Templates]

Create Reports

Authorizations
AuthentiCare Service Authorizations
[Claim Details](#)
AuthentiCare Claim Details
[Claim History](#)
AuthentiCare Claim History

View Reports		
[Refresh] [Delete Selected Reports]		
<input type="checkbox"/> Name	Submit Time	Status
<input type="checkbox"/> Provider Activity Report	11/9/2011 12:06 PM	Completed
<input type="checkbox"/> Claim Details Report	11/8/2011 4:44 PM	Completed
<input type="checkbox"/> Claim History Report	11/8/2011 4:18 PM	Completed
<input type="checkbox"/> Calendar Report	11/8/2011 4:18 PM	Completed

1. 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:



Click this icon to open the report as an Adobe .pdf file which requires Adobe Reader to view. This format is the most convenient for printing and viewing.



Click this icon to open the report as an Excel spreadsheet.



Click this icon to open the report as a CVS file. This format may be useful in importing the information to another spreadsheet or database.

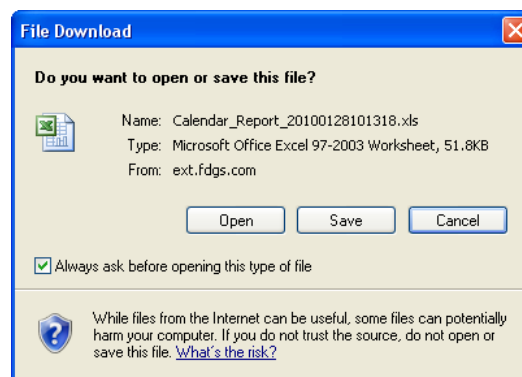


Click this icon to open the report as an XML file. Like the CSV file, this format may be useful in sending information to another source, such as a data warehouse.



The column headings in the View Reports section are hyperlinks that change the sort order of the reports that are displayed in this section. Click the hyperlink once to change the view to ascending order based on the values in the column chosen. Click the hyperlink again to change the view to descending order based on the values in the column chosen.

2. 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 Adobe .pdf option to view your report.)





The appropriate application starts based on the format you selected and the report is displayed, if you click **Open**. At that point, you may print the report if desired. The following example is from clicking the Adobe .pdf icon.

AuthentiCare Authorizations

SOUTHWEST KANSAS AAA (100258959A)

Worker

Any

Client	Service		Start	End	Total Units	Authorization
BRUCE, JAY (00084774411)	Level 2 Attendant Care (HCFES5125)		10/01/2011	11/30/2011	200	418
Claim	Claim Start	Claim End	Total Units	Auth Units	Exceptions	
426	10/10/2011 10:11:00 AM	10/10/2011 11:00:00 AM	3		3	ConfirmBillingForClaim,EventMatching
427	10/11/2011 2:00:00 PM	10/11/2011 3:00:00 PM	4		4	ConfirmBillingForClaim,EventMatching
428	10/28/2011 7:38:00 AM		1		1	EventMatching
430	10/28/2011 9:03:00 AM	10/28/2011 9:06:00 AM				ConfirmBillingForClaim,EventMatching,MissingActivityCode
431	10/28/2011 2:56:00 PM	10/28/2011 2:58:00 PM				ConfirmBillingForClaim,EventMatching
432	10/28/2011 6:49:00 PM	10/28/2011 6:51:00 PM				ConfirmBillingForClaim,EventMatching
433	10/31/2011 8:59:00 AM	10/31/2011 9:07:00 AM	1		1	ConfirmBillingForClaim,EventMatching
438	11/2/2011 12:52:00 PM					EventMatching
439	11/2/2011 1:19:00 PM					EventMatching

Number of Claims: 9

Authorized Units Remaining: 191

13.3 DELETING A REPORT FROM THE VIEW REPORTS SECTION

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


Report Templates
[Delete Selected Templates]

Create Reports


- [Authorizations](#)
- AuthentiCare Service Authorizations
- [Claim Details](#)
- AuthentiCare Claim Details
- [Claim History](#)
- AuthentiCare Claim History

View Reports
[Refresh] [Delete Selected Reports]

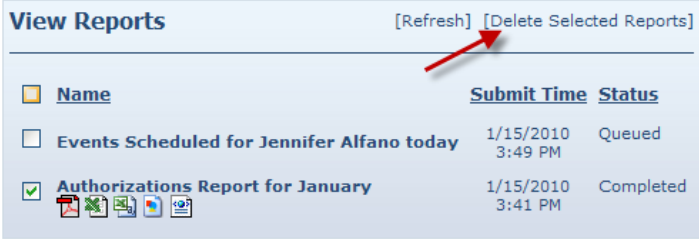
<input type="checkbox"/>	Name	Submit Time	Status
<input type="checkbox"/>	Provider Activity Report	11/9/2011 12:06 PM	Completed
<input type="checkbox"/>	Claim Details Report	11/8/2011 4:44 PM	Completed
<input type="checkbox"/>	Claim History Report	11/8/2011 4:18 PM	Completed
<input type="checkbox"/>	Calendar Report	11/8/2011 4:18 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.



- Click **Delete Selected Reports** if you want to permanently remove the report.



The *Report* page displays and the report is no longer listed in the **View Reports** section.



Reports are automatically deleted three (3) days after they are created.

13.4 USING REPORT TEMPLATES

Instead of creating the same report at the end of each week, month or quarter, providers can save time by creating a template for the report. The **Calendar Report** is being used as an example for this section.

13.4.1 CREATING A REPORT TEMPLATE

1. Click on a report name from the list provided in the **Create Reports** section of the *Report* page.



The screenshot displays the Kansas Authenticare web application. At the top left is the Kansas state logo. To its right is the text 'Kansas Authenticare'. Below this is a navigation bar with links: Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links. The main content area is divided into two columns. The left column is titled 'Report Templates' and contains a sub-section 'Create Reports'. This section lists various report templates, including 'Authorizations', 'AuthentiCare Service Authorizations', 'Claim Details', 'AuthentiCare Claim Details', 'Claim History', 'AuthentiCare Claim History', 'Calendar', 'Scheduled AuthentiCare Calendar Events', 'Late and Missed Visits', 'Late and Missed Visits for Scheduled AuthentiCare Event', 'Worker By Provider', 'Worker By Provider Report', 'Provider Activity', 'Provider Activity Report', 'Billing Invoice', and 'Billing Invoice Report'. A red arrow points to the 'Calendar' link. The right column is titled 'View Reports' and contains a list of checkboxes next to report names, each with a small document icon next to it.



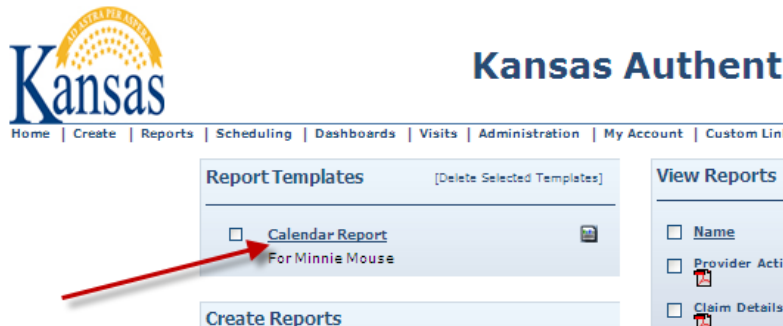
The *Calendar Report* page for the report displays. This page is where you enter the filter and sort criteria for the report.



The screenshot shows the 'Calendar Report' form. It includes fields for 'Report Name' (defaulted to 'Calendar Report'), 'Description', 'Effective Dates' (with a calendar icon), 'Event', 'Authorization', 'Client', 'Provider' (pre-filled with 'Oklahoma Home Health Provider'), 'Primary Worker', 'Service', 'Team Assignment', 'Program', 'At Risk', 'Taxonomy Code', 'NPI', 'Diagnosis', and 'External Worker ID'. There are also checkboxes for 'Served by another person' and 'Living in the home', and 'Sort 1', 'Sort 2', and 'Sort 3' dropdowns. At the bottom, there are radio buttons for 'Report Type(s)' (PDF, Excel, CSV, XML) and buttons for 'Save As Template', 'Run Report', and 'Cancel'.

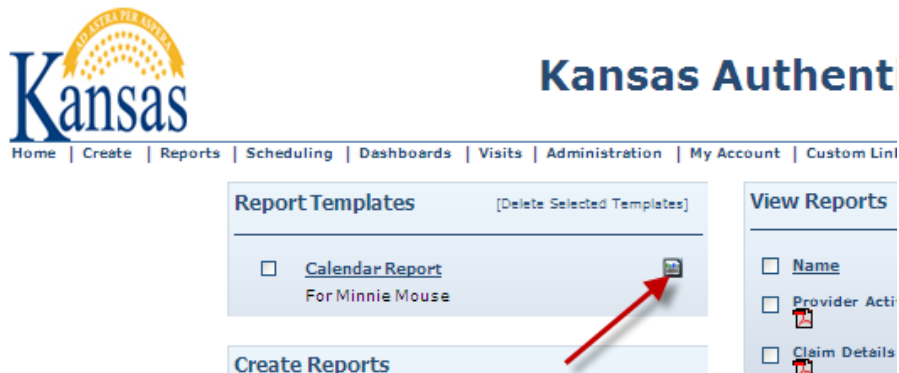
2. Enter a unique **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive.
3. Enter a **Description**. This identifies the purpose of the report.
4. Choose a date range from the drop-down box for the **Effective Dates**. This varies based on the type of report. Refer to Section 13.5.
5. Enter any other filter criteria. This varies based on the type of report. Refer to Section 13.5.
6. Select **Sort** criteria as desired.
7. Select the **Report Type(s)**.
8. Click **Save as Template**.

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



13.4.2 RUNNING A REPORT FROM A TEMPLATE

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



The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status of "Queued". Proceed to Section 13.2 for further instructions on viewing the report.




13.4.3 EDITING A REPORT TEMPLATE

1. Click the hyperlink on the name of the report.



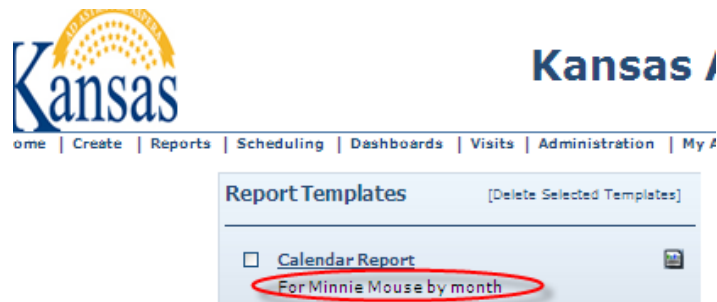
The *Calendar Report* page displays.



2. Edit the *Calendar Report* page as desired.

3. Click **Save as Template**.

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

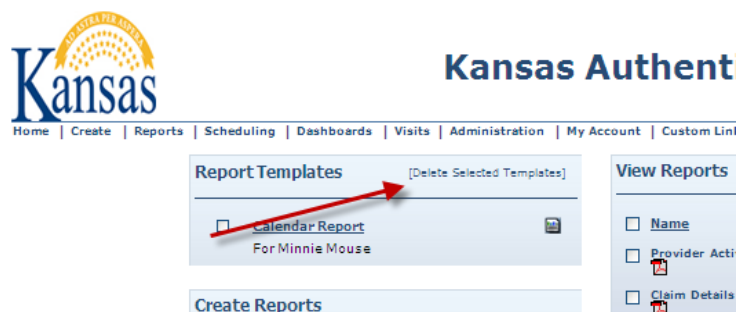


13.4.4 DELETING A REPORT TEMPLATE

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 and the report template is no longer listed.



13.5 REPORT EXAMPLES

13.5.1 AUTHORIZATIONS REPORT WITHOUT CLAIM DETAIL

The Authorizations Report lists all authorizations in KS AuthentiCare for a given time period. The report can be filtered to include only authorizations for a particular client or service. It can be sorted to display the authorizations in a certain order. For example, the provider may choose to see the authorizations sorted by service then by client. The Authorizations Report without Claim Detail does not include the claims associated with the authorizations.

The Authorizations Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** (Effective Dates of the authorization). The options include Current Day, Current Week, Current Month, Current Quarter, Current Year, and Fixed Date. If Fixed Date is chosen, then you must enter the “from” and “to” dates (mm/dd/yyyy). Additional filter criteria include Client, Provider, Worker, Service and Waiver.

Authorizations Report
* Indicates a required field.

* Report Name:

Description:

☐ Include Claim Details

* Effective Dates:

Client:

Provider:

Worker:

Case Manager:

Service:

Team Assignment:

Program:

At Risk:

Taxonomy Code:

NPI:

Diagnosis:

External Worker ID:

Served by another person living in the home: ☐

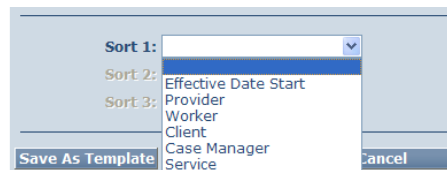
Sort 1:

Sort 2:


Sort 3:

ReportType(s): ☒ PDF ☐ Excel ☐ CSV ☐ HTML


The Authorizations Report can also be sorted which means that the information returned on the report is grouped by whatever sort selection is made. For instance if Client is chosen, then all of the authorizations for that client are grouped together. Below is a screenshot of the Sort options available on the Authorizations Report.



An example of the Authorizations Report:



AuthentiCare Authorizations



SOUTHWEST KANSAS AAA (100258959A)

Worker

Any

Client	Service	Start	End	Total Units	Authorization
BRUCE, JAY (00084774411)	Level 2 Attendant Care (HCFES5125)	10/01/2011	11/30/2011	200	418
Claim	Claim Start	Claim End	Total Units	Auth Units	Exceptions
426	10/10/2011 10:11:00 AM	10/10/2011 11:00:00 AM	3		3 ConfirmBillingForClaim,EventMatching
427	10/11/2011 2:00:00 PM	10/11/2011 3:00:00 PM	4		4 ConfirmBillingForClaim,EventMatching
428	10/28/2011 7:38:00 AM		1		1 EventMatching
430	10/28/2011 9:03:00 AM	10/28/2011 9:06:00 AM			ConfirmBillingForClaim,EventMatching,MissingActivityCode
431	10/28/2011 2:58:00 PM	10/28/2011 2:58:00 PM			ConfirmBillingForClaim,EventMatching
432	10/28/2011 6:49:00 PM	10/28/2011 6:51:00 PM			ConfirmBillingForClaim,EventMatching
433	10/31/2011 8:59:00 AM	10/31/2011 9:07:00 AM	1		1 ConfirmBillingForClaim,EventMatching
438	11/2/2011 12:52:00 PM				EventMatching
439	11/2/2011 1:19:00 PM				EventMatching

Number of Claims: 9

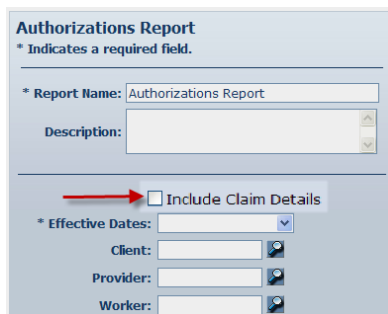
Authorized Units Remaining: 191

13.5.2 AUTHORIZATIONS REPORT WITH CLAIM DETAIL

The Authorizations Report with Claim Detail is the same as the Authorizations Report described in Section 13.5.1; however, in addition to the authorizations, any claims associated with those authorizations are also displayed. This report provides information on the number of units remaining in the authorization based on the number of units for which there are claims.



The filter and sort criteria are the same as the Authorizations Report without Claim Detail, but you must check the **Include Claim Details** checkbox.



Authorizations Report
* Indicates a required field.

* Report Name: Authorizations Report

Description:

☐ Include Claim Details

* Effective Dates: [Dropdown]

Client: [Text Box]

Provider: [Text Box]

Worker: [Text Box]

13.5.3 CLAIM DETAILS REPORT

The Claim Details Report lists all claims in KS AuthentiCare for the time period specified. The report can be filtered to include only certain types of claims (for example, claims that have been exported for billing) or only claims for a particular client, worker and/or service. It can also be sorted to display the claims in a specific order.

The Claim Details Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running the report.



Claim Details Report
* Indicates a required field.

* Report Name: Claim Details Report

Description:

* Claim Type: [Dropdown]

* Claim Dates: [Dropdown]

Client: [Text Box]

Provider: Oklahoma Home Health Provider

Worker: [Text Box]

Case Manager: [Text Box]

Service: [Text Box]

* Group By: [Dropdown]

Team Assignment: [Dropdown]

Program: [Dropdown]

At Risk: [Dropdown]

Taxonomy Code: [Text Box]

NPI: [Text Box]

Diagnosis: [Text Box]

External Worker ID: [Text Box]

Served by another person living in the home: ☐

Sort 1: [Dropdown]

Sort 2: [Dropdown]

Sort 3: [Dropdown]

ReportType(s): ☒ PDF ☐ Excel ☐ CSV ☐ XML

Save As Template Run Report Cancel



Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

* Claim Type: All Claims
* Claim Dates: All Claims
Client: Exported Claims Only
Non-Exported Claims Only
Provider: Specific Claim

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

* Claim Dates: Fixed Date Range
Client: Current Day
Provider: Current Week
Worker: Current Month
Case Manager: Current Quarter
Service: Current Year
Last Week
Last Month

Select **Group By** so the claims listed are grouped according to your selection. The options include Client, Provider, Exception (Client), and Exception (Provider).

* Group By: Client
Program: Case Manager
Team Assignment: Provider
At Risk: Exception (Client)
Exception (Provider)


Additional filter criteria include Client, Provider, Worker, Service and Waiver.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service. This determines the order of the data within the group selected in Group By.


Sort 1: Start Date
Sort 2: Provider
Sort 3: Worker
Client
Case Manager
Diagnosis: Service



An example of a Claim Details report:



AuthentiCare Claim Details



PHILLIPS, BRANDON (00067468911)				Total Number of Claims: 1			Total Amount: \$ 14.92				
Provider: CENTRAL PLAINS AAA (100260949A)											
Claim	Worker	Service	Service Type	Claim Start	Claim End	Total Units	Auth Units	Total Amount	Auth Amount	Export Date	Exceptions
447	Braskens, Bill (86925)	Level 2 Attendant Care (HCFESS125)	TimeBased	11/07/2011 08:05 AM	11/07/2011 09:12 AM	4	4	14.92	14.92		EventMatching
Number of Claims: 1											
Total Amount: \$ 14.92											

13.5.4 CLAIM HISTORY REPORT

The Claim History Report lists the detail of changes made to a claim or group of claims for auditing purposes. For example, a claim was confirmed for billing and there is a need to know who confirmed it.

The Claim History Report as displayed in the screenshot below only requires a filter for **Claim Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Claim History Report

* Indicates a required field.

* Report Name: Claim History Report

Description:

Claim:

* Claim Date:

Client:

Provider: Oklahoma Home Health Provider

Worker:

Case Manager:

Service:

Team Assignment:

Program:

At Risk:

Taxonomy Code:

NPI:

Diagnosis:

External Worker ID:

Served by another person living in the home:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): ☒ PDF ☐ Excel ☐ CSV ☐ XML

Save As Template Run Report Cancel



Additional filter criteria include Claim (to report on a specific claim), Client, Provider, Worker, Service and Waiver.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service.

An example of the Claim History report:



AuthentiCare Claim History




Claim: 447										
Client: PHILLIPS, BRANDON (00067468911)			Provider: CENTRAL PLAINS AAA (100260949A)			Worker: Braskens, Bill (86925)				
Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions
11/07/2011 08:05 AM	acr_admin@acr.com	Level 2 Attendant Care (HCFESS125)	TimeBased	11/07/2011 08:05 AM						EventMatching
11/07/2011 09:07 AM	acr_admin@acr.com	Level 2 Attendant Care (HCFESS125)	TimeBased	11/07/2011 08:05 AM	11/07/2011 09:02 AM	4	4	14.92	14.92	ConfirmBillingForClaim, EventMatching
11/07/2011 09:14 AM	acr_admin@acr.com	Level 2 Attendant Care (HCFESS125)	TimeBased	11/07/2011 08:05 AM	11/07/2011 09:12 AM	4	4	14.92	14.92	ConfirmBillingForClaim, EventMatching
11/07/2011 09:14 AM	acr_admin@acr.com	Level 2 Attendant Care (HCFESS125)	TimeBased	11/07/2011 08:05 AM	11/07/2011 09:12 AM	4	4	14.92	14.92	EventMatching

13.5.5 CALENDAR REPORT

The Calendar Report lists all scheduled events for a selected time period. The report can be filtered to include only events related to a particular client, worker or service. The report can be generated by the day, by the week or by the month.

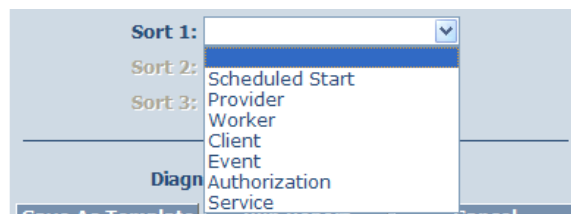


The Calendar Report as displayed in the screenshot below only requires a filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



Additional filter criteria include Event (to report on a specific event), Authorization (to report on the events scheduled for a specific authorization), Client, Provider, Primary Worker and Service.

If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.





An example of the Calendar Report:

Braskens, Bill (86925)		AuthentiCare Schedule				Event Total: 1
Event	Scheduled Start	Scheduled End	Client	Provider	Service	Authorization ID
417	11/3/2011 9:10:00 AM	11/3/2011 9:40:00 AM	STUBBS, DREW (00082797611) 123 MAIN ST WICHITA, KS 672163045 0000000000	CENTRAL PLAINS AAA (100260949A)	Level 2 Attendant Care (HCFES5125)	423

13.5.6 LATE AND MISSED VISITS REPORT

The Late and Missed Visits Report lists all late and missed visits for a selected time period. The report can be filtered to display information relating to a particular client, worker, service or event.

The Late and Missed Visits Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

Late and Missed Visits Report
* Indicates a required field.

* Report Name:

Description:

* Effective Dates:

Event:

Status:

Authorization:

Client:

Provider:

Primary Worker:

Service:

Team Assignment:

Program:

At Risk:

Taxonomy Code:

NPI:

Diagnosis:

External Worker ID:

Served by another person: ☐

Living in the home: ☐

Sort 1:

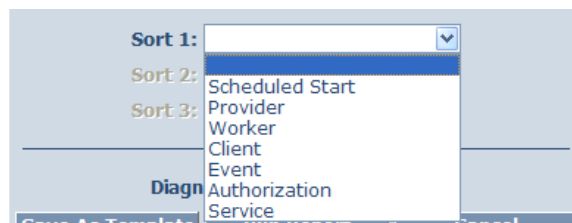
Sort 2:

Sort 3:


ReportType(s): ☒ PDF ☐ Excel ☐ CSV ☐ XML

Additional filter criteria include Event (to report on a specific event), Status (Late, Missed or Completed Late), Authorization, Client, Provider, Primary Worker and Service.


If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.



An example of the Late and Missed Visits Report:



AuthentiCare Schedule



STUBBS, DREW (00082797611)
Event Total: 1

Provider: CENTRAL PLAINS AAA (100260949A)

Event	Status	Worker	Service	Service Type	Threshold (minutes)	Schedule Start	Schedule End	Claim ID	Claim Start	Email Sent	Acknowledged By	Missed Visit Code
417	Missed	Braskens, Bill (86925)	Level 2 Attendant Care (HCFES5125)	TimeBased		11/03/2011 09:10 AM	11/03/2011 09:40 AM			11/03/2011 11:10 AM	central@aol.com	3

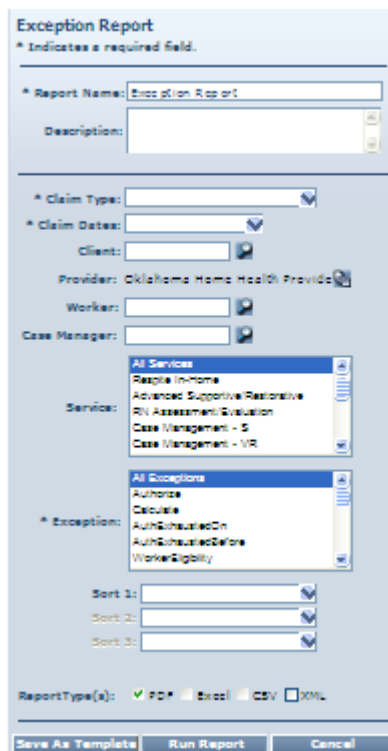
Number of Events: 1

13.5.7 EXCEPTION REPORT

Exceptions are used to readily identify claims that do not meet the business rules established for the program. Exceptions can be informational to alert the user that a criterion was not met, i.e. check in phone number does not match authorized, or can be critical which prevents the claim from being exported to KMAP/MMIS for adjudication, i.e. no authorization for service. The Exception Report is structured to identify exceptions for a single client or for multiple clients with the same exception.



The Exception Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report. Select from the Exception list which exceptions you want returned in the report. Hold down the Ctrl key to select more than one type of Exception.



The screenshot shows the 'Exception Report' form. It includes fields for Report Name, Description, Claim Type, Claim Dates, Client, Provider, Worker, Case Manager, Service, and Exception. The Exception list is expanded, showing options like Authorize, Calculate, and Worked Eligibility. At the bottom, there are checkboxes for Report Type (PDF, Excel, CSV, XML) and buttons for Save As Template, Run Report, and Cancel.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



The screenshot shows the 'Claim Type' dropdown menu. The options are All Claims, Exported Claims Only, Non-Exported Claims Only, and Specific Claim. The 'All Claims' option is currently selected.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



* Claim Dates:

Client:

Provider:

Worker:

Case Manager:

Service:

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

* Exception:

All Exceptions
 Authorize
 Calculate
 AuthExhaustedOn
 AuthExhaustedBefore
 WorkerEligibility

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Sort 1:

Sort 2:


Sort 3:

Save As Template


Service Date
 Check In Time
 Claim Number
 Client
 Worker ID
 Worker Name
 Service

An example of the Exception Report:





Exception Report



Report Date: November 10, 2011 08:44:11 AM

Filtered By: Date Range, Claim Type, Provider ID, Service, Exception

Sort by:

Case Manager Id:

Service: All

Exception: All

Claim Exception Record Returned : 7

Claim Type: All Claims


Date Range: 2011-11-07 to 2011-11-13

Provider Id: 100260949A

Worker Id:

Client ID:

Provider Name: CENTRAL PLAINS AAA (100260949A)					Number Of Claims With Exceptions: 7					Number of Exceptions: 7				
Exception	Claim Number	Client ID	Client Name	Case Manager Name	Worker ID	Worker Name	Check In Time	Check In Number	Check Out Time	Check Out Number	Actual Date Of Service	Actual Unit	Auth Unit	Service
E1	447	00067468911	PHILLIPS, BRANDON		86925	Braskens, Bill	8:05AM		9:12AM		11/07/2011	4	4	HCFFS5125
E1, G1, G2	451	00067468911	PHILLIPS, BRANDON		86925	Braskens, Bill	6:30AM	5135550922	7:15AM	5138904454	11/07/2011	3	3	HCFFS5125
C1, E1	459	00082797611	STUBBS, DREW		86925	Braskens, Bill	10:09AM		10:28AM		11/09/2011	1	1	HCFFS5125
C1, E1	460	00082797611	STUBBS, DREW		86925	Braskens, Bill	4:30PM		6:15PM		11/08/2011	7	7	HCFFS5125
A1, C1, E1, I4, I5	461	00082797611	STUBBS, DREW		86925	Braskens, Bill	11:30PM		5:30AM		11/07/2011	0	0	HCDH0045
A1, C1, E1	463	00082797611	STUBBS, DREW		86925	Braskens, Bill	2:40PM		6:01PM		11/07/2011	0	0	HCFFS2025
A1, C1, E1	465	00082797611	STUBBS, DREW		86925	Braskens, Bill	12:00AM				11/07/2011	1	0	HCFFS1001



The exceptions are grouped by claim number. Claim number is equivalent to Claim ID. For the screenshot above, Claim Number 459 has an Event Matching exception and a Billing Confirmation exception.

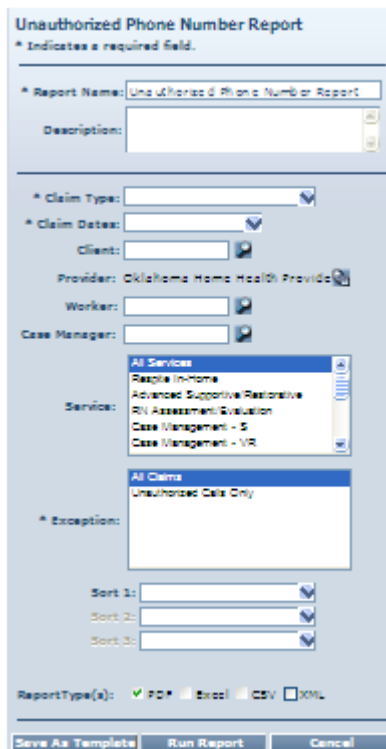
13.5.8 UNAUTHORIZED PHONE NUMBER REPORT

The Unauthorized Phone Number Report will provide ready access to a list of calls that were made from a phone other than the phone number associated with the client. These calls result in a claim with an unauthorized phone number exception. This report serves as an administrative tool allowing the Provider or State Administrative User to:

- Identify workers making calls from outside the home
- Identify phone numbers that have changed and need updating in KS AuthentiCare



The Unauthorized Phone Number Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.



Unauthorized Phone Number Report
* Indicates a required field.

* Report Name: Unauthorized Phone Number Report

Description:

* Claim Type: [Dropdown]

* Claim Dates: [Dropdown]

Client: [Text Box]

Provider: Oklahoma Home Health Provider

Worker: [Text Box]

Case Manager: [Text Box]

Service: [List Box]
 All Services
 Respite In-Home
 Advanced Supportive Restorative
 R/N Assessment/Evaluation
 Case Management - S
 Case Management - VR

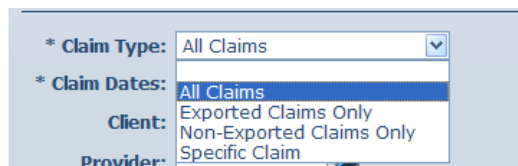
* Exception: [List Box]
 All Claims
 Unauthorized Case Only

Sort 1: [Dropdown]
 Sort 2: [Dropdown]
 Sort 3: [Dropdown]

ReportType(s): ☒ PDF ☐ Excel ☐ CSV ☐ XML

Save As Template Run Report Cancel

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



* Claim Type: All Claims [Dropdown]

* Claim Dates: All Claims [Dropdown]

Client: Exported Claims Only
 Non-Exported Claims Only
 Specific Claim

Provider: [Text Box]



Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

* Claim Dates:

Client:

Provider:

Worker:

Case Manager:

Service:

Select "Unauthorized Calls Only" for **Exception**. If you select "All Claims", all claims with exceptions will be returned; not just the ones with unauthorized phone number exceptions.

* Exception:

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Sort 1:

Sort 2:

Sort 3:

Save As Template

An example of the Unauthorized Phone Number Report:

Report Date: November 10, 2011 08:53:11 AM

Date Range: 2011-11-07 to 2011-11-07

Provider Id: 100260948A

Worker Id:

Client ID:

Provider Name: CENTRAL PLAINS AAA

Worker Name: Brackens, Bill

Claim Type: Specific Claim - 451

Filtered By: Date Range, Claim Type, Provider ID, Service, Exception

Sort by:

Case Manager Id:

Service: All

Exception: All

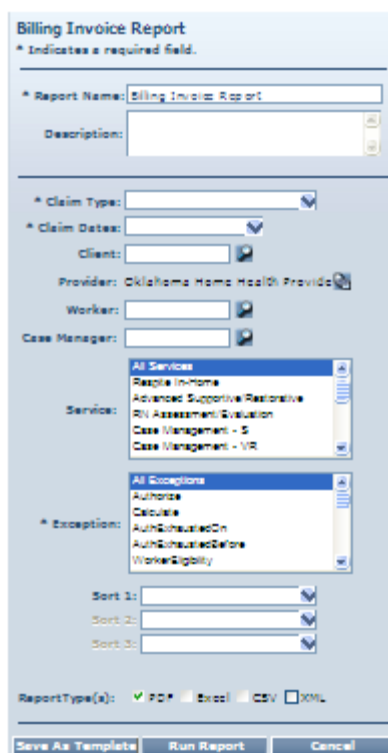
Claim Number	Client ID	Client Name	SVC	Exceptions	Date of Service	Check In	Check Out	Units	Check In Phone	Matches Id / Name	Check Out Phone	Matches Id / Name
451	00067468911	PHILLIPS, BRANDON	HCFES	E1, G1, G2	11/7/2011	6:30AM	7:15AM	3	\$135550922	Not Found	\$138904454	Not Found



13.5.9 BILLING INVOICE REPORT

The Billing Invoice report gives a list of claims for each service date, along with the KMAP/MMIS billing status and amount. With this report, providers have documented what was submitted to KMAP/MMIS each day and then monitor the Remittance Advice to ensure that each claim was adjudicated as expected.

The Billing Invoice Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

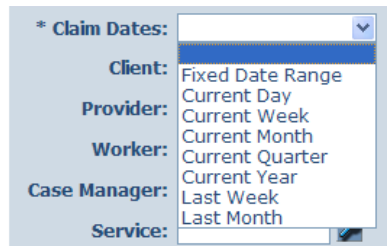


Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.





Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



* Claim Dates: [Dropdown Menu]

Client: Fixed Date Range

Provider: Current Day

Worker: Current Week

Case Manager: Current Month

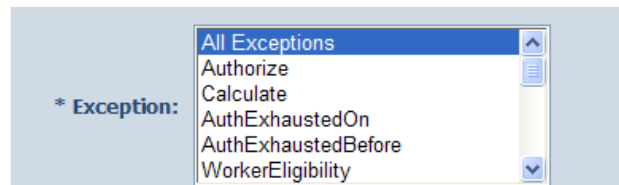
Service: Current Quarter

Current Year

Last Week

Last Month

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.



* Exception: [Dropdown Menu]

All Exceptions

Authorize

Calculate

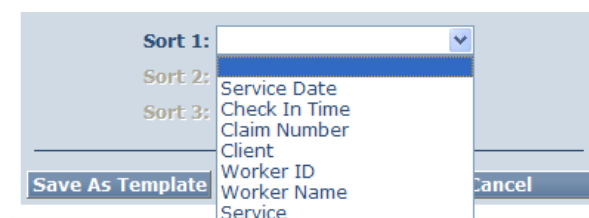
AuthExhaustedOn

AuthExhaustedBefore

WorkerEligibility

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



Sort 1: [Dropdown Menu]

Sort 2: [Dropdown Menu]

Sort 3: [Dropdown Menu]

Service Date

Check In Time

Claim Number

Client

Worker ID

Worker Name

Service

Save As Template

Cancel

An example of the Billing Invoice Report:



Report Date: April 05 2010 9:08:59 AM
Date Range: 1/15/2010 to 3/15/2010
Provider ID: 472
Worker ID:
Client ID:

Billing Invoice Report

Total Records Returned: 10
Claim Type: Exported Claims Only

Filtered By: Date Range, Claim Type, Provider ID, Service, Exception
Sort by:
Case Manager ID:
Service: All
Exception: All

Page 1 of 2



Provider Name: Scooter Healthcare													
Date Of Service: 01/02/2010													
Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Payment Date	Export Date
012	Ward, McLain	123456789	123456789	InfoExpts	T1019	Sally Jones	1:00PM	2:00PM	4	4	0.00		
013	Aaha, Molly	987654321	987654321	InfoExpts	T1020	Sally Jones	2:15PM	3:15PM	4	4	0.00		
Daily Totals:									8	8	0.00		2
Date Of Service: 01/04/2010													
Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Payment Date	Export Date
014	Ward, McLain	123456789	123456789	InfoExpts	T1020	Sally Jones	12:00PM	1:00PM	4	4	0.00		
Daily Totals:									4	4	0.00		1
Date Of Service: 01/05/2010													
Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Payment Date	Export Date
016	Aaha, Molly	987654321	987654321	InfoExpts	T1020	Chris Kasper	1:00PM	2:00PM	4	4	0.00		
Daily Totals:									4	4	0.00		1
Date Of Service: 02/03/2010													
Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Payment Date	Export Date
018	Aaha, Molly	987654321	987654321	InfoExpts	T1019	Sally Jones	9:55AM	11:01AM	4	4	0.00		
019	Aaha, Molly	987654321	987654321	InfoExpts	T1020	Shel Johnson	11:00AM	12:00PM	4	4	0.00		
Daily Totals:									8	8	0.00		2

13.5.10 TIME AND ATTENDANCE REPORT

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 as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker with another.



The Time and Attendance Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



* Claim Dates:

Client:

Provider:

Worker:

Case Manager:

Service:

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

* Exception:

All Exceptions
 Authorize
 Calculate
 AuthExhaustedOn
 AuthExhaustedBefore
 WorkerEligibility

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Sort 1:


Sort 2:

Sort 3:


Save As Template

An example of the Time and Attendance Report:





Time and Attendance Report



Report Date: November 10, 2011 08:53:39 AM

Date Range: 2011-11-07 to 2011-11-13

Provider Id: 100260949A

Worker Id:

Client ID:

Total Records Returned: 7

Claim Type: All Claims

Filtered By: Date Range, Claim Type, Provider ID, Service, Exception

Sort by:

Case Manager Id:

Service: All

Exception: All

Provider Id : 100260949A

Worker Id : 86925

Provider Name: CENTRAL PLAINS AAA

Worker Name : Braskens, Bill

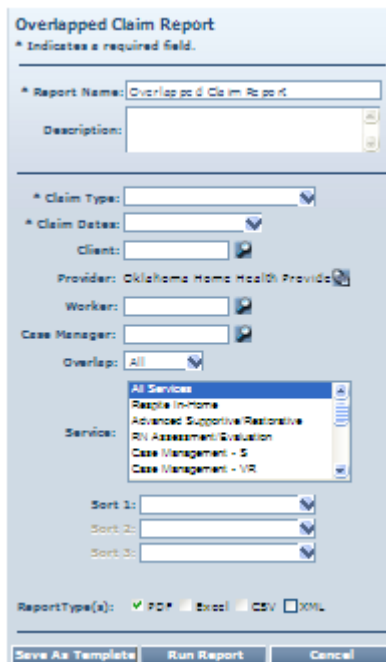
Claim Number	Client ID	Client Name	Date of Service	Service	Worker Name	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Actual Amount	Auth Amount	Export Date	Exceptions
447	00067488911	PHILLIPS, BRANDON	11/07/2011	HCFES 5125	Braskens, Bill	86925	8:05AM	9:12AM	4	4	14.92	14.92		E1
451	00067488911	PHILLIPS, BRANDON	11/07/2011	HCFES 5125	Braskens, Bill	86925	8:30AM	7:15AM	3	3	11.19	11.19		E1, G1, G2
459	00082797611	STUBBS, DREW	11/09/2011	HCFES 5125	Braskens, Bill	86925	10:08AM	10:28AM	1	1	3.73	3.73		C1, E1
460	00082797611	STUBBS, DREW	11/09/2011	HCFES 5125	Braskens, Bill	86925	4:30PM	6:15PM	7	7	26.11	26.11		C1, E1
461	00082797611	STUBBS, DREW	11/07/2011	HCDOH 0045	Braskens, Bill	86925	11:30PM	5:30AM	0	0	0.00	0.00		A1, C1, E1, I4, I5
463	00082797611	STUBBS, DREW	11/07/2011	HCFET 2025	Braskens, Bill	86925	2:40PM	6:01PM	0	0	0.00	0.00		A1, C1, E1
465	00082797611	STUBBS, DREW	11/07/2011	HCFET 1001	Braskens, Bill	86925	12:00AM		1	0	0.00	0.00		A1, C1, E1
Worker Total :									16	15	55.95	55.95		
Provider Total :									16	15	55.95	55.95		

13.5.11 OVERLAPPED CLAIM REPORT

The Overlapping Time Report is useful in identifying quality concerns and/or overpayments. Under usual circumstances, workers should complete care for one client before moving on to provide care to another client. Monitoring the Overlapped Claim Report enables the user to identify clients whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same or another client. This report is also helpful in determining patterns for specific workers that may need targeted training/retraining or reminders of program requirements and expectations.



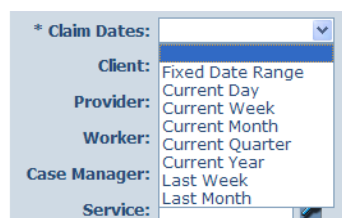
The Overlapped Claim Report as displayed in the screenshot below has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.



Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).





If you wish, you may change the selection for **Overlap**. This automatically defaults to “All”, but you can change it to “Clients” or “Services”.

Overlap: All
Clients
Services

Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Sort 1: [Dropdown]
Sort 2: [Dropdown]
Sort 3: [Dropdown]
Save As Template Cancel

An example of the Overlapped Claim Report:

Report Date: April 07 2010 11:31:32 AM
Service Date Range: 1/1/2010 to 4/6/2010
Provider Id: 472
Worker Id:
Client Id:

Filtered By: Date Range, Claim Type, Provider ID, Service
Sort by:
Case Manager Id:
Service: All
Exception:

Total Overlaps Returned: 1
Claim Type: All Claims

Provider Id: 472
Worker Id: 85496
Claim Number

Provider Name: Scooter Healthcare
Worker Name: Chris Kappeler
SVC Date of Service

Provider Overlaps: 1
Worker Overlaps: 1

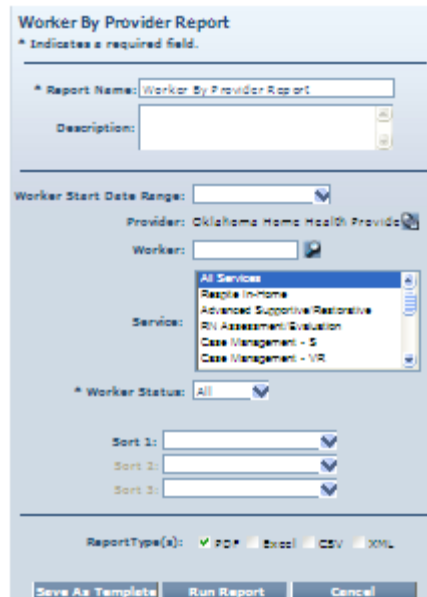
Client ID	Client Name	SVC	Date of Service	Check In Time	Check Out Time	Check In Phone	Check Out Phone	Check In Pk Owner	Check Out Pk Owner
617	676543219	Weekley, Bob	T1019	03/26/2010	1:59PM	2:05PM	9185948101		
618	903652741	McCartney, Paul	T1016	03/26/2010	1:00PM	2:00PM			

13.5.12 WORKERS BY PROVIDER REPORT

The Workers by Provider Report is used for monitoring purposes or can be used by providers to determine workers that are currently employed to provide care. Other uses of the report include determining worker to client ratios or validating that all workers employed by the provider are registered in the system.

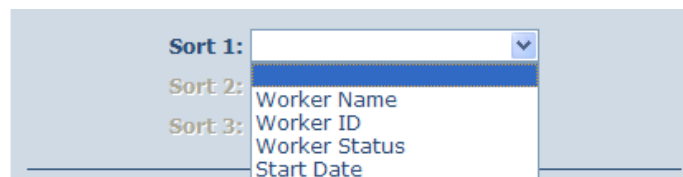


The Workers By Provider Report as displayed in the screenshot below has filter criteria of **Worker Status**. Select from "All", "Active", or "Inactive".




Additional filter criteria include Worker Start Date Range, Provider, Worker and Service.


If desired, you may also select sort criteria which include Worker Name, Worker ID, Worker Status, and Start Date. This determines the order of the data.





An example of the Workers by Provider Report:



Workers by Provider Report

Report Date: November 07, 2011 09:43:21 AM

Provider ID: 100258959A

Worker ID:

Total Records Returned: 2

Filtered By: Worker Start Date Range, Provider ID, WorkerStatus, Service

Sort by:

Worker Status: All

Service: All

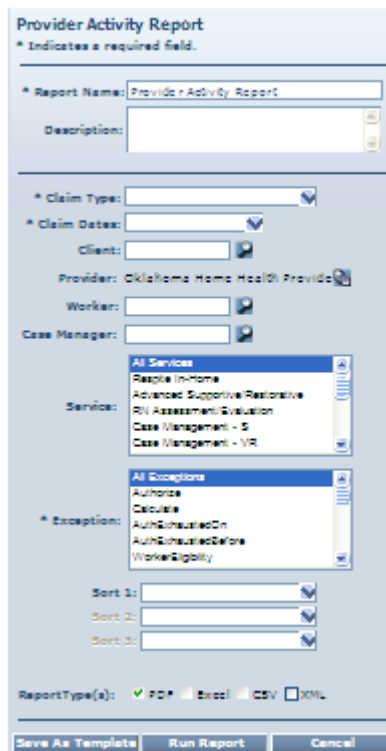
Provider Name : SOUTHWEST KANSAS AAA		Provider ID : 100258959A		Provider Service: HCFES5125,HCFES5125UD,HCFES5130,HCFES5101,HCFES5160 ,HCFES5190,HCFET1001,HCFET2025,HCFES5135,HCFES5135UD		
Worker Id	Worker SSN	Worker Name	Start Date	Termination Date	Sanctions	Worker Service
01213		Choo, Sin Soo				HCFES5125,HCFES5130
28385		Stammy, Super				HCFES5125,HCFES5125UD,HCFES5130

13.5.13 PROVIDER ACTIVITY REPORT

A report that lists, by worker, all services performed during a given time period and the total dollars billed to KMAP/MMIS, again by worker. The Provider Activity Report is a useful tool for State monitoring or for the providers who need to know the revenue 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 as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker over another.



The Provider Activity Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are required when running the report.



Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.





Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

* Claim Dates: [Dropdown Menu]
Client: [Text Field]
Provider: [Text Field]
Worker: [Text Field]
Case Manager: [Text Field]
Service: [Text Field]

Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.

* Exception: [Dropdown Menu]
All Exceptions
Authorize
Calculate
AuthExhaustedOn
AuthExhaustedBefore
WorkerEligibility


Additional filter criteria include Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

Sort 1: [Dropdown Menu]
Sort 2: [Dropdown Menu]
Sort 3: [Dropdown Menu]
Service Date
Check In Time
Claim Number
Client
Worker ID
Worker Name
Service
Save As Template Cancel



An example of the Provider Activity Report:



Provider Activity Report

Report Date: November 07, 2011 09:43:45 AM
Date Range: 2011-11-07 to 2011-11-07
Provider Id:
Worker Id:
Client ID:

Total Records Returned: 1
Claim Type: All Claims

Filtered By: Date Range, Claim Type, Service, Exception
Sort by:
Case Manager Id:
Service: All
Exception: All

Page 1 of 1

Provider Id : 100250940A
Worker Id : 86925

Provider Name: CENTRAL PLAINS AAA
Worker Name : Braskens, Bill

Claim Number	Client ID	Client Name	Claim Status	Date of Service	Service	Activity Code(s)	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Payment Date	Export Date	Exceptions
447	00067468911	PHILLIPS, BRANDON	InfoExcp	11/07/2011	HCFES 5125	71,73,76	86925	8:05AM	9:12AM	4	4	0.00			E1
Worker Total :										4	4	0.00			1
Provider Total :										4	4	0.00			1

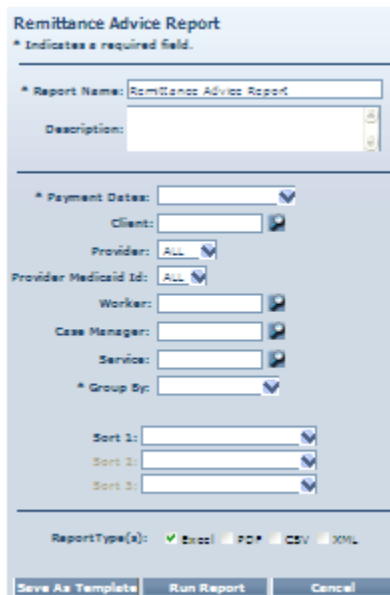
13.5.14 REMITTANCE ADVICE REPORT

Providers need to be able to balance their accounting records to ensure that payment was received for a service that was provided and billed. This report provides remittance advice reporting on the KS AuthentiCare web, so that providers can examine paid claims, and understand check amounts. It is only available if the provider uploads the 835 electronic remittance advice into KS AuthentiCare. If the provider does not upload the 835, the system has no record of payment, only of claims submitted for payment.

- In contrast to the Provider Activity report, the Remittance report is oriented around the KMAP/MMIS Claim number and not the AuthentiCare claim number, and around payment date, not claim date. The intent is to support drill down of a payment received to the individual claims included in it. Claim reports should still be used to research the payment status of an individual claim.
- The report uses a filter page variation that is specific to the Remittance Advice report. Note that the date range selected is the KMAP/MMIS payment or processing date, not the date of service.
- The Remittance report offers the similar sort and filter criteria as the other reports, but some criteria that are not relevant are omitted.
- Report totals are provided at the end. If a grouping is selected, group subtotals are provided at the end of each group.



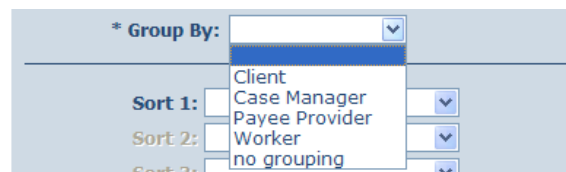
The Remittance Advice Report as displayed in the screenshot below has filter criteria of **Payment Dates** and **Group By**.



Select the **Payment Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



Select **Group By** from Client, Payee Provider, Worker and no grouping.



Additional filter criteria include Client, Provider, Worker and Service.



If desired, you may also select sort criteria which include Service Date, Provider, Client, Worker and Service. This determines the order of the data.

Sort 1:
Sort 2:
Sort 3:
Save As Template

An example of the Remittance Advice Report:

Remittance Advice Report

Date Range: -
Provider Id:
Worker ID:

Filtered By: Worker Start Date Range
Sorted by:
Case Manager ID:
Services:

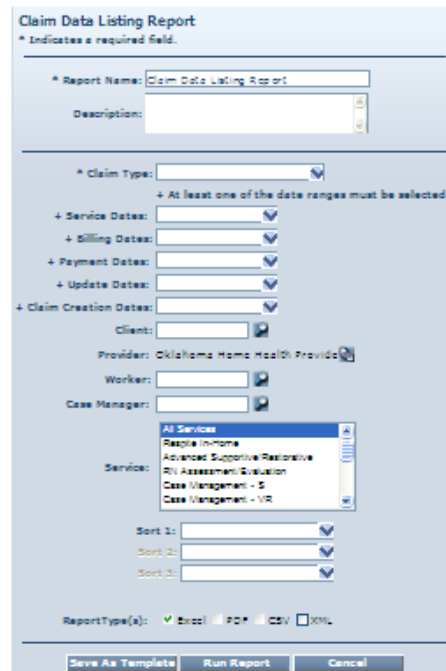
Provider: Home Services 1 ()

Client: Patton, William Medicaid ID: 987654321

MMIS Claim #	#	Claim	Date of Service	Client Name	Medicaid Number	Worker ID	Procedure Code	Check or EFT	Total Billed(\$)	Total Payment (\$)	Submit to MMIS	MMIS Payment Date	MMIS Status Code
0817400375811300A			20080630	Patton, William	987654321	987654321	G9012	5985881	45.50	45.50		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	T1019	5985881	124.00	124.00		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	T1019	5985881	124.00	124.00		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	LTC10	5985881	40.00	40.00		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	LTC10	5985881	40.00	40.00		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	X0273	5985881	13.00	13.00		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	S5165	5985881	1200.00	1200.00		20080703	P
0817400375811300A			20080630	Patton, William	987654321	987654321	T1019	5985881	124.00	124.00		20080703	P
Client Totals:									1716.50	1716.50			

13.5.15 CLAIM DATA LISTING REPORT

The KS AuthentiCare List Report gives a provider the ability to download claims data as needed for use in the back-end systems. As with the other KS AuthentiCare reports, the provider must select report criteria on the criteria pages.

The Claim Data Listing Report is a report that lists, by provider and worker, all services performed during a given time period and the total dollars billed to and paid by KMAP/MMIS (if the provider uploads the 835 remittance advice into KS AuthentiCare).

- The report has a column for external worker ID for the provider-specific worker ID if used by the provider.
- The report also has a column for “claim create date” and the report can be sorted by that date.

This report is a useful tool for State monitoring or for the provider who needs to know the services delivered by their workers for a specified time period. The list report is a very simple format with a row of column headings followed by a list of data rows so that it is easily integrated with other back office systems.

13.5.16 REMITTANCE DATA LIST REPORT

The Remittance Data List Report provides remittance advice reporting on the KS AuthentiCare web, so that the provider can examine paid claims, and understand check amounts.



Remittance Data Listing Report
* Indicates a required field.

* Report Name:

Description:

* Payment Dates:

Client:

Provider:

Provider Medicaid Id:

Worker:

Case Manager:

Service:

Sort 1:

Sort 2:

Sort 3:

ReportType(s): ☒ Excel ☐ PDF ☐ CSV ☐ XML

The Remittance Data List report is oriented around the KMAP/MMIS claim number and not the KS AuthentiCare claim number, and around payment date, not claim date. The intent is to support drill down of a payment received to the individual claims included in it. Claim reports should still be used to research the payment status of an individual claim.

The Remittance report offers the similar sort and filter criteria as the other provider reports, but some criteria that are not relevant are omitted. **Note** that the date range selected is the MMIS payment or processing date, not the date of service.

The Remittance Data List Report is only available in CSV and Excel formats.

Kansas		Remittance Data Listing Report																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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Provider		AuthentiCare Claim		Payment Provider Name		Payment Provider Id		Rendering Provider Name		Rendering Provider Id		Worker Name		Worker Id		Client Name		Client Id		Case Manager Name		Case Manager Id		Service		Precedence		Date of Service		AuthentiCare Unit		Paid Unit		Billed Amount		Paid Amount		Last Billing Date		Payment Date		Check #		MMIS State																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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13.5.17 ELIGIBLE CLIENT REPORT

This report shows any clients that the provider has authorization to provide services for or has claims. The report provides most of the data elements shown in the client record.



Eligible Client Data Listing Report

* Indicates a required field.

* Report Name:

Description:

* Eligibility Dates:

Client:

Provider:

Worker:

Case Manager:

Service:

All Services

Respite in-Home

Advanced Supportive/Restorative

RN Assessment/Evaluation

Case Management - S

Case Management - VR

Team Assignment:

Program:

At Risk:

Taxonomy Code:

NPI:

Diagnosis:

External Worker ID:

Served by another person living in the home: ☐

Sort 1:

Sort 2:

Sort 3:

ReportType(s): ☒ Excel ☐ PDF ☐ CSV ☐ XML



Chapter 14 **ONGOING USER SUPPORT AND TRAINING**

By design, this User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in KS AuthentiCare. As with most documents of this type, searching by topic is often the first step.

1. If you are unable to solve your problem by using this manual, you can contact First Data Client Support services at 1-800-441-4667, Option 6 or clientsupport@firstdata.com for assistance.
2. For training your staff, a training website and training IVR are available 24/7 and mirror the production web and IVR.
 - The url for the Training Website is <https://ext.fdgs.com/kansas>
 - The toll-free phone number for the Training IVR is (866) 388-2367; application identification#: 60.
3. For user support regarding authorizations, the client's plan of care or policies of KDOA or SRS, contact KSAuthentiCare@aging.ks.gov.

APPENDIX A.1: SERVICE CODES

KDOA – Frail Elderly Waiver

Service Code	Service Name	Unit Definition	Activity Code Required
HCFES5125	Level 2 Attendant Care	15 minutes	Y
HCFES5125UD	Self-Directed Attendant Care	15 minutes	Y
HCFES5130	Level 1 Attendant Care	15 minutes	Y
HCFES5101	Adult Day Care	Time Based *	N
HCFES5160	Personal Emergency Response – Install	Per Visit	N
HCFES5190	Wellness Monitoring	Per Visit	N
HCFET1001	Nurse Evaluation Visit	Per Visit	N
HCFET2025	Sleep Cycle Support	6 – 12 hours	N
HCFES5135	Provider Directed Comprehensive Support	15 minutes	N
HCFES5135UD	Self Directed Comprehensive Support	15 minutes	N

* Maximum 2 visits per day

- If the length of the Adult Day Care is 0-59 minutes, the claim calculates 0 units.
- If the length of the Adult Day Care is 1-5 hours (60 – 300 minutes), the claim calculates 1 unit.
- If the length of the Adult Care is more than 301 minutes in a 24 hour period from check in, the claim calculates 2 units.



SRS – MR/DD Waiver

Service Code	Service Name	Unit Definition	Activity Code Required
HCDDT1019	Personal Assistant Services	15 minutes	Y
HCDDT2025	Sleep Cycle Support	Per Visit	N
HCDDH0045	Overnight Respite	Per Visit	N
HCDDT1000	LPN Specialized Medical Care	15 minutes	Y
HCDDT1000TD	RN Specialized Medical Care	15 minutes	Y

SRS – Physical Disability Waiver

Service Code	Service Name	Unit Definition	Activity Code Required
HCPDS5126U6	Personal Services	1 hour	Y
HCPDT2025	Sleep Cycle Support	6+ hours	N

SRS – Traumatic Brain Injury Waiver

Service Code	Service Name	Unit Definition	Activity Code Required
HCTBIS5126UB	Personal Services	1 hour	Y
HCTBIT2025	Sleep Cycle Support	6+ hours	N

SRS – Technology Assisted Waiver

Service Code	Service Name	Unit Definition	Activity Code Required
HCTAT1019	Personal Service Attendant	15 minutes	Y



APPENDIX A.2: ACTIVITY CODES FOR SELECTED SERVICES

ACTIVITY CODES FOR ATTENDANT CARE SERVICES LEVEL I, LEVEL II, AND SELF-DIRECTED IN THE FRAIL ELDERLY WAIVER

Service	Activity	Code
S5125, S5125 UD & S5130	Bathing/Grooming	70
S5125, S5125 UD & S5130	Dressing/Undressing	71
S5125, S5125 UD & S5130	Toileting	72
S5125, S5125 UD & S5130	Mobility	73
S5125, S5125 UD & S5130	Eating	74
S5125, S5125 UD & S5130	Meal Preparation	75
S5125, S5125 UD & S5130	Shopping	76
S5125, S5125 UD & S5130	Accompanying to Medical Appointment	77
S5125, S5125 UD & S5130	Laundry/Housekeeping	78
S5125, S5125 UD & S5130	Management of Meds/Treatments	79



**ACTIVITY CODES FOR PERSONAL ASSISTANT SERVICES (T1019) IN THE MR/DD
WAIVER AND PERSONAL SERVICES (S5126) IN THE PD AND TBI WAIVERS**

Service	Activity	Code
T1019 & S5126	Bathing	11
T1019 & S5126	Dressing	12
T1019 & S5126	Oral Hygiene	13
T1019 & S5126	Hair Care	14
T1019 & S5126	Skin Care	15
T1019 & S5126	Nail Care	16
T1019 & S5126	Shaving	17
T1019 & S5126	Prosthetic/Orthotic Assistance	18
T1019 & S5126	Toileting	19
T1019 & S5126	Transfer	20
T1019 & S5126	Walking/Mobility	21
T1019 & S5126	Wheelchair Maneuvering	22
T1019 & S5126	Eating	23
T1019 & S5126	Meal Planning/Preparation/Clean-Up	24
T1019 & S5126	Shopping and errands	25
T1019 & S5126	Medications/Treatments	26
T1019 & S5126	Transportation	27
T1019 & S5126	Use of Telephone	28
T1019 & S5126	Laundry	29
T1019 & S5126	Housekeeping	30
T1019 & S5126	Minor Sewing/Mending	31
T1019 & S5126	Exercises/range of motion activities	32
T1019 & S5126	Other Health Maintenance Activities	33
T1019 & S5126	Assistance in the community	34



**ACTIVITY CODES FOR LPN (T1000) AND RN (T1000TD) SPECIALIZED MEDICAL CARE
SERVICES MR/DD WAIVER**

Service	Activity	Code
T1000 & T1000TD	Special Diet/Oral Feeding	80
T1000 & T1000TD	NG- tube	81
T1000 & T1000TD	G-tube	82
T1000 & T1000TD	Stoma/Ostomy Care	83
T1000 & T1000TD	Wound Care	84
T1000 & T1000TD	Decubitus Care	85
T1000 & T1000TD	Burn Care	86
T1000 & T1000TD	Complex Dressings	87
T1000 & T1000TD	Lifting/Transferring	88
T1000 & T1000TD	IV Therapy	89
T1000 & T1000TD	Central Line care	90
T1000 & T1000TD	Assessment	91
T1000 & T1000TD	Tracheostomy Care	92
T1000 & T1000TD	Oxygen	93
T1000 & T1000TD	Bi Pap/C Pap care	94
T1000 & T1000TD	Ventilator care	95
T1000 & T1000TD	Other Respiratory care	96
T1000 & T1000TD	Routine Medication Administration	97
T1000 & T1000TD	Injectable Medication Administration	98



ACTIVITY CODES FOR PERSONAL CARE ATTENDANT

SRS – TECHNOLOGY ASSISTED WAIVER

Service	Activity*	Includes	Code
T1019	Lifting	Lifting/Body Mechanics/Transfer/Position	41
T1019	Personal Care	Dressing/Bathing/Hair/Oral/Skin/Nail	42
T1019	Nutrition	Diet/Nutrition Prep/Clean-up	43
T1019	Toileting	Toileting/Diapering/Personal Adjustment	44
T1019	Housekeeping	Housekeeping/Laundry	45
T1019	Ambulation	Ambulation Technique Assistance	46
T1019	Medication	Medication Administration	47
T1019	Oxygen	Oxygen Administration	48
T1019	CPR/First Aid	SAME	49
T1019	Emergency	Emergency Procedures	50
T1019	Tracheotomy Care	SAME	51
T1019	Seizure Control	SAME	52
T1019	Infection Control	SAME	53
T1019	Suction	Suction Machine Use	54
T1019	Glucometer	Glucometer Use (blood sugar monitoring)	55
T1019	Vital Signs	Vital Sign Monitoring (Temp, BP, Pulse, Pulse Ox, Resp)	56
T1019	NG	NG/GT/NJ Feeding and Care	57
T1019	Catheter	Catheter Care/Recording Input & Output	58
T1019	Enema	Enema/Suppository Insertion	59
T1019	Range of Motion	Range of Motion Exercises	60
T1019	Documentation	Documentation/Record Keeping	61
T1019	Recreation	Recreation/Socialization	62
T1019	Transportation	SAME	63
T1019	Hearing	Hearing Impaired Assistance	64
T1019	Visual	Visually Impaired Assistance	65
T1019	Communication	Communication Technique Assistance	66
T1019	Behavior Modification	Behavior Modification Technique Assistance	67
T1019	Other	SAME	68

* Phrase stated on the IVR/listed on the web claim page.



APPENDIX A.3: CLAIM EXCEPTION CODES

CRITICAL EXCEPTIONS

Claims with Critical Exceptions cannot be submitted to KMAP/MMIS for payment until the identified problem has been corrected.

Code	Exception	Definition	What do I need to do?
A1	Authorize	There is no authorization in KS AuthentiCare for the service, date, client, and/or provider.	Wait for the file to be loaded from KMAP/MMIS. KS AuthentiCare will automatically recalculate when a valid authorization is entered.
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 Authorize exception occurs, it will trigger the Calculate exception as well.	Verify what information is missing. If the check in or out time is missing, see Section 12.2 for claims correction instructions.
A2	Authorization Exhausted on Claim	Indicates the authorization was exhausted (authorized units used up) <i>while</i> this claim was being calculated.	There are not enough authorized units to cover the claim. If additional authorized units are entered from KMAP/MMIS, the system will recalculate and remove this exception. If no more units are available, the provider may edit the claim (change the check in or check out time) to match the authorized units so the claim can be submitted for payment.



Code	Exception	Definition	What do I need to do?
A3	Authorization Exhausted Before Claim	All authorized units were used <u>before</u> this claim was calculated.	Contact the Case Manager to see if additional units can be added. This information will be reflected in KS AuthentiCare in the next data file transfer. KS AuthentiCare will automatically recalculate when new authorization information is entered.
I2	Ineligible Worker	The worker is not eligible to deliver services based on his/her begin 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 provider corrects it, KS AuthentiCare will automatically recalculate if the worker's eligibility status changes.
I1	Ineligible Provider	The provider is designated as inactive.	If you verify that this information is correct, the claim cannot be submitted. If corrected information is provided by file transfer from KMAP/MMIS, KS AuthentiCare will automatically recalculate.
C1	Billing Confirmation	The claim has not been confirmed for billing.	Complete billing confirmation. See Section 12.6 and 12.7 for instructions.
C2	Duplicate Claim	The claim data already exists in KS AuthentiCare system.	As a duplicate, it cannot be submitted to KMAP/MMIS. Refer to Section 12.2, claims corrections, for the steps needed to have this claim deleted.



Code	Exception	Definition	What do I need to do?
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).
I4	Unenrolled Provider Service	The claim has been filed for a service that this provider does not provide.	This only occurs with claims entered via the web if the incorrect service is erroneously entered. To correct this claim exception, either correct the service entered for the claim or, when the provider's authorized service list is updated from KMAP/MMIS, KS AuthentiCare will automatically recalculate the claim.

INFORMATIONAL (NON-CRITICAL) EXCEPTIONS

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.

Code	Exception	Definition	What do I need to do?
E1	Event Matching	The does not match an event scheduled in the system.	No action required. You cannot enter an event for a date in the past.
G1	Unauthorized phone number – No Match – Check in	The claim was filed by checking in from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client's phone was not used. Double check the client's phone number to make sure it is correct.



Code	Exception	Definition	What do I need to do?
G2	Unauthorized phone number – No match – Check Out	The claim was filed by checking out from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client's phone was not used. Double check the client's phone number to make sure it is correct.
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 worker to understand why the client's phone was not used. You may also want to see what other phone number in KS AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
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 worker to understand why the client's phone was not used. You may also want to see what other phone number in KS 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?
I5	Unenrolled Worker Service	The claim is for a service the worker is not authorized to provide.	No action required. Verify that the service on the claim is correct. If it is, then verify the services entered for the worker on the Worker page and modify as needed. Refer to Section 6.3 for further information.



APPENDIX A.4: DESCRIPTION OF PROVIDER SUB-ROLES

Each provider has a broad Administrator role but there are relevant sub-roles that can be assigned to staff members with specific functions related to KS AuthentiCare and their day-to-day responsibilities.

Name	Rights
KS_Administrator	Rights to do all functions for that provider except those functions restricted to First Data (add, edit, delete services; add/edit/delete authorizations and delete providers). Can view the Provider and Worker Dashboards. [NOTE: First Data assigns a log in and initial password for the first Administrator for the provider who can then add/manage other users (including other administrators)]
KS_AdminAssistant	Rights to do all function Administrator can do except the ability to add/edit registrations and upload 835 files
KS_Payroll/Billing	Activities associated with billing KMAP/MMIS and using KS AuthentiCare information for employee payroll. Includes adding, editing, deleting claims as well as confirm billing. This role has primary responsibility for resolving claims with critical exceptions. Can view the Provider and Worker Dashboards.
KS_Human Resources	Activities associated with managing workers – adding, editing, and deleting workers and the Worker by Provider Report.
KS_Payroll/Billing/ Human Resources	Combination of Payroll/ Billing and Human Resources roles which may be more appropriate for smaller providers
KS_Scheduler / Coordinator	Activities necessary to schedule visits for clients. Includes view and search of clients, workers, authorizations and services as these are needed to accomplish the tasks. This role will acknowledge missed visits and run Late and Missed Visit and Provider Activity Reports. This role can also view the Worker Dashboard.
KS_Claims Mgt 1	Can add, edit and delete claims
KS_Claims Mgt 2	Can add, edit, delete and confirm claims for submission to KMAP/MMIS
KS_Intake & Referral	Ability to edit client information

