Providers of Developmental Disabilities, Mi Via and Supports Waiver Services

April 7, 2021

Major Issues and Resolutions

Electronic Visit Verification (EVV) provides access to technology that allows hours spent delivering in-home and personal care services to some Medicaid recipients to be reported electronically. EVV is required to be utilized in all states per Congresses' 2016 enactment of the 21st Century Cares Act. The purpose of EVV is to ensure that certain in-home and personal care services are being delivered, billed and paid appropriately and timely.

EVV will be utilized to report service hours provided to some individuals on the **Developmentally Disabled (DD) Waiver**, the **Mia Via Waive**r or for some individuals who access Medicaid Centennial Care benefits through the **Agency-Based Community Benefit (ABC**B) or the **Self-Directed Community Benefit (SDCB)**. Prior to the January 1, 2021, services provided through the DD Waiver, Mi Via and SDCB were reported, tracked and paid through a mostly paper and faxed-based process. All budgets were approved and claims were billed in FOCoS. Claim payments were then issued by TNT.

In implementing Phase 1 of NMEVV, Mi Via and SDCB participants will continue to have budgets approved and enter claims in FOCoS. However, payments will be issued by Palco. Palco also issues and accepts all required tax documents.

Late Summer or early Fall of 2021, NMEVV will move to Phase 2 of implementation. With Phase 2, Palco will be utilized for budget and claim submissions for all DD Waiver, Mi Via, SDCB and ABCB participants and Palco will be responsible for payment of all claims for these programs.

Until Phase 2 implementation is live, some participants may have a Palco ID, some may have an AuthentiCare ID and others may have both.

Palco ID vs AuthentiCare ID

- ***Who is issued a Palco ID?*** Any direct hire employees providing services under Mi Via and Supports Waiver (SW) Participant Directed. These employees are directly hired by the Employer of Record (EOR) or participant and do not work for a vendor agency.
- ***When are the Palco IDs issued?*** During the Palco employee enrollment process. The Palco ID is how an employee is identified in the Palco system and is tied to the employees' information and timesheets that are processed through FOCoSOnline and in the future, Palco Connect.
- ***Who is issued an AuthentiCare ID?***
    - Developmental Disabilities Waiver (DDW) workers
    - Supports Waiver Agency Based workers
    - Mi Via workers hired by a vendor agency
    - SW Participant Directed workers hired by a vendor agency

- ***When are AuthentiCare IDs issued?*** When the agency is registered in AuthentiCare and the agency's provider administrator creates a worker profile for the worker. The agencies
    - Each DD/SW provider Agency or Mi Via/SW vendor is responsible for creating an AuthentiCare ID and distributing it to their employees. They are responsible for ensuring that the AuthentiCare ID is used when their employees are clocking in and out for services provided by their provider agency/vendor agency. If the correct AuthentiCare ID is not used then the claim in AuthentiCare is not a valid claim and cannot be used, the agency will have to create a web claim. In Phase II, provider/vendor agencies can expect additional monitoring of web claims.

- ***Can a worker have both a Palco ID and an AuthentiCare ID?*** Yes, but only those workers that work as a direct hire employee in self-direction (Palco ID) and also work for an agency (AuthentiCare ID).
    - For example, if an employee provides Community Direct Support Navigation (CDSN) in Mi Via and is also an employee for a vendor agency providing In Home Living Supports (IHLS) the employee will have both a Palco ID, for the CDSN, and an AuthentiCare ID (provided by the agency) for IHLS.

NOTE: For those workers that have both a Palco and an AuthentiCare ID, it is important that they use the work ID that is appropriate to the work environment. This will help ensure claims are tracked and paid properly. When clocking into the EVV when employed under the agency, the employee should use the WORKER ID issued them by their agency.

How-to Tips

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

Please note: EOR and participate budgets dictate the number of hours that are allowed for employees and direct service providers. Employees and direct serve providers should only work the number of hours/units approved in the budget.

How to Fix an Incorrect or Missed Check in / Check out Time in AuthentiCare

DDW and SW Agency-Based Providers & Mi Via and SW Self-Directed Vendors
If a time in/time out entry is missed or entered incorrectly, Provider Administrators can access AuthentiCare to correct the error. It is advisable that agencies review the Client Data Listing (CDL) frequently to ensure missing time in/time out entries are completed.

1. Login with your **Provider Administrator** account by entering your AuthentiCare user -mail address and password. Click on **Submit**.

2. In the **Claims** section (see image below) , you can search for an existing claim to make any necessary edits to the check in / check out time. From the Home screen, enter either a **Claim ID**, or enter search criteria (Start, End dates) and click **Go**!

   Note: AuthentiCare generates a unique Claim ID for each visit. The Claims Data Listing (CDL) Report can be used to see the Claim ID, check in and out times and details of each claim. Any claim that is missing a check in or out time will NOT have a time stamp in the "Check In" or "Check Out" column of the CDL report. **How to Tips were provided in the 2/24 weekly communication** on how to access reports. This information can also be found in the AuthentiCare Agency User Guide (see Section 6, pg. 23-30).

3. To view a specific claim, enter the Claim ID and click on the corresponding "**Go**" button. To search for claims based on criteria such as status, dates or service, use any of the search fields available, and click on the "**Go**" button below. After selecting "**Go**", claims matching the search criteria entered will be returned.

4. Click on the **ID** to edit the claim. If searching by a specific Claim ID, you will be taken directly to the edit screen.
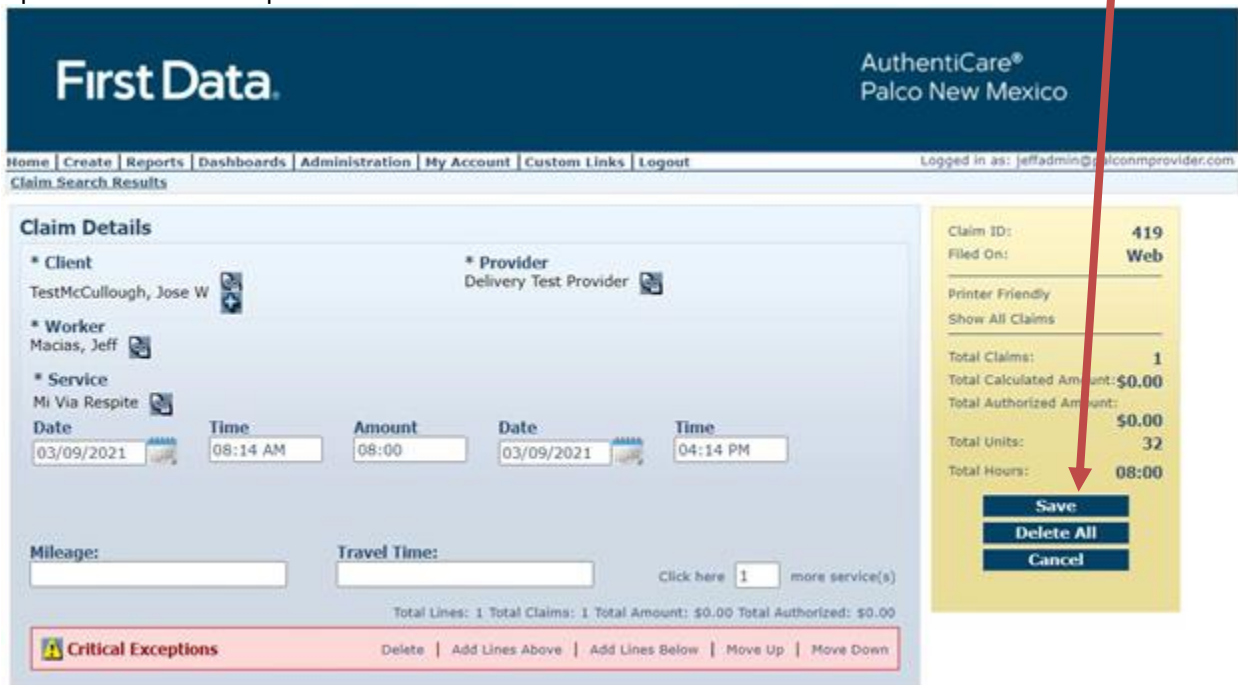
5. **Edit Screen**: Make the appropriate edits to the check in / check out time and click **Save**.

   Note: Critical exceptions will also be visible in this view. Critical exceptions currently have no impact on claims at this time. Guidance will be provided on how to handle these exceptions prior to Phase 2 implementation.