

# HCBS Conference 2021

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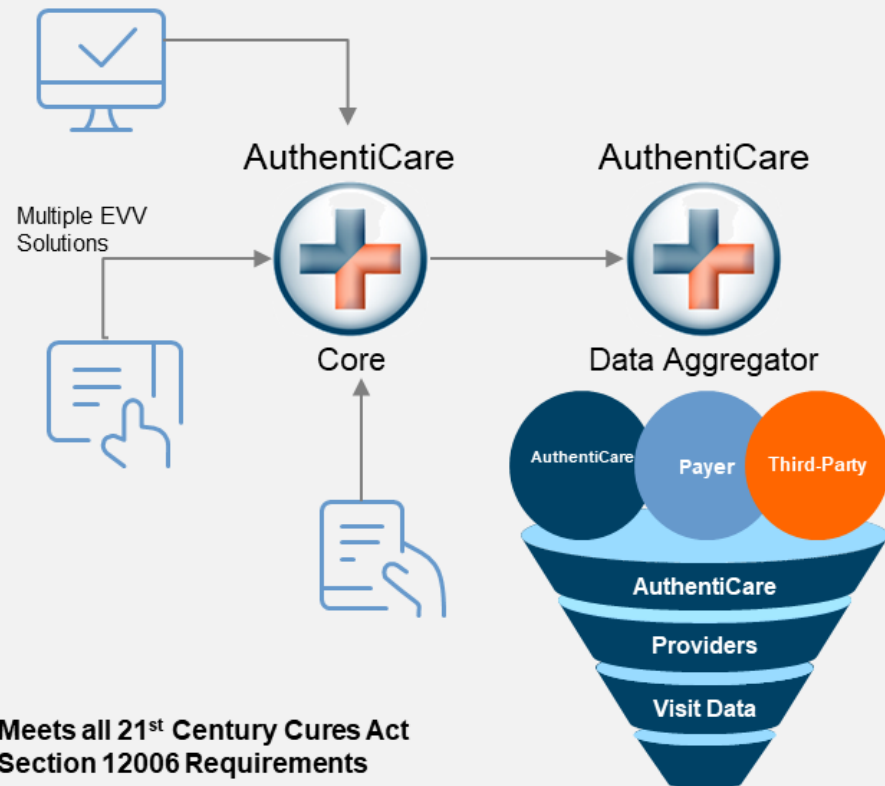
Grant McKay

# Agenda

- Introductions
- AuthentiCare EVV Overview
- Mobile Capabilities
- EVV Experience
- CMS Certification
- Business Intelligence, Analytics, and Reporting
- Training

# AuthentiCare Overview

## EVV Vendor Solution EVV Vendor – Deployed to Each Provider



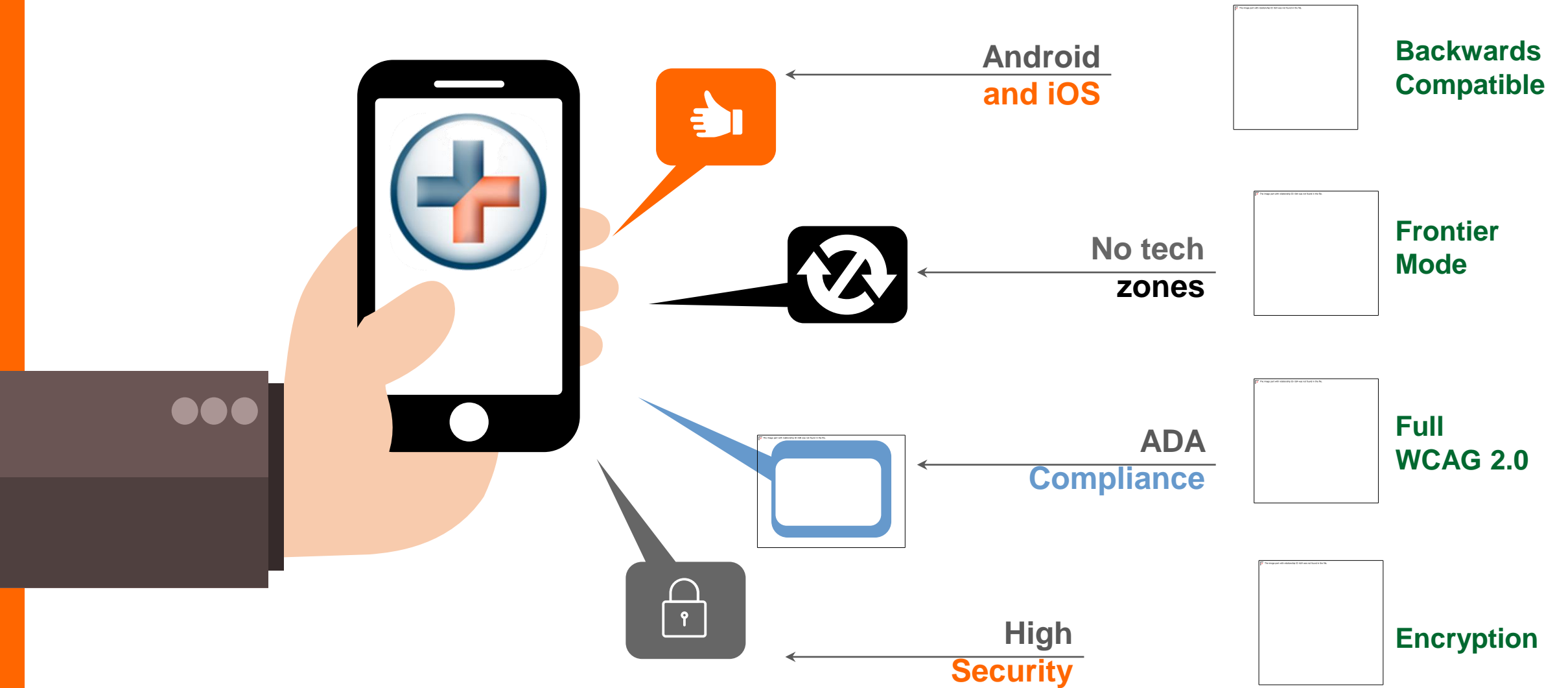
Meets all 21<sup>st</sup> Century Cures Act  
Section 12006 Requirements

- Medicaid Worker Check-In and Check-Out
- Smartphone App for Visit Verification
- Interactive Voice Response (IVR) and Voice Biometrics
- Offline Capability
- Integrated Scheduling
- Interactive Provider Dashboards and Reports
- API Interfaces Including Integration with MMIS systems
- Data Aggregation Capability
- Automated Claims, Billing and Payroll (837 and 835)

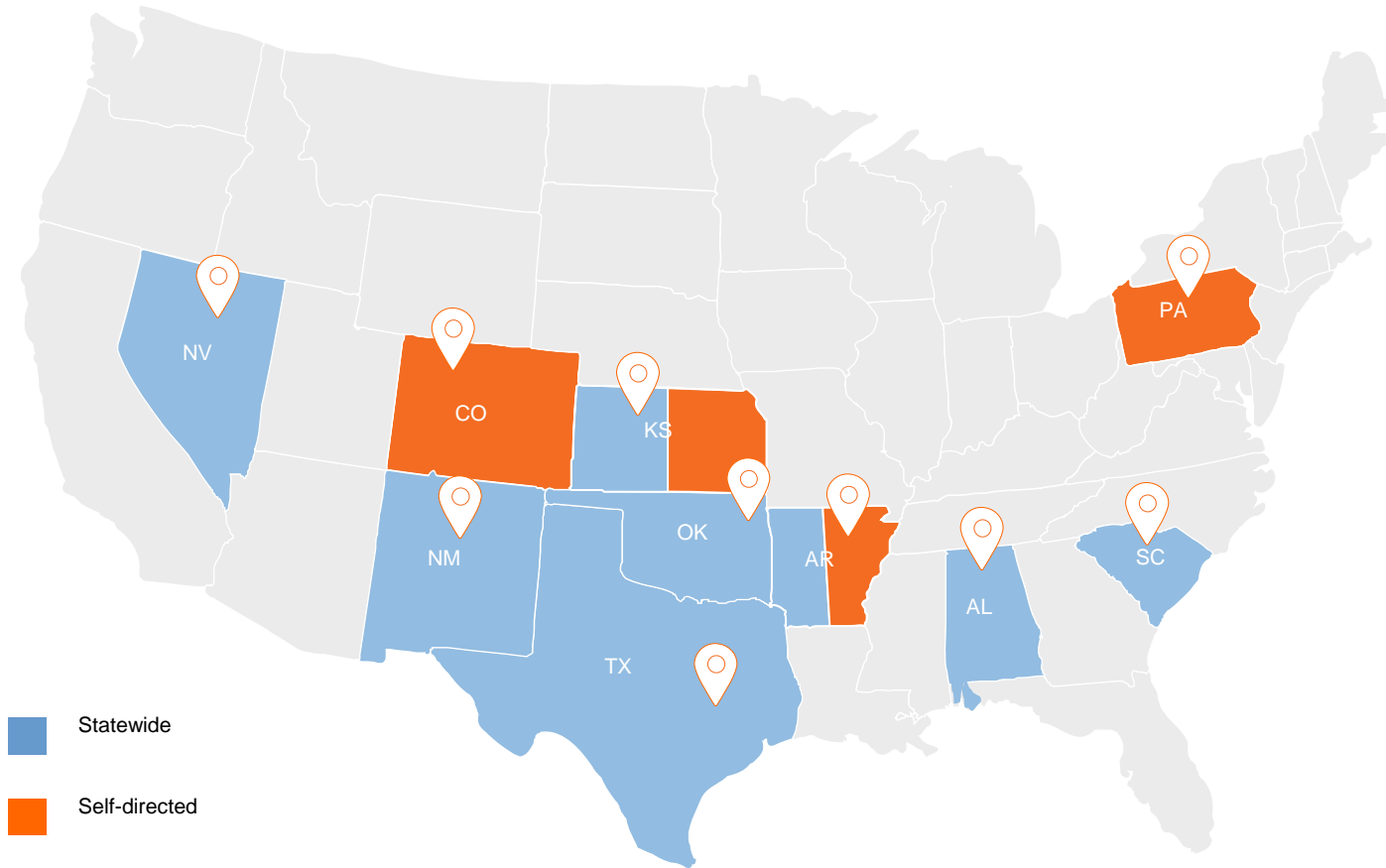
# Mobile Capabilities

**Issue:** Diverse situations of mobile hardware, software and infrastructure.

## Solutions



# EVV Experience



EVV-127

- States (10):**
1. South Carolina
  2. Alabama
  3. Oklahoma
  4. Texas
  5. New Mexico
  6. Kansas
  7. Nevada
  8. Pennsylvania
  9. Colorado
  10. Arkansas

- Statewide (8):**
1. South Carolina
  2. Alabama
  3. Oklahoma
  4. Texas
  5. New Mexico
  6. Kansas
  7. Nevada
  8. Arkansas

# EVV Experience and Learnings for CMS Certification



## What We've Done

- Operated IV&V and Quality Assurance for State Medicaid Programs
- Worked directly with multiple State Medicaid Programs for various CMS certification, MMIS & EVV
- Created detailed approaches for achieving CMS certification for MMIS & EVV Outcomes Based Certification
- Worked Directly with CMS and Mitre for clarifications on achieving certification
- Created detailed runbook and evidence management tools & techniques.

## Keys to Certification

- ✓ Understand the timelines for certification.
- ✓ Have the right Medicaid and Cyber SME's engaged early.
- ✓ Create lasting and reusable processes for evidence gathering, review and packaging.

## What you need to know

- ✓ Know your data's completeness
- ✓ Know where to get your data
- ✓ Know how to align your data KPIs into the right reports, formats, summaries
- ✓ Know how to interpret CMS criteria



## How We Can Help

- Be your trusted advisor through certification processes to hit the mark the first time
- Provide Cyber and Medicaid SME Support
- Work with necessary stakeholders before during and after certification activities to meet your deadlines
- Establish proven KPI tools & techniques for periodic certification management
- Evaluate the quality of evidence for certification package submissions

# What We've Done

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# Keys to Certification



**Understand the timelines for certification**



**Have the right Medicaid and Cyber SME's engaged early**



**Create lasting and reusable processes for evidence gathering, review and packaging**



# Keys to Certification - What You Need to Know



## ***Understand the requirements and timeline***

- All State Models including aggregators are in scope
- 6 months of data required for new implementations
- CMS must approve RFP's [References, Aggregator]
- Includes cyber requirements, 3<sup>rd</sup> Party Assessments

# Keys to Certification



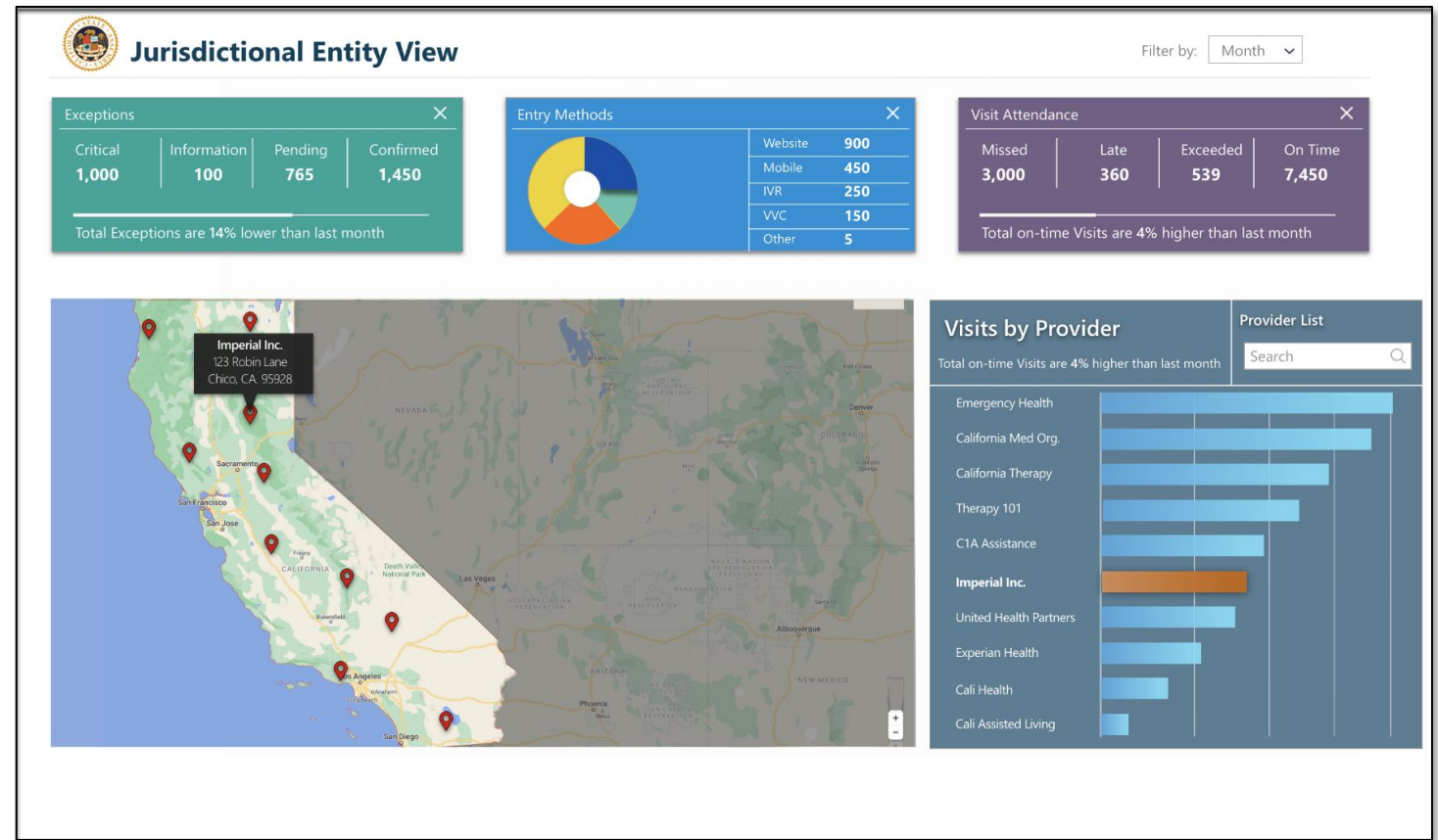
## ***Create lasting and reusable processes***

- Manual evidence gathering does not meet the requirements criteria
- Automated testing and gathering is required to gather evidence
- Reusable process helps with quarterly assessment of KPI adherence

# Business Intelligence Tool

## FDGS BI Tool: Cloud based Tableau User interface / Dashboards

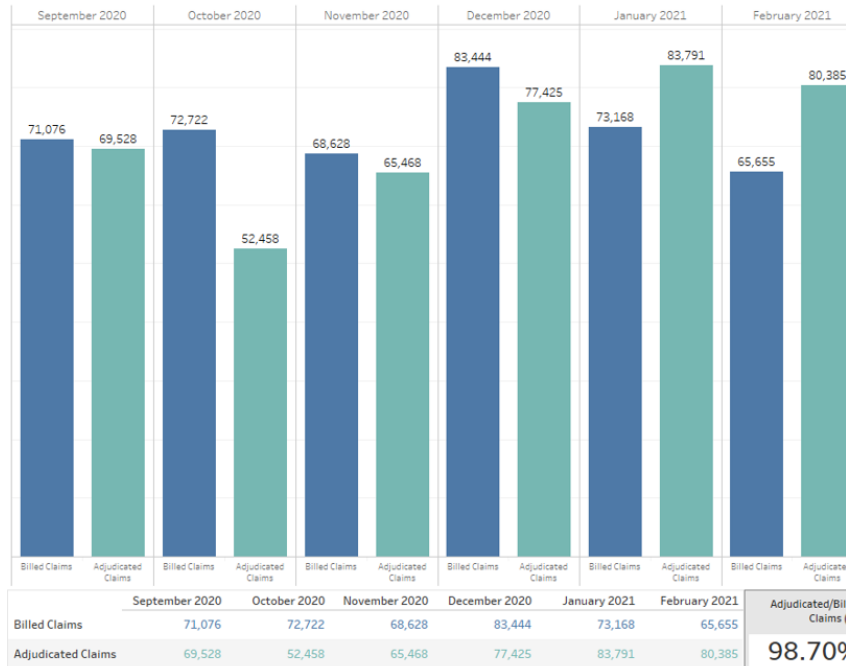
- One of the best BI tools on the market
- Quick and Interactive Visualizations of Provider, Visit, Claims Data
- Intuitive user experience
- Mobile Friendly Dashboards
- Customizable, user defined maps, charts, and graphs
- Available 24/7 via the web
- Current information as of the time report is created
- Supports multi-level views State, Provider etc.



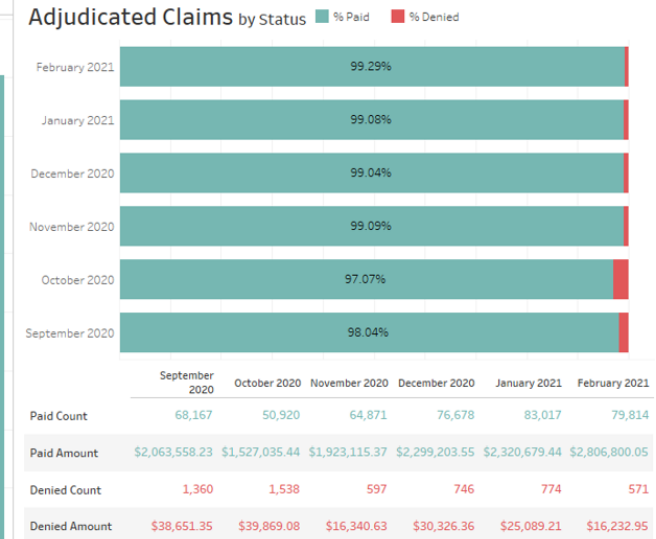
# Ad-Hoc Dynamic Reporting

- Provider and State users are able to build dynamic reports
- Data they see is controlled by the user's role/rights assigned to them
  - State users are able to view all provider data
  - Providers are only able to view data associated with their profile
- Ad Hoc Reports and User Types

Billed vs Adjudicated Claims



Displays the trend of billed claims for a month along side adjudicated claims



# Reporting Options

- User can build custom reports, or they can use AuthentiCare Out of the Box Report/Workbook Templates

- **Enrollment & Authorizations**

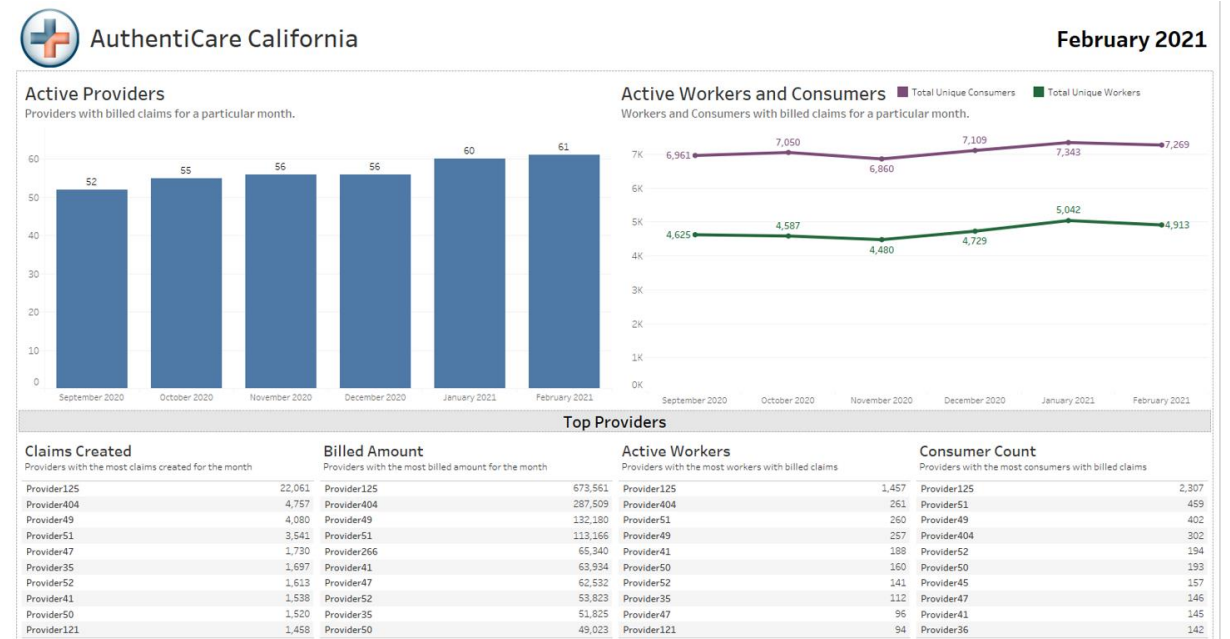
- Client Transition
- Eligible Client Data Listing
- Authorizations
- Authorization History
- Master Worker Hours
- Worker by Provider

- **Visits & Scheduling**

- Exception
- Late and Missed Visits
- Time and Attendance
- Unauthorized Location
- Unauthorized Phone Number
- Worker Activity
- Provider Activity
- Weekly Activity Data Listing

- **Claims & Remittance**

- Billing Invoice
- Claim Data
- Claim History
- Overlapped Claim by Client
- Overlapped Claim by Worker
- Remittance Advice
- Remittance Data Listing

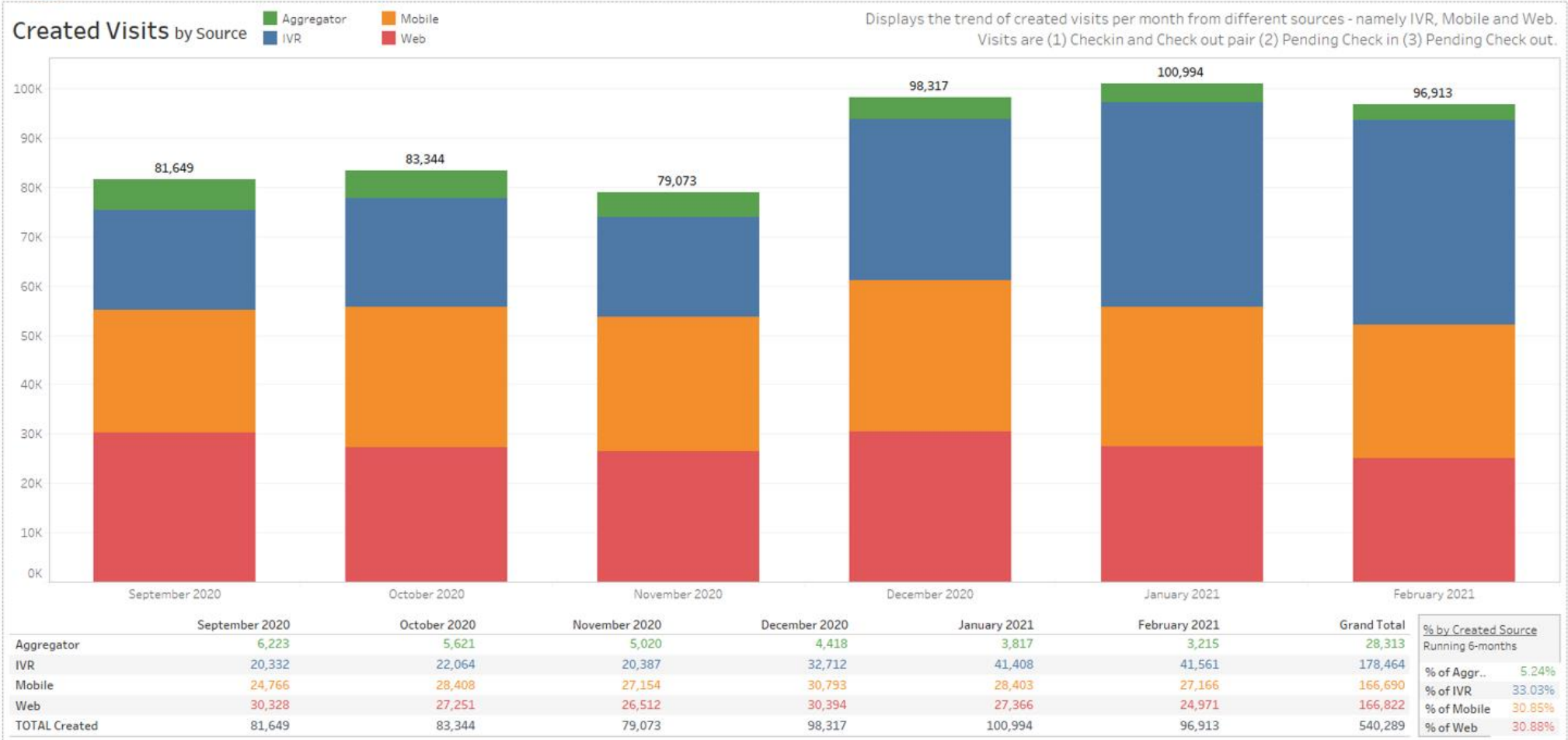


# Report Sample



AuthentiCare California

February 2021



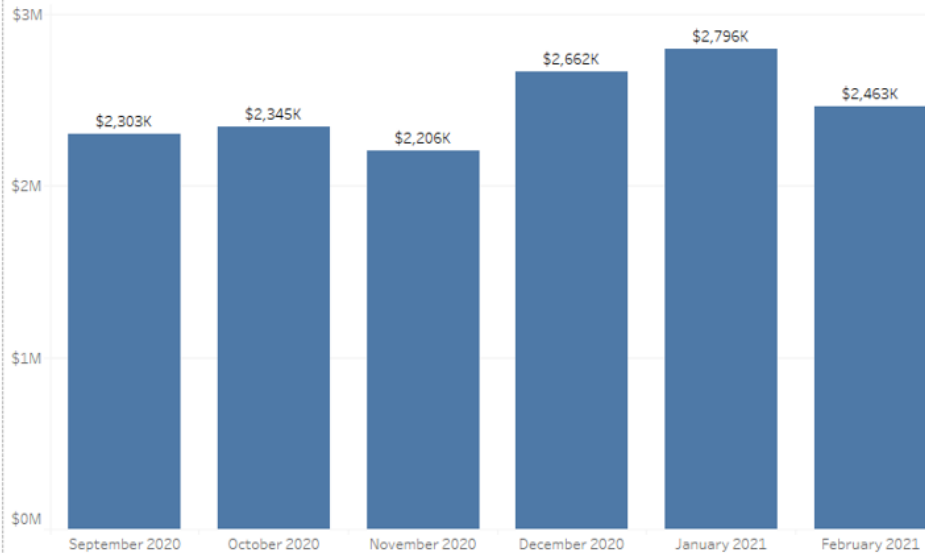
# Report Sample – con't



AuthentiCare California

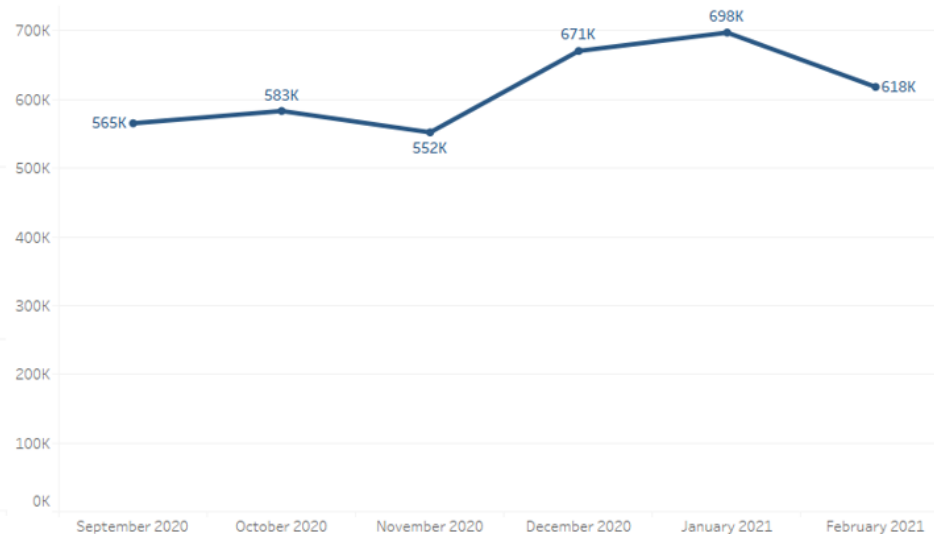
February 2021

Total Billed Amount in Dollars



Billed Authorized Units

A billed unit is 15 mins



Top Billed Services

(In Dollars)

	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021
Service2	1,082,019	1,111,466	1,055,848	1,274,850	1,090,293	990,950
Service6	667,067	690,400	630,398	777,630	700,847	602,633
Service4	214,112	218,488	196,443	239,369	206,096	193,098
Service34					451,217	359,453
Service5	107,072	110,728	115,210	126,016	94,372	95,106
Service3	68,770	63,828	61,909	73,826		

# AuthentiCare® Training



LIVE, VIRTUAL  
TRAINING



ONDEMAND  
TRAINING



POST-TRAINING  
SUPPORT





## Live, Virtual Trainings

- ✓ Engaging Group Trainings
- ✓ Provider Forums
- ✓ Group and 1:1 Q&A Sessions
- ✓ New Functionality Trainings

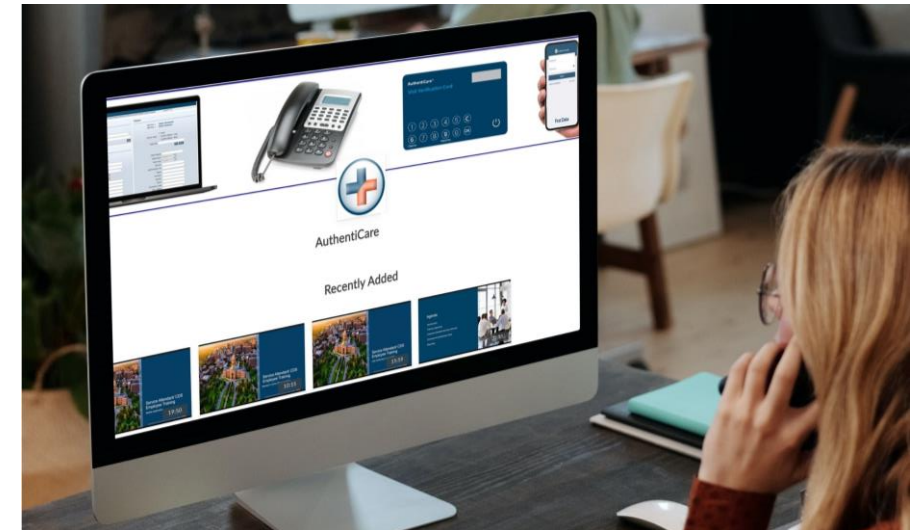
# OnDemand Training

## Xchange: Learning Management System

- ✓ Access to printable and video training materials
- ✓ View and watch virtual training sessions
- ✓ Complete AuthentiCare® recurring trainings
- ✓ Receive certifications for completed training

## Go To Webinar

- ✓ View and watch virtual training sessions



# Post-training Support

- ✓ Printable Training Materials
  - ✓ Guides
  - ✓ User Manuals
  - ✓ Instruction Sheets
  - ✓ Other printable materials as requested
- ✓ Email Communication
- ✓ Technical Support Call Center
- ✓ Training Evaluations and Feedback

## Instrucciones para la respuesta de voz interactiva (IVR)

Para completar un registro de inicio correcto, necesitará:

- ID del encargado del servicio AuthentiCare \_\_\_\_\_
- ID del miembro de AuthentiCare \_\_\_\_\_



### Instrucciones para hacer el registro de inicio en la Respuesta de Voz Interactiva (Interactive Voice Response, IVR)

1. Marcar (800) 468-0197 desde el teléfono fijo particular del miembro.  
*"Bienvenido a AuthentiCare Texas".*
2. *"Ingrese su ID de encargado de servicio seguida del signo numeral".*
3. *"Para realizar el registro de inicio, marque 1. Para realizar el registro de finalización, marque 2. Para seleccionar su idioma preferido, marque 8".*  
Para realizar el registro de inicio, presione 1.
4. *"¿Está en casa del miembro? Si esto es correcto, marque 1. De lo contrario, presione 2."* Marque 1.  
Si no llama desde el número de teléfono registrado del miembro, el sistema le pedirá la ID de miembro.
5. *"Ingrese su ID de miembro seguido del signo numeral"* a continuación, confirme el nombre correcto del miembro *"Si está llamando para un servicio realizado para (Nombre del miembro) marque 1. De lo contrario, presione 2."*  
Marque 1. Si se selecciona 2, se le solicitará que ingrese la ID de miembro.
6. *"Si el servicio es <NOMBRE DEL SERVICIO> marque 1, <NOMBRE DEL SERVICIO> marque 2, etc."*  
Escuchará una lista de servicios que están autorizados para el miembro seleccionado. Elija el que va a prestar ahí presionando el número correspondiente en el teclado del teléfono.
7. *"Si ha terminado de seleccionar los servicios marque 1, si desea agregar un servicio adicional para este Miembro marque 2"*.
8. *"Si usted es <NOMBRE DEL ENCARGADO DE SERVICIO> y trabaja para <NOMBRE DEL PROVEEDOR> y está prestando el servicio <NOMBRE DEL SERVICIO> a <NOMBRE DEL MIEMBRO> marque 1. Si esto no es correcto, marque 2"*.  
AuthentiCare volverá a repetir su nombre, el nombre del proveedor del programa o el de la agencia de administración de servicios financieros (FMSA), el nombre del miembro y el servicio a proveer. Si esto es correcto, marque 1. Si la información no es correcta, marque 2, y podrá corregir la información antes de terminar la llamada. Al presionar 2, regresará al paso 3.
9. *"Su registro de inicio se realizó con éxito a las <HORA>. Para volver al Menú Principal, marque 1. Para finalizar la llamada, marque 2. Gracias por llamar a AuthentiCare Texas. Hasta pronto"*.  
Después de confirmar la información, se le dirá que se pudo realizar el registro de inicio con éxito a la (hora que la IVR indicará). En este momento, se le indicará que marque 2 para finalizar la llamada o que usted puede finalizar la llamada.

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