



**KS AuthentiCare Frequently Asked Questions (FAQs)
Follow-up to State Wide Training
Version 1, Dec 16, 2011**

General System Questions:

1. Can the provider indicate in the client note section the client does not pay the client obligation?

Answer: No; this is information that is not appropriate to share with other providers if the client changes providers.

2. Can AuthentiCare include external (provider) client ID's similar to external worker IDs?

Answer: No; the system only recognizes the client ID as the Medicaid ID number.

3. Are the providers required to put TPL information on all claims?

Answer: No; AuthentiCare will not include TPL at this time. If a denial is received after a submission by AuthentiCare due to TPL, an adjustment will need made in KMAP. The TPL claim denials will be monitored by First Data to determine if this should be added in the future.

4. How will the client obligation show in the system when HP deducts from the payment?

Answer: If you upload the 835 remittance advice from KMAP/MMIS into the system, providers can then compare amount of claims submitted to the amount paid as they do now.

5. How do workers that have hearing impairments, uses the TTY system, or Kansas relay system use AuthentiCare?

Answer: Worker will need to record time on paper timesheets and the provider will need to input the claims on the AuthentiCare website.

6. Can other languages be added to the system (Vietnamese, Russian, Somalia, Laotian, and Hindu)?

Answer: Initially, the system will only include English and Spanish. The addition of other languages can be considered as a change for the future.



7. What happens to the schedule if the authorization goes to pending or evaluation status? Does it delete future appointments in the schedule due to no authorization?

Answer: Yes; all future appointments are deleted and the provider will need to enter the scheduled appointments once it is authorized again. This will be added to the list of suggestions for future improvements.

8. What time will the IVR go live on January 9, 2012?

Answer: 6:00 AM This will assure that ample support staff available if needed. Any service started prior to 6:00 AM needs to be filed through the web.

9. Can the data downloads be separated by branch locations rather than only by Medicaid Provider number?

Answer: Not at the present time. The downloads from KMAP/MMIS are sorted by the Medicaid Provider numbers.

10. How handle TTY calls with the system?

Answer: The provider will note in the note section of the client's AuthentiCare screen that this client requires TTY in order to communicate on the phone.

11. Will the mobile application information be available in time for providers to train workers for use beginning January 9, 2012?

Answer : First Data canvassed prior to the training to see who was interested in learning more about the mobile application. Roughly half of providers requested additional information. First Data is working on a deployment plan for Mobile and will see that providers receive additional information on the mobile application.

Suggestions from Providers:

1. Have the IVR log in require the worker to select the waiver they are serving first such as FE select 1; PD select 2, etc. Then, list the waiver specific services they are to choose from. This would eliminate listing all services and the probability of errors selecting the wrong service.

Response: This is a good suggestion. First Data will consider this for future process improvements.



2. Add an edit to the system to not allow the worker to call in if the monthly authorization is exhausted. This will prevent the provider needing to pay the worker for services provided they cannot get reimbursed for.

Response: This is a good suggestion. First Data will consider this for future process improvements.

3. Add a message on the IVR to know how many authorized units are left in the month so the worker hears this when calling in.

Response: This is a good suggestion. First Data will consider this for future process improvements.

General Questions:

1. Who is responsible for initial consumer education?

Answer: The State will provide a document of pertinent information for providers to share with consumers. Past experience has shown the consumer accepts and understands the change better when it comes from the local provider. This falls under the Information and Assistance function for the Financial Management Service (FMS) provider.

2. Why is AuthentiCare not required for Agency Directed for DD, TBI, PD, and TA.

Answer: SRS made the decision to only use the system for Self-Directed services at this time.

3. Will AuthentiCare require Agency Directed for DD, TBI, PD, and TA in the near future?

Answer: This may be required in the future.

4. Can the Per Member Per Month fee for FMS be added to the system for billing?

Answer: This is a good suggestion. This will be considered for a future enhancement after the initial implementation.

5. Can Senior Care Act/Older American's Act services through KDOA be added to the system for billing?

Answer: This may be considered for the future.



6. How will the quality assurance callers identify themselves when calling the client's to monitor the worker check in and check out?

Answer: They will identify themselves as the KS AuthentiCare Support Verification Group.

7. What phone number will show on caller ID with the quality assurance monitoring?

Answer: This will depend on the carrier for the telephone service. We are unable to determine from where the call originates

8. What is the expectation/standard for the QA monitoring calls? When will recoupments occur?

Answer: The purpose of the calls is to identify possible fraudulent activity. This could be one individual circumstance or it could be a compilation of several instances. Recoupments can occur at any time fraud is detected.

9. How will the auditors tie the Customer Service Worksheet/Attendant Care Worksheet to the IVR to verify the time tasks were authorized?

Answer: Auditors will continue their reviews as they have prior to the implementation of AuthentiCare.

10. Will the activity codes have any impact on the post audit reviews? Example: Direct Support Worker only enters one activity code but was assigned to complete more than one activity.

Answer: Auditors will continue their reviews as they have prior to the implementation of AuthentiCare.

11. Some providers indicate they only receive the 835 in PDF format. How do they obtain it in the EDI format needed to download into AuthentiCare?

Answer: The 835 is available in EDI format. If you do not receive one now, go to the KMAP website to complete an application to receive it. Select "EDI" from the top blue banner, then select EDI application. On the application there is a choice to select the 835 in 277PC. Providers are to select that and forward their application to PP at the address listed in the application. If you need assistance, contact the KMAP Help Desk/Provider Assistance.

12. If workers (DSW through FMS) refuse to use the IVR system (expect 10 – 20%), how is this handled?



Answer: The IVR system is required for documentation where AuthentiCare is required and workers cannot refuse the use of the system.

13. Can the providers make adjustments to claims in KMAP or only through the AuthentiCare system?

Answer: Providers will submit claims only through the AuthentiCare system so the complete transaction history is in the system for audit purposes. The provider will need to void the claim in KMAP, load the 835 report into AuthentiCare and then resubmit the appropriate claim through AuthentiCare.

14. How do they handle claim edits to ensure the provider has an ICN# when the adjustment is needed two – three years later? (Ex: Client obligation changes, PA changes, etc.)

Answer: If the claim has been adjudicated and the 835 is loaded into AuthentiCare, the ICN# would be in the system for use.

15. The DD client is dropped off each day at the grandparent’s home. Grandparents are service providers for the client before and after school. Do they list this phone for client?

Answer: If this is a predictable service location and used on a regular basis, this phone number should be listed for the client. A note should be added to the Note Section on the client administration to indicate the cell number is for the worker and the relationship between them.

16. How do they handle the phone number if the worker’s cell number is the same as the client? (Example: Daughter caring for a parent and lives with them.)

Answer: If this is a predictable service location and used on a regular basis, this phone number should be listed for the client. A note should be added to the Note Section on the client administration to indicate the cell number is for the worker and the relationship between them.

17. What documentation is required for time worked if the worker can’t call in?

Example: DD – pick up at school

FE – conduct shopping prior to going to client’s home

Answer: The provider will adjust the claim to reflect the extra time in AuthentiCare and enter a note explaining the reason for the edit.



18. What documentation is required for time worked if the worker forgets to clock out?

Answer: The provider will enter a note on the claim in AuthentiCare explaining the reason for the edit.

19. If the worker lives with the customer and is authorized for four hours during an eight hour period, how will this be handled and documented in small amounts?

Answer: These circumstances will require the worker to call in and clock out one time for the time that is authorized and indicate all of the activity codes conducted during the time span.

20. How do the workers handle calling in tasks for several different customers at a time? Example: Start laundry for one client, go to the next client's apartment and start their laundry, go to the next client, etc.

Answer: Workers are in violation of the Medicaid policies as outlined in waiver respective Medicaid Provider Manuals located on the KMAP website by conducting tasks for more than one client at a time. This scenario will create a recoupment for the provider. Workers need to clock in for one client, complete their tasks, clock out, and then go to the next client to complete the assigned tasks for the second client, and so on for the next client.

21. How do the workers document time for married couples?

Answer: Call in for each client, indicate the activity codes conducted for each when clock out. Provider will edit claim through the web application to adjust the time for each client.

22. What documentation is required for showing the time split for married couples (paper, web application log notes)?

Answer: The web application log notes will meet the documentation requirements.

23. How do they handle claims for tasks under Attendant Care that are authorized for less than 7 minutes/task so they can get paid for these claims? (Ex: Medication reminder that is performed with a phone call from the office rather than a home visit.

Answer: The provider will need to accumulate the time for the week and enter one claim through the AuthentiCare website, document each instance of service in the claim note section.



24. Which waivers do the activity codes apply to?

Answer: DD, TBI, PD, TA, FE. The KS AuthentiCare User Manual includes the appropriate activity codes for each of the service codes for each waiver.

25. Will the savings realized with the implementation of AuthentiCare result in a rate increase for providers? It has been six years since receiving a rate increase.

Answer: No; it will not be applied to a provider rate increase. The savings are being applied to the prevention of program cuts and waiting lists for our 2012 budget.

Waiver Specific Questions- DD:

1. Will the wild card number used for FMS providers get changed prior to implementation?

Answer: Since AuthentiCare does not recognize the wild card number, SRS is currently working with CDDOs to get these changed with the expectation of completing this prior to January 9, 2012.

2. Why are the activity codes broken down to such a degree? Example: grooming, oral care, etc.

Answer: We have received feedback from FMS providers requesting both fewer, more generic codes and more detailed codes. At this time we will use the codes that were identified in training. You will be notified if changes are made.

3. Can the activity codes be condensed into major categories?

Answer: We have received feedback from FMS providers requesting both fewer, more generic codes and more detailed codes. At this time we will use the codes that were identified in training. You will be notified if changes are made.

4. Activity codes for day services that fall under Personal Assistant Services are not on the list. Why does it only include those for tasks “in the home”?

Answer: There are activity codes for shopping and errands (#25), transportation (#27) and Activities in the Community (#34). Over time, we will review these to see if they are meeting the system needs.

5. Currently, the CM reviews/approves the timesheet prior to submission to the FMS provider. How will this occur with the system since CMs don't have access?



Answer: This is not a state mandated process, although it may be done in some local CDDO areas as a part of its local quality assurance process.

6. Can the client's cell phone (for example the child's cell phone) be used when picking up the child at school, etc.?

Answer: Yes.

7. Can the worker's cell phone be used to call in when picking up a child at school, day care, etc.?

Answer: No; workers should never use their own personal cell phones to call in on the IVR. Workers will need to call in once they arrive at the client's home using the client's land line or cell phone. Workers will need to track their time from pick up to the home and submit that to the provider who make an adjustment to the claim on the web application and enter a note explaining the circumstances.

8. Will the Program Manager keep CDDOs informed of informational items concerning the system?

Answer: We currently discuss system issues at three different SRS/CDDO/Stakeholder Business Meetings. We can add discussions regarding EVV implementation as a standard agenda item. If it is determined that additional discussions are needed, CSS would send out an announcement for a conference call.

Waiver Specific Questions– FE:

1. How will the workers document vital signs with the activity code for Health Maintenance tasks?

Answer: This will need to be maintained through a manual paper process.

2. Can the PERS monthly reimbursement be added to the system for billing?

Answer: This is a good suggestion and will be added as a future enhancement after the initial implementation.

3. Can the Medication Reminder monthly reimbursement be added to the system for billing?

Answer: This is a good suggestion and will be added as a future enhancement after the initial implementation.



4. Some providers, mostly PERS, charge less than the monthly reimbursement rate allowed. How do they continue this practice with AuthentiCare?

Answer: There is not a method to continue this practice. AuthentiCare will bill at the standardized established rate.

Waiver Specific Questions– TA:

1. Since the DSW is not allowed to live with the client, will the claim deny or cause a critical error if they mark “lives with client” in the worker administration?

Answer: AuthentiCare will not create a critical error in this circumstance so will not deny the claim.

General Information for Providers from Training:

1. The provider should make a note in the notes section of the Client Screen in AuthentiCare indicating the client only speaks a language other than English. Also include a statement if the client is hearing impaired or non-verbal.

Questions still being Researched; Answers to be Provided at a Later Date:

1. First Data needs to double check test files for monthly authorized amount. Need to verify weekly versus 5-week month. If the claims go over the weekly amount authorized, can an edit be added to stay within the authorized amount?

Answer:

2. How do the providers still continue to have the extra year to appeal denied claims when they have not actually received a denial. The claims will sit in pending with a critical error. Will this meet the denial requirement?

Answer:

3. Can a client refuse the use of their cell phone if they are concerned about the limited minutes they have available?

Answer: