

Distribution: Private Duty Nursing 04-01

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Subject: MI AuthentiCare

Effective: October 1, 2004

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

This bulletin does not apply to services (e.g., Respite) provided under the Children's Waiver and billed under a Community Mental Health Services Program (CMHSP) – Provider Type 77 OR private duty nursing for beneficiaries age 21 and older provided as a waiver service under the MI Choice Waiver or Habilitation Supports Waiver. This bulletin only applies to Medicaid Private Duty Nursing providers – Provider Types 15 and 10.

Medicaid is implementing a paperless billing system through MI AuthentiCare for Medicaid private duty nursing (PDN) providers for dates of service on and after October 1, 2004.

This bulletin provides an overview of MI AuthentiCare and Medicaid changes as a result of MI AuthentiCare.

Overview of MI AuthentiCare

MI AuthentiCare is an Interactive Voice Response (IVR) system that allows a PDN provider to check-in by calling a toll-free telephone number when arriving at a beneficiary's home and check-out when care is completed. Information captured through the IVR is validated against MDCH prior authorization (PA) files, provider files, beneficiary eligibility files, and other insurance files to verify that the service should be paid. Once validated, MI AuthentiCare automatically submits a HIPAA compliant 837 claim to Medicaid.

The MDCH website www.michigan.gov/mdch, (click on Providers, Information for Medicaid Providers, MI AuthentiCare) contains the:

- [MI AuthentiCare Manual](#) – This manual explains the MI AuthentiCare system and provides detailed instructions necessary for private duty nursing providers to utilize the MI AuthentiCare system.
- [MI AuthentiCare Fact Sheet](#)
- [MI AuthentiCare Frequently Asked Questions](#)

The MI AuthentiCare website www.miauthenticare.govconnect.com is also available to providers to:

- Create Reports – The reports are real time (current) and contain only information about the beneficiaries served by the provider and the provider's worker.
- Manage Workers – The provider can view information about his workers as well as create new worker files, delete worker files and change worker information.
- Manage Users – This permits the provider to designate particular users within their agency to use the MI AuthentiCare system.

Each worker (RN or LPN) providing PDN services must have a 7digit Worker ID number registered in MI AuthentiCare. For Medicaid-enrolled RNs and LPNs (Provider Type 10), this is their 7-digit Medicaid Provider ID Number. For RNs and LPNs working for a PDN agency, the agency must enroll the worker (nurse) with MI AuthentiCare and obtain a Worker ID number for each worker. Failure to provide timely, accurate worker information can result in delayed or rejected claims.

It is anticipated that there will be a period of adjustment for PDN workers to become accustomed to the call-in requirements. MDCH will work with PDN providers so claims can be generated through MI AuthentiCare. If after the first six months of use, patterns of noncompliance are noted (e.g., six occurrences of an individual failing to phone-in upon arrival or departure, or phoning in late [after care has been initiated], etc.), claims will not be generated.

Billing Changes

Claim Submission

For dates of service on and after October 1, 2004, PDN providers must not directly bill Medicaid (either paper or electronic) for services provided. Rather, the MI AuthentiCare system will generate a "claim" to Medicaid.

Exception: The provider must continue to bill Medicaid directly (either paper or electronic) if the beneficiary **has other insurance, the other insurance made a payment and the provider is billing Medicaid for the balance due**. If the provider is not billing for the balance due, no paper or electronic claim is to be submitted to Medicaid.

Payment in 15-Minute Increments

For dates of service on and after October 1, 2004, PDN will be paid in 15-minute increments. In the event an increment of service is less than 15 minutes, the following rule applies. This change to payment in 15-minute increments is in-line with other insurers and will assist Medicaid in the coordination of other insurance benefits.

| Duration of Service | Units Billed |
|---------------------|--------------|
| Less than 8 minutes | 0 |
| 8 – 15 minutes | 1 |

Examples: 53 minutes of service: 4 units of payment will be made;
42.5 minutes of service: 3 units of payment will be made.

Remittance Advice

Providers will continue to receive Remittance Advices. Until the implementation of the 835 Remittance Advice, all MI AuthentiCare Remittance Advices will be paper. Providers can request the 835 via another Service Bureau once the 835 is implemented by MDCH.

Medicaid Policy

Medicaid's policy and procedures for coverage of Private Duty Nursing has not changed. Providers are reminded of the following:

Other Insurance

Medicaid's policy and procedures outlined in Section 1.4 Other Insurance of the Private Duty Nursing policy chapter has not changed. In part, this section states:

"If a beneficiary's commercial insurance does not cover PDN, the PDN agency, RN or LPN must inform MDCH of this prior to billing to expedite processing of the claim. A copy of the letter of explanation or explanation of benefits (EOB) must be faxed to MDCH Third-Party Liability. (See Directory Appendix for contact information.) Once it has been established that the commercial insurance does not cover PDN, a letter of explanation or EOB is valid as long as the insurance coverage remains unchanged. On an annual basis, the policyholder and provider should confirm with the commercial insurance that PDN coverage has not changed."

Note: The Third Party Liability Section fax number is (517) 335-8868.

Prior Authorization of PDN

The prior authorization requirements for Private Duty Nursing do not change under MI AuthentiCare.

Manual Maintenance

Retain this bulletin until the information is incorporated in the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Support, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an email, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approval



Paul Reinhart, Director
Medical Services Administration