New Mexico MiVia Call Center
Policy and Procedure Manual

New Mexico Medicaid Project

August 6, 2010
Version 1

Revision

Version Number	Date	Description	Author
1.0	8/6/2010	Initial Document	Paige Hains/Tracy Byrd
2.0	4/16/2014	Updated and added new procedures	Melissa Amador
3.0	1/26/2015	Updated	Melissa Amador
4.0	3/28/17	Replaced all references to Xerox to Conduent	Deanna Rickerd

Contents

Introduction

Performs the activities involved with processing Self- Direction at Conduent program enrollment documentation for Mi Via and Centennial vendors and employees.

Service Level Agreements (SLA's)

Self-Direction Call Center
•   5% or less on the abandon rate
•   2 minutes or less on the Average speed to Answer

Preface

About Self – Direction at Conduent

The Self – Directed Medicaid waiver program is broken down into two sections; Mi Via and Centennial Care.

Mi Via, which means "my path," "my way," or " my road," is the New Mexico Self-Directed Medicaid Waiver Program that supports New Mexicans with disabilities and the elderly in building their own lives. This program is designed to maximize the Participant's quality of health and safety through provision of Mi Via and Centennial services and goods that are necessary for and relate to the Participant's qualifying condition or disability. This program allows the Participant to remain at home in the community and reduce the Participant's risk of institutionalization. Mi Via provides the Participant an opportunity to choose self-direction over their home and community based services, support, and goods within their approved plan and budget. Mi Via and Centennial is for New Mexico residents who are eligible to receive long-term services through one of the four Medicaid waiver programs:

- Disabled and Elderly
- Developmental Disabilities
- Medically Fragile and
- AIDS,

As well as individuals with brain injury who are eligible for Home and Community-Based Services.

Contained within this document one will find specific information necessary to execute each Mi Via function successfully. Every member of the Mi Via Department is expected to read this manual and be knowledgeable of its contents.

Waivers Included in the Self Direction at Conduent and Centennial Sentinel Program

Home & Community- Based Service Waiver:

The State of New Mexico, Human Services Department, Medical Assistance Division (HSD/MAD) obtained a waiver from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to provide Home and Community-Based Services (HCBS) programs to individuals that require long-term supports and services, so that the individuals may remain in their family residence, in their own home or in community residences. The programs serve as alternatives to institutional care. New Mexico has five HCBS waiver programs: Acquired; Developmental Disabilities (DD); Disabled and Elderly (D&E); Medically Fragile (MF) and Mi Via, a self-directed waiver.

The Developmental Disabilities Waiver (DD Waiver)

The DD Waiver serves individuals with mental retardation or specific related conditions and developmental disabilities that occur before the age of 22. Service provided through the DD Waiver are case management, personal care, residential and day habilitation, supported employment, community access, personal plan facilitation, tier III crisis support, goods and services, private duty nursing and dental care as well as physical, speech and occupational therapies. DOH/DDSD administers the DD Waiver

Coordination of Long- Term Services (Colts) 1915© Waiver Application

The Colts (c) Waiver replaces the disabled and Elderly Waiver (D&E Waiver). Colts (c) Waiver (CCW) serves individuals who are aged, blind or disabled. Services provided through the Colts(c) Waiver include caregiver services in the home (delivered to CCW recipients through the Personal Care Option program), adult services, respite care, assisted living, emergency response and environmental modifications. Community transition services, private duty nursing, physical therapy, occupational therapy speech/language therapy services for adults are also covered under the Colts (c) Waiver. While case management services are not included in the Colts (c) Waiver, recipients receive service coordination services through their respective Colts Managed Care Organizations (MCOs). Aging Long Term Services Division (ALTSD) administers the Colts (c) Waiver.

The Acquired Immunodeficiency Syndrome Waiver (AIDS Waiver)

The AIDS Waiver serves individuals who are disabled due to a diagnosis of Acquired Immune Deficiency Syndrome. Services provided through the AIDS waiver, are case management, homemaker/personal care and private duty nursing by registered nurses and licensed practical nurses. The DOH administers the AIDS waiver.

The Medically Fragile Waiver (MF Waiver)

The MF Waiver serves individuals who have been diagnosed with a medically fragile condition before reaching age 22, and, who have a developmental disability or delay or who are at risk for the developmental delay. A medically fragile condition is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. Services provided through the MF Waiver are case management, home health care, respite care, private duty nursing, physical, occupational, and speech therapies, behavior support consultation, nutritional counseling and specialized medical equipment and supplies. The DOH/DDSD administers the MF Waiver.

Traumatic Brain Injury Services

The Traumatic Brain Injury (TBI) program, serves persons with brain injuries. Services provided include case management, crisis interim services, and life skills training. The TBI program is funded with State general funds and TBI Trust Fund and administered by the ALTSD.

Stakeholders

The following entities are part of the Mi Via Program

State of New Mexico including

- Aging & Long-Term Services Department (Disabled & Elderly Waiver, Brain Injury) - ALTSD,
- Department of Health/Developmental Disabilities Supports Division - DOH/DDSD,
- Human Services Department/Medical Assistance Division - HSD/ISD (ISD)
- Consumer Direct Personal Care (CDPC) – The incumbent Consultant Contractor Agency for the MI Via and Centennial Sentinel Program. Every Mi Via and Centennial Participant must have a Consultant who assists the Mi Via and Centennial Participant with understanding the Self-Direction at Conduent requirements and developing the Service and Support Plan and budget.
- Financial Management Agency (FMA) – Conduent– the FMA makes payment to Employees for services rendered to the Mi Via and Centennial Participant. The FMA processes Employee timesheets or invoices, and bills Medicaid for services and goods approved on the Service and Support Plan and budget. Conduent has subcontracted with TNTFI to provide the payroll and financial functions of the FMA and Conduent will supply all other operational functions
- FOCoS – A Conduent partner in the Mi Via and Centennial Sentinel project. The user interface for FOCoS*online* consists of web pages that authorized users' access using standard web browser software (such as Microsoft Internet Explorer) over the Internet. FOCoS*online* is the hub for all Mi Via and Centennial Participant and Employee data.
- TNT Fiscal Intermediary (TNTFI)

- Third- Party Assessor (TPA) - Molina. The Participant's Service and Support Plan (SSP) and budget are submitted to the Third-Party Assessor (TPA) – Molina for approval. In reviewing and approving or denying the Participant's requested SSP and budget, the TPA:
  - Considers the Participant's current in-home assessment and complete Level of Care information; medical and clinical needs, and qualifying condition or disability; health needs, including physical and behavioral; personal safety needs; and available budgetary amount; and
  - Applies the Centennial SSP Review and Budget Review Criteria

- Third- Party Assessor (TPA) – United Health Care. The Participant's Service and Support Plan (SSP) and budget are submitted to the Third-Party Assessor (TPA) – Molina for approval. In reviewing and approving or denying the Participant's requested SSP and budget, the TPA:
  - Considers the Participant's current in-home assessment and complete Level of Care information; medical and clinical needs, and qualifying condition or disability; health needs, including physical and behavioral; personal safety needs; and available budgetary amount; and
  - Applies the Centennial SSP Review and Budget Review Criteria

- Third- Party Assessor (TPA) – Blue Cross Blue Shield. The Participant's Service and Support Plan (SSP) and budget are submitted to the Third-Party Assessor (TPA) – Molina for approval. In reviewing and approving or denying the Participant's requested SSP and budget, the TPA:
  - Considers the Participant's current in-home assessment and complete Level of Care information; medical and clinical needs, and qualifying condition or disability; health needs, including physical and behavioral; personal safety needs; and available budgetary amount; and
  - Applies the Centennial SSP Review and Budget Review Criteria

- Third- Party Assessor (TPA) – Presbyterian. The Participant's Service and Support Plan (SSP) and budget are submitted to the Third-Party Assessor (TPA) – Molina for approval. In reviewing and approving or denying the Participant's requested SSP and budget, the TPA:
  - Considers the Participant's current in-home assessment and complete Level of Care information; medical and clinical needs, and qualifying condition or disability; health needs, including physical and behavioral; personal safety needs; and available budgetary amount; and
  - Applies the Centennial SSP Review and Budget Review Criteria

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In order to be eligible for the Mi Via program the Participant must be Medicaid eligible, and have an approved SSP and budget. Medicaid is the payer of last resort, and the Mi Via program is not intended to cover and meet all of the Participant's needs.

Self- Direction Contact Information

- Phone: LOCAL – (505) 924 - 2010; TOLL FREE – (1-866) 916 – 0310
- FAX: (1-866) 302 – 6787
- Mailing Address: Conduent, Inc. P.O. Box 27460, Albuquerque, New Mexico 87125-7460
- Local Office Address: 1720-A Randolph Road SE, Albuquerque, New Mexico 87106
- Hours of Operation: 8:00 am – 5:00 pm, Monday-Friday
- Local Email: mi.via@Conduent.com

1.0 Conduent Organization Overview

1.1 Roles and Responsibilities

The Self -Direction at Conduent Organization is managed by the Self- Direction at Conduent Operations Manager and supervised by the Self- Direction at Conduent Supervisory staff. The unit consists of Data Entry Clerks, Call Center Agents, Enrollment Agents, Liaisons and MCO Liaisons, all of which are dedicated to responding professionally and accurately to inquiries. Inquiries to the Self-Direction at Conduent Helpdesk are primarily made through telephone interactions.

Participants and Employees will receive verbal responses to their specific inquiries regarding:
- Timesheets
- Payment Amounts
- Invoices
- Requests for MiVia and Centennial Forms
- Other issues regarding the Mi Via and Centennial program.

The Mi Via and Centennial program Organization represents a team dedicated to accurately responding to inquiries in a timely and professional manner. The Self- Direction at Conduent staff works as a team to resolve inquiries and takes a proactive approach to assisting callers.

The Self- Direction at Conduent Operations Manager, Supervisor and Team Leads are responsible for the daily adherence to the HIPAA Privacy Standards, including the Non-Disclosure of Protected Health Information.

1.1.1 Self – Direction at Conduent Supervisor:

- All duties required of Help Desk Representative and Data Entry Clerk and
- Provides functional guidance, training and assistance to lower level staff.
- Provides assistance, training and troubleshooting support to lower level staff.
- Schedules work to ensures accurate phone coverage; monitors priority of calls and shifts escalated calls to assure resolution to problems.
- Prepares standard reports to track workload, response time and quality of input.
- Assists in planning and implementing department goals and makes recommendations to management to improve efficiency and effectiveness.

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- All other duties as assigned
- Must have excellent oral and written communication skills, demonstrated analytical skills and demonstrated experience with elderly and disabled individuals.

1.1.2 Self – Direction at Conduent Help Desk Representative:

The Self- Direction at Conduent Helpdesk Call Center Agents is the first line of support for Mi Via and Centennial Participants and Employees. In situations in which The Self- Direction at Conduent Helpdesk Call Center Agent identifies a client or Employee whose training needs are extensive; the situation is brought to the attention of the Liaisons and MCO Liaisons. The Liaisons and MCO Liaisons are responsible for assessing the situation and addressing the caller's additional training needs.   For specific practices of the Liaisons and MCO Liaisons, refer to the Liaisons and MCO Liaisons section of this manual.

Self- Direction at Conduent Help Desk Representative responsibilities include:
- Responds to telephone inquiries and complaints using standard scripts and procedures.
- Gathers information, researches/resolves inquiries and logs customer calls.
- Communicates appropriate options for resolution in a timely manner.
- Informs customers about services available and assesses customer needs.
- All other duties as assigned.
- Must have excellent oral and written communication skills, demonstrated analytical skills and demonstrated experience with elderly and disabled individuals.

All staff answering incoming calls will meet or exceed at least the minimum stated service level agreement levels for each call, including speed of answer, abandonment rate and busy out rate.

The Self- Direction at Conduent Supervisor and Deputy Manager are responsible for the daily management of telephone queues and statistics.

All queue statistics will be monitored throughout each business day to ensure the following:
- Queues are staffed appropriately.
- All incoming calls are being handled according to at least the minimum stated standards, including courtesy, professionalism, accuracy and timeliness.

The Self- Direction at Conduent staff will check the FOCoS system, CRM, and/or other resources as needed to obtain and provide the caller with the adequate information to answer the inquiry.

1.1.3 Liaison and MCO Liaisons:

The Liaison Team is responsible for supporting Self- Direction at Conduent Helpdesk Specialist's with inquiries requiring research and follow up. This team receives escalated records in CRM representing tasks with which Self- Direction at Conduent Helpdesk Specialists need assistance.

The Liaisons are members of a team that is responsible for conducting research for the Self- Direction Helpdesk. The primary responsibilities of the Liaisons are listed below:

- Utilize the CRM application to identify records requiring research.

- Perform research and document resolution in CRM.

- Communicate research results to members of the Self- Direction community as needed.

- Assist in the identification of areas in which additional training would benefit the Self- Direction at Conduent Helpdesk

- Answer incoming Self- Direction Helpdesk calls during peak periods, if necessary.

- Ensure research requests are completed in adherence to stated service level agreements.

- Functions as a member of the Support Group

- Facilitates call center escalations

- Assists Participants with Mi Via and Centennial Program forms

- Assists Employees with Mi Via and Centennial payroll reports

- Provides individual one-on-one provider or group trainings

- Provides Webcast training

- Must have experience with public speaking and presentations

- Must be available to travel and be flexible to travel on short notice

- Demonstrated experience with elderly and disabled individuals and their families

- Must demonstrate an ability to work independently, but also as part of a team

- Must demonstrate the ability to work in a fast-paced, production oriented environment and be able to work under stressful, time sensitive deadlines

- Required to work hours necessary to accomplish tasks which includes overtime

- Must have excellent attendance and reliability

- Must have excellent oral and written communication skills, and demonstrated analytical skills

- Must have experience with Microsoft Office products

1.2 Attendance and Cell Phone Policy

Below are the revised New Mexico Attendance Guidelines that go into effect April 1, 2010. Refer also to the ACS Attendance Policy, which was used as a cornerstone in the development of the guidelines. Your supervisor or manager will review these guidelines with you but you should also take the time to familiarize yourself with the details.
ACS provides full time employees with accrued sick and vacation time as well as floating holidays. Each employee is responsible for managing earned time off and to be aware of how much time has been taken and how much time remains.

Any employee who cannot come to work or will be tardy is required to contact his/her manager or supervisor at least 30 minutes prior to the employee's start time. If the employee's manager or supervisor is not available by phone, the employee must leave a call back number and expect a return call. Employees are not to leave messages with co-workers.

Tardy: Not being at the assigned work area at the scheduled start time, after lunch or after a break period. Excessive tardiness will be addressed. Tardiness includes an employee who is part of a carpool that arrives late and an employee who is allowed to make-up a late arrival to work.

Absence: Time off from work whether or not it was approved in advance.

Approved Absences: The following are considered *approved absences*: Approved absence requests must be made in writing to your manager or supervisor **prior** to the beginning of the absence.

- Family and Medical Leave Act (FMLA) – 30 days' notice, when the absence is foreseeable
- Time off resulting from a work-related injury – upon injury
- Vacation – 6 weeks' notice when requesting more than 2 weeks' time off, otherwise with ample advance notice
- Floating Holidays - ample advance notice
- Jury Duty – 48 hours' notice upon receipt of a jury summons or subpoena
- Witness Duty – 48 hours' notice upon receipt of a jury summons or subpoena
- Military Leave – notify supervisor immediately upon receipt of orders
- Bereavement for immediate family member – upon notification
- Lack of work (requires management approval)
- Office shutdowns due to natural disasters (requires management approval)
- Pregnancy Leave - 30 days' notice
- ACS Personal Leave Policy - 30 days' notice, when the absence is foreseeable
- Approved Sick Leave – ample advance notice for an absence of 3 or more consecutive days or when requested at least three days in advance for a health or wellness appointment

Unapproved Absences: All absences not previously approved within the specified approval window or not listed in the "approved absence" category, such as unapproved sick time or unapproved personal unpaid leave.

Unapproved absences mean that management does not pass judgment on the reason for the absence and is not able to change any unapproved absence to an approved absence based on the merits of the absence. Calling in sick is one example of unapproved absence. Other examples are not coming to work because of a transportation problem (e.g., flat tire), child illness or family emergency.

Excessive Absenteeism and Excessive Tardiness: Excessive absenteeism and excessive tardiness are defined below along with the associated corrective action to be taken in each case. An employee with excessive absenteeism or excessive tardiness will be subject to progressive corrective action as indicated below:

- Four (4) unexcused absences or tardiness during a rolling six-month period
  - Formal Counseling (Verbal)
- Five (5) unexcused absences or tardiness during a rolling six-month period
  - Written Notice

- Six (6) unexcused absences or tardiness during a rolling six-month period
    - Final Notice
- Seven (7) unexcused absences or tardiness during a rolling six-month period
    - Termination of Employment

Rolling Six-Month Period: Starting with the current absence or tardy, roll back the calendar six months. Each absence or tardy during the rolling six-month period is counted.
Personal Leave Unpaid (PLU): Unapproved absence when an employee exhausts his/her earned sick and vacation time and floating holidays.
No-call, no-show: An employee who does not call and does not show up for work demonstrates disregard for co-worker workloads and non-compliance with attendance policies. Instances of no-call, no-show will be unpaid time off. The first offense results in a final notice. The second offense within a 12-month period results in termination of employment.
Please ensure that all employees are aware of our attendance guidelines. Exceptions to these guidelines must be approved by the Account Manager. Your full support is expected and appreciated.

This mobile device policy is being initiated to:

- Ensure the privacy of Protected Health Information (PHI) of clients in the New Mexico Medicaid Project;

- Protect the personal information of the providers who serve in this program; and,

- Provide a work environment that is free of personal distractions.

Phones and Mobile Devices are not to be used while on shift (including for Texting, Talking, Web Browsing or other forms of digital communication) at any workstation or in any ACS work area by any employee who is not required to have a Phone or Mobile Device as part of their job responsibility.

These devices must be set to be silent or off, and completely put away from the work area.

Occasional use in break room, foyers or outside areas during regular break times is subject to management approval and must not distract other employees.

Disciplinary Action
Employees who fail to keep their mobile device out of sight in secured areas of ACS will be subject to immediate disciplinary action

- 1st offense: Employee will receive a verbal warning

- 2nd offense: Employee will be placed on a Performance Improvement Review (PIR)

- 3rd offense: Termination.

2.0 Communication Process

Communication for the Self- Direction at Conduent project consists of the following mediums

2.1 E-Mail

- NOT TO BE USED FOR HIPAA PROTECTED MATERIALS
- Any emails between agencies or parties should include a cc to the Call Center Supervisor, Self-Direction specialist, and if necessary the Self- Direction Deputy Manager
- The subject heading should be clear and should clearly identify the message content.
- The message should be concise and to the point, and should adhere to the following guidelines:
- The most important statements should be listed in the first paragraph.
- The subject of the message should remain focused throughout and simple descriptive words should be used.
- Bullets and short paragraphs should be used when possible.
- E-mails should be proofread and should undergo spell-check.
- Excessive use of capitalization and exclamation points should be avoided.
- Large attachments or multiple files should be broken into several emails as appropriate.

2.2 Phone Conversations

- All phone conversations with Participants, Employees, FOCoS and TNTFI must be documented using CRM (see section 4.0 for CRM instructions). If conversations occur between Conduent and the State a summary should be captured in a follow up email and all appropriate parties should be copied

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2.3 In-Person Meetings

- All in-person (walk-ins) meetings with Participants and/or Employees must be captured using CRM (see section 4.0 for CRM instructions).

2.4 Mail

- All mail must be processed and logged daily

2.4.1 Returned Mail

Returned mail is caused by undeliverable mail sent to MiVia and Centennial participants or employees that the Post Office has returned.

2.4.2 Return to Providers (RTP)

Documents are returned due to Illegibility, Information missing on forms, missing documents, and plan exceeds budget. There are four sorts for Return to Providers (RTP):

1. Employee Single's
2. Employee Multi's
3. Client Single's
4. Client Multi's

(Please see Appendix B for the RTP form cover sheet.)

3.0 Call Center Procedures

3.1 How to login to FOCoS*online*

To log into FOCoS *online* you need a Login Name and password. Your Supervisor will provide you with a Login Name and password.
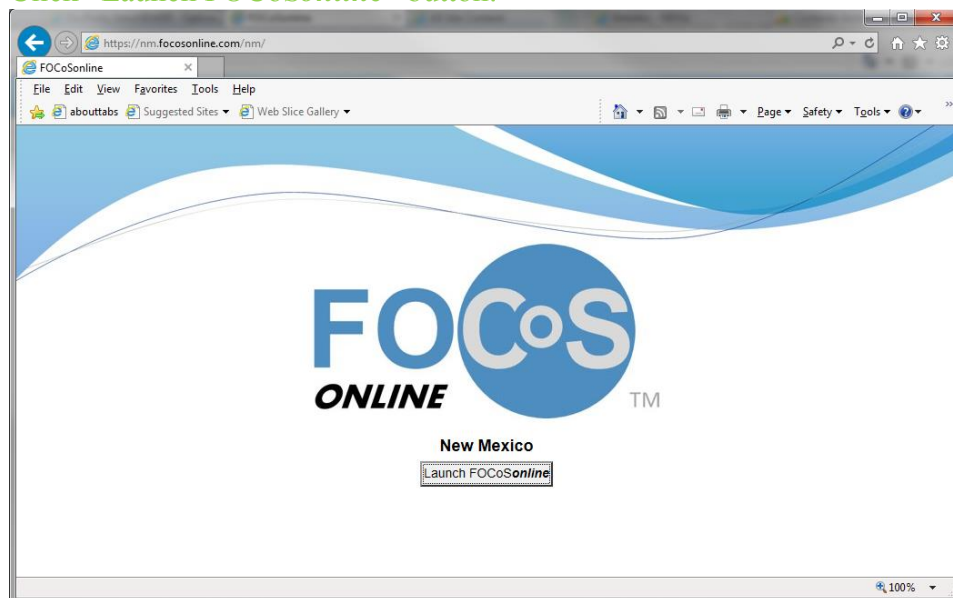
1. Open an internet page and go to the following address: https://nm.focosonline.com
2. Click on the Launch FOCoS *online* button
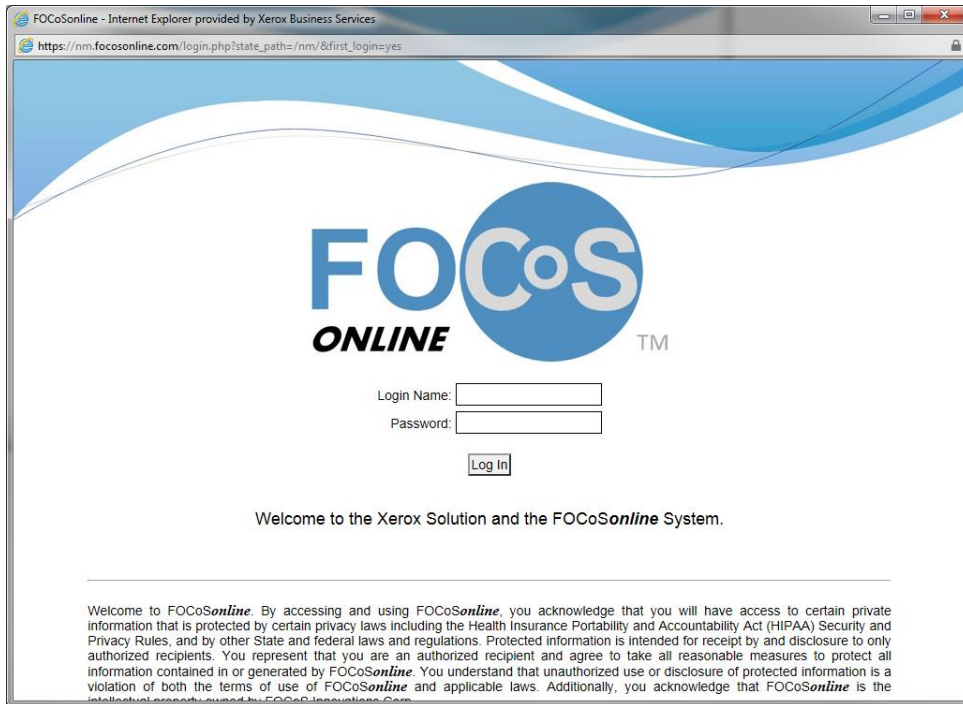3. Enter your unique Login Name and Password and click the Log in button

Tools
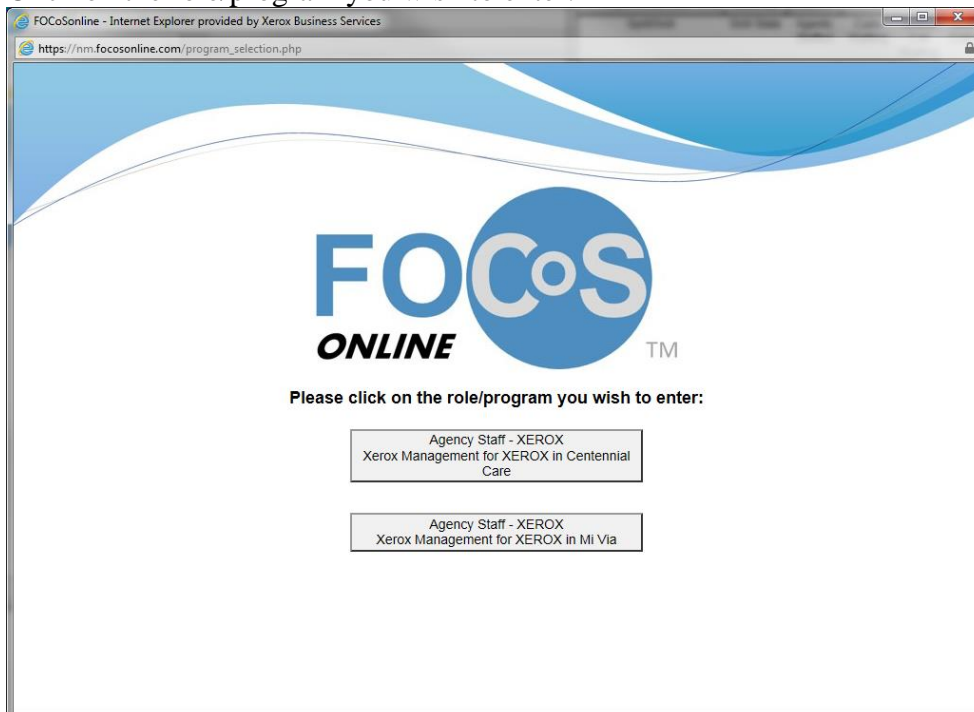
FOCoS*online*
https://nm.focosonline.com/nm/

Click "Launch FOCoS*online*" button:

Enter your Login Name and Password:

Click on the role/program you wish to enter:

Centennial Care:

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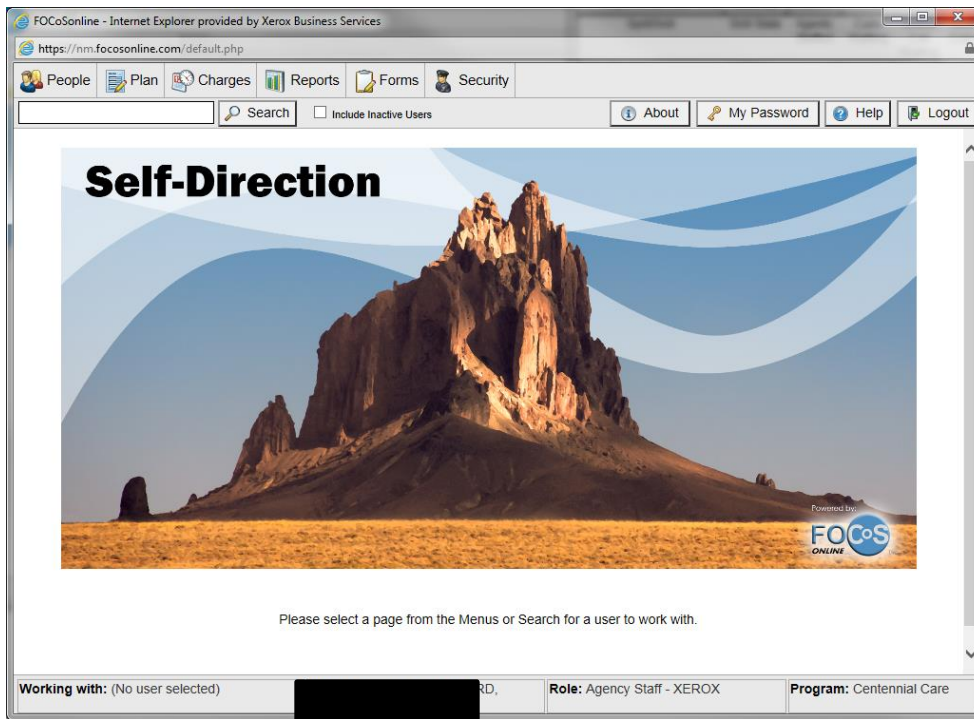
Click the "Security" button, then "Switch Program/Role" to switch to MiVia. Always make sure to click on the "include inactive users". Enter in the caller's last name and first name. For example: Doe, Joe. You can always enter in a partial first and/ or last name. However, it will bring up more selections. Once you bring up the caller's information. Always verify the caller. Please see HIPAA.
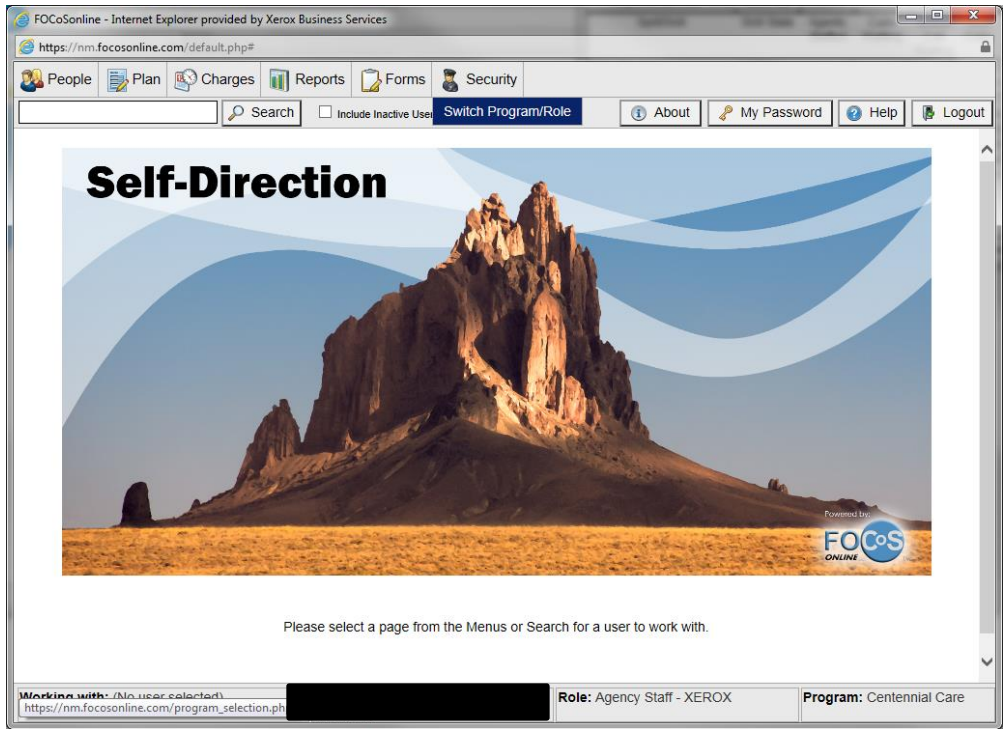
Click the "Mi Via" Button:
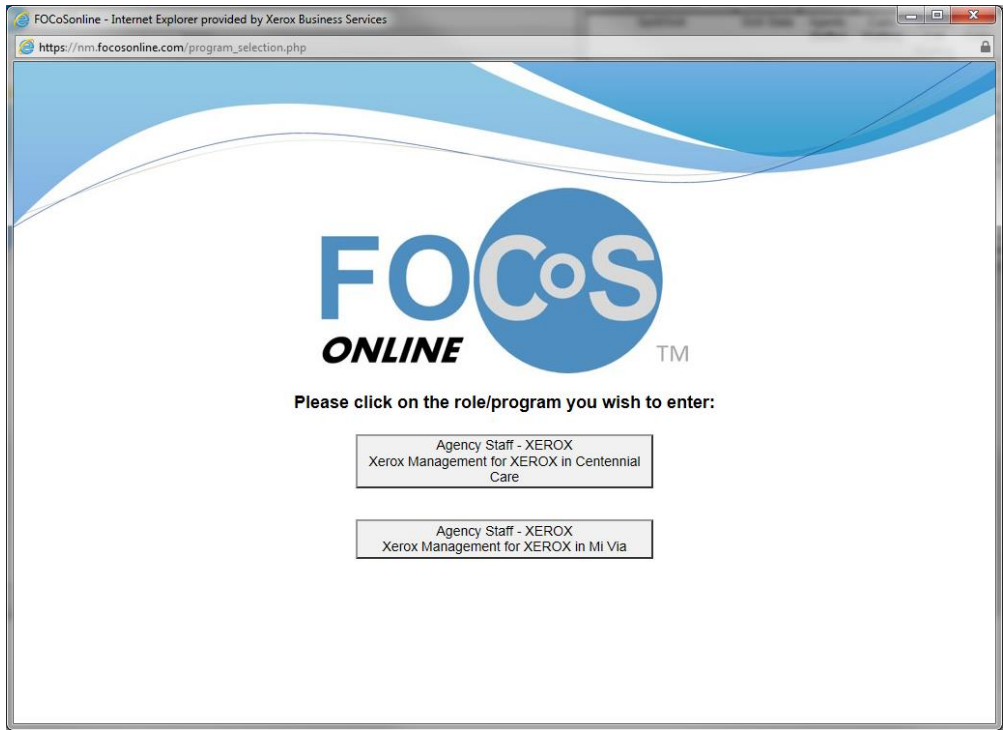
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Mi Via:

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3.2 How to use DocFinity Intraviewer. How to locate Timesheets, Miles, PRF's, and Enrollment Documents

http://abqimgws01/DocFinity/IntraViewer/session/frmmain.cfm
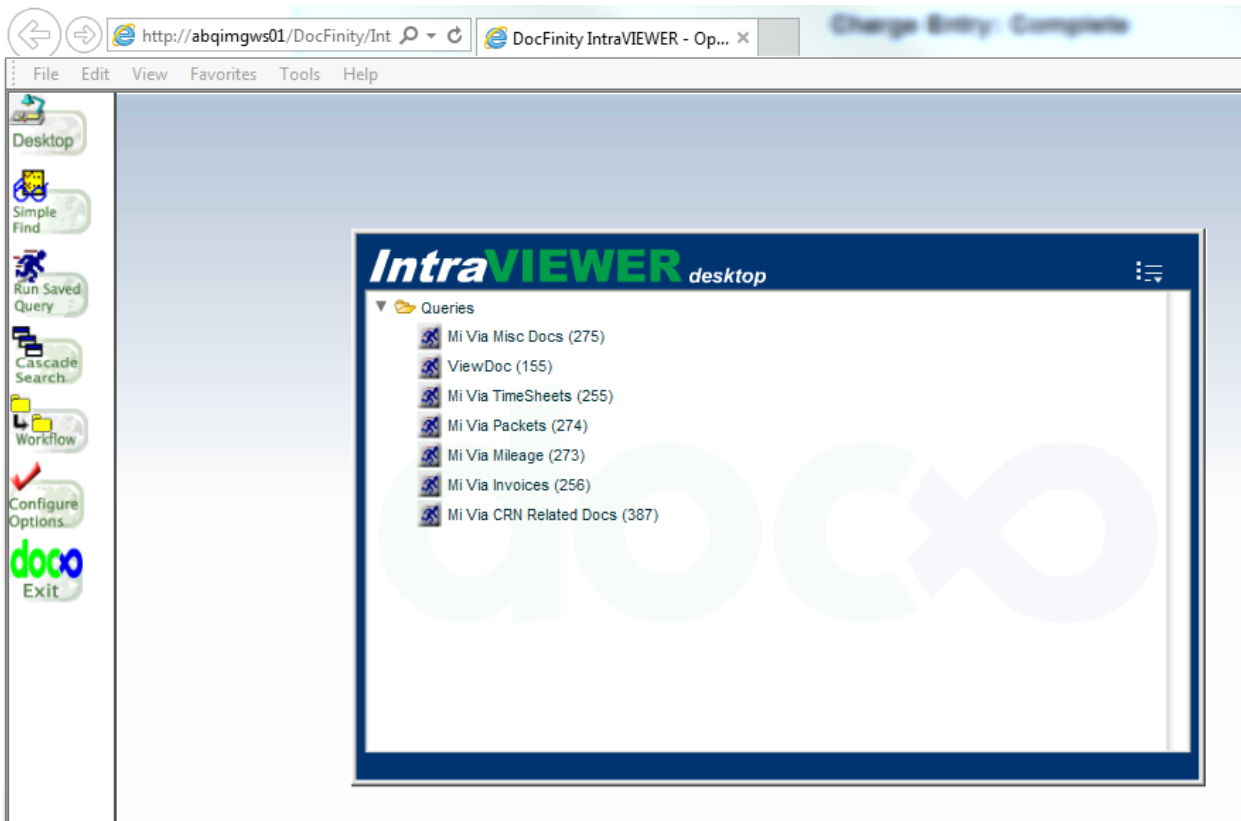
Enter your User ID and password:

Click the "Workflow" button on the left:
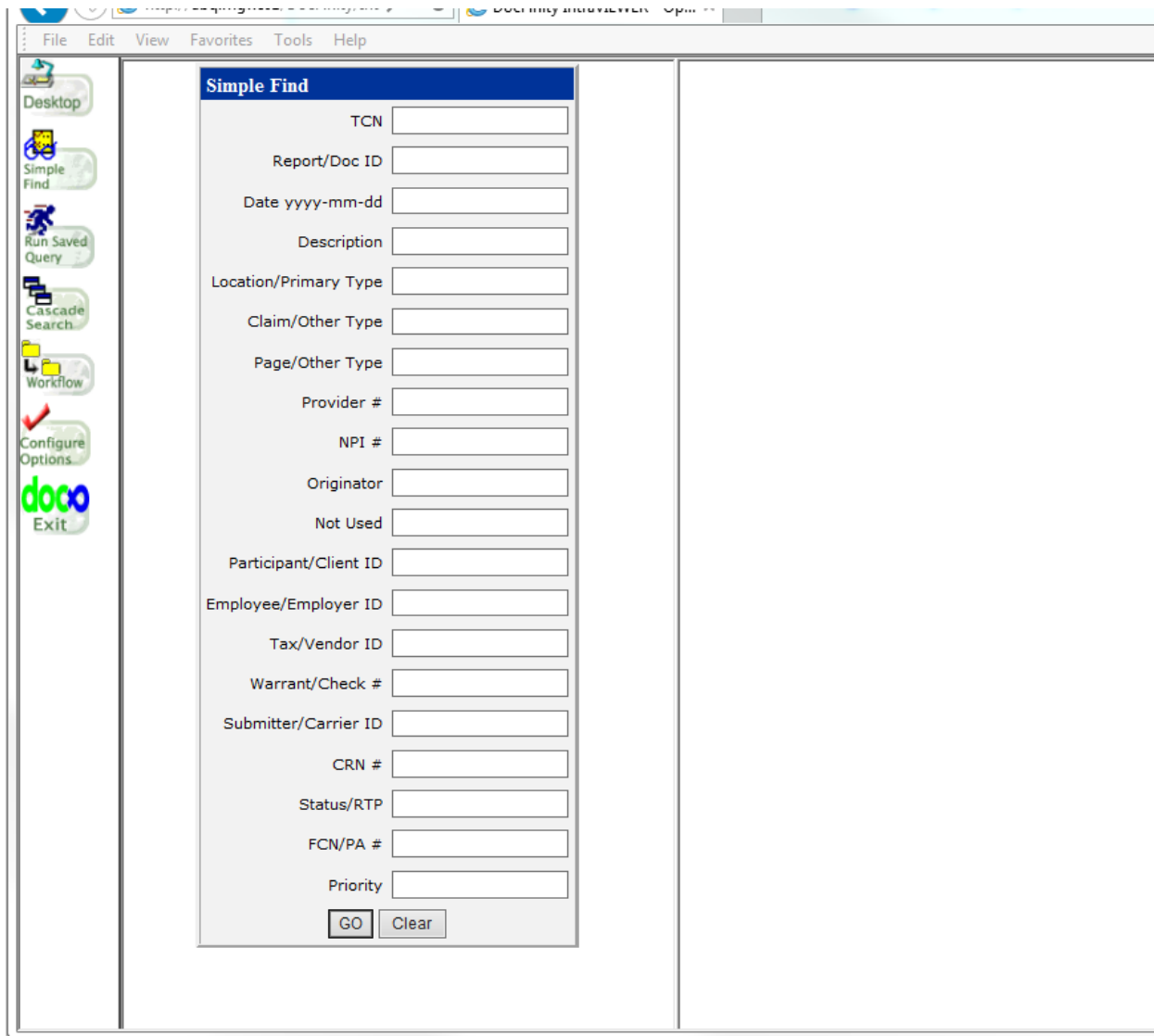
Looking up TS

First off you will pull up IntraViewer and log in.

Now from here there are many ways to look for TS.

The first was is the easiest but takes the longest for it to pull up. Please Click on Simple Find to start the process.

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This is the area where you can find anything for the account. For TS you take the participants Medicaid number and place it into the Participant/Client ID box.

Now if you are looking for every document we have ever associated with the account you then hit enter.

On a side note this is currently the only way to pull up enrollment docs in Intraviewer.

If you are looking for a specific employee TS you will enter the last 4 number of their SSN into the Employee/Employer ID box in addition to the participant Medicaid number then click GO.
On the right hand side of the page a listing of all the employees' documents for this participant will show up. The list is in date of receipt order with the newest being on the bottom.

Once you have found the document you want to look at click on the [image] and the document will pull up.
For looking up TS this is the most difficult way of looking up the information.

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The next way it to click on Run Saved Query

You will then select the drop down with your login name on it and select ACS ALL. In the space below a list will now show up what you are looking for is MiVia / Centennial Timesheets select it and click on run.
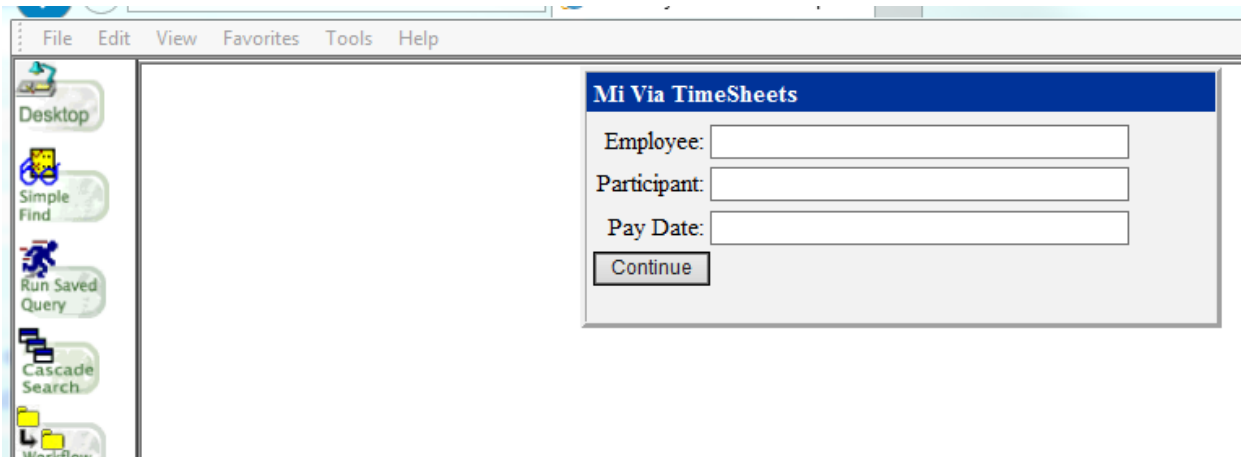
This is where you will fill out the info like above, EE last 4 SSN, Participant Medicaid number, and the Pay Date is not required but will reduce the number of entries that will show up. Unlike the previous search this is not sorted from when we received the fax but the last day of the pay period.

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The last way is similar to the last just how you get to the search box is different. If you have had you Intraviewer desktop set up it should look like:
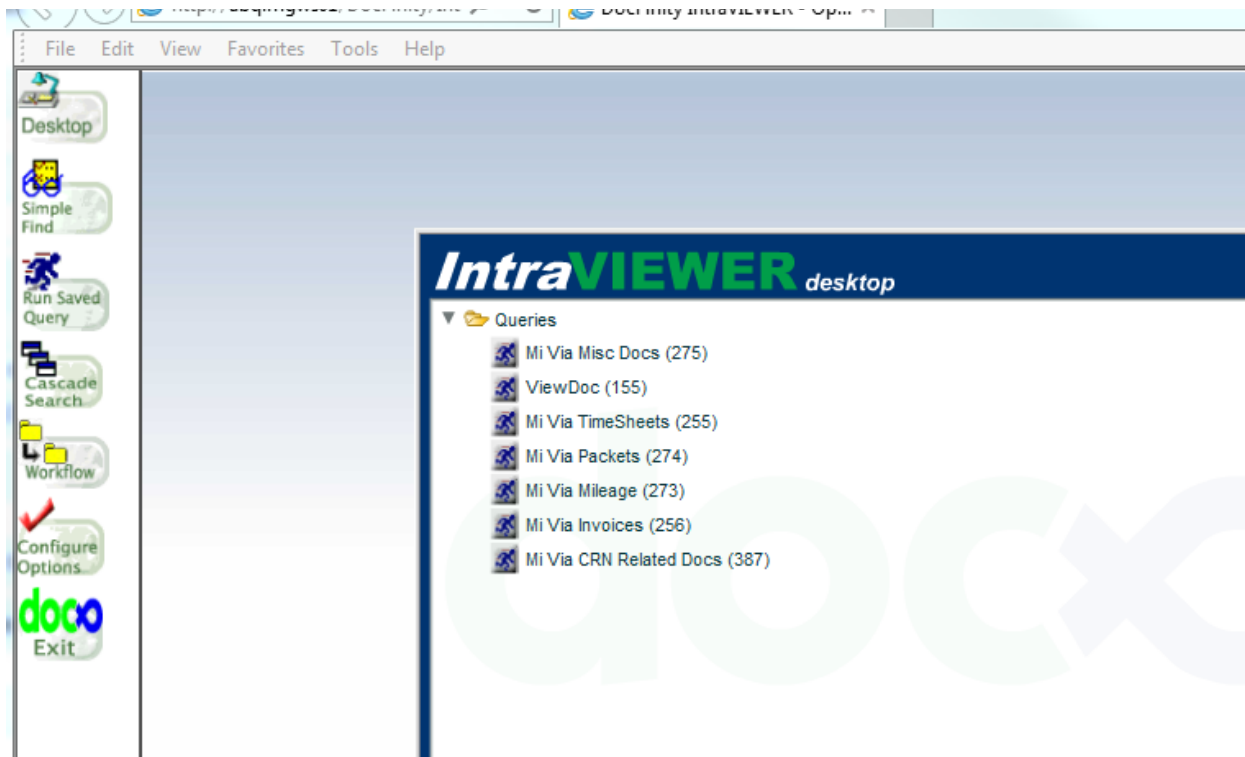
From here you will click on the "running man" next to MiVia/ Centennial Timesheets. This will pull up the same search boxes as the previous example; follow the same procedure as before.

Now for the last 2 methods if you leave off the employees' SSN you will be searching for any TS for the participant. This is great for the Monday after TS are faxed in as you can put in the end date for the TS that was due and pull up all the employees that has faxed in and have been indexed. Depending on where Data Entry is in indexing the faxes received over the week end will determine when they will show up in the system. Your supervisor will be able to give you an approximation as to where they are in indexing, so check with them throughout the day. Usually by noon on Monday, what was faxed in on Friday and the early morning Saturday have been indexed; and by 2pm most of Saturday will be indexed except for the late evening faxes.

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Looking up Mileage

First off you will pull up IntraViewer and log in.
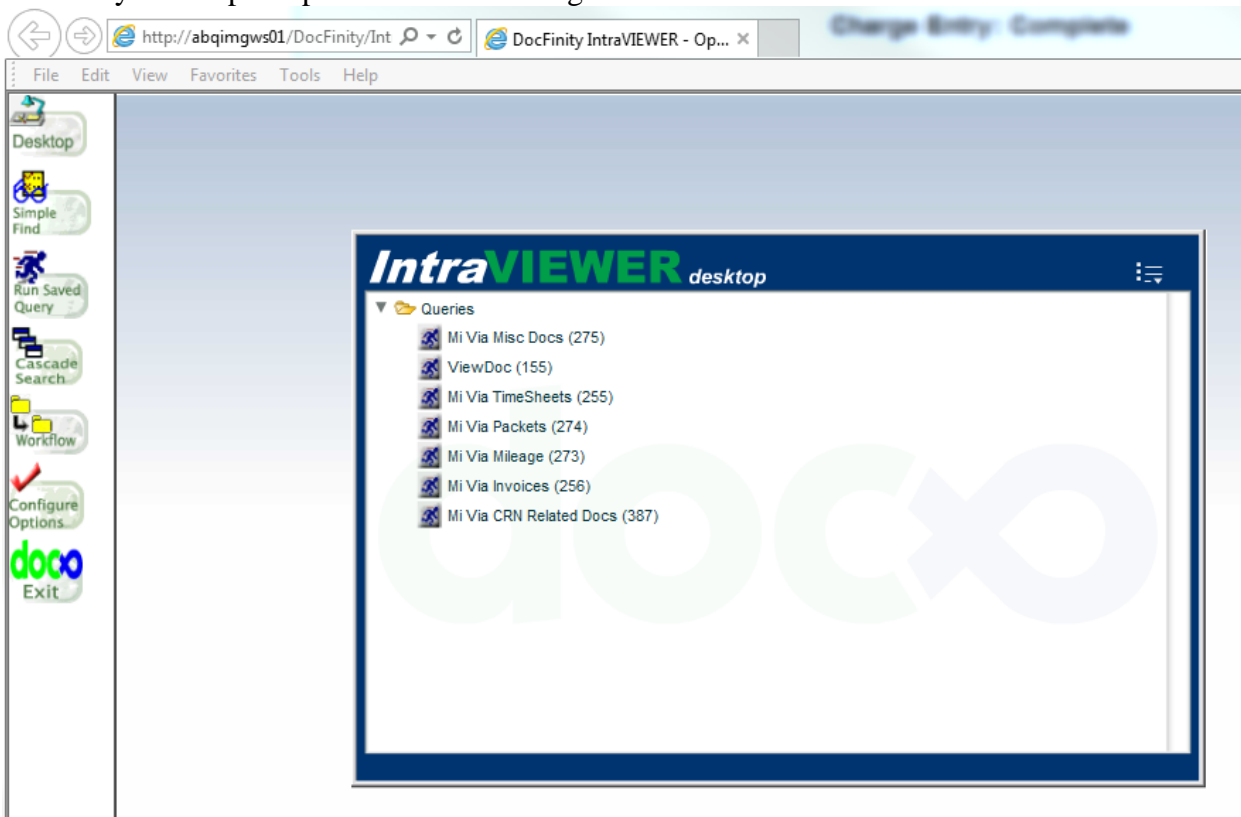
Now from here there are many ways to look for Mileage.

The first was is the easiest but takes the longest for it to pull up. Click on Simple Find to start the process.

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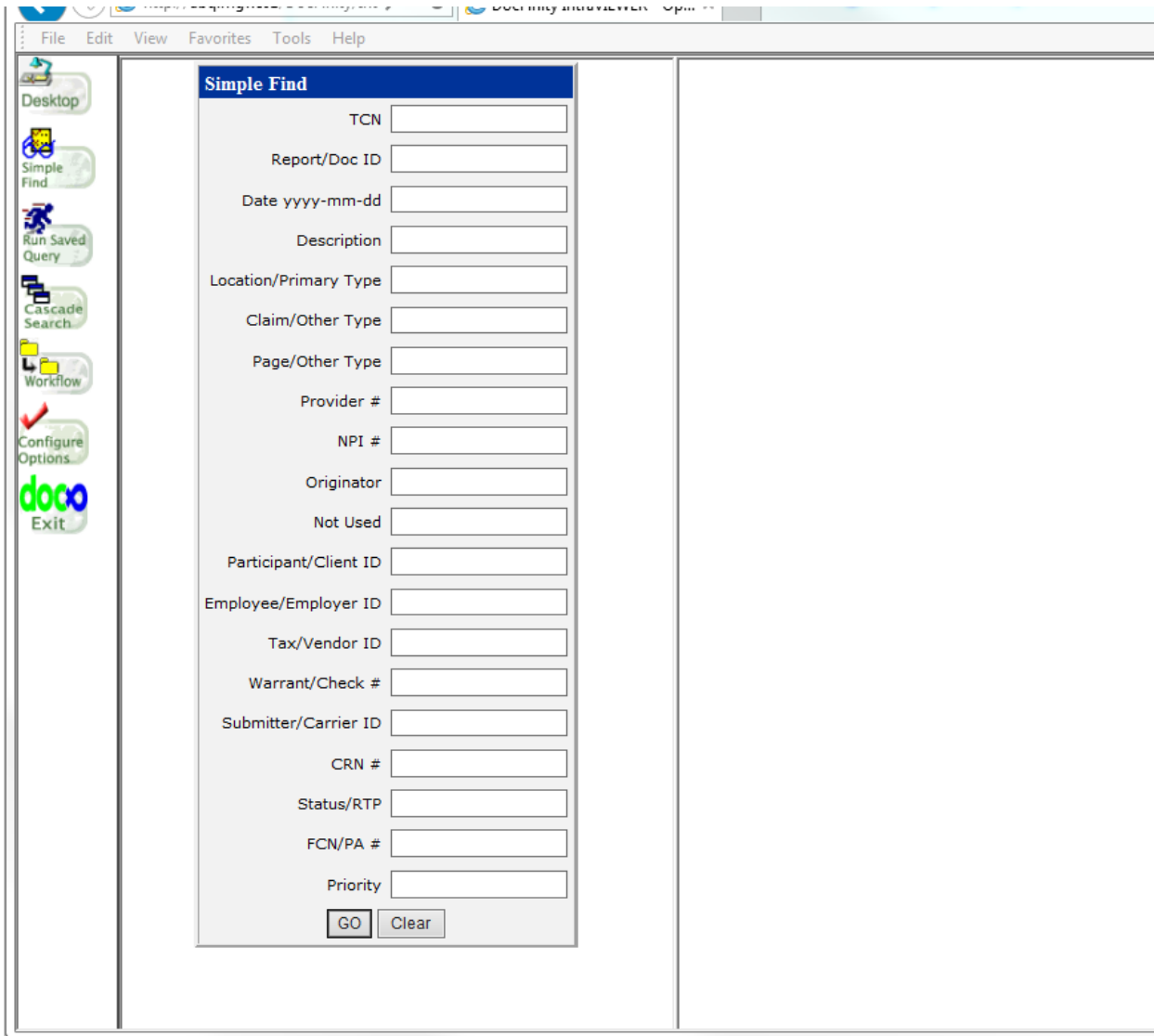This is the area where you can find anything for the account. For Mileage you take the participants Medicaid number and place it into the Participant/Client ID box.

Now if you are looking for every document we have ever associated with the account you then hit enter.

On a side note this is currently the only way to pull up enrollment docs in IntraViewer.
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On the right hand side of the page a listing of all the employees' documents for this participant will show up. The list is in date of receipt order with the newest being on the bottom.

Once you have found the document you want to look at click on the and the document will pull up.
For looking up Mileage this is the most difficult way of looking up the information.
The next way it to click on Run Saved Query

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You will then select the drop down with your login name on it and select ACS ALL. In the space below a list will now show up what you are looking for is MiVia Mileage select it and click on run.
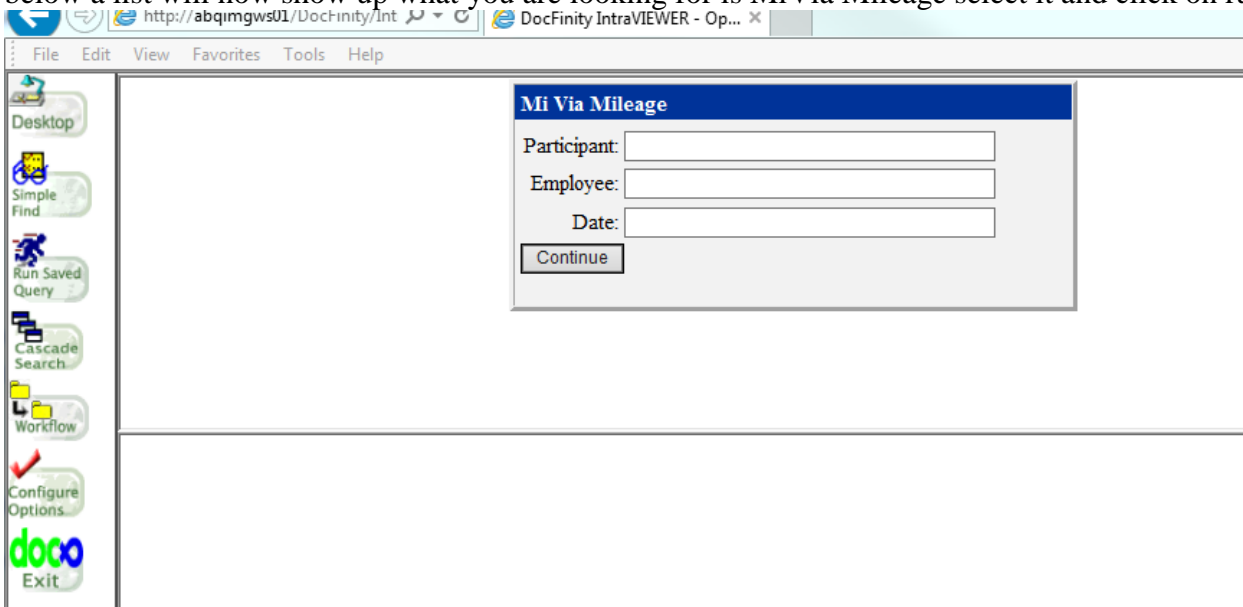
This is where you will fill out the information, such as, EE last 4 of SSN, Participant Medicaid number. The date is not required but will reduce the number of entries that will show up. Unlike the previous search this is not sorted from when we received the fax but the last day of the pay period.

The last way is similar to the last just how you get to the search box is different. If you have had you Intraviewer desktop set up it should look like:
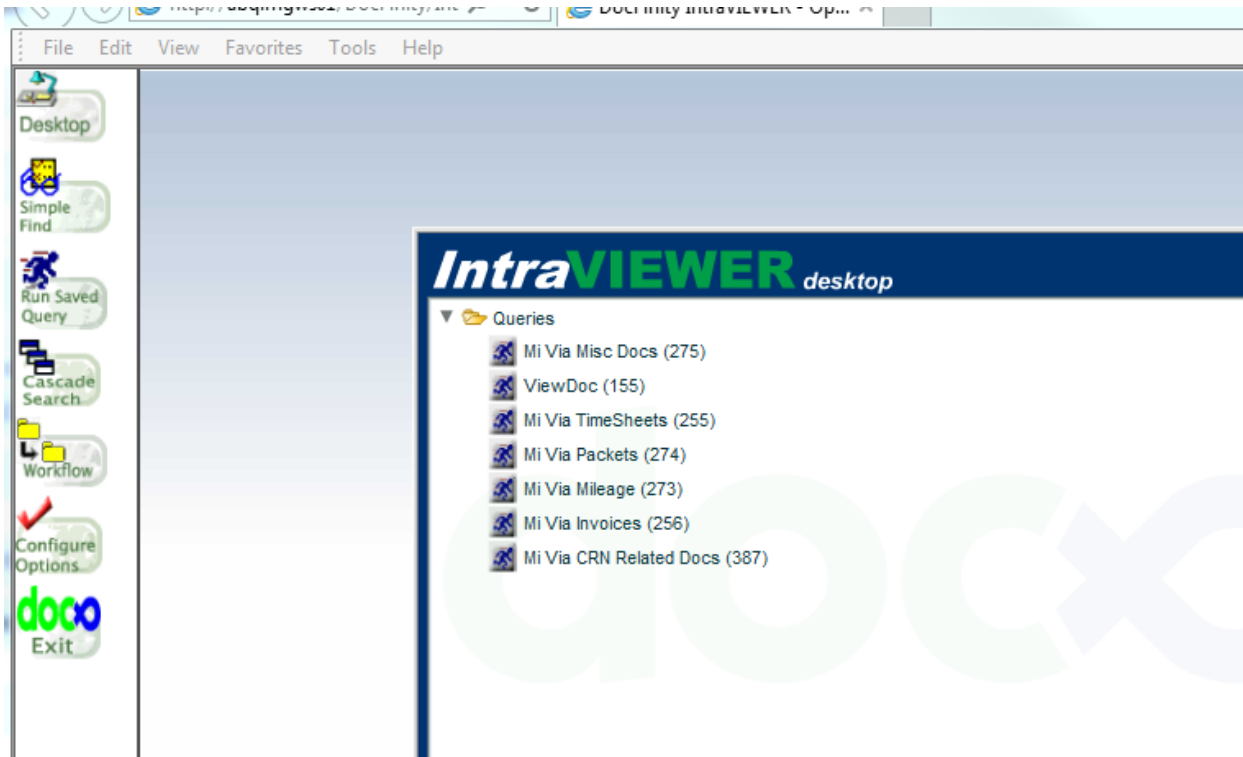
From here you will click on the "running man" next to MiVia / Centennial Care Timesheets. This will pull up the same search boxes as the previous example; follow the same procedure as before.

Now for the last 2 methods if you leave off the employees' SSN you will be searching for any Mileage for the participant. This is great for the Monday after TS/Mileage are faxed in as you can put in the end date for the Mileage that was due and pull up all the employees that has faxed in and have been indexed. Depending on where Data Entry is in indexing the faxes received over the week end will determine when they will show up in the system. Your supervisor will be able to give you an approximation as to where they are in indexing, so check with them throughout the day. Usually by noon on Monday, what was faxed in on Friday and the early morning Saturday have been indexed; and by 2pm most of Saturday will be indexed except for the late evening faxes.

Looking up PRF

First off you will pull up IntraViewer and log in.
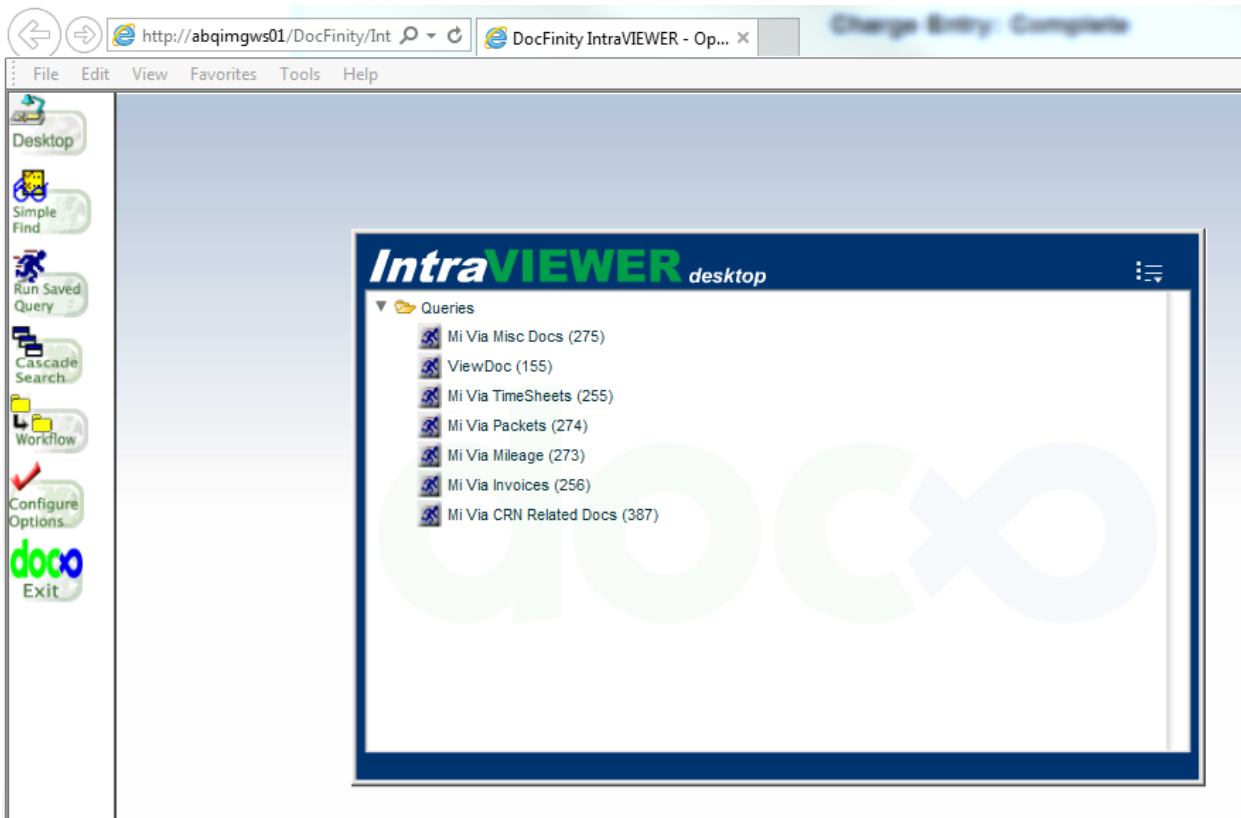
Now from here there are many ways to look for PRFs.

The first was is the easiest but takes the longest for it to pull up. Click on Simple Find to start the process.

New Mexico Mi Via Call Center Policy & Procedure Manual
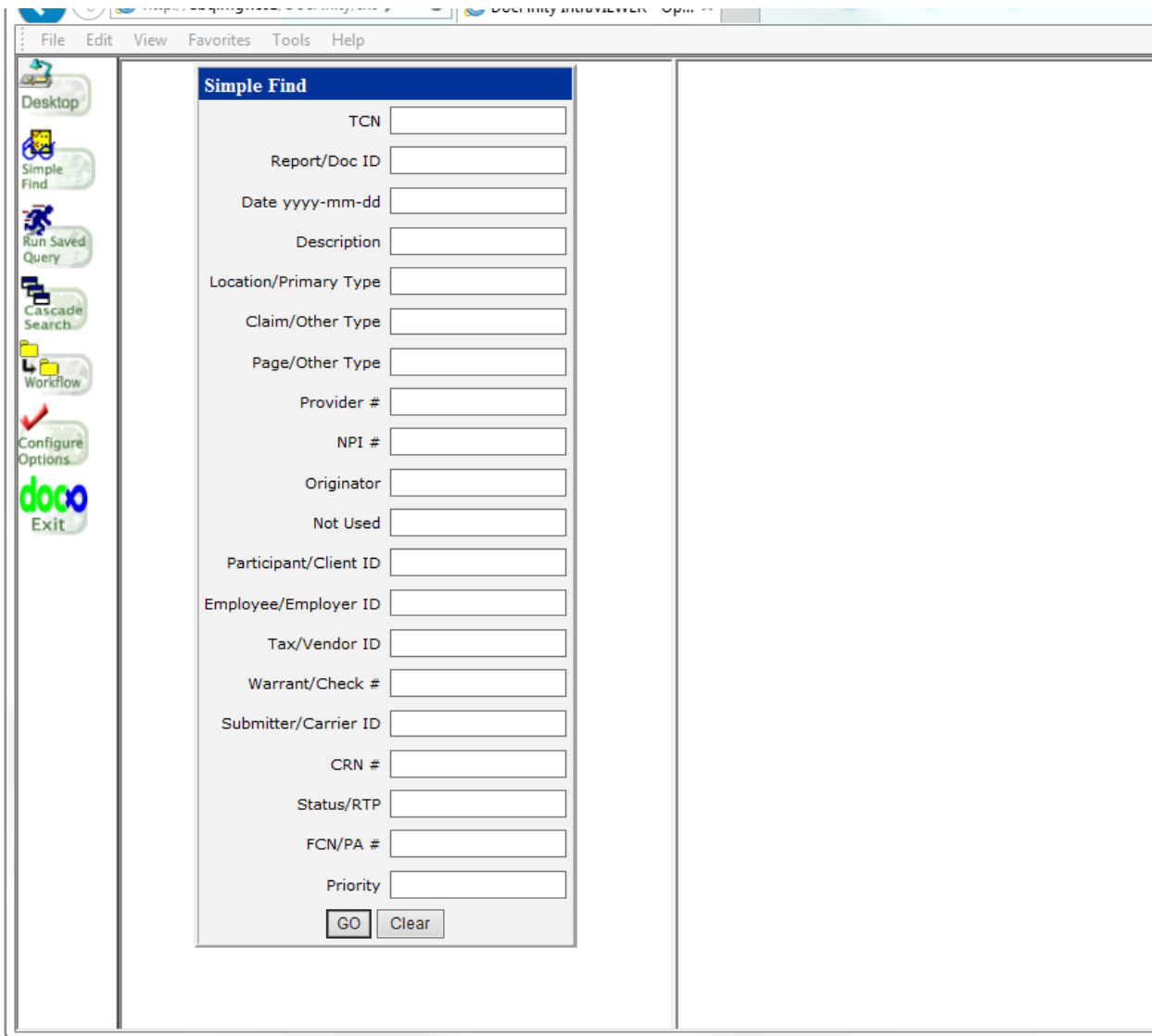
This is the area where you can find anything for the account. For PRF you take the participants Medicaid number and place it into the Participant/Client ID box.

If you are looking for every document we have ever associated with the account you can hit enter. On a side note this is currently the only way to pull up enrollment docs in IntraViewer.

If you are looking for a specific vendor PRF you will enter the vendor tax id number in the Tax/Vendor ID box in addition to the participant Medicaid number then click GO.

On the right hand side of the page a listing of all the vendor's documents for this participant will show up. The list is in date of receipt order with the newest being on the bottom. Once you have found the document you want to look at click on the and the document will pull up. For looking up PRF this is the most difficult way of looking up the information.

The next way it to click on Run Saved Query

New Mexico Mi Via Call Center Policy & Procedure Manual
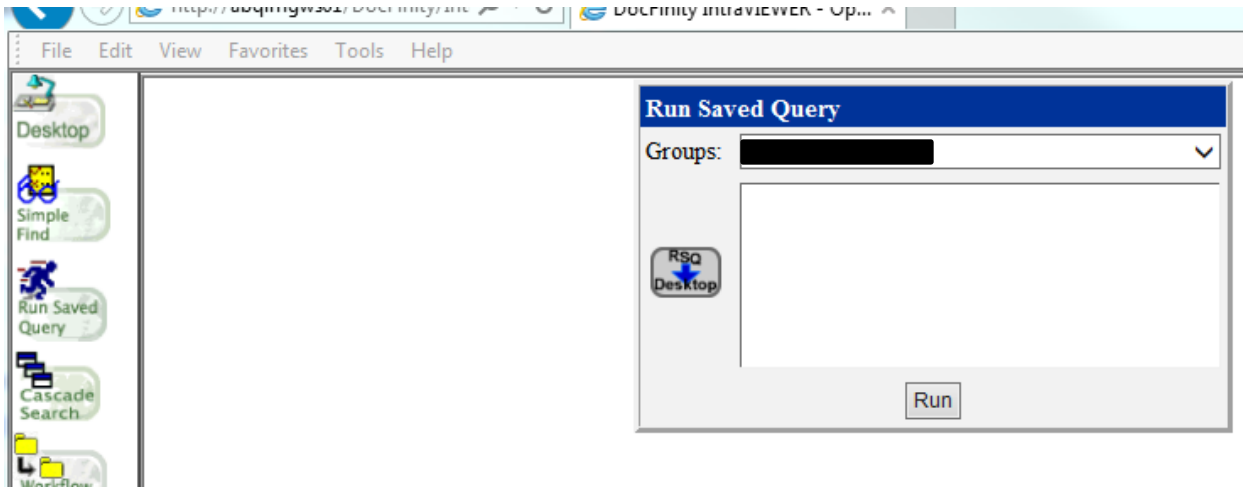
You will then select the drop down with your login name on it and select ACS ALL. In the space below a list will now show up what you are looking for is Mi Via/ Centennial Care Invoices select it and click on run.
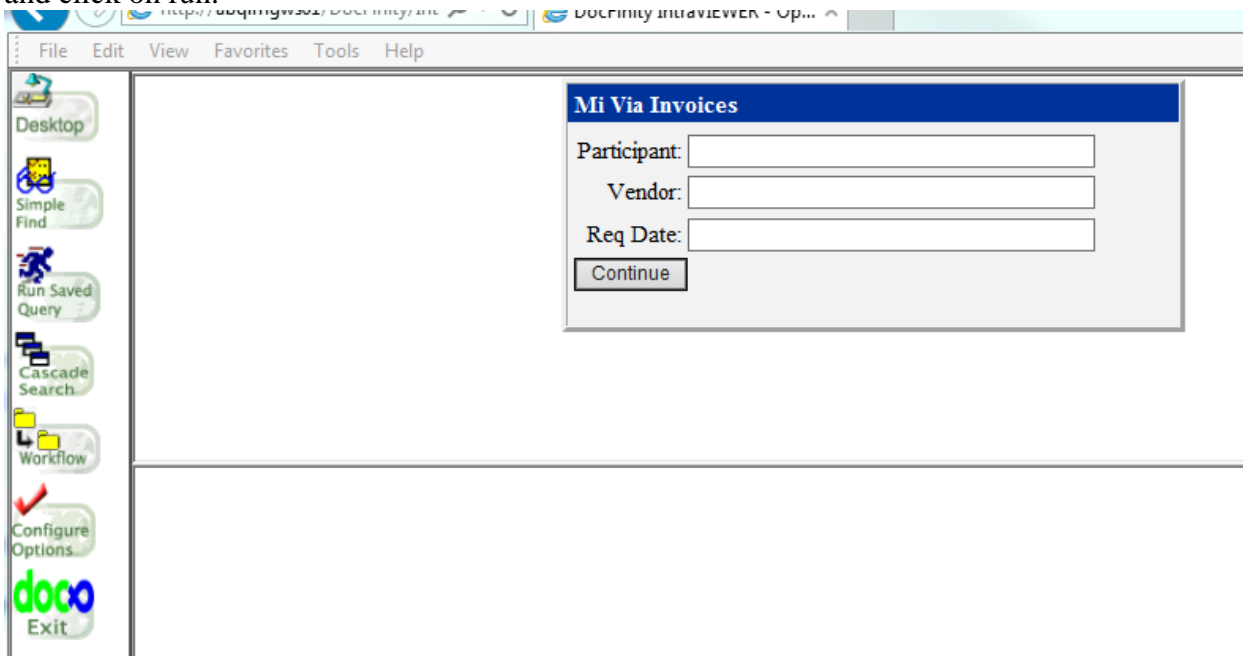
This is where you will fill out the info like above, vendor tax id number, Participant Medicaid number; the Req. Date is not required but will reduce the number of entries that will show up. Unlike the previous search this is not sorted from when we received the fax but the Req. Date.

The last way is similar to the last just how you get to the search box is different. If you have had you Intraviewer desktop set up it should look like:

New Mexico Mi Via Call Center Policy & Procedure Manual
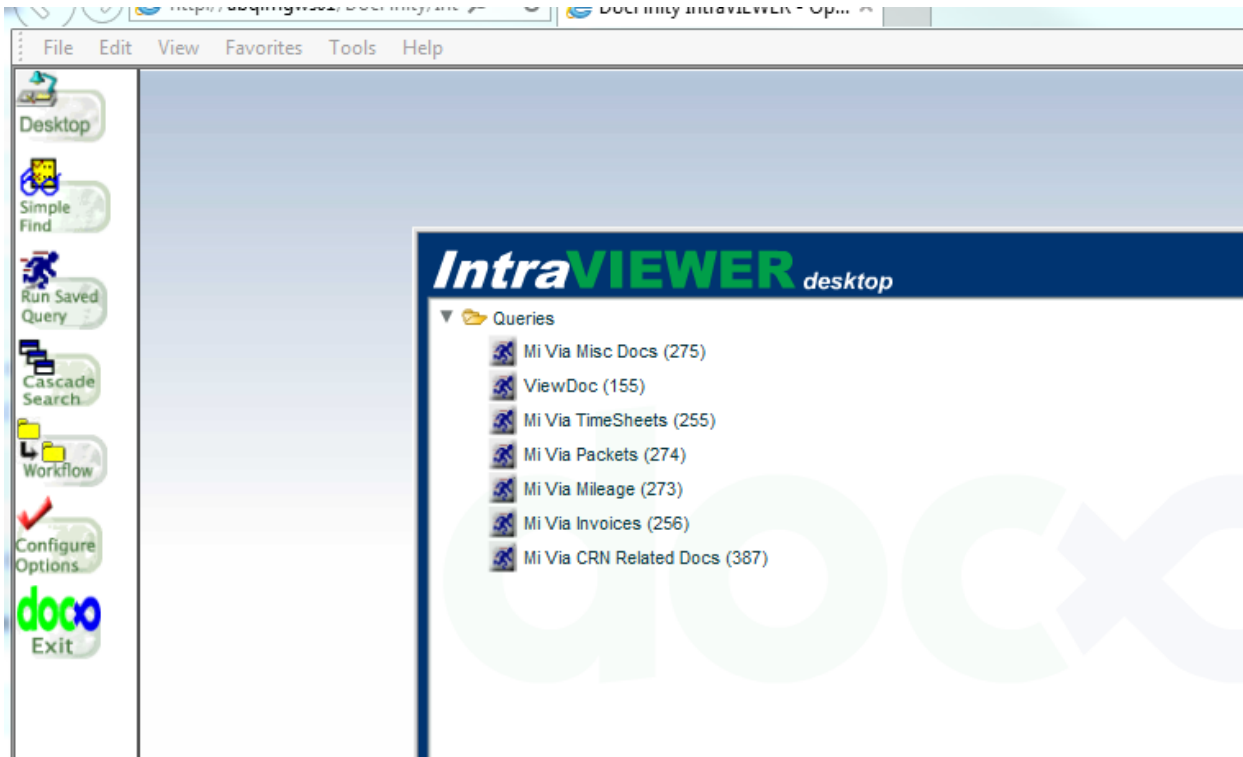
From here you will click on the "running man" next to Mi Via Invoices. This will pull up the same search boxes as the previous example; follow the same procedure as before.

Now for the last 2 methods if you leave off the vendor tax id number you will be searching for any PRF for the participant. This is going to be the most likely way for you to look up a PRF as some vendors in FOCoS will not have their tax ID in there and depending on the type of business it might be using only the last 4 number of the SSN of the owner.

Looking up Enrollment Document

First off you will pull up IntraViewer and log in.

New Mexico Mi Via Call Center Policy & Procedure Manual
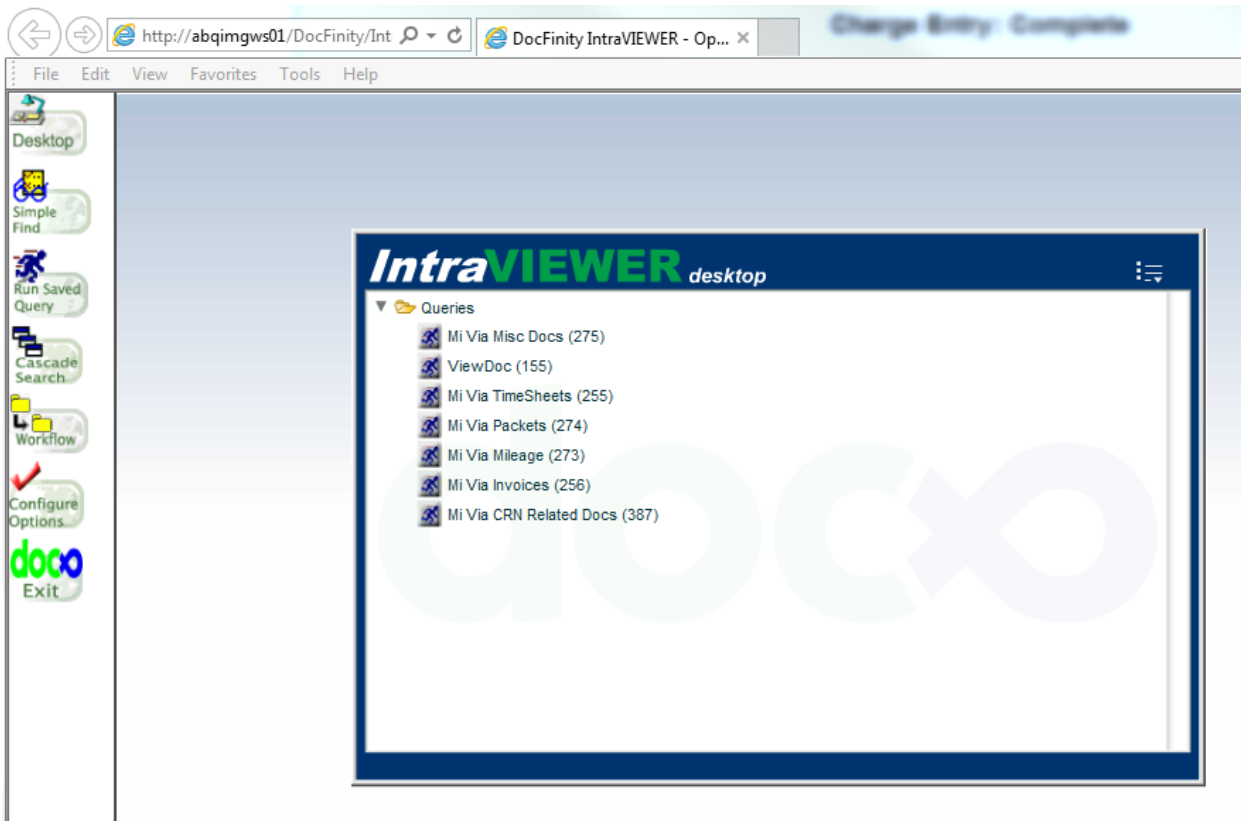
Click on Simple Find to start the process.

This is the area where you can find anything for the account. For Enrollment Documents you take the participants Medicaid number and place it into the Participant/Client ID box.

This is currently the only way to pull up enrollment docs in Intraviewer. On a side note, if you are looking for every document we have ever associated with the account you can hit enter, with no further entries.

If you are looking for a specific employee/Vendor enrollment document you will enter the last 4 number of the EE SSN into the Employee/Employer ID box or the Vendor tax ID number in the Tax/Vendor ID box in addition to the participant Medicaid number then click GO. On the right hand side of the page a listing of all the employee/Vendor's documents for this participant will show up. The list is in date of receipt order with the newest being on the bottom. Once you have found the document you want to look at click on the document will pull up.

Workflow:
Microsoft Dynamics CRM

http://nmcrmweb:5555/ConduentGHSCRM/main.aspx

3.3 How to Use CRM

Opening and Completing a CRN

There are 2 ways to pull up a CRN, the first one is the one you will most likely use and the other only on rare occasions.
The first way is directly from the cases section of CRM.

You click on the New button and the new CRN will pull up.

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From here there is many ways you can go depending on why you pulled up the case/crn. The most likely is to start an inbound call.

The best thing to do in this case is to have the window pulled up and the note filled out with the call template:

Caller's Name:

Caller's Contact Number:

New Mexico Mi Via Call Center Policy & Procedure Manual

Reason for call:

DOS if verifying a document:

Resolution:
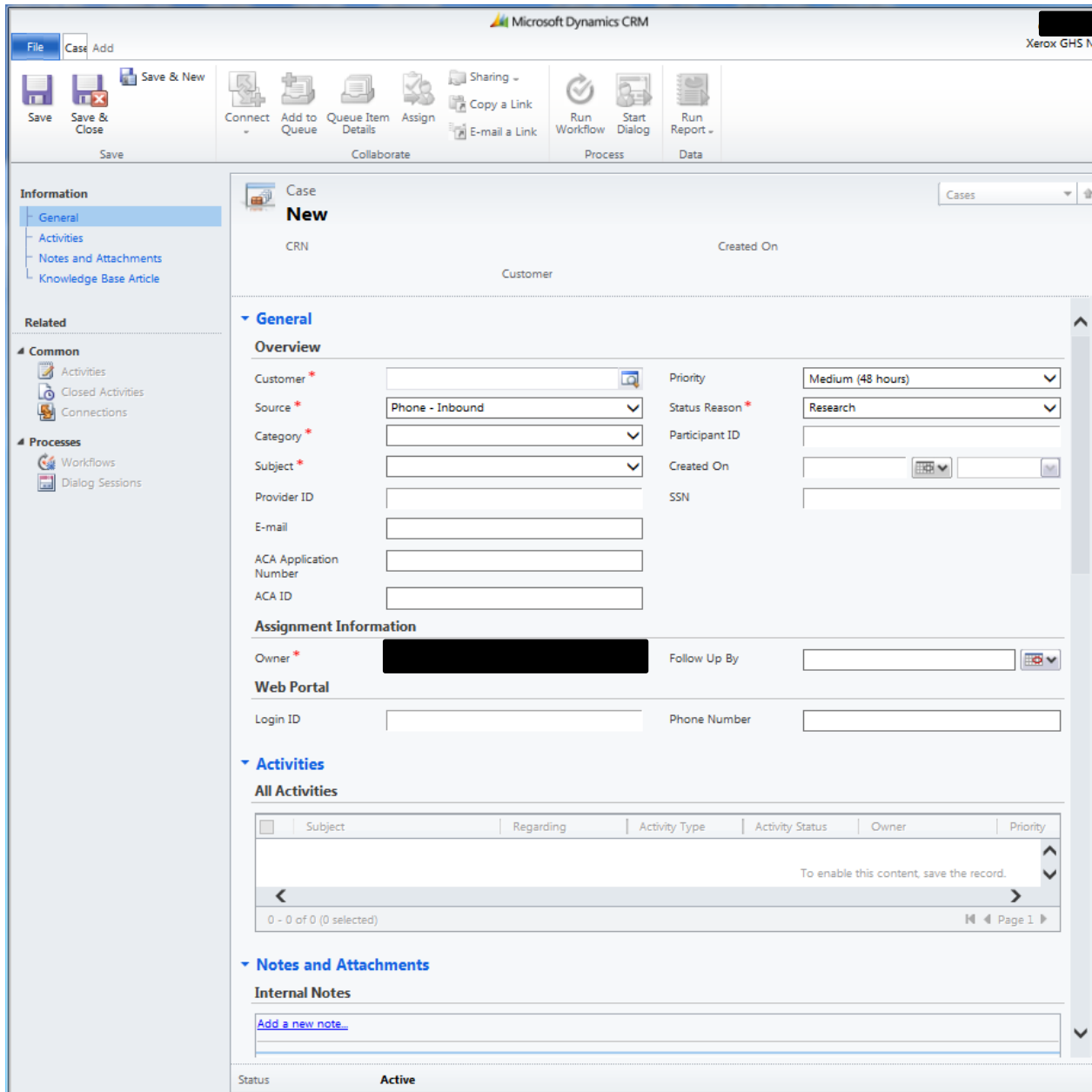
If caller calls back please advise

In any use of the case/crn you will need to fill out some info to be able to resolve the case.
Under the customer you will be placing the participants complete SSN without any dashes or spaces, once you have entered that number in click anywhere outside of that box and the system will look for and place the participant's info in there. This links the case to the participant for future reference.
If you are unable to type in the box or you hit enter instead of clicking in the window you will have to click on to bring up the search window, or the window has been pulled up already.

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You will use this window to manually look up the participant. In the Look For pull down select Contact, then in the Search box enter the participants SSN with no spaces or dashes, and hit enter. In the list below it will pull up a list of accounts that has the participants SSN attached to. If more than one pulls up select the one in all CAPITALS, if there is more than one of those select the top one. Once you have selected the name click on OK.

The next area is Source drop down; this will be rarely used by the call center. It is set for the default Phone –Inbound, this most often will be changed when you are doing RTPs (this process will be explained in another procedure).

Category is the next area that has a pull down that you will need to select. For us in the Mi Via/Centennial Care will be using the selections that start with MV. Select the closest to the reason of the call.

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This then leads to the next pull down Subject because the Subject pull down selections are dependent with what you selected in the Category pull down. Again you will select what is the closest to the reason of the call.
There is a breakdown of the Categories and their Subjects in another section.

Once you have the Customer, Category and Subject filled out you can then select Save. While in a call it is good to get these done as soon as possible so it can be pulled up later under the participants list of active cases.
The 3 sections can be modified after you save if there is a different category and subject pair that more accurately reflects the call. Also is you had pulled up the wrong participant you can change this, if you do you will need to click Save again for the case to be taken out the wrong participants name and saved in the correct one.

Once your notes have been complete and the call is done and there is no other research to be done you then will click on Resolved Case. This will move the case from the participant's active cases to their resolved cases. You can then close the window.

If there is further research needed by another department you will need to transfer the case to the respective department queue, the majority of the time this will be to the Liaisons. After you have completed the call and have the category and subject set up correctly for the research needed you will change the owner of the case.

Again you will click on the [icon] but next to Owner selection box; this will be default with your name in it.

This dialog box will look similar to the one for looking up a participant with different Look For options.

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If you have a specific individual you are directed to assign the case to, you will in the search box type out their name, first then Last (the search defaults to an individual search). If you want to send this to a department you will change the Look For pull down to Team. You will then need to scroll through until you find the team you want to assign the case to and select them and then click on the OK button.

If you are transferring to case to someone else to research, do not Resolve the case as they will not get it otherwise.
The rarer way of open a case is when you have the Participants case page pulled up.

All you need to do is click on Add New Case button and a new case window will pull up. It will already have the Customers name filled in. But you will fill out the rest of the form as above.

Searching for a CRN

There are many ways and times you will need to search for a CRN. The ones we will cover are not going to be related to RTPs (this is explained in a different procedure).

The most commonly used method is from the Main CRM window when you are in the cases area.
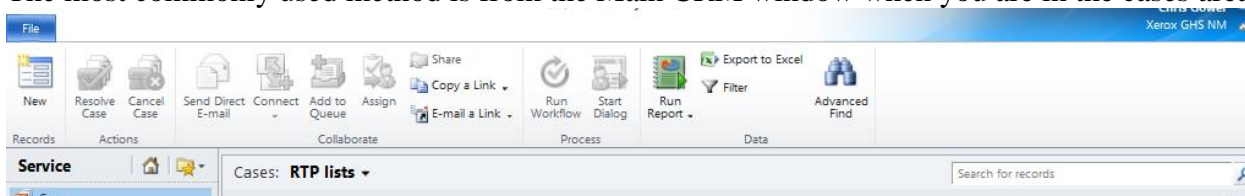
As you can see on the right hand side there is a Search for Records box. In there you will type the CRN and hit enter and in the list below that CRN will be available to be clicked on and pulled up.
The other common method is when you have the participant's case page pulled up.

New Mexico Mi Via Call Center Policy & Procedure Manual
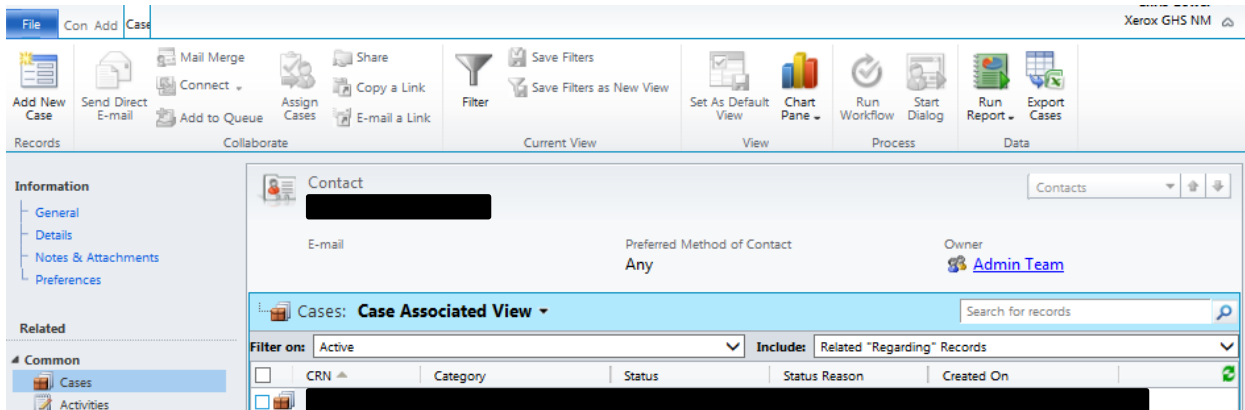
You will see in the same spot on the page another search box, same as above, if you have the crn you can enter it here and it will look for it.

Now the view of the list is restricted by the Filter. The Filter defaults to Active, this shows only active cases. If you want to check on a specific case and cannot find it you will want to click on the pull down and select the All option.

This falls into the next method is used if you don't know the crn or you are looking for a series of CRNs. While in the participants case page with the default filter you will see any active cases linked to it. This can be used if there is an enrollment call out that has not been resolved or if you are looking for multiple active RTPs. If you cannot find what you are looking for with this view or if you know that the case has been resolved you can select the All from the Filter pull down. Without a CRN restricting your view you will see all of the cases linked to this participant. The best way to search is to sort the view by Created On by clicking on it; doing so once will have the oldest on top and the newest on the bottom. If you double click on the words, it will place the newest on top.

Depending on you settings and the number of cases linked to the participant you might see multiple pages you can go to them by clicking on the appropriate arrow.

This is located on the bottom right of the list. If there are other pages then the one you are on the arrows will be a blue color. The icon to the left arrow will light up when you are not on page 1 at any point in time you can go back to page 1 by clicking on it. Where the words Page 1 is will show what page you are currently on.

Opening and Completing a CRN

There are 2 ways to pull up a crn, the first one is the one you will most likely use and the other only on rare occasions.

The first way is directly from the cases section of CRM.

You click on the New button and the new CRN will pull up.

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From here there is many ways you can go depending on why you pulled up the case/crn. The most likely is to start an inbound call.

The best thing to do in this case is to have the window pulled up and the note filled out with the call template:

Caller's Name:

Caller's Contact Number:

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Reason for call:

DOS if verifying a document:

Resolution:

If caller calls back please advice

In any use of the case/crn you will need to fill out some info to be able to resolve the case.
Under the customer you will be placing the participants complete SSN without any dashes or spaces, once you have entered that number in click anywhere outside of that box and the system will look for and place the participant's info in there. This links the case to the participant for future reference.
If you are unable to type in the box or you hit enter instead of clicking in the window you will have to

click on to bring up the search window, or the window has been pulled up already.

You will use this window to manually look up the participant. In the Look For pull down select Contact, then in the Search box enter the participants SSN with no spaces or dashes, and hit enter. In the list below it will pull up a list of accounts that has the participants SSN attached to. If more than one pulls up select the one in all CAPITALS, if there is more than one of those select the top one. Once you have selected the name click on OK.

The next area is Source drop down; this will be rarely used by the call center. It is set for the default Phone –Inbound, this most often will be changed when you are doing RTPs (this process will be explained in another procedure).

Category is the next area that has a pull down that you will need to select. For us in the Mi Via/Centennial Care will be using the selections that start with MV. Select the closest to the reason of the call.

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This then leads to the next pull down Subject because the Subject pull down selections are dependent with what you selected in the Category pull down. Again you will select what is the closest to the reason of the call.
There is a breakdown of the Categories and their Subjects in another section.

Once you have the Customer, Category and Subject filled out you can then select Save. While in a call it is good to get these done as soon as possible so it can be pulled up later under the participants list of active cases.
The 3 sections can be modified after you save if there is a different category and subject pair that more accurately reflects the call. Also is you had pulled up the wrong participant you can change this, if you do you will need to click Save again for the case to be taken out the wrong participants name and saved in the correct one.

Once your notes have been complete and the call is done and there is no other research to be done you then will click on Resolved Case. This will move the case from the participant's active cases to their resolved cases. You can then close the window.

If there is further research needed by another department you will need to transfer the case to the respective department queue, the majority of the time this will be to the Liaisons. After you have completed the call and have the category and subject set up correctly for the research needed you will change the owner of the case.

Again you will click on the but next to Owner selection box; this will be default with your name in it.

This dialog box will look similar to the one for looking up a participant with different Look For options.

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Look Up Record -- Webpage Dialog

Look Up Record

Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK.

Look for: User

View: User Lookup View

Search: Search for records

| | Full Name ▲ | | Main Phone | Business Unit | |

1 - 100 of 107 (0 selected) ◄ Page 1 ►

Properties   New

OK   Cancel   Remove Value

http://agabq0vmcrmpw01:5555 Local intranet | Protected Mode: Off

If you have a specific individual you are directed to assign the case to, you will in the search box type out their name, First then Last (the search defaults to an individual search). If you want to send this to a department you will change the Look For pull down to Team. You will then need to scroll through until you find the team you want to assign the case to and select them and then click on the OK button.

If you are transferring to case to someone else to research, do not Resolve the case as they will not get it otherwise.
The rarer way of open a case is when you have the Participants case page pulled up.

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All you need to do is click on Add New Case button and a new case window will pull up. It will already have the Customers name filled in. But you will fill out the rest of the form as above.

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3.4 Inbound Calls

3.4.1 Call Basics

- Opening the call:

  All incoming calls must be answered promptly and courteously. The following script should begin all calls: "Thank you for calling Self- Direction at Conduent. This is (state your name). How may I help you?" (Remember a smile in your voice can be heard)

- Authenticate the caller:
  - Please ask for the caller's first and last name. Please verify the caller and refer to Verifying caller (4.1) enter the information the full Social Security Number in CRM and continue call.

- Placing the caller on hold:
  - If you need to place a caller on hold, first, ask the caller to hold and wait for a response before placing on hold.
  - Get back to the caller every 2 minutes while on hold
  - When returning, thank the caller for holding
  - Avoid Using Extraneous Filler "words" Words, or non-words, like Um, Er Ah Hm. Callers have a hard time understanding filler "words" and they are not necessary.
  - If a caller needs confirmation during a call, acknowledge by saying yes or no.
  - If you are trying to fill "dead air" while pulling up information, let the caller know what you are doing. i.e. "Give me a minute to pull that up for you…"

- Closing:
  - At the end of the call : Please ask the following statements: "Would you like the call reference number?" If the caller states yes, please provide them the CRN number. "Is there anything else I can assist you with?" if the caller says no, say "Thank you for calling Conduent and have a nice day"

- Tracking Calls
  - All calls must be recorded in CRM using the guidelines in the Call Documentation section.

3.4.2 Call Documentation

It is important that your call documentation is:

- **Complete-** You should capture the reason the caller called and what information was given to the caller and/or next steps that are being taken to resolve call.

- **Clear-** Your documentation should include enough detail that someone looking at your notes 6 months from now can tell what occurred on the call.

- **Concise-** Don't write a book, but be sure all points discussed on the call are noted. Abbreviations are okay to use as long as they are standard abbreviations. Don't make up your own abbreviations.

- **Accurate-**You want to assure you are giving the caller accurate information and that the information is noted.

To assure your documentation is complete, follow these steps:

- **Who –** Who is calling? (including call back number)
- **What-** What is the reason for the call? What services were rendered? What is the resolution?

- **When-** What is the timeframe/dates of service they are calling about? When will resolution occur? (pay cycle, etc.)
- **Where-** Where were services rendered?
- **How-** How was documentation sent to ACS? How is call being resolved?

Did you know that call documentation can be subpoenaed and that it is admissible in court cases/litigation? That is one reason your call documentation is so important.

3.4.3 Searching and Logging a call in CRM

- **Logging into CRM: Please refer to How to use CRM**

3.5 Outbound calls

Call out procedure

We have two primary call-out procedures. The first that we are going to go over is General Callouts then we will go over RTP Callouts.

General Callouts are done when you get a request for call out from someone. This can be returning voice mail messages, request to call out from TnT, or from your supervisor, etc.

First what you will do is open a new crn for the participant that we are calling out for (unless directed otherwise). In the Source pull down you will select Phone – Outbound, then select the closest Category and Subject to the reason you are calling.
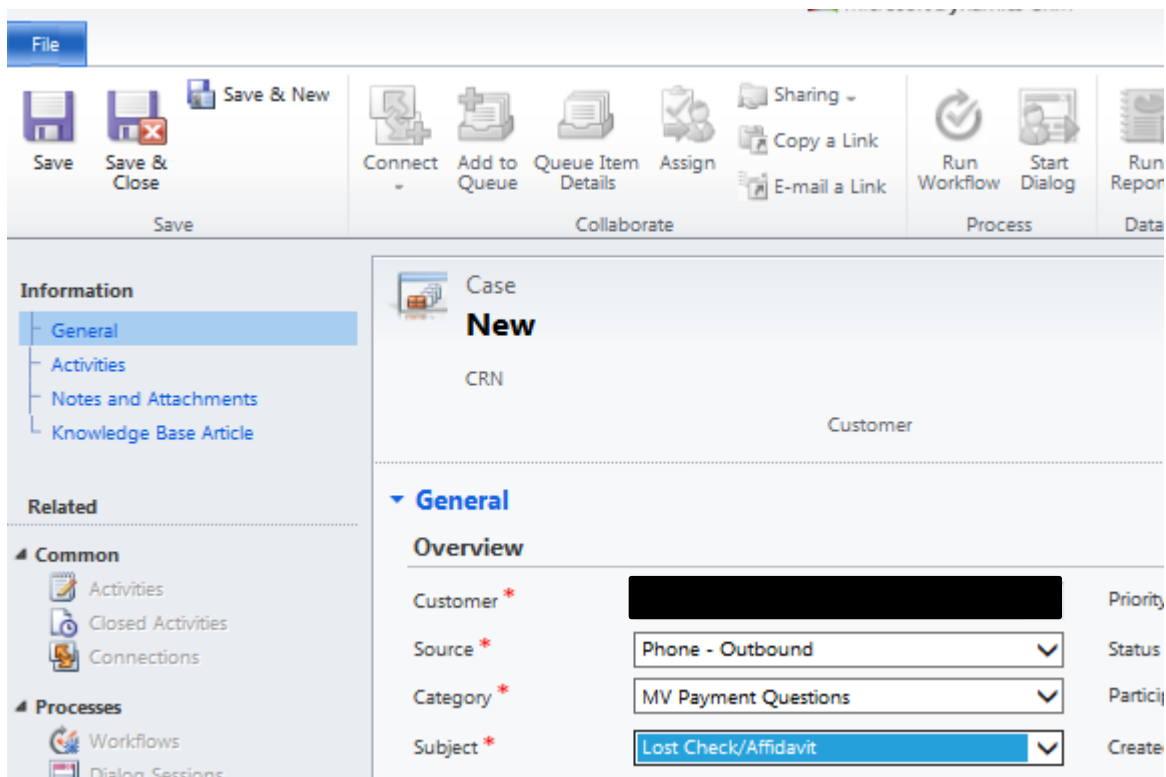
Next you place in the Notes section the reason why you are making the callout, beginning with: "Outbound call requested" then stating how you got the request. Examples: "from email from TnT," "from supervisor," "from liaison."

If it was from an email of any sort copy and paste the email into the notes, otherwise enter the reason given for the call out.

Then place the name and contact phone number of the person you are calling; and then the resolution of the call.

If you get a voicemail please leave a message for call back: "This message is for" state the name of the person you are calling "this is" State your name "from Self-Direction at Conduent. I have a very important message for you. Please call us back at 1-866-916-0310 and reference" Provide the CRN.

Make sure you save and resolve the case, and then follow the directions for notifying the requested person that the Job was complete.

For RTP callouts make sure you note in the crn of the RTP what research you have done if any that provides more detail or changes the reason for the callout. When the caller calls back with the CRN, please make sure to note in the CRN they provided. Also to make the next process easier place the participants full SSN, Medicaid number, if different from the participant the EORs name and the contact phone numbers, email if any, and any authorized agents, Legal Guardian, or Power of Attorney.

Hint: for the Authorized Agents, copy the note from FOCoS this will give you the last 4 of the agents SSN and if the authorization has been expired note when so you can tell them why and when it did.

Example:

XXX-XX-XXXX

XXXXXXXXXX

EOR Not The Participant Home (505) 123-4567

Mobile (505) 890-1234

Thisismyemail@emailme.com

Authorized Agent You can't Tell me – 1234 expired 1/1/2014

Authorized Agent You can Tell me – 5678

Once you are ready to make the call out for the RTP you have to create a copy of the RTP for accounting purpose. Similar to above you will fill out the Category and Subject but you will be copying what is in the RTP form.

In the note section you will type "see CRN" and the RTP CRN. Then Save and resolve this extra case.

Now while you are waiting for the phone to be picked up in the original RTP case add a new note: "Called" and what number you are calling out, then the resolution of that call.
Examples:
Called Home, busy signal; Mobile left VM
Or
Called, let the AAA know the issue, they will correct and refax

Now remember to save the note and close the window. If by the next day they did not respond you will need to email the EOR or the consultant following that procedure.

3.6 How to use your Avaya phones

How to use your Avaya Phone:

Log on as agent:

1. Press your headset and listen for a dial tone.
2. Press the log in button and listen for the dial tone.
3. Enter your 7 digit agent ID
4. Listen for beeps confirming you have logged in
5. Note: Your headset button must stay lit at all time. If you turn off your headset, the system will log you off immediately.

Taking Agent Calls:
1. To start taking calls, hit your Auto In button. You'll notice the green light is removed from Aux work and you'll now see it on your auto in button.
2. When you received a call, you will hear a beep in your ear and you will automatically be connected with the caller.
3. You may hit your aux work button any time during the call if you do not wish to receive another call right away. (This would able you to go on break or lunch. Remember Aux 1 is Lunch, Aux 2 is Break, Aux 3 is Special Project, aux 4 is Meeting, aux 5 is out calls, Aux 6 is Research and Aux 7 is Misc.) Your Aux time would start as soon as the call is ended.
4. When the call is finished and the caller hangs up. You should receive another call right away. If the caller does not hang up and you need to release the call, you will need to hit the release **button to end the call.**

Logging Off:
1. When you are ready to log off for the day, hit your aux work button so that you will not receive another call.
2. Once you're done with the call, press your Log Out button.
3. You will hear 3 beeps confirming you have logged off the phone
4. You may leave your headset button on or turn it off.

Transferring callers:

A warm transfer is waiting for the other party to pick up, let the other party know what's going on before you release the transfer.
A Cold transfer is not waiting for the other party to pick up.

1. While the caller is on the line hit transfer from your phone screen. (Do not put the caller on hold since hitting Transfer places them on hold.
2. Dial the number to which you want to transfer the call.
3. Once the other party gives you permission to transfer
4. Touch Completes to transfer the call.

Setting up a conference call:

1. Select From the Phone screen, touch Conference.
2. Dial the telephone number, or call the person from the contact list, or call the person from the list.
3. When the person answers, touch Join to add the person to the existing to the call.
4. To add another party to the conference call, touch Add

   Dropping the last person added from a conference call

   1. From the Phone Screen, select your active conference call.
   2. Touch Drop

A warm transfer is waiting for the other party to pick up, let the other party know what's going on before you release the transfer.
A Cold transfer is not waiting for the other party to pick up.

1. While the caller is on the line hit transfer from your phone screen. (Do not put the caller on hold since hitting Transfer places them on hold.
2. Dial the number to which you want to transfer the call.
3. Once the other party gives you permission to transfer
4. Touch Completes to transfer the call.

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Setting up a conference call:

5. Select From the Phone screen, touch Conference.
6. Dial the telephone number, or call the person from the contact list, or call the person from the list.
7. When the person answers, touch Join to add the person to the existing to the call.
8. To add another party to the conference call, touch Add

   Dropping the last person added from a conference call

3. From the Phone Screen, select your active conference call.
4. Touch Drop

3.7 How to view your scores in Verint

To look up your scores you first go to the Verint page: http://ttcaverinthub.sls-tt.acs-inc.com/Ultra/HomePage_Frames.aspx
Then click on My Evaluations as seen below
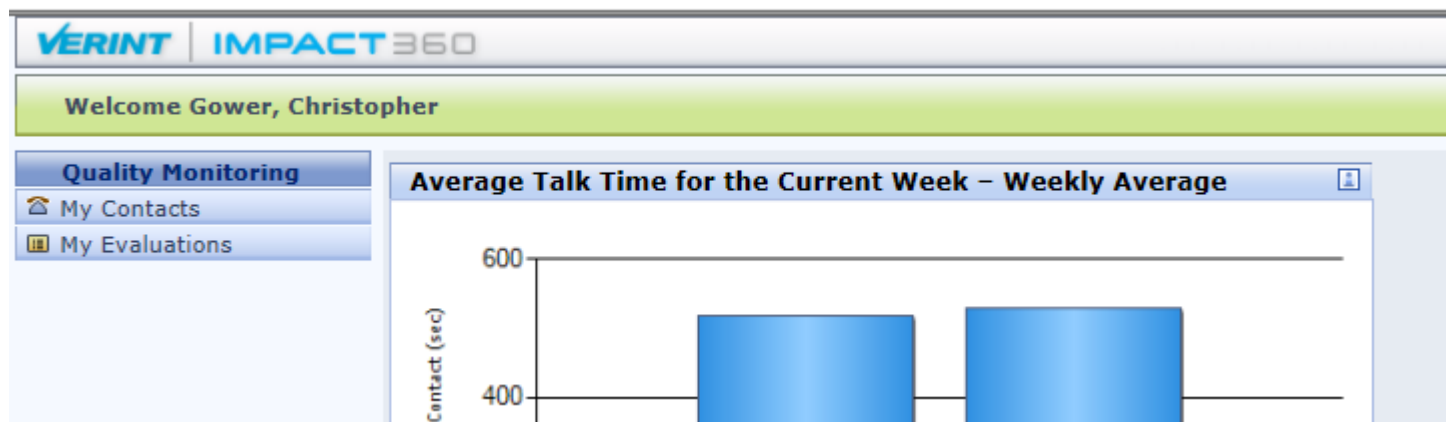
Then for the score you want to check on you click on the link under the column titled Start Time.

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This will allow you to listen to the call and read the evaluator notes

3.8 Common Call Scenarios

3.8.1 Common Call Scenarios

"Did you receive my time sheet, Miles or Payment Request Forms?"
- Ask the caller what date they are inquiring about
- Access the Shared Drive Mi Via Folder at : H:\Provider Relations\Mi Via\Mi Via Timesheets and Invoices
- Look for the date you need and Select the corresponding Folder named "Sorted into Timesheets and Invoices"
- Open the folder and the documents will be sorted into subfolders by the Participant's Last Name. If the timesheet was received it will be located in that folder
- Document the call in CRM
- We only need to search 30 minutes before and after the time we were provided by the caller.

"What is the status of my Time Sheet?"
- Perform a search for the Employee using the first two to three letters of last name.
- From the main menu select Charges then Charge Entry.
- On the next screen, select you display choices from the following options:
- Select at least one:
1. Time Cards
2. Invoices
- Select at least one:
   a. Draft
   b. Open
   c. Submitted
   d. Approved
- Click Display. All time entry records that match your selection criteria display on screen
- Ask caller what payroll period they are enquiring about
- Respond using the following information.
  - When searching an Employee's payroll history there are two things to look for:
  - If a check has been/or will be cut a claim number will be assigned to the time card

- If a time sheet has been entered and approved but is still being processed for payment it will be assigned a batch number. This number will appear in the same box as the claim number above.

Receipt of Time Sheet

| Complete the authentication process | → | What is the Date of Service? | → | Check FOCoSonline to verify receipt of timesheet/invoice |

| If yes, communicate the status of the payment. | → | If no, ask the caller when the timesheet/invoice was submitted. | → | Look for the image in OIT |

| If the image is not on file, please ask the caller to resubmit the form. | → | file, please advise the caller that we are in receipt of the form and it will be processed for | → | Advise the caller to call back in one week for a status update. |

"How much will my paycheck be this week?"

- Using the same search criteria as above look at the status of the time sheet
- Has it been approved and assigned a claim number?

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- If yes then give them the total amount listed at bottom of Charge Entry

3.9 Missing Budget Procedures

3.9.1 Participant Inbound Call:

- If call center staff recognizes that budget is not in the FOCoS*online*, staff phone contact or email Liaisons or MCO Liaisons
- Liaisons provides budget information via fax
- Conduent scans budget and sends secure email budget information to FOCoS
- Budget information is key entered by Conduent FMA on the same day as the budget information is received – but no later than 24 hours from day received
- Conduent data entry staff send emails to a Participant Liaison that budget has been entered
- Participant Liaison makes out-bound call to Participant notifying him/her that budget has been entered -
- Timesheet or invoice is entered to FOCoS*online* which is then processed for payment on the next cycle
- Call is documented in CRM

3.9.2 If Participant contacts CDPC:

- CDPC emails a Courtesy Heads Up that Participant is asking about budget
- ACS reviews FOCoS*online* for budget information
- If budget is missing, see items 2 – 7 above

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- ACS returns Courtesy Heads UP email back to CDPC indicating that budget has been entered
- Documentation is logged into CRM

3.9.3 State Staff receives call regarding missing budget:

- State staff contacts Conduent by either a Courtesy Heads Up, email or phone call
- Conduent reviews FOCoS*online* for budget information
- If budget is missing, see items 2 – 7 above
- ACS returns Courtesy Heads UP email back to State staff indicating that budget has been entered and /or issue has been resolved
- Documentation is logged into CRM.

3.9.4 FOCoS develops Missing Budget Report:

- Report placed on SharePoint
- Conduent provides list to MCO's
- Same process as above 2 – 7
- Document in CRM

3.10 Incident Report Forms for Mi Via and Centennial Care

These are typical situations that would justify a call escalation:

- Participant calls and it is considered a health and safety situation (phone and/or power about to be cut off)
- Employee calls and issue could result in a health and safety situation to Participant (not getting paid and threatening to quit)

MIVIA

Mi Via Abuse, Neglect, Exploitation Incident Reporting Requirements:
First and foremost always ensure the safety of the participant. Call 911 if necessary.
Incidents of suspected/alleged Abuse, Neglect, Exploitation and unexpected death
for adults, 18 and older must be reported **immediately** to:
Adult Protective Services and the Division of Health Improvement (DHI) Incident Management Bureau at the following:
Adult Protective Services Intake, 24 hours a day, 7 days a week
Telephone: 1-866-654-3219
Facsimile: 1-505-476-4913
DHI Incident Management Bureau Intake
Telephone: 1-800-445-6242
Facsimile: 1-800-584-6057
Email: incident.management@state.nm.us
On-line at http://dhi.health.state.nm.us/IMB/index.php

A completed ANE Incident Report Form must be submitted to DHI-IMB no later than 24 hours after the incident.

Reportable Incidents:

For Adults, 18 and older:

"Abuse" including verbal abuse, means:

    (1) knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish;

(2) The intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; or

(3) Sexual abuse, including criminal sexual contact, incest, and criminal sexual penetration.

Neglect *is* the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person. Neglect causes, or is likely to cause harm to a person.

Exploitation, or Misappropriation, is an unjust or improper use of a person's money or property for another person's profit or advantage, financial, or otherwise.

.

Unexpected Death is a death caused by an accident or an unknown or unanticipated cause.

For Children, Less than 18 years contact:

Child Protective Services, 24 hours a day, 7 days a week

at

CYFD Statewide Central Intake: 1-800-797-3260

Or

Law Enforcement or the appropriate **Tribal Entity**.

If you have any questions please contact: Danny.Maxwell@state.nm.us.

Thank you,

Dan Maxwell

Deputy Director Community Programs,

Division of Health Improvement

CENNTENIAL CARE

NEW MEXICO HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
QUALITY BUREAU
INCIDENT MANAGEMENT GUIDE
Effective April 1, 2013

1. INTRODUCTION

The Human Services Department/Medical Assistance Division/Quality Assurance Bureau (HSD/MAD/QAB) Incident Management System describes the statewide reporting requirements for all incidents involving members served under Medicaid-funded, Home and Community Based service programs. Community agencies providing Home and Community Based services are required to report critical incidents to state as described in this guide. These programs include the **CoLTS 'C' Waiver,** the **Personal Care Option Program (PCO) and Mi Via.** All allegations of Abuse, Neglect, and Exploitation of a member must be reported, as well as any incidents involving Emergency Services, Hospitalization, the Death of a member, the involvement of Law Enforcement, and any Environmental Hazards that compromise the health and safety of a member.

In recognition of the need to report such incidents, the State of New Mexico provides statutes and regulations which define the expectations and legal requirements for properly reporting member-involved incidents in a timely and accurate manner. Agencies that do not comply with incident reporting requirements are in violation of state statutes and federal regulations, and may be sanctioned up to and including termination of their provider agreement by a Managed Care Organization or by the HSD, Medical Assistance Division.

Incident Management includes 1) the policies and procedures an agency develops to be able to respond to incidents, 2) the ongoing training it provides to its caregivers and members, and 3) actions the agency takes to continuously improve the quality of care provided to their members as well as ensuring their health and safety. Incident Management is a critical component of a Quality Assurance/Improvement Program.

2. INCIDENT MANAGEMENT PRINCIPLES

❖ All adults and children receiving Home and Community Based services should be able to enjoy a quality of life that is free of abuse, neglect, and exploitation.

❖ Staff must receive initial and ongoing training to be competent to respond to, report, and document incidents, in a timely and accurate manner

❖ Members, legal representatives, and guardians must be made aware of and have available incident reporting processes

❖ Any individual who, in good faith, reports an incident or makes an allegation of abuse, neglect, or exploitation will be free from any form of retaliation.

❖ Quality starts with those who work most closely with persons receiving services.

3. INCIDENT MANAGEMENT STATUTES AND REGULATIONS

❖ NMSA 1978, Section 27-7-30 **Adult Protective Services**

http://law.justia.com/codes/new-mexico/2006/nmrc/jd_ch27art7-b845.html

❖ 7.1.13 NMAC **Department of Health**

http://dhi.health.state.nm.us/elibrary/regs/7.1.13NMAC_Incident_REP_INTAKE.pdf

❖ 8.315.4.12 NMAC B. (14), (15) **Personal Care Options**

http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83154.pdf

❖ 8.307.18.10 NMAC E. **CoLTS 'C' Waiver**

http://www.nmaging.state.nm.us/EDSD/pdf_files/CoLTS-provider-dfs/8_307_18_CoLTS_C_Regulations.pdf

❖ 8.314.6 NMAC **Mi Via Waiver**

http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83146.pdf4

4. DEFINITION OF REPORTABLE INCIDENTS

1. Abuse, Neglect, and Exploitation

a. **Abuse** is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a member.

b. **Neglect** is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness to a member.

c. **Self-Neglect** is defined as an act or omission by an incapacitated adult that results in the deprivation of essential services or supports necessary to maintain minimal mental, emotional, or physical health and safety.

d. **Exploitation** is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a member's belongings or money without the member's consent.

2. Death

a. **Unexpected Death** is a death caused by an accident or an unknown or unanticipated cause.

b. **Natural/Expected Death** is a death caused by a long-term illness, a diagnosed chronic medical condition, or other natural/expected conditions resulting in death

3. Other Reportable Incidents

a. **Environmental Hazard** is defined as an unsafe condition that creates an immediate threat to life or health of a member

b. **Law Enforcement Intervention** is defined as the arrest or detention of a person by a law enforcement agency, involvement of law enforcement in an incident or event, or placement of a person in a correctional facility.

c. **Emergency Services** refers to the provision of emergency services to a member that result in medical care that is not anticipated for this member, and that would not routinely be provided by a primary care provider.

5. REPORTING GUIDELINES

ADULT PROTECTIVE SERVICES

The New Mexico Adult Protective Services (APS) Act mandates: *Any person having reasonable cause to believe an incapacitated adult is being abused, neglected, or exploited shall immediately report that information to the department.* Incidents involving suspected/alleged abuse, neglect, and exploitation must be referred immediately to:

Adult Protective Services Statewide Central Intake

Telephone: 866.654.3219

FAX: 505.476.4913

❖ Deaths that are suspected of being related to abuse or neglect must be reported immediately to APS.

❖ Deaths that are the result of natural causes and/or are expected **do not** need to be reported to APS.

❖ If the death occurs outside of a medical facility, local law enforcement must be notified.

APS will screen all incident reports and make a determination whether investigation is warranted. If the incident involves a criminal act, local law enforcement must be notified immediately. Law enforcement must be notified by the person reporting the incident. When the incident is reported to APS, if law enforcement has not been notified APS will notify law enforcement. Submitting an Incident Report
regarding abuse, neglect or exploitation to the MCO and HSD <u>does not</u> relieve a provider of mandated reporting requirements to APS.

INCIDENT REPORTING

Incident Reports are submitted to HSD and to the MCO for each member through the HSD Critical Incident Management website. All reports to HSD of Abuse, Neglect and Exploitation as well as the other reportable incidents; Deaths, Emergency Services, Law Enforcement Involvement and Environmental Hazards must be submitted through the website.

6. CRITICAL INCIDENT REPORTING FLOW CHART

The person with the most knowledge of the incident

completes the Incident Report Form.

1. Reporting Abuse, Neglect or Exploitation (ANE)

HSD: **https://criticalincident.hsd.state.nm.us.**

APS:

Phone- 866.654.3219

FAX- 505.476.4913

OR

CPS: FAX- 505.841.6691

2. Reporting:

• Emergency services

· Law enforcement

· Environmental hazard(s)

· Expected and unexpected deaths

HSD:

https://criticalincident.hsd.state.nm.us.

If the Incident Report is for a member/recipient enrolled in: **DD Waiver, Medically Fragile Waiver or AIDS Waiver**, FAX the incident report to the New Mexico Department of Health (**DOH**) Incident Management Bureau (**IMB**) AT: **Phone (800) 445-6242 or FAX (800)584-6057**

If the Incident Report is for a member/recipient receives services from: **Home Health, Assisted Living Facility or a Nursing Home,** FAX the Incident Report to the New Mexico Department of Health (DOH) Health Facilities Licensing and Certification (**HFLC**) AT: **Toll Free Phone (800)752-8649 or (505)-476-9025 or FAX (888)576-0012**

Reporting Medicaid Fraud, Waste and Abuse
Phone: 505-827-3146 or Phone: 505-827-3103 or Fax: 505-827-3195 or <u>NMMedicaidFraud@state.nm.us</u>
Report all incidents within 24 hours!
In the event that an incident occurs on a weekend or holiday report the incident on the next business day.

7. Instructions for Completing and Submitting Reports
HSD Reporting Website: <u>https://criticalincident.hsd.state.nm.us</u>.
Each agency receives a user name for each person designated to submit reports.
A temporary password will be assigned and will be changed by the user.
HSD manages user names and passwords.
If assistance is needed with passwords or usernames email <u>nancy.haas@state.nm.us</u> or call 505-476-7265.

Instructions for Completing and Submitting Reports
This guide is available as a link on the web based form home page title bar.
Please complete the form. All the information is important.
Yellow highlighted fields are required – they must be completed to submit the form.
Section 1-Consumer Information
<u>**First Name Middle Name Last Name**</u>
<u>**Social Security Number**</u> Please be as accurate as possible with this number. It is a number that is sometimes incorrect. The agency, the MCO and the state (HSD) track incidents for members to assist in developing improvement plans and if the social security number actually belongs to someone else, it becomes difficult to get good data.
<u>**Gender Date of Birth**</u> **(DOB)**
<u>**Street address**</u> If an agency does not know where the person is, it raises questions about delivery of services. If the member is homeless, enter "homeless" and be prepared to answer a question about the last known address services were provided. Motels and other arrangements do NOT mean services cannot be provided. Please inform the Service Coordinator if any member is transient or homeless as services may need to be amended.
<u>**City and County Zip**</u> If unknown use the zip code for the agency office. **Phone Number**
<u>**ADLs**</u> If the agency does not have experience with the member or information sufficient to complete this section please check "unknown" and contact the service coordinator to acquire the information for future reports.
<u>**Verbal**</u> means that the member can communicate effectively with staff and family. It does not require that they speak. Language preference is not important for this item.
<u>**Diagnoses**</u> If the agency is unable to answer this question, please enter 'unknown'. This is important data to track and the agency must have this information in client records. Contact the service coordinator for the appropriate answer for future reports.
<u>**Medications**</u> See direction for Diagnoses. List no more than three or four. If there are a large number of medications (more than six) state e.g. "10 additional medications"
<u>**Doctor Phone**</u>
SECTION 2-DESCRIPTION OF THE INCIDENT
• **Person with the most direct knowledge of the incident completes this section**

<u>**Incident Type**</u> if more than two incident types are involved with the event, use the description of the incident report this Section to provide the additional information. Select the incident type and the subcategory for the incident type. If there are questions about what type to enter review the guide (p.4) for direction. If there are still questions, contact the MCO Service Coordinator and take their direction. Talking to the service coordinator <u>DOES NOT</u> relieve the agency of completing the report.

When reporting Abuse, Neglect and Exploitation the agency must also report the incident to APS or CPS: APS: Phone- 866.654.3219 FAX- 505.476.4913 or CPS: FAX- 505.841.6691

<u>Alleged Fraud</u> If there is any reason to believe that fraud has been committed or that waste or abuse of Medicaid funds are part of the incident, select "yes". Please provide sufficient information in the description of the incident to support the allegation that fraud may have been committed. It is not necessary to prove fraud to report it.

Alleged Fraud is also reported to: Phone: 505-827-3146 or Phone: 505-827-3103 or Fax: 505-827-3195 or NMMedicaidFraud@state.nm.us

• **Person Responsible for the Person's care at the time of the Incident**

Name Title Phone Complete this section, if the member is the responsible person, title is "Self" and name and phone will not be necessary. 'Natural Supports' are entered if the person is expected to provide services to the member for hours paid services are not authorized.

Did this incident occur during authorized service hours? This is a yes/no question. Specific hours do not need to be entered. The reference for this information is the Plan of Care and Schedule for Services.

Was anyone else present during the time of the incident? This is a yes/no question. If yes, provide available information in the spaces below.

Name Title or Relationship Phone

Incident Date a date must be entered. Entering 01/01/0001 states the reporter does not know the date and will allow the form to be completed. Use the narrative section of the description to explain why the date is unknown.

Incident Time if the time is unknown, enter "unknown".

Date incident was reported to the agency Date reported to the agency is the date that the agency learned of the incident. The date of the submission to the database is a date/time stamp generated at submission.

Incident Location this is often the member's home but may be at the location of a store, a neighbor's home, or other place.

Describe what you saw and/or heard in order of occurrence the spaces for the three incident description boxes must be completed. There is no minimum character count. Narrative should be concise and complete. If HSD or the MCO do not understand what happened, the agency will get a call to provide more information.

Person completing Sections 1 & 2 This is presumed to be the person with the most immediate knowledge of the incident. This is the first person who will be contacted if additional information about the incident is needed.

SECTION 3-AGENCY INFORMATION

Reporting Agency This field will self-populate with the agency logging in to the site.

Incident Coordinator The name stated here is the name of a person assigned to manage the incident reporting functions of the agency. Questions about the incident report may go this person. Questions about the system the agency uses to manage incident reports will be directed to this person. In the case of various offices for an agency, the agency is to select the staff at the office serving the member identified in the incident.

Office Location The name of the city is sufficient information. **Office Phone**

SECTION 4-ADMINISTRATIVE INFORMATION

Program Select the program in which the member is enrolled; there will only one.

MCO Select the Managed Care Organization in which the member is enrolled at the time of the incident.

Which state agencies have you notified of this incident By submitting the incident, the report goes to the state (HSD) and the MCO for the member. The state and the MCO have access to the incident at the time of submission. APS and CPS do not have access to the website. When reporting Abuse, Neglect and Exploitation the agency must also report the incident to APS or CPS: APS: Phone- 866.654.3219 FAX- 505.476.4913 or CPS: FAX- 505.841.6691

Legal Guardian or Representative: please complete this information if it is available.

Submission
When agency staff clicks the "**SUBMIT REPORT"** button, either a screen stating the report was successfully submitted will appear or the report will re-appear with instructions to enter information in a required section that was not completed. The screen that informs the agency that the report was successfully submitted means the following tasks have been completed:
• The report is transmitted to the database and a date/time stamp is applied.
• The report has been assigned a unique number.
• The state (HSD) has access to the report.
• The MCO for the member has access to the report.
• The agency has access to the report.

Additional Functions of the Web Based Reporting System
• The agency has the capability to view a listing of all reports submitted. (LIST OF CRITICAL INCIDENTS link on home page) o The listing can be sorted by various factors including name, dates, types and more.
o If the report has a diary entry this will be noted in the listing.

• The form is printable either prior to submission or when accessed in the listing.
• There is a reporting capability the agency can use to track and trend reports. (AD-HOC REPORTING link on home page)
• There is a diary section available on submitted reports
o The diary is to be utilized similar to clinical reporting
▪ Brief narratives
▪ Clearly written information
▪ Written to be read by other agency staff, the MCO and the state

o When additional information is necessary it can be added to the diary
o When requests for information are made by the state or the MCO the diary is used to share that information.
o Entries are time/date stamped and the person making the entry is identified.
o It is expected that less than 10% of reports will require diary entries.

Agency Incident Management Systems
All agencies providing Medicaid funded services to the populations required to report critical incidents are also required to develop and implement an incident management system that at minimum maintains, tracks and trends data from the reports and includes the data in quality assurance activities.

If there are questions please contact:
Nancy Haas
Quality Bureau
Medical Assistance Division
Human Service Department
505-476-7265
nancy.haas@state.nm.us
Additional copies of the Guidelines can be printed from the website.
A PowerPoint Training is available to agencies upon request by email.
NOTE:
Upon implementation of Centennial Care there may be changes to the titles of the programs currently requiring critical incident reports as well as other changes as implementation continues.
The direction in this Guide will be applicable until notice is given through email directives or other communications as needed.
The requirement for critical incident reporting will <u>NOT </u>change, only elements of how the reporting will be done. Compliance to reporting directives will continue to be expected of all agencies who serve identified populations of Medicaid recipients.

3.10.7.1 Call Escalation

- CRN created with necessary populated information
- Call center will then start the Incident Report Form (IRF) process

3.11 When Customers Swear

1. Soft Skills

- Show empathy- Always address the emotion first. The issue is secondary. The caller is asking you to understand their mood that their issue has placed them in. Empathy statements should be combined with a "Commit to Assist."
    - o I definitely understand why you are frustrated /upset. I can resolve this for you today.
    - o I would be upset as well and I can assure you that we can resolve this today.
    - o I know that you are frustrated but I can address and resolve all of your concerns.

- Caller continues swearing – Keep an even and pleasant tone
    - o I am committed to resolving your issues/concerns but I would like to request that you please refrain from swearing.

- o I would ask that you please refrain from swearing so we can reach a resolution for your concern or issue more timely.

- Caller continues to swear-Fails to comply with your request to stop
  - o Politely ask the callers permission to place them on hold
    - ▪ Request your supervisors/liaison's assistance with the call

3.12 Supervisor Request

Supervisor Requests:
Please make sure to give reassurance and empathy when needed.
Let the caller know you can definitely get a supervisor on the phone, _**never**_ deny a supervisor.
Set the expectation with the caller on possible wait time and please ask the caller to provide you with more information. This is your opportunity to offer your assistance with their issue and let them know that their time is valuable.
If the above does not work, please follow the following:
Please utilize your IM first.
1. Liaisons-First line of contact
2. Supervisors

- If you are waiting for more than one minute, please follow up with the caller so they know you are waiting for a supervisor and their call is importance to us. Please ask the Supervisors for the next steps.
- If we have to do a call back, please always let the caller know that the supervisors are currently assisting other people. Let the caller know a supervisor will contact them back within the same day or 1 business day. Please have the caller's name, CRN, best contact number and reason for the call back. You will always email the Supervisors with the call back information.

3.13 Dead Air Procedure

When you get a call that does not connect correctly or the line stays on but you can no longer hear or understand the caller use this process.

First if this was an inbound call, repeat your opening and wait 15 sec, if no response state:

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"Sir or Mam, If you can hear me I am unable to hear you. Please hang up and call us back at the 800 number you called in on and we will be happy to help you."
Again wait 15 sec and if no response repeat the above line. After an additional 15 seconds with no response state:
"I am going to release the call now."
Then hang up the call.

If in the middle of a call and you are no longer able to hear or understand the caller use the above statement, if it persists for 15 seconds; modifying the first part with the caller's name, and adding the crn at the end when applicable. Note in the crn that the call dropped and what info was not able to be provided.
This procedure does not apply to the end of the call if the line does not disconnect but the conversation was complete, just hang up the phone.

3.14 Daylight Savings Time

Daylight Savings Time

For the Spring portion of Daylight savings time we will go by these rules:
We will key in the hours they requested. For example midnight to 6 am. We would key 2400-600.
It may state they worked 6 hours in their total but we need to account for the daylight savings time. So, they only actually worked 5 hours, since FOCoS subtracts the 1 hour.
In FOCoS: We need to add internal notes to state the reason for the difference in the hours the employees wrote down.
"Due to daylight savings time, payment was entered according to the in and out times. "

For the Fall portion of Daylight Savings Time:
We will pay the employees out for amount of total hours worked.
We will adjust the end time, 1 hour back. For example midnight to 6 am is on the TS but they stated they worked 6 hours. We would key 2400-500, since FOCoS adds the additional 1 hour.
In FOCoS: We need to add internal notes to state the reason for the difference in the end time.
"Due to daylight savings time, we needed to adjust their end time to reflect their total hours that were worked."

3.15 Did you receive Timesheets, Miles and Payment Request Forms?

Looking up received faxes

First off you will need to get to the folder that the faxes are stored when they are sent to us here in the office. I:\Mi_Via\Archive is the path to get to the faxes. It is a good Idea to make a shortcut on your desktop in an easily reached area as you will be doing this quite often. (See How to Create a Shortcut worksheet)
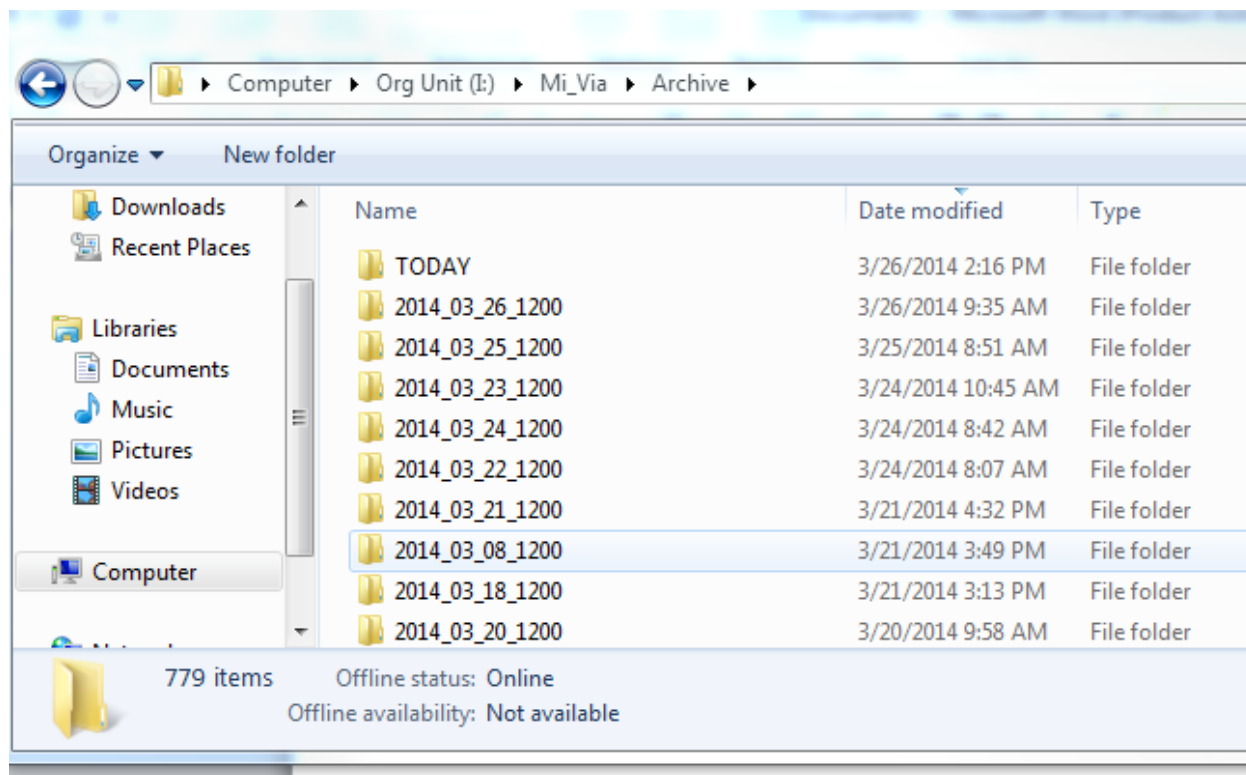

This is what you will see once you are in the right place.

Depending on what day the fax was sent in will depend on what folder it will be found. The folders are generated after midnight for the previous day. The date on the folder will be dated the day after the date it was faxed in. If you are looking up a fax that was sent in "Today" you will pull up that folder.

Example: if the fax was sent in on 3/24/14 you will open the folder that shows 2014_03_25 this is where you will find the fax.

Now once you are in the folder you will see:

New Mexico Mi Via Call Center Policy & Procedure Manual
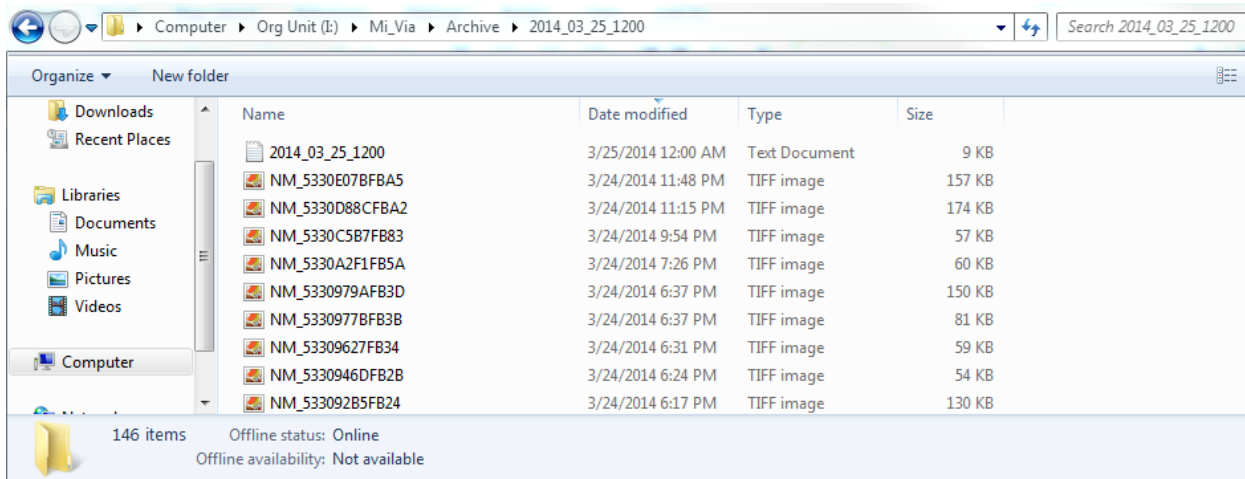
As you can see the files are in the system with a file name that begins with "NM." The date modified is the date and time the fax came into the system. When looking through this area get a specific time or at least an hour range to look through. It is suggested that if you have a specific time to look start about 15 min before the time and go out an hour, this is because there might be a difference in the times on their fax and ours and if there is a high volume at the time of the fax it could be delayed showing in the system.

So once you have pulled up the beginning fax to start your search it should look like:

New Mexico Mi Via Call Center Policy & Procedure Manual
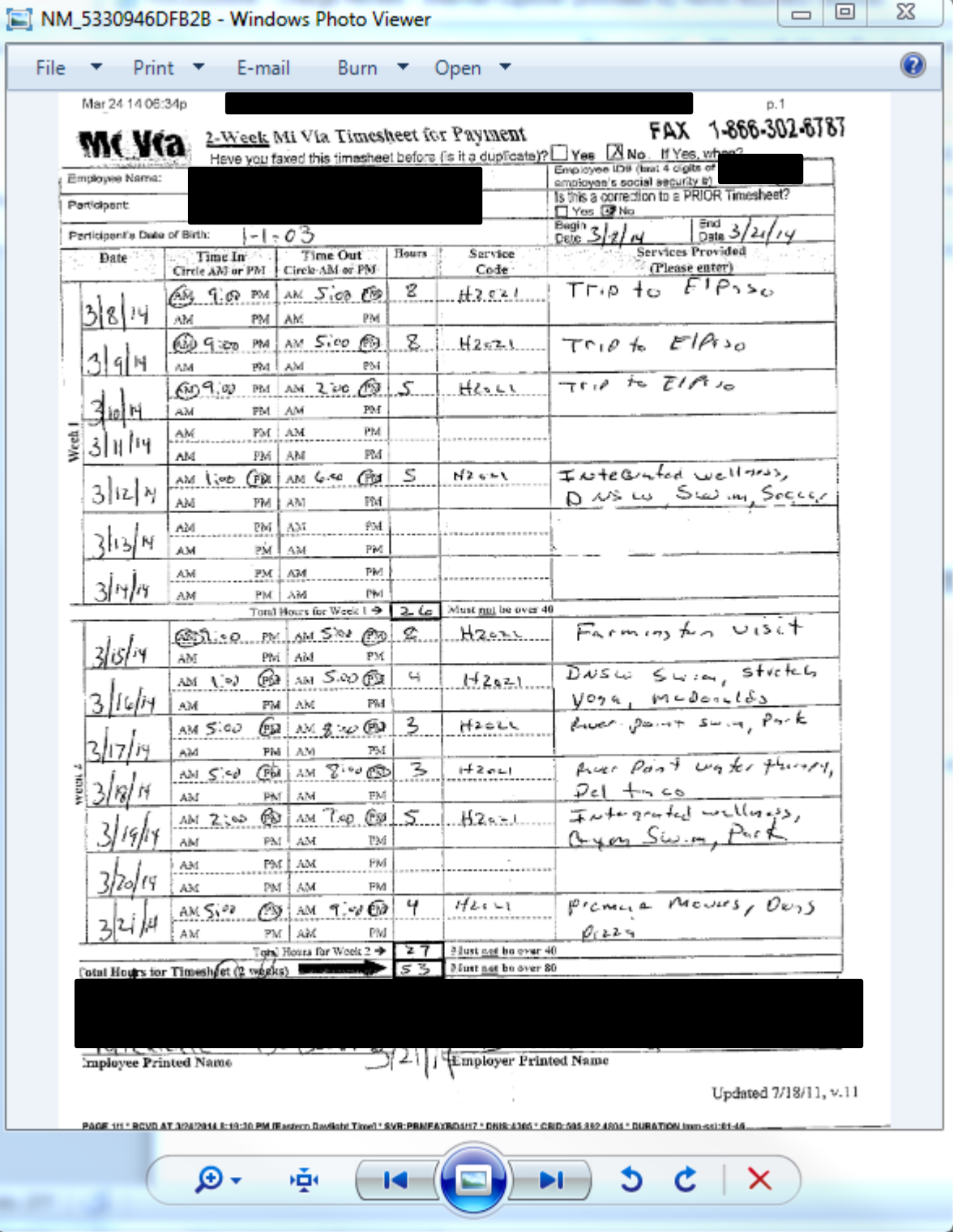
From here you can then scan through the faxes to find the one you are looking for.
You do this by pressing the left arrow or clicking on the left arrow at the bottom of the window.

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PAGE 1/1 * RCVD AT 3/24/2014 8:19:30 PM [Eastern Daylight Time] * SVR:PBMFAXBD4/17 * DNIS:4305 * CSID:505 892 4804 * DURATION (mm-ss):01-46

You will also notice that there is a time stamp at the bottom of the screen. This is when we received the fax in our faxing service who manages the 48 lines that we use for receiving faxes. The time as stated is in eastern time so you will have to subtract 2 hours from this time to get the correct local time.

If the fax came in upside down only rotate it if it is the fax you are looking for. The reason we don't do this for all of them in the archive folder is that it will change the modified date and will make finding that fax difficult. As a side note always check CRM to see if a fax was already looked for so you don't have to go through the time to look for it again.

Sometimes if the fax has multiple pages you will see a slightly different layout at the bottom:

PAGE 1/2 * RCVD AT 3/24/2014 8:27:17 PM [Eastern Daylight Time] * SVR:PBMFAXBD4/3 * DNIS:4305 * CSID:5057538998 * DURATION (mm-ss):01-22

Page 1 of 2

Using your mouse and clicking on the new arrow buttons you can go back and forth in that fax document to see all of the pages.
When you have found the correct fax you will need to document it in CRM the easiest way is to right click in the fax and select Properties from the pop up window.

A new window will open that looks like this:

New Mexico Mi Via Call Center Policy & Procedure Manual
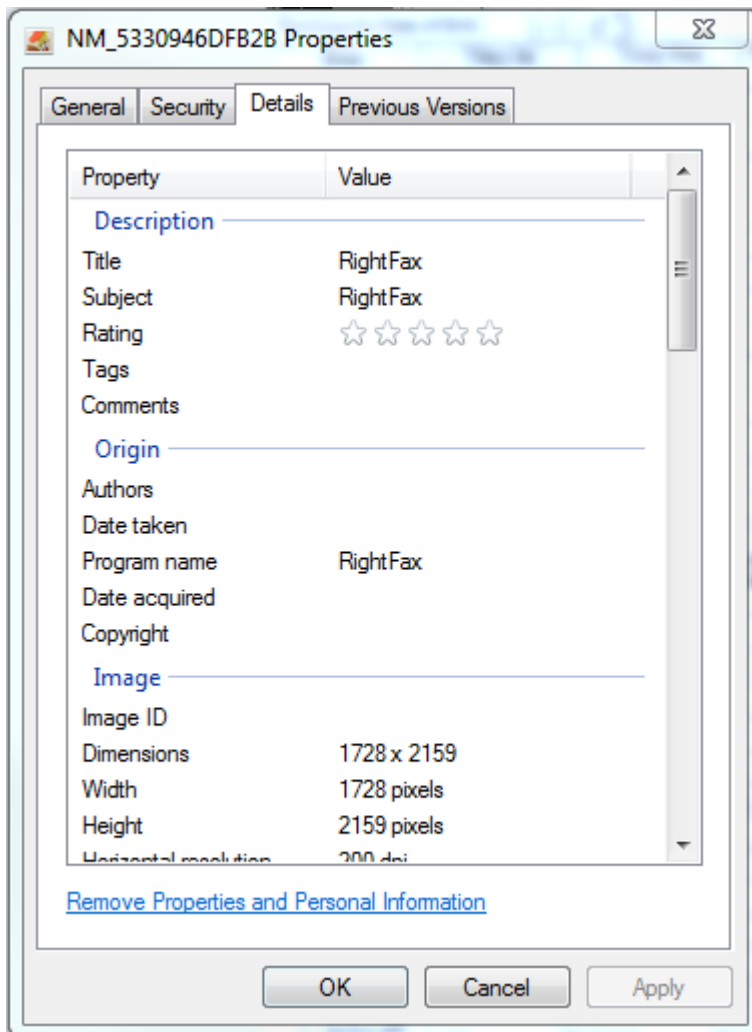
You will want to click on the General Tab. Then select and copy the file/NM name and past it into your crn.
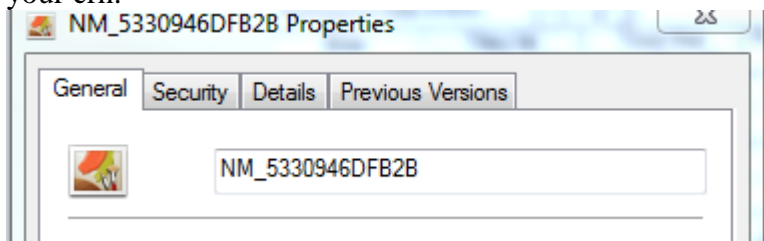
Here is another way to research

Access: Intraviewer
Select: Simple Find
Place Medicaid Number into: Participant/Client ID and hit enter or select go
Or
Place the last 4 of the social security number in the Employee/Employer ID

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Simple Find

TCN	
Report/Doc ID	
Date yyyy-mm-dd	
Description	
Location/Primary Type	
Claim/Other Type	
Page/Other Type	
Provider #	
NPI #	
Originator	
Not Used	
Participant/Client ID	
Employee/Employer ID	
Tax/Vendor ID	
Warrant/Check #	
Submitter/Carrier ID	
CRN #	
Status/RTP	
FCN/PA #	
Priority	

GO   Clear
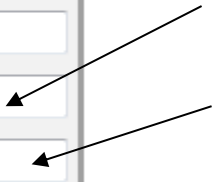
You will see your results (example below)
3rd column is the date document was received by Conduent
4th column is document type (used by enrollment)
12th column is the document type received (used by enrollment and data entry)

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Rows											
1	2	3	4	5	6	7	8	9	10	11	12

|											
☐🔍▾		|2013-04-02	|	|0	|10635619|1	|ImportedFile|0			|UNKNOWN	|3664348608|INVOICES	
☐🔍▾		|2013-04-02	|	|0	|10635620|1	|ImportedFile|0			|UNKNOWN	|3664348608|INVOICES	
☐🔍▾		|2013-04-02	|	|0	|10635621|1	|ImportedFile|0			|UNKNOWN	|3664348608|INVOICES	
☐🔍▾		|2013-04-02	|VIF	|0	|10637408|3	|PDF	|0		|261363438	|VENDOR	|PACKET
☐🔍▾		|2013-04-02	|W9	|0	|10637409|3	|PDF	|0		|261363438	|VENDOR	|PACKET
☐🔍▾		|2013-04-05	|	|0	|10657935|1	|ImportedFile|0			|3664348608|1445		|TIMESHEETS

If document is found: Thank you for holding we did received your: TS, PRF and/or MILE request. Is there anything else I can assist you with your call reference number is, and thank you for calling.

If the document is not found ask the caller for the date and time the document was faxed in. Now you need to access Intraviewer to search the Archive Folder via the following path:
**Microsoft Start button ⟶ Computer ⟶ Org Unit (I) ⟶ Mi Via ⟶ Archive ⟶Select date**

If no other assistance is required say: Is there anything else I can assist with?   Would you like the call reference number ? Thank you for calling Conduent and have a great day.

3.16 Why didn't I receive payment?

Always ensure you check the "Include Inactive Users Box in FOCoS
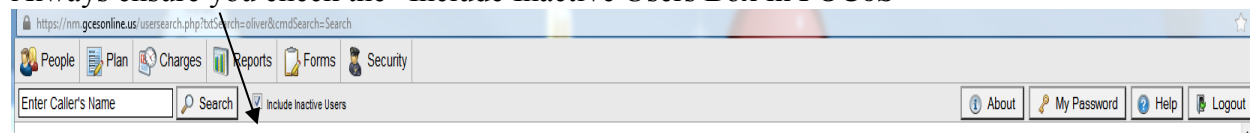
Select Cases, New, and enter Participant's name (SSN)
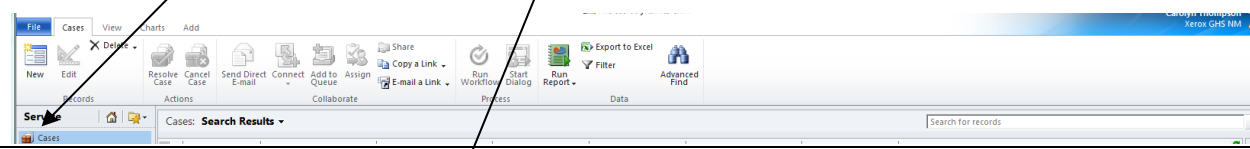
Complete all areas marked by an asterisk *

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1st Check FOCoS to verify if a payment has been processed

Verify caller with last four of social security number, date of birth or last four of Medicaid number. "How May I Help You"?

Advise the caller you are researching the information. Ask the caller if they can hold prior to placing on hold

Access FOCoS: Selecting Charges and Charge Review: using drop down selecting "Service Date"

Enter in Start and End Date (period you'd like to see)

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Review Closed & Batched Time Cards & Invoices

Limit By: Service Date ▼   Start Date: 06/01/2010   End Date: 04/30/2013

==Select (check) all boxes==

Select at least one:
☑ Time Cards
☑ Invoices

Select at least one:
☑ Closed   ☑ Batched
☑ Claimed   ☑ Canceled

[Display]

==Enter Participant's Name (last name first)==

Participant
[Filter]
[ALL Participants ▼]

Rendering Provider
[Filter]
[ALL Rendering Providers ▼]   [Reset Selection]

- Select the down arrow and select the employee or vendor in question

==Your date will appear (see below)==

Status: Claim #10000130 12/16/2010   Pay Period: 11/20/2010 - 12/03/2010

| Service Code	Services Provided	Date	Rate	Time Worked	Total
99509 Homemaker/Direct Support	Homemaker/Companion	11/22/2010	$12.80 hr (Regular)	8.00 hrs (09:00 AM - 05:00 PM)	$102.40
99509 Homemaker/Direct Support	Homemaker/Companion	11/23/2010	$12.80 hr (Regular)	8.00 hrs (08:00 AM - 04:00 PM)	$102.40
99509 Homemaker/Direct Support	Homemaker/Companion	11/24/2010	$12.80 hr (Regular)	8.00 hrs (08:00 AM - 04:00 PM)	$102.40
99509 Homemaker/Direct Support	Homemaker/Companion	11/25/2010	$12.80 hr (Regular)	8.00 hrs (09:00 AM - 05:00 PM)	$102.40
99509 Homemaker/Direct Support	Homemaker/Companion	11/26/2010	$12.80 hr (Regular)	8.00 hrs (08:00 AM - 04:00 PM)	$102.40
				Total:	$512.00

If you finding show **"Status: Claimed"** this means the payment has been processed for payment

If your findings show **"Status: Closed"** this means the payment is being processed for payment

If you cannot locate the entry you will need to go to "Charge Entry"

If you placed the caller on hold – Upon returning to the call "thank the caller for holding". Advise of your findings

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3.17 How to create a shortcut for your desktop

How to Create a Shortcut

Once you have the program or folder that you want to have quick access to, viewable as Publications folder seen below:
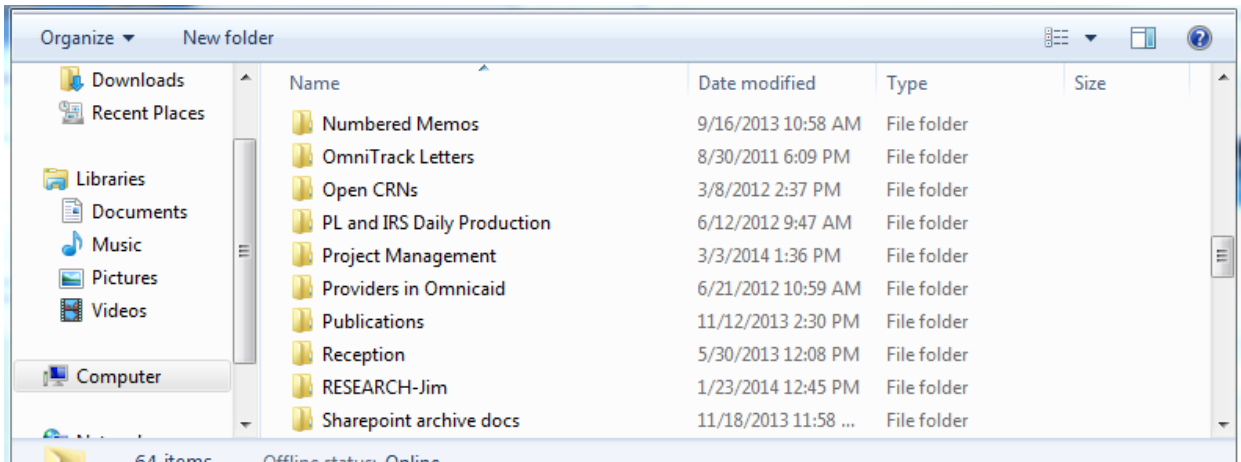
Right click on the file/program and the move you mouse over the Send To area, do not click, this will pull out a further area where you will click on Desktop (create a shortcut).
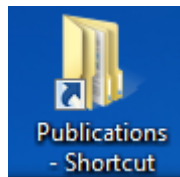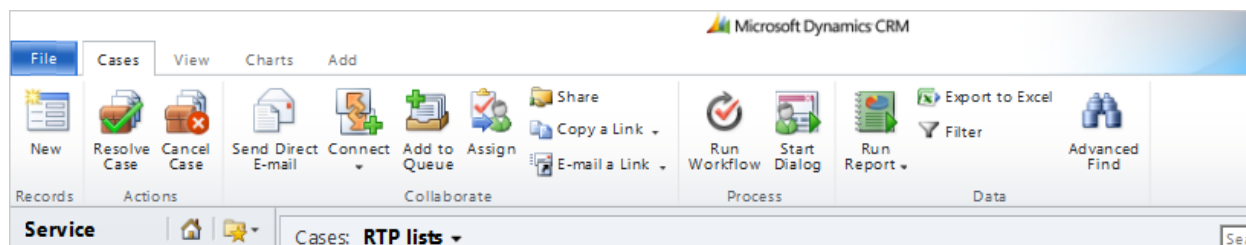

This will place an icon on your desktop that you can move to a space on it that best suits your method of window arranging.

3.18 List Creation Procedure

RTP List Creation Procedure

1 In the Main CRN window click on the Advanced Find button.

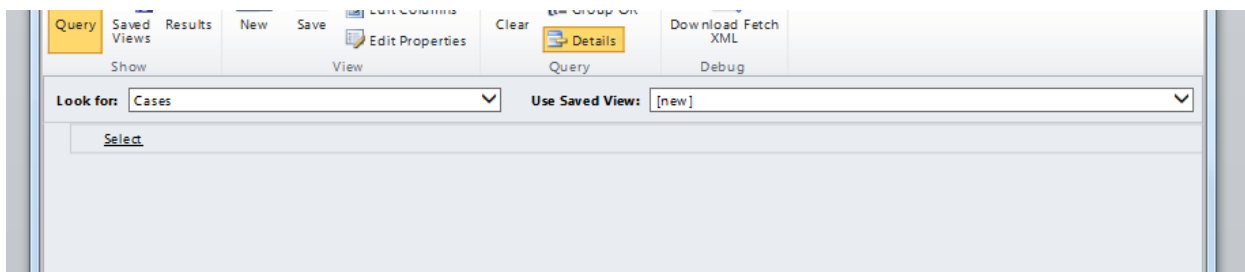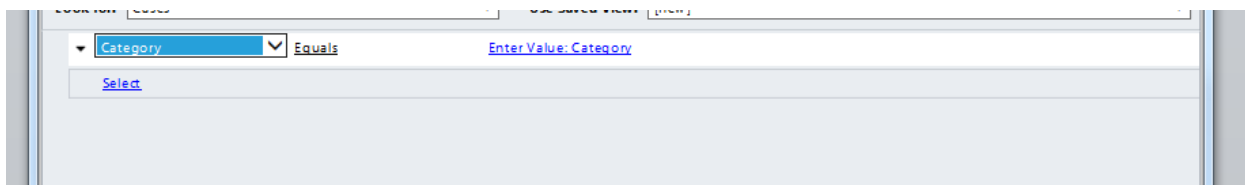New Mexico Mi Via Call Center Policy & Procedure Manual

2 A Dialog box will open where you will create your list.
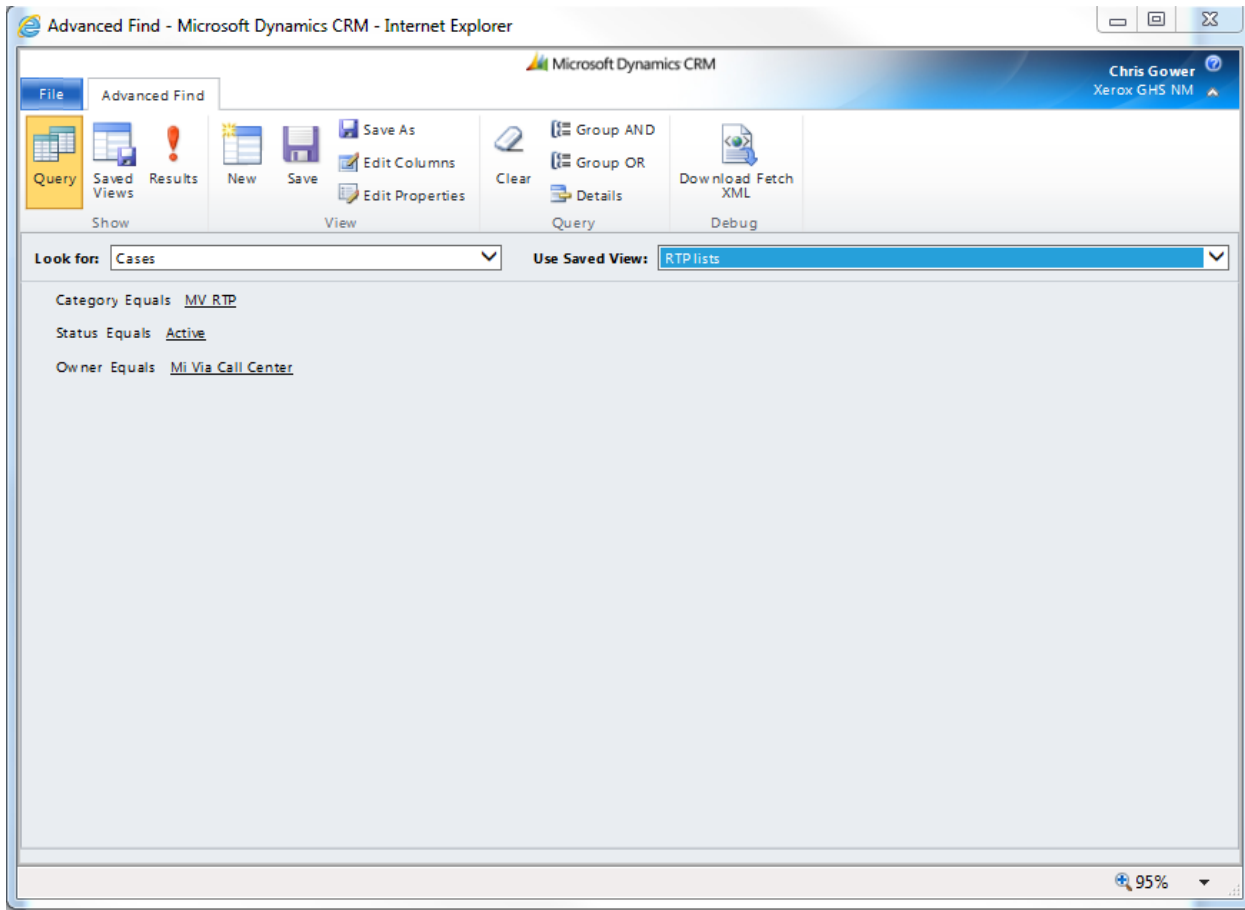
3 Click on the new button and you will have a clear page.

4 Click on the Select link and in the drop down click on Category

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5 then click on the link Enter Value Category and then the button that shows up, a new dialog box will open.
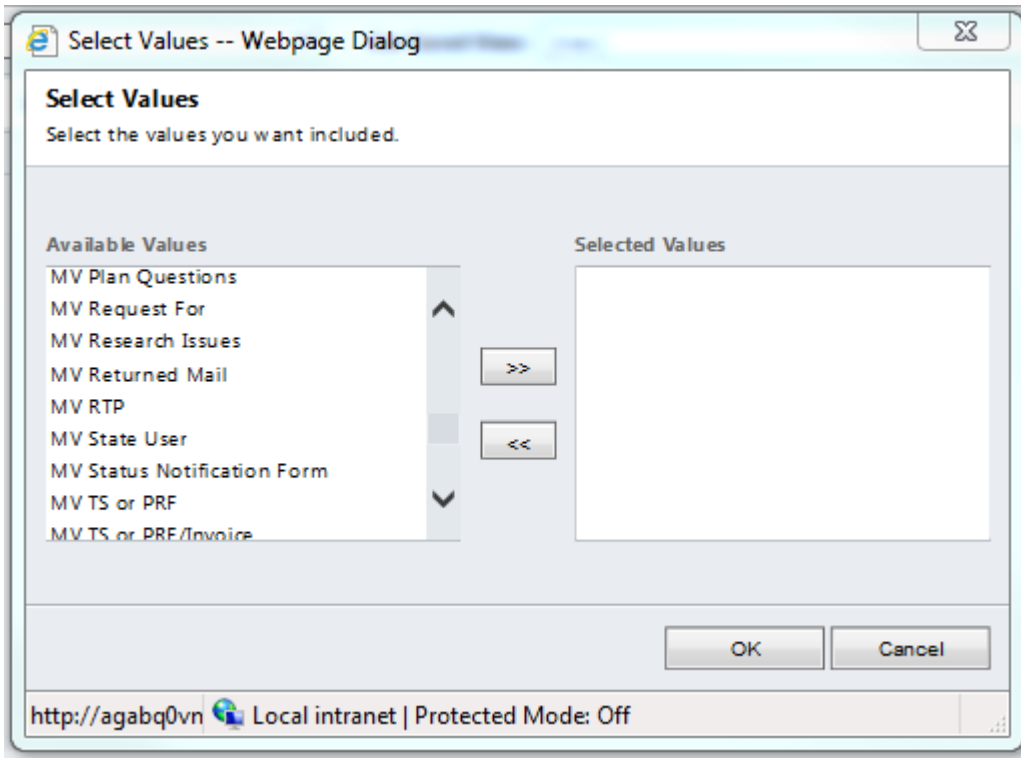
6 Locate MV RTP in the list and select it and then press the >> button then OK. You now are back at the main screen.
7 Click on the Select link again and in the drop down click on Status
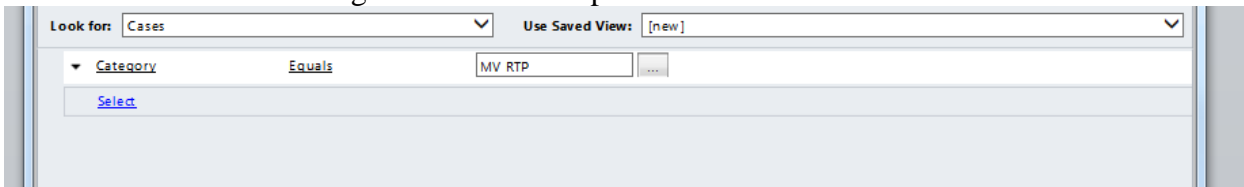
8 Then click on the Enter Value Status and a similar dialog box will pull up
9 Select Active and then click on the >> button then press OK.

Now your screen should look like

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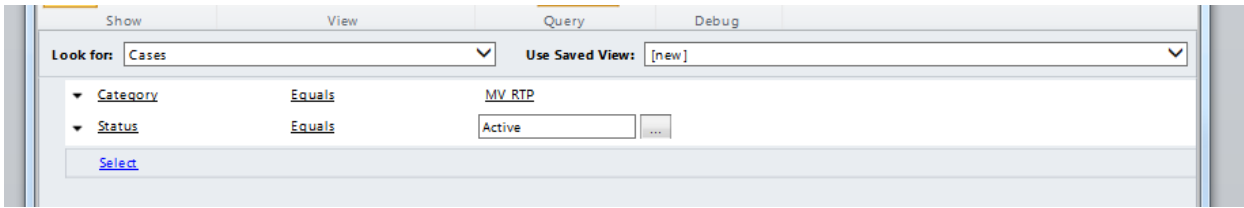
10 Click on select again and now you will want the option Owner.
11 Then click on the Equals Current User drop down and click on Equals.
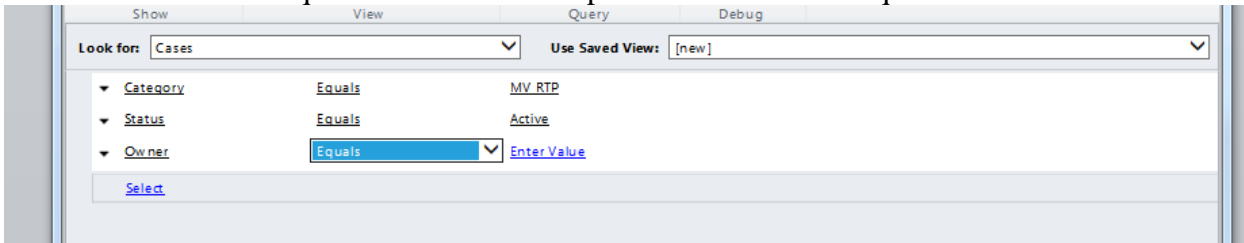
12 Click on enter Value link

13 A new pop up box will pull up, click on the Look For drop down and select Team
14 In the list select Mi Via Call Center and OK.

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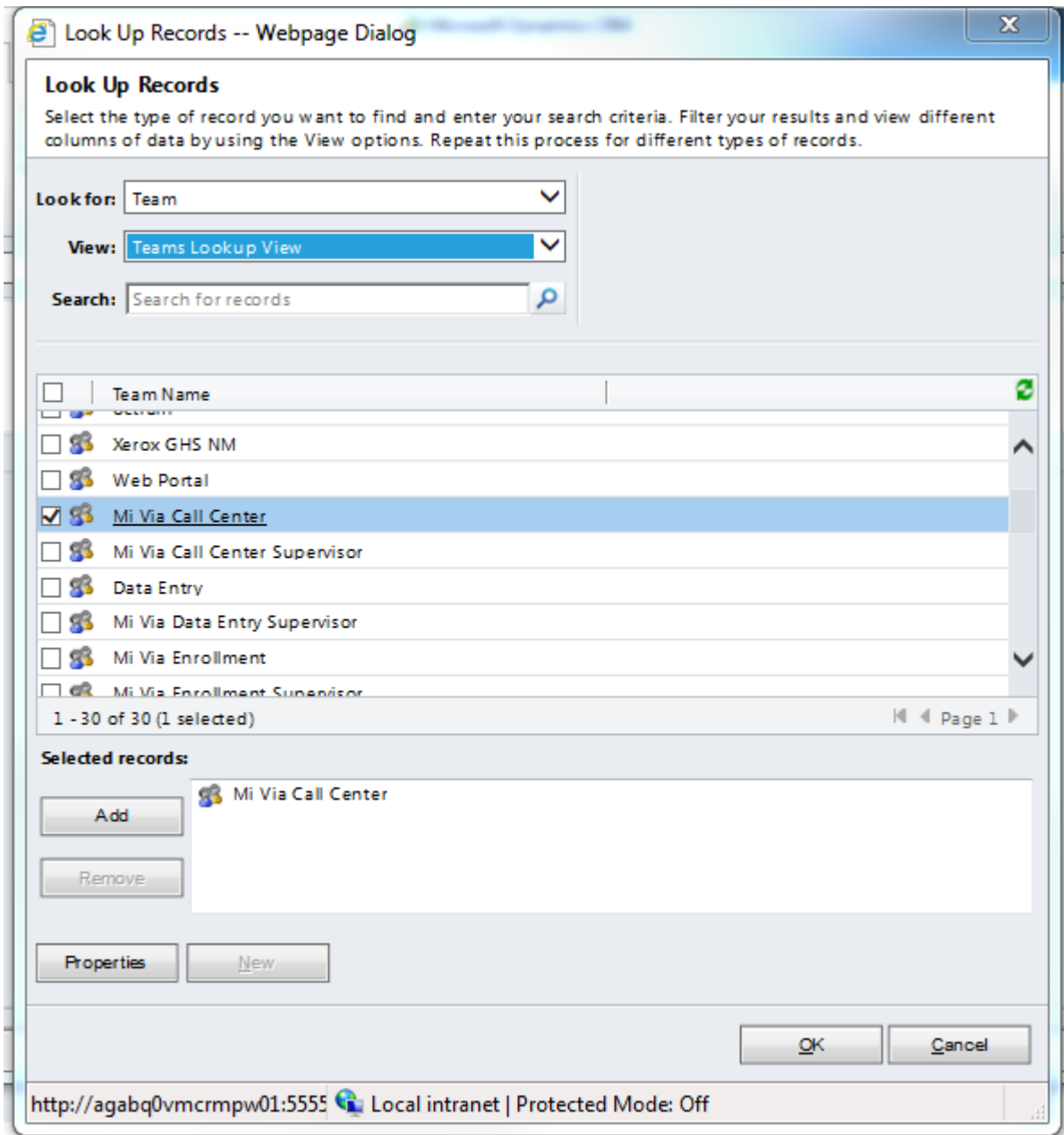
You list now should look like this:

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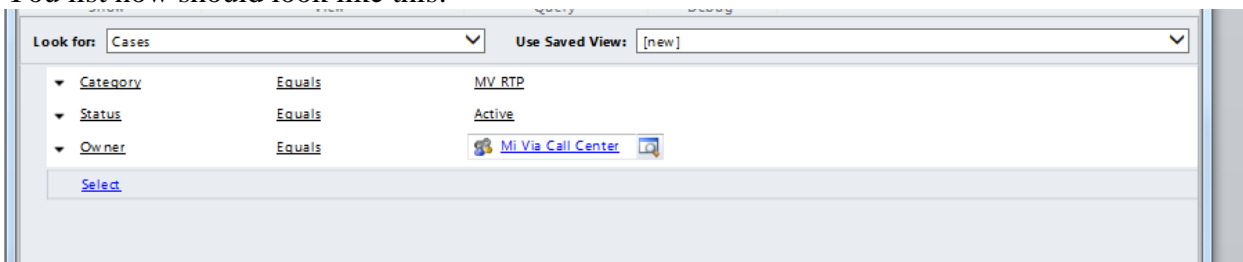
15 Now Click the Save As button

And you will see:

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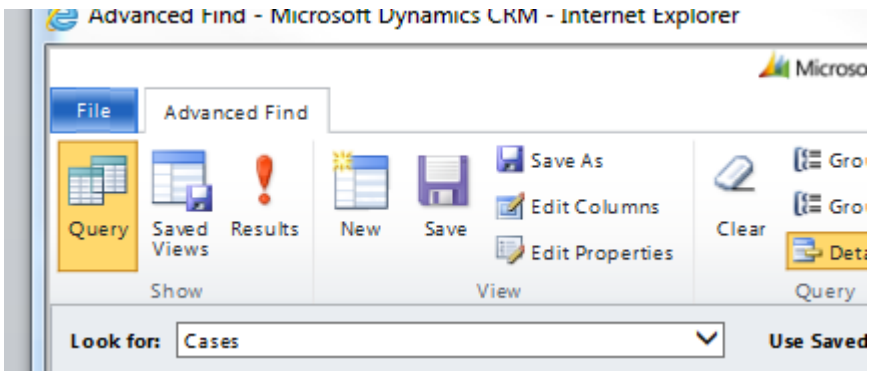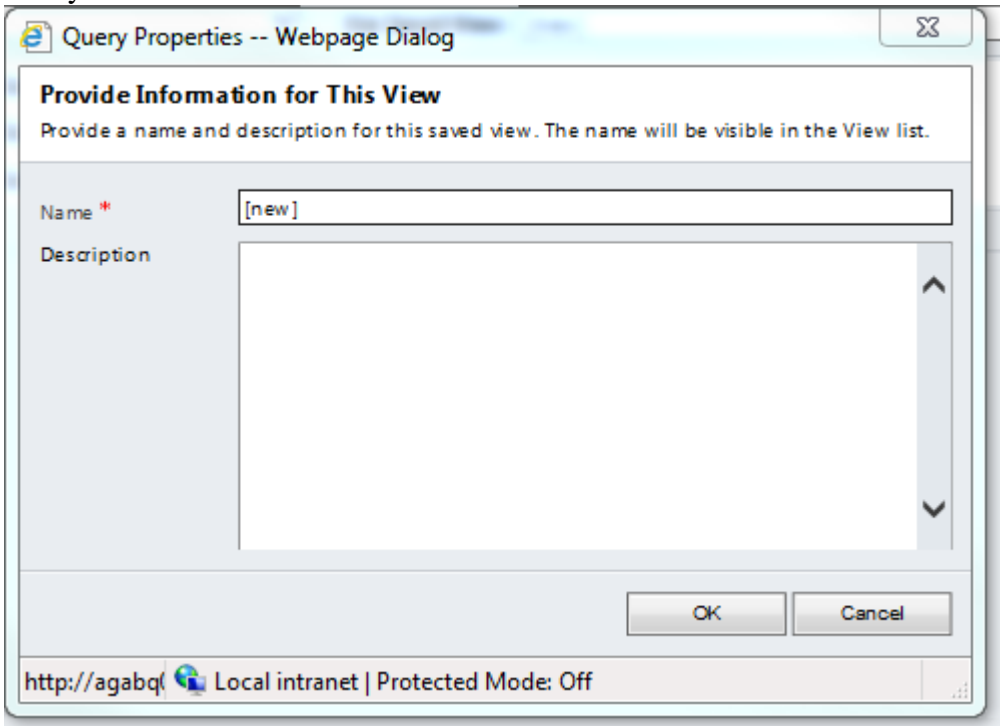
16 In place of the [new] type in the name for the List for you to be able to click on. I would suggest something like mine "RTP List" but whatever you can remember as the list you

3.19 RTP Assigning Procedure

RTP Assigning Procedure

1   Open your mail RTP list, the list is what you made up in the RTP list generation procedure. Mine looks like this:

2   Make sure you have the list sorted by Created on date showing the oldest on the top. You can see that is how mine is set up above.
3   Double click on the top entry to pull it up the CRN.
4   Next click on the icon that looks like a window for the Owner area.

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5   A new dialog box will pull up. Just click on the OK button, this will assign the RTP to you. It
     should look like this:
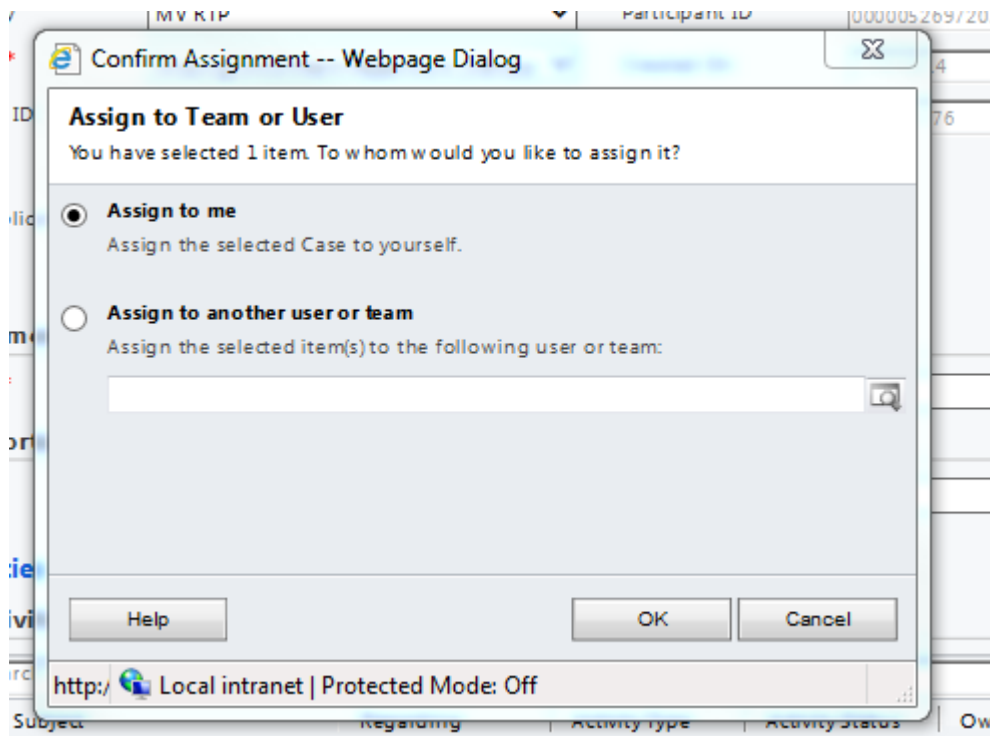
6   You should now see your name in the Owner box of the RTP. You can now research the issue.

3.20 Research Procedure

RTP Research Procedure

Now that you have the RTP assigned to you, you will need to look at the top of the RTP to know
where to start your research.

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The subject will tell you a lot as to where to go:

       DOS after EE Termination/Disqualification
       DOS Before COR Pass
       Over Plan Budget
       Timely Filing issue

These all require the least amount of research. You gather the EORs contact info and then make the call out following the RTP Call Out Procedure.

       Missing Payee Name, Amt. Req., or Desc. Of Item (PEF)
       Missing Signature and/or Signature Date
       No in/out time and/or am/pm
       Over 40 hours
       PRF or Invoice Not Attached
       Rate Requested is Higher than Plan and/or Agreement

These require a little research before you are able to call out. For most of these you will look up in charge review first and see if we have the correct DOS paid out. For Over 40 hours you will check and see if the total hours have been paid out if so no call out is necessary it not or if DOS were not placed on the correct week a call out is required. Rate Requested is Higher than Plan and/or Agreement if the amount of difference is $5 or less you can just close out the crn otherwise you will need to make the call out.

The rest require much more research. Depending on the subject and the notes will give hints as to where you need to go.

Most of the time you will want to check in charge review to see if the issue has been resolve and we have paid out the DOS in question.

From there it will depend on the subject as to the research is needed.

Checking in Intraviewer through simple find is a good way to see if we have received any of the documents needed if any and if we have received the TS/PRF back into our system.

But the most helpful resource is going to be your team mates, including enrollment and data entry. If you do not understand the notes or if it is involved with enrollment documents talk to the respective people and they might make clarifications that will help you with completing the RTP.

3.21 RTP E-Mail Template

EOR/Consultant Assistance Requested

We only need to call the EOR **once** when working the RTP's calls outs in CRM. If you are able to successfully talk to the EOR, then please disregard below.

Please make sure to send the email to the Liaisons and copy the call center on it.
The template below is to let the consultant know we tried to reach out to the EOR regarding payment issues.

CONSULTANT RTP E-MAIL

Dear [insert CA Name]

We have attempted to contact the EOR, (insert the EOR's name) by phone at (insert EOR's phone number) to discuss a Mi Via or Centennial Care payment related issue in regards to (insert Participant's first initial, last name) but we have been unsuccessful. Since the EOR does not have an e-mail address in GCES, we are sending this to you in hopes that you can relay the message to the EOR and/or provide us with updated phone/e-mail contact information. We have attached copies of the RTP letter and the submitted request for payment for your reference.

If you have an updated phone number or e-mail address for the EOR, please let us know.

Thank you.

The Self- Direction Conduent Team
Ref#

Government Healthcare Solutions

ACS State Healthcare LLC, A Conduent Company
1720-A Randolph Rd. SE
Albuquerque NM 87106

Ph: (866) 916-0310
Fax: (866) 302-6787

EOR RTP E-MAIL

Dear [insert EOR Name]

We have attempted to contact you by phone at (insert phone number) to discuss a Mi Via or Centennial Care payment related issue but we have been unsuccessful. We are trying to reach you now by email.

Please contact the Mi Via or Centennial Care Help Desk at 866-916-0310 and use reference number [insert CRN number here] if you have any questions.

Thank you.

The Self- Direction Conduent Team
Ref#

Government Healthcare Solutions

ACS State Healthcare LLC, A Conduent Company
1720-A Randolph Rd. SE
Albuquerque NM 87106

Ph: (866) 916-0310
Fax: (866) 302-6787

This will allow you to listen to the call and read the evaluator notes.

3.22 How to Use Language Line

Language Line Procedure

The Language line is used to help you when a caller request to speak in a different language then what you are comfortable with speaking.

First get the name of the language that they are comfortable with.
Then, with the caller on the line, on your phone, select the Conference button.
Next, dial 918884315890
When Language select comes on the line answer their questions.
In no particular order:
  The language needed
  Our access code (5758)
  Your Last and First names (usually in that order)
  Your agent ID (use your phone login number)
They will place you on hold while they get an interpreter.
Once you are with the interpreter let them know what will be needed. This is a great time to tell them the first question you want answered when you get on with the caller. If it's the beginning of the call the best question is "What is the caller's name and last 4 SSN."
When talking with the interpreter, talk as if you are talking to the caller but use clear and concise sentences. Also give the interpreter time to translate.

We do not use the language line for Spanish calls if we have Spanish speaker agents. If call center receives a Spanish call and they don't speak it. The call center agent will transfer the call to extension number 8136023.

3.23 Employee & Vendor Packets

If a Participant calls and wants to add a new Employee or vendor or if a new Employee or vendor contacts ACS:

- Log the call in CRM
- Verify mailing address and put together Employee packet and all required paperwork in an envelope and place in outgoing mail bin for mail room to pick up.

If an Employee or vendor calls with questions regarding the paperwork:

- The Call Center will go through each document with the Employee and ensure that they understand what information is required. If you have any questions, please ask the Liaison or the Enrollment Supervisor.
- The Call Center Agent will document the call in CRM

If an Employee or vendor packet is received

- A Participant Liaison will scan all documents and put them into a secured zip file and send via email to TNTFI.
- An email is placed to TNTFI to make sure they review the documents
- The call is logged into CRM

3.24 Mi Via Helpdesk Quality Assurance Procedures

Telephone audits will be conducted via the available software technology. Live calls will also be monitored.
The Self- Direction management team, in addition to Conduent ' Quality Assurance Unit, will utilize the approved Self- Direction at Conduent Point Explanation Sheet when completing each required telephone audit.

The auditing team will enter audit results into a shared database to track each Self- Direction Specialist's Quality Assurance scores and averages.

The performance target for all audits is at least a 96% compliance rating.
The audit results will be utilized for the following:
- Continuous quality improvement.
- Management and reporting purposes.
- Training purposes.

As determined by the Self- Direction at Conduent management team.

The Self- Direction at Conduent management team will review each Self- Direction at Conduent Specialist's audit result in an effort to promote continuous quality improvement.
Scores below a 90% compliance rating will be reviewed to identify areas for improvement and additional training.

The Self- Direction at Conduent management team will utilize completed daily, weekly and monthly audit results for tracking and trending in order to identify possible improvement opportunities.

The Self- Direction at Conduent Supervisor will obtain and review all of the verbal and written monitoring feedback, as well as implement indicated action to address the issued identified in this feedback.

Self- Direction at Conduent Call Monitoring Form

Call Reference #	CSR Name:				

CATEGORY	SKILL AREA	ASSESS-MENT		POINTS	SCORING
I. Opening/ Greeting	A. Thanked the caller for calling Self-Direction at Conduent	Y	N	0.6	
	B. CSR stated his/her name	Y	N	0.4	
	C. Asked how may I help you	Y	N	0.4	
	Total			**1.4**	**0**
II. Caller Verification ****Failing this category results in a failed(0) call.*	A. Asked for the caller's name and verified that caller is active provider/client/representative payee	Y	N	1.2	
	B. Verified the last 4 digits of the caller's/EOR's social security number	Y	N	NA	0.4	
	C. Asked for a call back number	Y	N	NA	0.4	
	Total			**2**	**0**
III. Customer Service	A. Tone of voice (smile)	Y	N	0.4	
	B. Maintained courteous and professional demeanor	Y	N	0.4	
	C. Used appropriate terms when addressing the caller directly.	Y	N	0.4	
	D.Used familiar terms known to customer- no jargon	Y	N	0.4	
	E. Maintained fluidity of call- proper pace/ rate of speech	Y	N	0.2	
	F. Asked caller's permission to be placed on hold	Y	N	0.4	

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	G. Advised caller if wait would be longer than 2 minutes	Y	N	NA	0.2	
	H. Thanked caller for holding	Y	N	NA	0.2	
	I. Demonstrated call control	Y	N	NA	0.2	
	J. Initiated account related questions only	Y	N		0.6	
	K. Followed call transfer procedures correctly	Y	N	N/A	0.4	
	L. Asked/Educated caller on monthly focus topic	Y	N	NA	0.4	
	Total				**4.2**	**0**
IV. Listening/Verbal Skills	A. Was responsive and attentive to caller	Y	N		0.6	
	B. Empathy/ Willingness to help	Y	N		0.4	
	Total				**1**	**0**
V. Account Knowledge ****Failing in this category results in a failed call.	A. Provided clear, complete, and accurate information for the questions asked	Y	N		1	
	B. Educated Caller	Y	N	NA	1	
	C. Missing information correctly identified	Y	N	NA	1	
	D. Maintained HIPAA confidentiality*	Y	N		1	
	E. Provided correct referrals	Y	N	NA	1	
	Total				**5**	**0**
VI. System Usage	A. Created proper contact type in Omnitrack/CRM	Y	N	NA	0.8	
	B. Created proper source type in Omnitrack/CRM	Y	N	NA	0.8	
	C. Assigned proper category in Omnitrack/CRM	Y	N	NA	0.2	
	D. Created proper subject in Omnitrack/CRM	Y	N	NA	0.8	
	E. Assigned proper priority in Omnitrack/CRM	Y	N	NA	0.6	
	F. Proper status (open, closed transferred)/CRM	Y	N	NA	0.8	
	G. Assigned to correct person/area in Omnitrack/CRM	Y	N	NA	0.6	
	H. Accurate text/notes entered in Omnitrack/CRM	Y	N	NA	1	
	Total				**5.6**	**0**
VII. Closing	A. Asked if there was anything else they could help the caller with today	Y	N	NA	0.2	
	B. Provided call reference number to caller	Y	N	NA	0.2	
	C. Thanked the caller for calling Conduent	Y	N	NA	0.4	
	Total				**0.8**	**0**
VIII. Bonus	A. Caller compliments CSR	Y	N		1	
	Total				**1**	**0**

Points Scored:	20	0
Score %:	100%	0.00%

4.3.1 Self- Direction Point Explanation Sheet Adherence Criteria

✓ Did the agent complete proper authentication? (10 points)

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- ✓ Obtain the caller's name and the entity ID. If caller is not sure what their entity ID number is, then request their social security number, put that information into FOCoSonline, and verify the number. If a caller calls and is not enrolled in the Mi Via program, you may still provide the caller with general information.

   Examples of general information are:
   1. If a caller calls in and asks for the mailing address to send timesheets, invoices or enrollment documentation.
   2. If the provider is no longer active in FOCoSonline, only general information or information pertaining to the time the provider was eligible, may be given.
   3. Member Information:
   4. When a caller is requesting information on a member, the Mi Via Specialist may assist the caller after authenticating the following information:
   5. Member SSN
   6. Member Name (first and last name)
   7. If the caller does not have a member SSN, eligibility information should not be released to the caller.

- ✓ Did the Self- Direction at Conduent Specialist adhere to 'Minimum and Necessary Use' of PHI Information? (10 points)
   1. The Self- Direction at Conduent Specialist is not to offer information about the participant's or employee's account or personal information unless it is asked for by the caller.

- ✓ Did the Self- Direction at Conduent Specialist identify the caller's question, issue or concern and give the caller complete and accurate information? (15 points)
   1. The Self- Direction at Conduent Specialist probed for the true needs of the caller and provided the complete and accurate response to the caller. If the Self- Direction at Conduent Specialist cannot find the information needed in order to give a correct response, the Mi Via Specialist will ask for help or use tools provided to give the caller complete and accurate information. All information given must be supported by the system, desktop procedures or the policy and procedure manual and Self- Direction at Conduent policy.
   2. The information given must resolve the true concerns of the caller. If the Self- Direction at Conduent Specialist tries to help the caller but due to skill level, knowledge base of the agent, or break down of communication on the call, the Mi Via Specialist cannot answer the caller's questions or resolve their concerns calling resulting in the caller calling back into the Self- Direction Helpdesk, points will be deducted.
   3. Self- Direction at Conduent Specialist identifies reason for the inquiry. Self- Direction at Conduent Specialist should help the inquirer with their needs and/or explain processes. Mi Via Specialist responds to all questions and/or comments presented by the inquirer.
   4. Self- Direction at Conduent Specialist must complete procedures as stated to the caller (i.e. If a caller requests a form and the Self- Direction at Conduent Specialist has advised the caller they will request it, the request must be completed).
   5. Self- Direction at Conduent must follow all approved departmental procedures

- ✓ Did the Self- Direction at Conduent Specialist document the call completely and accurately in CRM? (15 points)
    1. All calls must be documented completely. The Self- Direction at Conduent Specialist should document in the notes detailed information concerning all of the caller's inquiries and the resolution for each inquiry. Contact information is needed if the caller has to be contacted after the call has ended. If the caller does not have a participant ID or employee ID, the Self- Direction at Conduent Specialist should create an entity in CRM under the caller's SSN. Please be mindful that anyone accessing the notes should be able to read and understand the information documented.
    2. Note: For escalated calls that require a call back to the provider from Conduent, the Self- Direction at Conduent Specialist must provide the caller with the CRN reference number that corresponds with their call.
    3. Did the Self- Direction at Conduent Specialist use the departmental standard greeting? (5 points)
    4. Verbatim: "Thank you for calling Self- Direction at Conduent, this is _____".
    5. Did the Self- Direction at Conduent Specialist take control of the call? (5 points)
    6. The Self- Direction at Conduent Specialist has full control of the call at all times. Self- Direction at Conduent Specialist promptly identifies reason for call. The Self- Direction at Conduent Specialist should not argue or debate with caller. Self- Direction at Conduent Specialist should help the caller with their needs and/or explain processes, without having the telephone call escalated to a Management unnecessarily. Mi Via Specialist does not become agitated, condescending or argumentative with angry/agitated callers.
- ✓ Did the Self- Direction at Conduent Specialist demonstrate professionalism throughout the entire call? (10 points)
- ✓ The Self- Direction at Conduent Specialist must offer initial assistance (i.e. "How may I assist you" or "How may I help you") in a complete sentence.
- ✓ The Self- Direction at Conduent Specialist should refrain from the following: chewing, eating, using slang and profanity, sighing, making disparaging comments about the Self- Direction at Conduent program, Conduent, Self- Direction at Conduent subcontractors or Mi Via and Centennial participants and employees. Flirting and talking about personal matters is not appropriate. The Self- Direction at Conduent Specialist should create an experience for the caller that is professional yet friendly enough to make the caller comfortable to ask questions. The Self- Direction at Conduent Specialist must have a professional tone while speaking with the caller.
- ✓ Did the Self- Direction at Conduent give full attention and effectively listen to the caller? (5 points)
- ✓ Self- Direction at Conduent Specialists should not have any other conversations or activities going on while handling a call. Mi Via Specialists should not make callers repeat question/issue or any other piece of information already given by caller more than 2 times unless the caller cannot be easily understood or heard.
- ✓ Did the Self- Direction at Conduent Specialist use proper hold procedures? (5 points)
- ✓ If it is necessary to place caller on hold, Self- Direction at Conduent Specialist should ask caller for permission and wait for a positive response before doing so. When the Self- Direction at Conduent Specialist takes the caller off hold and resumes the call, the Self- Direction at Conduent Specialist should thank the caller for holding. Self- Direction at Conduent Specialist

should maintain proper hold time by updating the caller if hold time exceeds 2 minutes for a single hold. To update the caller, Self- Direction at Conduent Specialists should return to the call, thank caller for holding, and ask caller permission to continue holding.

✓ If the caller places the Self- Direction at Conduent Specialist on hold, the Self- Direction at Conduent Specialist should state "I can hold for a moment." Self- Direction at Conduent Specialist's should not state how long they can hold for a caller unless the caller asks. If asked, the Mi Via Specialist can say "I can hold for 2 minutes". At the end of the 2 minutes, if the caller has not returned to the phone, the Self- Direction at Conduent Specialist must say "Hello" 3 times (i.e. Hello, Hello, Hello). Since there is no response I will terminate this call, thank you for calling Self- Direction at Conduent."

1. Self- Direction at Conduent Specialist should not place the caller on immediate hold after saying the greeting. For example: "Thank you for calling Conduent, This is Tom Jones, please hold." Be mindful of the possibility that the caller has already been on hold, and may not wish to hold again after hearing a live person. If the Mi Via Specialist is having system issues, they can advise the caller that their system is moving slow.
2. NOTE: If the Self- Direction at Conduent Specialist has offered further assistance and closed the call with the standard closing but the call has not been disconnected, the Self- Direction at Conduent Specialist must wait 15 seconds and say "Hello" 3 times (i.e. Hello, Hello, Hello). Since there is no response I will terminate this call, thank you for calling Conduent." This information must be documented on the file for the call that was disconnected. Ex: Disconnected call due to no response.
3. Self- Direction at Conduent Specialist will have a maximum of 15 seconds of dead air without informing caller that additional time is needed.
4. Did the Self- Direction at Conduent Specialist use proper transfer procedures? (5 points)
5. If it is necessary to transfer a call to another department, the Self- Direction at Conduent Specialist should inform the caller that the call is being transferred and to which department. The Self- Direction at Conduent Specialist should advise the caller that there may be additional hold time once the call is transferred. (The Mi Via Specialist is then responsible for following the directions under sections 11 and 12).
6. Did the Self- Direction at Conduent Specialist ask the caller if they need further assistance? (5 points)
7. Self- Direction at Conduent Specialist's must offer additional assistance in the form of a complete sentence (i.e. "Is there anything else I can assist you with?", "Is there anything else I can do for you?", etc.)
8. Did the Self- Direction at Conduent Specialist use the departmental standard closing? (5 points)
9. "Thank you for calling Conduent". This must be said verbatim.

NOTE: Scoring of each criterion is based on an "All or Nothing" policy. If a criterion is not met completely, the full point value will be deducted from the **Self- Direction at Conduent** *Specialist's score.*

4.0 HIPAA
4.1 Verifying Calls

Providing Information Authenticating the Caller and Requirements for Signatures		
	Effective Date	10.20.2014
	Revision Date	10.20.2014
	Revision No.	
	Approval	

FOCoS *online* password resets <u>should only be provided to the actual user</u> (unless verbal permission is received from the user). If they are unable to speak, this can be e-mailed to the user's e-mail address as indicated in FOCoS *online*. A Participant's Legal Guardian <u>OR</u> a Power of Attorney (Durable, Financial, or Medical) is allowed to change a Participant's FOCoS password.

Participant Calling In

- Ask for the First and last name
- Participant's SS# (last 4 digits) or DOB
- Information provided must be verified in FOCoS/CRM

Information to provide: Can provide Participant with all plan and payment information but they cannot perform EOR duties.

EOR Calling In:

- Ask for the First and last name
- EOR's SS# (last 4 digits) If the participant is their own EOR, you can use their DOB
- Information provided must be verified in FOCoS/CRM

 Information to provide: Can provide EOR with all plan and payment information.
     EOR duties: Terminate/hire employees, sign employee enrollment paperwork and timesheets.

Employee Calling In:

- Ask for their First and last name
- Employee's SS# (last 4 digits)
- Information provided must be verified in FOCoS/CRM

Information to provide: Can provide EE with information about their own employment (see below regarding if EE also POA/LG/AA).

Vendor Calling In:

Individual (Independent Contractor):
- ☐ Ask the name of the Vendor
- ☐ Vendor's FEIN/EIN # (Full or last 4 digits)
- ☐ Information provided must be verified in FOCoS/ CRM.

Information to provide: Can provide Vendor with information about their services (only). If they have completed an Appointment of Authorized Agent form, can provide plan/payment information (but they still cannot perform duties of EOR).

Company/Corporation/Agency:
- ☐ Vendor's FEIN/EIN#

Information to provide: Can provide Vendor with information about their services (only).

Consultant Calling In:

- ☐ Ask for their name of their agency.
- ☐ Verify this is the respective agency for the respective Participant in FOCoS/CRM
- ☐ Participant's last four of SS# or the Participant's DOB.

Information to provide: Can provide Consultant with all plan and payment information but they cannot perform EOR duties.

Power of Attorney (POA)/Legal Guardian (LG)/Authorized Agent (AA)/Participant Support Person (PSP) Calling In

- ☐ Ask for their First and last name
- ☐ Participant's last four of SS# or the Participant's DOB.
- ☐ Information provided must be verified in FOCoS/CRM

Information to provide: Can provide with all plan and payment information but they cannot perform EOR duties.

Notes:
- ➢ For POA/LG/AA/PSP, their role must be indicated in FOCoS (either in the PSP section or in the Participant Notes section in FOCoS on the Participant's View User page). In other words, if someone claims they are the POA/LG but it is not indicated in FOCoS, we cannot provide them information until this is indicated in FOCoS.

> ➤ If a POA/LG/AA/PSP is also an employee, we can provide them with information about the plan and payments but they cannot perform the duties of the EOR; they cannot hire/fire employees or sign timesheets.

Parent Calling In

- ☐ First and last name
- ☐ Participant's last four of SS# or the Participant's DOB.
- ☐ Information provided must be verified in FOCoS/CRM

> ➤ If a parent is an employee (but not POA/LG/AA/PSP), we can only provide them with information about their own employment.

> ➤ If a parent (not POA/LG/AA/PSP) is NOT an employee and the <u>participant is less than 18 years old</u>, we can provide them with information about the plan and payments but they cannot perform the duties of the EOR; they cannot hire/fire employees or sign timesheets.

> ➤ If a parent is NOT an employee and the <u>participant is at least 18 years old</u>, we cannot provide the parent with any information.

SIGNATURES

<u>Vendor Paperwork --Enrollment and Payment Request Form (PRF)</u>: May be signed by the Participant, EOR or POA/LG. We cannot accept PRFs if signed by the AA or Parent (unless they are also the EOR, POA or LG).

<u>Employee Paperwork – Enrollment and Timesheets</u>: Must be signed by the EOR (only). We cannot accept timesheets if signed by anyone other than the EOR; cannot be signed by POA/LG/AA/Parent.

5.0 Payment Schedules

The Supervisor or the Liaisons/ MCO Liaisons would create the payments schedules each year. Here is the path for the schedules: Org Unit (I) –Mi Via- Publications-Current_ SDCB Individual Forms.

5.1 Employee Payroll

EMPLOYEE PAYROLL PAYMENT SCHEDULE

Pay Period Start	Pay Period End	Timesheet must be received by Conduent	Check Mailed or Direct Deposit Issued
Saturday	**Friday**	**Saturday**	**Friday**
11/30/13	12/13/13	12/14/13	12/27/13
12/14/13	12/27/13	12/28/13	01/10/14
12/28/13	01/10/14	01/11/14	01/24/14
01/11/14	01/24/14	01/25/14	02/07/14
01/25/14	02/07/14	02/08/14	02/21/14
02/08/14	02/21/14	02/22/14	03/07/14
02/22/14	03/07/14	03/08/14	03/21/14
03/08/14	03/21/14	03/22/14	04/04/14
03/22/14	04/04/14	04/05/14	04/18/14
04/05/14	04/18/14	04/19/14	05/02/14
04/19/14	05/02/14	05/03/14	05/16/14
05/03/14	05/16/14	05/17/14	05/30/14
05/17/14	05/30/14	05/31/14	06/13/14
05/31/14	06/13/14	06/14/14	06/27/14
06/14/14	06/27/14	06/28/14	07/11/14
06/28/14	07/11/14	07/12/14	07/25/14
07/12/14	07/25/14	07/26/14	08/08/14
07/26/14	08/08/14	08/09/14	08/22/14
08/09/14	08/22/14	08/23/14	09/05/14
08/23/14	09/05/14	09/06/14	09/19/14
09/06/14	09/19/14	09/20/14	10/03/14
09/20/14	10/03/14	10/04/14	10/17/14
10/04/14	10/17/14	10/18/14	10/31/14
10/18/14	10/31/14	11/01/14	11/14/14
11/01/14	11/14/14	11/15/14	11/28/14
11/15/14	11/28/14	11/29/14	12/12/14
11/29/14	12/12/14	12/13/14	12/26/14
12/13/14	12/26/14	12/27/14	01/09/15
12/27/14	01/09/15	01/10/15	01/23/15
01/10/15	01/23/15	01/24/15	02/06/15

5.2 Vendor Payments

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VENDOR PAYMENT SCHEDULE	
PRF/Invoice must be received by Conduent	**Check Mailed or Direct Deposit Issued**
Saturday	**Friday**
12/07/13	12/20/13
12/14/13	12/27/13
12/21/13	01/03/14
12/28/13	01/10/14
01/04/14	01/17/14
01/11/14	01/24/14
01/18/14	01/31/14
01/25/14	02/07/14
02/01/14	02/14/14
02/08/14	02/21/14
02/15/14	02/28/14
02/22/14	03/07/14
03/01/14	03/14/14
03/08/14	03/21/14
03/15/14	03/28/14
03/22/14	04/04/14
03/29/14	04/11/14
04/05/14	04/18/14
04/12/14	04/25/14
04/19/14	05/02/14
04/26/14	05/09/14
05/03/14	05/16/14
05/10/14	05/23/14
05/17/14	05/30/14
05/24/14	06/06/14
05/31/14	06/13/14
06/07/14	06/20/14
06/14/14	06/27/14
06/21/14	07/07/14
06/28/14	07/11/14
07/05/14	07/18/14
07/12/14	07/25/14
07/19/14	08/01/14
07/26/14	08/08/14
08/02/14	08/15/14

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6.0 Participant or Employee Walk-Ins

Walk-ins are accepted from 9:00am – 12:00 noon and 1:00pm – 4:00pm Monday through Friday and appointments are encouraged.

6.1 Setting an appointment

All appointments are set using CRM Category – setting Liaison appointment.

6.2 Working with the walk-in

All walk-ins must sign in and receive a visitor's badge they must always be escorted and should never be allowed to walk through the hallways by themselves. There are designated visitor offices downstairs whenever possible the visitor should be escorted to those offices and met with behind closed doors. The Participant Liaisons should work with the visitor walk-ins. If it is necessary the Call-Center Manager may be contacted to assist the visitor walk-in. Under no circumstances should a visitor walk-in be allowed into any of the Liaison offices

6.3 Documenting the walk-in

All walk-ins and appointments must be logged by creating a CRN and the details of the meeting should be entered into the comments section.

NOTE: This is important because this information could be used in a Fair Hearing later o

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7.0 Fair Hearing Process

Fair Hearings are requested by the Participants because they believe an action has been taken by the State or its contractors that suspends, reduces, denies, or terminates, their benefits without adequate advance notice

The following is the process for handling a Fair Hearing:

1. State notifies ACS point person that a fair hearing has been requested
2. State sends Request for Summary of Evidence (SOE)
3. SOE indicates a client (participant) has requested a fair hearing based on the adverse action(s) taken by ACS such as:
   - Participant not reimbursed for goods or services as required in the Services and Support Plan (SSP)
   - Employee of participant not reimbursed for employment services rendered based on timesheet
   - Vendor invoice not reimbursed for services rendered as required in the SSP
   - Timesheet or invoice not paid in the amount requested
4. The completed SOE must be submitted to the state agency that originated the request – due date of SOE is contained on the SOE
5. The SOE must include all documents or copies of documents pertaining to the issue on appeal
6. The agency that originated fair hearing request send a copy of the SOE and documents to the client (participant)
7. State agency may request that ACS attend the fair hearing and provide direct testimony regarding the action taken that is being appealed

8.0 Reconciliation and Reports

The following information will be recorded and sent to the State in the form of a Dashboard Report every Monday

- Executive Summary: A quick glance at the week and any pertinent information
- Call Center Statistics including Average Speed to Answer, Total Calls Received, Average Talk Time, Total Walk- ins & Appointments, Total Outbound Calls, Total Abandoned calls
- Data Entry Statistics including number of Time Sheets received, number of Invoices received, number of Time Sheets entered, number of Invoices entered
- Payment Statistics including number of Checks issued and Total Payout for week.
- Training Statistics including number of trainings conducted (internal) and number of attendees. What trainings were conducted?
- Community Outreach & Education including any mass mailings and trainings that may have occurred. If training was conducted, number of attendees and topics.
- Meetings held during the week and topics discussed

Along with the weekly Dashboard Report, ACS will be reporting Mi Via specific Call Center, Data Entry and Payment statistics on the Monthly Report Card for the State beginning with the September 2010 Report Card

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9.0 Glossary

Term	Description
ALSTD	Aging & Long-Term Services Department
Assessment	Client Assessment based on medical documents
BI	Brain Injury
Budget	Budget allotted to individual (aka SSP Budget, e-budget
CA	Consultant Agency
CCA	Consultant Contractor Agency – The CCA hires or subcontracts with individual consultants who assist the Mi Via Participant with understanding the Mi Via requirements, and developing the Service and Support Plan and budget. Every Mi Via Participant must have a consultant.
CDPC	Consumer Direct Personal Care – The incumbent Consultant Contractor Agency for the Mi Via Program
CIA	Comprehensive Individual Assessment
CIU	Client Information Update
CM	Case Manager
CMA	Case Management Agency
CoLTS	Coordination of Long-Term Services
DD	Developmentally Disabled Waiver
DE	Disabled & Elderly Waiver
DOH/DDSD	Department of Health/Developmental Disabilities Supports Division
EFT	Electronic Funds Transfer
Employee (of the Participant, or sometimes called worker)	Person who provides direct services to the Participants and who receives payments for the services
FMA	Financial Management Agency. The FMA makes payments to Employees for services rendered to the Mi Via Participant. The FMA processes Employee timesheet or

	invoices, and bills Medicaid for services and goods approved on the Service and Support Plan and budget. ACS has subcontracted with TNTFI to provide the payroll and financial functions for the FMA. ACS will supply all other operational functions.
FTP	File Transfer Protocol Site
GCES	Greystone Consumer Empowerment Systems, an ACS partner in Mi Via
GCES*online*	Refers to the web-based GCES*online* system that Greystone Consumer Empowerment Systems provides as part of the Mi Via solution. The user interface for GCES*online* consists of web pages that authorize the users' access using standard web browser software over the Internet. GCES*online* is the hub that contains all Mi Via Participant and Employee data
H&P	History and Physical
HSD/ISD (aka ISD)	Human Services Department/Income Support Division
HSD/MAD	Human Services Department/Medical Assistance Division
HCBW	Home and Community Based Waivers, which includes the New Mexico Mi Via program
IBA	Individual Budget Allotment
ICD9	Brain Injury diagnosis code approved for Mi Via Services
IDT	Inter-Disciplinary Team
IEB	Intake and Eligibility bureau (DOH/DDSD)
ISD2	HSD/ISD Eligibility System
ISD 378 & DOH 378	Long Term Care Assessment Abstracts (DD, MF)
ISD 379	Long Term Care Assessment Abstract (DE, BI, AIDS)
ISP	Individual Service Plan
LOC	Level of Care (NF = Nursing Facility, ICF/MR = Intermediate Care Facility/Mentally Retarded
MAAR	Medicaid Auth Rep screen in ISD2 Showing CCA info
MAD 381	Application for Medicaid Waiver Services
MAW Letter	MAW Notification of Action (being phased out)
MF	Medically Fragile Waiver
NFL	CoLTS Nursing Facility Level of Care

NMMUR	NM Medical Utilization Review
PA	Prior Authorization
PFOC	Primary Freedom of Choice
RC	Resource Center (ALTSD)
SSP	Support & Service Plan
TPA	Third Party Assessor

Appendix A

New Mexico Attendance Guide Lines & Cell Phone and Mobile Device Policy Effective April 1, 2010

Below are our revised New Mexico Attendance Guidelines that go into effect April 1, 2010. Refer also to the ACS Attendance Policy, which was used as a cornerstone in the development of the guidelines. Your supervisor or manager will review these guidelines with you but you should also take the time to familiarize yourself with the details.

ACS provides full time employees with accrued sick and vacation time as well as floating holidays. Each employee is responsible for managing earned time off and to be aware of how much time has been taken and how much time remains.

Any employee who cannot come to work or will be tardy is required to contact his/her manager or supervisor at least 30 minutes prior to the employee's start time. If the employee's manager or supervisor is not available by phone, the employee must leave a call back number and expect a return call. Employees are not to leave messages with co-workers.

Tardy: Not being at the assigned work area at the scheduled start time, after lunch or after a break period. Excessive tardiness will be addressed. Tardiness includes an employee who is part of a carpool that arrives late and an employee who is allowed to make-up a late arrival to work.

Absence: Time off from work whether or not it was approved in advance.

Approved Absences: The following are considered *approved absences*: Approved absence requests must be made in writing to your manager or supervisor **prior** to the beginning of the absence.

- Family and Medical Leave Act (FMLA) – 30 days' notice, when the absence is foreseeable
- Time off resulting from a work-related injury – upon injury
- Vacation – 6 weeks' notice when requesting more than 2 weeks' time off, otherwise with ample advance notice
- Floating Holidays - ample advance notice

- Jury Duty – 48 hours' notice upon receipt of a jury summons or subpoena
- Witness Duty – 48 hours' notice upon receipt of a jury summons or subpoena
- Military Leave – notify supervisor immediately upon receipt of orders
- Bereavement for immediate family member – upon notification
- Lack of work (requires management approval)
- Office shutdowns due to natural disasters (requires management approval)
- Pregnancy Leave - 30 days' notice
- ACS Personal Leave Policy - 30 days' notice, when the absence is foreseeable
- Approved Sick Leave – ample advance notice for an absence of 3 or more consecutive days or when requested at least three days in advance for a health or wellness appointment

Unapproved Absences: All absences not previously approved within the specified approval window or not listed in the "approved absence" category, such as unapproved sick time or unapproved personal unpaid leave.

Unapproved absences mean that management does not pass judgment on the reason for the absence and is not able to change any unapproved absence to an approved absence based on the merits of the absence. Calling in sick is one example of unapproved absence. Other examples are not coming to work because of a transportation problem (e.g., flat tire), child illness or family emergency.

Excessive Absenteeism and Excessive Tardiness: Excessive absenteeism and excessive tardiness are defined below along with the associated corrective action to be taken in each case. An employee with excessive absenteeism or excessive tardiness will be subject to progressive corrective action as indicated below:

- Four (4) unexcused absences or tardiness during a rolling six-month period
    - Formal Counseling (Verbal)
- Five (5) unexcused absences or tardiness during a rolling six-month period
    - Written Notice
- Six (6) unexcused absences or tardiness during a rolling six-month period
    - Final Notice
- Seven (7) unexcused absences or tardiness during a rolling six-month period
    - Termination of Employment

Rolling Six-Month Period: Starting with the current absence or tardy, roll back the calendar six months. Each absence or tardy during the rolling six-month period is counted.

Personal Leave Unpaid (PLU): Unapproved absence when an employee exhausts his/her earned sick and vacation time and floating holidays.

No-call, no-show: An employee who does not call and does not show up for work demonstrates disregard for co-worker workloads and non-compliance with attendance policies. Instances of no-call, no-show will be unpaid time off. The first offense results in a final notice. The second offense within a 12-month period results in termination of employment.

Please ensure that all employees are aware of our attendance guidelines. Exceptions to these guidelines must be approved by the Account Manager. Your full support is expected and appreciated.

This mobile device policy is being initiated to:

1. ensure the privacy of Protected Health Information (PHI) of clients in the New Mexico Medicaid Project;

2. protect the personal information of the providers who serve in this program; and,

3. provide a work environment that is free of personal distractions.

Phones and Mobile Devices are not to be used while on shift (including for Texting, Talking, Web Browsing or other forms of digital communication) at any workstation or in any ACS work area by any employee who is not required to have a Phone or Mobile Device as part of their job responsibility.

These devices must be set to be silent or off, and completely put away from the work area.

Occasional use in break room, foyers or outside areas during regular break times is subject to management approval and must not distract other employees.

Disciplinary Action

Employees who fail to keep their mobile device out of sight in secured areas of ACS will be subject to immediate disciplinary action

- 1st offense: Employee will receive a verbal warning

- 2nd offense: Employee will be placed on a Performance Improvement Review (PIR)

- 3rd offense: Termination.

Acknowledgement

I have read and been informed about the content, requirements, and expectations of the attendance guidelines and cell phone/mobile device policy for employees at ACS New Mexico. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at ACS.
I understand that if I have questions, at any time, regarding the dress code policy, I will consult with my immediate supervisor or Human Resources staff members.
Please read the attendance guidelines and cell phone/mobile device policy carefully to ensure that you understand the policy before signing this document.
Employee Name:
Employee Signature: _____ Date: _____
Supervisor/Manager _____ Date: _____
Signature:
Trainer Signature: _____ Date: _____

Appendix B

Conduent State Healthcare, LLC PO Box 27460, ABQ, NM 87125 Ph: 866-916-0310, Fax: 866-302-6787	☐ Payment was NOT processed. ☐ Payment WAS processed. ☐ Only Part of the Payment was processed.

DATE:«Created_On»

«Customer»
«Customer_Address_1__Street_11»
«Customer_Address_1__City1»,«Customer_Address_1__State1»
«Customer_Address_1__ZIP1»

Dear Participant/Employer of Record:

We have received your request for payment and want to make you aware of the following. Please read this notice carefully. **Only the checked boxes apply to you.** If you have questions, please contact us (ACS).

☐ The form you submitted is missing the following information.

☐ Participant Name	☐ Employee Name	☐ Vendor Name
☐ Participant Signature	☐ Employee/Vendor Signature	☐ EOR Signature
☐ PRF Request Date	☐ Service Date	☐ Invoice Date
☐ Service Code	☐ Rate	☐ Amount Requested ($)
☐ Begin/End Date	☐ AM/PM	☐ Time In/Out
☐ Hours per Day	☐ Hours per Week	☐ Hours per Pay Period
☐ Employee ID	☐ Participant Medicaid #	☐ Participant Date of Birth
☐ Writing is not legible	☐ Fax did not go through (cut off)	☐ Description of Item
☐ Services Provided	☐ Payee Name	☐ Signature Date

☐ Payment is being requested for more than 40 hours per week. An employee can only work 40 hours for the same Employer (EOR), even if they take care of more than one Participant.

☐ Future Date of Service: You cannot submit a request for payment for services that you have not yet received. The date of the invoice/timesheet must be after you have received the service.

☐ This service/item is not approved on this budget.

☐ Over Plan Budget: The billed amount is higher than the funds remaining in the budget.

☐ Payment Request Form (PRF) or Invoice was not attached.

☐ The rate requested for this service or item does not match the Plan and/or Employee/Vendor Agreement.

☐ We are missing Enrollment paperwork (Employee, EOR or Vendor Packets) and cannot process this payment.

☐ This service code cannot be used by an Employee.

☐ Timesheet includes dates that are not in this pay period. Please resubmit these on the next timesheet.

☐ Other:

WHAT YOU NEED TO DO:

☐ Make corrections and resend your request for payment to Conduent again.

☐ You don't need to resend anything to Conduent. We wanted to let you know so that you can follow these instructions and help you the next time you send another request for payment.

☐ Please contact Conduent for more information.

Reference Number: «CRN»   RTP Letter, Version 5.1

Requests to Expedite Payments

If you need to send an expedite request, be it our fault or not our fault. The expedite request needs to be submitted to the Liaisons no later than Friday by 3pm. If it's any time after it will be on the next week's expedition. Please include this template for a clean expedite. The payment must be keyed in so we can expedite payments. If it is not keyed in, please print out the payment request and provide it to

the Data Entry Supervisor. Please write on the document it is expedite, to key it in and the reason for the expedite.

Member/Participant:
EOR:
Employee/Vendor: (full name please)
MCO:
Container: (CC or Mi Via)
Pay period:
Reason: (keep it short and sweet)
Doc ID:

The expedites will then be submitted after 3 to Deputy Manager so he/she can get approval from the MCO's to expedite. If the expedite is for Mi VIA, Deputy Manager still needs to approve it. Now, Friday's 3pm is the latest, if you have an expedite request say on Monday, then please submit them the request you don't have to hold off until Friday. If a request is sent on Monday at 4pm. It will be included on the requests for the next day

Providing Information Authenticating the Caller and Requirements for Signatures	Effective Date	
	Revision Date	
	Revision No.	
	Approval	

FOCoS *online* password resets should only be provided to the actual user (unless verbal permission is received from the user). If they are unable to speak, this can be e-mailed to the user's e-mail address as indicated in FOCoS *online*.

Participant
 Participant's SS# (last 4 digits) or DOB

Information to provide: Can provide Participant with all plan and payment information but they cannot perform EOR duties.

EOR:
 EOR's SS# (last 4 digits)

Information to provide: Can provide EOR with all plan and payment information.
    EOR duties: Terminate/hire employees, sign employee enrollment paperwork and timesheets.

Employee:
 Employee's SS# (last 4 digits)

Information to provide: Can provide EE with information about their own employment (see below regarding if EE also POA/LG/AA).

Vendor:
Individual (Independent Contractor):
     Vendor's SS# (last 4 digits)

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Information to provide: Can provide Vendor with information about their services (only). If they have completed an Appointment of Authorized Agent form, can provide plan/payment information (but they still cannot perform duties of EOR).

Company/Corporation/Agency:
- ☐ Vendor's FEIN/EIN#

Information to provide: Can provide Vendor with information about their services (only).

<u>C</u>**onsultant:**
- ☐ Ask for the name of their agency.
- ☐ Verify this is the respective agency for the respective Participant.
- ☐ Verify Participant's SS# (last 4 digits).

Information to provide: Can provide Consultant with all plan and payment information but they cannot perform EOR duties.

<u>Power of Attorney (POA)/Legal Guardian (LG)/Authorized Agent (AA)/Participant Support Person (PSP)</u>
- ☐ Participant's last four of SS# or the Participant's DOB.

Information to provide: Can provide with all plan and payment information but they cannot perform EOR duties.

Notes:
- ➢ For POA/LG/AA/PSP, their role must be indicated in GCES (either in the PSP section or in the Participant Notes section in GCES on the Participant's View User page). In other words, if someone claims they are the POA/LG but it is not indicated in GCES, we cannot provide them information until this is indicated in GCES.

- ➢ If a POA/LG/AA/PSP is also an employee, we can provide them with information about the plan and payments but they cannot perform the duties of the EOR; they cannot hire/fire employees or sign timesheets.

<u>Parent</u>
- ☐ Participant's last four of SS# or the Participant's DOB.

- ➢ If a parent is an employee (but not POA/LG/AA/PSP), we can only provide them with information about their own employment.

- ➢ If a parent (not POA/LG/AA/PSP) is NOT an employee and the <u>participant is less than 18 years old</u>, we can provide them with information about the plan and payments but they cannot perform the duties of the EOR; they cannot hire/fire employees or sign timesheets.

- ➢ If a parent is NOT an employee and the <u>participant is at least 18 years old</u>, we cannot provide the parent with any information.

<u>SIGNATURES</u>

Vendor Paperwork --Enrollment and Payment Request Form (PRF): May be signed by the Participant, EOR or POA/LG. We cannot accept PRFs if signed by the AA or Parent (unless they are also the EOR, POA or LG).

Employee Paperwork – Enrollment and Timesheets: Must be signed by the EOR (only). We cannot accept timesheets if signed by anyone other than the EOR; cannot be signed by POA/LG/AA/Parent.

FOCOS Auto Closure Process

Required System: Access to FOCoS online
Approval Level: Supervisor or higher

Log into GCES:
Select Reports

Please make sure to complete auto closures in Mi Via and Centennial Care.
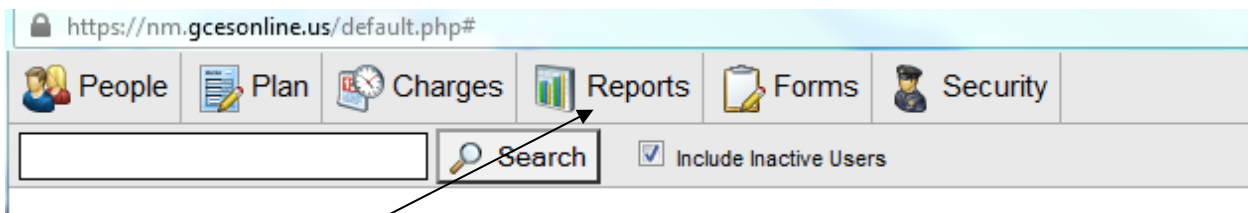
You will see a drop down showing Report Job Manager and Reports. Select Reports:

You will see the following header selecting "Payroll Reports"

You will be prompted to "Choose a Report".
Select "Auto Close Time Cards for Participants"

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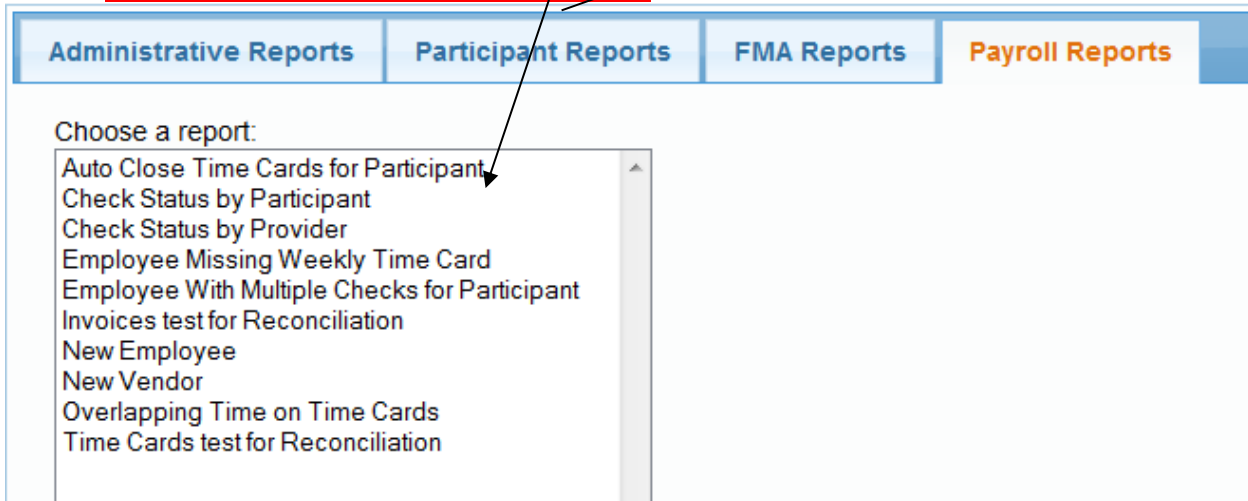
You will see the screen below. Check each drop down and make the following selection for each category:
Pay Period: All Pay Periods
Participant: Select All
Time Cards Approved By: Agency Staff – CONDUENT or

This report can be used to automatically close time cards for the selected Participant. This report will Employees.

* **Pay Period**	All Pay Periods (01/23/2010 - 03/22/2013) ▾
* **Participant**	Select All ▾
* **Time Cards Approved By**	Agency Staff - XEROX ▾
Include: Pay Period Start	☑
Include: Pay Period End	☑
Include: Participant Name	☑
Include: Employee Name	☑
Include: Approved By	☑
Include: Approved On	☑
Include: Close TimeCard	☑

⚙ Run This Report

After all your selections "click" Run This Report
You will see the following dialog box:

The report is currently running. Go to the 'Report Job Manager' page to view the report.

OK
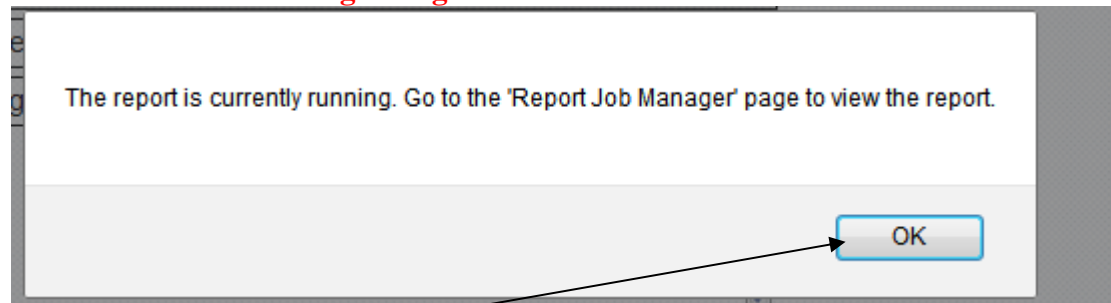
Click Okay

You will be returned to the following selections:

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Go back to the top of the screen to Reports. Click Reports and select Report Job Manager
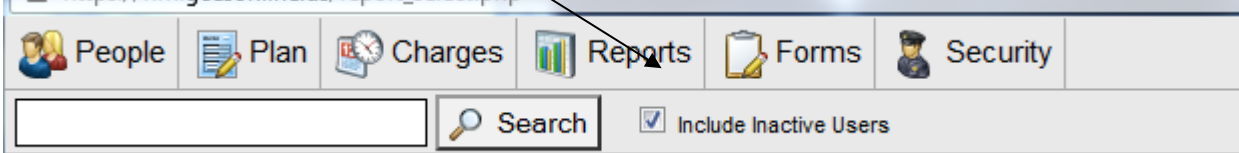
You will then see the following: This is the report you created to close all the entries by all Conduent personnel.

[Report Job Manager]

Displaying 1-10 of 56 result(s).

Report Title	Report Creator	Generated	Status	
Auto Close Time Cards for Participant	XEROX(CAROLYN THOMPSON)	04/01/2013 7:33 am	Done	[Delete] [Results] [CSV] [PDF]

    Type of Report   Created by   Time Created   Status   Options

You need to select "Results":

You will be presented a list of Participants and Employee names that need to be closed for payment.

Return to Report Job Manager

Auto Close Time Cards for Participant

This report can be used to automatically close time cards for the selected Participant. This report will only display timecards that have passed the appropriate validation for Participants and Employees.

Pay Period Start	Pay Period End	Participant Name	Employee Name	Approved By	Approved On	Close TimeCard

Go to the bottom of the page and select: "Select All" (all boxes should be checked)
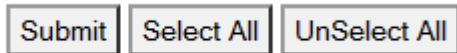
Now Select "Submit":
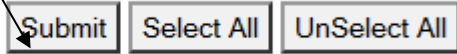
After "Selecting All" you will see the following:

Are you sure you want to submit this action for the selected records?

OK   Cancel
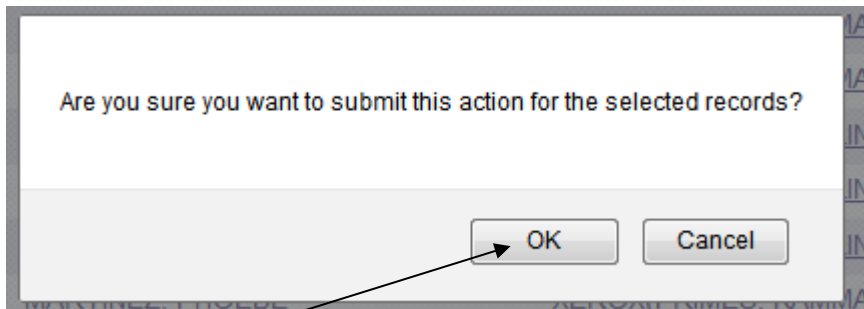
Click "OK"

GCES will show you how many Time Cards were closed (see below):

68 TimeCards were closed.

☐ Prevent this page from creating additional dialogs

OK
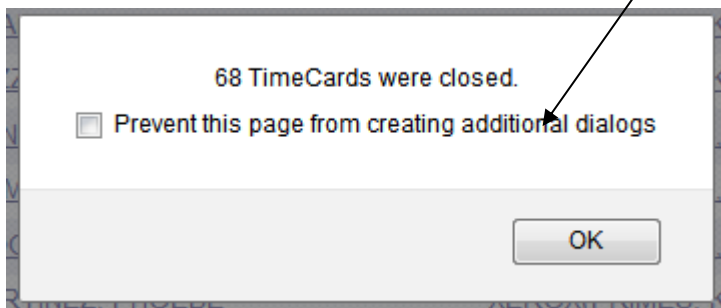
You must complete the same process for Employer - Approve Timecard and

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You must complete the same process for Agency Staff - CONDUENT as well.

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