

CAREBRIDGE

**ELECTRONIC VISIT VERIFICATION (EVV)
PROVIDER PORTAL
TRAINING MANUAL**



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INTRODUCTION

OVERVIEW

This Training Guide is meant to help any user know how to best use the CareBridge solution as a part of day-to-day services. If there are questions, the CareBridge Technical Support team is here to help: wyevv@carebridgehealth.com or **1 (855) 912-3301**.

If you have questions, our team is always here to help. Just email: wyevv@carebridgehealth.com or call us at **1 (855) 912-3301**.

WHAT IS ELECTRONIC VISIT VERIFICATION (EVV)?

EVV is the use of technology to record the time and place of caregivers during appointment Check-In and Check-Out. This method of proof gives a truthful accounting of caregiver's time while having less - or getting rid of - inappropriate claims.

EVV affects providers and caregivers, that give personal care services (in 15-minute or 24-hour periods of time) to Medicaid members (participants). This change is required by a federal rule called the 21st Century Cures Act.

The 21st Century Cures Act requires that EVV systems collect and verify:

1. The type of service performed
2. The member getting the service
3. The caregiver giving the service
4. The date of the service
5. The place of the service
6. The time the service starts
7. The time the service ends



WHAT IS CAREBRIDGE?

CareBridge is a company formed to improve processes that support the care of people (members) who get Personal Care Services included in the provision of Long-Term Services and Supports (LTSS). We offer LTSS solutions including an EVV solution that can be used on a smart phone, a tablet with GPS, a landline or home phone, and a website to record services given and help with the day-to-day running of members' visits.

CareBridge also supports EVV data aggregation solutions, letting provider organizations keep their current EVV solution while they can still send needed data back to the Wyoming Department of Health (WDH).

SOLUTION OVERVIEW AND SETUP

OVERVIEW

This document gives an overview of the basic features and functions of the CareBridge solution and helps provider organization users learn how to set-up the CareBridge solution and aid caregivers in giving help to members while using the CareBridge Mobile Application (mobile app or app).

There are a few roles and terms mentioned often in this document that the reader needs to understand from the beginning. Below is a list for the reader's reference.

ROLE/TERM	DESCRIPTION
1. ADMIN	A provider organization employee provisioned with the Admin role has no restrictions on what they can view or act upon in the Provider Portal. Each provider organization needs at least one (1) Admin but can also add more employees as Admins if necessary.
2. ADMIN-OFFICE	A provider organization employee who has the Admin-Office role has the same permissions as the Admin but is limited to only their assigned office(s).*
3. EMPLOYEE	The Employee role is typically reserved for provider organization field staff using the CareBridge Mobile App (see also 'CAREGIVER') or for employees requiring limited administrative access to the Provider Portal.
4. EMPLOYEE-OFFICE	The Employee-Office role is the same as the Employee role but is limited to their assigned office(s).*
5. MEMBER	The person the provider organization helps who is enrolled in the LTSS program – and is receiving services in their home. Also known as a 'participant' or 'beneficiary'.
6. CAREGIVER	The provider organization field employee that works in the member's home and takes care of them. (See also 'EMPLOYEE'.)
7. USER	Anyone at CareBridge, WDH, or a provider organization who logs into the CareBridge EVV solution, using the website or mobile app, to review data or do work.
8. PAYER/WYOMING DEPARTMENT OF HEALTH (WDH)	This organization manages the Wyoming Medicaid program, including member assignment, service approval, and payment for services rendered. Known as WDH.

*Offices are used to group members and employees by a common attribute. Admin-Office and Employee-Office permissions are limited to the members that are also in the same assigned office. A common use for Offices is to group people by provider organization locations. Please go to the Settings section to learn more about Offices.

CAREBRIDGE PROVIDER PORTAL

There are two parts of the CareBridge Solution that will be used by provider organizations: the CareBridge Provider Portal and the CareBridge app. The CareBridge Provider Portal is a website that lets provider organization admins see prior authorizations, set new appointments, bill for completed visits, and look at dashboards that show agency service information.

Please Note: The **first** admin's username will be provided by CareBridge. Then the **first** admin will create the usernames for any other admins (or admin-office) the provider organization decides to add. This initial setup must be completed before other admins are able to login and use the Provider Portal. See the Employees section for more information.

LOG INTO THE PROVIDER PORTAL

1. Go to <https://wy.carebridgehealth.com/login>.
2. After the initial set up has been completed by the first Admin, and other admins have been supplied with their **usernames** (by the first Admin) and **Provider IDs** (by CareBridge), the secondary admins are able to use the **Sign Up!** link to create a unique password and access the Provider Portal. (Password requirements are listed on the screen.) Admins must reset their password every **sixty (60) days** and employees/caregivers every **ninety(90) days**.
3. After signing up, users must enter their **Username, Password,** and **Provider ID**, then click the **LOGIN** button. (Figure 1).

NAVIGATION – FINDING YOUR WAY IN THE PORTAL

Links to the main Provider Portal pages are shown on the left side of the screen (Figure 2). Each page will be discussed in more detail in later parts of this book.

Dashboard: Lets users (depending on their roles) see key graphs and metrics about operational efficiency.

Discussions: Helps users and caregivers talk to each other and WDH about the member.

Authorizations: Shows prior authorizations (PAs) letting users accept (acknowledge), assign, and set appointments (depending on their roles).

Appointments: Shows upcoming appointments, lets users see early, late, and missed appointments.

Visits: Lets users see visits that are done, alerts, and lets them request claims.

Billing: Lets users (depending on their roles) manage end-to-end billing plans.

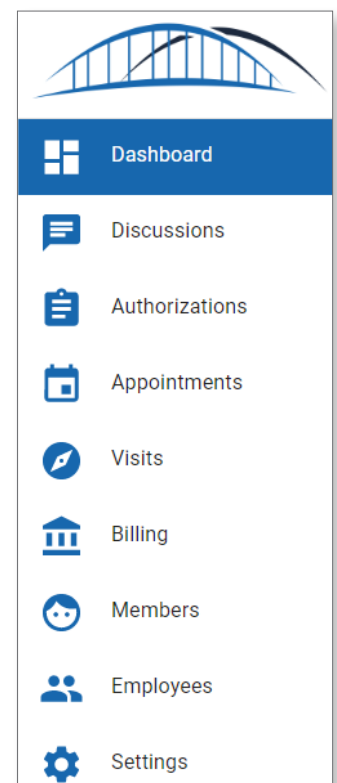
Members: Shows member information.

Employees: Helps users (depending on their roles) manage their workforce by creating and updating user profiles.

Settings: Lets users set up certain aspects of the CareBridge Solution.

Figure 1. Portal Login page

Figure 2. Portal Navigation



CAREBRIDGE MOBILE APPLICATION

The second part of the CareBridge Solution is the CareBridge Mobile Application (app). The app is available for Apple and Android smart devices and can be used by caregivers to keep track of their schedule, Check-In, Check-Out, and finish visit records.

DOWNLOAD

- The CareBridge app is a free download and is available in the iOS App Store or the Android Google Play Store (Figure 3).
- The app needs location services permission. (**Please note:** The caregiver's location is only saved during the Check-In and Check-Out process.)
- The app supports current versions of both Apple and Android operating systems.
- The app supports English, Spanish, and Russian languages.

SETUP

Once the app is downloaded onto the device, the caregiver can open it and view the team setup and sign-up screens. After choosing their **state** and entering their **Provider ID** (Figure 4), they will be sent to the login/sign-up screen. By clicking the **SIGN UP!** button below the blue **LOGIN** button (Figure 5), the caregiver begins the sign-up process.

LOGIN

When the caregiver logs in, they will be asked for a **Provider ID**, **Username**, and their **8-character Password**. (**Please note:** If the caregiver is unsure of their **Provider ID** and/or **Username**, they can get them from their admin.) Then, the **Appointment Schedule** for today is displayed (if the caregiver has pre-scheduled appointments). Please see the Check-In & Check-Out section for more information about how to use the app in EVV workflows.

Figure 3. Download

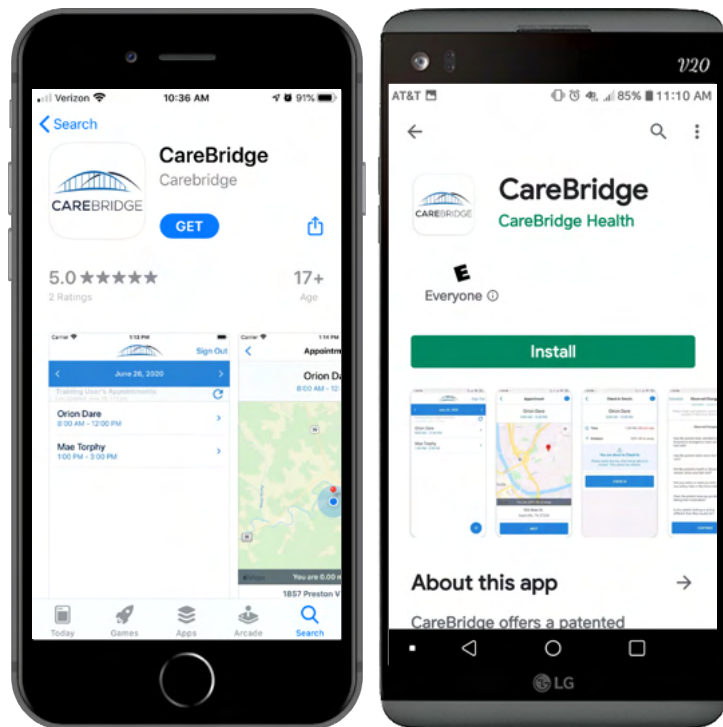


Figure 4. Team Setup screen

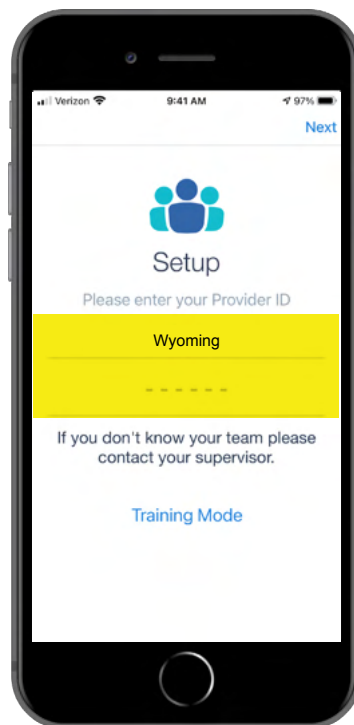
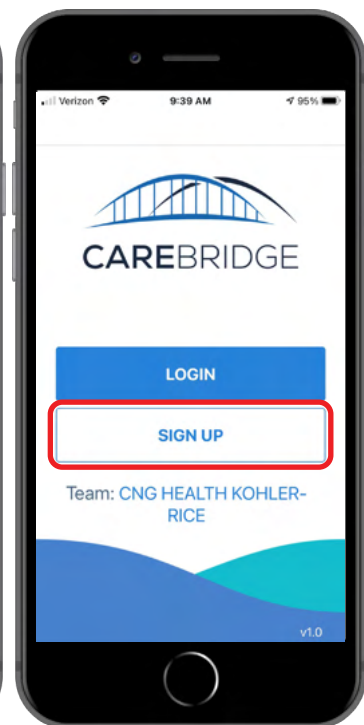


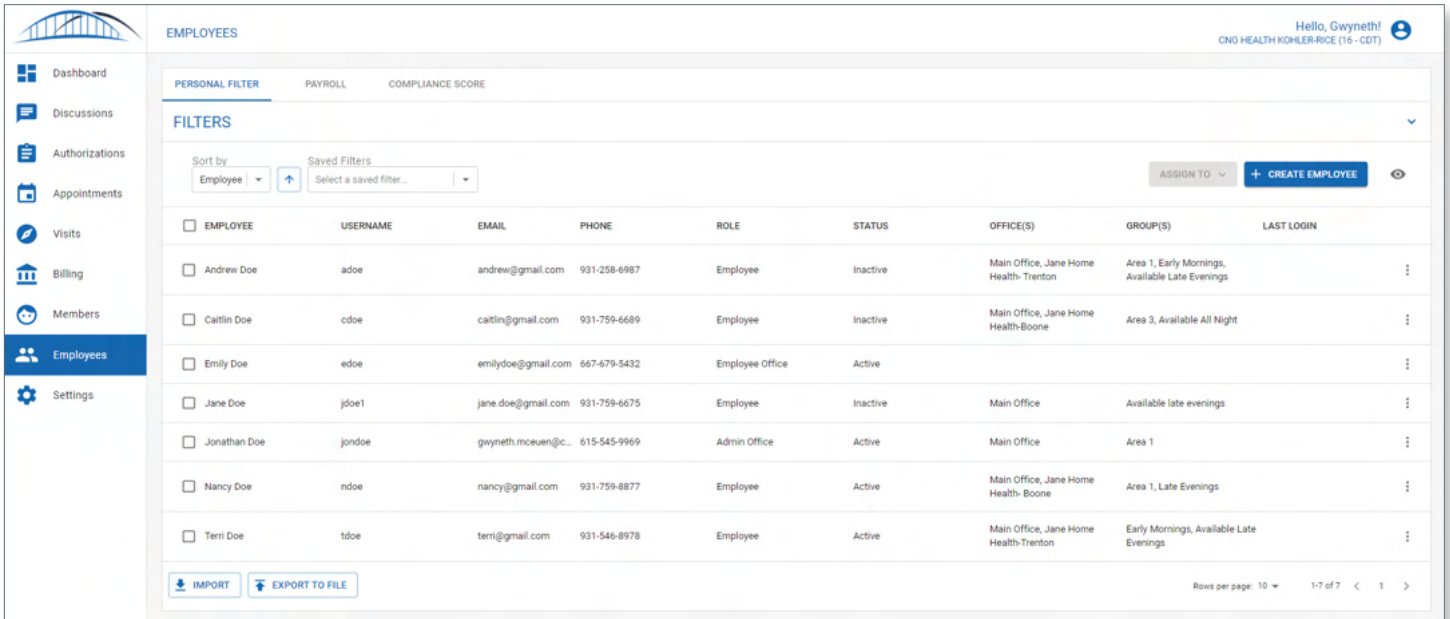
Figure 5. Sign Up screen



EMPLOYEES

The Employees page in the CareBridge Provider Portal allows users to see, update, and create new employee (user and caregiver) records.

Figure 6. Employees page

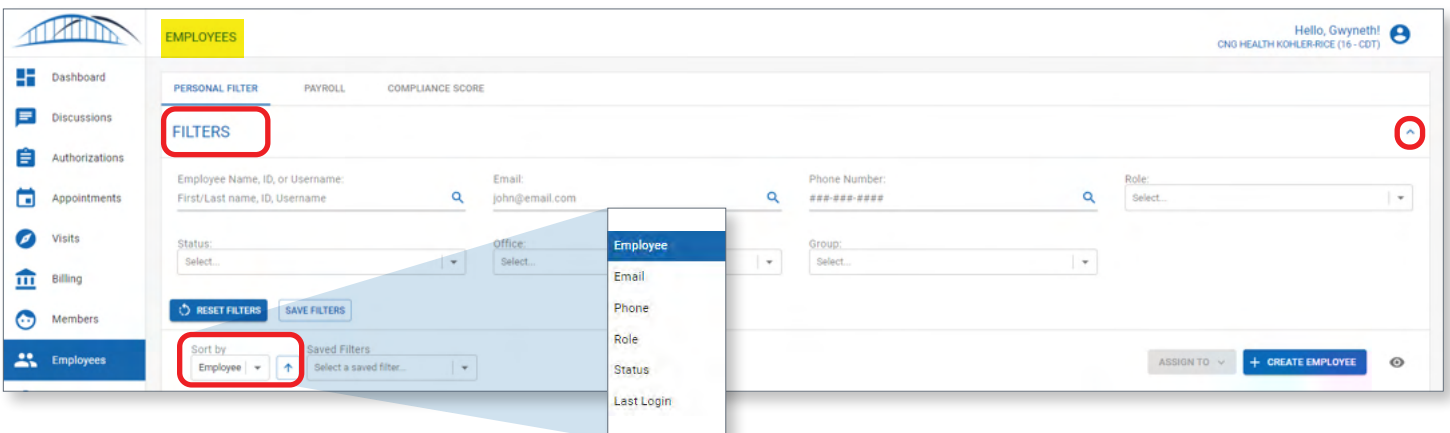


EMPLOYEE	USERNAME	EMAIL	PHONE	ROLE	STATUS	OFFICE(S)	GROUP(S)	LAST LOGIN
<input type="checkbox"/> Andrew Doe	adoe	andrew@gmail.com	931-258-6987	Employee	Inactive	Main Office, Jane Home Health-Trenton	Area 1, Early Mornings, Available Late Evenings	
<input type="checkbox"/> Caitlin Doe	cdoe	caitlin@gmail.com	931-759-6689	Employee	Inactive	Main Office, Jane Home Health-Boone	Area 3, Available All Night	
<input type="checkbox"/> Emily Doe	edoe	emilydoe@gmail.com	667-679-5432	Employee Office	Active			
<input type="checkbox"/> Jane Doe	jdoe1	jane.doe@gmail.com	931-759-6675	Employee	Inactive	Main Office	Available late evenings	
<input type="checkbox"/> Jonathan Doe	jondoe	gwyneth.mceuen@c...	615-545-9969	Admin Office	Active	Main Office	Area 1	
<input type="checkbox"/> Nancy Doe	ndoe	nancy@gmail.com	931-759-8877	Employee	Active	Main Office, Jane Home Health-Boone	Area 1, Late Evenings	
<input type="checkbox"/> Terri Doe	tdoe	terri@gmail.com	931-546-8978	Employee	Active	Main Office, Jane Home Health-Trenton	Early Mornings, Available Late Evenings	

VIEW EMPLOYEES

Users can go to the Employees page to see a view of all employees that are in the Provider Portal (Figure 6). This table can be filtered and sorted with many factors by clicking the **expand arrow** in the **FILTERS** section or by using the **Sort by** drop-down menu at the top left of the table (Figure 7).

Figure 7. Employee FILTERS



ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
Create a new employee	X	X		
Bulk import employees	X	X		
Edit employee information	X	X		
Blackout employee from being scheduled	X	X		
Generate a 2FA employee passcode	X	X		
Activate or deactivate an employee	X	X		
View payroll and compliance employee information	X	X		
Assign employee to an office or a group	X	X	X	X
View employee details (calendar, appointments, visits)	X	X	X	X
Export employees to a file	X	X	X	X

VIEW EMPLOYEE DETAILS

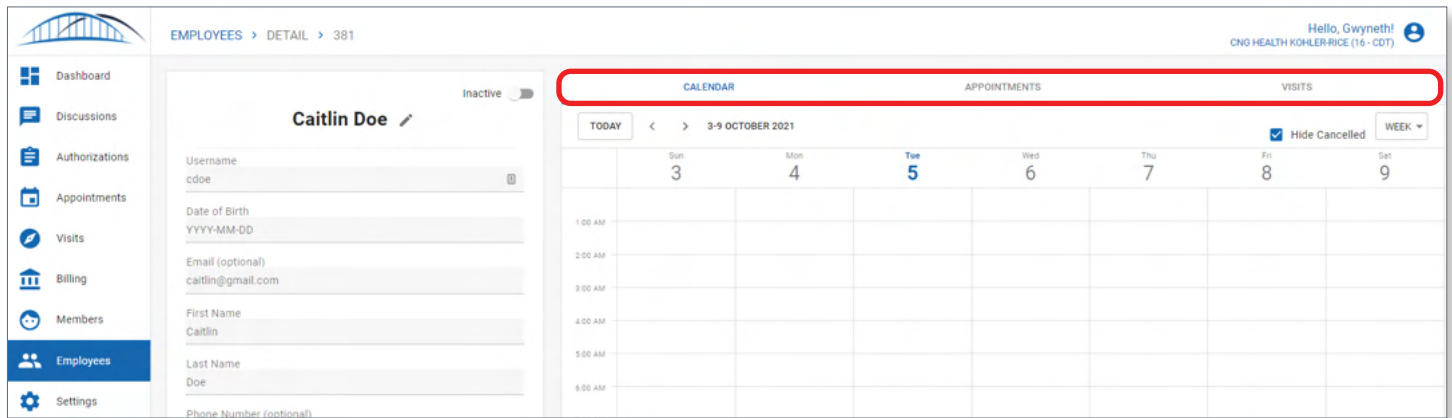
To see more details about an employee, the user can click the **menu icon (three dots)** (Figure 8) on the right side of the employee's row and then click **Employee Details**.

Figure 8. Employees page **Menu Icon (three dots)**



From the Employee Details page (Figure 9), users can view basic employee information like age and address, future **APPOINTMENTS**, **VISITS** that have been finished, and a **CALENDAR** view of visits for the caregiver.

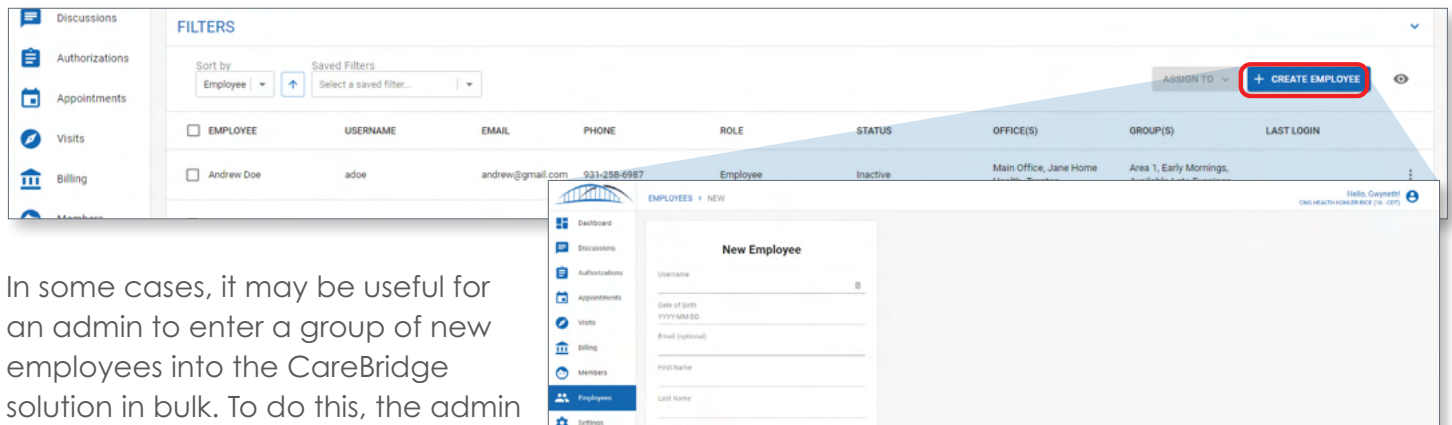
Figure 9. Employee Details page



CREATE NEW EMPLOYEE

Admins can create new employees in the system one at a time or many at once through bulk import. To create employees one at a time, the admin must select the **+ Create Employee** button at the top of the Employees table (Figure 10).

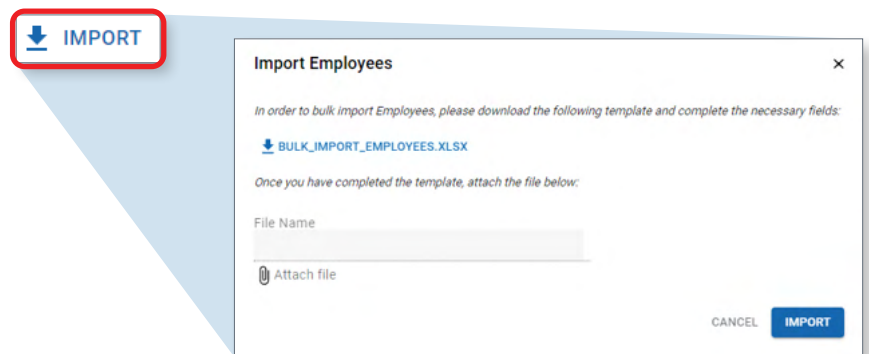
Figure 10. + CREATE EMPLOYEE



In some cases, it may be useful for an admin to enter a group of new employees into the CareBridge solution in bulk. To do this, the admin must select the **IMPORT** button at the bottom left of the Employees page, then they can download the Excel template, fill it out, and upload their completed spreadsheet by clicking the **IMPORT** button (Figure 11).

(Please Note: If the information in the admin's spreadsheet is not correct, the uploaded profiles must then be updated within the Provider Portal, **not simply re-imported.**)

Figure 11. Employee page **IMPORT** button and **Bulk Import** dialog



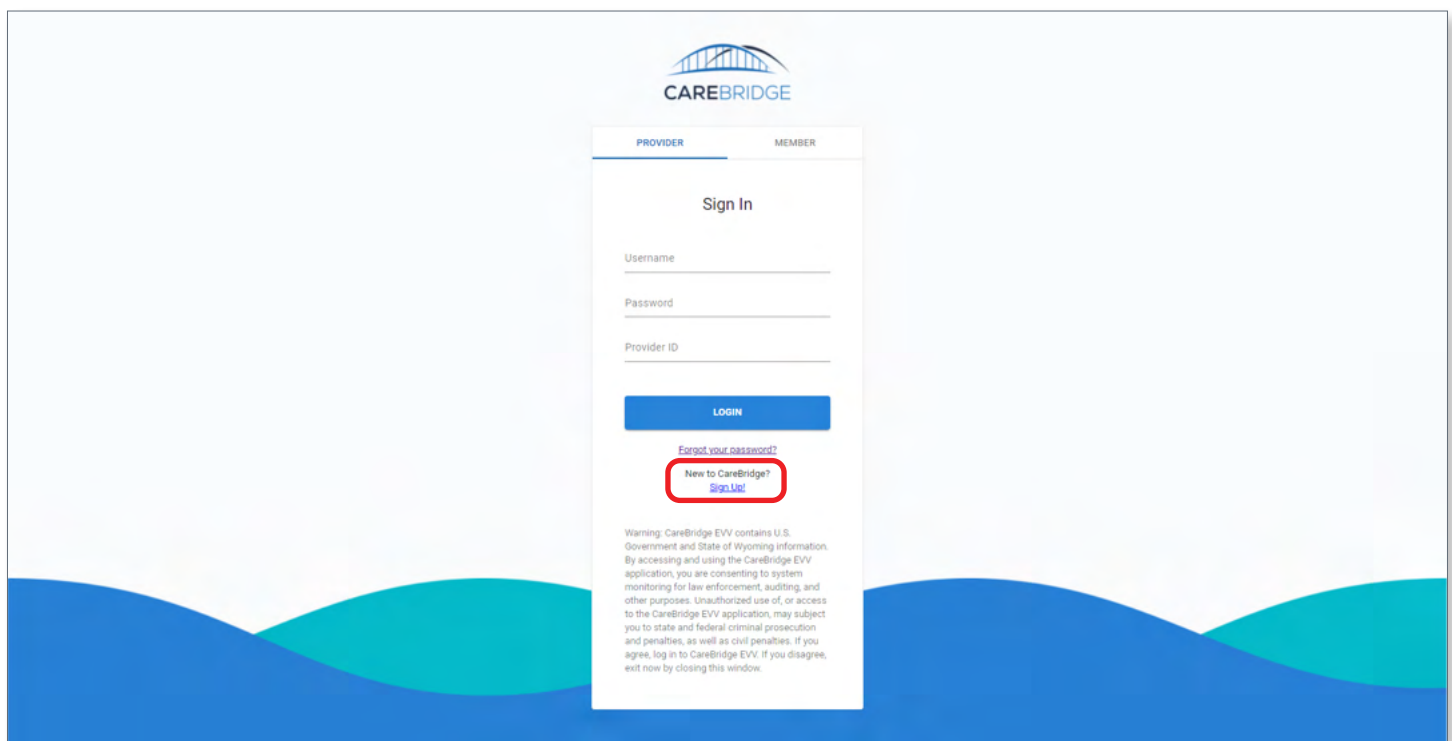
Once the admin has entered the employees and caregivers into the Provider Portal, they may begin logging into the app.

NEW EMPLOYEE LOGIN

To create an employee profile, the admin should enter the **Username** and **Provider ID** for the new employee and click the **SUBMIT** button. The admin then gives the new employee their **Username** and **Provider ID**. When the new employee enters their new **Username** and **Provider ID** and clicks the **SUBMIT** button, the Provider Portal will automatically generate the new employee's **Sign-Up** code and send the **Sign-Up code** to the new employee by text message or email. Once the new employee receives their Sign-Up code, they can login and create their unique password. **Please note:** The Sign-Up code is good for only 20 minutes.

After their Provider Portal profile has been created by the admin, new employees must go to <https://wy.carebridgehealth.com/login> to log into the Portal. They can then use the **Sign Up!** link to log in (Figure 12). Caregivers can open the app on their smart device to log into the app.

Figure 12. Login as a New Employee



ENTER PORTAL SIGNUP CODE AND CREATE PASSWORD

If an employee (user or caregiver) does not receive a **Sign-Up code** by text message or email, they can be given a new one by an admin. To make a new **Sign-Up code**, the admin can open the Employee Details page and click on the **pencil icon** to access that employee's data. Then they must scroll down to the **Passcode** field and click the **Generate** button. This will send the employee a new

Sign-Up code that is good for 20 minutes.

The employee can then create a unique **Password** that is no less than 8-characters long, has at least one number and one special character, and at least one uppercase and one lowercase letter. They should double-check the password and then click **SUBMIT** (Figure 13).

UPDATE EMPLOYEE DETAILS

To update employee details, the admin must select the **pencil icon** next to the employee's name on the Employee Details page (Figure 15). Then they will be able to edit the employee details fields. The admin must click the **SAVE** button at the bottom to save their changes when finished.

Figure 13. Enter **Sign Up code** and create new **Password**

Warning: CareBridge EVV contains U.S. Government and State of Wyoming information. By accessing and using the CareBridge EVV application, you are consenting to system monitoring for law enforcement, auditing, and other purposes. Unauthorized use of, or access to the CareBridge EVV application, may subject you to state and federal criminal prosecution and penalties, as well as civil penalties. If you agree, log in to CareBridge EVV. If you disagree, exit now by closing this window.

Figure 14. Login as a New User

Warning: CareBridge EVV contains U.S. Government and State of Wyoming information. By accessing and using the CareBridge EVV application, you are consenting to system monitoring for law enforcement, auditing, and other purposes. Unauthorized use of, or access to the CareBridge EVV application, may subject you to state and federal criminal prosecution and penalties, as well as civil penalties. If you agree, log in to CareBridge EVV. If you disagree, exit now by closing this window.

Figure 15. Employee Details **pencil icon** and **SAVE** button

In addition to basic information, the bullets in the list below are key in setting up the employee profile:

- **Username:** This field **must be filled** out. The **Username** will be sent to the new employee by the admin so they can sign-up for the Provider Portal or app. We recommend using either the first letter of the employee's first name plus their last name - with no spaces - or the employee's email address.
- **Date of Birth:** Used for billing and security purposes (MM/DD/YYYY).
- **Email:** If the employee would like to receive the 6-digit Sign-Up code via email, the user can enter a valid email address.
- **Mobile Phone Number:** If the employee would like to receive the 6-digit Sign-Up code via text message, the user must enter a valid smartphone number. (Text messaging or data rates apply.)

- **Worker Rate:** Worker Rate is used to make payroll reports.
- **Interactive Voice Response (IVR) PIN:** If the employee would like to use IVR (see 'Check-In & Check-Out' section) an **IVR PIN** will need to be entered.
- **Role:** Used to tell one type of employee from another. The Provider Portal user roles are:
 - An **Administrator (Admin)** role has no limits on what they can view or act on. Each provider organization needs at least one Admin user, but many users can be provisioned with the admin role.
 - An **Admin-Office** role has the same permissions as the Admin but would be limited to only the assigned office(s).*
 - An **Employee** role is mostly used for field staff using the app (caregiver) or users requiring some administrative access to the Provider Portal.
 - An **Employee-Office** has the same permissions as the Employee role, but would only be able to view and update information within their assigned office(s).*

TECH TIP

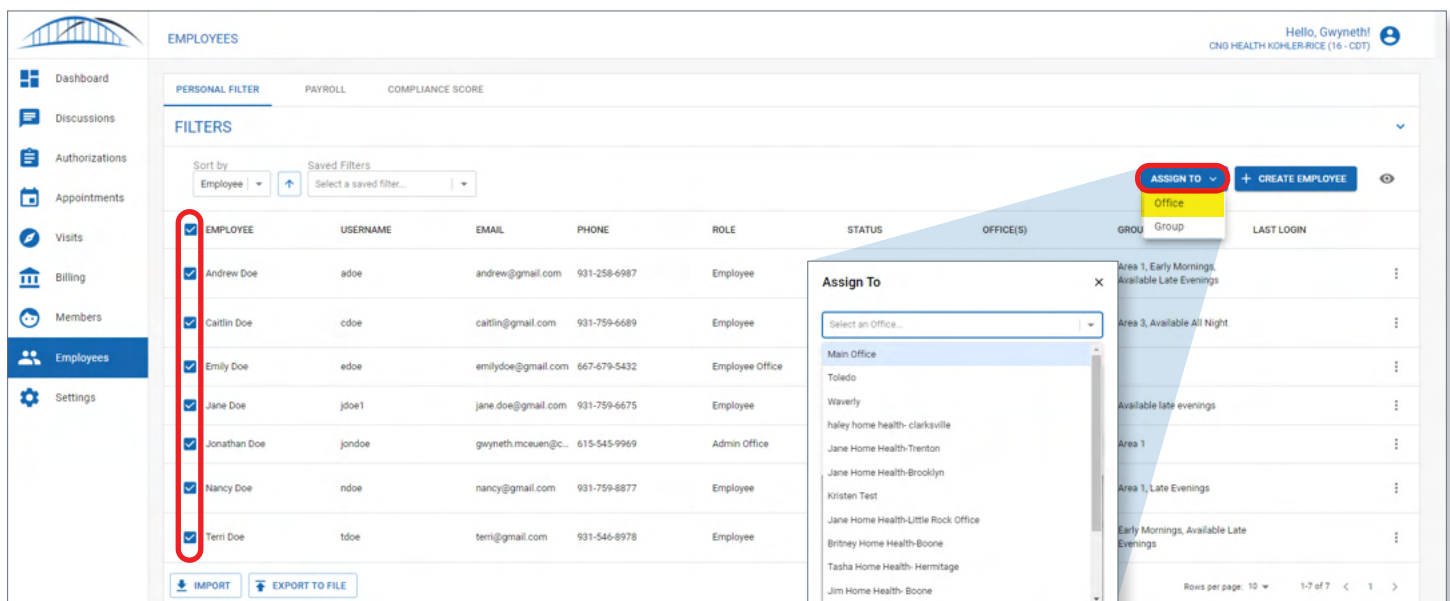
Although the **Email** and **Mobile Phone Number** fields are listed as optional, Admins must fill out at least one of these fields.

*Offices are used to group members and users/caregivers by a common trait. **Employee-Office** and **Admin-Office** permissions are reduced to the members that are also in the same assigned office(s). A common use for an Office is to group people by organization locations.

ASSIGN EMPLOYEES TO OFFICES AND/OR GROUPS (OPTIONAL)

Employees and members can be assigned to offices or groups to aid in the scheduling of caregivers to members and to be able to run reports by organization location or employee type. The user can select one or more employee(s) using the **checkbox** to the left of their name, click the **Assign To** button in the top right of the page (Figure 16) to assign the selected employees to an **Office** or **Group**. For more information on **Offices** and **Groups**, see the 'Settings' section.

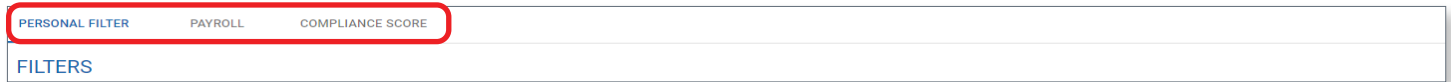
Figure 16. Employee **ASSIGN TO** drop-down



EMPLOYEES REPORTS

The **PERSONAL FILTER** is the default view of the Employees page. The **PERSONAL FILTER** is the view that can be altered to fit the user's personal needs. This view can be used to filter and sort the data - on this page, it's employee data - to find the information that is the most useful. Two other **reports** (Figure 17) have also been made to let the user navigate to helpful employee data fast:

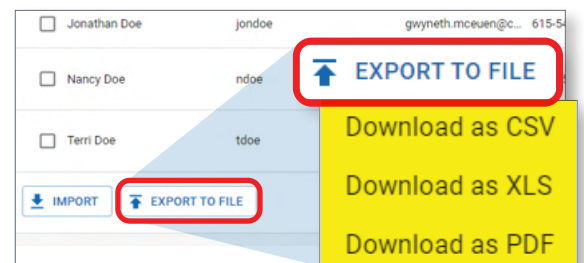
Figure 17. Employees **Reports**



- **PAYROLL:** This report gives the user payroll information for a given time based on visits that were finished in that period.
- **COMPLIANCE SCORE:** This report returns a list of all employees sorted in ascending order by Compliance Score. Compliance Score is the percentage of EVV visits that are compliant, (defined as EVV or IVR visits) compared to the total number of visits. Examples of non-compliant visits are manual entries, early visits, late visits, or missed visits.

Please note: Wyoming has not created an enforceable compliance expectation yet, however this tool is available for provider organizations to use to monitor their own organizational compliance. To export any of the data on the Employees page to a **PDF, XLS, or CSV** file, the admin can click the **EXPORT TO FILE** button at the bottom of the page (Figure 18). A file is then created and listed on the Settings page under the **DOCUMENTS** tab. For more information, see the Settings section.

Figure 18. Employees **EXPORT TO FILE** button and menu



MEMBERS



The Members page in the Provider Portal lets the user view and update member information. Any updates made in the Provider Portal will not change the information at WDH, but will be saved in the Portal as supplemental member information. The Members page shows data from the member file (sent by WDH) and updates every day with the newest information (Figure 19).

If you have questions, our team is always here to help. Just email wylv@carebridgehealth.com or call us at **1 (855) 912-3301**.

Figure 19. Members page

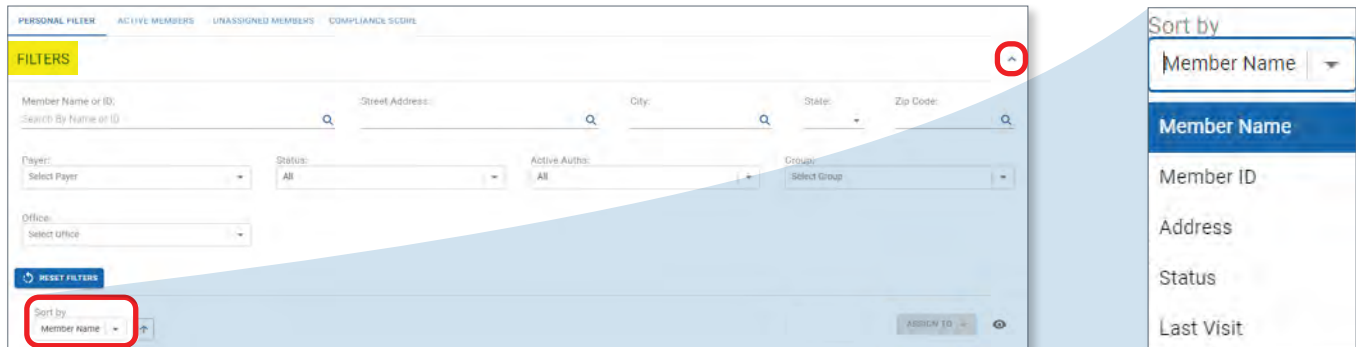
ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
View active and unassigned members and their compliance scores*	X	X	X	X
View member details (Calendar, appointments, visits, care plan)	X	X	X	X
Edit member information (addresses, phone numbers, ID, license, office, group)	X	X	X	X
Edit (EVV) Care Plan	X	X	X	X
Export members to a file	X	X	X	X

*Member compliance scores are scores based on the cumulative late visits, missed visits and manual entries performed by all caregivers that assist the member. This score is not a reflection of member participation.

VIEW MEMBERS

On the Members page, the user will see a table showing members that are in the Provider Portal (Figure 19). This table can be filtered and sorted with many factors by clicking the **expand arrow** in the **FILTERS** section or the **Sort by** drop-down menu located at the top of the table (Figure 20).

Figure 20. Members page **FILTERS** expand arrow and **Sort by**



VIEW MEMBER DETAILS

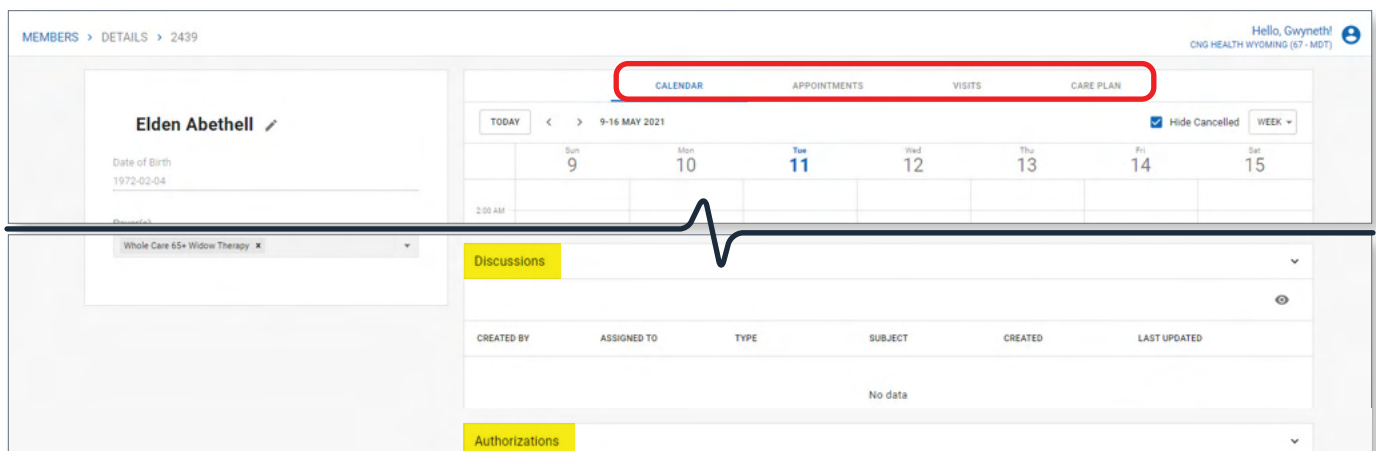
To see more details about a member, the user can click the **menu icon (3 dots)** on the right side of the member's row and then click the **Member Details** button (Figure 21).

options

<input type="checkbox"/>	Payton Abramovicz	231876	407101075164973	53693 REINKE AVENUE MEMPHIS, TN 38104	Iowa Total Care	Yes	Active	Main Office, Monya's Office	dianes team north, southwest	03/03/2021	 Member Details
<input type="checkbox"/>	Alex Albon	282898	30111	Test test, IA 0	Horizon, UHC, Aetna	Yes	Active	East Nashville Office, BIANCA'S OFFICE, Michelles Office	Have dogs	03/08/2021	⋮
<input type="checkbox"/>	Charo Alvarez	282885	1231235	1427 Maxwell Street OXFORD, MD 21654	Horizon, UHC, Aetna	Yes	Active			03/12/2021	⋮

From the Member Details page (Figure 22), the user can see a member's basic information, future **APPOINTMENTS, VISITS** that have been finished, a **CALENDAR** view of visits, their **EVV CARE PLAN**, discussions, and (prior) authorizations.

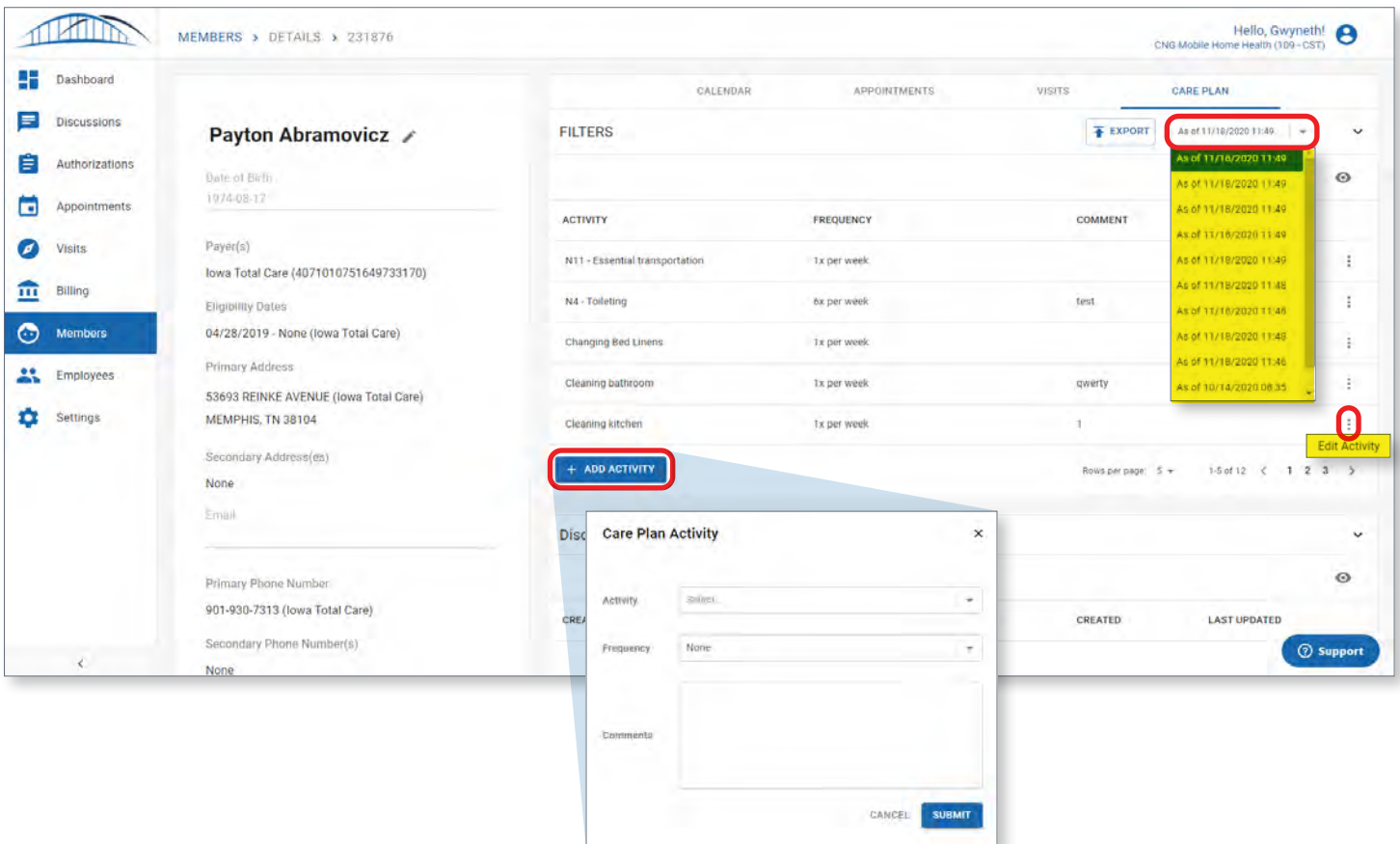
Figure 21. Member **Menu Icon (3 dots)**



MAKE OR CHANGE MEMBER (EVV) CARE PLAN ACTIVITIES

In **Member Details**, an admin must create an (EVV) **Care Plan** for a member. An (EVV) **Care Plan** is a list of tasks – defined by WDH - to be performed by a caregiver with the member. The Admin gets the member’s Care Plan from WDH and turns it into a list of (EVV) **Care Plan Activities (tasks)** in the Provider Portal. Selecting the **+ ADD ACTIVITY** button (Figure 23), will open the (EVV) **Care Plan Activity** screen, where the **ACTIVITY** and **FREQUENCY** (rate) can be adjusted and **COMMENTS** added, if needed.

Figure 22. Member Details

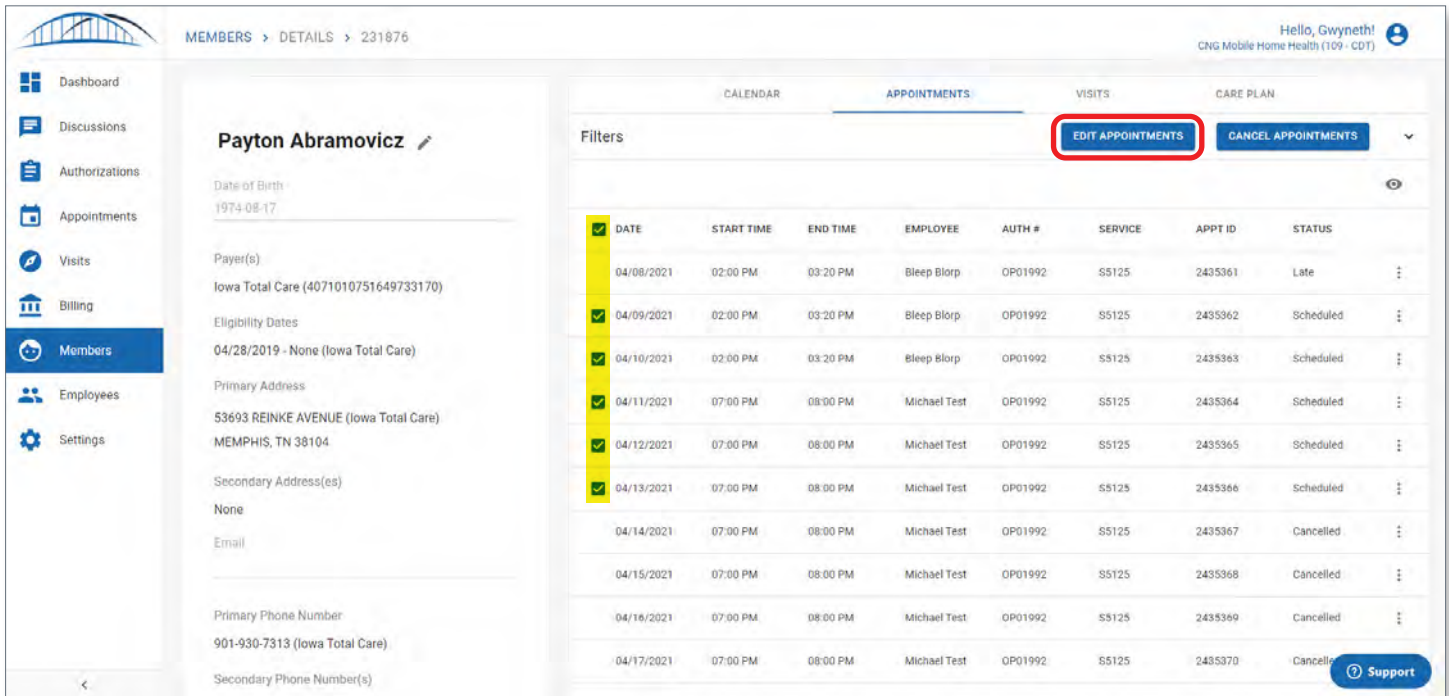


These (EVV) **Care Plan** activities can be updated at any time by clicking the **menu icon (three dots)** in the row of the activity (task) and selecting **Edit Activity**. Any changes to the (EVV) Care Plan must be based on the care plan tasks defined by the WDH Care Plan. The user can also see earlier versions of the (EVV) Care Plan by clicking the **As-of** drop-down menu at the top right of the table. Go to the 'Check-In & Check-Out' section for more information on how the (EVV) Care Plan is listed for caregivers as part of a visit.

BULK EDIT APPOINTMENT INFORMATION

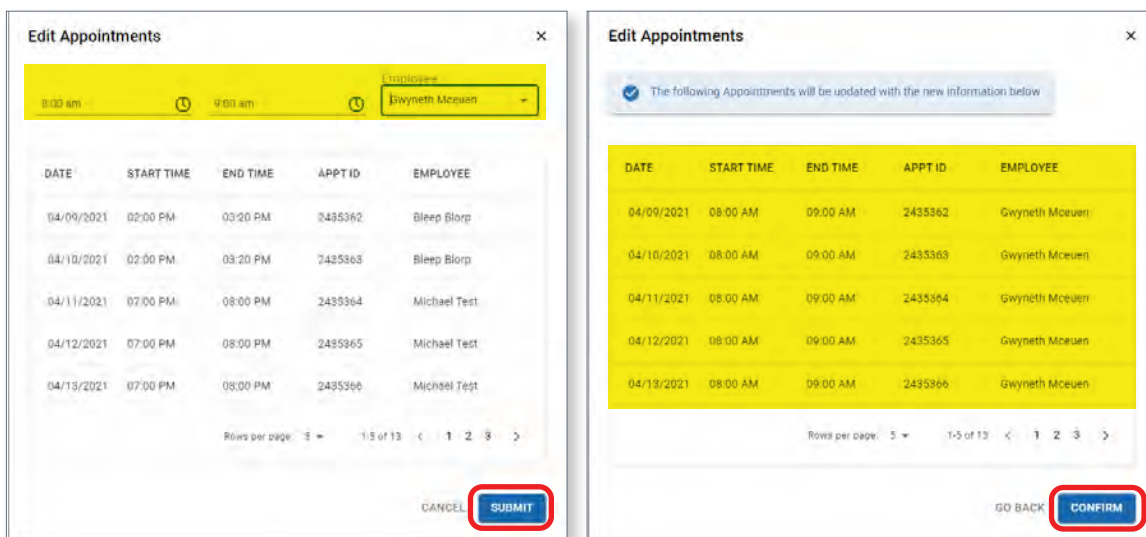
In Member Details, many appointment times and caregiver assignments can be changed in bulk by the admin. To achieve this, the admin can go to the **APPOINTMENTS** tab and change groups of appointments by clicking the **checkboxes** on the left end of the appointment rows. Then the admin can click on the **EDIT APPOINTMENTS** button (Figure 24).

Figure 23. Member (EVV) **Care Plan** screen



Next, the admin must make the **Start Time** and/or **End Time** changes, pick the right caregiver if necessary, and click **SUBMIT** (Figure 25). On the next screen, the admin can double-check their changes and click **GO BACK** to make more changes or edit the ones they already made. Finally, the admin can click **CONFIRM** to save their changes.

Figure 24. Appointment **check boxes** and **EDIT**



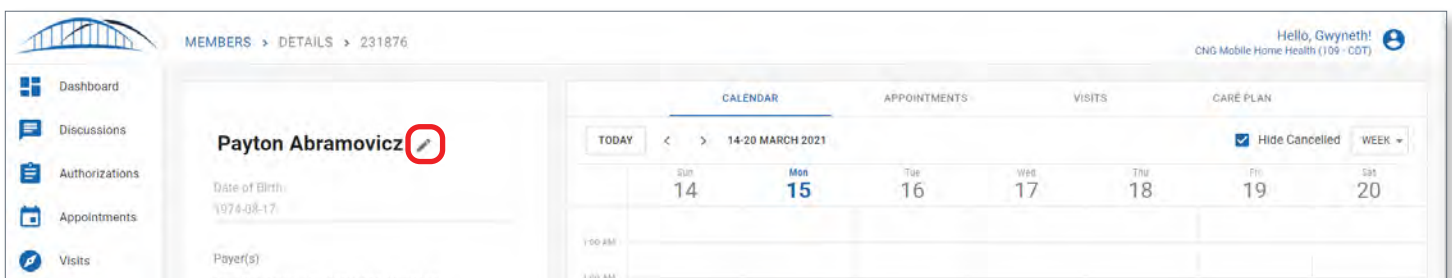
UPDATE MEMBER DETAILS

The Member Details page is filled with data from the member file (sent by WDH) and has information that is updated every day. In rare cases, the user may need to update a member’s address or phone number. If the **primary** address or phone number needs to be updated, the correct process must be followed by contacting the member’s case manager to notify them of any permanent primary contact changes.

Please note: Changing details in the CareBridge system will **not** change details in the WDH system. If secondary changes are made, please contact WDH and update them as well.

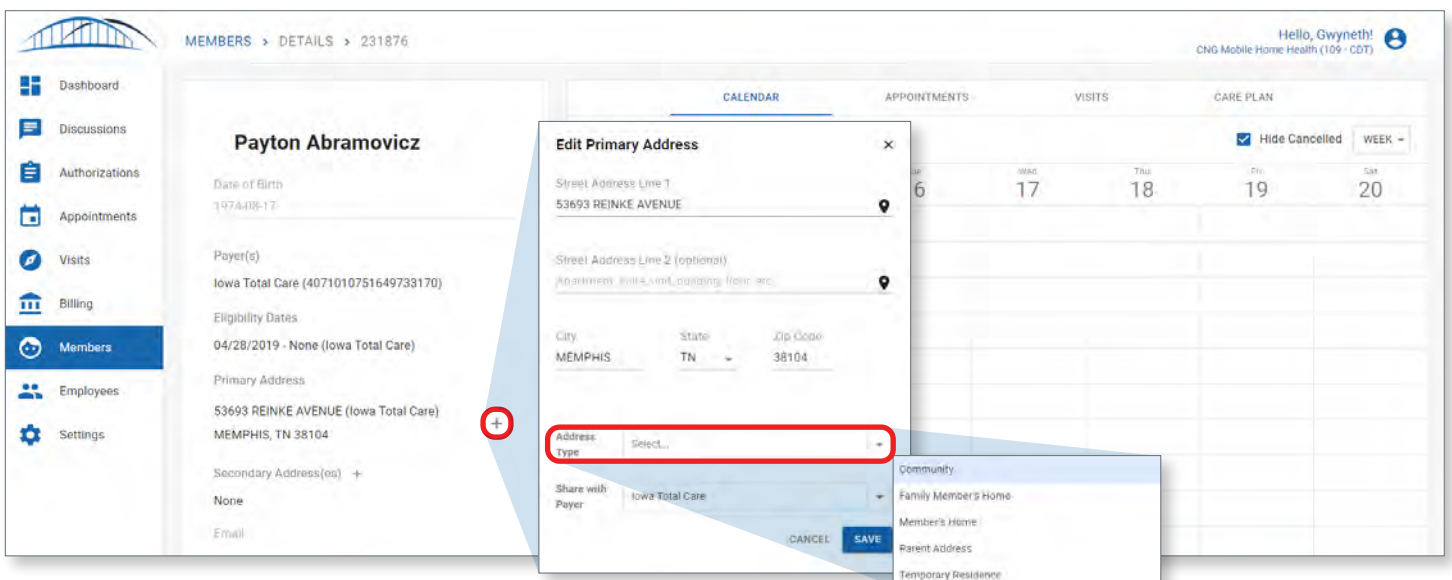
To add to or change **secondary** addresses or phone numbers, the user can click the **pencil icon** next to the member’s name in the Member Details (Figure 26).

APPOINTMENTS button



After clicking the **pencil icon**, the user can add the new/corrected secondary address or phone number (Figure 27). The **Address Type** drop-down menu is a place to record where the member is if they are not at home – for example, “Church”, “Family Member’s Home” or “Temporary Residence”. The user must click **SAVE** to commit the change, then click **SAVE** again within the Member Details page to confirm it. If these steps are followed, the secondary address or phone number will be updated. This change will open a Discussion automatically and can be viewed at any point in the ‘Discussions’ section of member details. (**Please note:** the user may update, but not remove secondary information.)

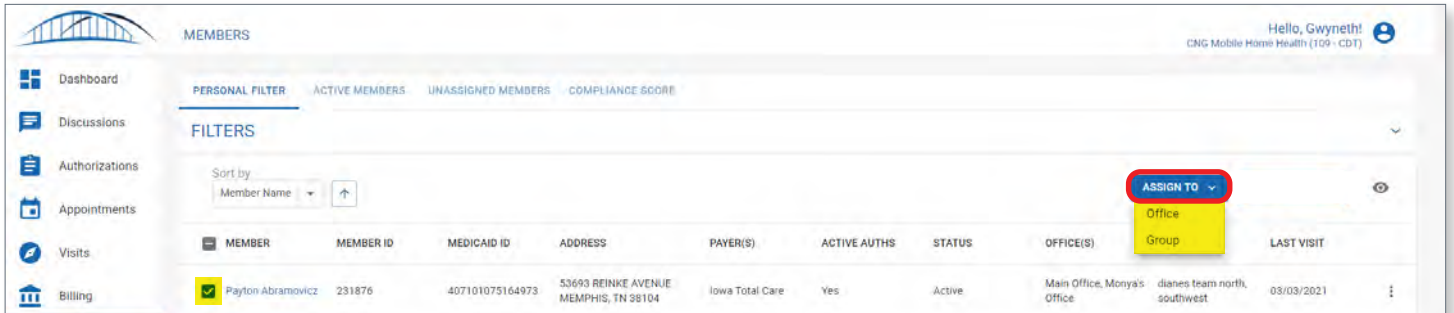
Figure 25. Edit Appointments **SUBMIT** and



ASSIGN MEMBERS TO OFFICES AND/OR GROUPS

To assign members to **offices** or **groups**, the admin can use the **checkboxes** next to member names on the Members page to select them, then they must select the **ASSIGN TO** button at the top right of the table (Figure 28). (See the Settings section for more information on the functionality that offices and groups provide.)

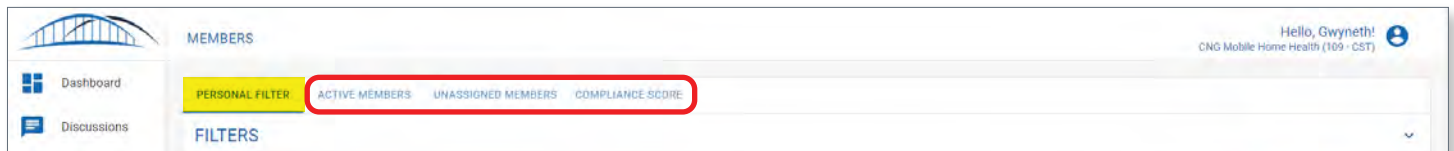
CONFIRM screens



MEMBER REPORTS

The **PERSONAL FILTER** is the default view of the Members page. The **PERSONAL FILTER** is the view that can be altered to fit the user's personal needs. This view can be used to filter and sort the data - on this page, it's member data - to find the information that is the most useful. Three other **reports** (Figure 29) have also been made to let the user navigate to helpful employee data fast:

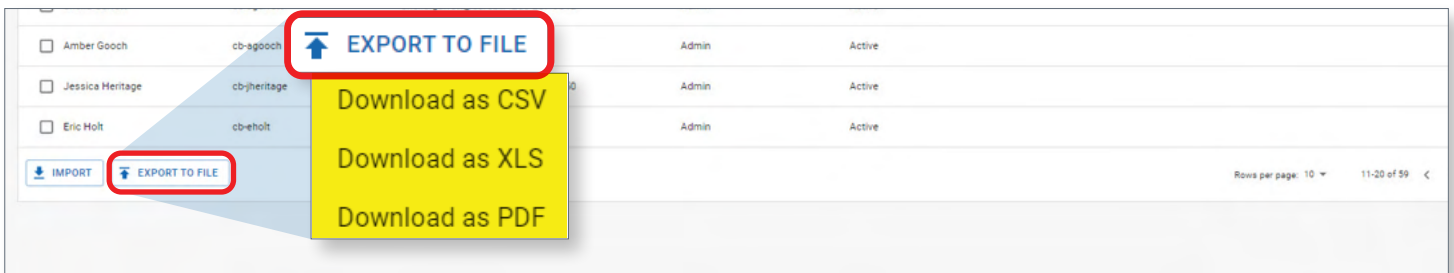
Figure 26. Member Details **Pencil Icon**



- **ACTIVE MEMBERS:** This report lists all active members.
- **UNASSIGNED MEMBERS:** This report lists all members who have not been assigned to an office.
- **COMPLIANCE SCORE:** This report lists all members by Compliance Score (determined by the number of late, missed, and/or manually edited visits).

To export any data on the Members page to a **PDF**, **XLS**, or **CSV** file, the user should click the **EXPORT TO FILE** button on the bottom of the page (Figure 30). After clicking the file type, the file will start downloading and will be listed on the Settings page under the **DOCUMENTS** tab.

Figure 27. Member Secondary Address



AUTHORIZATIONS



The Authorizations page in the Provider Portal lets users view, acknowledge (accept), and manage (prior) authorizations. The WDH authorizes the services that can be provided for a member before a provider organization can provide the services to the member. This prior authorization process makes sure that members receive services that have been approved. **Please note:** These are commonly referred to within waiver programs as "Prior Authorizations" or "PAs". The Authorizations page (Figure 31) is filled with data from the PAs file (sent by WDH) and updates every day with the newest information.

Figure 31. Authorizations page

MEMBER	RECEIVED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Andy Williams	04/07/2021	11/17/2020	07/10/2022	1212	1001	T1019		38.2	0	Wyoming Department of Health	✓ Acknowledged	Andrew Zallie
Zsazsa Pharoah	03/24/2021	11/17/2020	07/10/2022	1212	1002	T1019		0.5	0	Wyoming Department of Health	✓ Acknowledged	Andrew Zallie
Elden Abethell	03/24/2021	11/17/2020	07/10/2022	1212	1001	S5150		0.66	0.08	Wyoming Department of Health	✓ Acknowledged	Andrew Zallie
Zsazsa Pharoah	03/24/2021	11/17/2020	07/10/2022	1212	1003	T1005		0.17	0	Wyoming Department of Health	✓ Acknowledged	Andrew Zallie

ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
Acknowledge or decline authorizations	X	X	X	X
Assign an employee to an authorization	X	X	X	X
Schedule an appointment against an authorization	X	X		
View authorization details	X	X	X	X
Export Authorizations to a file	X	X	X	X

VIEW AUTHORIZATIONS

The Authorizations page shows a table of all PAs that are in the Provider Portal (Figure 31). This table can be filtered and sorted many ways by clicking the **expand arrow** or the word **FILTERS** or by choosing from the **Sort by** drop-down menu at the top left of the table (Figure 32).

Figure 32. Authorization **FILTERS** and **Sort by** options

ACKNOWLEDGE (ACCEPT) RECEIPT OF AN AUTHORIZATION

When PAs are sent to a provider organization, they will display on the Authorizations page with a status of **Received**. The user will need to acknowledge - or accept - the PA by clicking the **Received** button and choosing **Acknowledge** from the drop-down menu (Figure 33). This will update the table and let WDH know that the PA has been acknowledged. The provider organization must respond to all PAs. If they cannot accept a PA, they must contact WDH directly.

ASSIGN EMPLOYEE TO AN AUTHORIZATION

Figure 33. Acknowledge Authorizations

MEMBER	RECEIVED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Luce Pray	03/03/2021	01/03/2020	08/25/2021	1609	811771058477461	SS125		0	0	Wyoming Department of Health	Received Acknowledge	Select...

To assign a caregiver to a PA, the user must select the **drop-down** menu and choose the caregiver's **name** from the list (Figure 34). This will update the assignment in the table.

Figure 34. Assign Authorizations drop-down

MEMBER	RECEIVED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Luce Pray	03/03/2021	01/03/2020	08/25/2021	1609	811771058477461	SS125		0	0	Wyoming Department of Health	Acknowledged	Select...
Shannon Wollrauch	03/03/2021	03/17/2020	11/07/2021	1978	316077053546905	SS125		0	0	Wyoming Department of Health	Received	Eric Holt Heidi Huerta
Jasmine Airon	03/03/2021	01/24/2020	09/15/2021	1673	030806994065642	SS125		0	0	Wyoming Department of Health	Received	Monya Hunter Jacob Johnson
Jaymie Oxshott	03/03/2021	01/04/2020	08/26/2021	1301	348819370847195	SS125		0	0	Wyoming Department of Health	Received	Jane Jones Matt Klooster
Corbett Rohlfing	03/03/2021	01/21/2020	09/12/2021	1494	159921070095151	SS125		0	0	Wyoming Department of Health	Received	Julie Lacey BreAnn Maddox Sue Marzuka

SCHEDULE APPOINTMENTS (OPTIONAL)

When viewing a PA on the Authorizations page, an admin can schedule appointments. By clicking the **calendar icon** on the Authorizations page (Figure 35), the admin can go to the Appointment Scheduling screen. For more about scheduling appointments, go to the 'Appointments' section.

Figure 35. Schedule Appointments from the Authorizations page

Stephan Janikowski	03/03/2021	01/03/2020	08/25/2021	2202	870846347883343	SS125	1.27	Wyoming Department of Health	✓ Acknowledged	Gwyneth Moe	
Nonah Parade	03/03/2021	02/14/2020	10/06/2021	1274	831719462294131	SS125	0	Wyoming Department of Health	✓ Acknowledged	Matt Smith	
Waylen D'arrigo	03/03/2021	03/02/2020	10/23/2021	1556	083387084770947	SS125	0	Wyoming Department of Health	Received	Select...	

AUTHORIZATION DETAILS

For a user to see more details about a PA, they must click the **menu icon (3 dots)** on the right side of the PA's row and then click **Authorization Details** (Figure 36).

Figure 36. Authorizations Menu (three dots)

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Carri Boughen	09/08/2020	03/10/2020		1520	444037710316479	SS125		0	0	CB Payer	✓ Acknowledged	Select... Authorization Details Member Details

[EXPORT TO FILE](#) Rows per page: 10

From the Authorization Details page (Figure 37), the user can view start and end dates, service codes, modifiers, hours, units, limits, schedules, use percentages, as well as future **appointments** and finished **visits** related to the authorization.

Figure 37. Authorization Details

Carri Boughen
Authorization 444037710316479
 03/10/2020 - None
 Status: Acknowledged (Kristen Myers)

As of 09/08/2020 11:36 AM (current)

Authorization Details

UNITS

SCHEDULED UNITS
0 UNITS OF 1520 UNITS USED
1520

BILLED UNITS
0 UNITS OF 1520 UNITS USED
1520

Payer: CB Payer
 Auth Number: 444037710316479
 Start-End Date: 03/10/2020 - End Date

Service Code: SS125
 Units: 1520
 Diagnosis Code 1: Z7689
 Diagnosis Code 2:

Employee: Select...
 Member Eligibility: 03/20/2019 - None

No Current Note
 Attach File RESET

Authorizations Segments

▼ Scroll down in window for Authorization Segments and Appointments/Visits

SCHEDULE APPOINTMENT **+ MANUAL ENTRY** **CLOSE**

There are also many actions that can be taken from the Authorization Details page:

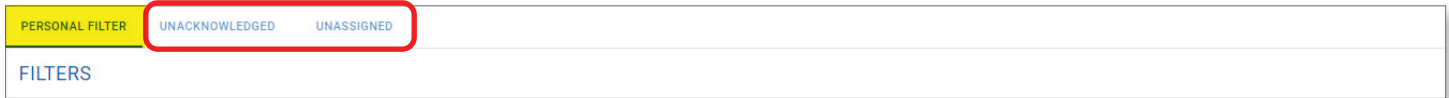
- Assign a caregiver to the authorization.
- Add notes to the authorization.
- The **SCHEDULE APPOINTMENT** button will take the admin to the Scheduling screen. For more information about scheduling appointments, go to the Appointments section.
- The **+ MANUAL ENTRY** button takes the admin to the Manual Entry screen. For more information about Manual Entries, go to the 'Check-In & Check-Out' section.
- The **SAVE AND CLOSE** button will close the Authorization Details screen.

AUTHORIZATIONS REPORTS

The **PERSONAL FILTER** is the default view of the Employees page. The **PERSONAL FILTER** is the view that can be altered to fit the user's personal needs. This view can be used to filter and sort the data - on this page, it's authorization data - to find the information that is the most useful.

Two other **reports** (Figure 38) have also been made to let the user navigate to helpful PA data fast:

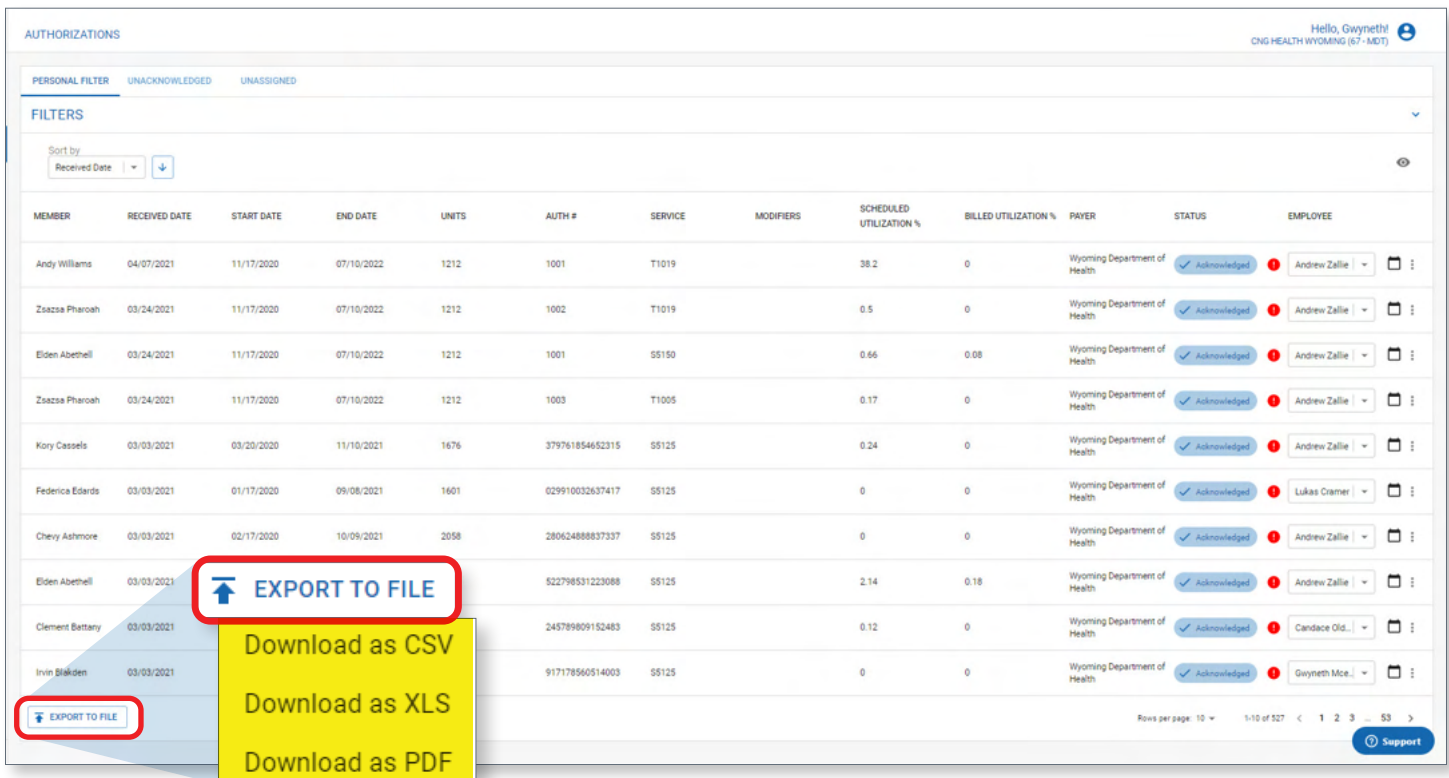
Figure 38. Authorizations page **Personal Filter** and **Reports**



- **UNACKNOWLEDGED:** This report lists all PAs that have not yet been acknowledged.
- **UNASSIGNED:** This report lists all PAs that have been acknowledged but are not yet assigned a caregiver.

To export any of the data on the Authorizations page to a **PDF**, **XLS**, or **CSV** file, the user can click the **EXPORT TO FILE** button on the bottom of the page (Figure 39). After picking the file's type, it will be created and listed on the 'Settings' page under the **DOCUMENTS** tab.

Figure 39. Authorizations **EXPORT TO FILE** button



CONDITION CODE SELECTION

In the event a member has dual eligibility, condition codes should be used to bypass Medicare and use Medicaid. Providers are responsible for determining when a Condition Code is necessary and the appropriate Condition Code for the member and service. Providers must also maintain appropriate documentation in the source system (EHR/EMR) external to CareBridge EVV related to the patient's condition and the medical necessity for the services provided.

GINNIE ABBES
 Authorization 800023171
 09/07/2023 - 11/05/2024
 Status: Active
 Acknowledgement: Acknowledged (EDWIN DODSON)

As of 11/30/2023 09:20 AM (current) [VIEW IN PAYER PORTAL](#)

Authorization Details

UNITS

SCHEDULED UNITS
 2 UNITS OF 50 UNITS USED
 48

BILLED UNITS
 0 UNITS OF 50 UNITS USED
 50

Payer: Wyoming Department of Health | Auth Number: 800023171
 Service Code: 0551 | Units: 50
 Service Provider: None | Service Provider NPI: None
 Attending Provider Last Name: None | Attending Provider NPI: None

Start-End Date: 09/07/2023 - 11/05/2024
 Primary Diagnosis Code: None
 Service Provider Medicaid ID: None
 Employee: Select Employee

Allow Overlapping Visits:

No Current Note

Condition Codes

[+ ADD CONDITION CODE](#)

Select condition code | Effective date | Expiration date (optional) | [SAVE](#) | [CANCEL](#)

CONDITION CODE	EFFECTIVE DATE	EXPIRATION DATE
(XA) Condition Stable	12/01/2023	12/31/2023

[CLOSE](#)

[CONDITION CODES](#) | [SCHEDULE APPOINTMENT](#) | [+ MANUAL ENTRY](#) | [CLOSE](#)

Providers using CareBridge EVV can enter a Condition Code for Home Health services by selecting the desired authorization and clicking the 'Condition Codes' button on the authorization details page. The Condition Code can be selected from a prepopulated list provided to CareBridge by WDH. Additionally, providers will be able to set a date range for a specific Condition Code on the authorization. If a Condition Code is set, unbilled visits for dates of service within the date range will be billed with the selected Condition Code on the claim. If the Condition Code is not set, visits will not be billed with a condition code.

Please note: A change to a Condition Code is not considered a material change and will not trigger a corrected/adjusted claim. Additionally, if a member requires a condition code and it is missing, or an incorrect code is selected, this will result in a denied claim from WDH.

APPOINTMENTS



The Appointments page in the Provider Portal allows users to view upcoming, scheduled appointments (if any) as well as find and act upon early, late, or missed visits (Figure 40).

Figure 40. Appointments page

The screenshot shows the 'APPOINTMENTS' page in the Provider Portal. The user is logged in as Gwyneth Moeuen. The page has a sidebar with navigation options: Dashboard, Discussions, Authorizations, Appointments (selected), Visits, Billing, Members, Employees, and Settings. The main content area shows a table of appointments with the following columns: MEMBER, DATE, START TIME, END TIME, APPT ID, EMPLOYEE, AUTH #, SERVICE, STATUS, and PAYER. The table contains 12 rows of appointment data. There are also filters, a sort-by dropdown (set to Date), and an 'EXPORT TO FILE' button at the bottom left. The bottom right shows 'Rows per page: 10' and '1:10 of 39'.

ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
View visit details (claims, care plan, observed changes, calendar)	X	X	X	X
Modify (Manual Entry), cancel, or reschedule an appointment	X	X		
View late, missed, and cancelled appointments	X	X	X	X
Schedule an appointment	X	X		
Export appointments to a file	X	X	X	X

BEFORE SCHEDULING APPOINTMENTS

Before an appointment can be scheduled, the user must acknowledge (accept) receipt of the PA from WDH in the Provider Portal. All unacknowledged PAs are labeled **"Received"**.

FOR A USER TO ACKNOWLEDGE (ACCEPT) AUTHORIZATIONS:


1. They must go to the Authorizations page.
2. Click on the **UNACKNOWLEDGED** tab.
 - a. To find a specific PA, the user can use the **FILTERS** button at the top of the page.
3. Click on the **Received** status and then click **Acknowledge**.
 - a. If the provider organization cannot accept an authorization, they must contact WDH directly.
 - b. The provider organization must respond to every authorization sent to them by WDH. **Please note:** The PA will continue to appear until CareBridge receives an updated file from WDH.

Once a user has acknowledged a PA, an admin can then schedule an appointment for that PA.

SCHEDULING APPOINTMENTS IN THE PROVIDER PORTAL

For appointments to appear on the Appointments page they must first be scheduled. Scheduling appointments is encouraged but not needed in Wyoming. To schedule an appointment, the admin must first go to the Authorizations page and click the **calendar icon** next to the PA (Figure 41).

Figure 41. Authorizations page **Calendar Icon**

MEMBER	RECEIVED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Stephan Janikowski	03/03/2021	01/03/2020	08/25/2021	2202	870846347883343	SS125		1.27	Wyoming Department of Health	✓ Acknowledged	Gwyneth Mce... 

After clicking the **calendar icon**, the admin is taken to the Schedule Appointment screen (Figure 42).

Figure 42. **Schedule Appointment** screen

The screenshot shows the 'Schedule Appointment' interface. On the left, there's a summary for 'Simona Hal Authorization 123456' with fields for Payer (Horizon), Start-End Date (03/01/2021 - 03/31/2022), Service Code (T1019), and Service Provider (CNG Mobile Home Health). A red box highlights the 'Select For Scheduling' button with a checkmark. The right side features a 'Time Selection' section with 'Start Time' and 'End Time' dropdowns, and an 'Overnight Appointment(s)' checkbox. Below that is the 'Location' section with 'Start Location' and 'End Location' dropdowns. Further down is the 'Individual Date Selection' section with 'Select Dates' and a calendar icon. The 'Repeat Schedule' section includes 'Start Date', 'Repeat Every', and 'Repeat On' options. At the bottom, there's an 'Add Note' text area and an 'Attach file' button. A blue bar at the very bottom reads 'SCHEDULE APPOINTMENTS'.

On the left side of the Schedule Appointment screen, the admin may view any current PAs for the member and choose the PA needed to schedule appointments by clicking the **SELECT FOR SCHEDULING** checkbox. On the right side of the screen the **Start Time** and **End Time** details can be added for all the appointments being created. If the admin has multiple appointments with different start/end times, they will need to schedule them one-at-a-time.

To select dates for appointments, the admin can choose one of the following two options:

1. Click the **calendar icon** in the 'Individual Date Selection' card to pick the date for the appointment. The admin can select as many dates as necessary from the **Individual Date Selection Calendar** (Figure 43) one appointment at a time.

Once the dates are selected, they will display in the 'Dates Selected' card (Figure 44).

2. Recurring appointments can be set using the 'Repeat Schedule' card and entering the following fields:
 - **Start Date:** This is the date on which the repeated schedule will begin.
 - **Repeat Every:** This is the rate with which the repeated schedule will make appointment dates. *Example:* Repeat Every 3 Weeks.
 - **Repeat On:** These are the days of the week that the repeated schedule will make appointment dates. *Example:* Repeat on Mondays.
 - **End:** The admin may choose to end the repeated schedule after several visits or after a date by clicking one of the buttons.

Once all the scheduling choices have been made, the 'Dates Selected' card (Figure 44) fills up with dates based on the 'Repeat Schedule' fields. The admin can also choose to remove any previously selected dates by clicking the **X icon** next to the date in the 'Dates Selected' card or click on the **Trash Can icon** to remove all the dates.

Once the desired dates are shown in the 'Dates Selected' card, the admin must click the **SCHEDULE APPOINTMENTS** button at the bottom of the screen to set the newly scheduled appointments.

Figure 43. **Individual Date Selection Calendar**

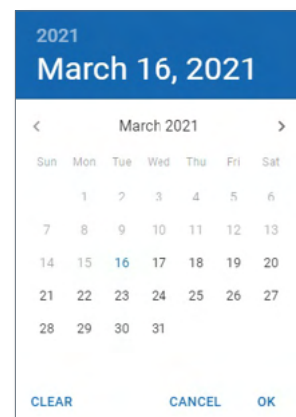
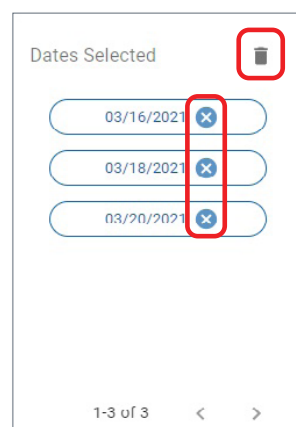


Figure 44. **Dates Selected card**



SCHEDULING APPOINTMENTS IN THE MOBILE APPLICATION

Caregivers can schedule their own appointments in the CareBridge app by following these steps.

1. Caregivers can click the **+** symbol and find their member's name and Service Code (Figure 45). It is **very important** that the caregiver selects the correct service code. If not, it will be assigned to the wrong PA.
2. Then the caregiver should click on the **member's name**.
3. The caregiver can enter the **start time** and click **CHECK IN NOW** to begin the **visit** immediately (Figure 46).
~ or ~
4. The caregiver can enter the **start and end times** and click **Schedule** to add the appointment to the schedule for later.
5. Lastly, the caregiver should click **OK** to confirm the appointment.

Now the caregiver will be able to see the member on their appointment list.

Caregivers can either schedule their appointments in advance and create an **Appointment** schedule, or they can schedule the appointment at the **start time** of the appointment and **click Check In Now** (Figure 46). If they choose to **Check In Now**, the appointment will be classified as a visit, and will be available for review on the 'Visits' page in the Provider Portal.

Figure 45. **Search** for Member and **Select**

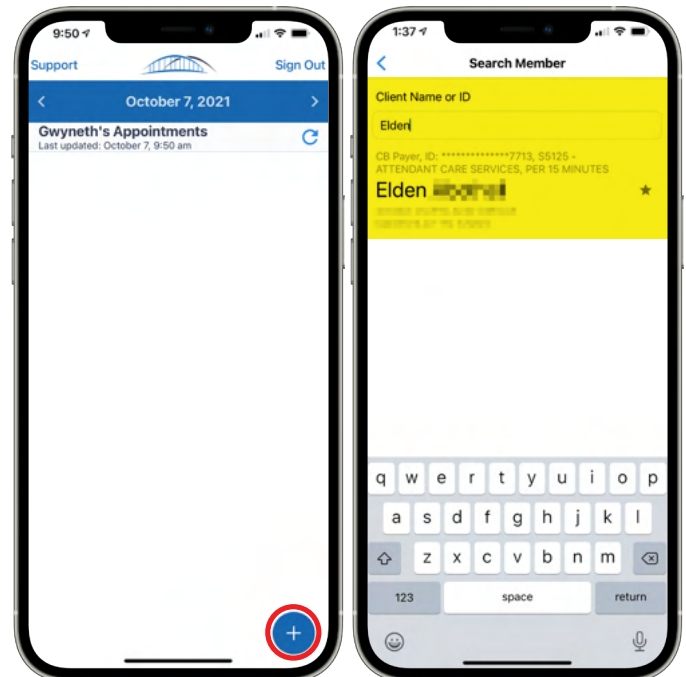
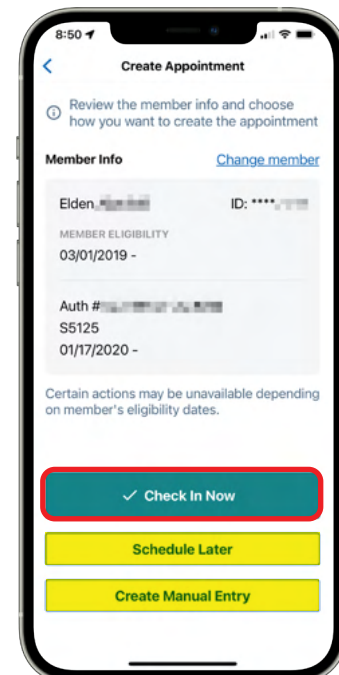


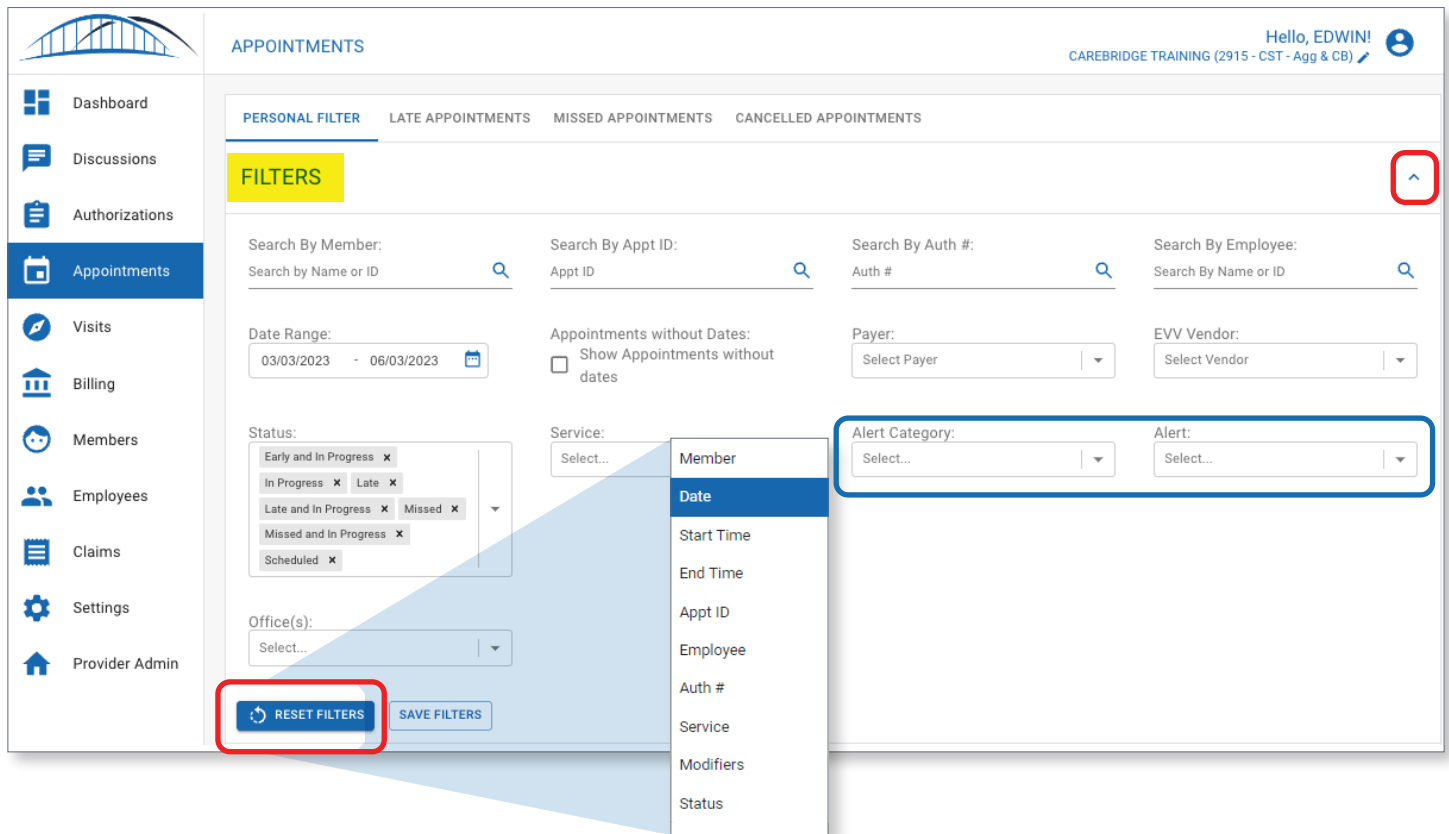
Figure 46. Select **Check In Now** to start a Visit or click **Schedule Later** to Schedule an Appointment



VIEW APPOINTMENTS

On the Appointments page, the user can see a list of all appointments that are scheduled. This list can be filtered and sorted with several factors by selecting the **expand arrow** in the **FILTERS** section or the **Sort by** drop-down menu at the top left of the list (Figure 47).

Figure 47. Appointments **FILTERS** and **Sort by** options



APPOINTMENT DETAILS

To view more details about an appointment, the user can click the **menu icon (3 dots)** on the right side of the row for the appointment and then click **Appointment Details** (Figure 48).

On the Appointment Details page (Figure 49), linked data in the 'Appointment' and 'Billing' cards can be found, as well as a 'Notes' card to add notes and attach files to the appointment.

Figure 48. Appointment Details link

Simona Hal	03/16/2021	02:00 PM	03:00 PM	2436809	Gwyneth Moeuen	123456	T1019	Scheduled	Horizon	⋮
Payton Abramovicz	03/16/2021	03:00 PM	04:30 PM	2435338	Diet Coke	OP01992	S5125	Scheduled	Iowa Total Care	⋮
Federico Ayala2	03/16/2021	04:00 PM	06:00 PM	2436393	Gonza Bergessio	94855555	T1019	Scheduled	Horizon	⋮
Charo Alvarez	03/17/2021	01:00 PM	02:00 PM	2435561	Michael Test	auth ref nro	G0155	Scheduled	UHC	⋮

The user may move between all future **APPOINTMENTS** and finished **VISITS** for a member by picking them from the list on the left. Finally, the user can see a **CALENDAR** view of all appointments and visits for a member and can view the member's (EVV) **CARE PLAN** by clicking on each of those options from the tabs on the right.

Figure 49. Appointment Details

The screenshot displays the 'Appointment Details' page for member SIMONA HAL (Member ID: 282882). The left sidebar contains navigation options: Dashboard, Discussions, Authorizations, Appointments (selected), Visits, Billing, Members, Employees, and Settings. The main content area is divided into two sections: 'APPOINTMENTS' and 'DETAILS'. The 'APPOINTMENTS' section shows a list of appointments for the date range 02/16/2021 to 04/16/2021. The selected appointment is on 03/16/2021 at 1:00 PM, with provider Gwyneth Mceuen. The 'DETAILS' section provides information about the appointment, including its ID (2436809), status (Scheduled), authorization (123456), employee (Gwyneth Mceuen), start and end times (Mar 16, 2021 2:00 PM to 3:00 PM), start and end locations (7056 LAUREL CIRCLE222 MEMPHI...), expected duration (1 hour), and payer (Horizon). Below the appointment details is a 'Billing' section with fields for Service Code (T1019), Modifier 1 (Select Modifier), Modifier 2 (None), Billing Status (Pending), and Units (None). At the bottom of the page, there are three buttons: 'MANUAL ENTRY', 'RESCHEDULE', and 'CANCEL APPOINTMENT', all of which are highlighted with a red border.

From the bottom of the **Appointment Details** page, an admin may choose to use any of three actions:

- **MANUAL ENTRY:** for visits that were not recorded in the Mobile App or IVR, an admin can complete a Manual Entry. (See the 'Visits' section for more information about Manual Entries.)
- **RESCHEDULE:** for the appointment selected, the admin can choose a new date or change any of the appointment details by clicking **RESCHEDULE**.
- **CANCEL APPOINTMENT:** For future appointments, the admin can choose to cancel and give a cancellation reason.

MOBILE APPLICATION (APP) CHECK-IN & CHECK-OUT



In the CareBridge EVV Solution, there are two ways for a caregiver to Check-In and Check-Out of an appointment with a member. The first method is by using the CareBridge mobile app and the second is by using the **CareBridge Interactive Voice Response (IVR)** functionality (more details on page 33).

Even when there is no cellular or Wi-Fi coverage at a member's home, the app will store the Check-In and Check-Out information and send it to the Provider Portal when the caregiver's mobile phone returns to a place with cellular coverage.

SCHEDULE

The caregiver will see a schedule view (Figure 52) when they log into the app. The schedule will allow the caregiver to see their appointments (if any) that are set for that day. To see their past visits or tomorrow's schedule, the caregiver can click on the **arrow symbols (< >)**.

CHECK-IN

To Check-In to a scheduled appointment, the caregiver must click the name of the **member**. The appointment information for the member, the GPS location for Check-In, and the current distance from the scheduled location of the appointment is shown (Figure 53). If the appointment was scheduled to happen at a different location, like a community center, the address picked during scheduling will appear. **Please note:** It is possible that the GPS will not pinpoint the caregiver's exact location but show something within 1/10th of a mile of their location. This is normal and the visit will still be documented appropriately.

When the caregiver clicks the **Next** button, they see Check-In Details including the current time, location, and differences between those and the scheduled time and location for the appointment (Figure 54). The caregiver can Check-In to the appointment by selecting the **CHECK IN** button and view the confirmation screen that Check-In is completed (Figure 55).

Figure 52. CareBridge Schedule View

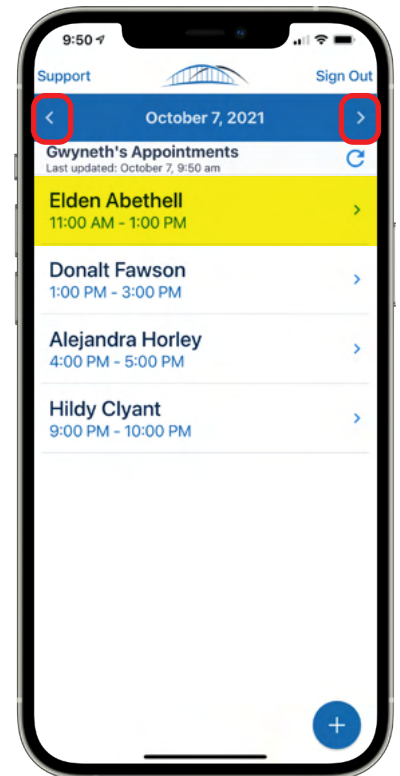


Figure 53. Appointment GPS screen

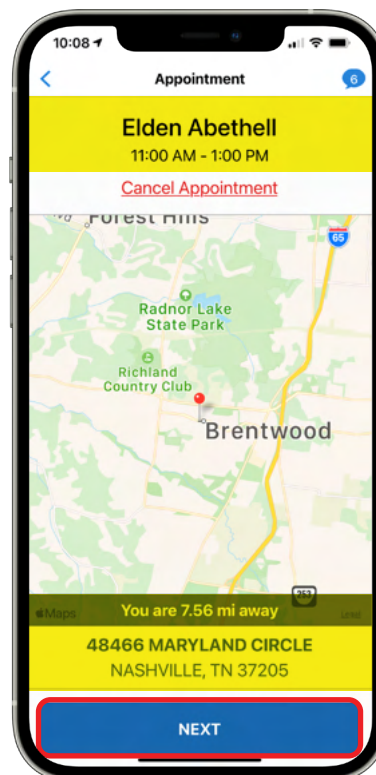
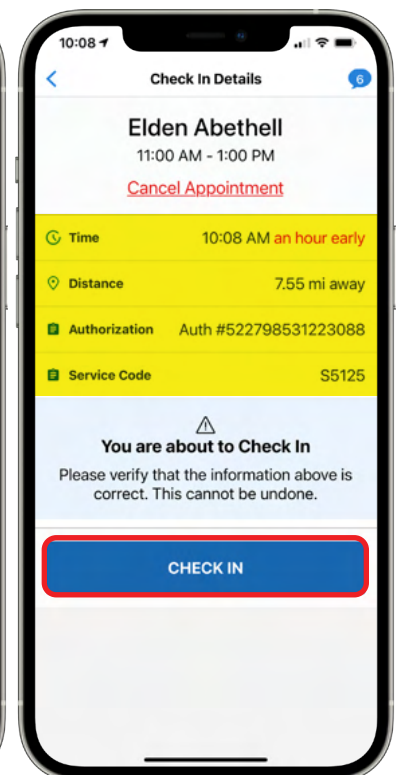


Figure 54. Appointment Check-In Details screen



Please note: When different services are scheduled one after the other, the caregiver must Check-Out of the first service and Check-In to the second service for the visits to complete and billing to occur properly.

Once the caregiver has checked in, they can **STOP using the app**. They should begin working the visit and helping the member. Once finished with their duties they should return to the app to continue recording details of the visit. It will pick-up where they left off.

OBSERVED CHANGES

When Checking-Out using the app, the caregiver is asked important questions, letting them show whether the member has had any Observed Changes (Figure 56).

The caregiver should keep these things in mind while performing their tasks during the visit. Once they are finished with their tasks, they may begin filling out the Observed Changes Survey in the app.

All the questions are “yes/no” questions. To answer a question “yes,” the caregiver must click to mark the **radio button (○)** next to the question. If the answer is “no,” the caregiver can leave the button empty. If ‘Yes’ is the answer for any observed change, it will create

Figure 55. Check In Completed!

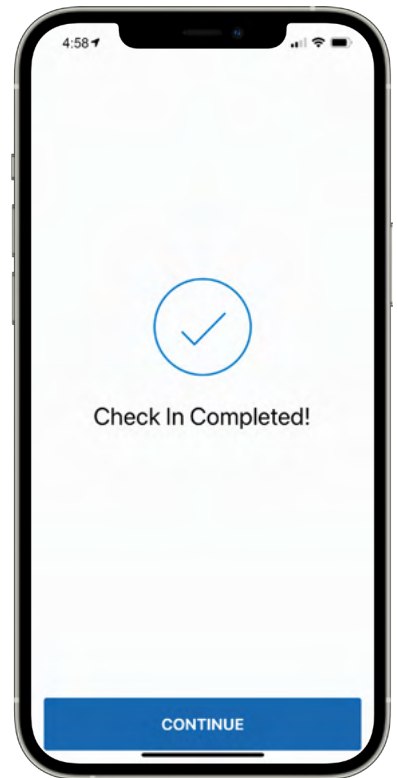
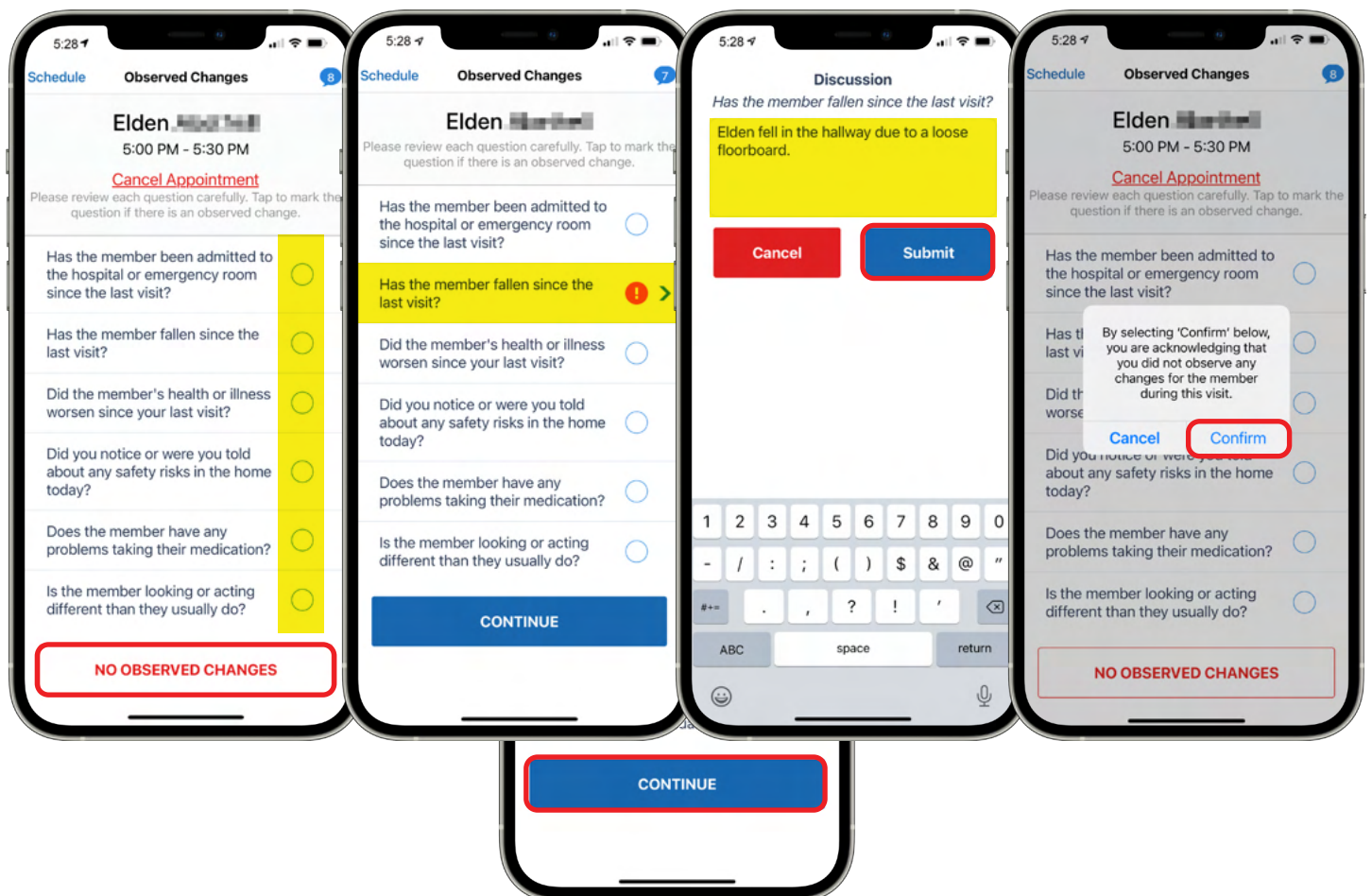


Figure 56. Observed Changes



a Discussion (shown with a **red exclamation point**) that is sent to both WDH and the provider organization. This Discussion can be found on the Portal 'Discussions' page. Once all questions are answered, the caregiver can select the **CONTINUE** button. Then they will click **Confirm** to confirm the answers and continue.

(EVV) CARE PLAN

Once the Observed Changes Survey is complete, the caregiver is shown the member's (EVV) **Care Plan**. The (EVV) Care Plan is a list of activities to be performed with the member. If all the (EVV) Care Plan activities have been done and there are no issues, the caregiver can just click the **Mark All Performed** button at the bottom of the screen (Figure 57). The caregiver can also click each (EVV) Care Plan activity one at a time, and show whether the activity was **Performed**, **Skipped**, or the **Client (Member) Refused**. When the activities are marked, the caregiver can click the **SUBMIT** button to begin Check-Out (Figure 58).

Please note: Caregivers can leave more notes by clicking on the **Provide additional comments** link at the bottom of the (EVV) Care Plan screen (Figure 58) and adding free text.

Figure 57. Care Plan - Mark all Performed

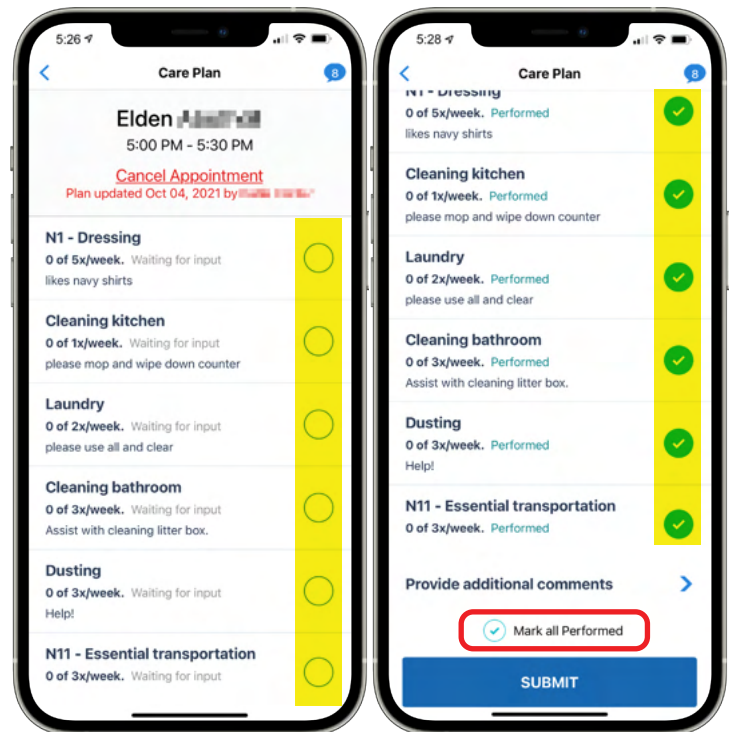
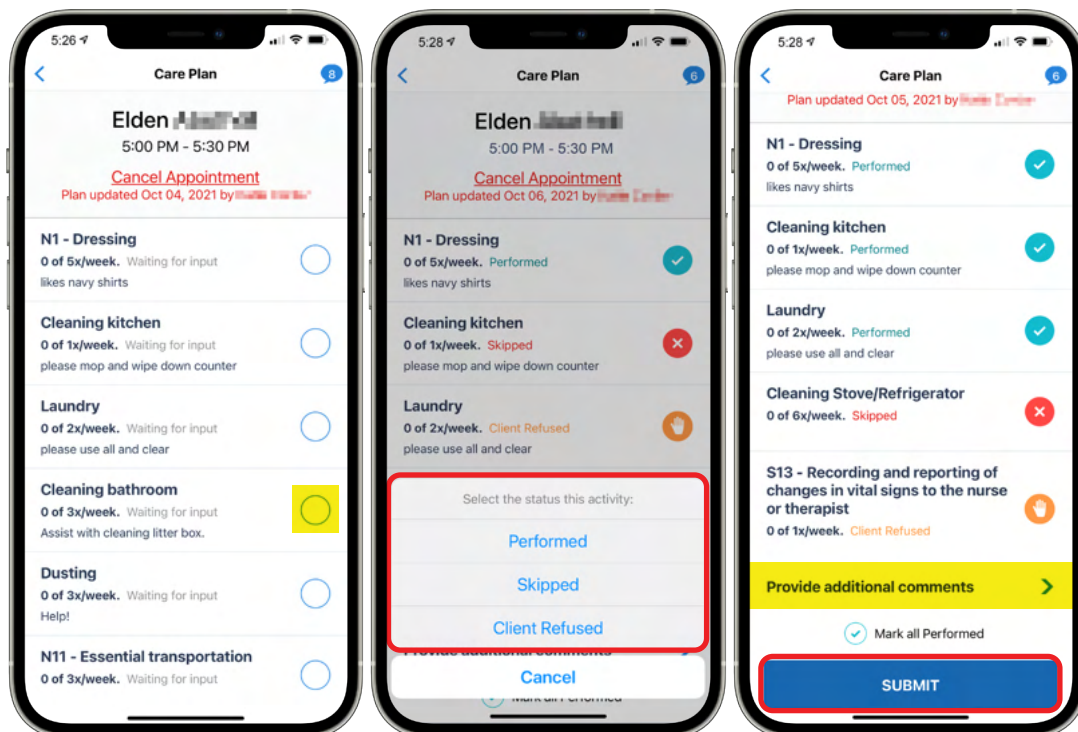


Figure 58. Care Plan - Performed, Skipped, Refused



CHECK-OUT

Once the (EVV) Care Plan records are finished, the caregiver sees the Check-Out details and can confirm that all their earlier answers and comments are true (Figure 59). Then they can click the **Collect Signature** button to continue. Now the member can say they approve of the visit records by signing their name in the mobile app (Figure 60). This signature is called an attestation. Member attestation is **required** in Wyoming. Once a signature is added, the caregiver can click the **APPROVE** button to complete the Check-Out and the visit. If the **APPROVE** button is clicked without a signature the app will ask for a reason. The caregiver must either click the **Member Refused** or **Member Unable** (if available in your state) button (Figure 61). Once the caregiver has clicked the **APPROVE** button, the visit is complete (Figure 62). Members can then retroactively attest to the visit either in the Member Portal or by calling the Member IVR number.

Figure 59. Collect Signature

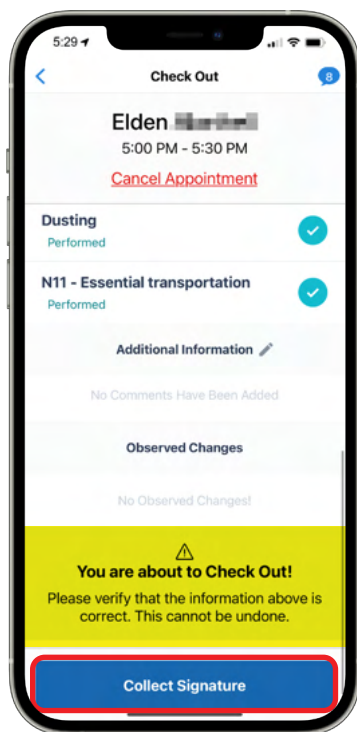


Figure 60. With Signature



Figure 62. You are done!

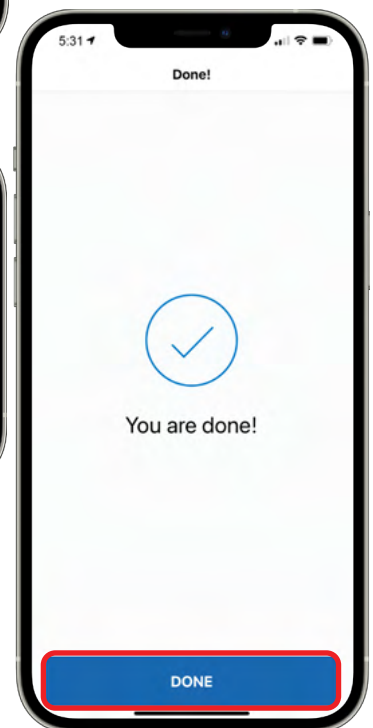
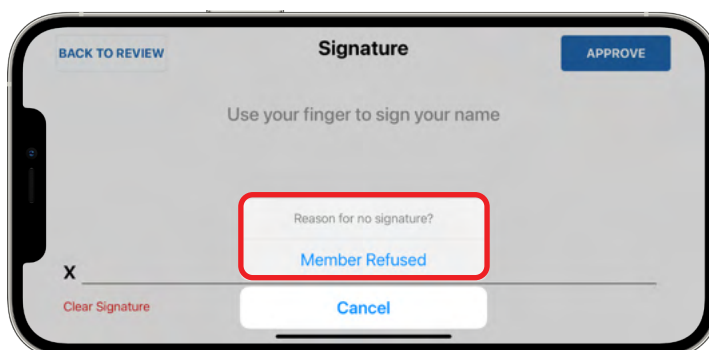


Figure 61. Without Signature



INTERACTIVE VOICE RESPONSE (IVR)

There may be times when the caregiver cannot use the app. If that happens, they need to use the **Interactive Voice Response or IVR** system.

To Check-In and Check-Out, the caregiver calls the IVR phone number (which is **1 (307) 227-2846**) from the *approved* phone number that is listed in the member's profile. (**Please note:** The IVR number will be given to caregivers during their training, and a toll-free IVR number is available upon request.)

After calling the number, the caregiver will enter a Sign-Up code, (that will be sent to them once they begin the login process), **Provider ID**, **IVR PIN**, and **Password** to prove who they are during the IVR process. The **Provider ID** and **IVR PIN** will be provided to them by the admin as part of their training.

The IVR system will lead the caregiver through a series of questions to finish Check-In, and then they will hang up to perform their care tasks. When the caregiver calls the IVR number again, they will then complete the **Observed Changes** survey, the (EVV) **Care Plan** questions, and Check-Out.

The Member can then call the **Member IVR** number, select the visit and attest to it.

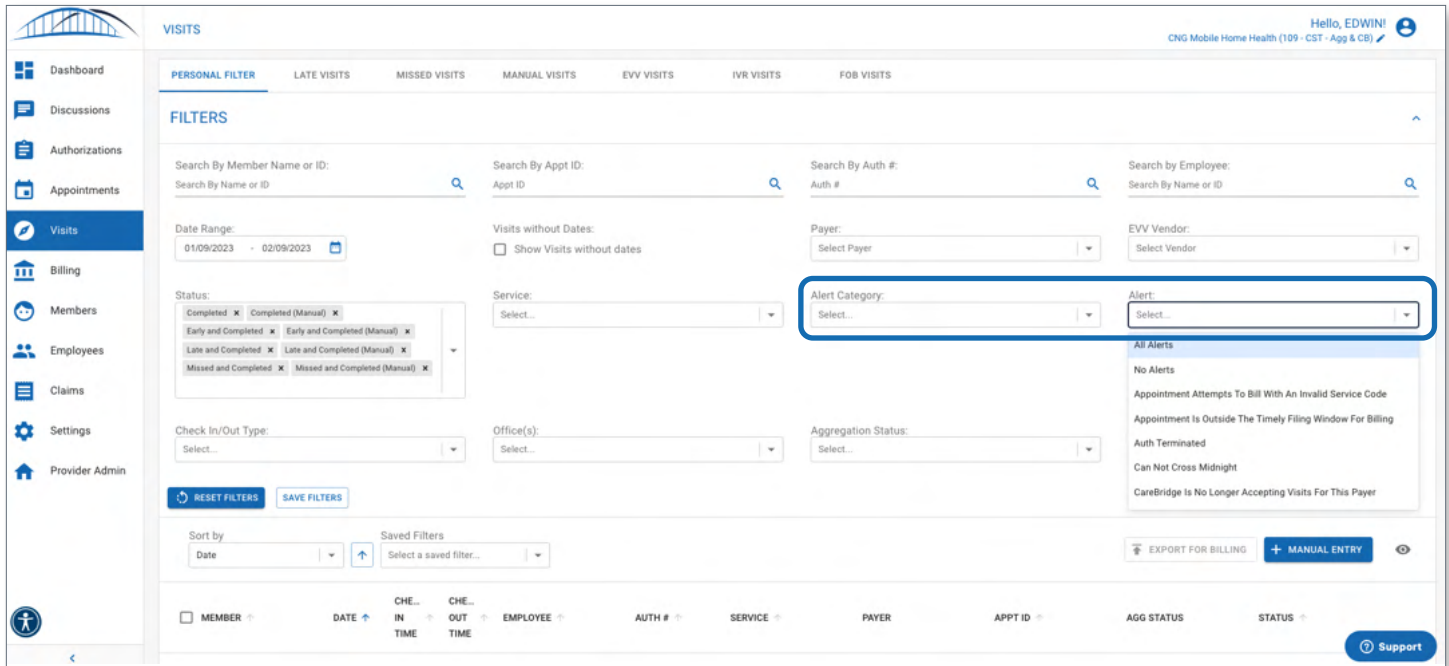


VISITS



The Visits page in the CareBridge Provider Portal lets users view finished visits, Alerts, and request claims.

Figure 63. Visits page



ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
Complete a manual visit entry	X	X	X	X
View visit details (Claims, Care Plan, Observed Changes, Calendar)	X	X	X	X
Cancel an appointment	X	X	X	X
Add an early, late, or missed reason and action	X	X	X	X
Change employee assigned to a visit	X	X	X	X
Export for claims	X	X		
View late, missed, & manual EVV and IVR visits	X	X	X	X
Export visits to a file	X	X	X	X

VIEW VISITS

The Visits page shows a list of all finished visits (Figure 63). This list can be filtered and sorted with many factors by clicking the **expand arrow** or the word **FILTERS** at the top of the screen, or the **Sort by** drop-down menu at the top left of the list (Filter 64).

Figure 64. Visits FILTERS and Sort by drop-down options

The screenshot shows the 'VISITS' page interface. On the left is a navigation menu with 'Visits' selected. The main area has a 'FILTERS' section with various search and filter options. A red circle highlights an expand arrow in the top right of the filters section. A blue circle highlights the 'Alert Category' dropdown menu. A red circle highlights the 'Sort by' dropdown menu, which is expanded to show options: Date, Member, Date, Start Time, End Time, Employee, Auth #, Service, Check In Time, Check Out Time, Appt ID, and Status.

VISIT DETAILS

To view more details about a visit, a user can click the **menu icon (3 dots)** on the right side of the row for the visit and then click **Visit Details** (Figure 65).

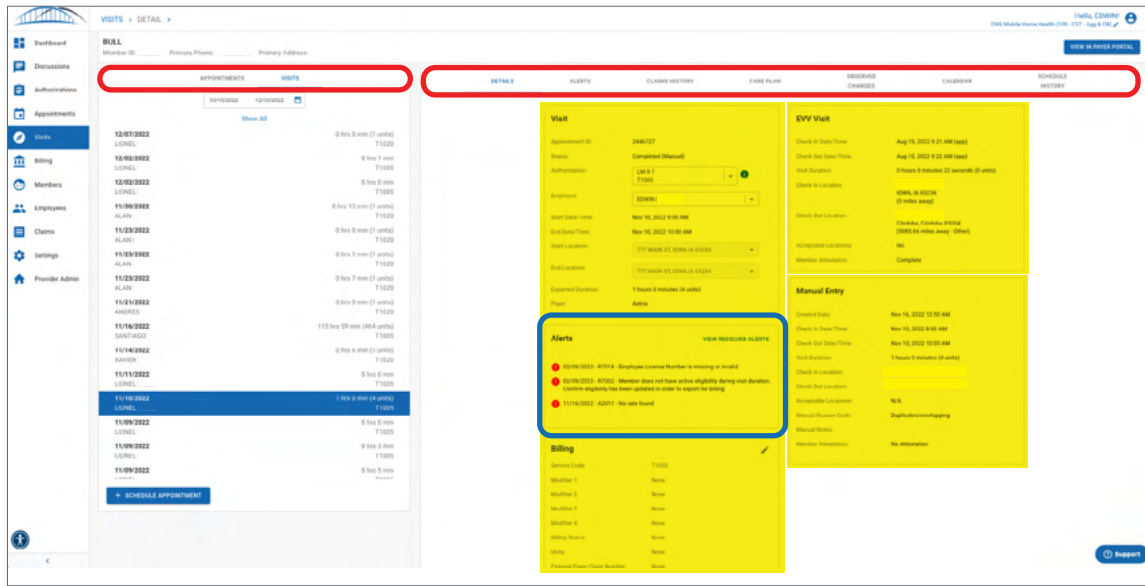
Figure 65. Visits page Menu icon (3 dots)

MEMBER	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	CHECK IN TIME	CHECK OUT TIME	PAYER	APPT ID	STATUS
Alex	12/17/2020	12:00 PM	01:00 PM	Lucas			12:27 PM	01:27 PM	Aetna	2436253	Completed (Manual)
Jimmy	12/18/2020	05:00 PM	06:00 PM	Shelby			04:21 PM	04:23 PM	Horizon	2436281	Completed (Manual)
Charo	12/22/2020	11:51 AM	12:19 PM	Shelby		S9127	11:49 AM	12:15 PM	Horizon	2436311	Completed (Manual)

A red circle highlights the menu icon (three dots) on the right side of the first row. A yellow box highlights the 'Visit Details' option in the dropdown menu.

From the Visit Details screen (Figure 66), the user can view data related to the visit in the 'EVV Visit' and 'Billing' cards as well as add notes to the visit. They can also move between all future **APPOINTMENTS** and finished **VISITS** for a member by picking them from the list on the left. Finally, the user can see a **CALENDAR** view of all **APPOINTMENTS** and **VISITS** for a member and can view the member's **VISIT DETAILS**, **EVV CARE PLAN**, **OBSERVED CHANGES**, **CALENDAR**, or **SCHEDULE HISTORY** by clicking each of those options from the tabs on the right.

Figure 66. Visit Details



From the bottom of the Visit Details page, the user may use one action:

MANUAL ENTRY: for non-EVV visits or edits to EVV visits, you can make a Manual Entry.

MANUAL ENTRY

Sometimes, when an EVV Check-In or Check-Out cannot be finished or there is an EVV Check-In or Check-Out that needs to be changed, a user can carry out a Manual Entry. Manual Entry visits should not be used often because they do not meet the *21st Century Cures Act* requirements for a compliant visit.

For a visit that does not have an EVV Check-In and Check-Out, the user must go to the Visits page and click the **Manual Entry** button on the top right of the screen, then they will click **Manual Visit Entry** (Figure 67). The **Manual Entry** screen will open, letting the user enter information about the visit and a **Manual Reason Code** showing why an EVV Check-In or Check-Out did not happen (Figure 68).

Figure 67. Manual Visit Entry

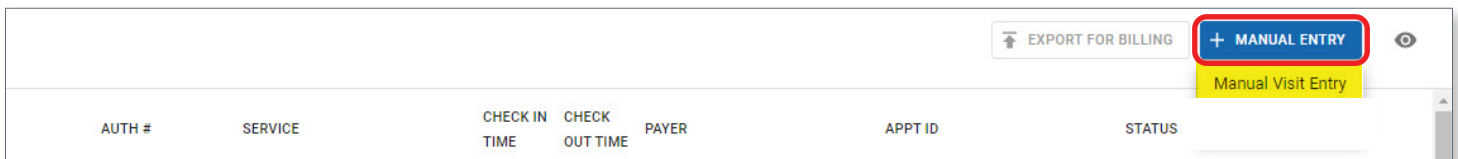


Figure 68. Manual Entry screen

The screenshot shows the 'Manual Entry' form. It contains several input fields: Member (Alex), Employee (Lucas Lois), Service Code (None), Check-In Date/Time (12/18/2020 12:27 pm), Check-Out Date/Time (12/18/2020 01:27 pm), Payer (Aetna), Authorization (Active), Status (Completed (Manual)), Appointment (optional) (12/18/2020 12:00 PM), Billing Status (Pending), Location, Visit Duration (1 hours 0 minutes), and Acceptable Locations (Yes). The 'Manual Reason Code' field is highlighted in yellow and shows 'Select Reason Code'. There is also a 'Notes' section with a text area and an 'Attach file' button. At the bottom right, there are 'CANCEL' and 'SUBMIT' buttons.

In cases where a visit does have an EVV Check-In or Check-Out, but has details that need to be changed, the user may go to **Visit Details** (see 'Visits' section) and click the **Manual Entry** button to change the visit.

EXPORT FOR BILLING

Once a visit is finished and ready to be sent for processing, admins may export by clicking the **checkbox** next to one or many visits and then clicking the **EXPORT FOR BILLING** button at the top right of the screen (Figure 69).

Figure 69. **EXPORT FOR BILLING** button and options

MEMBER	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	CHECK IN TIME	CHECK OUT TIME	PAYER	APPT ID	STATUS
Alex	12/17/2020	12:00 PM	01:00 PM	Lucas			12:27 PM	01:27 PM	Aetna	2436253	Completed (Manual)
Jimmy	12/18/2020	05:00 PM	06:00 PM	Shelby			04:21 PM	04:23 PM	Horizon	2436281	Completed (Manual)
Charo	12/22/2020	11:51 AM	12:19 PM	Shelby		S9127	11:49 AM	12:15 PM	Horizon	2436311	Completed (Manual)

Once the **EXPORT FOR BILLING** button is clicked, the Provider Portal will check the visits to be exported for possible billing issues as defined by WDH. Some examples of Alerts that are assessed are:

- Authorization units overages
- Member eligibility
- Overlapping visits
- Authorization date ranges
- Late visit reasons

The admin will get a confirmation message showing that the visits they picked were successfully exported for billing or if they were not exported due to failing an Alert (Figure 70).

Figure 70. **EXPORT FOR BILLING** dialog

Export ×

✔ 3 Visits will be exported for billing and will be available for viewing on the Billing Page

MEMBER	DATE	APPT ID	STATUS	PAYER	BILLING ACTION
Charo	12/22/2020		Completed (Manual)	Horizon	Bill externally
Jimmy	12/29/2020		Completed (Manual)	Horizon	Bill externally
Jimmy	01/04/2021		Completed	Horizon	Bill externally

GO BACK
EXPORT

Alerts are also visible on the Authorizations, Appointments, Visits, and Billing pages and are marked with the **red exclamation icon**. An alert can be seen in more detail by clicking the **red exclamation icon** (Figure 71).

Figure 71. Alert Check

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	UPDATED DATE	EM.	AUTH #	SERVICE	APPT ID	AGG STATUS	CLAIM #	PAYER	STATUS	BILLED AMOUNT	PAID AMOUNT	BILLING STATUS
BULL MARTINEZ MULTI AUTH	01/13/2023	08:30 AM	08:43 AM	01/13/2023	ALAN KLEIN	LM-9-2-TEST (DEC- LM-9-2-TEST)	T1020	2449063	Pending		Aetna	Completed (Manual)	\$50.00	\$0.00	Queued
KENNY MEUNITS	01/12/2023	11:20 AM	11:34 AM	01/12/2023	ALAN KLEIN	KM-0001	T1019	2449034	Pending		WellCare	Completed (Manual)	\$12.06	\$0.00	Prefiling Rejection

Also, Alerts can be seen on each page by filtering using the **Alert** drop-down menu (Figure 72).

Figure 72. ALERT drop-down

Alert Category: Select... | Alert: Select...

Employee

Provider

Member

Appointment

Authorization

Billing

Aggregation

All Alerts

No Alerts

C2002 - Appointment has 0 units to bill.

R7005 - Visit requires a missed visit reason.

R7018 - Employee License Number is missing or invalid.

The table below is a full list of Alerts performed in the Provider Portal and possible chances to fix the Alert and send the claim for billing (Figure 73).

Figure 73. ALERT and Resolutions

ALERT	WHO SOLVES	SOLUTION
No PA available during the appointment	WDH	provider should contact WDH
Member is ineligible during the appointment	WDH	provider should contact WDH
Manual entry reason is missing on the appointment	provider	provider updates the visit with a reason
Late reason is missing on the appointment	provider	provider updates the visit with a reason
Missed reason is missing on the appointment	provider	provider updates the visit with a reason

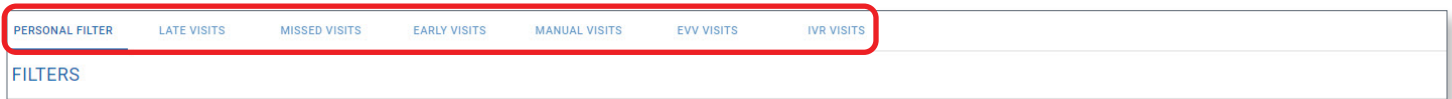
ALERT	WHO SOLVES	SOLUTION
The appointment occurred outside of a PA	WDH	provider should contact WDH
The visit has a claim in progress and is locked	provider	provider views claim status and takes proper action
The payer has marked the provider as inactive during appointment	WDH	provider should contact WDH
The claim has been denied by the payer	provider	refer to code/reason information on the remittance
Caregiver is ineligible during the appointment	provider	provider makes sure caregiver is eligible to deliver services
The claim has been rejected	provider	refer to code/reason information on the remittance
Appointment has 0 units to bill	provider	provider updates the visit with a manual entry with units to bill
Appointment is missing a rate for service code	WDH	provider should contact WDH.
Appointment is missing a service code	WDH	provider should contact WDH
Appointment has a terminated PA	WDH	provider should contact WDH.
Appointment exceeds the PA/segments max units	provider	provider carries out a manual entry that corrects the units used or provider contacts WDH
Caregiver has no birth date set	provider	provider updates caregiver birth date
Appointment has no attestation	member	member attests (signs) through member portal
Appointment has no duration	provider	provider carries out a manual entry to update the start and end times
Early reason is missing on the appointment	provider	provider updates the visit with an early reason

VISITS REPORTS

The **PERSONAL FILTER** is the default view of the Visits page. The **PERSONAL FILTER** is the view that can be altered to fit the user's personal needs. This view can be used to filter and sort the data - on this page, it's visit data - to find the information that is the most useful.

Six other **reports** (Figure 74) have also been made to let the user navigate to helpful visit data fast:

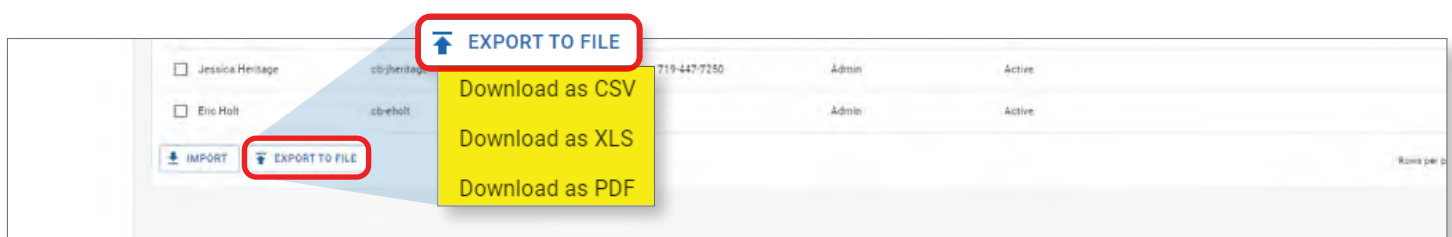
Figure 74. Visits page reports



- **LATE VISITS:** This report lists all visits that have been finished but were started late. A visit is called late when a Check-In did not occur within thirty (30) minutes of the appointment.
- **MISSED VISITS:** This report lists all missed visits. A visit is called missed when a Check-In did not occur within three (3) hours of the appointment start time.
- **EARLY VISITS:** This report lists all early visits. A visit is called early when a Check-In happens thirty (30) or more minutes before the scheduled appointment time.
- **MANUAL VISITS:** This report lists all Manual Entry visits.
- **EVV VISITS:** This report lists all finished visits that have compliant EVV data.
- **IVR VISITS:** This report lists all finished IVR visits.

To export any of the data on the Visits page to a **PDF**, **XLS**, or **CSV** file, users can click the **EXPORT TO FILE** button on the bottom of the page (Figure 75). After choosing the file type, it will create the file and list it on the Settings page under the **DOCUMENTS** tab.

Figure 75. **EXPORT TO FILE** button and options



BILLING



The Billing page in the CareBridge Provider Portal lets users view finished visits that have been sent for claim processing. This lets them address denials, rejections, and paid amounts.

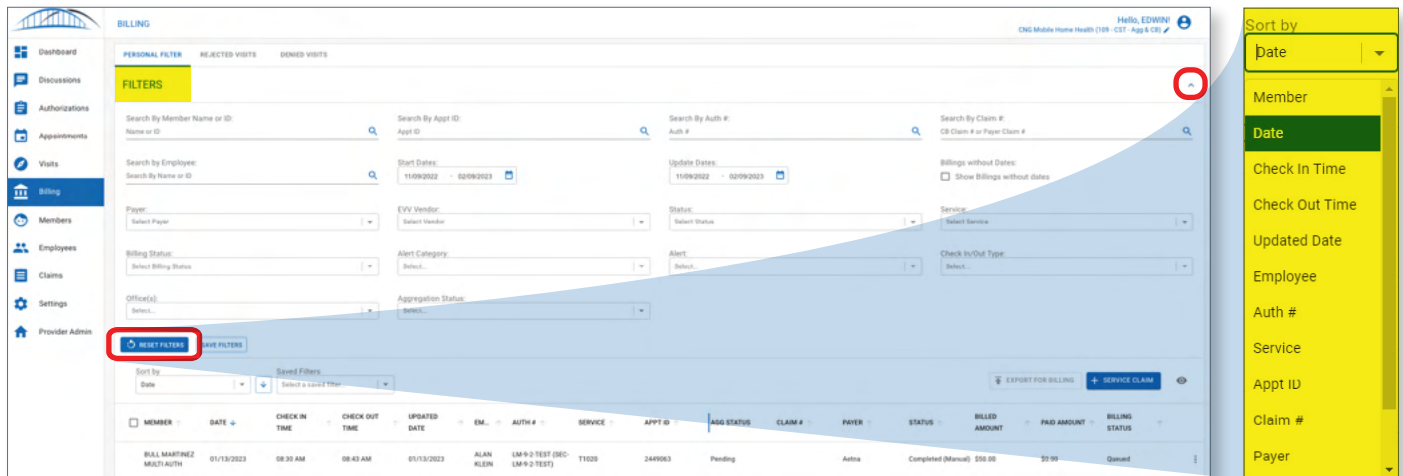
Figure 76. Billing page

ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
View 'Billing' page	X	X	X	X
Export for claims	X	X		
Void a claim	X	X		
Service a claim	X	X		
View rejected and denied visits	X	X	X	X
Export claims to a file	X	X	X	X

VIEW BILLED VISITS

On the Billing page (Figure 76), the user will see a list of all visits that have been sent for claim processing. This list can be filtered and sorted with many options by clicking the **expand arrow** or the word **FILTERS** at the top of the list or the **Sort by** drop-down menu at the top left (Figure 77).

Figure 77. Billing **FILTERS** and **Sort by** options



CLAIMS HISTORY

Once a completed visit has been sent for claim processing, the user will be able to view details about the billing status and claim information by clicking the **menu icon (3 dots)** on the right side of the row for the visit and then clicking **Visit Details** (Figure 78).

Figure 78. Billing **Visit Details** selection

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	UPDATED DATE	EMPLOYEE	AUTH #	SERVICE	APPT ID	CLAIM #	PAYER	STATUS	BILLED AMOUNT	PAID AMOUNT	BILLING STATUS
Payton Abramovcz	03/03/2021	01:36 PM	01:41 PM	03/14/2021	Michael Test	OP01...	S5125	2435325		Iowa Total Care	Early and Completed	\$1.73	\$0.00	Pending
Emanuel Giorgio	03/02/2021	01:00 AM	01:11 AM	03/14/2021	Nate Hines	70022-4	S5150	2436760		Amerigroup Iowa	Missed and Completed (Manual)	\$3.50	\$4.78	P...

A menu icon (three dots) is circled in red on the right side of the 'Pending' status cell in the first row. A dropdown menu is open, showing options: 'Visit Details', 'Authorization Details', and 'Member Details'.

Visit Details will give information for the billing status in the Billing card (Figure 79) as well as claims information in the **CLAIMS HISTORY** (Figure 80) tab.

Figure 79. Billing **Visit Details** option

Navigation: Dashboard, Discussions, Authorizations, Appointments, **Visits**, Billing, Members, Employees, Settings

Header: VISITS > DETAIL > [Patient Name] Hello, Gwyneth! CNG Mobile Home Health (109 - CDT)

Patient Info: PAYTON [Redacted] Member ID: [Redacted] Primary Phone: [Redacted] Primary Address: [Redacted]

Visits List:

Date	Name	Duration	Units	Code
03/03/2021	Michael Test	5 min		S5125
02/26/2021	Michael	0 min (0.03 units)		S5125
02/25/2021	Michael	5 min (0.32 units)		S5125
02/25/2021	Michael	0 min		S5125
02/11/2021	Michael	0 min		S5125
02/10/2021	Michael	1 min		S5125
02/04/2021	Michael	1 min		S5125
02/03/2021	Michael	1 hrs (4 units)		S5125

Visit Details:

Visit

Appointment ID: [Redacted]
Status: Early and Completed
Authorization: OPD1992
Employee: Michael
Start Date/Time: Mar 3, 2021 7:00 PM
End Date/Time: Mar 3, 2021 8:00 PM
Start Location: [Redacted]
End Location: [Redacted]
Expected Duration: 1 hours 0 minutes (4 units)
Payer: Iowa Total Care

Billing

Service Code: S5125
Modifier 1: None
Modifier 2: None
Billing Status: Pending
Units: 0.312

EVV Visit

Check In Date/Time: Mar 3, 2021 1:36 PM (app)
Check Out Date/Time: Mar 3, 2021 1:41 PM (app)
Visit Duration: 0 hours 5 minutes (0 units)
Check In Location: [Redacted]
Check Out Location: [Redacted]
Acceptable Locations: No
Member Attestation: Complete

Early Visit

Early Visit Reason: No reason submitted.
Early Action Taken: No action submitted.
Manual Notes: No notes submitted.

The **CLAIMS HISTORY** tab will show the Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount for the visit. The user will also be able to read each individual claim request that was made at the time the visit was exported for a claim, as well as the statuses, claim #(s), and dates linked with the status changes (Figure 80).

Figure 80. Visit Details **CLAIMS HISTORY** tab

EXPORT FOR BILLING

If a visit needs to be resubmitted for a claim, admins can export for billing by clicking the checkbox next to one or many visits and then clicking the **EXPORT FOR BILLING** button at the top right of the table (Figure 81).

Figure 81. EXPORT FOR BILLING button

<input checked="" type="checkbox"/>	MEMBER	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	CHECK IN TIME	CHECK OUT TIME	PAYER	APPT ID	STATUS
<input checked="" type="checkbox"/>	Alex	12/17/2020	12:00 PM	01:00 PM	Lucas			12:27 PM	01:27 PM	Aetna	2436253	Completed (Manual)
<input checked="" type="checkbox"/>	Jimmy	12/18/2020	05:00 PM	06:00 PM	Shelby			04:21 PM	04:23 PM	Horizon	2436281	Completed (Manual)
<input checked="" type="checkbox"/>	Charo	12/22/2020	11:51 AM	12:19 PM	Shelby		S9127	11:49 AM	12:15 PM	Horizon	2436311	Completed (Manual)

The following billing statuses are available in the Provider Portal and can be seen related to Claim Requests (Figure 82).

Figure 82. Billing Status table

BILLING STATUS	DEFINITION
Acknowledged	This visit has a claim that has been received by WDH
Billed Externally	This visit has been billed outside of CareBridge
Cancelled	This visit's claim request was cancelled.
Confirmed	This visit has a claim that was accepted by WDH
Denied	This visit was denied by WDH due to insufficient or invalid data
Generated	This visit has a claim that has been generated
Joint Claim Processing	This visit has a claim request that is paused due to prior in-flight claim request(s) still being processed. The Joint Claim Processing claim request will be submitted for billing once the prior claim request(s) enter a terminal status (paid or denied).
Paid	This visit was paid by WDH
Pending	This visit has not yet been exported for claims
Pre-billing Rejection	This visit was rejected due to insufficient or invalid data prior to claim creation
Queued	This visit has been queued for claim generation
Rejected	This visit was rejected by WDH due to insufficient or invalid data upon first review of the claim
Submitted	This visit has a claim that has been sent to WDH
Voided	This visit claim was voided

TECH TIP

A claim cannot be connected or resubmitted until it reaches a status of **Rejected, Paid, or Denied.**

BILLING AND CLAIMING ERRORS

When the admin has completed exporting visits to claims, they will see a confirmation message in the portal. This message shows how many visits successfully exported for claims. Despite the Alerts, there may still be instances when admins experience billing or claiming errors. If visits have failed, the reason why will be shown in that message, which in turn may prompt the admin to act so that they may export that claim for billing.

Some of these instances and trouble-shooting suggestions are listed below (Figure 83):

Figure 83. Billing/Claim Error Troubleshooting table

BILLING OR CLAIM QUESTIONS	TROUBLE-SHOOTING SUGGESTIONS
A claim was overpaid	Contact WDH to resolve.
A claim was underpaid	Contact WDH to resolve.
Provider organization does not have or does not understand the claim rejection reason	Basic claim rejection errors happen when data is invalid or missing and occurs prior to claim processing. A few common examples are incorrect or missing member data, billing provider, payer, or diagnosis codes in service lines. Refer to the rejection/response reports or contact WDH for clarification and guidance.
Provider organization does not have or understand the denial reason	A claim has been processed by WDH and determined unpayable. Common denial reasons are duplicate claims/services, member eligibility, benefit coverage, and data discrepancies. This information will be on the electronic remittance advice (ERA) if available to you. If not, please contact WDH.

BILLING REPORTS

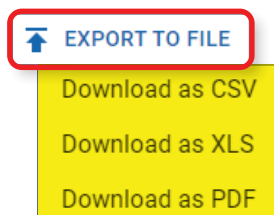
The **PERSONAL FILTER** is the default view of the Billing page. The **PERSONAL FILTER** is the view that can be altered to fit the user’s personal needs. This view can be used to filter and sort the data - on this page, it’s billing data - to find the information that is the most useful.

Two other **reports** (Figure 84) have also been made to let the user navigate to helpful billing data fast:

Figure 84. Billing reports



Figure 85. Billing EXPORT TO FILE options



- **REJECTED VISITS:** This report lists all visits that have rejected claims.
- **DENIED VISITS:** This report lists all visits that have denied claims.

To export any of the data on the ‘Billing’ page to a **PDF**, **XLS**, or **CSV** file, the user can select the **EXPORT TO FILE** button on the bottom of the page (Figure 85). The file will download and be listed on the Settings page under the **DOCUMENTS** tab.

OVERVIEW

The next sections will introduce features within the CareBridge Solution that allow communication both inside a provider organization as well as between a provider organization and WDH.

ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
Generate a new discussion	X	X	X	X
Respond to a discussion	X	X	X	X
Manage discussion status and assignment	X	X	X	X
Export Ddiscussions to file	X	X	X	X

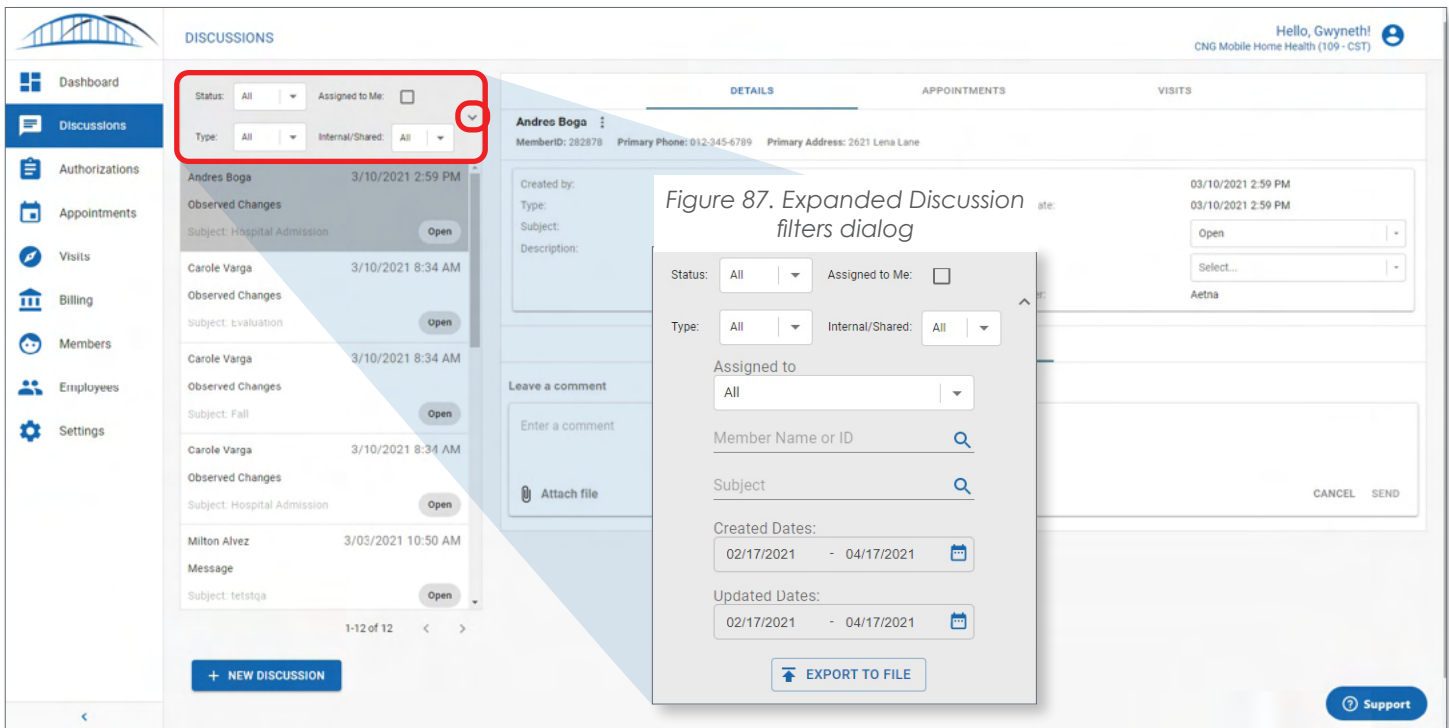
DISCUSSIONS

The Discussions page in the CareBridge Provider Portal allows users to manage and focus on communications coming in, act on key tasks, and connect within the organization as well as with WDH.

DISCUSSIONS NAVIGATION

Once on the Discussions page, the user will see a list on the left of all open Discussions that are not assigned (Figure 86). This list can be filtered many ways by clicking the **expand arrow** to the right of the drop-down menus (Figure 87).

Figure 86. Discussions page



The screenshot shows the 'DISCUSSIONS' page in the CareBridge Provider Portal. On the left is a navigation menu with options like Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members, Employees, and Settings. The main area displays a list of discussions, each with a subject, date, and time, and an 'Open' button. A red box highlights the filter controls at the top of the list, including 'Status: All', 'Assigned to Me: [checkbox]', 'Type: All', and 'Internal/Shared: All'. A red circle highlights the expand arrow on the right of the 'Internal/Shared' dropdown. An expanded filter dialog is shown in the foreground, containing the same filter options and additional fields for 'Assigned to', 'Member Name or ID', 'Subject', 'Created Dates', and 'Updated Dates'. At the bottom of the dialog is an 'EXPORT TO FILE' button. The background shows the details of a discussion for 'Andreo Boga'.

Figure 87. Expanded Discussion filters dialog

NEW DISCUSSION

There are four types of discussions that can be sent and received:

- **Observed Changes:** This discussion type lets caregivers show if there have been any changes to the member's health. Observed changes are noted when a caregiver answers survey questions during a visit. When observed changes are noted, a discussion will be made and sent to the Discussions page for both the provider organization and WDH.
- **Address Request:** This discussion type lets the provider organization ask for a new or updated member address from WDH. When an Address Request happens, a discussion will be made and sent to the Discussions page for both the provider organization and WDH.
- **Phone Request:** This discussion type lets the provider organization ask for a new or updated member phone number from WDH. When a Phone Request occurs, a discussion will be made and sent to the Discussions page for both the provider organization and WDH.
- **Message:** This discussion type can be used for basic messages between provider organization users or between a provider organization and WDH.

To create a new message discussion, the user can click the **+ New Discussion** button at the bottom of the page (Figure 88). The New Discussion screen will appear (Figure 89). After picking a **Discussion Type**, the user will need to fill in the required fields before sending.

Figure 88. Discussion Type drop-down menu

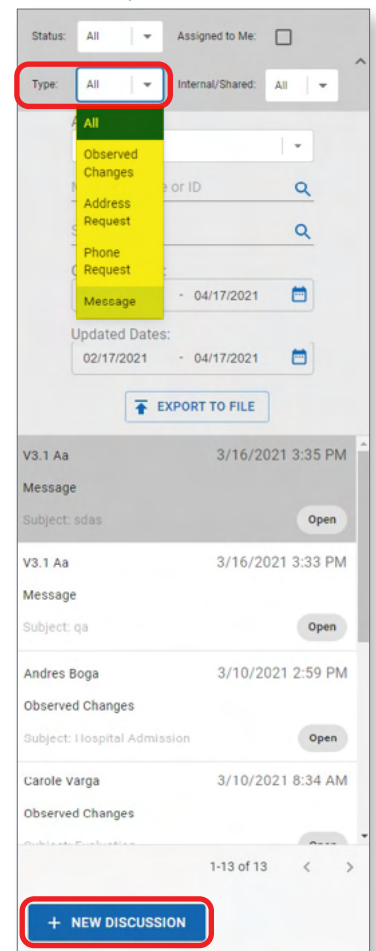
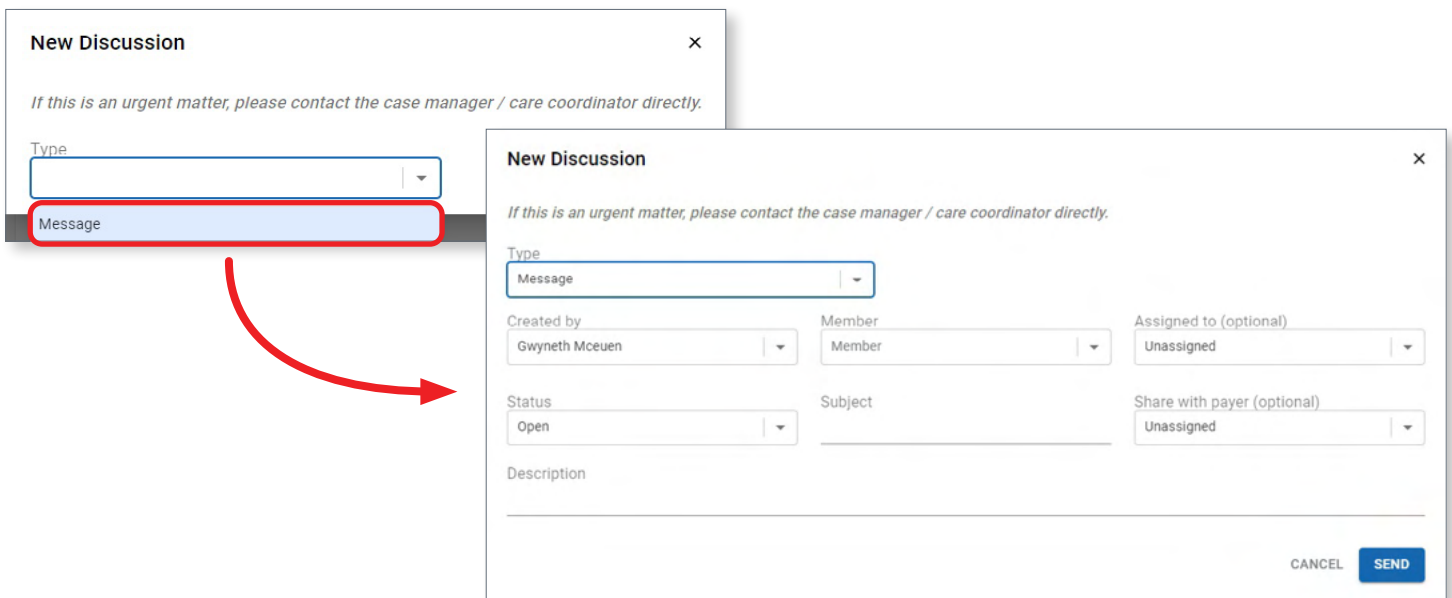


Figure 89. New Discussion dialog



DISCUSSION ITEM DETAILS

After picking a Discussion, the user will see details about that Discussion in the **DETAILS** tab on the right side of the screen (Figure 90). If they like, the user may choose to view future **APPOINTMENTS** and past **VISITS** for that member by clicking the other tabs at the top of the screen.

Figure 90. Discussion Details

There are many actions that can be taken from a Discussion:

- **Status:** To track progress on a Discussion, the user can update the Status. The statuses to choose from are **Open**, **In Progress**, and **Closed**.
- **Assigned to:** To better manage tasks across a provider organization, the user can assign Discussions to a caregiver.
- **Internal/Shared:** To share the discussion with WDH, the user can click the 'Shared' option from this drop-down menu.
- **Comments:** At the bottom of the Discussion, there are two tabs: **Internal** and **Shared**. Both tabs allow for comment threads to communicate about the item. The **Shared** tab will only be visible if the **Shared** option is picked. Discussion with WDH can be had through typing comments in the **Shared** tab.

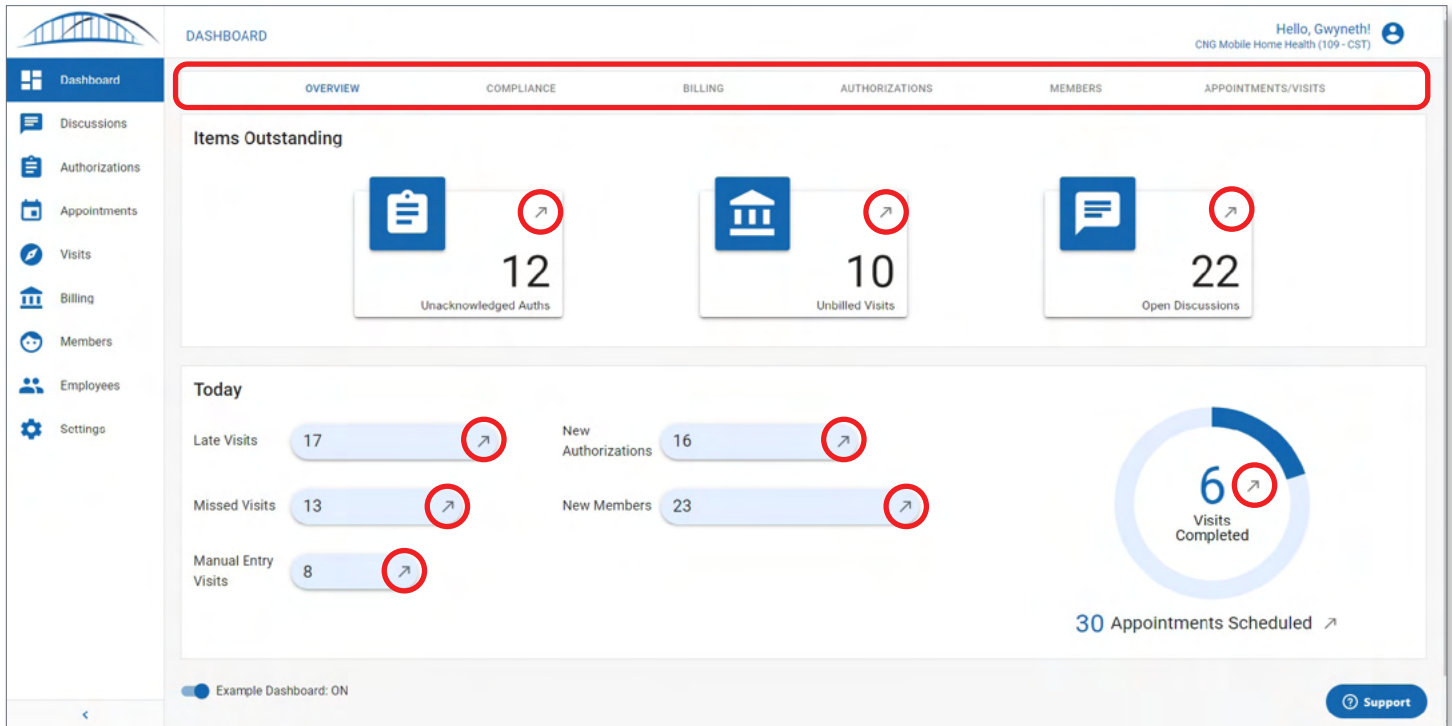
DASHBOARD & REPORTING



OVERVIEW

This section will introduce the features and functionality within the CareBridge Solution that enable users to view key graphs, metrics, and data related to operational efficiency.

Figure 91. Dashboard page



ROLE PERMISSIONS	ADMIN	ADMIN - OFFICE	EMPLOYEE	EMPLOYEE - OFFICE
View dashboard overview	X	X	X	X
View billing dashboard	X	X		
View compliance score reports	X	X		

DASHBOARD

The Provider Portal Dashboard page allows users to view key metrics to better prioritize and manage tasks on which action may need to be taken.

On the Dashboard page, there are tabs for each of the Dashboards available (Figure 91):

- **OVERVIEW:** This dashboard displays data related to items that are not done or may require action and metrics related to operational efficiency within the provider organization today.
- **COMPLIANCE:** This dashboard displays data to better understand how many finished visits are EVV-compliant and why others are not. **Please note:** This dashboard can only be viewed by admins.

- **BILLING:** This dashboard displays data related to the revenue cycle of finished visits in the Provider Portal. **Please note:** This dashboard can only be viewed by admins.
- **AUTHORIZATIONS:** This dashboard helps users better understand the number of active PAs and PAs by service type.
- **MEMBERS:** This dashboard helps users explore the number of active members.
- **APPOINTMENTS & VISITS:** This dashboard shows users data related to the number of future appointments and finished visits.

Each of the dashboards can be filtered by date range. By selecting the **arrow icon** (Figure 91) at the top right corner of each image or graph, the user will be taken to a report (depending on their role) that displays the data that makes up that image or graph.

REPORTS

In addition to the **PERSONAL FILTER** that is available on the Authorizations, Appointments, Visits, Billing, Members, and Employees pages, there are also reports that have been sorted to help quickly find other useful data. The table below lists all the reports available (depending on the user role) in the Provider Portal (Figure 92):

Figure 92. Provider Portal reports

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
Payroll	Employees	Payroll data for a given time for each employee based on finished visits in that period. Please note: This report can only be viewed by admins.
Employees Compliance	Employees	All provider organization employees sorted in ascending order by Compliance Score. Compliance Score is configurable per WDH, but is typically defined as the percentage of EVV visits that are compliant (defined as EVV or IVR visits) relative to the total number of visits. Examples of non-compliant visits are manual entries, early, late, or missed. Please note: This report can only be viewed by admins.
Active Members	Members	All active members.
Unassigned Members	Members	All members who have not been assigned to an Office.
Members Compliance	Members	All members sorted in ascending order by Compliance Score. Compliance Score is configurable per WDH, but is typically defined as the percentage of EVV visits that are compliant (defined as EVV or IVR visits) compared to the total number of visits. Examples of non-compliant visits are manual entries, late, or missed. Please note: This report can only be viewed by admins.

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
Unacknowledged Authorizations	Authorizations	All PAs that have not yet been acknowledged.
Unassigned Authorizations	Authorizations	All authorizations that have not yet been assigned a caregiver.
Late Appointments	Appointments	All appointments that are late. An appointment is called late when a Check-In has not occurred within thirty (30) minutes of the appointment start time.
Missed Appointments	Appointments	All appointments that have been missed. An appointment is called missed when a Check-In has not occurred within three (3) hours of the appointment start time.
Early Visits	Visits	All visits that have been finished but were started early. A visit is called early when a Check-In has occurred more than thirty (30) minutes prior to the appointment start time.
Late Visits	Visits	All visits that have been finished but were started late. A visit is called late when a Check-In has not occurred within thirty (30) minutes of the appointment start time.
Missed Visits	Visits	All missed visits. A visit is called missed when a Check-In has not occurred within three (3) hours of the appointment start time.
Manual Visits	Visits	All Manual Entry visits.
EVV Visits	Visits	All finished visits that have compliant EVV data.
Rejected Visits	Billing	All visits that have rejected claims.
Denied Visits	Billing	All visits that have denied claims.

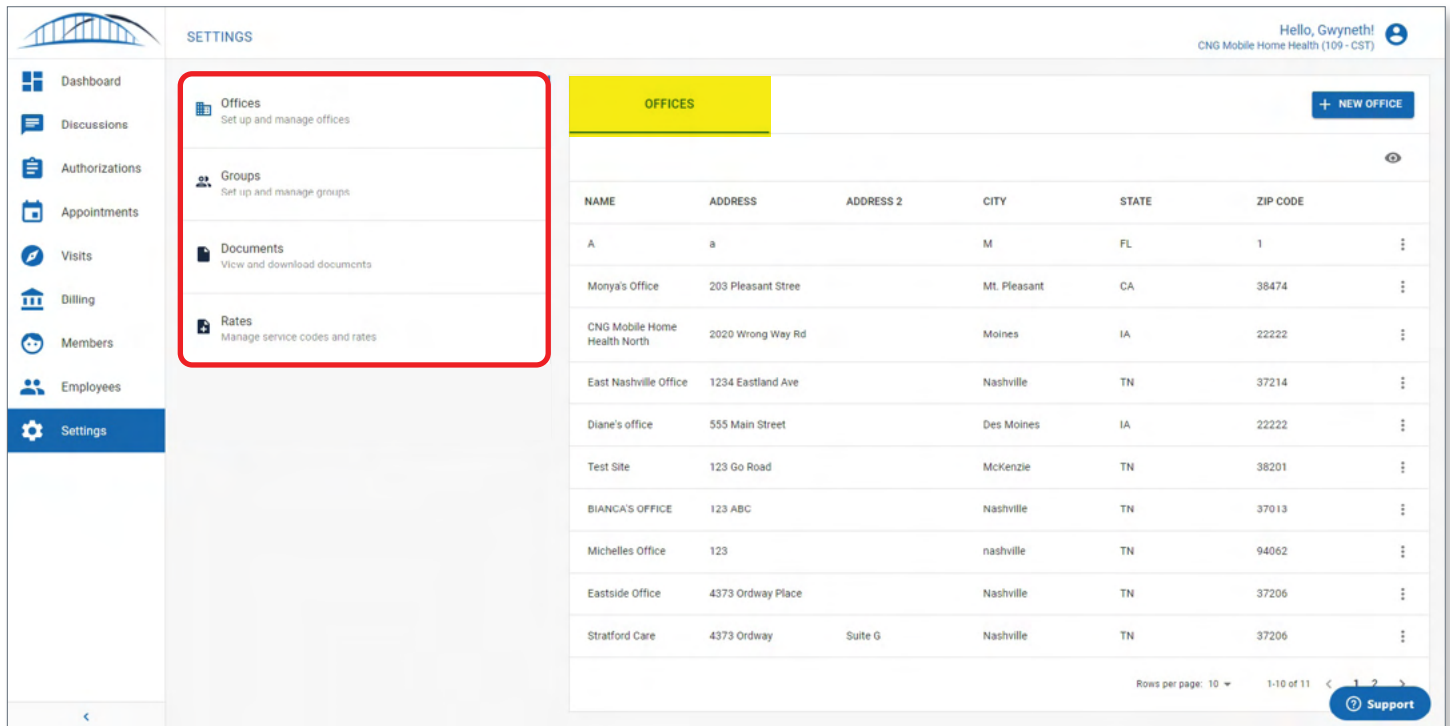
SETTINGS

OVERVIEW

This section will help introduce the features and functions in the Provider Portal that let users change the system to meet their needs.

On the Settings page, there are tabs for **Offices**, **Groups**, **Documents**, and **Rates** (Figure 93).

Figure 93. Settings page



ROLE PERMISSIONS	ADMIN	ADMIN-OFFICE	EMPLOYEE	EMPLOYEE-OFFICE
View and create new Offices	X	X	X	X
View and create new Groups	X	X	X	X
View documents and Downloads	X	X	X	X

OFFICES

Offices are a way for users to set up multiple offices in the Provider Portal. Caregivers and members can be assigned to different offices to make the scheduling of caregivers to members easier and to run reports by office.

To make a new office, the user can click the **+ New Office** button at the top of the offices table. To edit an office, the user can click the **menu icon (3 dots)** next to the office and then click **Edit Office** (Figure 94).

Figure 94. Offices **menu icon (3 dots)**



OFFICES						+ NEW OFFICE
NAME	ADDRESS	ADDRESS 2	CITY	STATE	ZIP CODE	
Main Office						⋮ Edit Office
Toledo	1113 Main		Tama	IA	50008	⋮

GROUPS

Groups are a way for provider organizations to arrange their caregivers and the members they serve. By choosing to assign a caregiver or a member to a Group, the user can easily run reports for specific types of caregivers or members. As an example, a user can make Member Groups for members that “have dogs,” “have cats,” or “prefer male caregivers” to let the caregiver know when setting appointments.

To make a new group, the user can click the **+ New Group** button at the top of the groups table (Figure 95). To change a group, the user can click the **menu icon (3 dots)** next to the group and then click **Edit Group**. There are two types of groups that can be made or changed – **MEMBER** and **EMPLOYEE** (Figure 96).

Figure 95. **MEMBER GROUPS** and **EMPLOYEE GROUPS**

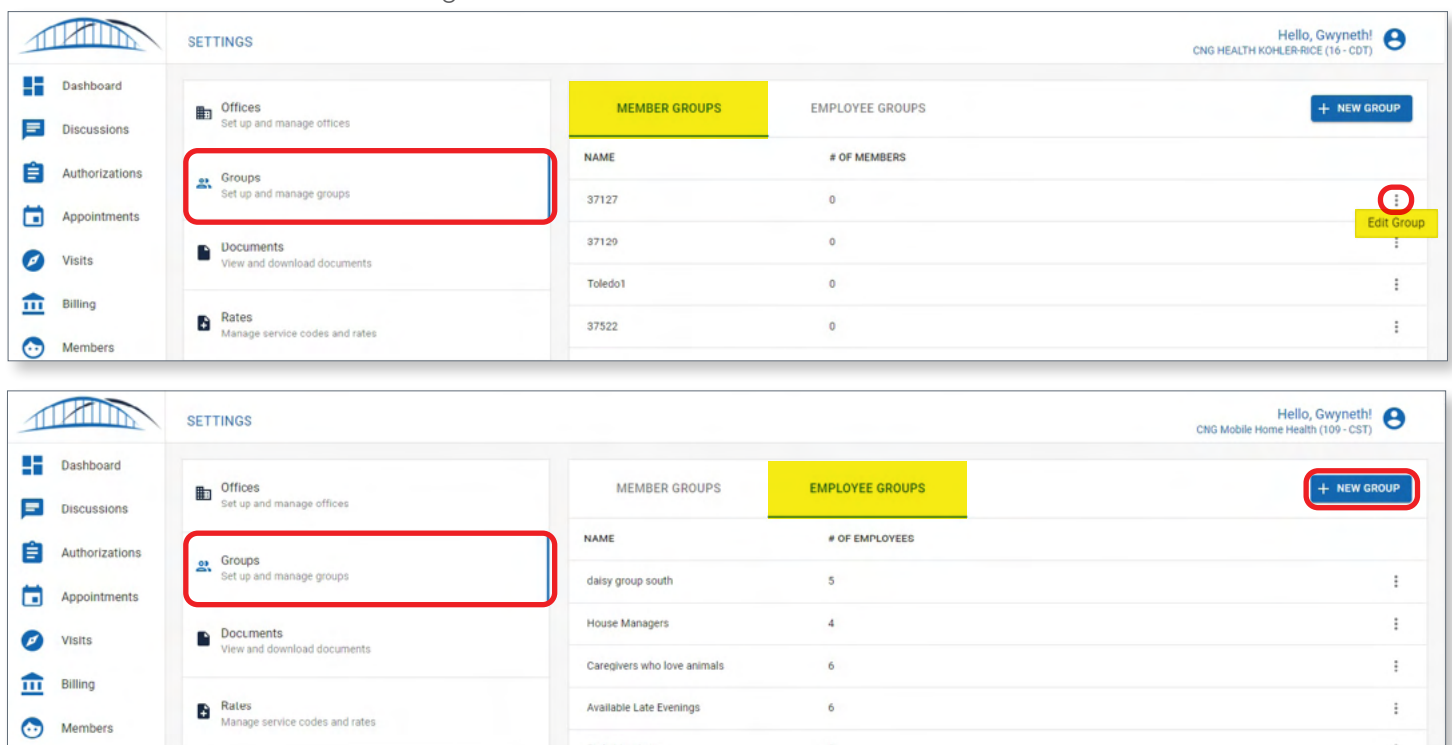
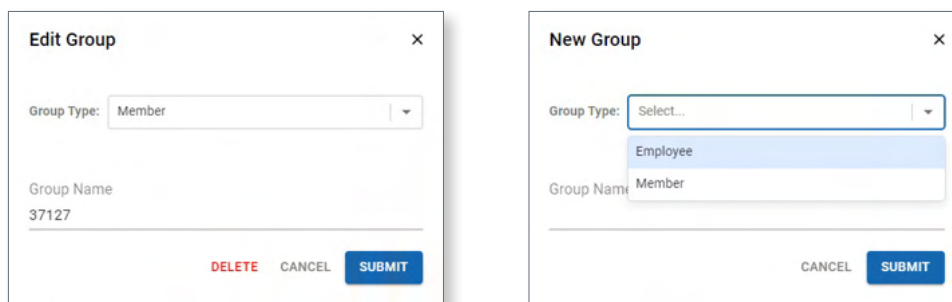


Figure 96. **Edit Group** and **New Group** dialogs



DOCUMENTS

The **Documents** tab is a list of all the exported files from other pages in the Provider Portal. When a file is exported, it will be shown in this list. When the user goes to the **DOCUMENTS** tab, they can download any file (depending on their role) by clicking its **download icon** on the far right of the row (Figure 97).

Figure 97. **DOCUMENTS** sub-tab

NAME	USER	DATE/TIME	STATUS
Appointments.pdf	Gwyneth Mceuen	03/11/2021 9:25 AM	Completed
Authorizations.csv	Gwyneth Mceuen	03/11/2021 9:22 AM	Completed
Billings.pdf	Michael Test	03/10/2021	Completed

RATES

All standard rates are provided to CareBridge by WDH and cannot be changed in the system.

Figure 98. **RATES** sub-tab

UPDATED DATE	EFFECTIVE START DATE	EFFECTIVE END DATE	SERVICE CODE	MOD	MOD RATE	PAVER(S)	CREATED BY	MEMBER(S)
02/09/2021	02/03/2021	03/31/2021	T1021		\$12.00	Amerigroup Iowa	CNG Mobile Home Health	Tremain Allinson
01/05/2021	01/20/2021	03/25/2021	S9124		\$15.00	Amerigroup Iowa	CNG Mobile Home Health	Currey Abbet



ROLES

This is a list of roles that have been used within the Provider Portal Training Manual.

Admin – A provider organization employee provisioned with the Admin role has no restrictions on what they can view or act upon in the Provider Portal. Each provider organization needs at least one (1) Admin but can also provision additional employees as Admins if necessary.

Admin-Office – A provider organization employee provisioned with the Admin-Office role has the same permissions as the Admin, but is limited to only their assigned office(s).*

Employee – The Employee role is typically reserved for provider organization field staff using the CareBridge Mobile App (aka **Caregiver**) or for employees requiring limited administrative access to the Provider Portal.

Employee-Office – A provider organization employee provisioned with the Employee-Office role has the same permissions as the Employee role, but is limited to only their assigned office(s).*

*Offices are used to group members and employees by a common attribute. Admin-Office and Employee -Office permissions are limited to the members that are also in the same assigned office(s). A common use for Offices is to group people by agency locations.

Caregiver – The employee who works in the member's home and takes care of them (see Employee).

Member – The person the provider organization helps who is enrolled in the LTSS program - getting services in their home.

Wyoming Department of Health (WDH) – Manages the Wyoming Medicaid program, including member assignment, service approval, and payment for services given.

User – Anyone at CareBridge, WDH or a provider organization who is able to login to the CareBridge EVV solution, using the website or mobile app, to review data or do work.

MEMBER PORTAL USER GUIDE



OVERVIEW

This CareBridge guide is meant to help members on a Home- and Community-Based Services (HCBS) waiver learn how to use the CareBridge Member Portal and IVR to attest to service visit details. If you have any questions, our team is here to help. Just email wylv@carebridgehealth.com or call 1 (855) 912-3301.

If you have questions, our team is always here to help. Just email wylv@carebridgehealth.com or call us at 1 (855) 912-3301.

WHAT IS ELECTRONIC VISIT VERIFICATION (EVV)?

Electronic Visit Verification (or EVV) is a way to record the time and place that caregivers provide home- and community-based services to members. EVV uses a Mobile Application or a special phone number for caregivers to Check-In and Check-Out of visits. EVV is used to make sure that members get the services they need as described in their person-centered service plan.

All caregivers who provide paid personal care type services to members must use EVV. EVV is required by a federal law called the *21st Century Cures Act*.

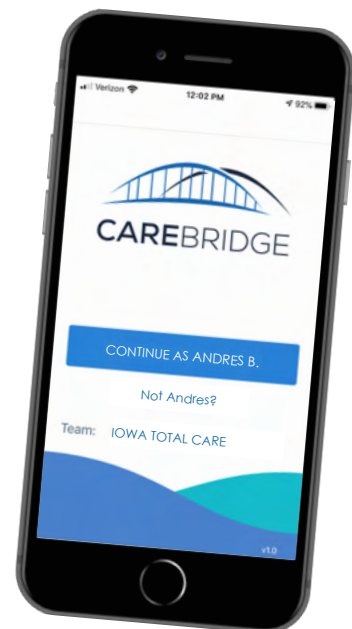
There are many benefits to EVV. One example is that it can help improve the quality of care by making it easier for caregivers to complete activities and service notes. EVV can lower the risk for error or potential fraud by recording the caregiver's location when they Check-In and Check-Out.

The *21st Century Cures Act* requires that EVV systems collect and verify the following:

1. Type of service performed.
2. Beneficiary receiving the service.
3. Caregiver providing the service.
4. Date of the service.
5. Location of the service.
6. Time the service begins.
7. Time the service ends.

WHAT IS CAREBRIDGE?

CareBridge is a company that was started to help find ways to make sure members are getting the best service possible. CareBridge built the EVV system that your caregivers will use. EVV can be used with a smart phone, a tablet with GPS (like an iPad), or the member's approved phone. CareBridge EVV Solution records the services that members receive and then sends completed visits for billing, so caregivers can get paid. **There is no charge to members, provider organizations, or caregivers for using the CareBridge EVV Solution.**



THE MEMBER PORTAL AND IVR

The Member Portal and IVR were created so that members can make sure the details of their caregiver's visits are correct. Making sure the details of a visit are correct is called **attesting**.

If your caregiver uses the Mobile App, at the end of every visit you will be asked to look at all the details of the visit in the app. If the details are correct, you will add your signature by signing the phone or tablet. Your signature is called an **attestation** and lets everyone know that the details of the visit are correct. If you are unable to sign, your caregiver can leave it blank and give a reason why. (If the details are not correct, let your caregiver know.)

WHAT IS THE MEMBER PORTAL FOR? WHAT IS MEMBER IVR?

You will have to use the **Member Portal** or call the **Member IVR** at **1 (307) 275-8056** to make sure that your visit details are correct in the system for two reasons:

1. If your caregiver does not have a smart phone or other device on which they can use the Mobile App, they will need to use your Payer-approved phone to call a special phone number and Check-In and Check-Out of the visit. This system is called **Interactive Voice Response**, or **IVR**. For all visits your caregiver uses **IVR**, you will need to sign into the **Member Portal** online or call the **Member IVR** at **1 (307) 275-8056**, review the visit details, and confirm that they are correct. The caregiver and Member IVR numbers are different, so please keep your number in a convenient place.
2. If your caregiver forgets to Check-In or Check-Out at the right time, they will need to go into the Mobile App or the Provider Portal and fix the Check-In and Check-Out times after the visit is done. Any time your caregiver fixes visit details after the fact, you will need to sign into the **Member Portal**, review the visit details, and attest they are correct or call the **Member IVR** at **1 (307) 275-8056** to attest to the visit details over the phone.

LOGGING INTO THE MEMBER PORTAL FOR THE FIRST TIME

To log in for the first time and create your CareBridge member Profile, you will need to enter your **Medicaid ID** number and **birth date**. (Your Medicaid ID number can be found on your Medicaid card.) To do this:

1. Go online to the website wy.carebridgehealth.com and select the **Member** tab.
2. Then, click the **"New to CareBridge? Sign Up!"** link below the blue **LOGIN** button.
3. You will then be asked to enter your **Medicaid ID** number and **birth date (YYYY-MM-DD)**.
4. After that, you will create your CareBridge **Username**. You can pick any username you want, but usually your first initial and last name are easiest (no space in between).
5. The first time you log in, you will also create a **password**.

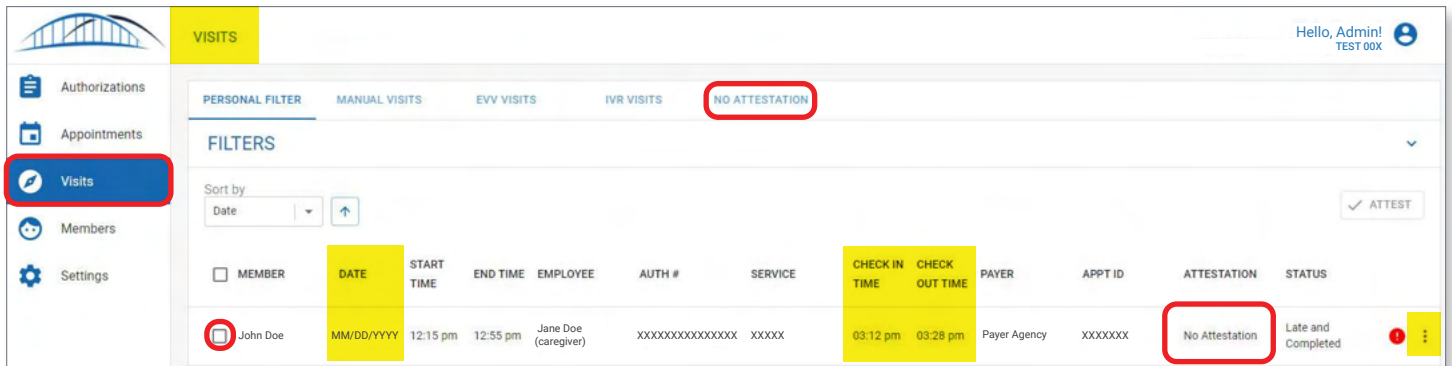
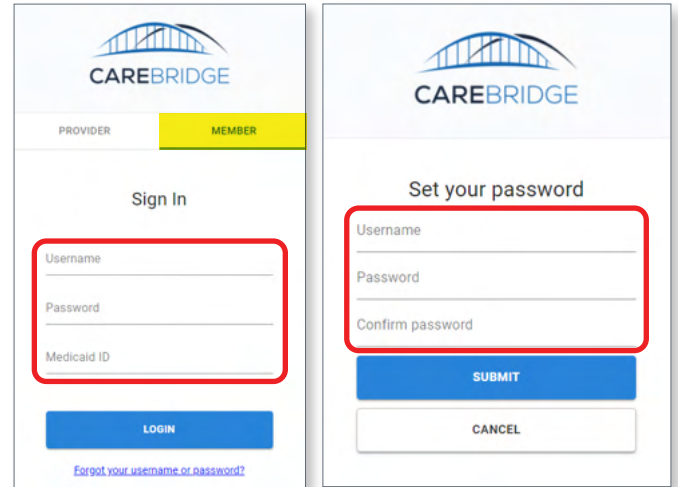
The screenshot shows the CareBridge Member Portal login interface. At the top is the CareBridge logo. Below it is a navigation bar with 'PROVIDER' and 'MEMBER' tabs. The 'MEMBER' tab is highlighted in yellow. The main content area is titled 'Sign In' and contains three input fields: 'Username', 'Password', and 'Medicaid ID'. Below these fields is a blue 'LOGIN' button. Underneath the button is a link that says 'Forgot your username or password?'. Below that is a red-bordered box with the text 'New to CareBridge? Sign Up!'. At the bottom of the page, there is a warning: 'Warning: CareBridge EVV contains U.S. Government and State of Wyoming information. By accessing and using the CareBridge EVV application, you are consenting to system monitoring for law enforcement, auditing, and other purposes. Unauthorized use of, or access to the CareBridge EVV application, may subject you to state and federal criminal prosecution and penalties, as well as civil penalties. If you agree, log in to CareBridge EVV. If you disagree, exit now by closing this window.'

You will then be asked to select the caregiver's visits to which you want to attest.

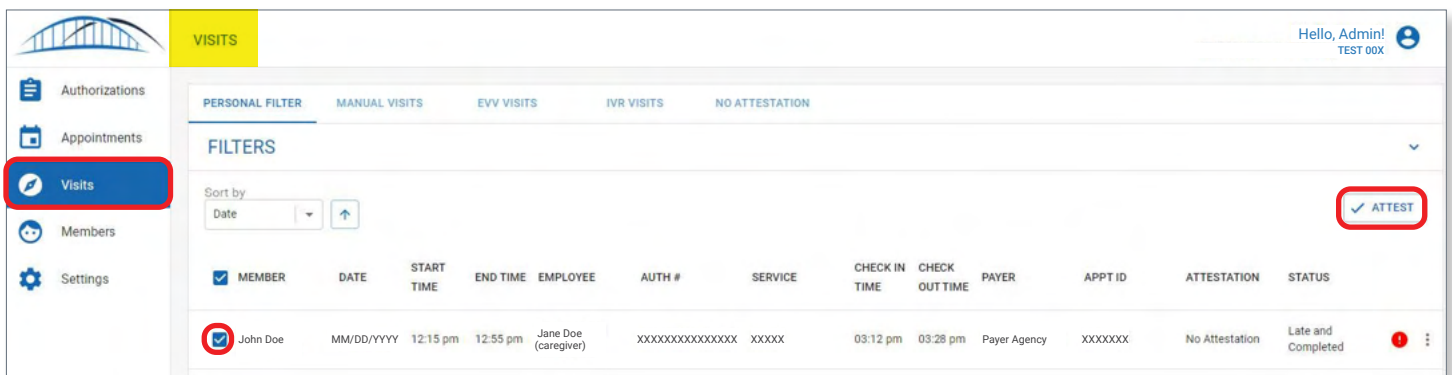
USING THE MEMBER PORTAL

When you log in to the **Member Portal**, if you have more than one caregiver, you will first need to choose the caregiver's visits to which you want to attest. After you click on the caregiver's name, you will see the **Visits page** with all the visits they have completed.

If a visit needs your attestation (confirmation of the details of the visit), it will say **No Attestation** in the Attestation column. To view all the visits you haven't checked yet, click the, **NO ATTESTATION** tab.



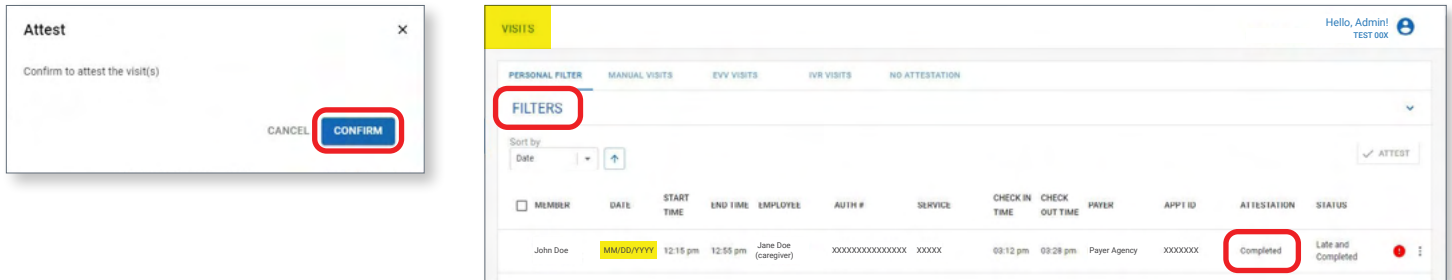
For all the visits that need your attestation, look at each line to make sure the date, check-in, and check-out times are all correct. To see more details of a visit, click the **three dots menu** on the right and select **Visit Details**. Once you have confirmed that everything is correct, return to the Visits page and click the **check-box** next to that visit.



If the details, date, or times of a visit are not correct, tell your caregiver. Your caregiver can correct the details, dates, and times. Once the visit is corrected, you will need to go back into the **Member Portal** and attest to all the visit details.

When you have checked all the visits you need to, click on the **ATTEST** button in the top right of the Visits page and then select **CONFIRM** in the Attest dialog to complete your attestation.

Once you have successfully attested to a visit, it will have an attestation status of “Completed” on the Visits page.



AUTHORIZATIONS PAGE

The Authorizations page shows you your Authorization information such as start and end dates, authorization number, scheduled and billed utilization percentages, status, and the name of your assigned caregiver.

APPOINTMENTS PAGE

The Appointments page shows you your appointment information. Here you can find the appointment dates, times, ID numbers, types of services being performed, and the name of your assigned caregiver.

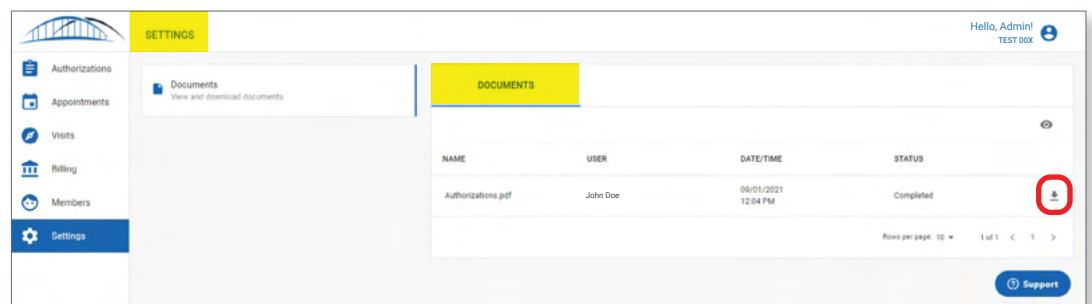
MEMBERS PAGE

The Members page only includes information on the member that is logged into the Member Portal. Here, you can find your Member ID number, the address on file, your payer information, active authorizations, status, what offices and groups you are assigned to (if any), and information about your most recent visit.

To see even more information, you can click on the **three dots menu** and select **Member Details**. The Member Details screen will show you all your general information, a calendar view of your appointments and visits, and your (EVV) Care Plan.

SETTINGS PAGE

The Settings page is empty unless you run a report when you are viewing information in the Member Portal. If you export any information to a file, that file will be listed in the **DOCUMENTS** sub tab on the Settings page. You can download the document there by clicking the **download arrow** on the far right of the screen.



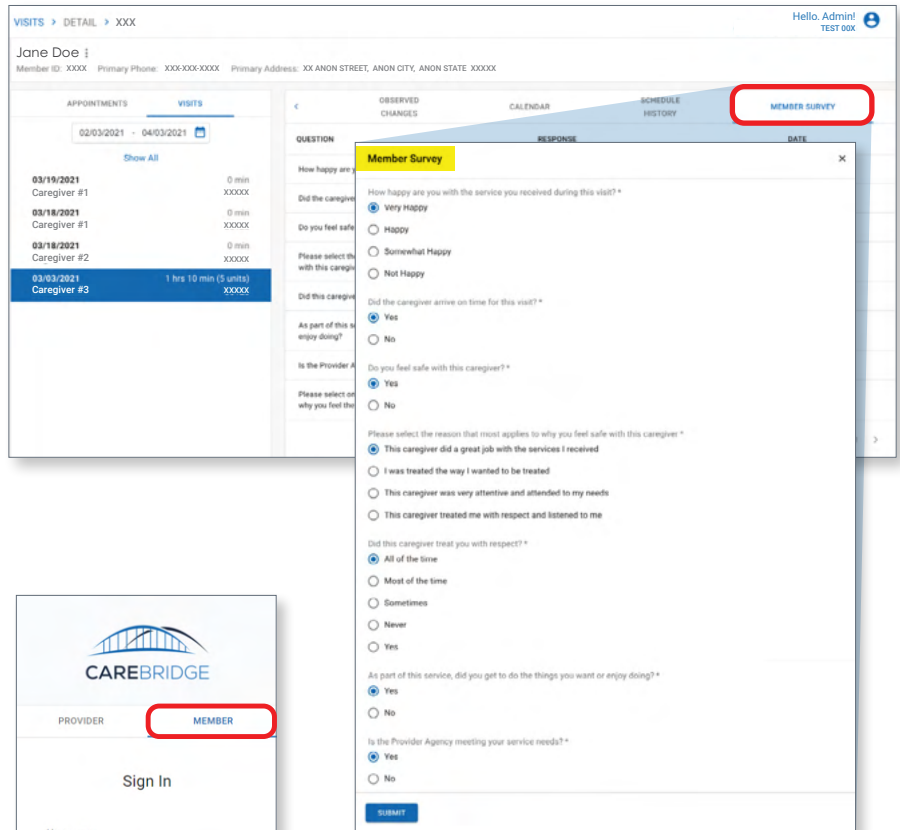
MEMBER SUPPORT

If you have any questions or need help, email CareBridge Support Center at wyevv@carebridgehealth.com or call **1 (855) 912-3301**

The CareBridge Support Center is open Monday through Friday from 7:00 AM to 5:00 PM Mountain Time.

MEMBER SURVEY

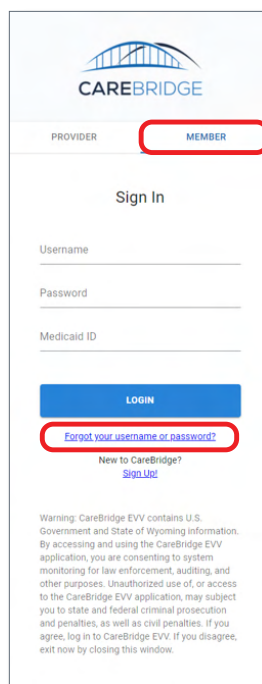
Another important part of the Member Portal is the ability to complete the Member Survey. This gives you, the member, the opportunity to complete a survey to provide feedback on quality of care and whether you felt safe after a visit. Both your provider and WDH will have access to any survey results that you submit.



WHAT IF I FORGET MY USERNAME OR PASSWORD?

If you forget your username or password, click the **Forgot Your Username or Password?** button just below the blue **LOGIN** button. On the next page, enter your **Medicaid ID** number and **date of birth** then click **Submit**.

You will then be able to reset your password.



MOBILE APPLICATION DOWNLOAD & LOGIN GUIDE



OVERVIEW

The Mobile App allows the caregiver to **Check-In** and **Check-Out** of EVV required appointments, document any **Observed Changes**, view, and document the (EVV) **Care Plan** tasks they should be completing, and start and/or respond to a **Discussion** about that member.

DOWNLOAD AND FIRST TIME LOGIN

The caregiver can download the free CareBridge Mobile App by searching for 'CareBridge' in the App Store/Google Play Store.

- The Mobile App requires location services permission at installation. (**Please note:** the caregiver's current location is only captured during the Check-In and Check-Out process.)
- The Mobile App supports the most current versions of both operating systems.
- The Mobile App supports the following languages: English, Spanish, and Russian.

Once the app is installed, the caregiver will see the **Team Setup** screen (Figure 2). They should have received a **Provider ID** from their provider organization during training or in an email after training. The caregiver should enter the **Provider ID** and click **Next** to begin the login process. If they want to practice with training data, they can click on **Training Mode**.

Next, the caregiver can choose **Sign Up!** and enter their username (this could be an email address or the first initial of the caregiver's first name and their last name with no spaces). If the provider organization created their profile with their phone number, the caregiver will receive a 6-digit code in a text message after they click **Next**. If the provider organization does not have the caregiver's phone number, but has their email address, the caregiver will receive the 6-digit code in their email. If the provider organization doesn't have either, the caregiver will need to get a one-time code by contacting their provider organization after they click **Next**.

Figure 1. App Store and Google Play Store

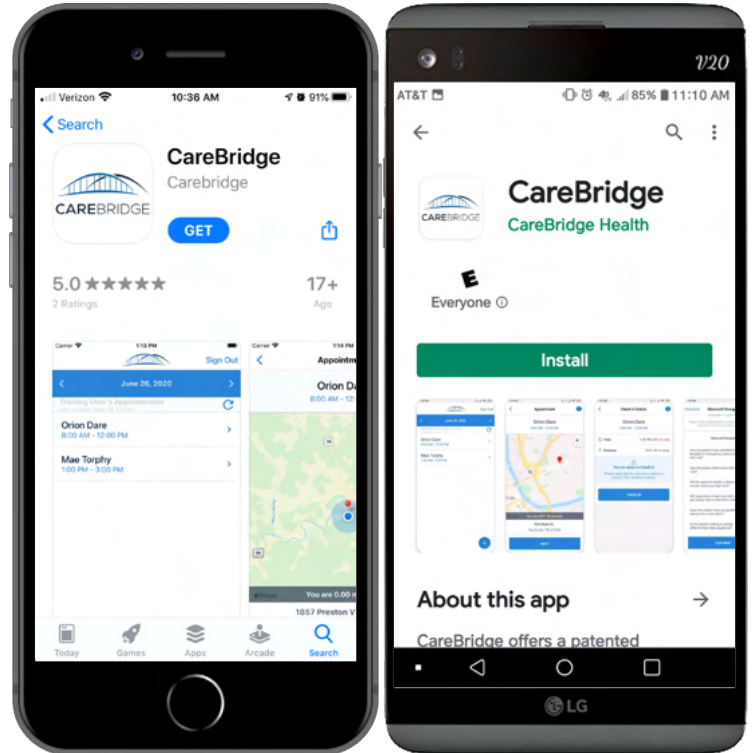
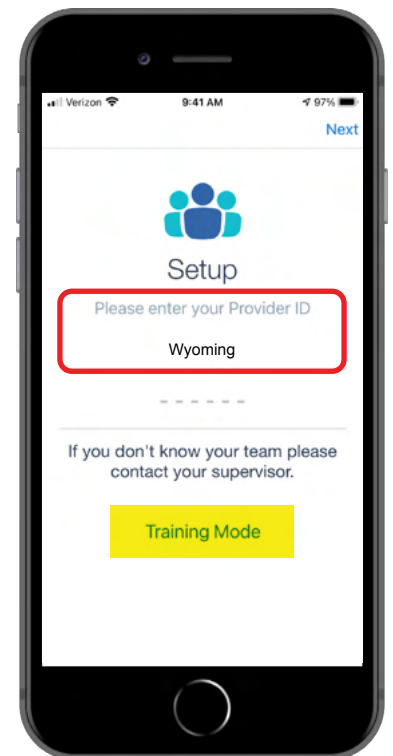


Figure 2. Team Setup screen



Please note: the code expires after 20 minutes, so after the caregiver calls their provider organization and gets the code, they must enter it right away (Figure 3).

Once the caregiver enters their code and it has been verified, they will be prompted to **set up their password** and enter their **mobile phone number** (Figure 4). Then they must click **Next**. Please note that the caregiver will also be asked to submit their **birth date** during login.

Figure 3. Download and Registration

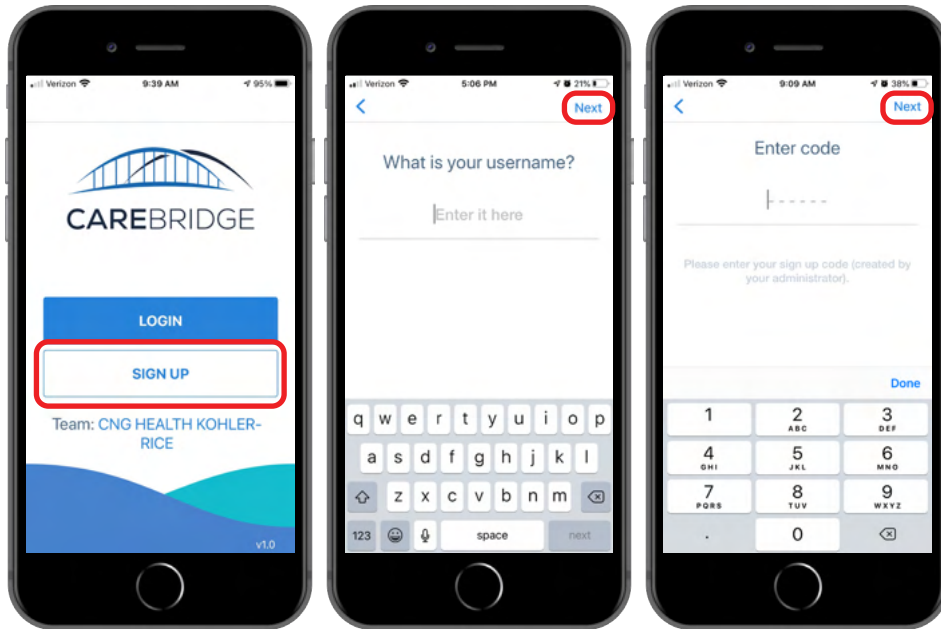
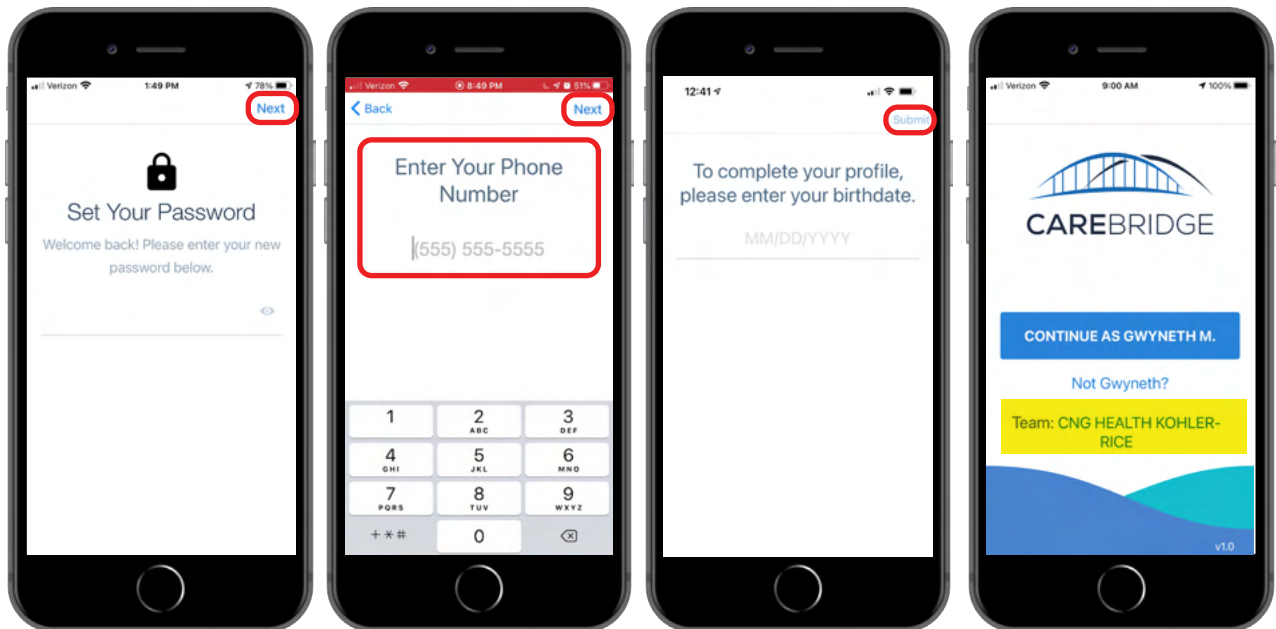


Figure 4. Setting up a user profile

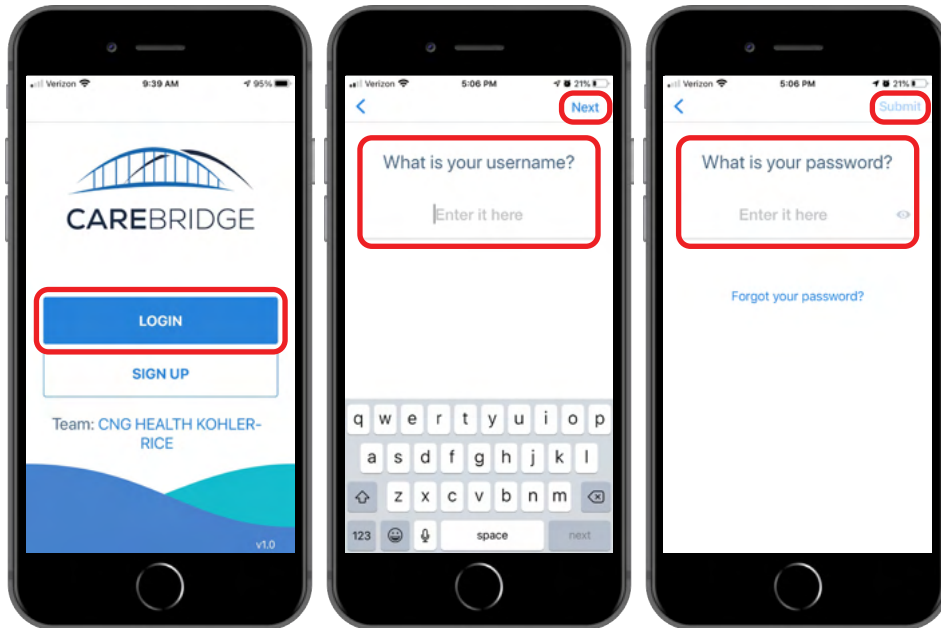


The caregiver will now be on the login screen (Figure 4) and it will show their first name and the first initial of their last name. They are now registered in the CareBridge Mobile App.

LOG IN

Once the caregiver is set up they will need to sign into the mobile app by entering their **username** - then they can click **Next** and enter their **password** - then they can click the **SUBMIT** button (Figure 5).

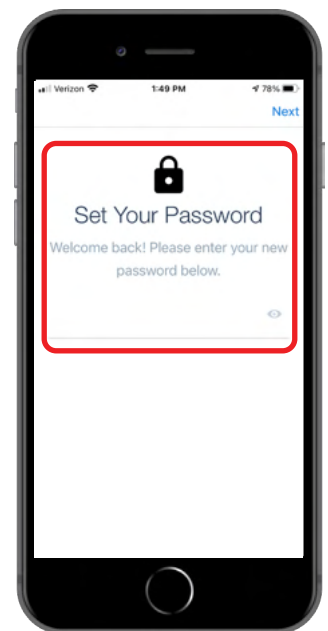
Figure 5. Sign into the Mobile Application



WHAT IF I FORGET MY PASSWORD?

If the caregiver forgets their password, they can click “**Forgot your Password?**”. They will receive a **6-digit code** in a text message. Entering the **code** on the recovery screen will allow them to set a new password (Figure 6).

Figure 6. Set your new password



STILL NEED HELP?

Many of the caregiver's questions can be addressed by the provider organization's admin. These include things like:

- Username/password issues
- Appointments
- Scheduling
- Missed visits

For technical questions about the CareBridge platform and how it functions, the CareBridge Technical Support team is happy to help. The caregiver or their administrator can contact us here: wyevv@carebridgehealth.com or at **1 (855) 912-3301**.

MOBILE APPLICATION CHECK-IN & CHECK-OUT GUIDE



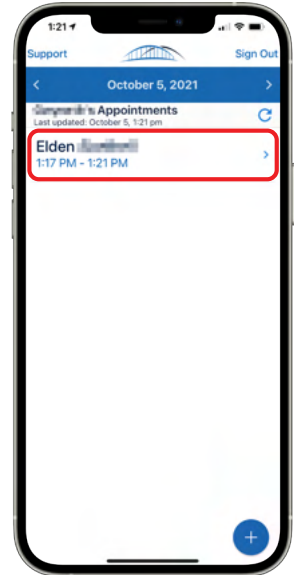
OVERVIEW

The CareBridge Mobile Application is available for caregivers and can be downloaded from the App Store or Google Play store. If help is needed with downloading the app, please refer to the Mobile Application Download and Login Guide in the [CareBridge Resource Library](#). The instructions below will aid caregivers with Checking In and Checking Out of appointments within the mobile app.

After logging in, if the caregiver already has scheduled appointments, they can find the appointment they need to work and **click** on it. If they need to create a new appointment, the caregiver can follow the steps below. **Please note:** When different services are scheduled one after the other, the caregiver must Check-Out of the first service and Check-In to the second service for the visits to complete and billing to occur properly.

Disclaimer: All illustrations in this document are created with an Apple iPhone. The app should look similar on iPhone and Android phones, and all app functions are named the same in both operating systems.

Figure 1. Select a scheduled appointment



CREATING A NEW VISIT AND CHECKING IN

After logging in, the caregiver will need to create an appointment for the member they are helping.

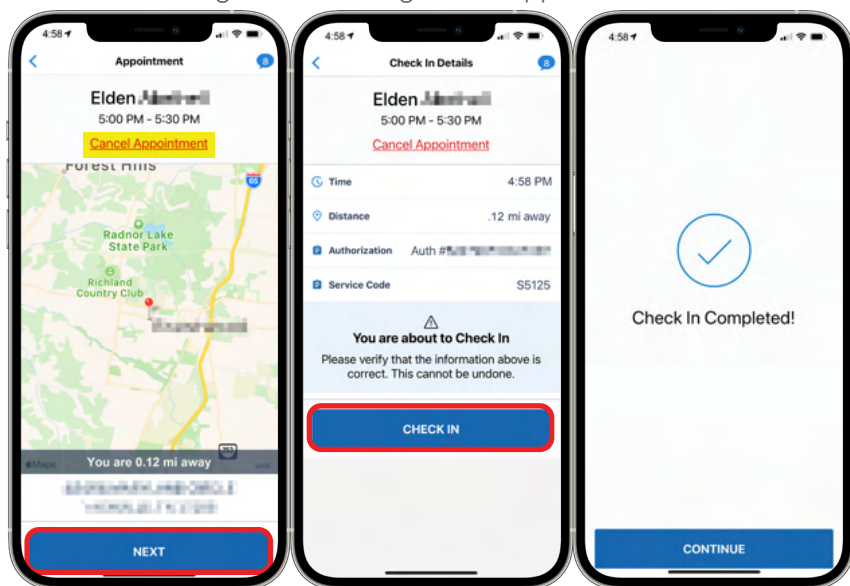
1. Click the **+** (plus sign) at the bottom of the screen to open the Search Member screen. Enter the member's name in the search area at the top. If the member has more than one service code it is **IMPORTANT** to make sure that the caregiver selects the correct service code - if not it adds the visit to the wrong (prior) authorization (Figure 2). Notice the **gray star** on the right of the member's name. Select it to make this member a "Saved Member". This makes it easier to find them quickly at Checks-In and will also enable off-line Check-In for this member. Saved members have **blue stars**.
2. Click on the **Member's name**.
3. Click **CHECK IN NOW** for an immediate visit or enter the **start** and **end times** for a future appointment.

Figure 2. Create an Ad-Hoc appointment



4. If **CHECK IN NOW** is clicked, the caregiver will see the GPS screen with the map (Figure 3). **Please note:** If this appointment was scheduled incorrectly, the caregiver can click on the **Cancel Appointment** link above the GPS map. If the appointment is correct, they can click **Next**.
5. To create a future appointment, the caregiver must click **Schedule** to confirm that appointment. Now the caregiver will be able to see the **Member** on the list. They can now click on the **Member**.
6. Next they can click **CHECK IN** and check into that appointment.
7. Once the caregiver has Checked-In, **they may STOP using the app.** They can begin working the visit and assisting the member.

Figure 3. Checking into an appointment



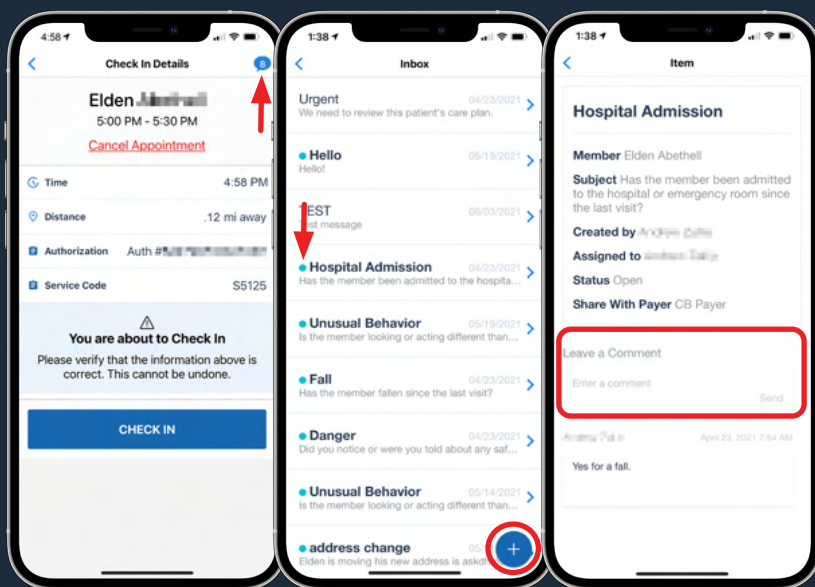
Please note: It is possible that the GPS will not pinpoint the caregiver's exact location but show something within 1/10 of a mile of their location. This is normal and the visit will still be documented.

DISCUSSIONS (FIGURE 4)

In Wyoming, provider organizations can use discussions to communicate internally. WDH is only auto-added to the discussion if an address change, observed change, or phone number update is requested. WDH can be added to other discussions if needed.

When the caregiver opens the Check In Details screen, there is a **speech bubble icon** in the top right corner. If it is **blue**, it means there is at least one unread comment. The caregiver can click on the **icon** to view Discussions. A **blue dot** shows which Discussions have unread comments. The caregiver may open and read comments in an existing Discussion by clicking on it (Figure 4). If they would like to create a new Discussion to be attached to the member (visible to office staff or caregivers working with the member), they can click the **+** (plus sign) to add a new Discussion. **Please note:** All urgent issues need to be reported to WDH via the required incident reporting process already in place.

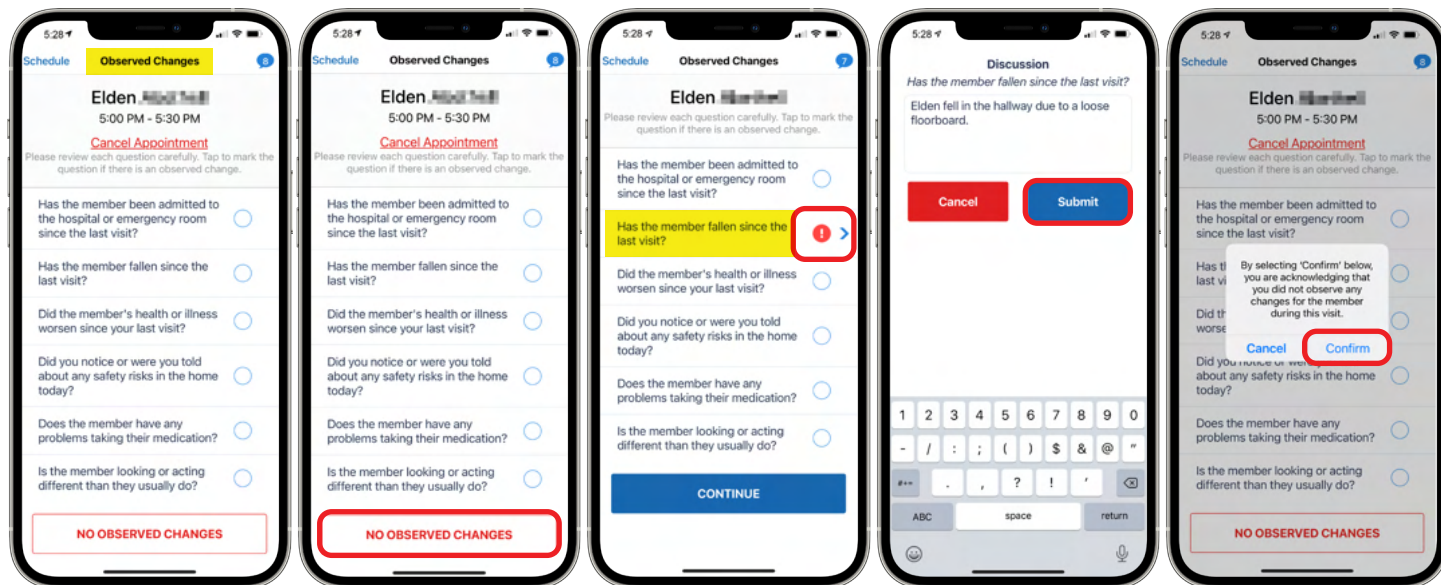
Figure 4. Discussions



OBSERVED CHANGES

Once the caregiver has *finished working their visit*, they will go back to the Mobile App (it will pick up where they left off) and continue the documenting process. If they noticed any changes in the member's health since their last visit, they can document them in **Observed Changes**.

Figure 5. Observed Changes



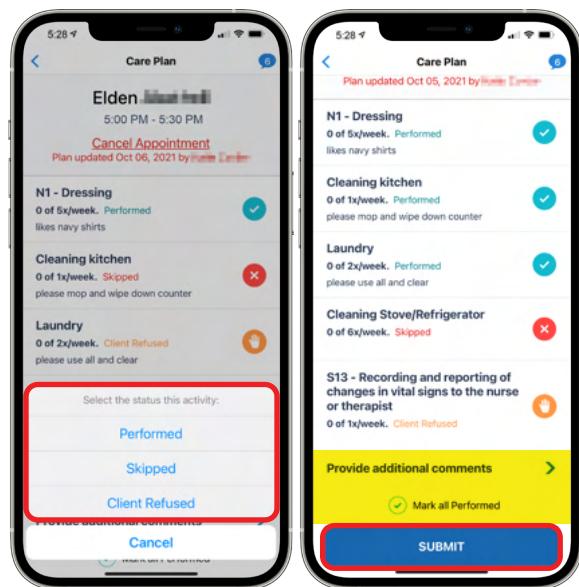
The caregiver must review each question and check any that apply (where the answer is 'Yes'), click the > sign to add comments and then **SUBMIT** (Figure 5). After they have reviewed all the questions, they can click **CONTINUE**. They will be asked to confirm that they have reviewed all the **Observed Changes** questions. If there are no changes, the caregiver can click **NO OBSERVED CHANGES** then **Confirm**.

NOTE: All urgent issues need to be reported to WDH via the required incident reporting process already in place.

(EVV) CARE PLAN

After Observed Changes, the caregiver will see the member's (EVV) 'Care Plan'. The (EVV) Care Plan activities should be completed at the end of the visit before the caregiver checks out. In the (EVV) Care Plan, they can either **Mark all Performed** or choose each task individually and mark them either **Performed**, **Skipped**, or **Client (Member) Refused** (Figure 6). If the caregiver chooses to mark the tasks individually, they can make comments as needed and then **SUBMIT** and continue. The caregiver can always update any individual responses before clicking **SUBMIT**. They can also see the frequency for each task and track how many tasks have been completed.

Figure 6. Track (EVV) Care Plan progress



CHECKING-OUT OF A VISIT

After completing the (EVV) Care Plan, the caregiver will see the **CHECK OUT** screen (Figure 7) along with the completed Observed Changes questions and (EVV) Care Plan tasks. After reviewing, they can click the **Collect Signature** button. Once the member signs, the caregiver can click **APPROVE**. If a member doesn't sign, the signature can be skipped by clicking **APPROVE** and selecting **Member Refused** or (if it's available in WY) **Member Unable**. The visit has then been completed and the app will return to the appointment screen (Figure 8).

Figure 7. Checking Out of a visit

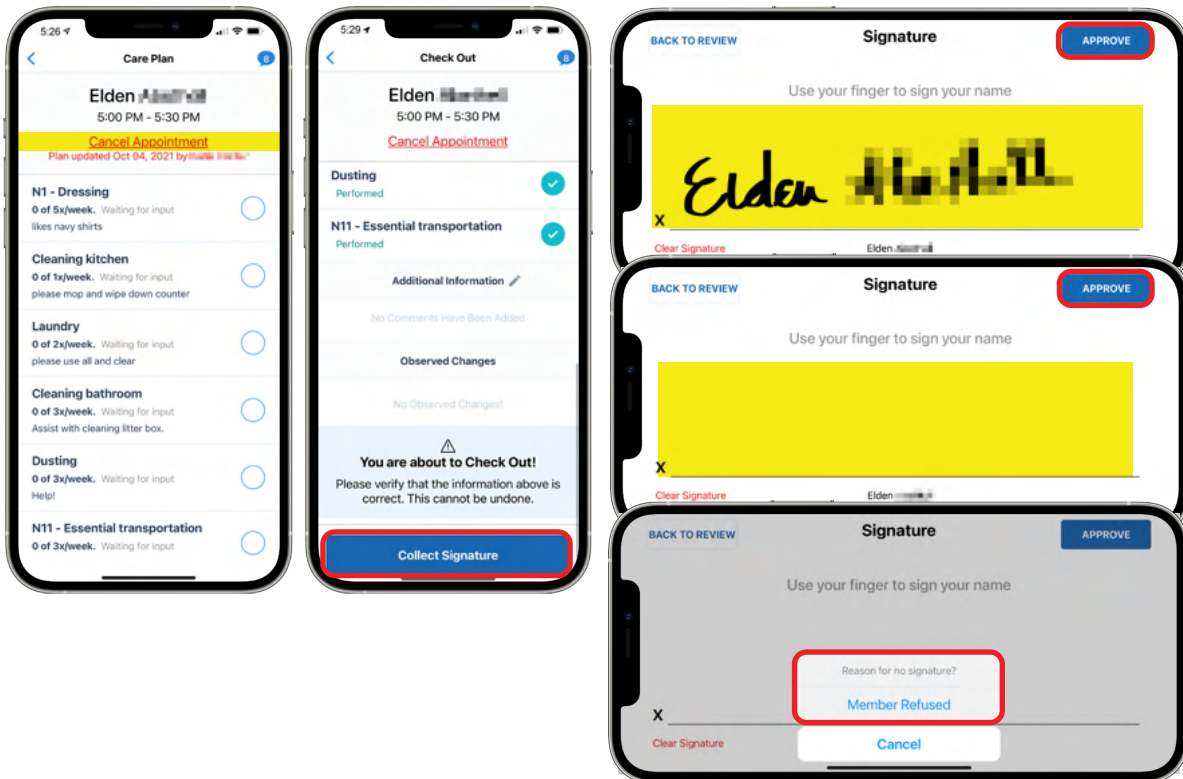


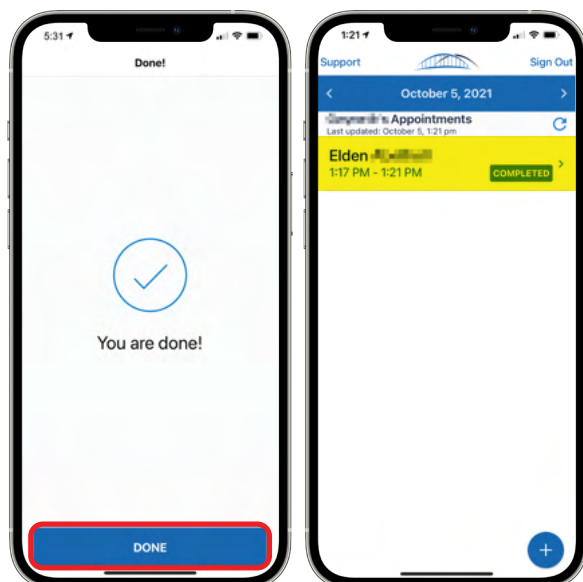
Figure 8. Checked Out

STILL NEED HELP?

Many of the caregiver's questions can be addressed by the provider organization's portal administrator. These include things like:

- Username/password issues
- Appointments
- Scheduling
- Missed visits

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INTERACTIVE VOICE RESPONSE (IVR) CHECK-IN & CHECK-OUT GUIDE



OVERVIEW

Caregivers that are unable to use the CareBridge Mobile Application, may use the **Interactive Voice Response (IVR)** option to Check-In and Check-Out of the scheduled visit. This method takes more time to complete, and they will need to use the member's *WDH approved phone number* to call the IVR line. Caregivers will need three different codes that must be entered each time they call in using IVR. A **Provider ID** number, an **IVR PIN** (which is the same number as the Provider ID,) and an **IVR Password**.

Caregivers will need to create an **8-digit IVR Password** the first time they use IVR. The IVR system will guide caregivers through a series of questions to complete the **Check-In, Observed Changes, (EVV) Care Plan, and Check-Out** processes.

STEP 1: CALL THE IVR NUMBER FROM MEMBER'S PHONE

The IVR Number is **1 (307) 227-2846**.

Select desired language.

Enter the **Provider ID** followed by **pound (#)**.

STEP 2: ENTER PROVIDER ID FOLLOWED BY

The caregiver will then be prompted to enter the **IVR PIN** (which is the same number as the Provider ID) followed by **pound (#)**.

STEP 3: ENTER IVR PIN FOLLOWED BY

*If it is the caregiver's first time calling in, they will be prompted to enter their **Sign-Up code** - which is a **6-digit number** sent to them via text or email - followed by pound (#).

STEP 4: ENTER SIGN-UP CODE* FOLLOWED BY

To sign into their account, caregivers should then **press 1** followed by **pound (#)**.

If it is their first time calling in, they will be prompted to create their **8-digit password** followed by **pound (#)**.



STEP 5: ENTER IVR PASSWORD FOLLOWED BY #

After entering the **8-digit Password** followed by **pound (#)**, they will then be prompted to confirm it (**press 1**) or change it (**press 2**).

After confirming the password, they will be prompted to Check-In.

STEP 6: CHECK-IN AND/OR CREATE AN APPOINTMENT

If the caregiver has appointments scheduled through the provider organization, they will hear today's schedule. They must then select the correct number for the appointment they need to check into. They can **hang up** at this point.

If the caregiver creates their own appointments through the mobile app, after they have confirmed your password and signed in, they will hear a message that they do not have any scheduled visits, then they will hear prompts for scheduling an appointment.

1. **Press 1** to create a new appointment.
2. Select the member the caregiver is serving. If the member has multiple PAs (authorizations), the caregiver must select the one they need for their appointment.
3. The caregiver will then be presented with four options:
 - a. **Press 1** to enter schedule start time and end time (to schedule an appointment for later). If they select this option, they must follow the prompts to enter the time of the appointment, and use 12-hour format with leading zeros added accordingly. (Example: 2:30 should be entered as 0230.) Select 1 for A.M. or 2 for P.M.
 - b. **Press 2** to **Check-In now** (to start the appointment immediately).
 - c. **Press 3** to return to the main menu.
 - d. **Press 4** to end the call.
4. If the caregiver scheduled an appointment for later, they can press the # (pound) key to confirm the appointment time.
5. If the caregiver selected 2 for **Check-In Now**, they can hang up and begin their service activities.

Please note: If the caregiver gets a message that the member has no current PAs (authorizations) they must call WDH.

STEP 7: CHECK-OUT

At the end of the visit, the caregiver must call **1 (307) 227-2846** again and follow the directions to Check-Out.

First, they will need to answer the Observed Changes and (EVV) Care Plan questions.



STEP 8: EVV CARE PLAN QUESTIONS

The caregiver will be presented with three options:

1. To complete the member's EVV Care Plan, **Press 1**.
 - a. **Press 1** to mark a task **COMPLETED**.
 - b. **Press 2** to mark a task as **SKIPPED**.
 - c. **Press 3** to mark a task as **REFUSED**.
 - d. **Press 4** to repeat the task.
2. To review the member's EVV Care Plan, updated at (time), **Press 2**.
3. To complete member's EVV Care Plan and mark all tasks performed, **Press 3**.

STEP 9: OBSERVED CHANGES QUESTIONS

Observed Changes questions will be listed after the caregiver answers the (EVV) Care Plan questions.

Select the correct number for each response, (**1** for Yes or **2** for No). If the caregiver needs to leave notes for an observed change, they must follow the prompts and record their notes.

Then the caregiver must follow the directions to Check-Out of the visit and **hang up** when complete.

STILL NEED HELP?

Many questions can be addressed by the provider organization Portal administrator. These include things like:

- Username/password issues
- Appointments
- Scheduling
- Missed visits

For technical questions about the CareBridge solution and how it functions, the CareBridge Technical Support Team is happy to help. Caregivers or their administrators can contact us here: wyevv@carebridgehealth.com or at **1 (855) 912-3301**.