CAREBRIDGE

TRAINING GUIDE

CareBridge Payer Portal
Electronic Visit Verification (EVV)

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INTRODUCTION

OVERVIEW

This Training Guide is intended to help MCO employees understand how to best utilize the CareBridge Payer Platform to manage provider agencies and the members they serve on a day-to-day basis. If at any point you have questions, please reach out to your MCO's CareBridge Client Relations Manager.

WHAT IS ELECTRONIC VISIT VERIFICATION (EVV)?

EVV uses technology to record the times and locations that Caregivers or Direct Service Workers (DSRs) Check-In and Check-Out of an Appointment. EVV has proven to accurately log Caregiver's/ DSW's times and minimize or eliminate inappropriate claims.

Under the federal 21st Century Cures Act, EVV is required to be used by Providers, Caregivers, Attendants, and Homemakers that deliver personal care, attendant care, and homemaker services (in 15-minute increments or daily) to Medicaid beneficiaries. The 21st Century Cures Act requires that EVV systems must collect and verify the following 7 items:

- Type of service performed
- Beneficiary receiving the service
- Caregiver providing the service
- Date of the service
- Location of the service
- Time the service begins
- Time the service ends

WHAT IS CAREBRIDGE?

CareBridge is an EVV and EVV aggregation company formed to improve the processes that enable caring for people (Members) who receive Long-Term Services and Supports (LTSS). We offer LTSS solutions including an Electronic Visit Verification Platform that can be utilized via a mobile phone, tablet, landline, and web-based portal to record the delivery of service and facilitate day-to-day management of Members' appointments and providers' claims.

CareBridge also supports a wide array of EVV aggregation solutions, allowing provider agencies to continue using their current 3rd-party EVV provider while still fulfilling the requirement to send data back to health plans or the state.

PLATFORM OVERVIEW AND SETUP

OVERVIEW

The CareBridge Payer Portal is a conduit between your organization, provider agencies, and caregivers. In an intuitive and user-friendly platform, it brings together all the relevant information for members, authorizations, providers, visits, and claims to effectively manage providers and ensure members receive the highest quality care.
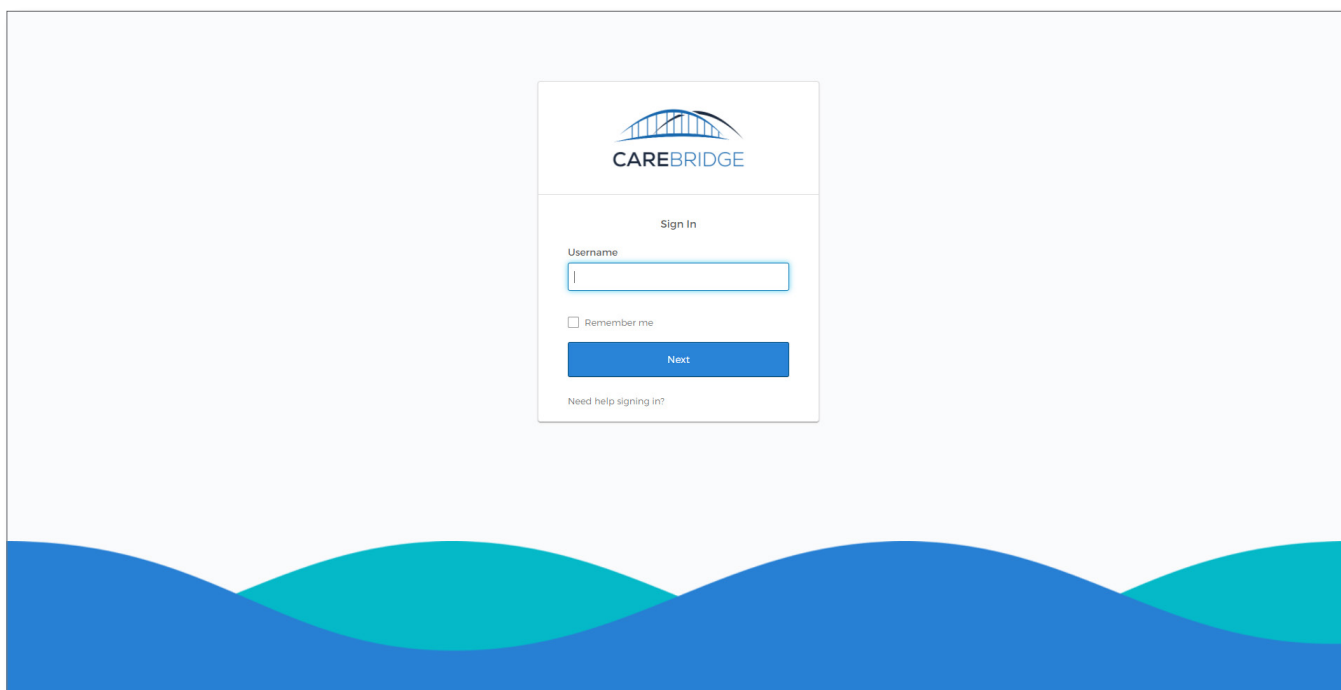
The following sections will provide an overview of the basic features and functions of the CareBridge Payer Portal.

SIGNING IN

1. Navigate to https://njmco.carebridgehealth.com
2. Enter your username and click **Next**
3. Enter your password and click **Log In**

SIGNING IN FOR THE FIRST TIME

1. Your organizations administrative user will create the profile and a temporary password for a new user and communicate both to the new user
2. The new users will navigate to https://njmco.carebridgehealth.com
3. Enter their username and click **Next**
4. Enter their temporary password and click **Log In**
5. They will be prompted to create a permanent password
6. After creating a permanent password, their account will be active

RESETTING YOUR PASSWORD

If you forget or need to reset your password, navigate to the log in page. Immediately below the large blue **Next** button, click **Need help signing in?** then **Forgot password?**. Enter your username or email address, click **Reset via Email**, and you will receive an email with instructions to finish resetting your password.

NAVIGATION

The CareBridge Payer Portal is organized into 10 main pages located on the left navigation pane. The seven primary EVV pages display data in a table format with the **Personal Filter** as the default tab you first see. The **Personal Filter** is an unfiltered view of the page's entire data table. Most pages have additional tabs that are pre-filtered lists to help you quickly view important subsets of each page's table. The pages will be discussed in more detail throughout this User Manual.
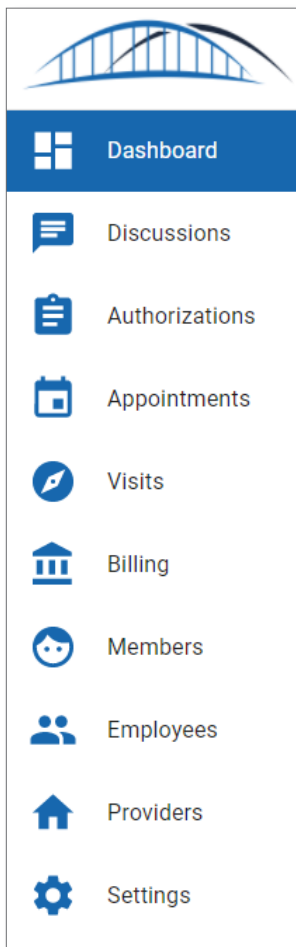
- **Dashboard:** Allows Employees to view key metrics and graphs in clear visualizations to support operational efficiency
- **Discussions:** Enables communication both internally within your organization and externally with providers and caregivers
- **Authorizations:** Displays the details and critical information for all authorizations, including status and scheduled utilization percentage
- **Appointments:** Displays upcoming scheduled appointments and allows employees to view late and missed appointments
- **Visits:** Shows completed visits and important details such as whether it was late or missed, flags indicating problems, and if the visit is EVV compliant
- **Billing:** Displays all visits that have been exported for claims by providers and the claims' billing statuses
- **Members:** Displays Members and their critical information
- **Employees:** Lists your organization's employees and allows you to create and manage employee profiles
- **Providers:** Lists all providers and their relevant information
- **Settings:** Allows Employees to 1) create groups that you can assign providers and members to for more efficient business management and 2) view and manage imported authorization, member, and provider data files

EMPLOYEES PAGE

The Employees Page provides a table of all your organization's employees and their profile information. From the Employees Page, you can view, modify, and create new employee profiles.

To view or edit details in an employee's profile, click the **three dots** on the far right of the row and select **Employee Details**. To enable editing in the Employee Details page, click the **pencil icon** next to their name. When finished, click **Save**.

To add an employee to your organization's CareBridge account, navigate to the Employees Page and click **Create Employee** in the top right. The administrative user will manually create the employee's profile, including their username and a temporary password and must communicate their username and temporary password to the new user.

When the new user logs in for the first time, they will be prompted to create a permanent password. After that process is complete, their profile will be active, and they can perform all the functions in the Payer Portal.

FILE IMPORT AND EXPORTING REPORTS

CareBridge receives 3 files from health plans through automatic secure file transfer protocol (SFTP), a Member file, an Authorizations file and a Provider file. The files for Members and Authorizations update daily, and the Provider file updates weekly. Health plan employees can view the import history, including any errors and warnings, in the CareBridge portal by navigating to the Settings Page and selecting the **Imports** tab. Note the key details: Imported date and time, file type, status, # of records, warnings, and errors. To view the individual files and any warnings or errors, click the **three dots** on the right of the table and select **Import Details**.

You can also export data tables from the CareBridge portal as a comma separated value file. When viewing data in the portal, use **Filters** to create the table you need and click **Export to File** in the bottom left of the page. You will be prompted to choose the download location on your computer.

PROVIDERS PAGE

The Providers Page is unique to the Payer Portal and is a table of all the providers in your network. Provider files are automatically update weekly through SFTP. Click **Filters** to find specific providers or use any combination of variables to create custom lists.

To help manage providers, you can assign them to groups. To assign one or many providers to a group, click the **check box** to the left of their name, click the **Assign To** button in the top right of the able, then choose which group to assign them to. Click **Submit**.

Groups are created in the Settings Page and discussed in more detail in that section of this manual.

MEMBERS PAGE

The Members Page in the CareBridge Provider Portal allows MCO Employees to view the information of all members currently in the Payer Portal. The Members Page is populated with data from the Member file, (provided by MCO) and updates daily through SFTP.

VIEW MEMBERS

From the Members page, you will see a table of all Members. The table can be filtered on multiple parameters by clicking **Filters** or sorted using the **Sort by** drop-down at the top left of the table.

VIEW MEMBER DETAILS

To view or edit more details about a Member, select the **menu icon (3 dots)** on the right side of the Members row and select **Member Details**.

From the Member Details page, you can view Member demographic info, upcoming Appointments and completed Visits in both a calendar and list views, Discussions, and Authorizations.

The lists of Appointments, Visits, Discussions, and Authorizations can be filtered by clicking the **upside-down filter icon** in the top right of each list. You can navigate to the details of each appointment, visit, discussion, or authorization by clicking the **three dots (options button)** at the far right of the row.

MODIFY MEMBER DETAILS

The Member Details page is populated with data from the Member file (provided by the State to the MCO) and updates with the most recent information daily with the Member file sent from the MCO to CareBridge.

Providers cannot modify the Member File, but they can request to add or change a phone number or address in the member's details within the CareBridge Platform. These changes will not affect the Member File as received by CareBridge and must be approved by the MCO. Approval can be configured to happen automatically or require manual approval by MCO employees, and new phone numbers and addresses cannot be used by the provider until approved. To be clear, these changes are in addition to information in the Member File and exist only within the CareBridge Platform.

Assign to a Group

To help manage members, you can assign them to groups. Groups are an open-ended tool designed to help you manage members (and providers) however you need. To assign one or many members to a group, click the **check box** to the left of their name, click the **Assign To** button in the top right of the table, then choose which group to assign them to and click **Submit**.

Groups are created in the Settings Page and discussed in more detail in that section of the manual.

MEMBER REPORTS

By default, the **Personal Filter** is selected when navigating to the Members page. The **Personal Filter** can be used to filter and sort the Members table in a variety of ways to return the subset of Members that is most useful. In addition to the **Personal Filter**, the Members page has three pre-filtered lists to help you quickly navigate to useful Member data:

- **Active Members** shows all active Members.
- **Unassigned Members** shows all Members who have not been assigned to a Group.
- **Compliance Score** returns a list of all Members sorted by Compliance Score in ascending order. View in descending order by clicking the **arrow button** to the right of the **Sort By** drop-down menu. Compliance Score is defined in CareBridge as the percentage of visits that have all the required EVV data collected, are on time (not late or missed), and are not a manual entry.

To export any table from the Members Page to a comma separated value file, click **Export to File** in the bottom left of the table and choose where to download the file.

ELECTRONIC VISIT VERIFICATION (EVV) WORKFLOWS

OVERVIEW

The following sections will help introduce the features and functionality of EVV in the CareBridge Payer Portal and how it can be used as a tool to help easily manage day-to-day workflows.

AUTHORIZATIONS PAGE

The Authorizations page is a table of all your MCO's authorizations in the CareBridge Payer Portal. It allows MCO Employees to view authorization details and monitor Providers' actions on those authorizations. The Authorizations page reflects actions taken by Providers as well as data sent from the MCO in the Authorizations file that automatically updates daily.

PROVIDER WORKFLOW

Providers will receive, acknowledge, and view all authorizations assigned to them in their Authorization page. After the authorizations have been uploaded to CareBridge, Providers will acknowledge receipt by changing the authorization's status from "Received" to "Acknowledged". After Providers acknowledge an authorization, they can assign a caregiver and schedule appointments on it. As Providers schedule appointments and complete visits, all the data is collected and aggregated in the CareBridge Portal for both the Provider and MCO to view and manage.

If a provider is unable to accept an authorization, they will contact Wellpoint New Jersey directly as before EVV.

VIEW AUTHORIZATIONS

The Authorizations page displays a table of all Authorizations currently in the Payer Portal and their important details. The table can be filtered or sorted on multiple parameters by clicking **Filters** or the **Sort by** drop-down at the top left of the table.
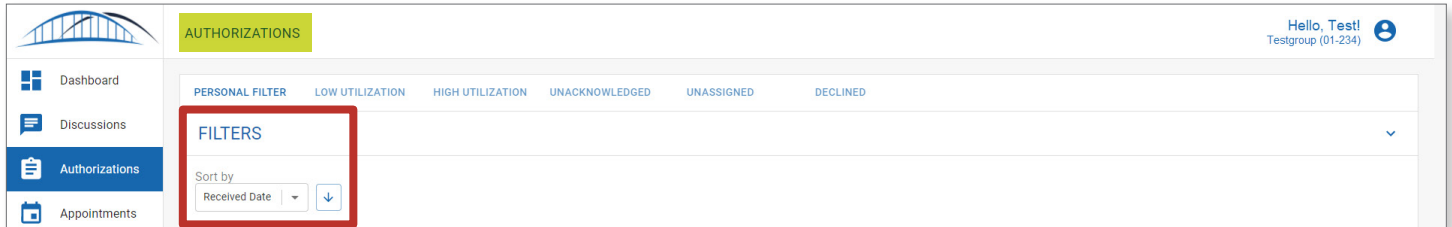
AUTHORIZATION STATUSES

In the CareBridge Portal, authorizations have two statuses reflecting Providers' action: 'Received' and 'Acknowledged.' Providers must respond to every authorization.

- **Received:** An authorization has the status 'Received' when the MCO has sent the Provider an authorization in the CareBridge Provider Portal, but the Provider has not yet taken action to acknowledge it.

- **Acknowledged:** An authorization has the status 'Acknowledged' only when the Provider changes the authorization's status in the CareBridge Provider Portal to 'Acknowledged.'

AUTHORIZATION DETAILS

To view more details about an Authorization, click the **menu icon (3 dots)** on the right side of the Authorization's row for and select **Authorization Details**.
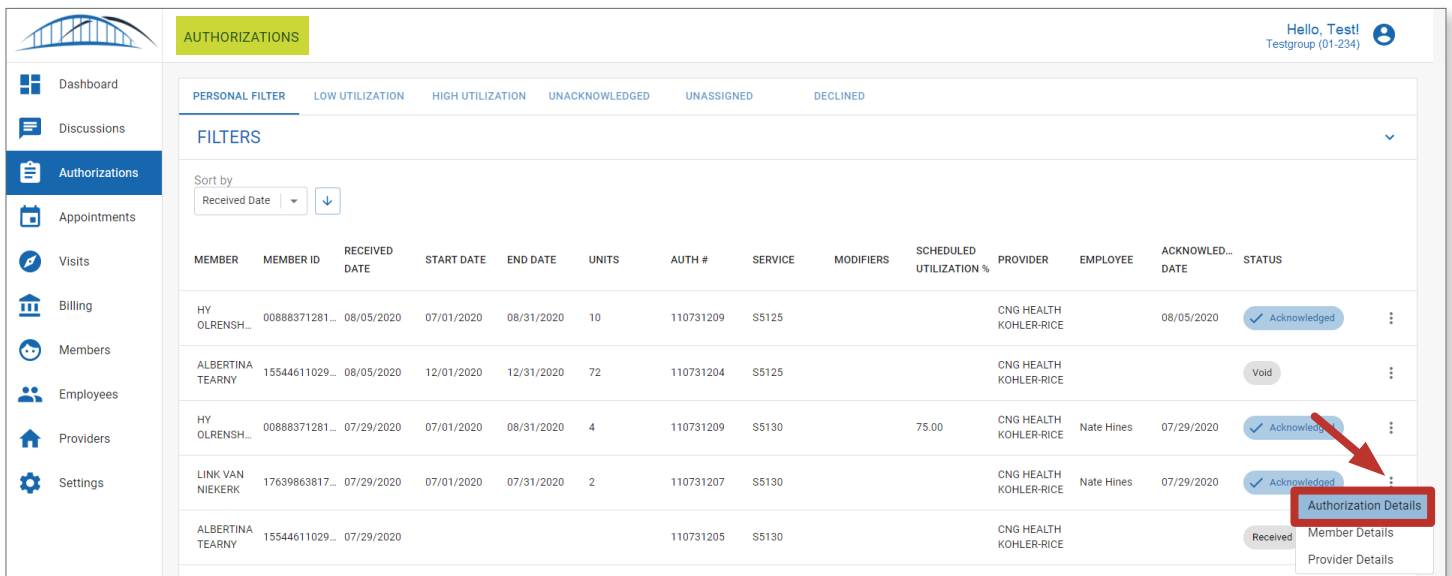
From the Authorization Details page, you can view start/end dates, service codes, modifiers, units, limits, schedules, utilization and billed percentages, as well as upcoming appointments and completed visits attached to the Authorization.

AUTHORIZATIONS REPORTS

By default, the 'Personal Filter' is the first page you see when you go to the Authorizations Page. The 'Personal Filter' can be used to filter and sort Authorizations in a variety of ways to return specific subsets of Authorizations. In addition to the 'Personal Filter', the Authorizations Page has four pre-filtered lists to help you quickly see important Authorizations data:
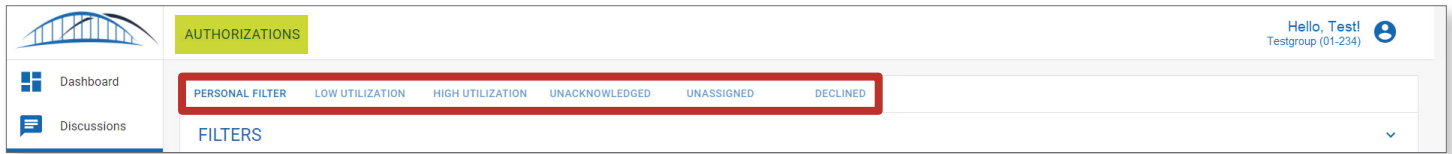
- **Low Utilization** returns all authorizations that have less than 25% of the authorized units scheduled.
- **High Utilization** returns all authorizations with greater than 75% authorized units scheduled.
- **Unacknowledged** returns all authorizations that have not yet been acknowledged. Monitoring this list will allow MCOs to proactively manage Providers who are not acting quickly enough to provide the service Members need.
- **Unassigned** returns all authorizations that have not yet been assigned a Provider employee.

To export any table from the Authorizations Page to a comma separated value file, click **Export to File** in the bottom left of the table and choose where to save the file

APPOINTMENTS PAGE

The Appointments page allows MCO Employees to view the details of all appointments scheduled by Providers, including whether they are late or missed. The Appointments Page can be filtered and sorted on multiple parameters by clicking **Filters** or the **Sort by** drop-down menu at the top left of the table.
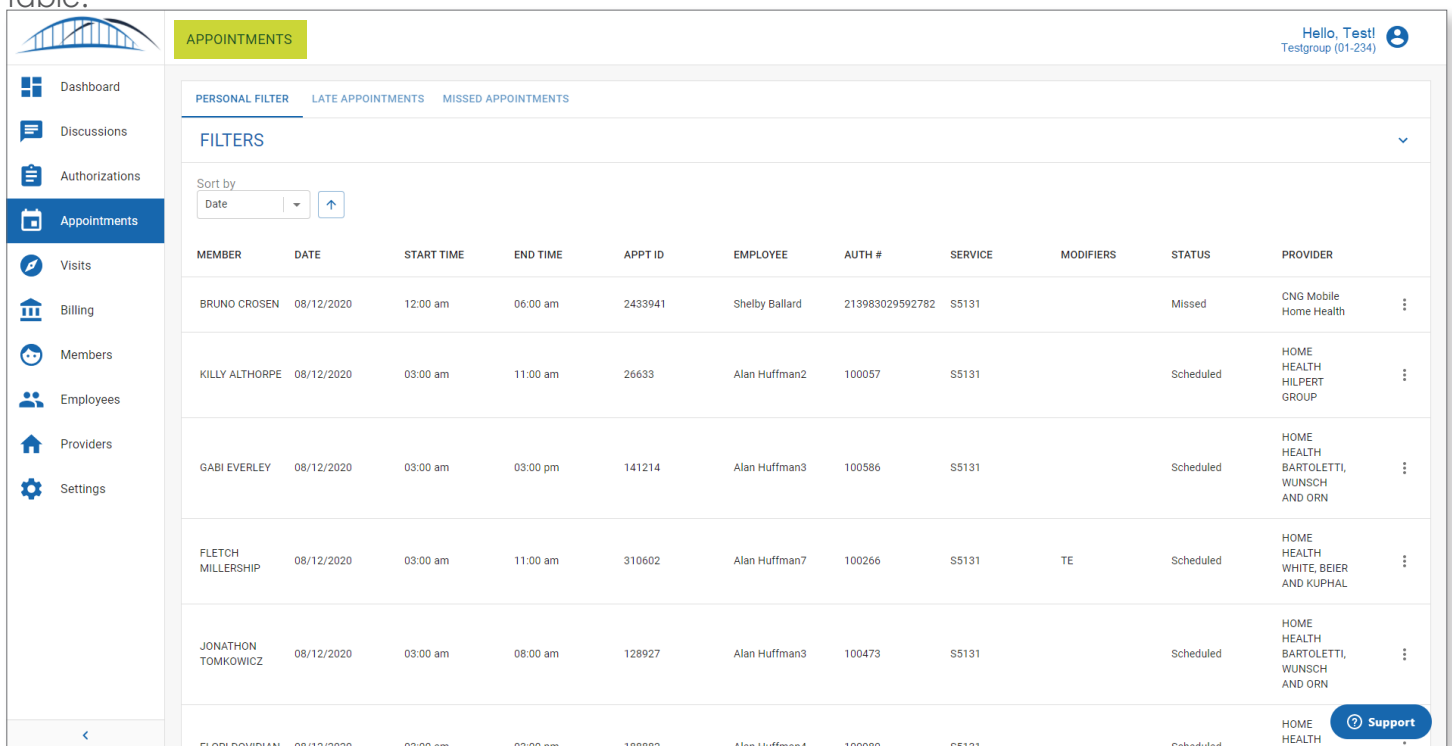
PROVIDER WORKFLOW

After Providers acknowledge authorizations in the CareBridge Portal, they can assign a Caregiver and schedule appointments on that authorization. Appointments can be scheduled individually or on a recurring basis and only become visits when valid Check-In and Check-Out times are collected.

APPOINTMENT DETAILS

To view more details about an Appointment, click the **menu icon (3 dots)** on the right side of the row for the Appointment and select **Appointment Details**. The Appointment Details page provides all relevant data for an appointment.

You can view the details of a different appointment by locating it in the list on the left of the page. You can switch to viewing completed visits by clicking to **Visits** tab at the top of the list.

APPOINTMENT REPORTS

By default, the **Personal Filter** is the first page you see when on Appointments Page. The **Personal Filter** can be used to filter and sort Appointments in a variety of ways. In addition to the **Personal Filter**, the Appointments Page has two pre-filtered lists to help you quickly see important Authorizations data:

- **Late Appointments** shows all appointments that are late. An appointment is considered late when a Check-In has not occurred within one hour of the appointment start time.

- **Missed Appointments** shows all appointments that have been missed. An appointment is considered missed when a Check-In has not occurred within three hours of the appointment start time.

EVV IN ACTION

Through the course of a visit, EVV details are collected and sent back to the CareBridge system, including the location and time of Check-in and out, the status of Care Plan activities, and whether the Caregiver observed any changes to the member's condition. When using the mobile application, a member's signature will also be collected, if possible, at the end of the visit.

When different services are scheduled in consecutive order, the Caregiver must Check-Out of the first service and Check-In for the second service in order for the visits to be billed accurately.

Within the CareBridge EVV Platform, there are two primary methods a caregiver can use to Check-In and Check-Out of an appointment. The preferred method is using the CareBridge Mobile Application. The second is over the phone using the CareBridge Interactive Voice Response (IVR) system.

Note that even when cell coverage is not available at a Member's home, the mobile app can be used. The app will store the collected EVV data then forward it to CareBridge when the caregiver's mobile phone returns to an area with cell coverage.

VISITS PAGE

In the CareBridge Platform, an appointment becomes a visit only when valid Check-in and Check-out times are collected.

The Visits page allows MCO employees to view the details of completed visits, including any pre-claims flags identifying potential problems with a visit that may cause a claim to be rejected or denied. Providers are not able export a visit for claims if the visit is flagged.

The Visits Page can be filtered or sorted on multiple parameters by clicking **Filters** or the **Sort by** drop-down menu at the top left of the table. The data you see in the Visits Page mirrors what providers see in their Visits Page.

VISIT DETAILS

To view more details about a Visit, click the **menu icon (3 dots)** on the right side of the visit's row and select **Visit Details**. The Visits Details page aggregates all relevant information for completed visits, including scheduling data, EVV data collected during the visit, and any data manual entered by the Provider after the visit was completed.

The **Claims History** tab of the Details Page will display billing information after the provider exports the visit for claims.

A calendar view of the member's appointments and visits is available under the **Calendar** tab of the Details Page.

VISITS REPORTS

By default, the **Personal Filter** is selected when navigating to the Visits Page. The **Personal Filter** can be used to filter or sort the Visits table on multiple attributes to return the most useful list of Visits. In addition to the **Personal Filter**, the Visits Page has five pre-filtered lists to help quickly navigate to important visits:

- **Late Visits:** This report returns a list of all visits that have been completed but were started late. A visit's status is late when a Check-In does not occur within one hour of the scheduled start time. Late visits are not EVV-compliant in the CareBridge Platform.

- **Missed Visits:** This report returns a list of all missed visits. A visit's status is missed when a Check-In did not occur within three hours of the appointment start time. Missed visits can still be completed, in which case their status will be 'Missed and Completed'. Missed visits are not EVV-compliant in the CareBridge Platform.

- **Manual Visits:** This report returns a list of all manual entry visits. To add non-EVV visits to the system or edit details of existing EVV visits, provider employees can complete a Manual Entry. All manual entry visits will have '(Manual)' in their status. Manual entries are not EVV-compliant. Individual CDAC and CCO Caregivers can complete manual entries from the mobile application and
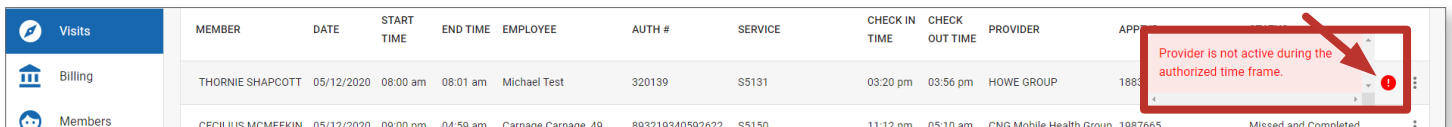
those will also be reflected here.

- **EVV Visits:** This report returns a list of all EVV-compliant visits completed using the preferred EVV method, the CareBridge mobile application.

- **IVR Visits:** This report returns a list of all EVV-compliant visits completed using IVR.

PRE-BILLING CHECK

For a provider to export a visit to claims, the visit must pass the CareBridge pre-billing check. If a problem is found that may cause the claim to be rejected or denied, the visit is flagged with a **red exclamation icon**, and the provider will not be able to export the visit until all flags are resolved.

In addition to the Visits Page, Pre-Billing Checks are visible on the Authorizations, Appointments, and Billing pages. Clicking the **red exclamation icon** will show the details of the flag.
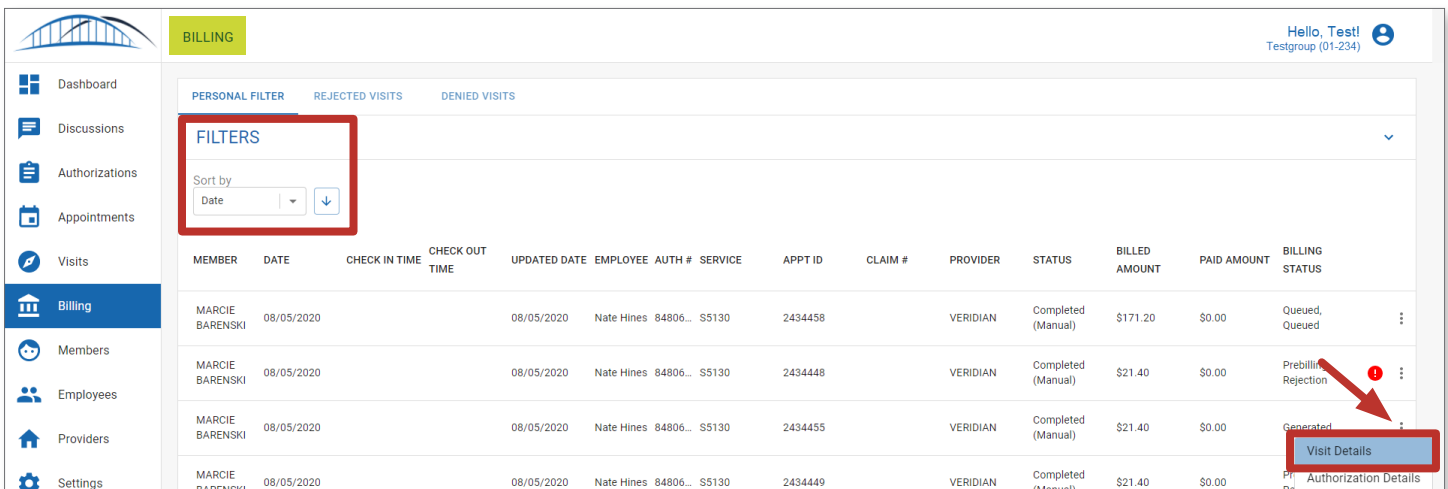

Providers may need to contact MCOs to resolve some pre-billing flags. In those cases, use the CareBridge Payer Portal to view the visit's details to ensure both you and the provider are viewing the same data. Some Examples of CareBridge pre-billing flags that providers may call MCOs to resolve are:

- Member is not eligible during appointment

- Appointment exceeds the max units of the Authorization

- Appointment is outside of the authorization dates

- MCO Data Issue

BILLING PAGE

The Billing Page allows MCO employees to view the details of completed visits that providers have claimed, including information on denials, rejections, and paid amounts. It can be filtered or sorted on multiple parameters by clicking **Filters** or the **Sort by** drop-down at the top left of the table.

CLAIMS HISTORY

After a visit has been exported for claims, you can 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 select **Visit Details**.

In the Visit Details page, you can see the billing status in the 'Billing' card and details of the claim in the **Claims History** tab.

The **Claims History** tab displays the visit's billing and claim details. Billing details include Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount. Below the billing details are details on each individual claim request that was generated at export, including the individual statuses, claim number(s), and dates associated with the status changes.

BILLING REPORTS

When navigating to the Billing Page, the **Personal Filter** is the default view and can be used to filter or sort the Billing table to return the most useful list of Billed Visits. In addition to the **Personal Filter**, the Billing Page has two pre-filtered Reports to help quickly navigate to useful billed visits data:

- **Rejected Visits:** This report returns a list of all visits that have rejected claims.
- **Denied Visits:** This report returns a list of all visits that have denied claims.

BILLING STATUS

The following billing statuses are available in the CareBridge Platform and can be seen associated with Claim Requests:

| BILLING STATUS	DESCRIPTION
PENDING	THIS VISIT HAS NOT YET BEEN EXPORTED FOR CLAIMS
QUEUED	THIS VISIT HAS BEEN QUEUED FOR CLAIM GENERATION
GENERATED	THIS VISIT HAS A CLAIM THAT HAS BEEN GENERATED
SUBMITTED	THIS VISIT HAS A CLAIM THAT HAS BEEN SUBMITTED TO THE MCO
ACKNOWLEDGED	THIS VISIT HAS A CLAIM THAT HAS BEEN RECEIVED BY THE MCO
CONFIRMED	THIS VISIT HAS A CLAIM THAT WAS ACCEPTED BY THE MCO
PRE-BILLING REJECTION	THIS VISIT WAS REJECTED DUE TO INSUFFICIENT OR INVALID DATA PRIOR TO CLAIM CREATION
REJECTED	THIS VISIT WAS REJECTED BY THE MCO DUE TO INSUFFICIENT OR INVALID DATA UPON INITIAL REVIEW OF THE CLAIM
PAID	THIS VISIT WAS PAID BY THE MCO
DENIED	THIS VISIT WAS DENIED BY THE MCO DUE TO INSUFFICIENT OR INVALID DATA UPON REVIEW OF THE CLAIM
VOIDED	THIS VISIT CLAIM WAS VOIDED

COMMUNICATIONS

DISCUSSIONS

The Discussions Page allows MCO employees to manage and prioritize inbound communications, act on critical tasks, and communicate internally and externally with providers to ensure issues are resolved.
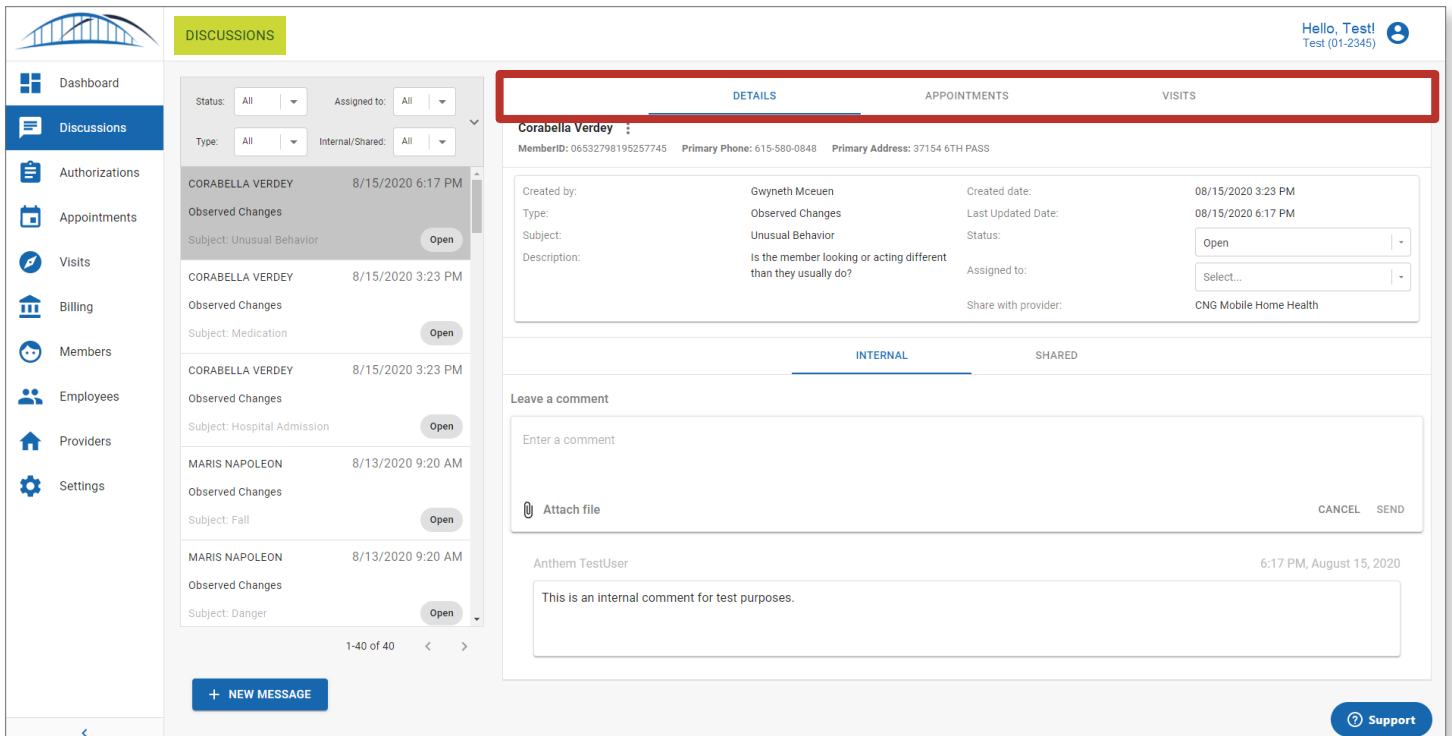

DISCUSSIONS NAVIGATION

On the Discussions Page, you will see a list of all Discussions that can be filtered by **Assigned to**, **Status**, **Type**, and **Internal/External**. Clicking the **expand arrow** next to the **Status** drop-down will allow you to search for a discussion by member name or filter the list by either the date the discussion was created or last updated.
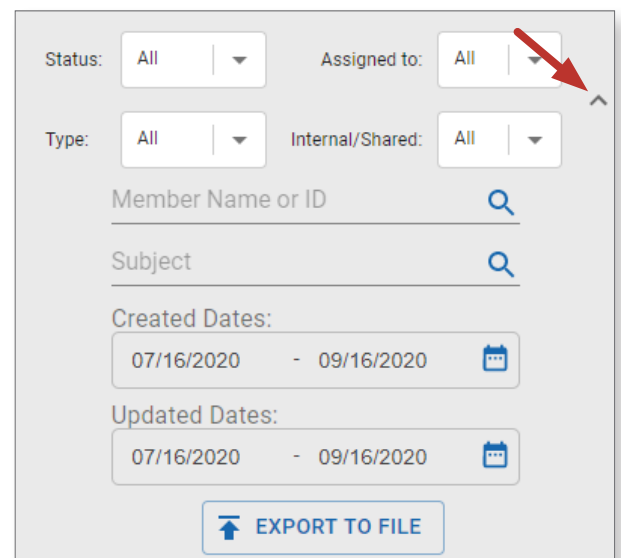
DISCUSSION TYPES

The CareBridge Portal has four different types of Discussions:

- **Message:** This Discussion type is used for general purpose communication either internally between MCO employees or externally between MCO and provider agency employees.

- **Phone Request:** This Discussion type allows Providers to request to add a new updated Member phone number from the MCO. When providers request to update or add a phone number, a Discussion is automatically generated and sent to the Discussions page for both the Provider and the MCO. The MCO must approve the request before the provider can use the new phone number. If the MCO has not configured the requests for auto-approval, an **Accept/Reject** button will be in the details card and one option must be selected. Once the request is approved, change the status to closed. This action does not affect the Member File sent from the MCO.

- **Address Request:** This Discussion type allows Providers to request the addition of a new or updated Member address from the MCO. When providers request to add an address in the member's details, a Discussion is automatically generated and sent to the Discussions page for both the Provider and the MCO. The MCO must approve the request before the new address is active. If the MCO has not configured the requests for auto-approval, an Accept/Reject button will be in the details card and one option must be selected. Once the request is approved, change the status to closed. This action does not affect the Member File sent from the MCO.

- **Observed Changes:** This Discussion type allows Caregivers to communicate changes in the Member's condition to the MCO. Observed Changes Discussions are created when a Caregiver answers "yes" to an Observed Changes question during a visit. When an Observed Changes is answered with a "yes", a Discussion is automatically generated and sent to the Discussions page of both the Provider and MCO. You will want to monitor this regularly.
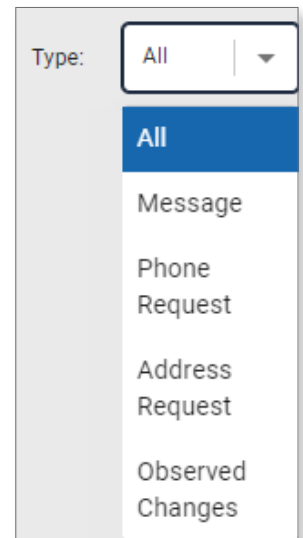
DISCUSSION ITEM DETAILS

Clicking on a **Discussion** will display the discussion's details. From the **Details** tab, you can add information or update the discussion.

There are multiple actions that can be taken from the Discussion Details:

- **Status:** To manage your Discussions and track their progress, you can update their Status. Statuses available are **Open**, **In Progress**, and **Closed**. It is important to update the status of a Discussion so all users can see the current progress.

- **Assigned to:** To manage tasks across your organization, assign Discussions to an employee.

- **Approve/Reject:** If manually responding to an address or phone change request, click the **Approve** or **Reject** button, then close the Discussion.

- **Internal/Shared:** If you need to send the Discussion to the member's provider agency, select the provider from the **Share with provider** drop-down.

- **Comments:** At the bottom of the Discussion, you can leave comments and correspond. If the Discussion is internal, there will only be one tab: **Internal**. If the Discussion is shared, it will have an **Internal** and **Shared** tab. Both tabs allow for separate communication channels within the discussion. Internal comments will not be visible to the provider agency. The **Shared** tab will only be available if the discussion has been shared with the member's provider agency.

DASHBOARD & REPORTING

DASHBOARD

The Dashboard Page allows MCO Employees to view key metrics and trends over time to better manage providers. Each of the dashboards can be filtered by date range or provider. Clicking the **arrow icon** on the top right of each metric or graph will take you to data table driving the metric or graph. For instance, clicking the **arrow** for 'Unacknowledged Auths' will take you to the table of all unacknowledged auths.
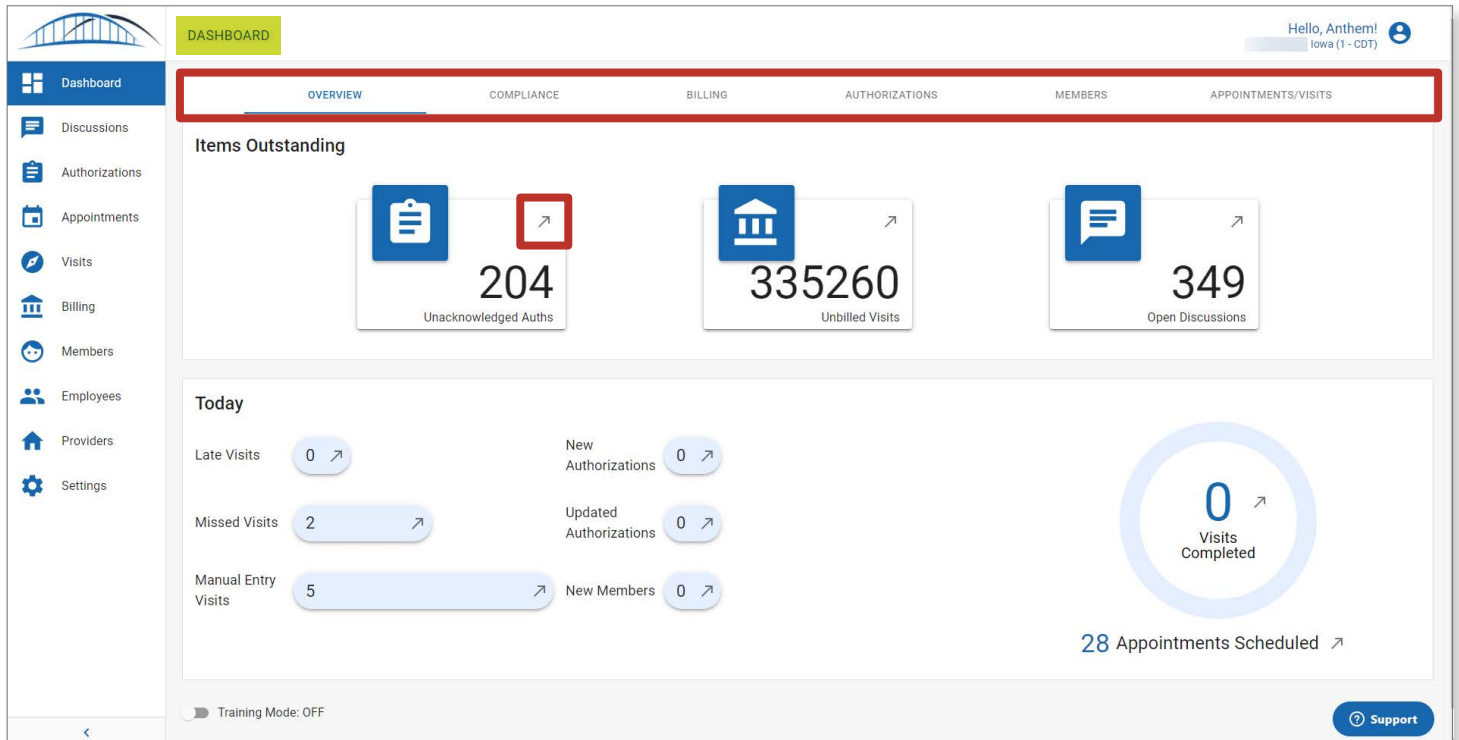

The Dashboard Page has six individual dashboards:

- **Overview:** Aggregates top-priority metrics in real time for you to monitor your provider network as the day progresses. During implementation this will help you monitor EVV adoption.

- **Compliance:** Displays a break-down of how well a provider agency is complying with EVV regulations. The compliance score is the percentage of visits that are on time, collect all required EVV data, and are not manual entries.

- **Billing:** Displays metrics related to the revenue cycle of completed Visits in the CareBridge Platform.

- **Authorizations:** Helps MCO Employees better understand the number of active Authorizations and Authorizations by Service type.

- **Members:** Helps MCO Employees explore the number of active Members and view Members with low compliance scores.

- **Appointments/Visits:** Displays metrics for how visits are being completed.

SETTINGS PAGE

The Settings Page of the CareBridge portal has two functions: 1) create and manage Groups for members and providers and 2) view or download the member, authorization, and provider files automatically sent between your MCO and CareBridge and the details of the import's success or failure.
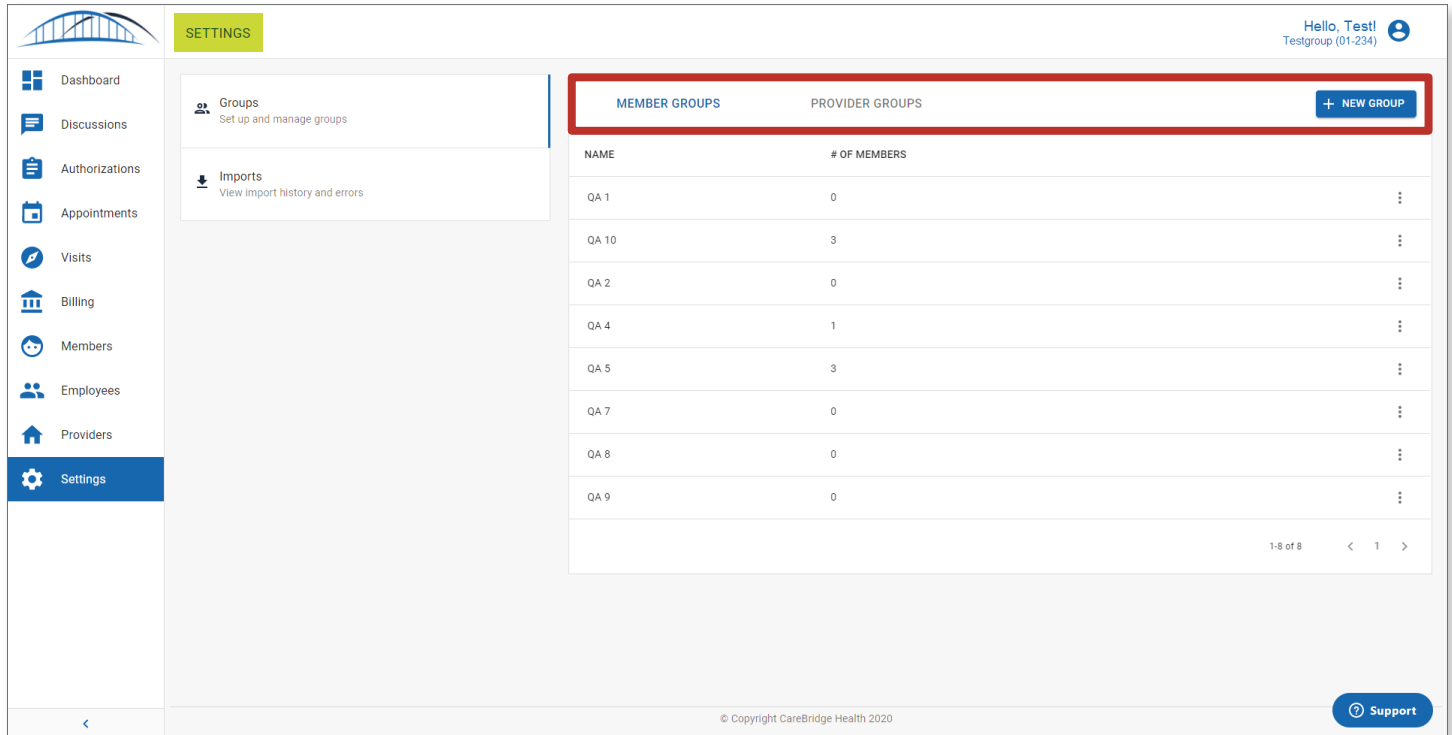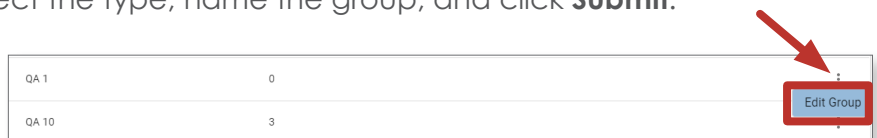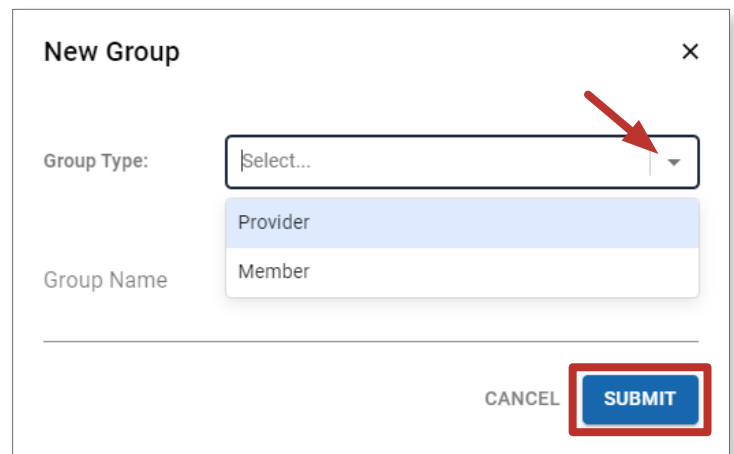
GROUPS

Groups in CareBridge are designed to help you better manage providers and members. They are an open-ended tool for you to use however you need. As one example, you might find it useful to create groups for Providers who operate in specific zip codes.

Creating and Managing

To view, create, and manage your groups, go to the **Groups** tab of the Settings Page. Members and Providers have their own tabs.

To create a group, click **New Group**, select the type, name the group, and click **Submit**.

To edit or delete a group, click the **three dots** on the far right of the row and then **Edit Group**.
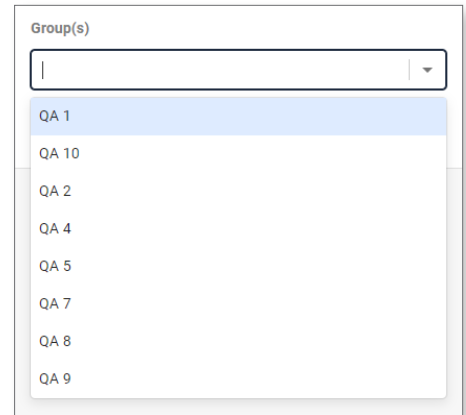
Assigning

To assign a Member or Provider to a group, you have two options. You can navigate to the Member's or Provider's details page, scroll down to the bottom, and you will find the **Groups** drop-down menu. Click the menu and select the group you need.

You can also assign one or many members or providers to a group from their respective pages by clicking the box to the left of row, then clicking **Assign To** in the top right of the table, and choosing the group to assign them to.

Members and Providers cannot be assigned to the same group.

Searching Using Groups

To view Members or Providers in specific groups, go to their respective pages, expand the **Filters**, and then select the group from the **Groups** field. The table will automatically update.

IMPORTS

View the records and details of the import history in the **Imports tab** of the Settings Page.

The files are sent over secure file transfer protocol (SFTP) on a daily or weekly basis between your organization and CareBridge. Member and Authorization files update daily while Provider files update weekly.

Regardless of the file type, when CareBridge receives a file, it sends a response file back that includes information on records that were received, including any warnings or errors.

To search for specific files, click the upside down **Filters** button in the top right and search by import date, file name, and/or file type.
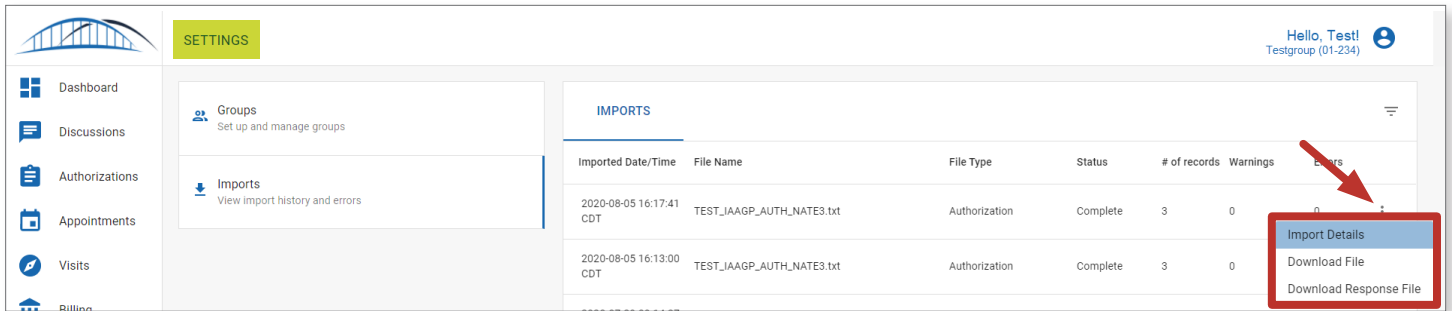
To view details of the import at large and individual records, click the **three dots** on the far right of the row and select **Import Details**. From the Import Details page, you can scroll through all the records. The Import Details page has four sub-tabs dividing the file into its individual records according to status. The statuses are:

- **Creates** which are newly created records,
- **Updates** which are updates to existing records,
- **Warnings** which are records with warnings that were accepted, and
- **Errors** which are records with errors that were rejected.

You can also download both the files received by CareBridge and CareBridge's response file by clicking the **three buttons** on the far right.