

CAREBRIDGE PROVIDER PORTAL

IOWA HOME HEALTH PATIENT STATUS GUIDE

UB-04 Form Locator Box 17



Select Home Health (HHS) that require Electronic Visit Verification (EVV) billed on an 837 institutional claim require that the Agency Portal Administrator manage certain elements related to HHS billing within the CareBridge Provider Portal or through a third-party vendor.

CareBridge and third-party EVV system users must select a **Patient Status** claiming element configuration using the CareBridge Provider Portal for members under each health plan.

Note: As of **10/01/2024**, failing to configure this claim element will result in a claim-blocking alert.

Navigate to the '**Settings**' page, select the *Billing* tab, and click the *Home Health Phase 1* tab. For each health plan your agency provides services to, click the *settings* drop-down menu(s) to view the patient status options (Figure 1).

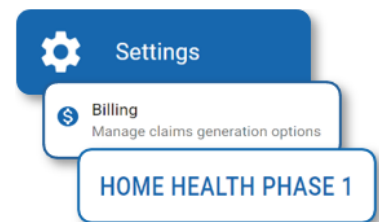


Figure 1. **Settings Drop-down Menu**

Patient Status

Always send 01 Manage status on an individual basis

You have unsaved changes. [SAVE CHANGES](#)

Providers have two options for how they manage patient status for members:

- 'Always send 01' to set all patient status codes to "discharged to home or self-care".
- 'Manage status on an individual basis' to individually set patient status codes.


Click 'Save Changes' to finalize the selections. All settings will also apply to Home Health Phase 2 services.

If a provider selects the option to 'Always send 01', the provider can still choose to manage status on an individual basis.

CAREBRIDGE EVV USERS

If the option to manage status individually was chosen, navigate to the **'Members'** page and locate the desired member. Click the *Actions* menu (three vertical dots) and select *Member Details* (Figure 2).

Figure 2. **Members Page**

<input type="checkbox"/> MEMBER ↑	MEMBER ID ↑	MEDICAID ID ↑	PAYER(S) ↑	EVV VENDOR(S) ↑	ACTIVE AUTHS ↑	STATUS ↑	
<input type="checkbox"/> JOHN ADAMS	22382	5781038J	CB Test Payer		Yes	Active	

Member Details
Go to Member Portal

On the **'Members Details'** page, scroll down to the *Payer(s)* section, click the drop-down arrow, and click the '+' icon next to *Patient Statuses*.

Figure 3. **Payer(s) Section**

Payer(s) ^

Member ID
C54B2A89FA1

Eligibility Dates
01/01/2019 - 12/31/2025

Certification Periods +
None

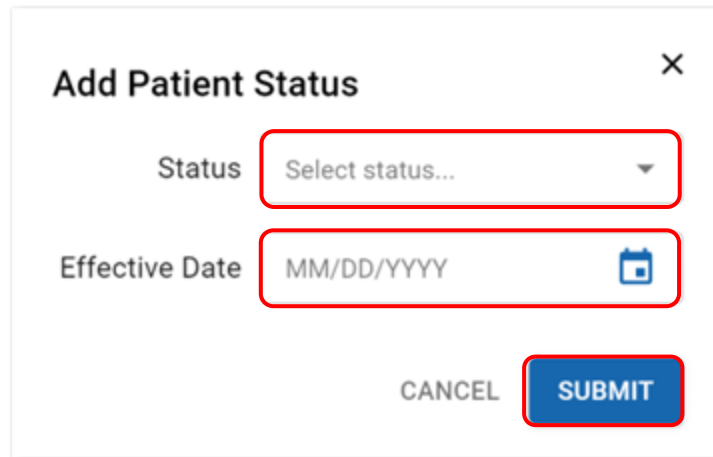
Patient Statuses +

None

Program
None

On the **'Patient Status'** pop-up screen, select an option from the *Status* drop-down and an *Effective Date* then click *Submit*.

Figure 4. **Patient Status Pop-up Screen**



The screenshot shows a white pop-up window titled "Add Patient Status" with a close button (X) in the top right corner. Inside the window, there are two input fields. The first is labeled "Status" and contains a dropdown menu with the text "Select status...". The second is labeled "Effective Date" and contains a text input field with the placeholder "MM/DD/YYYY" and a calendar icon to its right. At the bottom of the window, there are two buttons: a grey "CANCEL" button and a blue "SUBMIT" button. Red rectangular boxes highlight the "Status" dropdown, the "Effective Date" input field, and the "SUBMIT" button.

THIRD-PARTY EVV USERS

Providers should make sure they have reviewed these changes with their EVV vendor.

Providers using a third-party EVV vendor can include a Patient Status Code on EVV visit files. If providers choose to 'Manage admission on an individual basis' option, they must include Patient Status Codes on EVV visit files. Selecting this option and failing to include a code will result in an alert. Visits sent with conflicting codes or containing an invalid code will result in an alert. If providers choose to 'Always send 01' and proceed to send an EVV visit with a different code, the Patient Status Code sent with the visit will be used for claiming.

For convenience, we have linked the [CareBridge EVV Integration Guide and Technical Specifications](#) for Iowa which includes acceptable Value Codes and their descriptions.