



TENNESSEE OPEN MODEL INTERACTIVE WORKSHOP FAQ

CareBridge has completed all Tennessee Open Model Interactive Workshops and identified several frequently asked questions from providers. This document outlines these questions and their answers for providers to review at their convenience.

CONTACT INFORMATION

- **How do I contact CareBridge?**
 - Providers can request support from CareBridge via the Support widget in the bottom right corner of the CareBridge Provider Portal.
 - Providers can also email for support:
 - CareBridge EVV Users: tnevv@carebridgehealth.com
 - Third-Party EVV Users:
evvintegrationsupport@carebridgehealth.com
- **Where can I find MCO contact info?**
 - Blue Cross Blue Shield of Tennessee:
 - Provider Relations: ChoicesProviderRelations@bcbst.com
 - EVV Supervisor: Connie_Medina@bcbst.com or 615-565-1935
 - EVV Reporting: evv_reports@bcbst.com
 - UnitedHealthcare Community Plan of Tennessee:
 - Provider Relations: tn_ltc_networkmail@uhc.com
 - EVV Reporting: TN_Quality_Review@uhc.com
 - Wellpoint Tennessee:
 - Provider Email Box: tnltspr@wellpoint.com
 - EVV Reporting: tn1ltspr@wellpoint.com



SCHEDULING INFORMATION

- **Will I be able to batch add schedules, or must this be done one at a time?**

CareBridge EVV users have the ability to add recurring schedules or schedule individual appointments. For additional information on how to enter schedules, please refer to the CareBridge Resource Library - <http://resourcelibrary.carebridgehealth.com/tnevv>.

- **Do I need to build schedules manually?**

CareBridge EVV users are required to manually create schedules. Providers have the ability to add recurring schedules or schedule individual appointments. For additional information on how to enter schedules, please refer to the CareBridge Resource Library - <http://resourcelibrary.carebridgehealth.com/tnevv>.

- **When the providers put in the schedule manually is it something like a flex schedule? How far can we manually add schedules? Or do we enter schedule week to week?**

TennCare and the TN MCOs require that Providers enter schedules in advance, and in accordance with the member's PCSP. However, schedules are no longer included in authorization data - similar to the way flex schedules had been authorized. It is up to providers to determine how far into the future they wish to enter schedules. Providers can choose to enter schedules through the end of the authorization.

- **Can I schedule recurring visits?**

CareBridge EVV users have the ability to add recurring schedules or schedule individual appointments. For additional information on how to enter schedules, please refer to the CareBridge Resource Library - <http://resourcelibrary.carebridgehealth.com/tnevv>.



- **Can I schedule visits against authorizations that are upcoming but not yet active?**

CareBridge EVV users have the ability to schedule visits for authorizations that start in the future. In order to do so, the provider must first acknowledge the authorization. After that, the provider can schedule through the normal scheduling workflow. For additional information on how to enter schedules, please refer to the CareBridge Resource Library - <http://resourcelibrary.carebridgehealth.com/tnevv>.

- **What if an appointment was not entered and the date has passed?**

CareBridge EVV users have the ability to create Manual Entries. For additional information on creating Manual Entries, please refer to the CareBridge Resource Library -

<http://resourcelibrary.carebridgehealth.com/tnevv>

Please note - manual entries count against overall compliance and may result in corrective action from the MCO.

- **Will we be trained on entering flex schedules?**

One of the main changes that came about as part of the transition to an Open EVV Model was how MCOs issue authorizations. Starting August 1, 2025, MCO authorizations no longer drive schedules. Providers are expected to schedule visits in accordance with the member's PCSP; however, the authorization itself will allow appointments to be scheduled at any time within the start and end date of the authorization.

- **For 3rd party vendor users, will scheduling we create in 3rd party vendor system be capable of transfer over to CB?**

Providers using a Third-Party EVV Vendor are expected to send appointment start and end times as part of the EVV Visit Data that their vendors transmit to CareBridge for aggregation and claims generation. Visits sent without the appointment start and end times will display an alert and must be corrected within the source EVV solution. Please refer to the CareBridge EVV Data Integration page for more information about the CareBridge Integration process - <http://evvintegration.carebridgehealth.com>



- **For third-party users, will there be an issue if a member is on a flex schedule and requests more than one visit per day? Current EVV systems do not allow more than one visit per day, and additional visits may be denied for payment.**

Providers are expected to administer services in accordance with the member's PCSP. If a member is authorized for multiple visits per day, they can be scheduled and completed accordingly.

- **Does CareBridge bill based on the scheduled units?**

The CareBridge EVV Solution generates claims based upon the actual duration of the visit - calculated based upon the check-in and check-out times captured in the EVV Visit Data.

SERVICES INFORMATION

- **Do I need to add home-delivered meals into the CareBridge app?**

Home Delivered Meals no longer require EVV. Please contact your MCO(s) for information on how to bill for these services going forward.

- **Will ECF personal assistance services that use EVV within the MCO's system still be used?**

ECF Personal Assistance services are in scope for EVV. Please plan to continue using EVV to capture these visits. For additional information about which services require EVV, please contact your MCO(s).

- **Should transportation services be billed in the CareBridge app?**

Transportation services are not in scope for EVV. Please contact your MCO(s) for information on how to bill for these services going forward.



VISIT INFORMATION

- **Should I set up an office in CareBridge if I use a third-party vendor?**

Providers using a Third-Party EVV Vendor do not need to set up offices within the CareBridge Provider Portal. That functionality is designed for CareBridge EVV users who operate out of multiple offices. CareBridge EVV users should refer to the CareBridge Resource Library - <http://resourcelibrary.carebridgehealth.com/tnevv> for more information on setting up offices.

- **When is a visit considered late or missed, and will this be consistent across MCOs?**

For Home Health Services (Private Duty Nursing & Intermittent Therapy), a visit is considered late 60 minutes after the appointment's scheduled start time and less than 180 minutes after the appointment's scheduled start time. A visit is considered missed if a check-in has not occurred 180 minutes or more after the appointment's scheduled start time.

For Personal Care Services (LTSS), a visit is considered late 15 minutes after the appointment's scheduled start time and less than 60 minutes after the appointment's scheduled start time. A visit is considered missed if a check-in has not occurred 60 minutes or more after the appointment's scheduled start time.

- **Can I still clock in with a member if they don't have a device or live in a rural area?**

The CareBridge EVV Solution has multiple options for caregivers to be EVV compliant in areas with limited connectivity. Caregivers can use IVR via the member's home phone as an alternative to checking in and out via the Mobile Application. Additionally, the CareBridge Mobile Application supports 'offline mode' where caregivers can check in and out of visits via the mobile application even in areas where there is no Wi-Fi or cellular connectivity and still capture compliant visits. The caregiver must be signed into the application while connected to Wi-Fi or a cellular signal in order to do so. Lastly, depending upon the member's MCO, the member may be eligible for a Fixed Object Device (FOB).



- **How does manual confirmation work for third-party vendors?**

Providers using a Third-Party EVV Vendor send EVV Visit Data to CareBridge via a file transfer. The Technical Specifications for Third-Party Vendors detail the process for communicating manual confirmations to CareBridge. For additional information, please refer to the CareBridge EVV Data Integration page - <http://evvintegration.carebridgehealth.com>

- **Can I clock in/out outside of the expected location radius?**

Caregivers are able to clock in/out outside of the 1500-foot radius established by the TN MCOs. CareBridge EVV users are prompted to choose from an established set of reasons at the point of check in/out. Third-Party EVV users will include valid reason codes on the EVV Visit File that is sent to CareBridge when visits occur outside of the established radius.

AUTHORIZATION INFORMATION

- **Will authorizations be built with units per week or per month?**

CareBridge receives authorization data from each of the TN MCOs. Each MCO determines how they authorize services - whether on a weekly, monthly, or other basis.

- **How will we receive authorizations if they are issued through a third-party system?**

Each MCO sends authorizations to CareBridge on a daily file in addition to sending authorization confirmation information directly to the provider. Providers using a third-party EVV solution must enter authorizations into their chosen solution. Providers should contact their EVV Vendor for additional information on how to enter authorization information.



- **How can I view authorization information for my members?**

Providers can view authorization information in the CareBridge Provider Portal. This information is available to CareBridge EVV and Third-Party EVV users alike. For additional information on how to view authorizations, please refer to the CareBridge Resource Library - <http://resourcelibrary.carebridgehealth.com/tnevv>

- **What can providers do if an authorization is missing in the CareBridge portal?**

CareBridge receives authorization information directly from each MCO. Please contact the MCO with questions about missing authorizations.

MEMBER INFORMATION

- **My member is not in the CareBridge app. What should I do?**

CareBridge receives member data from our MCO partners. If you do not see one of the members you serve in the CareBridge Provider Portal, please contact the members' MCO for assistance.

- **Can I update a member's phone number?**

CareBridge EVV users can add secondary address or phone number information to a member's profile directly within the CareBridge Provider Portal. Third-Party EVV users can transmit secondary address or phone number information via a file transfer. For information on how to be approved to send secondary address or phone number files, please refer to the CareBridge EVV Data Integration Page - <http://evvintegration.carebridgehealth.com>

- **How long does it take to receive an FOB for a member?**

Providers who believe they have a member who would be eligible for a FOB should contact the MCO for additional information on how FOB eligibility is determined. Once a member is deemed eligible for a FOB the MCO submits the request to CareBridge. FOBs are generally shipped to eligible members within a few days of the request. Please note - only BlueCare and UHC members are eligible for FOBs at this time.



- **Are FIDE members still required to do EVV?**

FIDE members who receive services that are paid for by Medicaid and defined as in-scope for EVV must be captured via EVV regardless of whether the member is Medicaid only or FIDE.

SYSTEM INFORMATION

- **How do I submit time sheets?**

Providers are no longer expected to attach timesheets to manual confirmations. Providers are expected to maintain timesheets when a manual confirmation occurs. The TN MCOs will be auditing manual

- **Where can I access on-demand training?**

CareBridge users can access on demand training through the CareBridge Resource Library -

<http://resourcelibrary.carebridgehealth.com/tnevv>

- **CareBridge states that when they get updates from TennCare or MCO's there is a lag due to them. MCO states that they have done the update timely and that CareBridge is behind due to so many updates, but CareBridge states that they do not have updates in their system.**

CareBridge receives all member, provider, and authorization on file feeds directly from each MCO. The cadence of these files will vary by type and MCO. The timeframe for when updates load into the CareBridge system depends upon when the update is made in the MCO system and when the MCO transmits that data to CareBridge. CareBridge processes files daily at 1 am, with updates received from the MCOs reflected in the system immediately upon file load.

- **Diagnosis codes are being rejected. CB states that the code has been changed in the MCO (BC database) as of 10/1/25 and therefore no longer matches the code that CareBridge has in their system.**

CMS announces ICD code updates annually on October 1. These updates typically result in new codes being added and existing codes being reclassified or discontinued. The MCOs are working to ensure that authorizations for dates of service starting October 1, 2025 contain valid, current diagnosis codes. If a claim is rejected due to the



diagnosis code, the MCO will update the diagnosis code on the authorization and send it to CareBridge. Once received, CareBridge will update the authorization in the CareBridge system, and the provider should be able to claim for that visit.

- **Will emails be sent or notifications be added to CareBridge Broadcast to alert providers when new referrals are available and waiting to be accepted?**

Providers are made aware of new broadcast referrals via a red icon on the right side of the page listing total number of new referrals available. At present, there are no plans to add email notification. For additional information about broadcasting, please refer to the CareBridge Resource Library.

- **If one or the same provider is getting most of the referrals. How can we make it fair for all providers?**

UHC transmits referrals to CareBridge daily. Referrals are made available to eligible providers on a first-come, first-served basis. Please contact your UHC representative with additional questions about referral allocation.

COMPLIANCE

- **Can we automatically bill as scheduled or are manual entries needed to correct overages, and does this affect our EVV compliance scores?**

Claims are generated based upon the actual check-in and check-out times. Visits must be manually adjusted if the EVV visit data does not align with the duration/units for which the provider would like to bill.

- **If you put in respite after the fact does that count against compliance since that is also a manual confirmation?**

The MCO's calculate compliance for Personal Care (T1019) services only. Respite services are not included in the overall compliance calculation. Providers monitoring their compliance within the CareBridge system can filter compliance scores by specific services.