TRAINING GUIDE

CAREBRIDGE PROVIDER PORTAL ELECTRONIC VISIT VERIFICATION (EVV)

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INTRODUCTION

OVERVIEW

This Training Guide is intended to help the user understand how to best utilize the CareBridge Solution as a part of the day-to-day services that are provided. If at any point there are questions, our team is here to help: arevv@carebridgehealth.com or **1 (844) 922-2584**.

If you have questions, our team is always here to help. Just email: arevv@carebridgehealth.com or call us at (844) 922-2584

WHAT IS ELECTRONIC VISIT VERIFICATION (EVV)?

EVV is the use of technology to record the time and location of caregivers/Direct Service Workers (DSWs) during appointment Check-In and Check-Out. This method of verification has proven to provide an accurate accounting of caregiver's/DSW's time while minimizing or eliminating inappropriate claims.

EVV affects Providers, caregivers, attendants, and homemakers that deliver personal care, attendant care, and homemaker services (in 15-minute increments or daily) to Medicaid beneficiaries. This change is required by a federal rule called the *21st Century Cures Act*.

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 a company formed to improve processes that enable the care for people (members) who receive Long-Term Services and Supports (LTSS). We offer LTSS solutions including an Electronic Visit Verification Solution that can be utilized via a mobile phone, tablet, landline, and web-based portal to record service delivery and facilitate day-to-day management of members' appointments. CareBridge also supports a wide array of EVV aggregation solutions, allowing Provider Agencies to keep their current EVV solution while still sending required data back to the health plan or state.

SOLUTION OVERVIEW AND SETUP

OVERVIEW

The following will provide an overview of the basic features and functions of the CareBridge Solution and help Agency Employees - who will be Provider Portal users at an administrative level - learn how to set-up CareBridge's Solution to enable delivery of services by caregivers - using the CareBridge mobile application - for members.

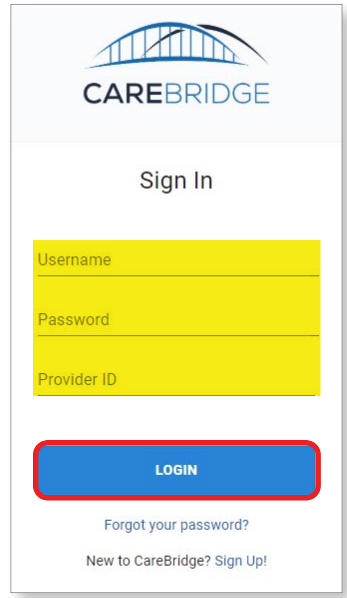
CAREBRIDGE PROVIDER PORTAL

There are two components of the CareBridge Solution that will be utilized by Agency Employees and caregivers: the CareBridge Provider Portal and the CareBridge Mobile Application. First, the CareBridge Provider Portal, is a web-based workflow tool that enables Agency Employees to view authorizations, schedule appointments, bill for completed visits, and view dashboards to ensure operational excellence.

LOGIN

1. Navigate to https://ar.carebridgehealth.com/
2. Enter username and password, select **LOGIN** (Figure 1).
3. New users can use the **Sign Up!** link to create a password and access the Provider Portal. (Note: The Agency Admin user will need to create the username for new users. See 'Employees' section for more information.)

Figure 1. Login Page

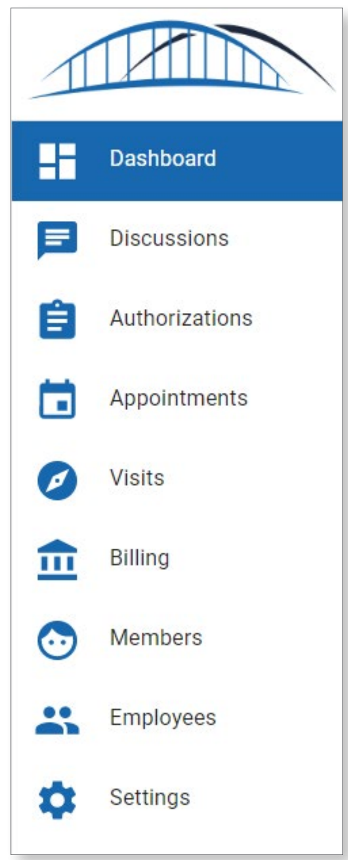


NAVIGATION

The following pages are available from the left navigation pane (Figure 2). Each of these pages will be discussed in more detail in later sections of this Training Guide.

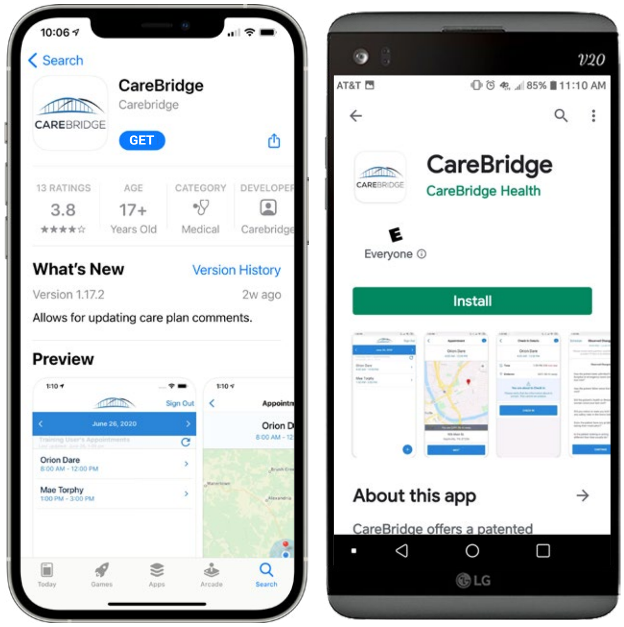
- **Dashboard:** Allows Agency Employees to view key graphs and metrics related to operational efficiency.
- **Discussions:** Enables communication within the Agency as well as between the Agency and Payers (PASSE).
- **Authorizations:** Displays authorizations allowing Agency Employees to acknowledge, assign, and schedule appointments.
- **Appointments:** Displays upcoming scheduled appointments allowing Agency Employees to view early, late, and missed appointments.
- **Visits:** Allows Agency Employees to view completed visits, pre-claim checks, and to request claims.
- **Billing:** Enables Agency Employees to manage end-to-end billing workflows.
- **Members:** Displays Members and associated information.
- **Employees:** Enables Agency Administrators to manage their workforce by creating and modifying users.
- **Settings:** Allows Agency Employees to configure certain aspects of the CareBridge Solution.

Figure 2. Left Navigation



CAREBRIDGE MOBILE APPLICATION

Figure 3. Download Application



The second component of the CareBridge Solution is the CareBridge Mobile Application. The mobile app is available on iPhone and Android devices and can be used by Caregivers to manage their schedule, Check-In, Check-Out, and complete visit documentation.

DOWNLOAD

The CareBridge Mobile Application is available for download on the iOS App Store and the Android Google Play Store (Figure 3).

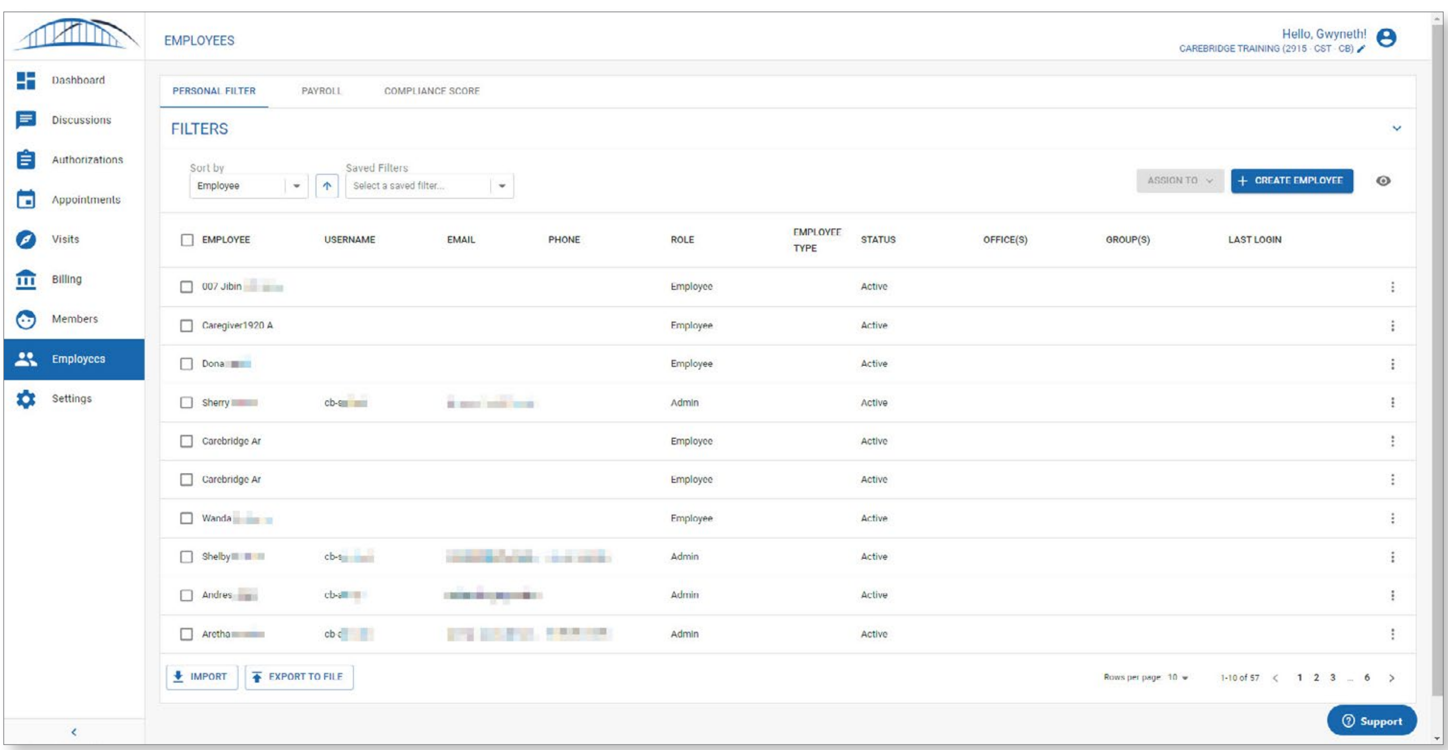
LOGIN

Once the application is downloaded onto the device, the user can open it and view the login screen. The user will be prompted for a **Provider ID, Username, Password,** and **Birth date** if it is not already in their Employee Details. Once logged in, today's Appointment Schedule is displayed - **if** the caregiver has scheduled appointments. Please see the Check-In & Check-Out section for additional information about how to utilize the mobile application in EVV workflows.

EMPLOYEES

The Employees page in the CareBridge Provider Portal (Figure 4) allows Agency Administrators to view, modify, and create new employee records.

Figure 4. Employees page



VIEW EMPLOYEES

Navigate to the Employees page to see a tabular view of all employees that are currently listed in the Provider Portal. This table can be filtered and sorted with several parameters by selecting the **expand arrow** in the **FILTERS** component (Figure 5) or the **Sort by** drop-down menu at the top left of the table (Figure 6).

*Figure 5. Employee **FILTERS***

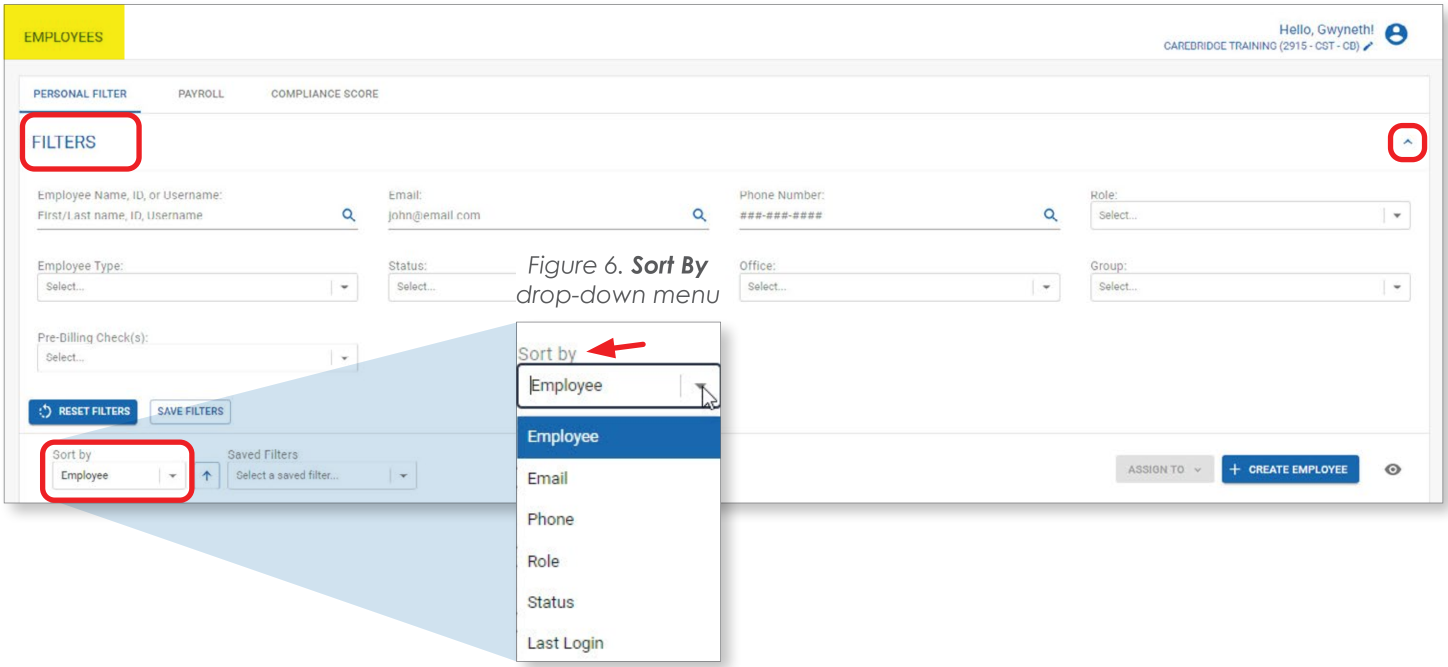


*Figure 6. **Sort By** drop-down menu*

Filters that are chosen by the user to find data may also be saved for future searches. To do this, click the **SAVE FILTERS** button at the bottom of the **FILTERS** area. (Figure 7) When the **Save Filters** dialog opens, the user is asked to name their custom filter for future reference. (Figure 8)

*Figure 7. **SAVE FILTERS** button*

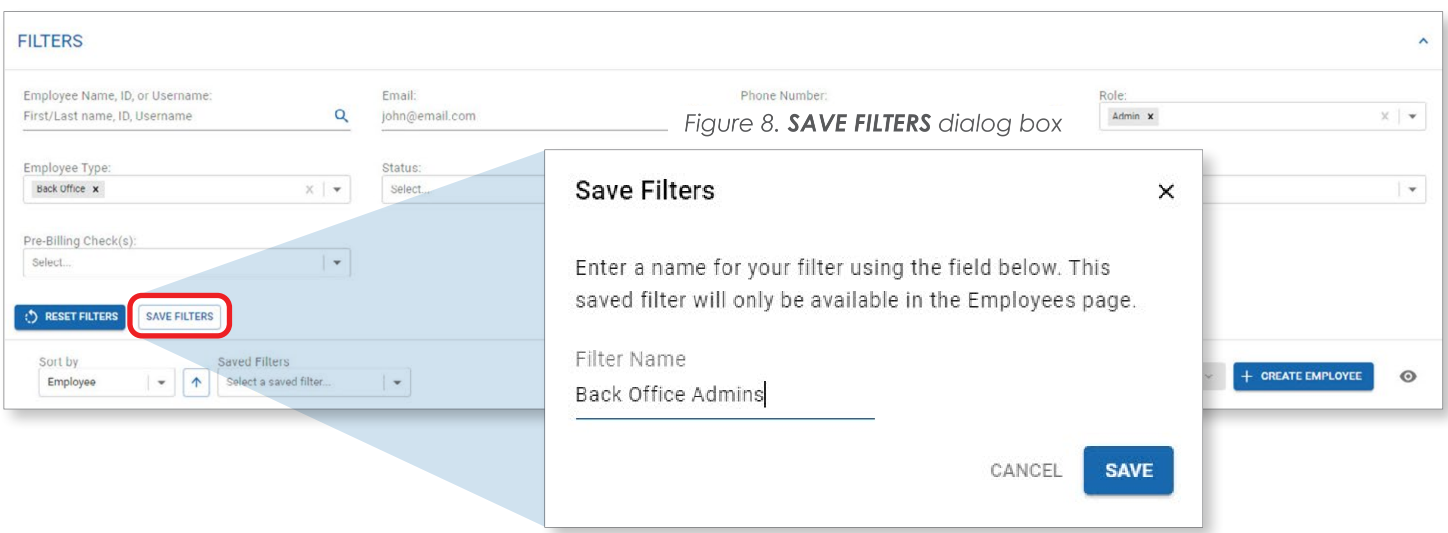


*Figure 8. **SAVE FILTERS** dialog box*

Once it's saved, the user can select their customized filter anytime from the **Saved Filters** drop down menu located to the right of the **Sort by** menu. (Figures 9 & 10)

*Figure 9. Employees page **Saved Filters** drop-down menu*

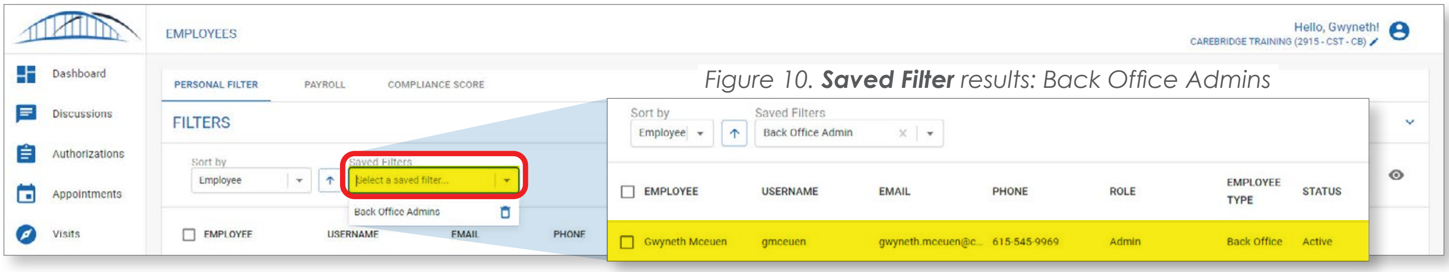
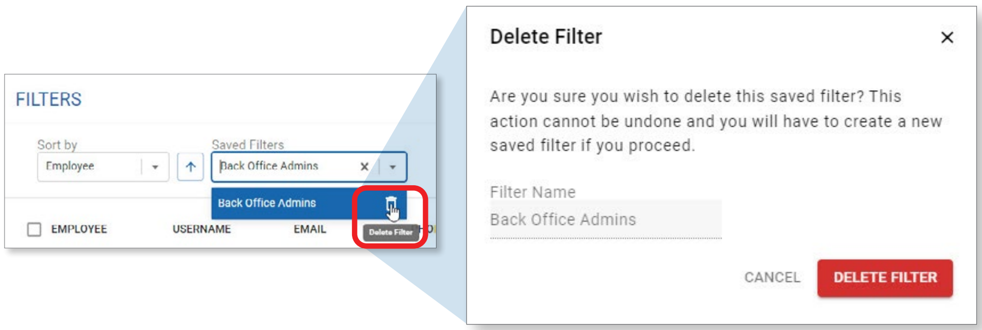


*Figure 10. **Saved Filter** results: Back Office Admins*

Saved filters are specific to the user that created them and the page(s) they were created on. Users can update and delete their filters as necessary. To update, the user must actually save a new filter. To delete a filter, the user must select it and click on the **trash can icon** in the **Saved Filters** list. (Figure 11)

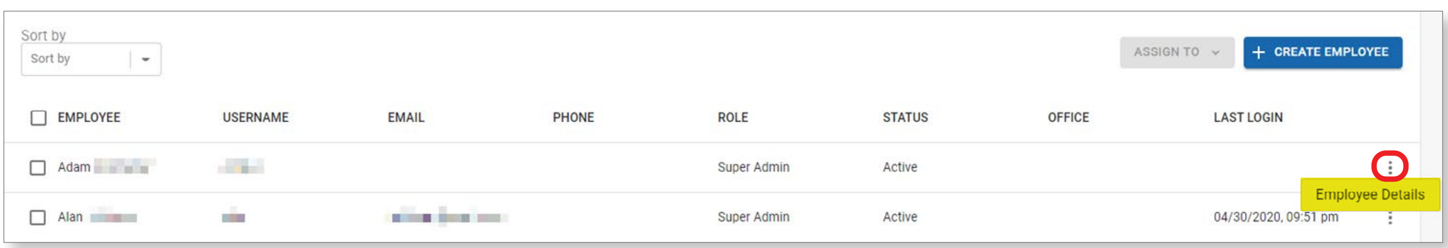
Figure 11. Delete Saved Filter



VIEW EMPLOYEE DETAILS

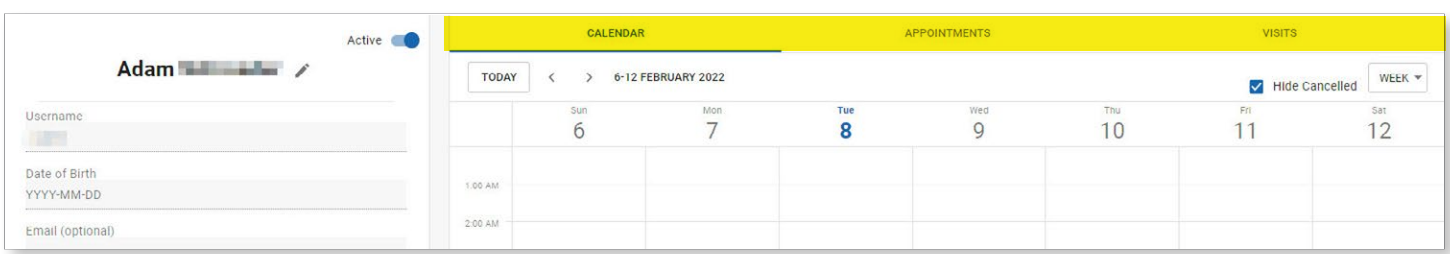
To view more details about an Employee, select the **menu icon (three dots)** (Figure 12) on the right side of the row for the Employee and select **Employee Details**.

*Figure 12. Employees page **Menu Icon (three dots)***



From the **Employee Details** screen, users can view employee demographic info, a **CALENDAR** view of the employee's schedule, upcoming **APPOINTMENTS** (if any), and completed **VISITS** (Figure 13).

*Figure 13. **Employee Details** screen*



CREATE NEW EMPLOYEE

As an Agency Administrator, to create new employees (Agency Employees or caregivers), select the **+ CREATE EMPLOYEE** button at the top of the Employees table (Figure 14):

*Figure 14. **+ CREATE EMPLOYEE** button*

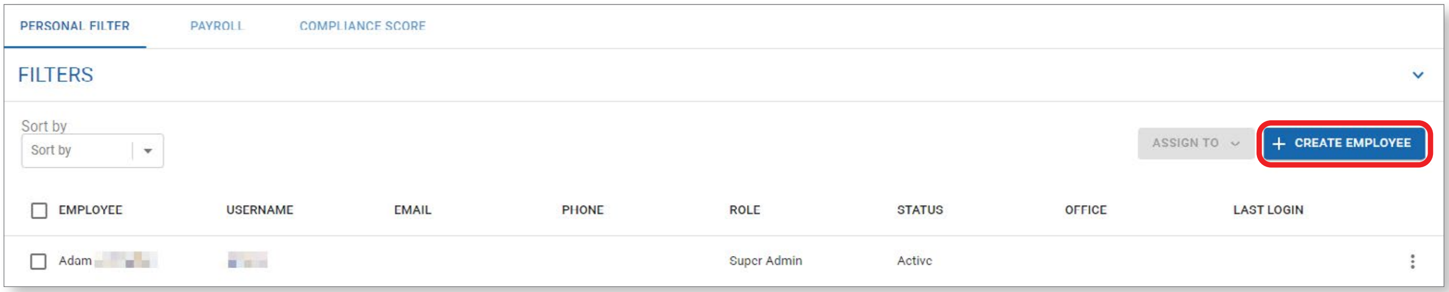
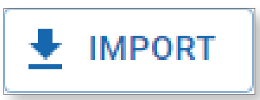


*Figure 15. Employee page **IMPORT** button*



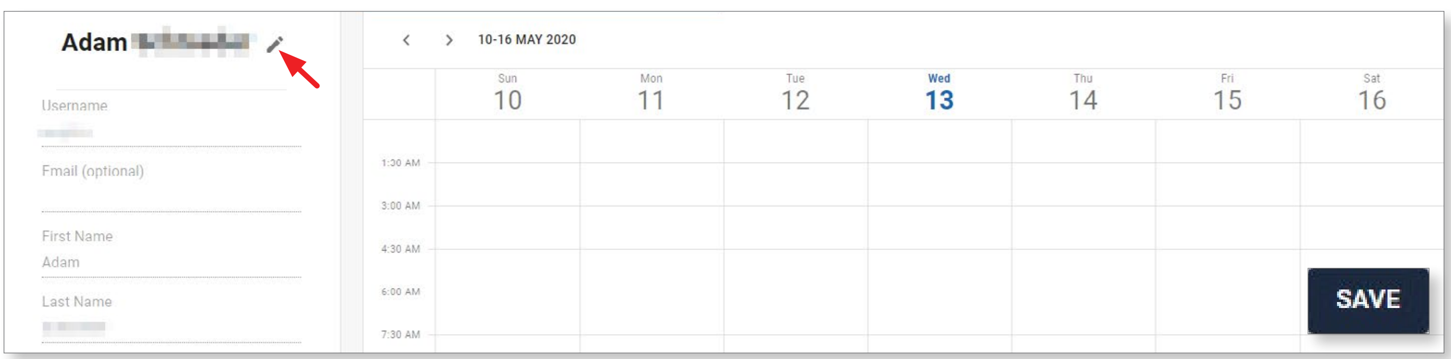
To create employees in bulk, click the **IMPORT** button at the bottom left of the Employees page (Figure 15), download the Excel template, fill it out, then upload it by clicking the **IMPORT** button again.

Please Note: If the information you enter in the spreadsheet template is inaccurate, you will have to update the profiles in the system and cannot simply re-import.

MODIFY EMPLOYEE DETAILS

To modify **Employee Details**, select the **pencil icon** next to the employee's name (Figure 16). The **Employee Details** fields will become editable. Select the **SAVE** button at the bottom to save changes.

*Figure 16. **Employee Details** screen and **SAVE** button*



In addition to demographic information, the following are critical in setting up the Employee's profile:

- **Username:** This username will need to be communicated to the new employee for them to sign up for the Provider Portal or Mobile Application. This is a required field.
- **Email:** If the user would like to receive future communications via email a valid email address will need to be entered.
- **License Number:** For claims to be submitted without error, the caregiver's **Certified Home Health Aide (CHHA)** number should be entered into this field.

- **MFA Phone Number:** If the user would like to receive a text message with the multi-factor authentication codes for sign up and sign into their mobile phone, this field will need to be completed. (Text messaging or data rates apply.)
- **Worker Rate:** Worker Rate is used to accurately calculate payroll reports.
- **Interactive Voice Response (IVR) PIN:** If the employee would like to utilize **IVR** (For more information on **IVR**, see the Check-in & Check-out section,) an IVR PIN will need to be entered.
- **Role:** Used to differentiate one type of employee from another. The Provider Portal user roles are as follows:
  – **Admin:** Has no access restrictions to view or act in the CareBridge Solution.
  – **Admin - Office:** Has access to view/do all things for the offices to which they are assigned
  – **Employee:**
    - Cannot view Payroll or Compliance Score reports
    - Cannot view Billing Dashboard
    - Cannot complete **Manual Entries**
    - Cannot generate claims
  – **Employee - Office:**
    - Can only view member data in the offices to which they are assigned
    - Cannot view Payroll or Compliance Score reports
    - Cannot view Billing Dashboard
    - Cannot complete **Manual Entries**
    - Cannot generate claims

ASSIGN EMPLOYEES TO OFFICES AND/OR GROUPS

Employees/caregivers and members can be assigned to **Offices** or **Groups** to better drive the scheduling of caregivers to members and to be able to run reports by agency location or employee type. Select one or more employees/caregivers using the **check box** to the left of the employee name, Select the **ASSIGN TO** button in the top right of the page (Figures 17 and 18) to assign the selected Employees to an Office or Group. For more information on Offices and Groups, see the Settings section.

*Figure 17. Employee **ASSIGN TO** drop-down menu*

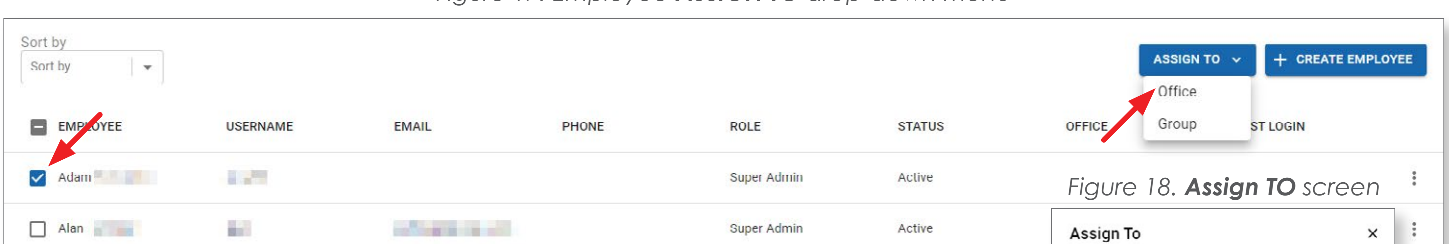
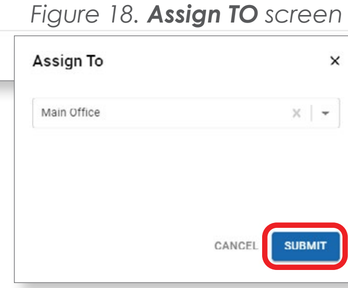


*Figure 18. **Assign TO** screen*



EMPLOYEES REPORTS

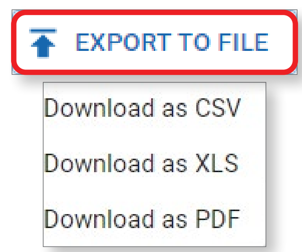
By default, the **PERSONAL FILTER** is selected upon navigating to the Employees page. It can be used to filter and sort the Employees page table in a variety of ways to return the subset of employees that is most useful. In addition to the **PERSONAL FILTER**, there are two reports that have predefined filters to help quickly navigate to useful employee data (Figure 19).

Figure 19. Employees page reports

- **PAYROLL:** This report returns payroll data for a given period for each employee based on completed visits in that time.
- **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) relative to the total number of visits. Examples of non-compliant visits are **Manual Entries**, early visits, late visits, or missed visits.

To export any of the data on the Employees page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 20). Upon selecting the file type, the document will begin downloading and will be available on the Settings page on the left navigation pane under the **DOCUMENTS** sub-tab. For more information, see the Settings section.

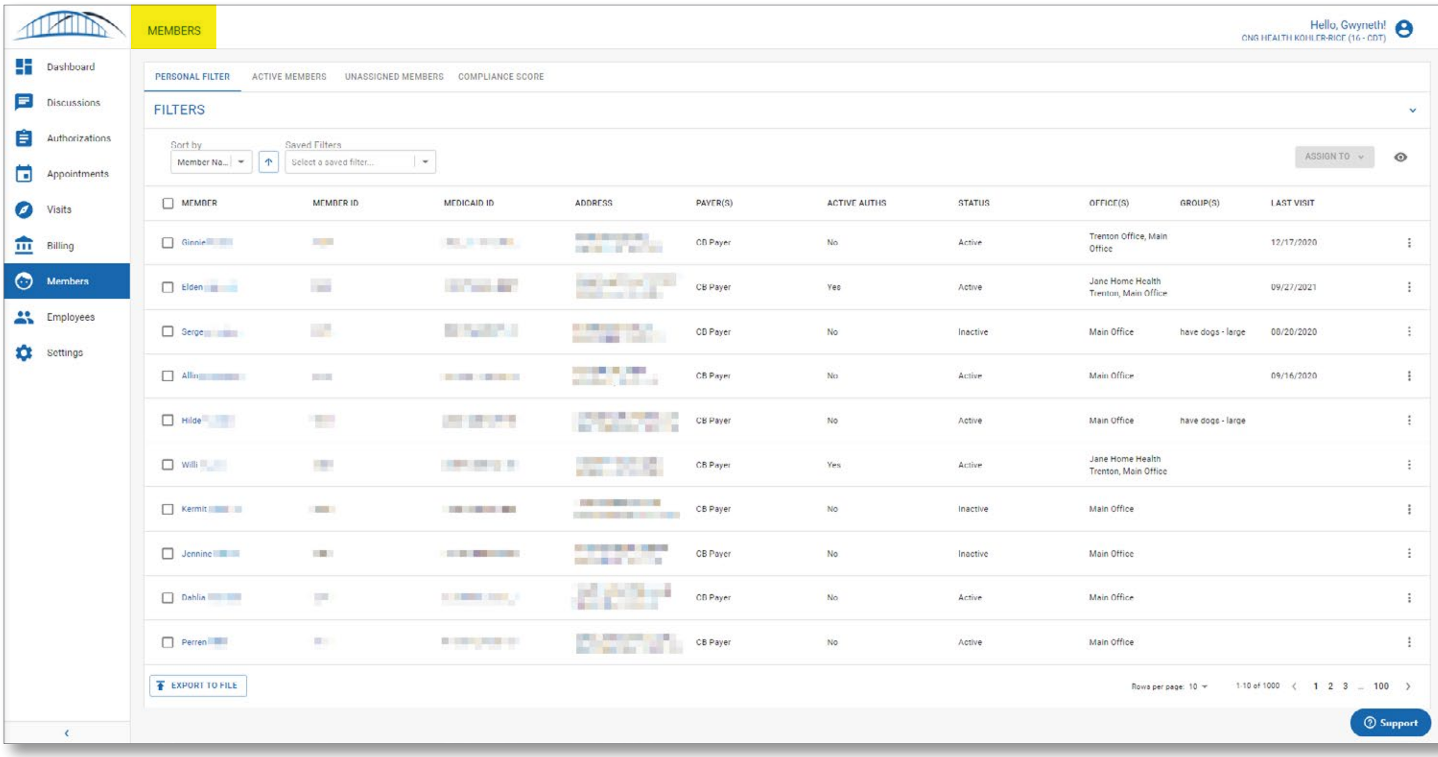
*Figure 20. Employees page **EXPORT TO FILE** options*



MEMBERS

The Members page in the CareBridge Provider Portal allows the designated Agency Employees to view and edit member information. The Members page (Figure 21) is populated with data from the Member file, (provided by the State or PASSE) and updates daily with the most recent information.

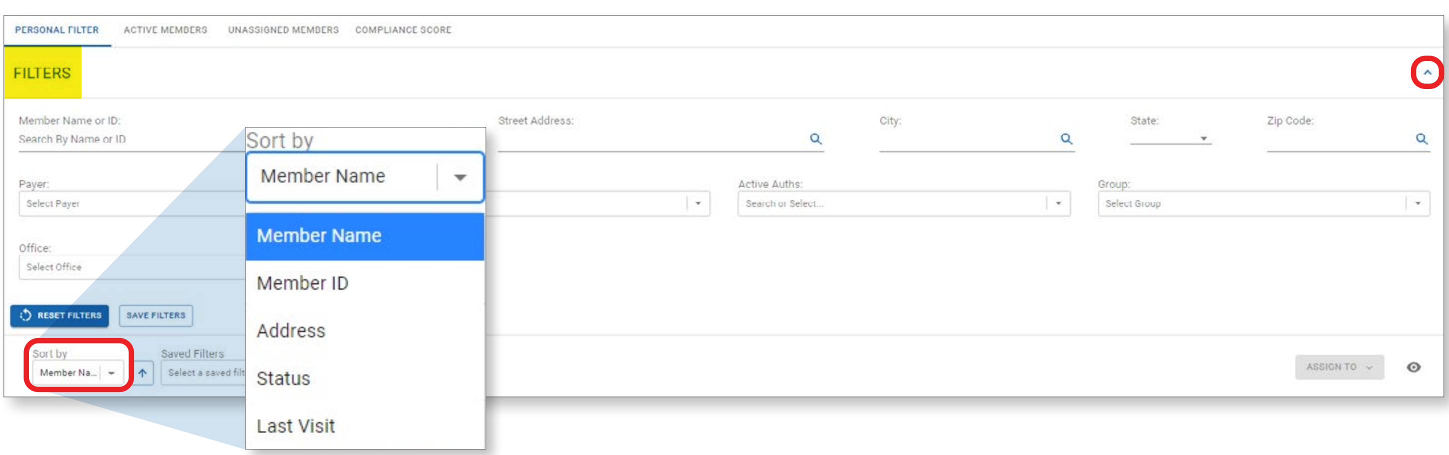
Figure 21. Members page



VIEW MEMBERS

Once a user navigates to the Members page, they will see a tabular view of all members that are currently in the Provider Portal. This table can be filtered and sorted with several parameters by selecting the **expand arrow** in the **FILTERS** component at the top left of the table, or the **Sort by** drop-down menu (Figure 22).

*Figure 22. Members page **FILTERS** and **Sort by** dropdown menu options*



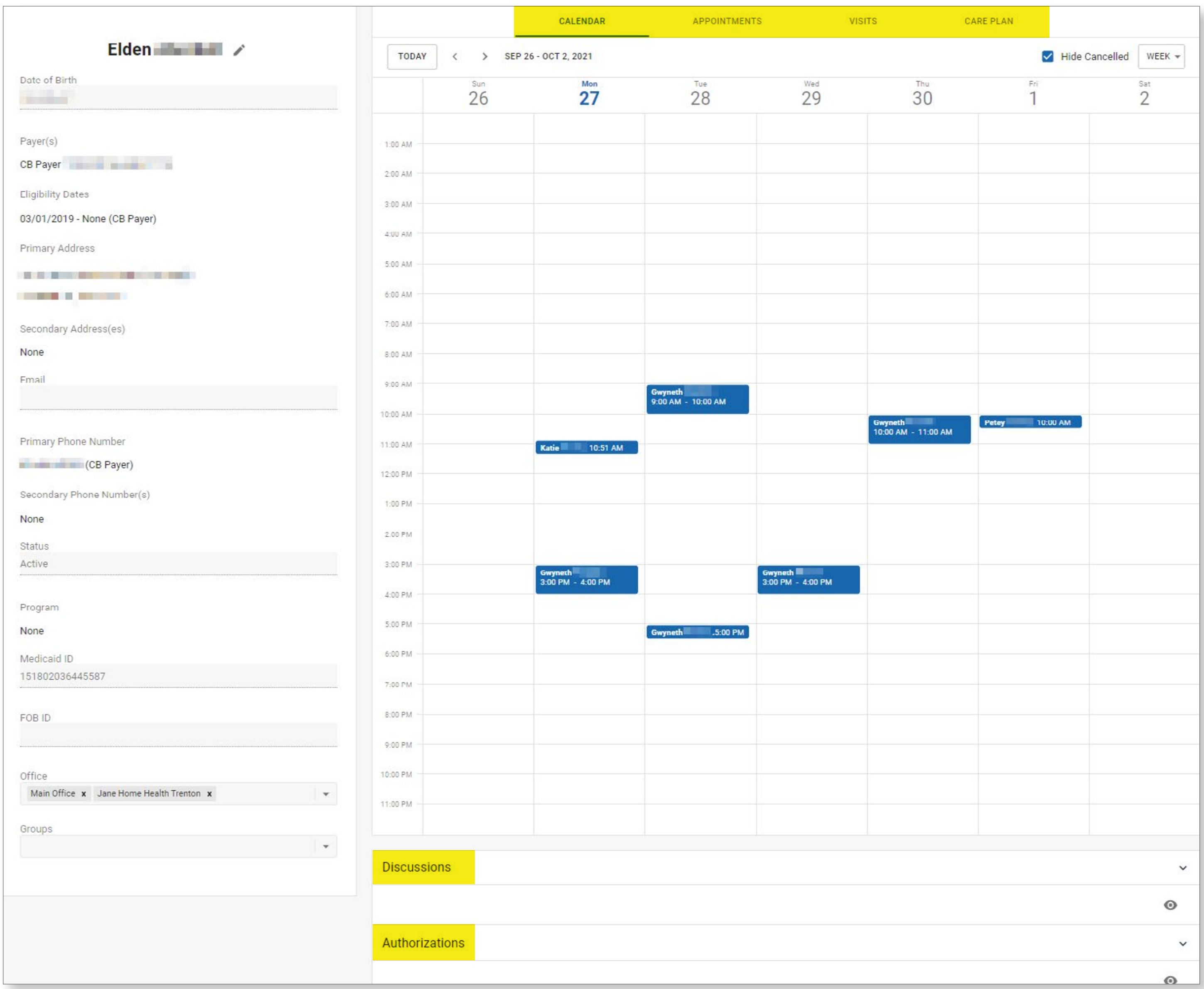
VIEW MEMBER DETAILS

To view more details about a Member, select the **menu icon (3 dots)** on the right side of the member's row and select **Member Details** (Figure 23).

Figure 23. Member page ***Menu Icon (three dots)***

From the **Member Details** screen (Figure 24), you can view member demographic info, a **CALENDAR** view of visits, list views of upcoming **APPOINTMENTS** (if there are any), and completed **VISITS**, the member's **CARE PLAN** details, **DISCUSSIONS** about the member, and their **AUTHORIZATIONS**.

Figure 24. ***Member Details*** *screen*



CREATE OR MODIFY MEMBER CARE PLANS

From Member Details, an agency employee can create a Care Plan for a member. A Care Plan is a list of activities to be performed by a caregiver with the member. By selecting the **+ ADD ACTIVITY** button (Figure 25), the Care Plan Activity model will open, and the **ACTIVITY** and **FREQUENCY** can be selected along with adding **COMMENTS**, if applicable (Figure 26). These **CARE PLAN** activities can be edited at any time by selecting the **menu icon (three dots)** in the row of the activity and selecting **Edit Activity**. Additionally, it is possible to view previous versions of the **CARE PLAN** by selecting the **As-of** drop-down on the top right of the table. You can view the Check-In & Check-Out section for more information on how the **CARE PLAN** is presented to caregivers for completion as a part of a visit.

Figure 25. ***Member Details CARE PLAN*** *screen*

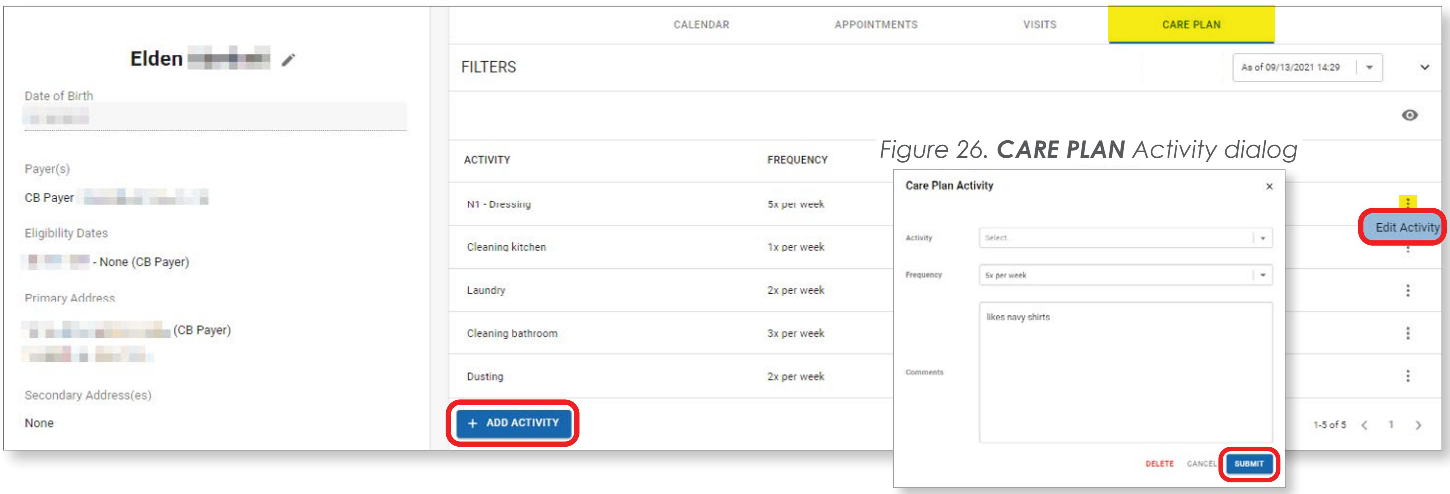
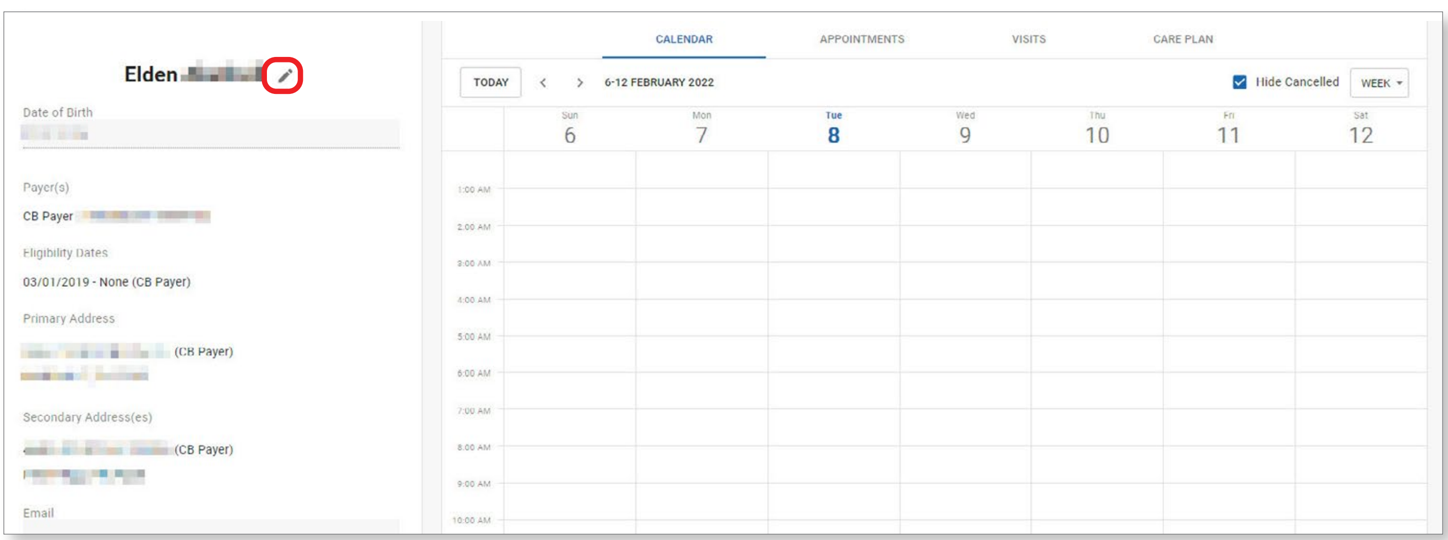


Figure 26. ***CARE PLAN*** *Activity dialog*

MODIFY MEMBER DETAILS

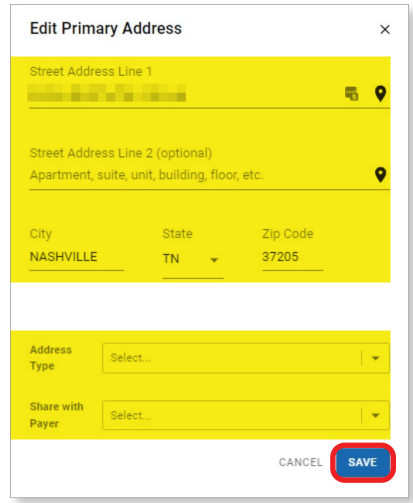
The Member Details page is populated with data from the Member file (provided by the State or PASSE) and updates daily with the most recent information. In some instances, it may be necessary to update a member's address or phone number to reflect more up-to-date changes than have been reflected in the Member file. To modify these details, select the **pencil icon** next to the member's name in **Member Details** (Figure 27).

Figure 27. ***Member Details pencil icon***



Upon selecting the **pencil icon**, the user will be presented with a dialog to input the new/corrected address or phone number (Figure 28). The **Address Type** drop-down provides a place to record where the member is staying if not at home - i.e., "Church", "Family Member's Home" or "Temporary Residence". Once **SAVE** is selected, the address or phone number will be sent to the Payer (PASSE) for approval. Until it is approved, the address or phone number will not be available to use for the purposes of scheduling an appointment or completing a visit. The request can be viewed at any point in the Discussions area of the Communications section.

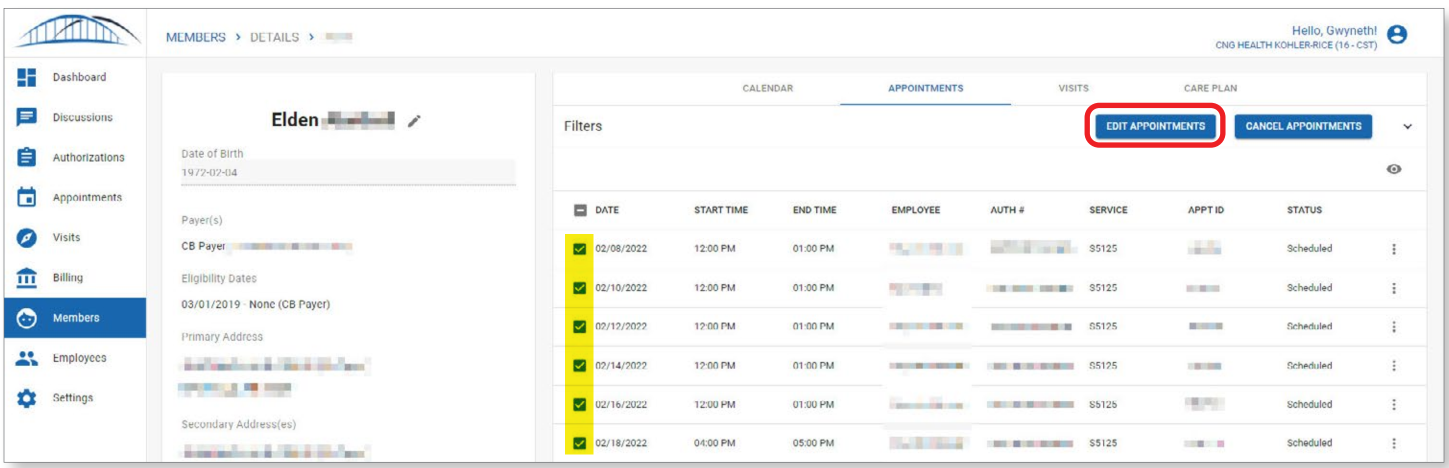
*Figure 28. Member **Address Update** screen*



EDIT APPOINTMENT INFORMATION IN BULK

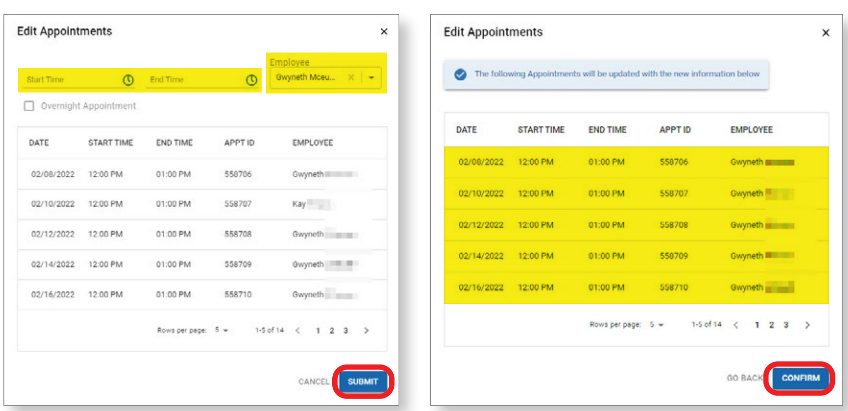
When in the **Member Details** dialog, appointment times and employee (caregiver) assignments can be edited in bulk. Simply go to the **APPOINTMENTS** sub-tab and edit groups of appointments by selecting the **check boxes** on the left end of the appointment rows. Then click on the **EDIT APPOINTMENTS** button (Figure 29).

*Figure 29. Appointment **check boxes** and **EDIT APPOINTMENTS** button*



Next, make the **Start Time** and/or **End Time** changes, select the appropriate **EMPLOYEE** (caregiver) if necessary, and click **SUBMIT** (Figure 30). On the next screen, double-check your changes and click **GO BACK** to make more edits or **CONFIRM** to save your changes.

*Figure 30. **Edit Appointments SUBMIT** and **CONFIRM** screens*



ASSIGN MEMBERS TO OFFICES AND/OR GROUPS

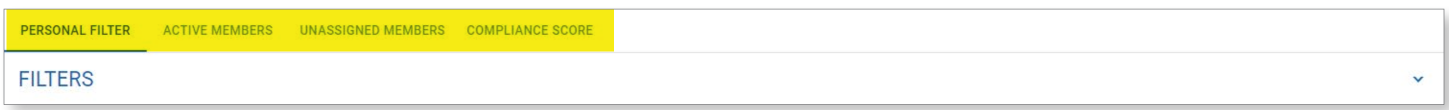
Use the **check boxes** next to member names on the Members page to select them, then select the **ASSIGN TO** button at the top right of the table to assign members to **Offices** or **Groups** (Figure 31). (See the Settings section for more information about **Offices** and **Groups**.)

*Figure 31. Members page **ASSIGN TO** drop-down menu*

MEMBER REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Members page. It can be used to filter and sort the Members page table in a variety of ways to return the subset of members that is most useful. In addition to the **PERSONAL FILTER**, there are three reports that have predefined filters to help quickly navigate to useful member data (Figure 32).

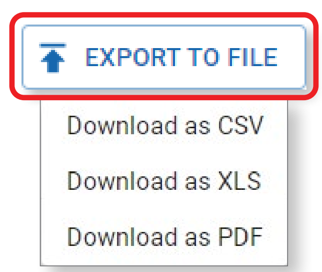
Figure 32. Members page reports



- **ACTIVE MEMBERS:** This report returns a list of all active members.
- **UNASSIGNED MEMBERS:** This report returns a list of all members who have not been assigned to an **Office**.
- **COMPLIANCE SCORE:** This report returns a list of all members (ascending order) by Compliance Score.

To export any of the data on the Members Page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 33). Upon selecting the file type, the document will begin downloading and will be available on the Settings page under the **DOCUMENTS** sub-tab.

*Figure 33. **EXPORT TO FILE** drop-down menu options*



ELECTRONIC VISIT VERIFICATION (EVV) WORKFLOWS

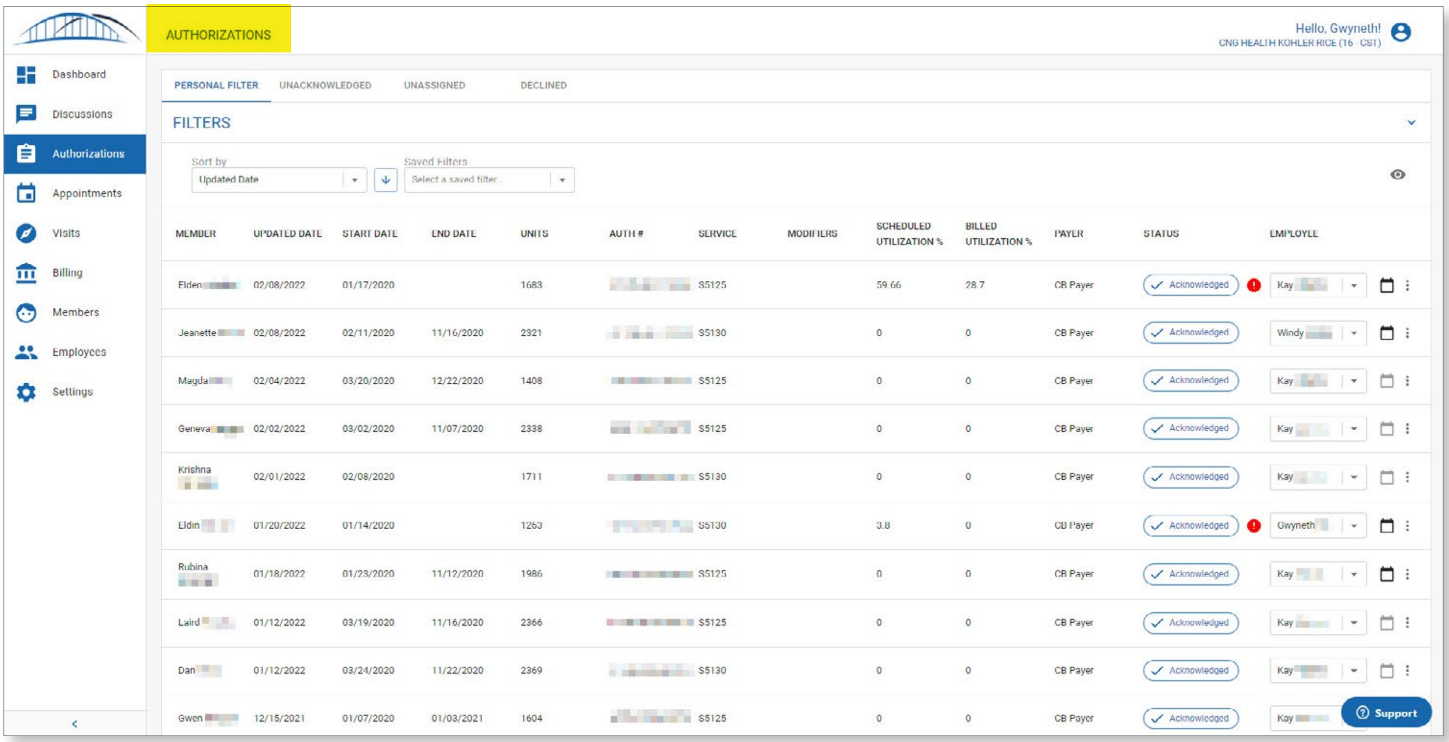
OVERVIEW

The following will help introduce the features and functionality associated with EVV in the CareBridge Solution and how it can be used as a tool to help easily manage day-to-day workflows.

AUTHORIZATIONS

The Authorizations page in the CareBridge Provider Portal (Figure 34) allows Agency Employees to view, acknowledge, and manage Authorizations that are available to the Provider. The Authorizations page is populated with data from the Authorizations file which updates on a recurring basis with the most recent information.

Figure 34. Authorizations page



VIEW AUTHORIZATIONS

The Authorizations page contains a tabular view of all authorizations that are currently available in the Provider Portal. This table can be filtered and sorted with several parameters by selecting the **expand arrow** or the word **FILTERS** at the top of the table (Figure 35) or the **Sort by** drop-down at the bottom left of the **FILTERS** area (Figure 36).

*Figure 35. Authorization page **FILTERS***

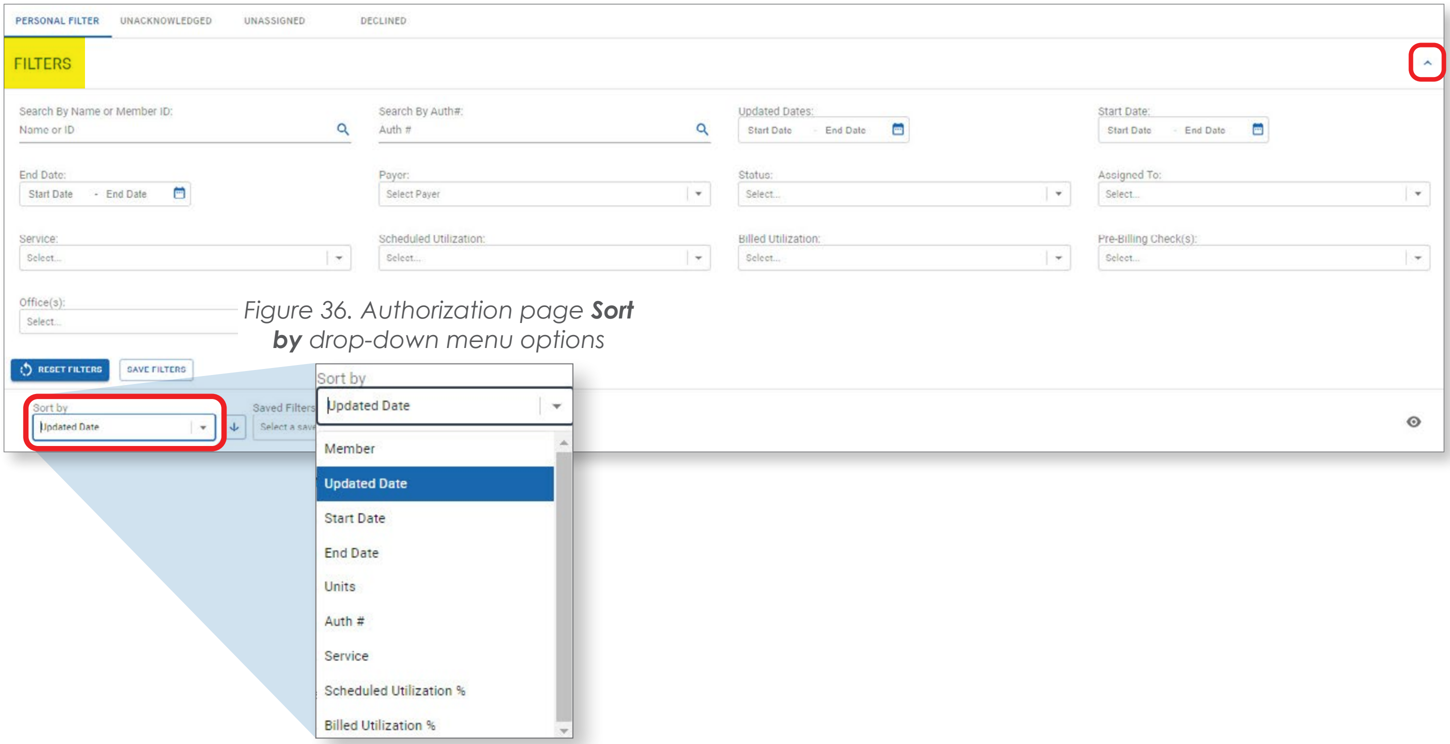
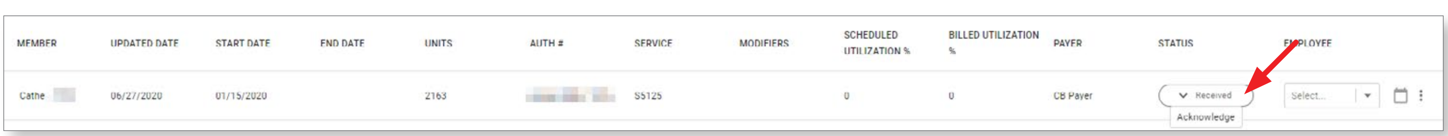


*Figure 36. Authorization page **Sort by** drop-down menu options*

ACKNOWLEDGE RECEIPT OF AN AUTHORIZATION

When authorizations are made available to a Provider, they will display on the Authorizations page with a status of **Received**. The user will need to acknowledge the authorization by clicking the **Received** button and selecting **Acknowledge** from the drop-down menu (Figure 37). This will update the status in the table and will be communicated to PASSE for that authorization. If you cannot accept an authorization, you must contact PASSE directly. You must respond to all authorizations.

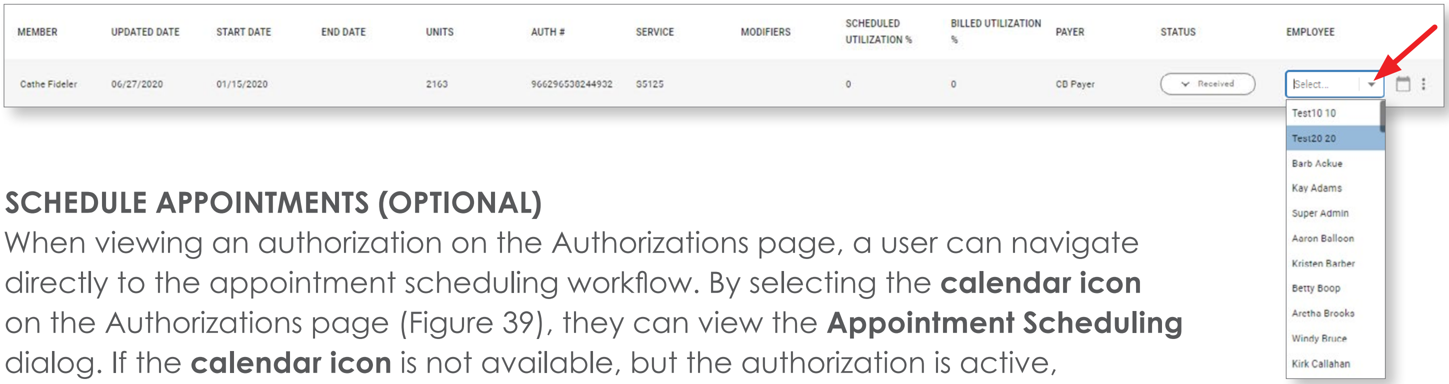
Figure 37. Acknowledge authorizations



ASSIGN EMPLOYEE TO AN AUTHORIZATION

To assign an employee to an authorization, select the drop-down menu and choose the **EMPLOYEE** from the list (Figure 38). This will update the assignment in the table.

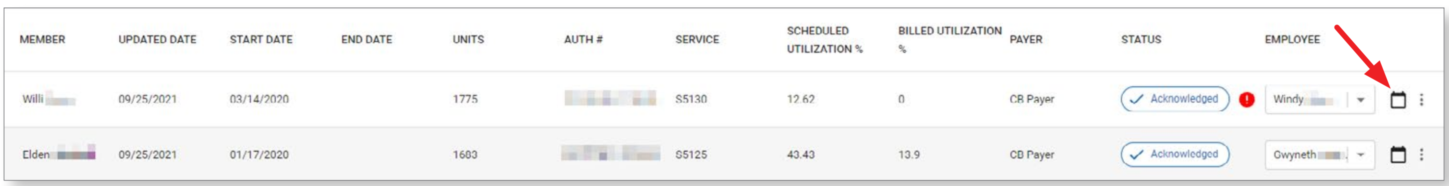
Figure 38. ***Assign Employee*** *drop-down menu*



SCHEDULE APPOINTMENTS (OPTIONAL)

When viewing an authorization on the Authorizations page, a user can navigate directly to the appointment scheduling workflow. By selecting the **calendar icon** on the Authorizations page (Figure 39), they can view the **Appointment Scheduling** dialog. If the **calendar icon** is not available, but the authorization is active, remember to check the member's eligibility. For more information about scheduling appointments, refer to the Appointments section.

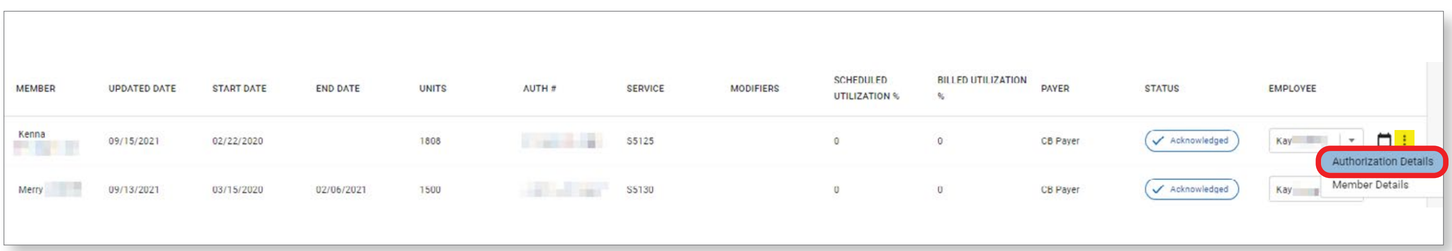
Figure 39. Schedule appointments from the Authorizations page



AUTHORIZATION DETAILS

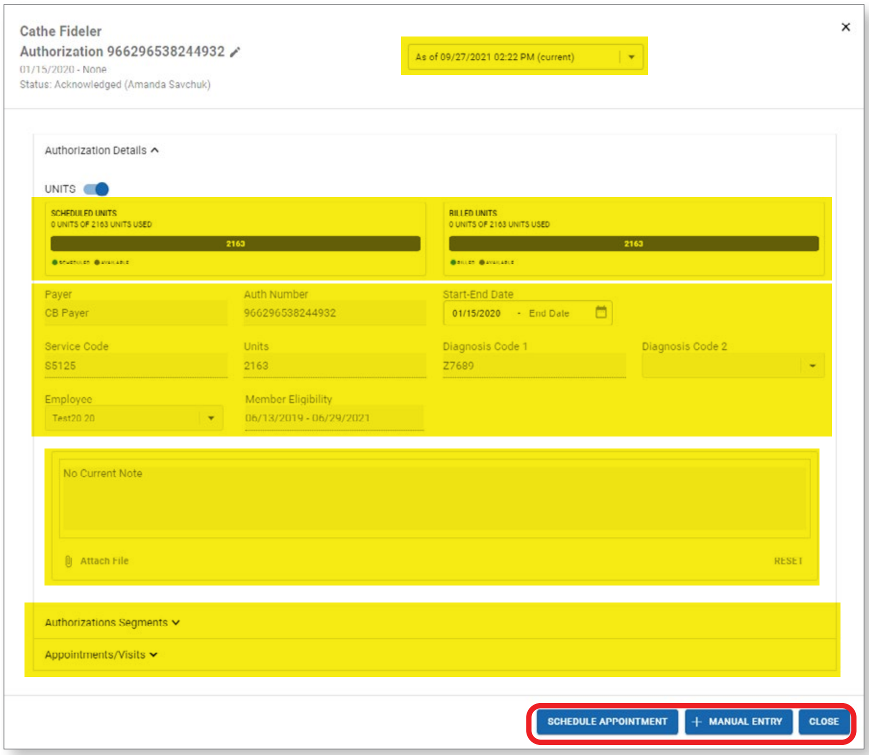
To view more details about an authorization, select the **menu icon (3 dots)** on the right end of the authorization's row (Figure 40) and select **Authorization Details**.

Figure 40. Authorizations ***menu icon (3 dots)***



From the **Authorization Details** screen (Figure 41), the user can view Start/End Dates, Service Codes, Modifiers, Hours, Units, Limits, Schedules, Utilization Percentages, as well as upcoming Appointments (if any) and completed Visits associated with the authorization.

Figure 41. ***Authorization Details*** *screen*



There are also several actions that can be utilized directly from the **Authorization Details** screen by clicking on the **pencil icon**:

- Add a secondary Diagnosis Code to the authorization.
- Assign an employee to the authorization.
- Add notes to the authorization.
- The **SCHEDULE APPOINTMENT** button will take the user to the Appointments Scheduling dialog. For more information about scheduling appointments, refer to the Appointments section.
- The **+ MANUAL ENTRY** button takes the user to the Manual Entry dialog. For more information about manual entries, refer to the Check-In & Check-Out section
- The **Close** button will close Authorization Details.

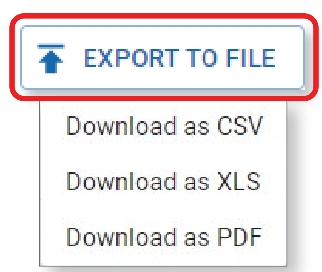
AUTHORIZATIONS REPORTS

By default, the **PERSONAL FILTER** is selected on the Authorizations page. It can be used to filter and sort the Authorizations table in a variety of ways to return the subset of Authorizations that is most useful. In addition to the **PERSONAL FILTER**, there are three reports that have predefined filters to help quickly navigate to useful Authorizations data (Figure 42).

Figure 42. Authorizations page reports

- **UNACKNOWLEDGED:** This report returns a list of all authorizations that have not yet been acknowledged or declined.
- **UNASSIGNED:** This report returns a list of all authorizations that have not yet been assigned an employee.
- **DECLINED:** This report returns a list of all authorizations that have been declined.

Figure 43. Authorizations page ***EXPORT TO FILE*** *options*

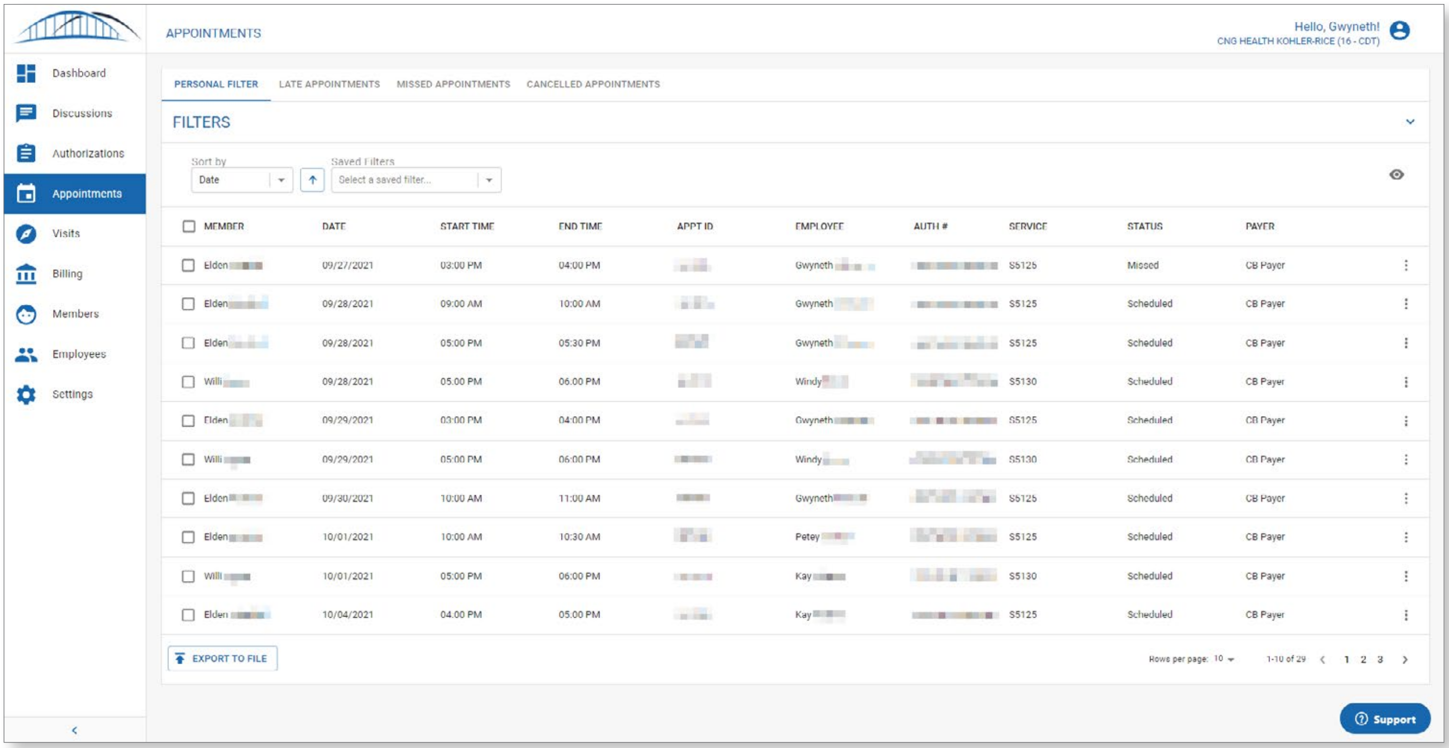


To export any of the data on the Authorizations Page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 43). Upon selecting the file type, the document will begin downloading and will be available on the Settings page under the **DOCUMENTS** sub-tab.

APPOINTMENTS

The Appointments page in the CareBridge Provider Portal (Figure 44) allows Agency Employees to view upcoming, scheduled appointments (if any) as well as identify and act upon early, late, or missed visits. ***Please note:*** If caregivers are using the mobile application to create ad-hoc appointments at the start time of the appointment, those instances will be available for review on the Visits page.

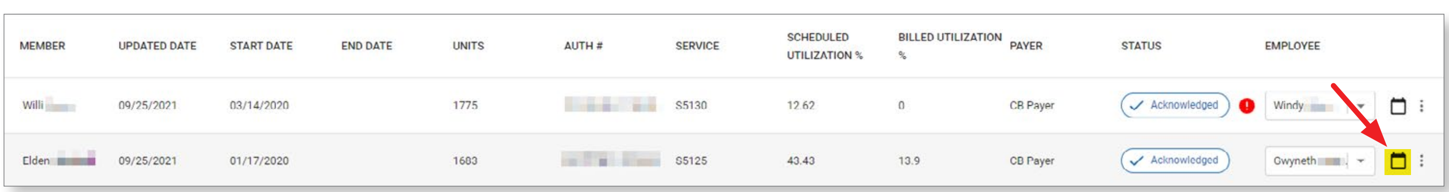
Figure 44. Appointments page



SCHEDULING APPOINTMENTS IN THE PROVIDER PORTAL

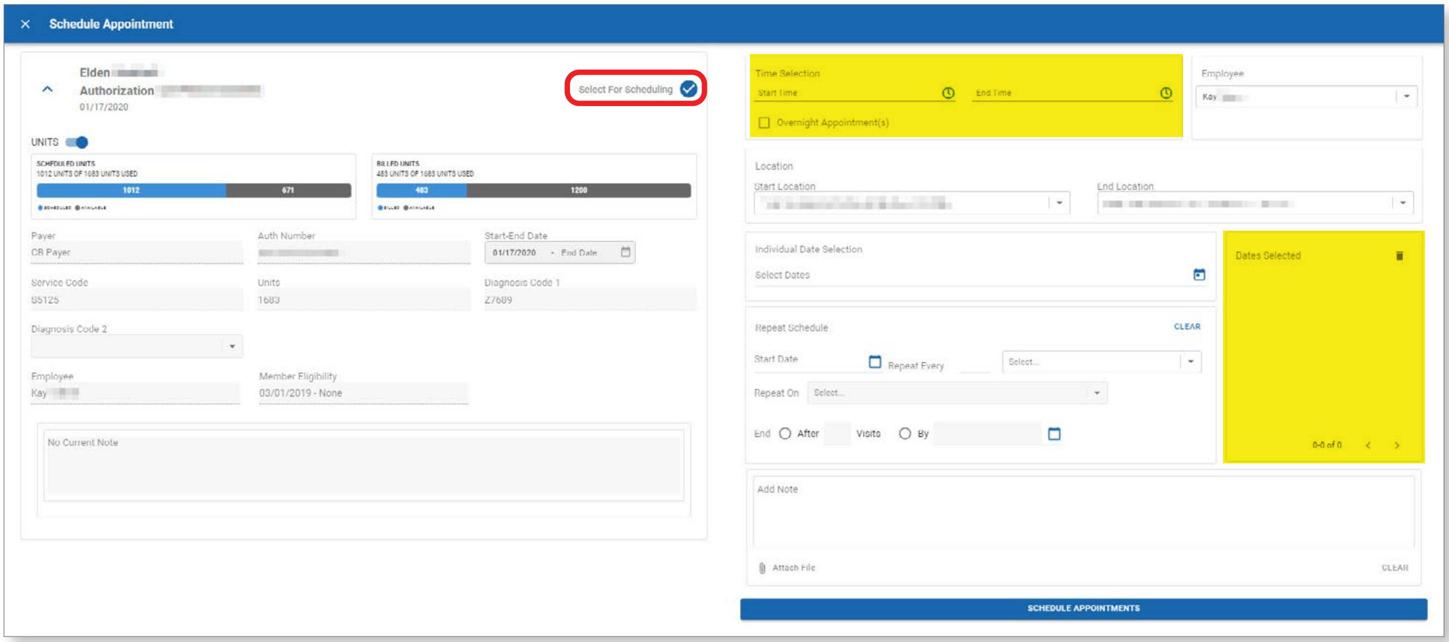
For appointments to appear on the Appointments page they must first be scheduled. **Scheduling appointments is optional in Arkansas.** To schedule an appointment within the Provider Portal, first navigate to the Authorizations page (see the Authorizations section) and select the **calendar icon** next to the authorization for which it is necessary to schedule an appointment (Figure 45).

*Figure 45. Authorizations page **Calendar Icon***



Upon selecting the **calendar icon**, the user is taken to the **Schedule Appointment** screen (Figure 46).

*Figure 46. **Schedule Appointment** screen*



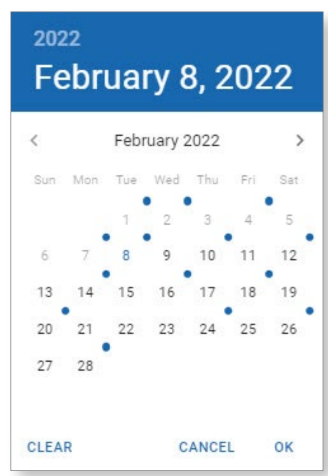
On the left side of the **Schedule Appointment** screen, view any current authorizations for the member and choose the authorization needed to schedule appointments by clicking the **Select For Scheduling** check box.

On the right side of the dialog the **Start Time** and **End Time** details can be added for all the upcoming appointments to be created. If you have multiple appointments with different start/end times, you will need to schedule them individually.

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

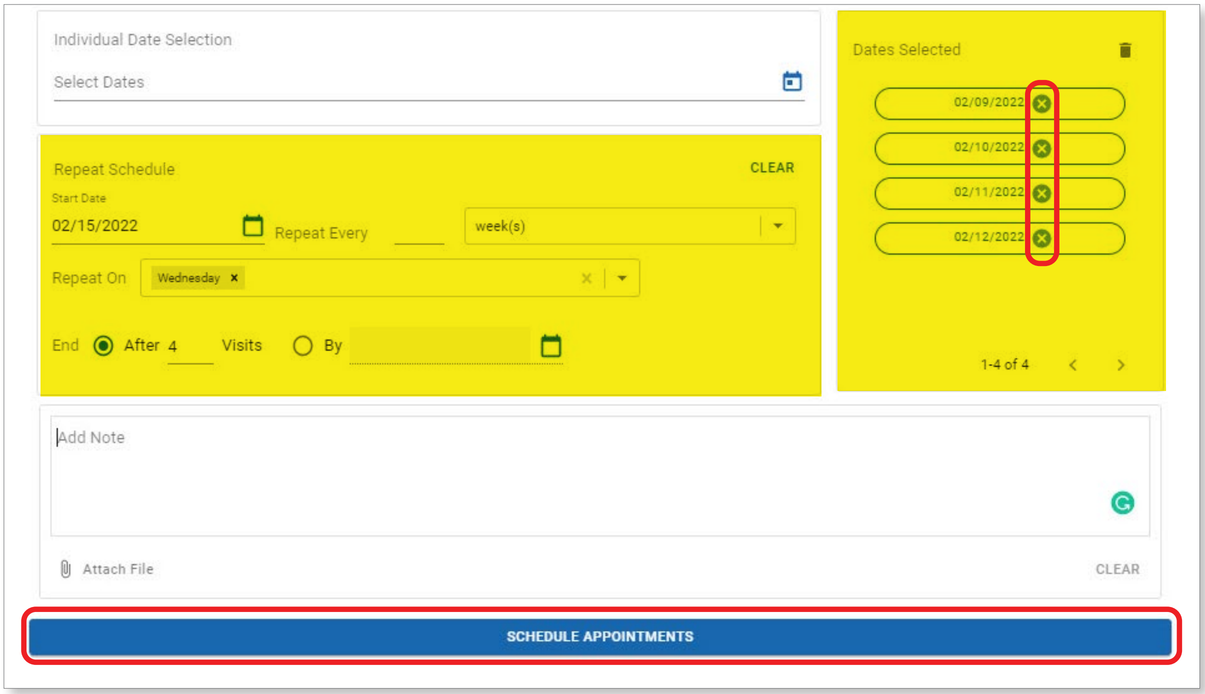
- Click the **calendar icon** in the *Individual Date Selection* card to select individual dates for appointments. The user can individually select as many dates as necessary from the *Individual Date Selection* calendar (Figure 47). Once the dates are selected, they will display in the *Dates Selected* card (Figure 48).
- Recurring appointments can be selected using the *Repeat Schedule* card by entering the following fields:
  - **Start Date:** This is the date on which the repeated schedule will begin.
  - **Repeat Every:** This is the frequency with which the repeated schedule will generate appointment dates.
    Example: Repeat Every 3 Weeks.
  - **Repeat On:** These are the days of the week that the repeated schedule will generate appointment dates.
  - **End:** Choose to end the repeated schedule after a certain number of visits or after a certain date by selecting one of the radio buttons.

Figure 47. Individual Date Selection Calendar



Upon completion of the fields listed, the *Dates Selected* card will populate with the appropriate dates based on the *Repeat Schedule* fields (Figure 48).

Figure 48. Appointment dates selection



The user 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 delete all of the selected dates.

Once the desired dates are displayed in the *Dates Selected* card, select the **SCHEDULE APPOINTMENTS** button at the bottom to generate newly scheduled appointments.

SCHEDULING APPOINTMENTS IN THE MOBILE APPLICATION

Caregivers can schedule ad-hoc appointments in the CareBridge mobile application.

1. Click on the **+ symbol** and find the member's name and Service Code.
2. Click on the **member's name**.
3. Enter the **start and end times** of the appointment.
4. Click **OK** to confirm the appointment.
5. Now they will be able to see the member/appointment on the appointment schedule 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 Check-In immediately. In the latter case, the appointment will be classified as a visit, and will be available for review on the Visits page in the Provider Portal.

VIEW APPOINTMENTS

On the Appointments page (Figure 49), the user can see a tabular view of all appointments that are currently scheduled. This table can be filtered and sorted with several parameters by selecting the **expand arrow** or the word **FILTERS** or the **Sort by** drop-down menu (Figure 50).

Figure 49. Appointments page

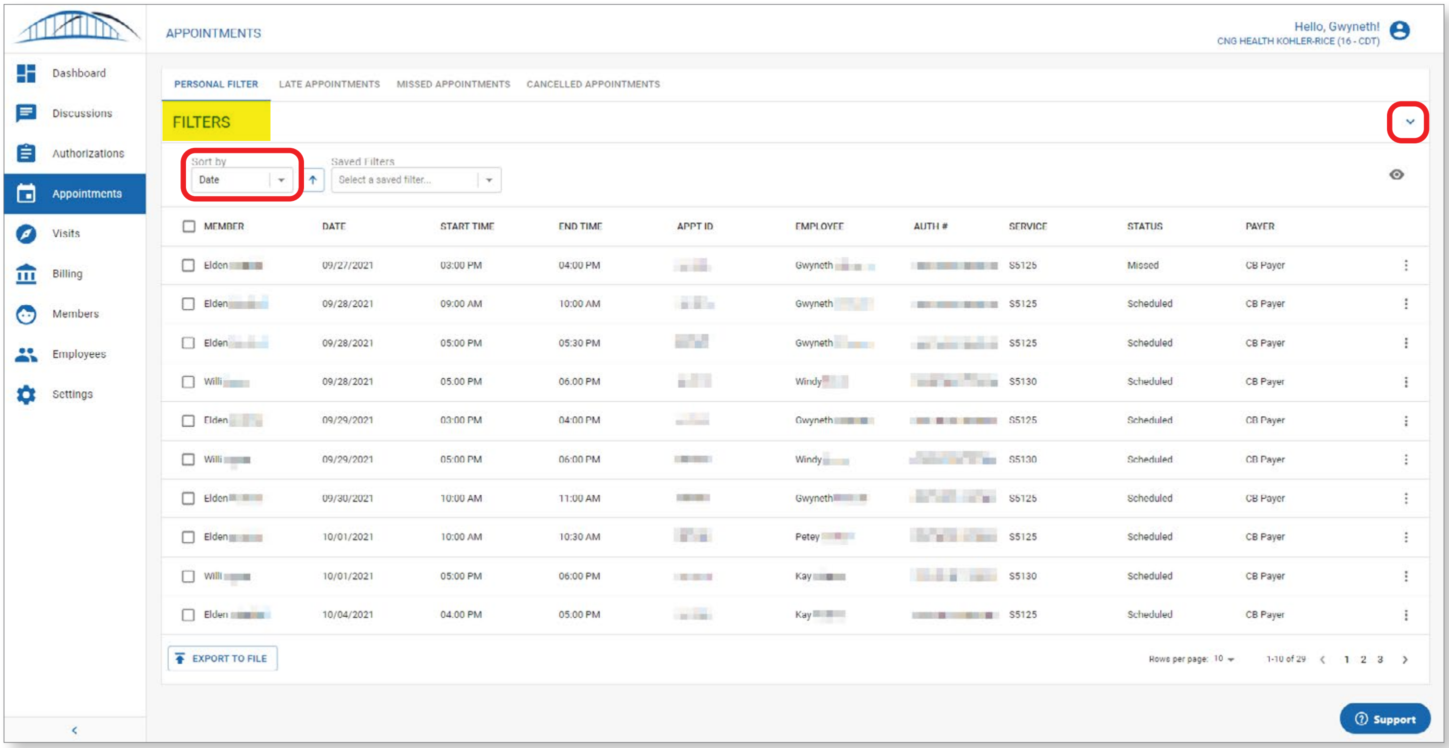


*Figure 50. Appointments page **FILTERS** and **Sort by** menu*

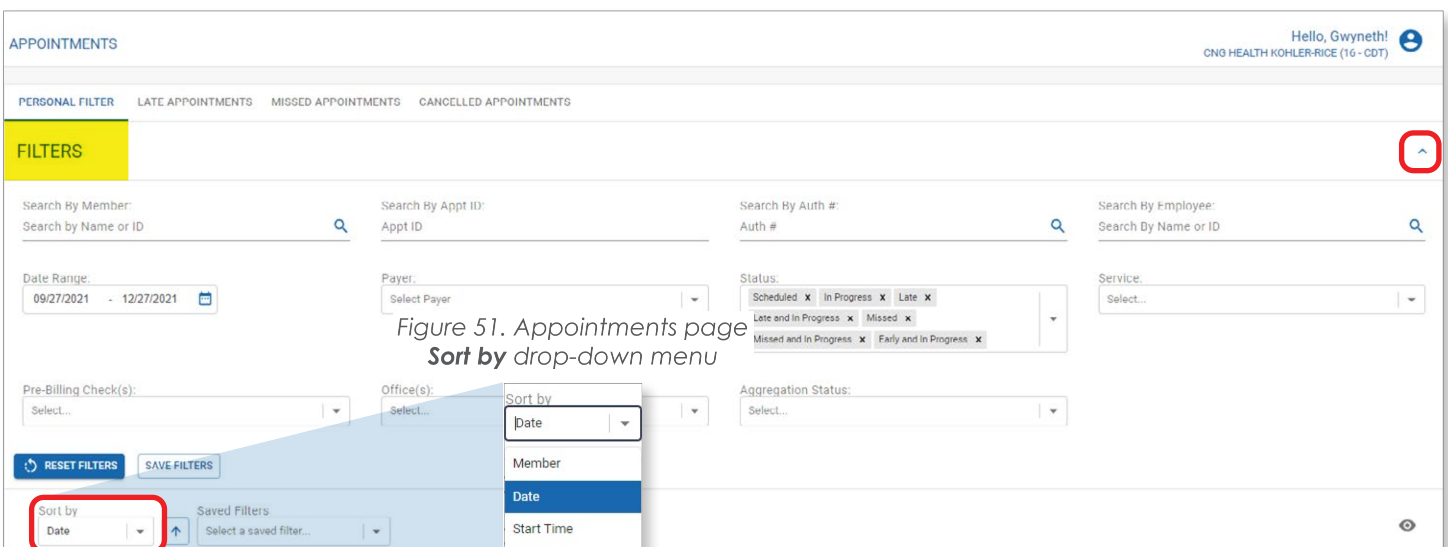
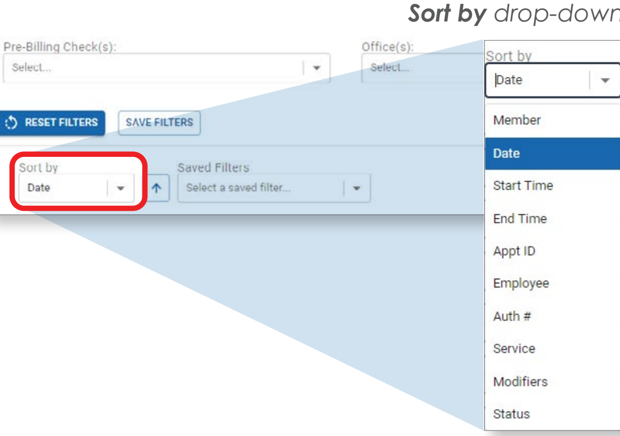


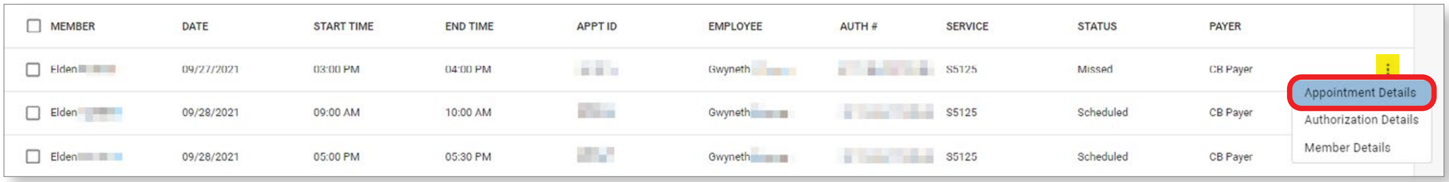
*Figure 51. Appointments page **Sort by** drop-down menu*



APPOINTMENT DETAILS

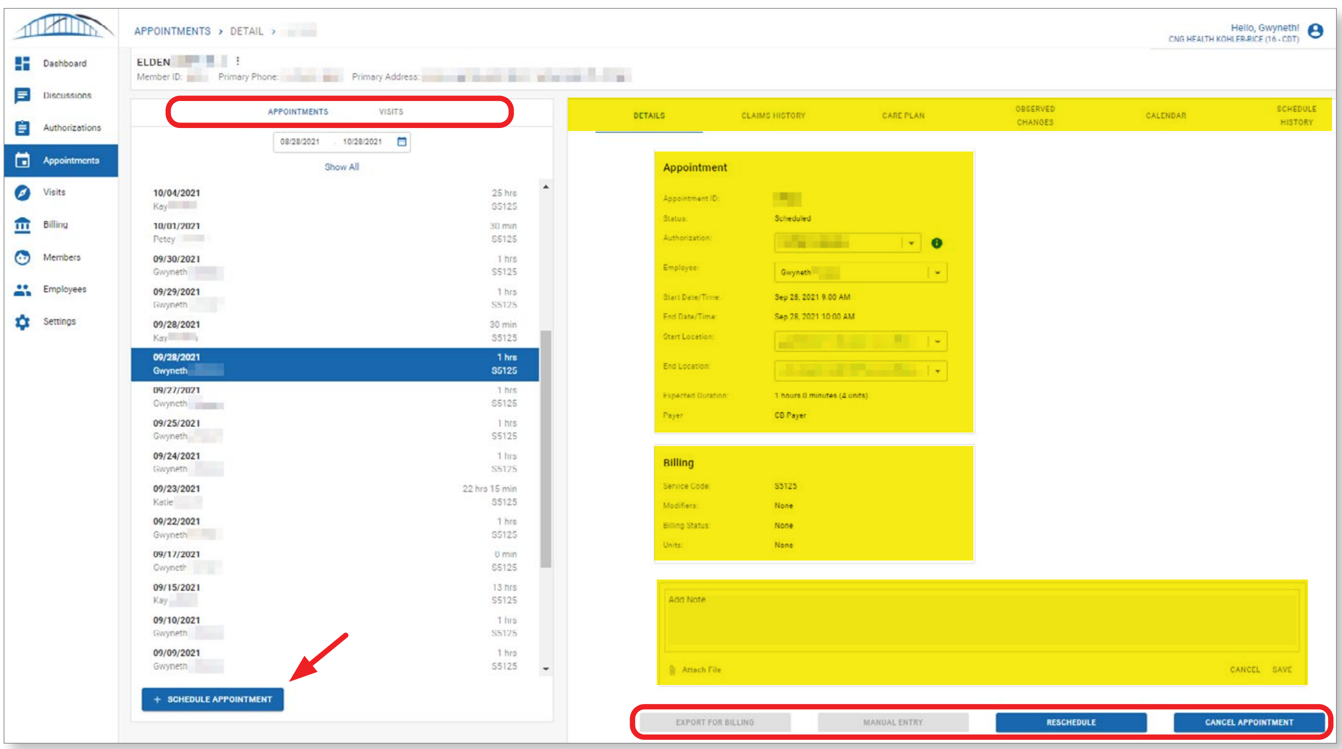
To view more details about an appointment, select the **menu icon (3 dots)** on the right side of the appointment row and select **Appointment Details** (Figure 52).

Figure 52. Appointments page ***menu icon (3 dots)*** *and* ***Appointment Details*** *link*



From the **Appointment Details** screen, associated 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. A user may move between all the member's upcoming **APPOINTMENTS** and completed **VISITS** by selecting them from the list on the left. Finally, the user can explore a list of Pre-Billing **ALERTS**, the member's **CLAIMS HISTORY**, the member's **CARE PLAN** activities or **OBSERVED CHANGES** data, a **CALENDAR** view of all the member's appointments and visits in one place, and their **SCHEDULE HISTORY** by selecting each of those options from the tabs on the right (Figure 53).

Figure 53. ***Appointment Details*** *screen*



From the bottom of the **Appointment Details** page, the user may choose to utilize three actions:

- **MANUAL ENTRY:** for non-EVV visits, complete a **Manual Entry**. (See the Visits section for more information about **Manual Entries**.)
- **RESCHEDULE:** for the appointment selected, choose a new date, or modify any of the appointment details by selecting **RESCHEDULE**.
- **CANCEL APPOINTMENT:** Admin and Admin-Office employees (in Offices to which they are assigned) may choose to cancel appointments and provide cancellation reasons.

APPOINTMENTS REPORTS

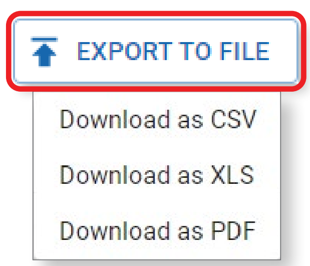
By default, the **PERSONAL FILTER** is selected upon navigating to the Appointments page. It can be used to filter and sort the Appointments table in a variety of ways to return the subset of appointments that is most useful. In addition to the **PERSONAL FILTER**, there are three reports that have predefined filters to help quickly navigate to useful appointments data (Figure 54).

Figure 54. Appointments page reports

- **LATE APPOINTMENTS:** This report returns a list of all appointments that are late. An appointment is considered late when a Check-In has not occurred within 1 hour of the appointment start time.
- **MISSED APPOINTMENTS:** This report returns a list of all appointments that have been missed. An appointment is considered missed when a Check-In has not occurred within 3 hours of the appointment start time.
- **CANCELLED APPOINTMENTS:** This report returns a list of all cancelled appointments. Appointments can only be cancelled by Admins or Admin-Office in the office(s) to which they are assigned.

To export any of the data on the Appointments page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 55). Upon selecting the file type, the document will begin downloading and will be available on the Settings page under the **DOCUMENTS** sub-tab.

*Figure 55. Appointments page **EXPORT TO FILE** options*

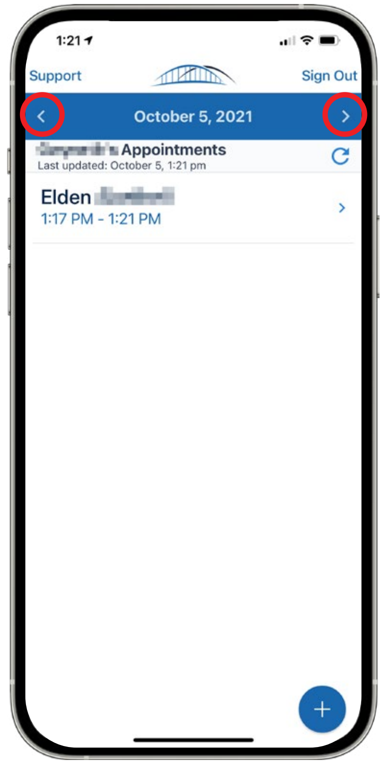


MOBILE APPLICATION CHECK-IN & CHECK-OUT

Within the CareBridge EVV Solution, there are two primary ways for a caregiver to Check-In and Check-Out of an appointment with a member. The preferred method is by utilizing the **CareBridge Mobile Application** and the second is by utilizing the **CareBridge Interactive Voice Response (IVR)** system.

Even when there is no cellular coverage at a member's home, the mobile app will store the **Check-In** and **Check-Out** information and forward it to the Provider Portal when the caregiver's mobile phone returns to an area with cellular coverage.

Figure 56. Schedule screen



SCHEDULE

Upon logging into the CareBridge Mobile Application, the user will be presented with an appointment schedule list (Figure 56). If the user has scheduled visits (either scheduled by their Provider Agency or themselves via the mobile app) the list will allow the user to view appointments that are scheduled for that day. If the **arrow icons** (**< >**) on either side of the date are selected, they can view their past visits or tomorrow's schedule.

CHECK-IN

To check into a scheduled appointment, select the **name** of the member in the Schedule list. Once selected, appointment information for the member, the GPS location for Check-In, and a calculation of the current distance from the scheduled location of the appointment are displayed (Figure 57).

Upon selecting **NEXT**, the user is presented with **Check In Details** including the current time, location, and differences between those and the scheduled time and location for the appointment. The user can check into the appointment by selecting the **CHECK IN** button, (Figure 58).

Please note: 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 complete properly and billing to occur accurately. These back-to-back appointments must be scheduled with at least **one minute** between them. For example, 9 am to10 am and then 10:**01** am to 11 am. The same minute cannot be used twice.

Figure 57. Check-In Location

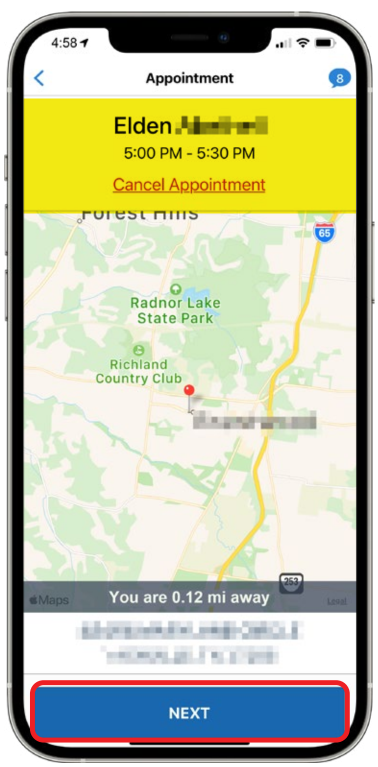
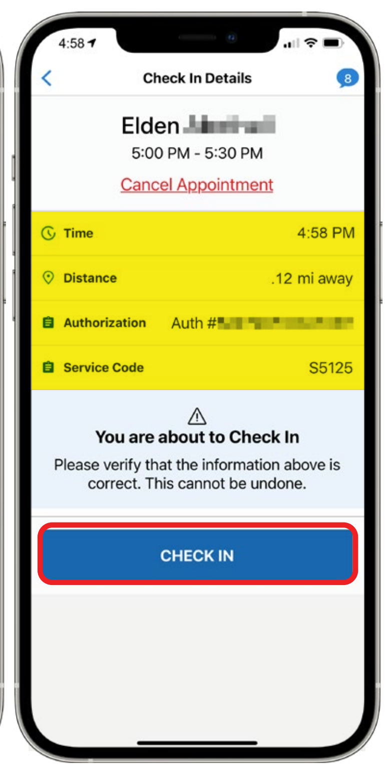
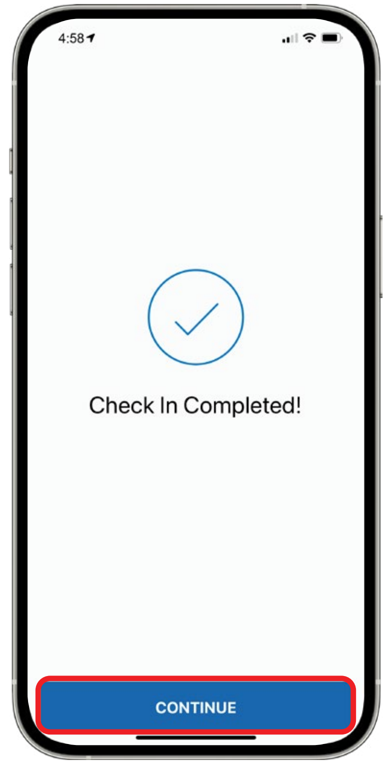


Figure 58. Check-In Details



Once the caregiver has checked-In and seen the **Check In Completed!** screen, (Figure 59), they should **STOP using the app**. They may begin working the visit and assisting the member. Once finished with their duties they may return to the mobile app to continue capturing the details of the visit. It will pick-up where they left off.

Figure 59. ***Check In Completed!***



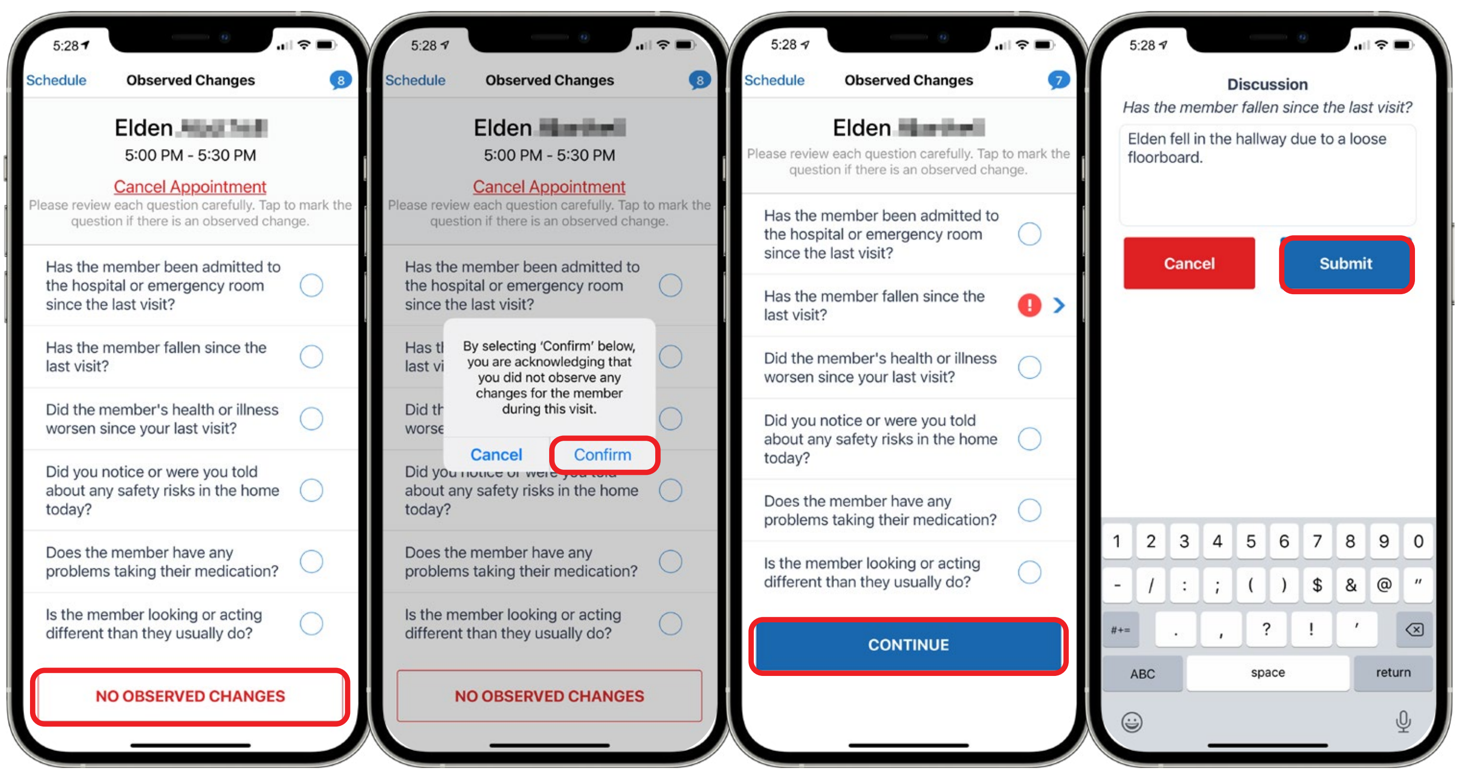
OBSERVED CHANGES

When checking out using the mopile app, the caregiver will be presented with important questions allowing them to indicate whether the member had any **Observed Changes** (Figure 60).

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

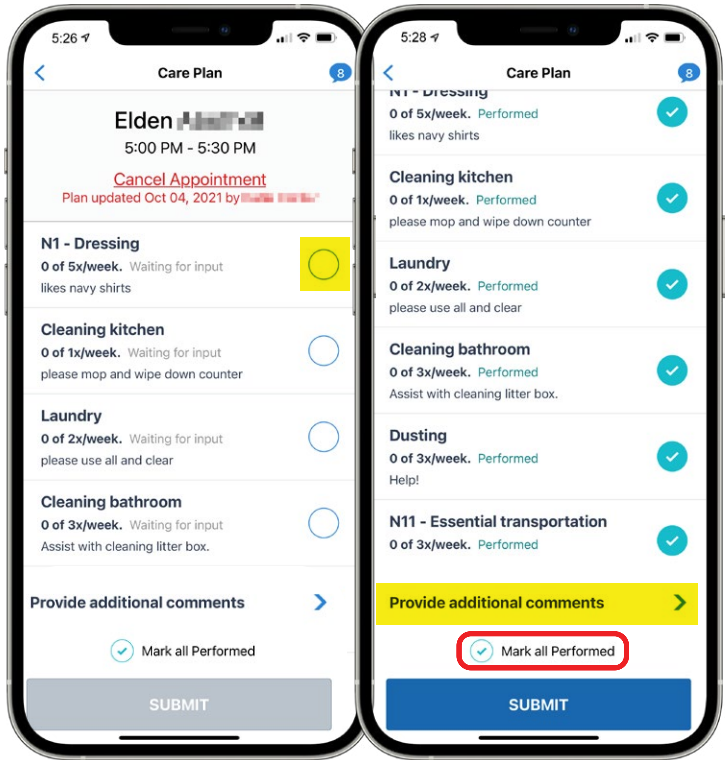
All the questions are "yes/no" questions and to answer a question "yes," select the **radio button (◯)** next to the question. If the answer is "no," leave the radio button empty. If there is an **Observed Change**, it will trigger a **Discussion** that is sent to both Payer (PASSE) and Provider. **Discussions** can be accessed on the Discussions page. Once all questions are answered, the caregiver can select the **CONTINUE** button. If there are no changes, the Caregiver may select **NO OBSERVED CHANGES** (Figure 60) and then **Confirm**.

Figure 60. ***Observed Changes***



CARE PLAN

Figure 61. Care Plan Mark All Performed



Once the **Observed Changes** survey is complete, the caregiver is shown the member's **Care Plan**. The **Care Plan** is a list of activities to be performed with the member.

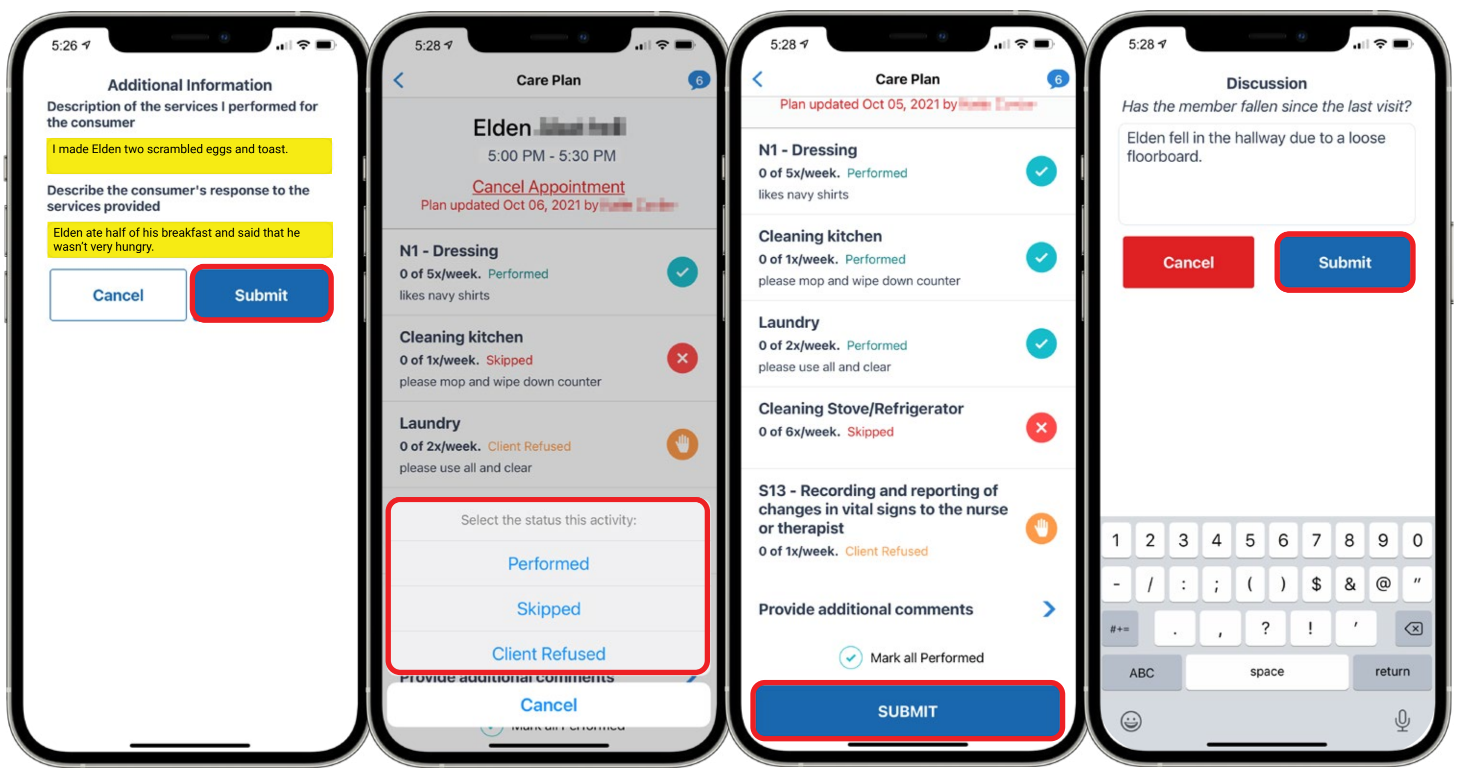
If all the **Care Plan** activities have been performed and there are no issues, just click **Mark All Performed** at the bottom of the screen (Figure 61).

Please note: The caregiver will also see a **Provide Additional Comments** link at the bottom of the **Care Plan** screen (Figure 61). This is a very important option when documenting visits. When leaving additional comments, the caregiver should document the member's response to the services that were provided. For example, how much of a meal the member ate, or whether the member behaved differently during this visit (Figure 62).

The caregiver can also select each **Care Plan** activity individually, and indicate whether the activity was **Performed**, **Skipped**, or the **Client** (member) **Refused** (Figure 62).

If marking them individually, the caregiver is required to mark all the **Care Plan** activities before selecting the **SUBMIT** button to begin **Check-Out** (Figure 62).

Figure 62. Care Plan ***Performed, Skipped, Refused***



CHECK-OUT

Once the **Care Plan** documentation is complete, the caregiver is presented with **Check Out** details and should confirm that all their **Observed Changes** and **Care Plan** documentation is correct (Figure 63). After reviewing, they select the **Collect Signature** button. At this point, the member has an (optional) opportunity to attest to the visit by providing their signature in the mobile app (Figure 64). Once a signature is added, the caregiver can select **APPROVE** to complete the **Check-Out** workflow and the visit. If a member cannot sign, the signature can be skipped by clicking **APPROVE** and selecting **Member Refused** or **Member Unable** (Figure 65). Once the Caregiver has selected **APPROVE**, the visit is complete (Figure 66).

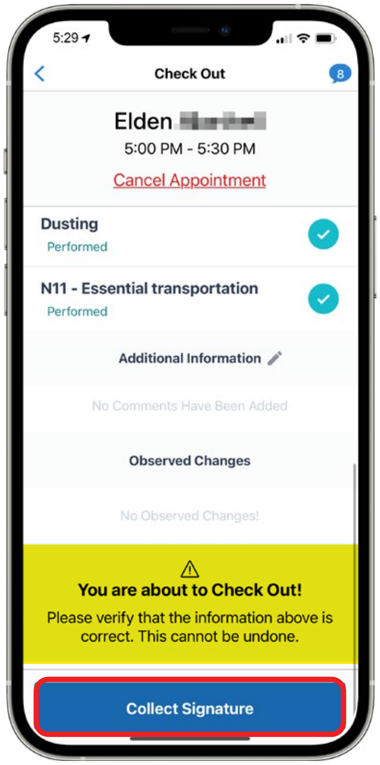


Figure 63. Collect Signature

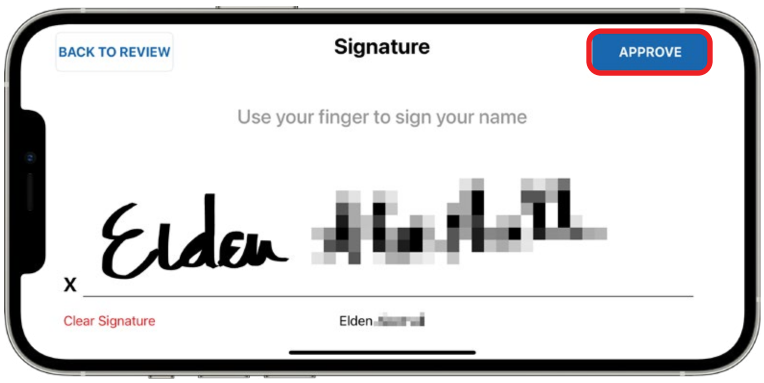


Figure 64. With Signature

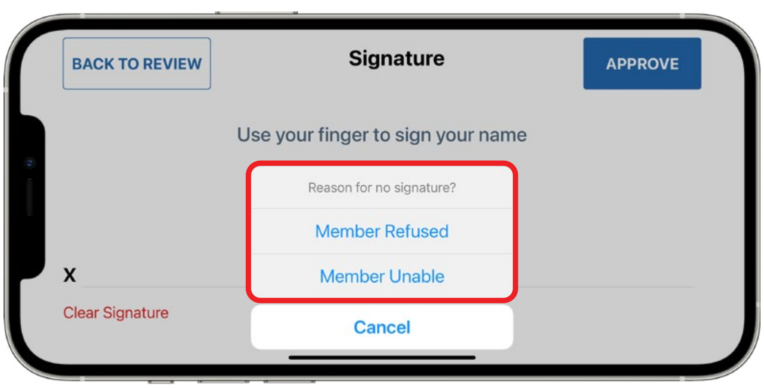


Figure 65. Without Signature

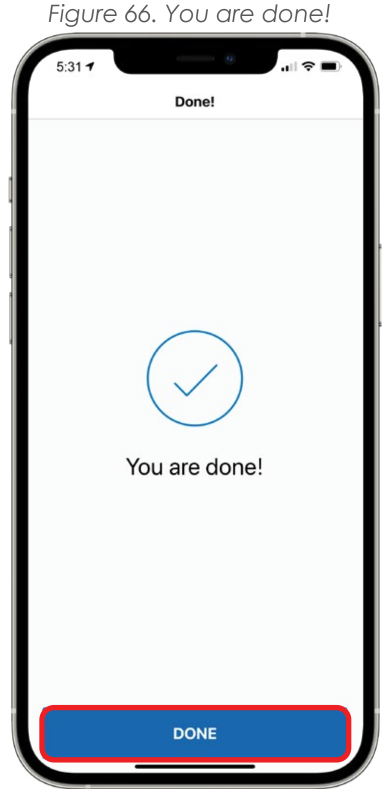


Figure 66. You are done!

INTERACTIVE VOICE RESPONSE (IVR)

There will be instances when the caregiver cannot utilize the CareBridge Mobile Application. In these instances, they can use the **Interactive Voice Response (IVR)** system. To Check-In and Check-Out, the caregiver will need to call the **IVR** phone line **(501) 443-4065**, from the cmember's approved phone number. Additionally, the caregiver will need to input a **Sign-Up code**, **Provider ID** and an **IVR PIN** to identify themselves during the **IVR** process. The **Provider ID** and **IVR PIN** will be provided to them by the Agency Administrator/Manager as a part of their training.

The **IVR** system will walk the caregiver through a series of interactive questions to complete the **Check-In**, **Observed Changes** survey, **Care Plan** questions, and **Check-Out**.

VISITS

The Visits page in the CareBridge Provider Portal (Figure 67) allows Agency Employees to view completed visits, pre-claim checks, and to request claims.

VIEW VISITS

The Visits page displays a tabular view of all visits that have been completed. This table can be filtered and sorted with a few parameters by selecting the **expand arrow** or the word **FILTERS** at the top of the table, or the **Sort by** drop-down at the top left of the table (Figure 68).

Figure 67. Visits page

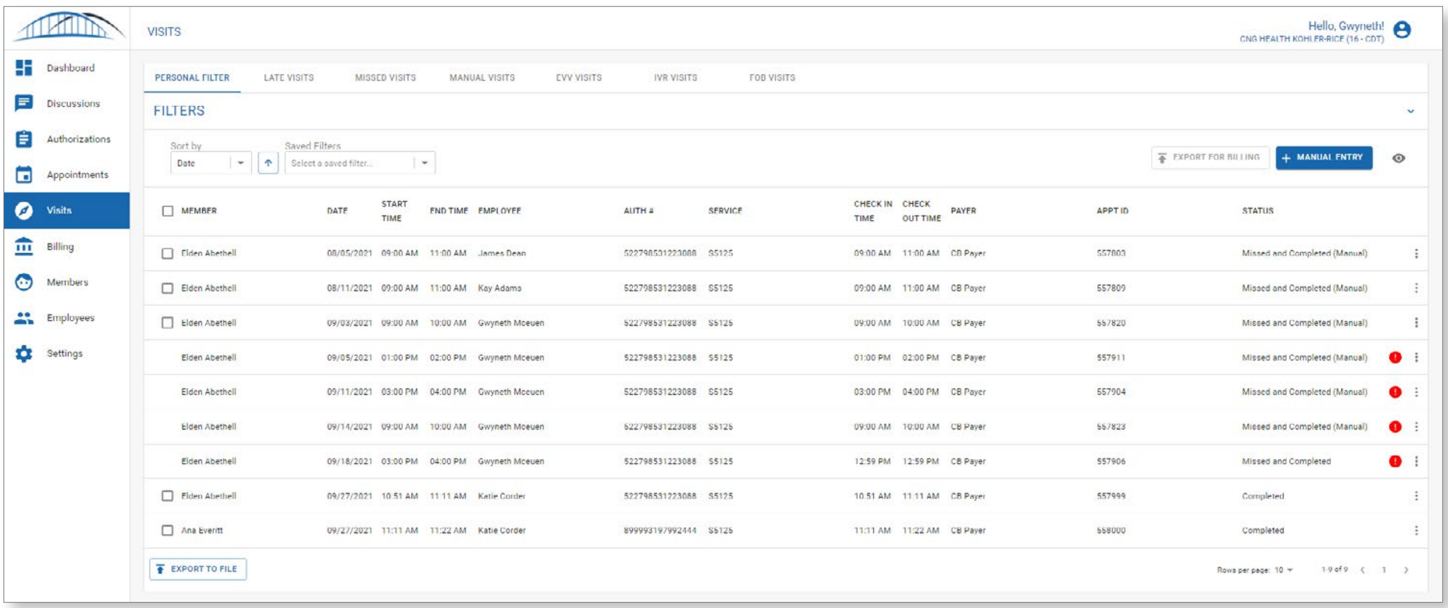
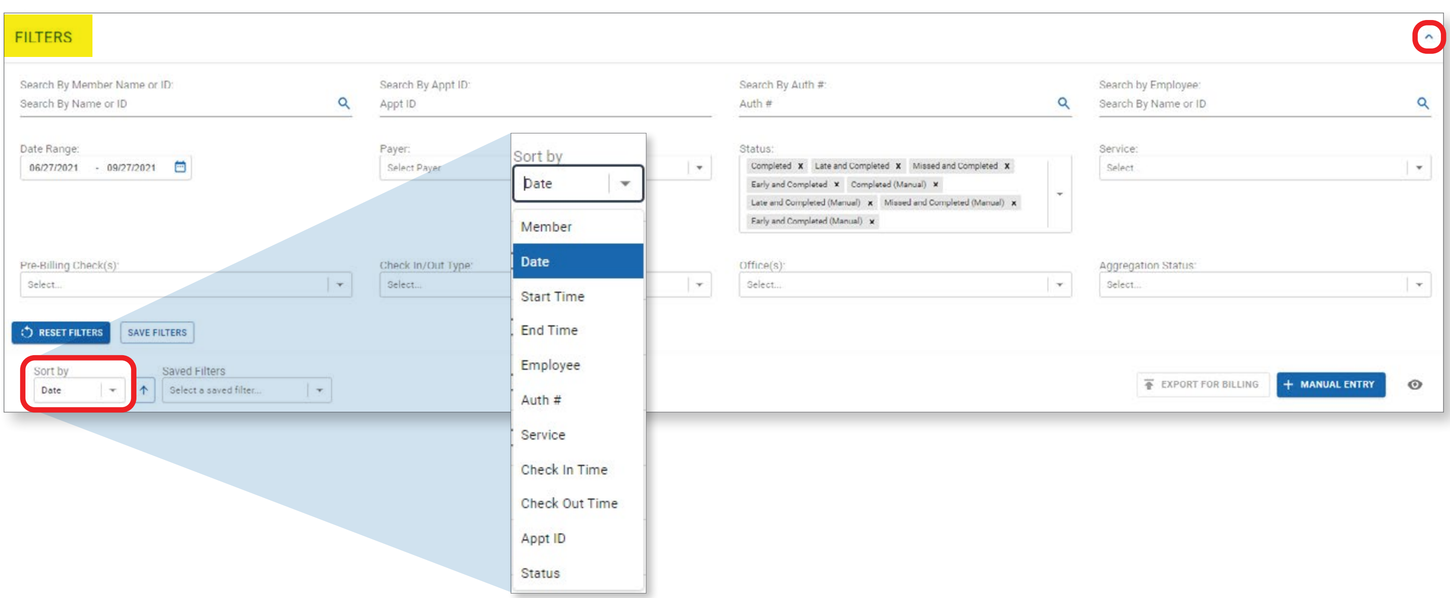


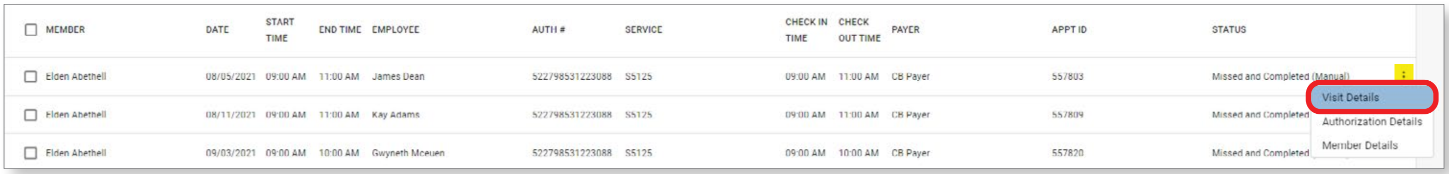
*Figure 68. Visits page **FILTERS** and **Sort by** drop-down menu options*



VISIT DETAILS

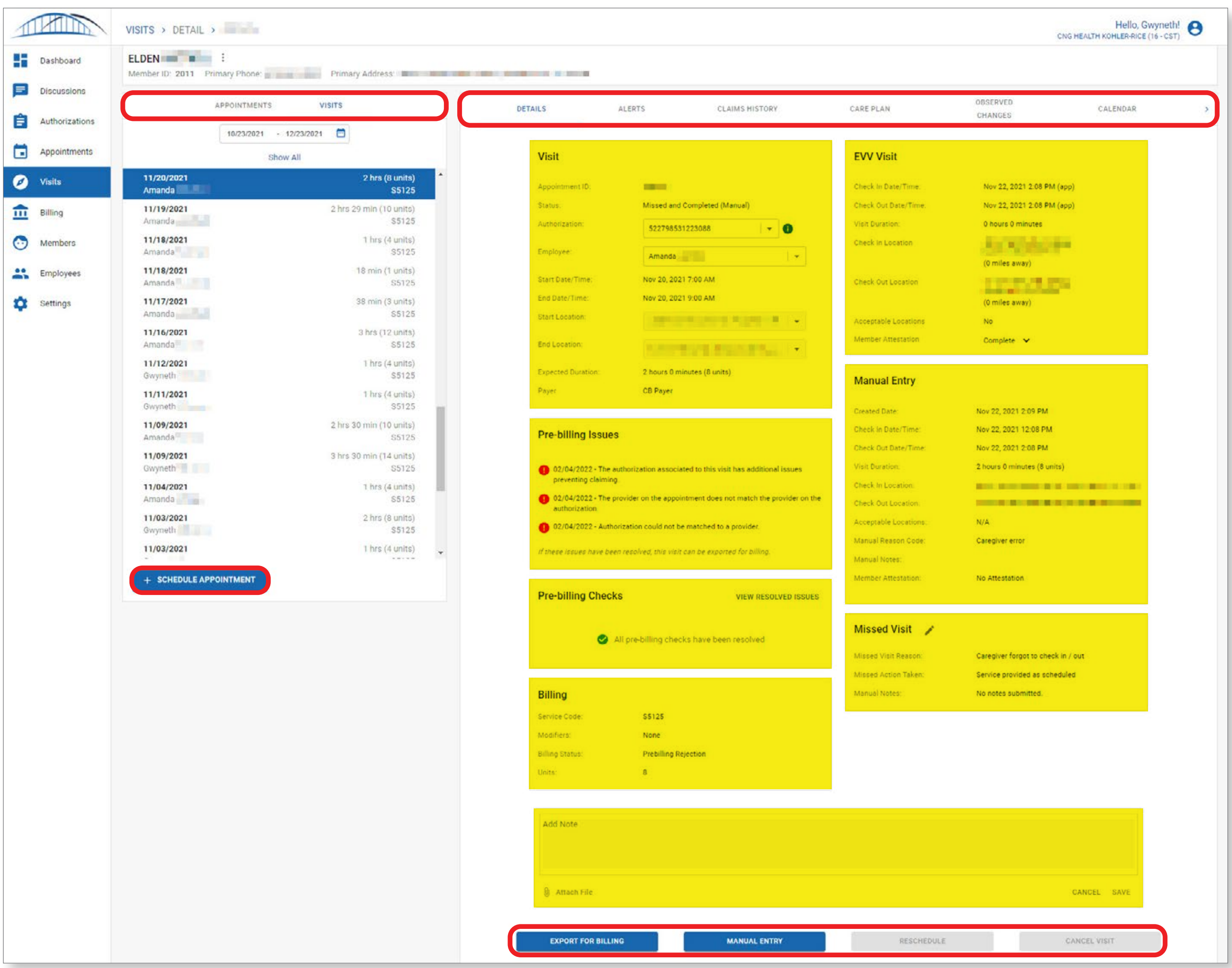
To view more details about a visit, select the **menu icon (3 dots)** on the right side of the visit row and select **Visit Details** (Figure 69).

Figure 69. Visits page **menu icon (3 dots)**



From the **Visit Details** screen, (Figure 70) the user can view associated data in the various cards on the (default) **DETAILS** tab as well as add *Notes* to the visit. They can also move between all the member's upcoming **APPOINTMENTS** and completed **VISITS** by selecting from the list on the left. Finally, the user can see any of the member's **ALERTS**, their **CLAIMS HISTORY**, **CARE PLAN** and **OBSERVED CHANGES** data, a **CALENDAR** style view of appointments and visits, and the member's **SCHEDULE HISTORY** (viewed by clicking the **right arrow >**) by selecting any of those options from the tabs on the right.

Figure 70. ***Visit Details*** *screen*



From the bottom of the **Visit Details** page, the user may utilize four actions:

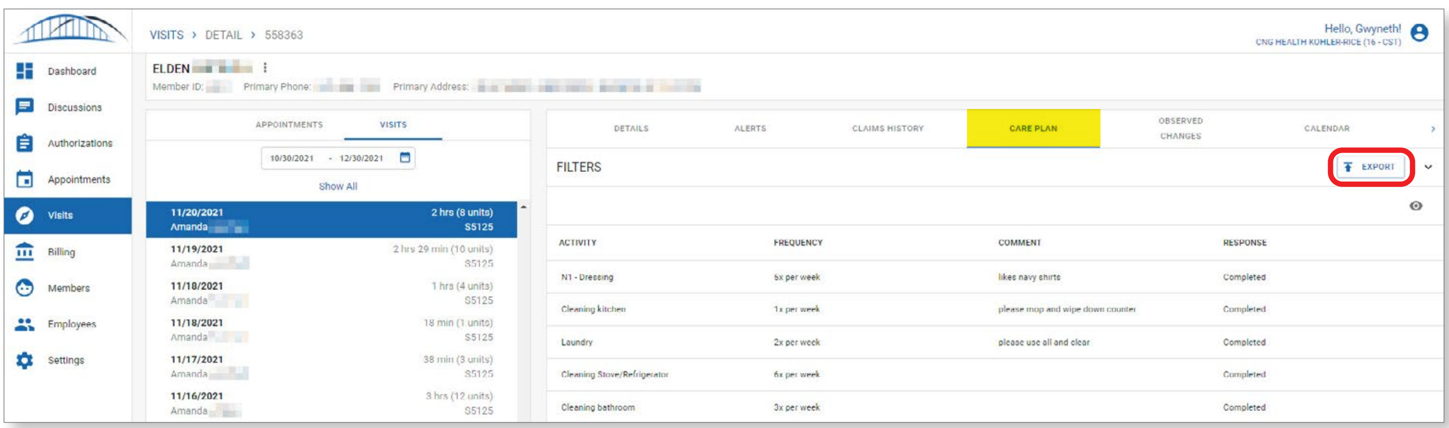
- **EXPORT FOR BILLING:** Completed and EVV-compliant visits may be exported for billing.
- **MANUAL ENTRY:** Completed for visits not captured using the EVV app or **IVR**, or to edit an EVV visit.
- **RESCHEDULE:** If the user is an Admin or an Admin-Office assigned to that office, they may reschedule appointments.
- **CANCEL VISIT:** If the user is an Admin or an Admin-Office assigned to that office, they may cancel the visit.

EXPORT MEMBER CARE PLAN ACTIVITIES

From the **Visit Details** screen, under the **CARE PLAN** tab, the user may export a list of care plan activities for each visit by clicking on the **EXPORT** button in the top right of the screen (Figure 71). This file can be retrieved in the Settings section, under the **DOCUMENTS** sub-tab.

See the Check-In & Check-Out section for more information on how the **Care Plan** is presented to caregivers for completion as part of a visit.

*FIGURE 71. **CARE PLAN** screen **EXPORT** button*

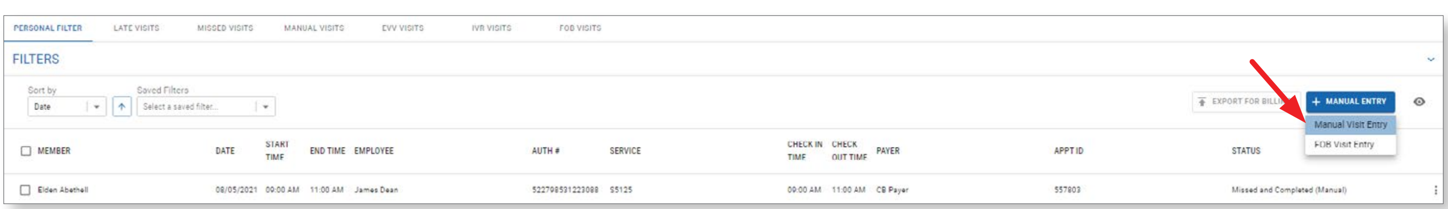


MANUAL ENTRY

In some cases when an EVV Check-In or Check-Out cannot be completed or there is a need to edit an EVV Check-In or Check-Out, an employee can complete a **Manual Entry**.

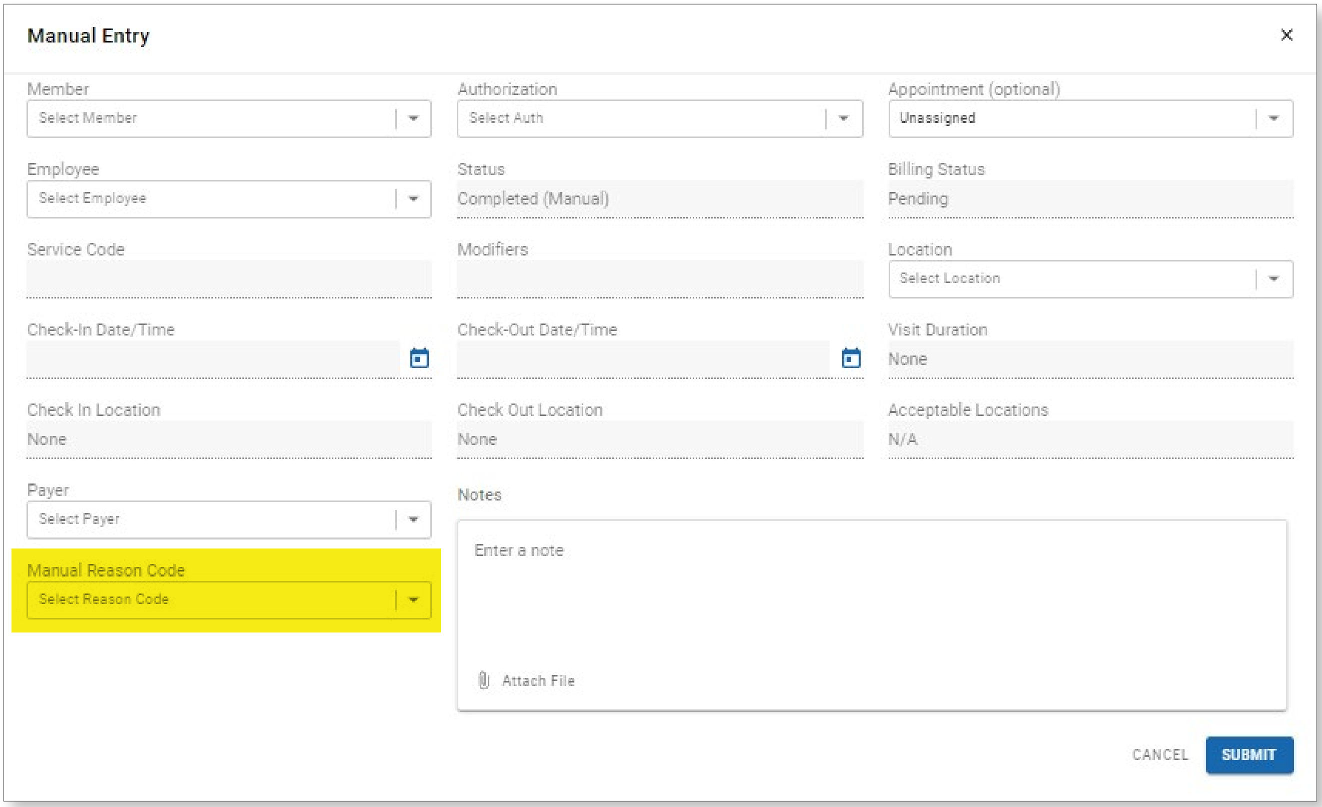
For a visit that does not have an EVV Check-In and Check-Out, navigate to the visits page and select the **+ MANUAL ENTRY** button from the top right of the table, then the **Manual Visit Entry** option from the drop-down menu (Figure 72).

Figure 72. Manual Visit Entry



The **Manual Entry** dialog will open, allowing the user to enter information about the visit and a **Manual Reason Code** indicating why an EVV Check-In or Check-Out was not possible (Figure 73).

Figure 73. Manual Entry dialog

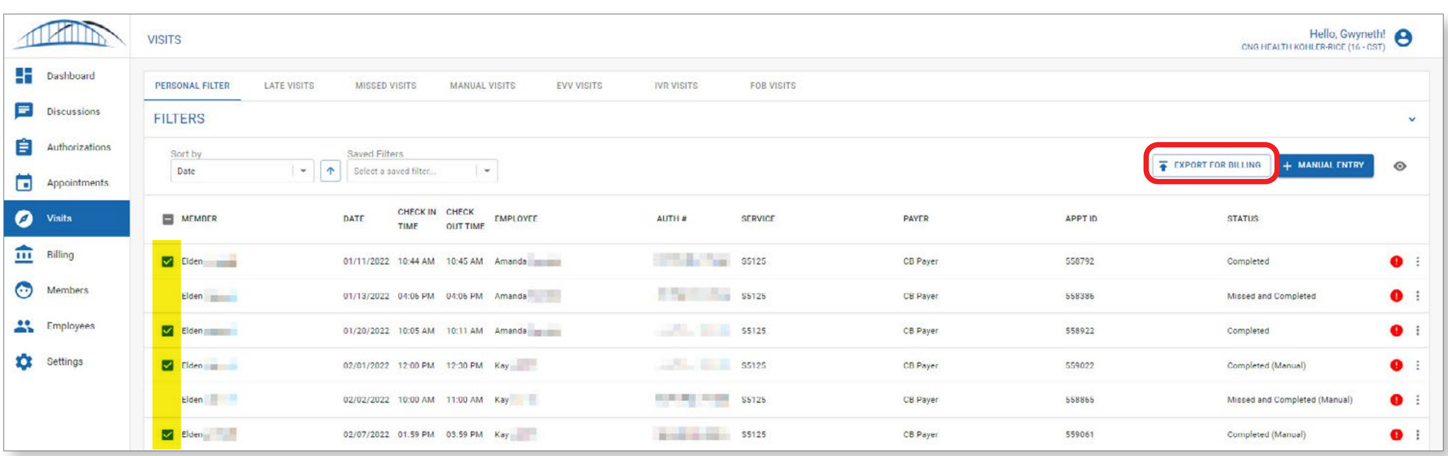


In cases in which a visit *does* have an EVV Check-In and/or Check-Out, but has details that need to be edited, the user may navigate to **Visit Details** and select the **MANUAL ENTRY** button at the bottom of the screen to edit the visit.

EXPORT FOR BILLING

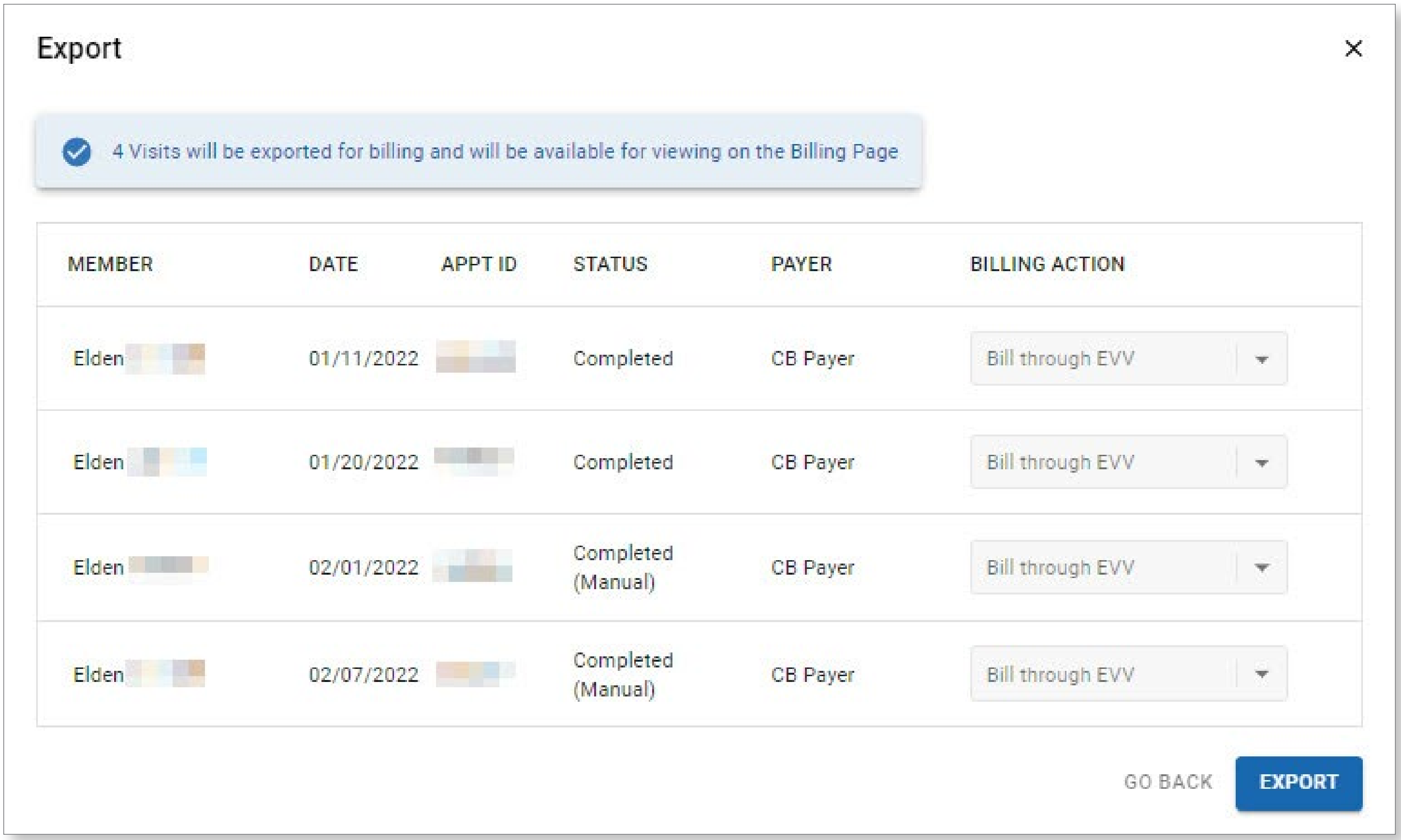
Once a visit is completed and ready to be claimed, Agency Administrators may export by selecting the **check box** next to one or many visits and then selecting the **EXPORT FOR BILLING** button at the top right corner of the table (Figure 74).

*Figure 74. **EXPORT FOR BILLING***



Once the **EXPORT FOR BILLING** button is selected, the user will be presented with a confirmation indicating that the visits they selected were successfully exported for claims or if they were not exported due to failing a Pre-Billing Check (Figure 75).

Figure 75. ***Export*** *dialog*

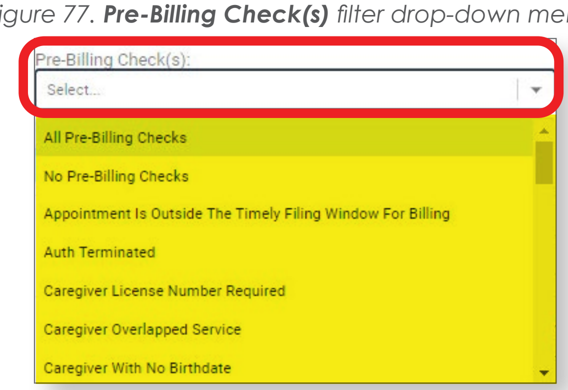


Pre-Billing Checks are visible on the Authorizations, Appointments, Visits, and Billing pages and are denoted with a **red exclamation icon**. By clicking the **red exclamation icon,** the Pre-Billing check is shown in detail (Figure 76).

Figure 76. ***Pre-Billing Checks*** *on the Visits page*

Additionally, Pre-Billing Checks can be viewed on each page by filtering using the **Pre-Billing Check(s)** drop-down menu (Figure 77).

Figure 77. ***Pre-Billing Check(s)*** *filter drop-down menu*



The following table (Figure 78) is a full list of Pre-Billing Checks performed in the CareBridge Solution and potential opportunities to resolve the Pre-Billing Check to be able to submit the visit for billing.

*Figure 78. **Pre-Billing Checks and Resoultions** table*

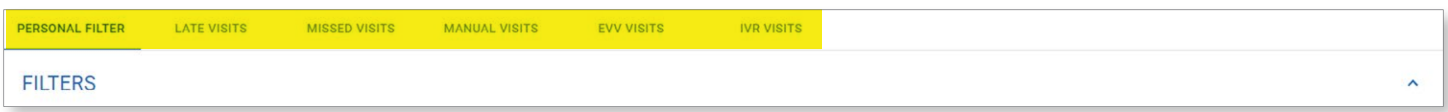
PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
No authorization available during the appointment	**MCO/PASSE**	MCO issues a new authorization or clarifies
Member is ineligible during the appointment	**MCO/PASSE**	MCO changes eligibility or clarifies
Manual entry reason is missing on the appointment	**PROVIDER**	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
The appointment occurred outside of an authorization	**MCO/PASSE**	MCO updates authorization or clarifies
The visit has a claim in progress and is locked	**PROVIDER**	Provider views claim status and takes appropriate action
The Payer has marked the provider as inactive during appointment	**MCO/PASSE**	MCO re-activates the provider or clarifies
The claim has been denied by the Payer	**PROVIDER**	Provider views claim status and acts
Caregiver is ineligible during the appointment	**PROVIDER**	Provider ensures caregiver is eligible to deliver services
The claim has been rejected	**PROVIDER**	Provider views claim status and acts
Appointment has 0 units to bill	**PROVIDER**	Provider updates the visit via manual entry with units in order to bill
Appointment service code has no rate or unit definition	**PROVIDER**	Provider completes a manual entry to bill
Appointment has a terminated authorization	**MCO/PASSE**	MCO updates the authorization or clarifies
Appointment exceeds the authorization/segments max units	**PROVIDER**	Provider completes manual entry that reduces units to allow billing, or requests additional units from the MCO/PASSE
Caregiver has no birth date set	**PROVIDER**	Provider updates caregiver birth date
Appointment has no attestation	**MEMBER**	Member attests through member portal
Appointment has a caregiver without a license #	**PROVIDER**	Provider adds a caregiver license ID in employee details

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
User has no Medicaid ID set	**PROVIDER**	Provider adds a worker Medicaid ID in employee details
Appointment has no duration	**PROVIDER**	Provider completes a manual entry to update the visit duration
Early reason is missing on the appointment	**PROVIDER**	Provider updates the visit with an early reason
Appointment has no service modifier	**PROVIDER**	Provider updates the visit in appointment visit details to include a service modifier

VISITS REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Visits page. It can be used to filter and sort the Visits table in a variety of ways to return the subset of visits that is most useful. In addition to the **PERSONAL FILTER**, there are five reports that have predefined filters to help quickly navigate to useful visits (Figure 79).

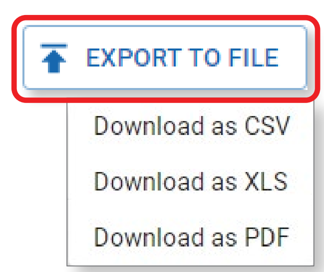
Figure 79. Visits page reports



- **EARLY VISITS:** This report returns a list of all visits that have been completed but were started early. A visit is considered early when a Check-In occurred 7 minutes or more before the appointment start time.
- **LATE VISITS:** This report returns a list of all visits that have been completed but were started late. A visit is considered late when a Check-In occurred 7 minutes or more after the appointment start time.
- **MISSED VISITS:** This report returns a list of all missed visits. A visit is considered missed when a Check-In did not occur 30 minutes or more after the appointment start time.
- **MANUAL VISITS:** This report returns a list of all **Manual Entry** visits.
- **EVV VISITS:** This report returns a list of all completed visits that have compliant EVV data.
- **IVR VISITS:** This report returns a list of all completed **IVR** visits.

To export any of the data on the Visits Page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 80). Upon selecting the file type, the document will begin downloading and will be available on the Settings Page under the **DOCUMENTS** sub-tab.

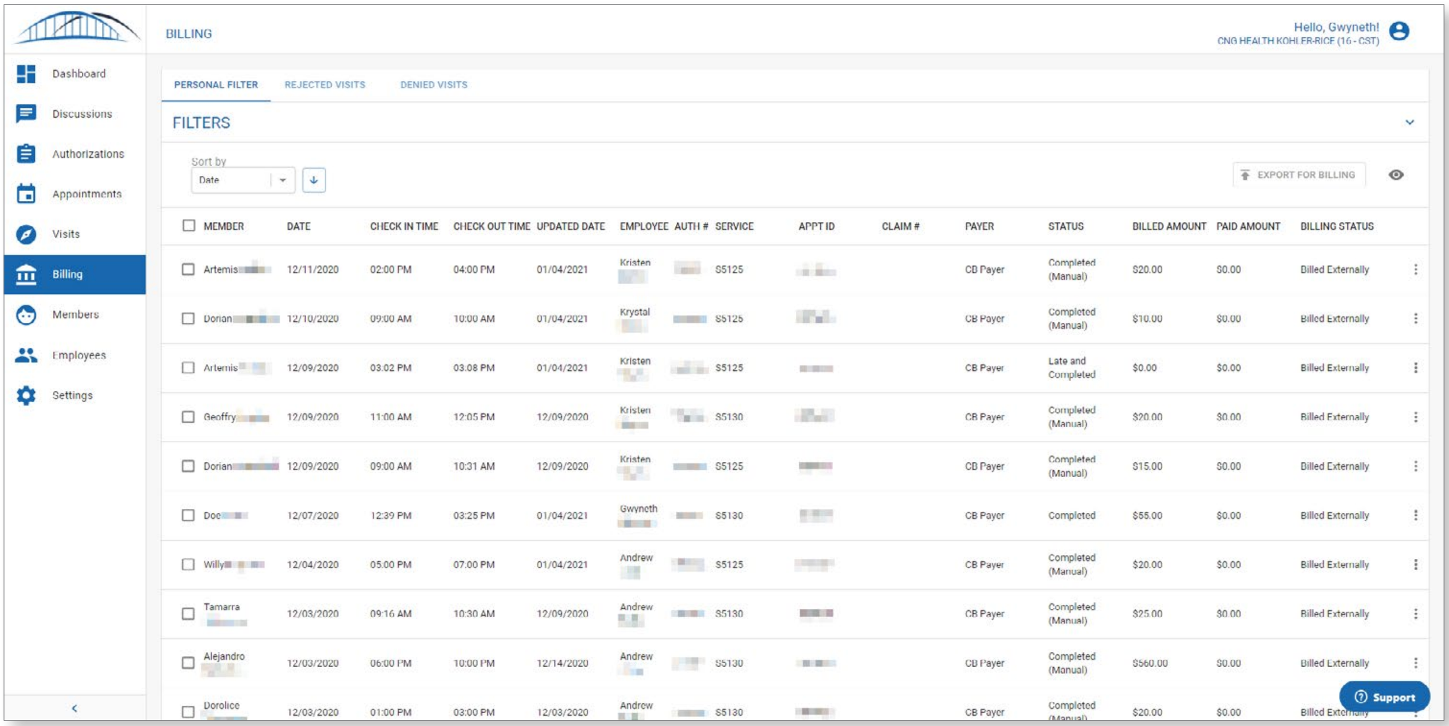
*Figure 80. Visits page **EXPORT TO FILE** drop-down menu options*



BILLING

The Billing page in the CareBridge Provider Portal (Figure 81) allows agency employees to view completed visits that have been claimed, enabling them to address denials, rejections, and paid amounts.

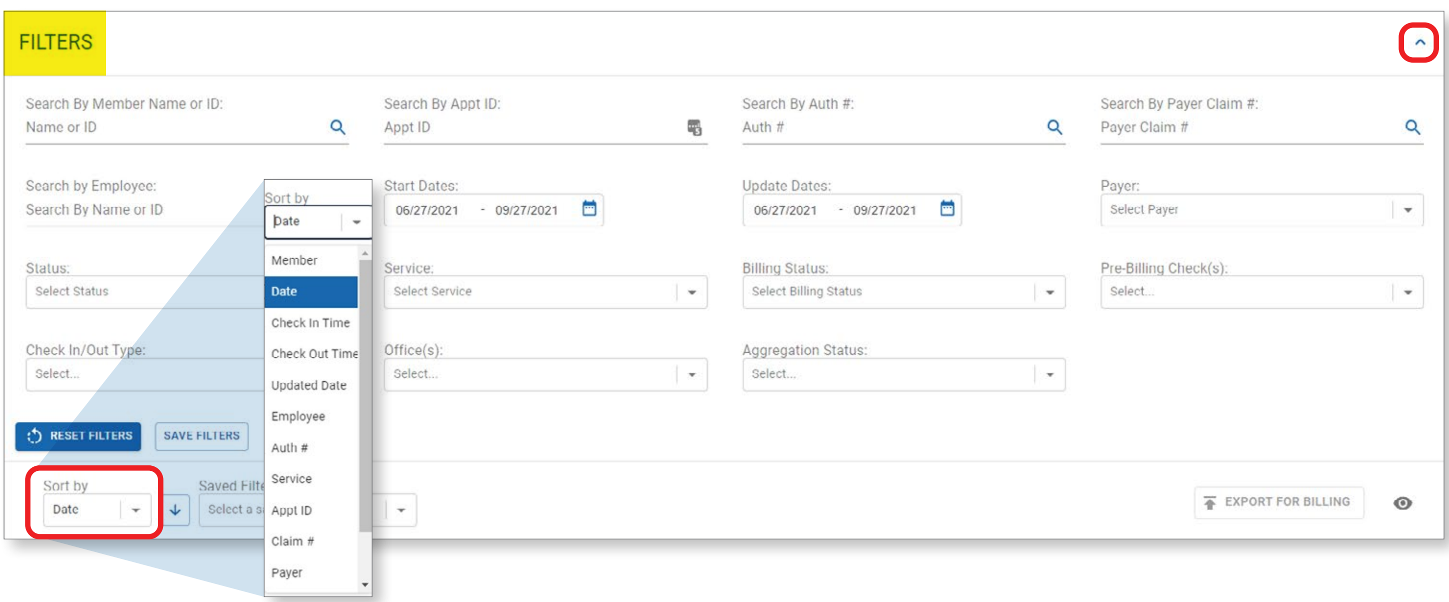
Figure 81. Billing page



VIEW BILLED VISITS

On the Billing page, the user will see a tabular view of all visits that have been claimed. This table can be filtered and sorted with several parameters by selecting the **expand arrow** or the word **FILTERS** at the top of the table or the **Sort by** drop-down at the top left (Figure 82).

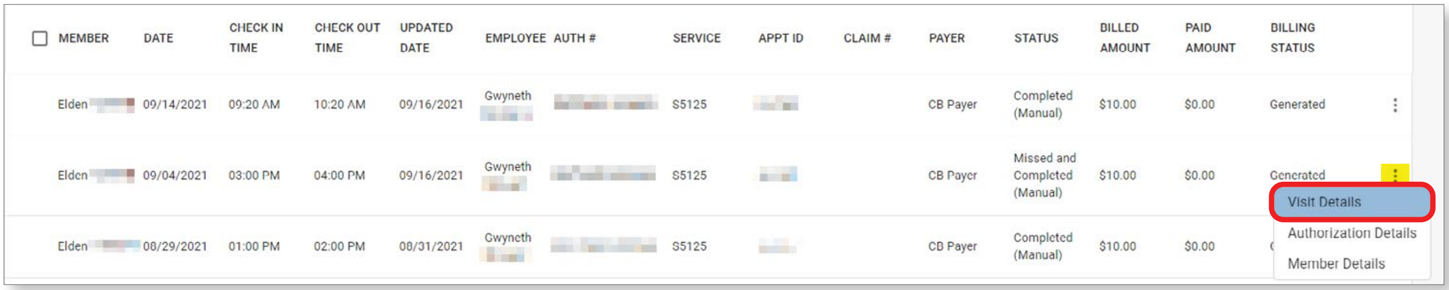
*Figure 82. Billing page **FILTERS, expand arrow**, and **Sort by** drop-down menu options*



CLAIMS HISTORY

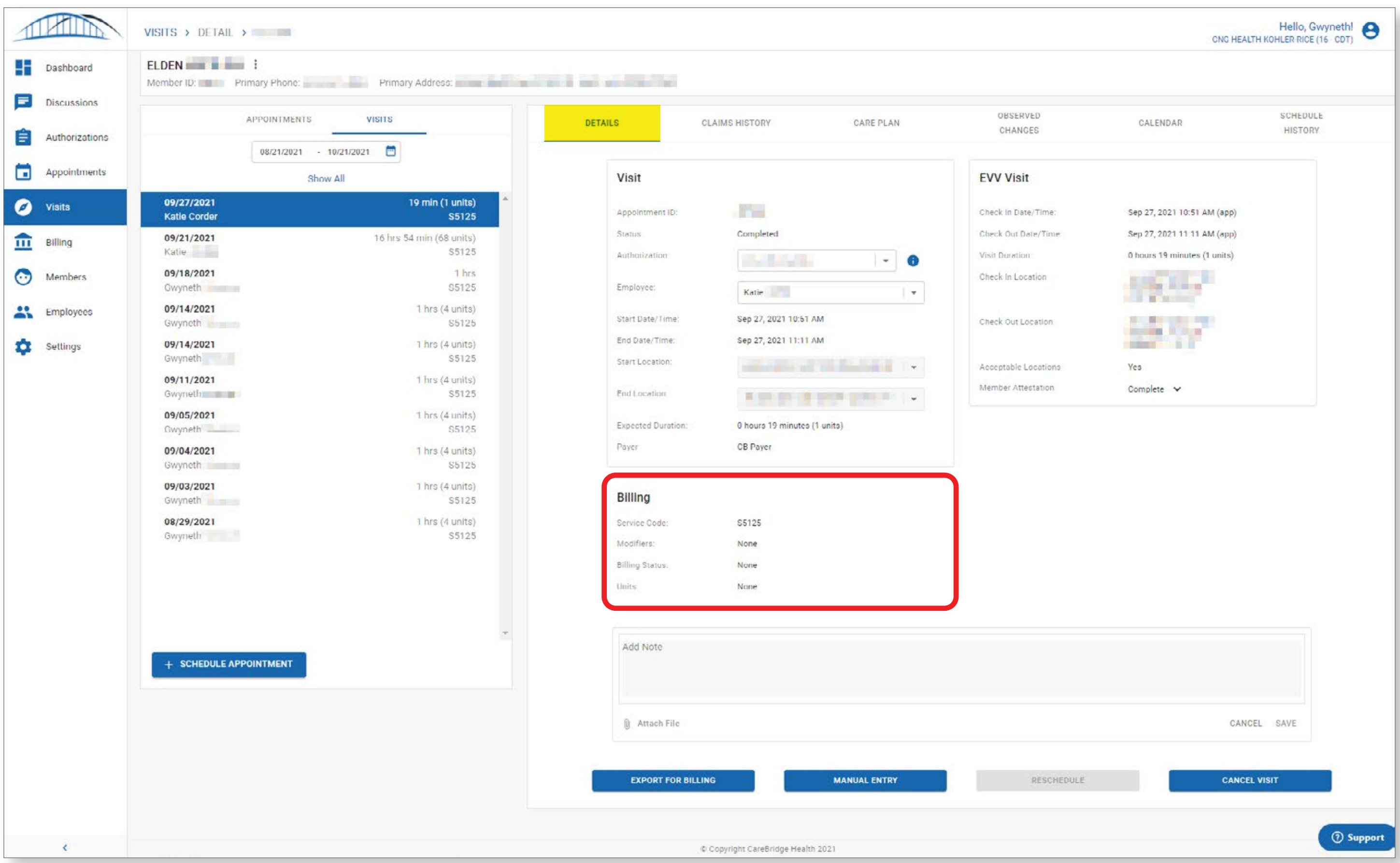
Once a completed visit has been exported for claims, the user will be able to view details about the billing status and claim information by selecting the **menu icon (3 dots)** on the right side of the row for the visit and then selecting **Visit Details** (Figure 83).

*Figure 83. Billing page **Visit Details** link*



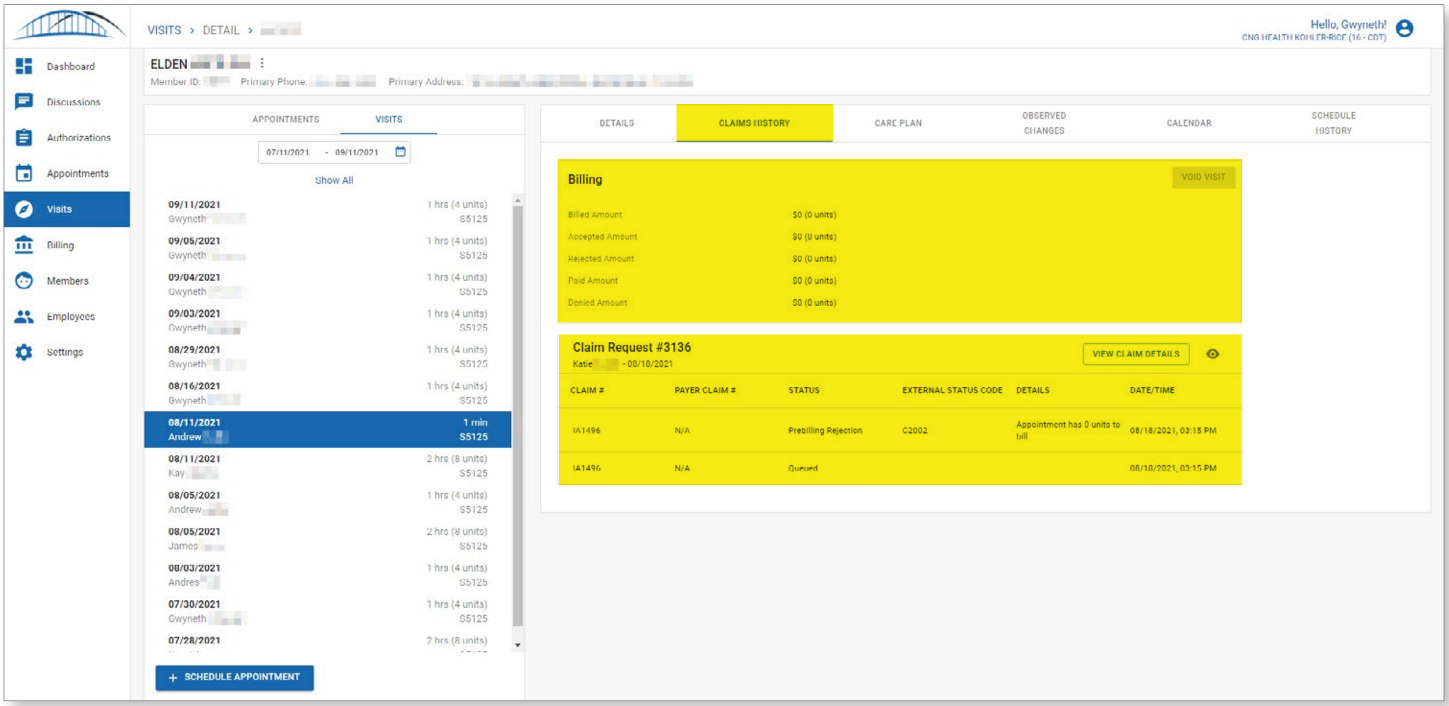
Visit Details will provide information for the billing status in the *Billing* card (Figure 84) as well as claims information in the **CLAIMS HISTORY** tab.

*Figure 84. Billing page **Visit Details** screen*



The **CLAIMS HISTORY** tab will display the Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount for the visit. The user may also be able to access each individual claim request that was generated at the time the visit was exported for a claim, as well as the individual statuses, claim number(s), and dates associated with the status changes (Figure 85).

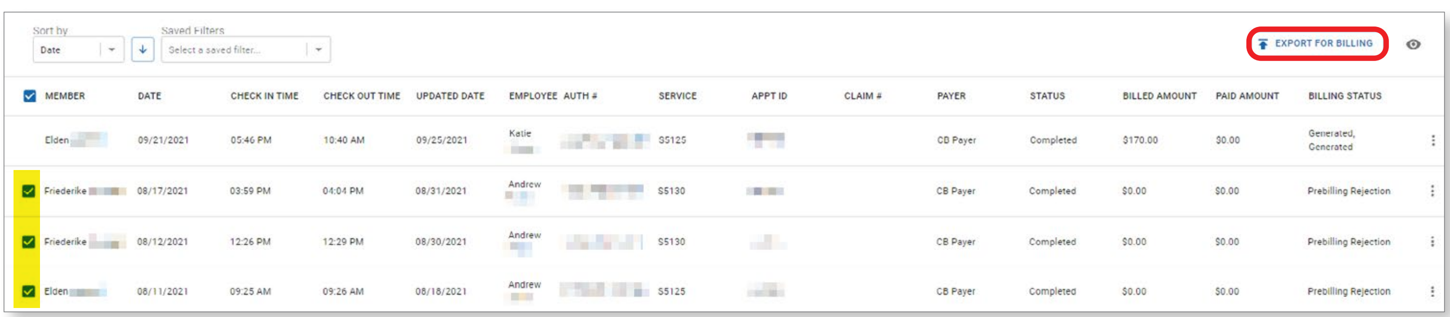
*Figure 85. **Claims History** Details*



EXPORT FOR BILLING

If a visit needs to be resubmitted for a claim, agency employees can export by selecting the **check box** next to one or many visits and then selecting the **EXPORT FOR BILLING** button at the top right corner of the table (Figure 86).

*Figure 86. Billing page **EXPORT FOR BILLING** button*



The following billing statuses (Figure 87) are available in the CareBridge Solution and can be seen associated with Claim Requests.

*Figure 87. Table of **Billing Status Definitions***

BILLING STATUS	DEFINITION
Acknowledged	This visit's claim has been received by MCO/PASSE.
Accepted	This visit's claim request was accepted by MCO/PASSE due to sufficient or valid data upon initial review.
Billed Externally	This visit was billed by an external EVV vendor.
Cancelled	This visit's claim request was cancelled.
Confirmed	This visit has a claim that was accepted by MCO/PASSE.
Denied	This visit's claim request was denied by PASSE due to insufficient or invalid data upon review.
Generated	This visit has a claim request 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's claim was paid by MCO/PASSE.
Pending	This visit's claim request has not yet been exported for billing.
Prebilling Rejection	This visit was rejected due to insufficient or invalid data prior to a claim request being generated.
Queued	This visit has been queued for claim request generation.
Rejected	This visit's claim request was rejected by MCO/PASSE due to insufficient or invalid data upon initial review.
Submitted	This visit has a claim request that has been submitted to MCO/PASSE.
Voided	This visit's claim was voided.
Voided Externally	This visit's claim was voided by an external EVV vendor.

BILLING REPORTS

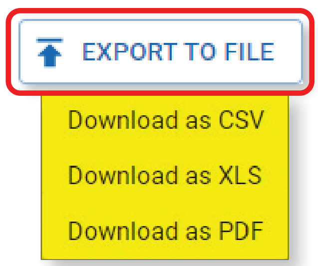
By default, the **PERSONAL FILTER** is selected upon navigating to the Billing Page. It can be used to filter and sort the Billing table in a variety of ways to return the subset of billed visits that is most useful. In addition to the **PERSONAL FILTER**, there are two reports that have predefined filters to help quickly navigate to useful billed visits data (Figure 88).

Figure 88. Billing page reports

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

To export any of the data on the Billing page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 89). Upon selecting the file type, the document will begin downloading and will be available on the Settings page under the **DOCUMENTS** sub-tab.

*Figure 89. Billing page **EXPORT TO FILE** drop-down menu options*



COMMUNICATIONS

OVERVIEW

The following sections will help introduce you to the features within the CareBridge Solution that enable communication both within a Provider Agency as well as between a Provider Agency and PASSE.

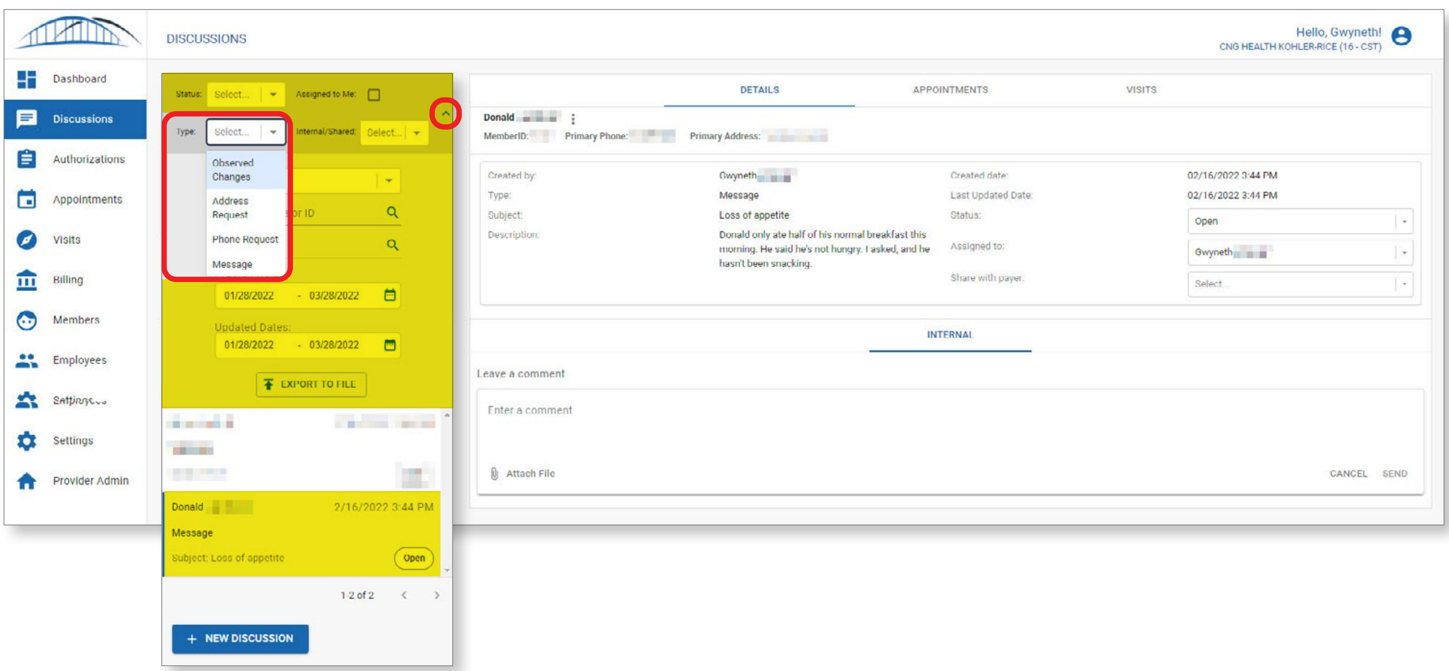
DISCUSSIONS

The Discussions page in the CareBridge Provider Portal (Figure 90) allows Agency employees to manage and prioritize inbound communications, act on critical tasks, and communicate within the Agency as well as with PASSE.

DISCUSSIONS NAVIGATION

On the Discussions page, the user will see a list on the left of all open discussions that are currently unassigned. This list can be filtered by **Status**, **Assigned to Me**, **Type**, **Internal/Shared**, and several other fields that are viewed by selecting the **expand arrow** on the right of the drop-down menus.

Figure 90. Discussions page and navigation

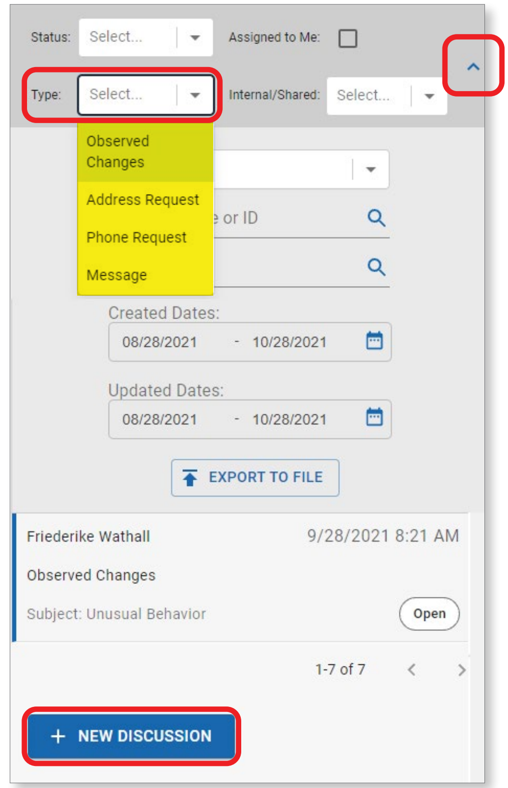


NEW DISCUSSION

There are four different types of Discussions that can be sent and received (Figure 91):

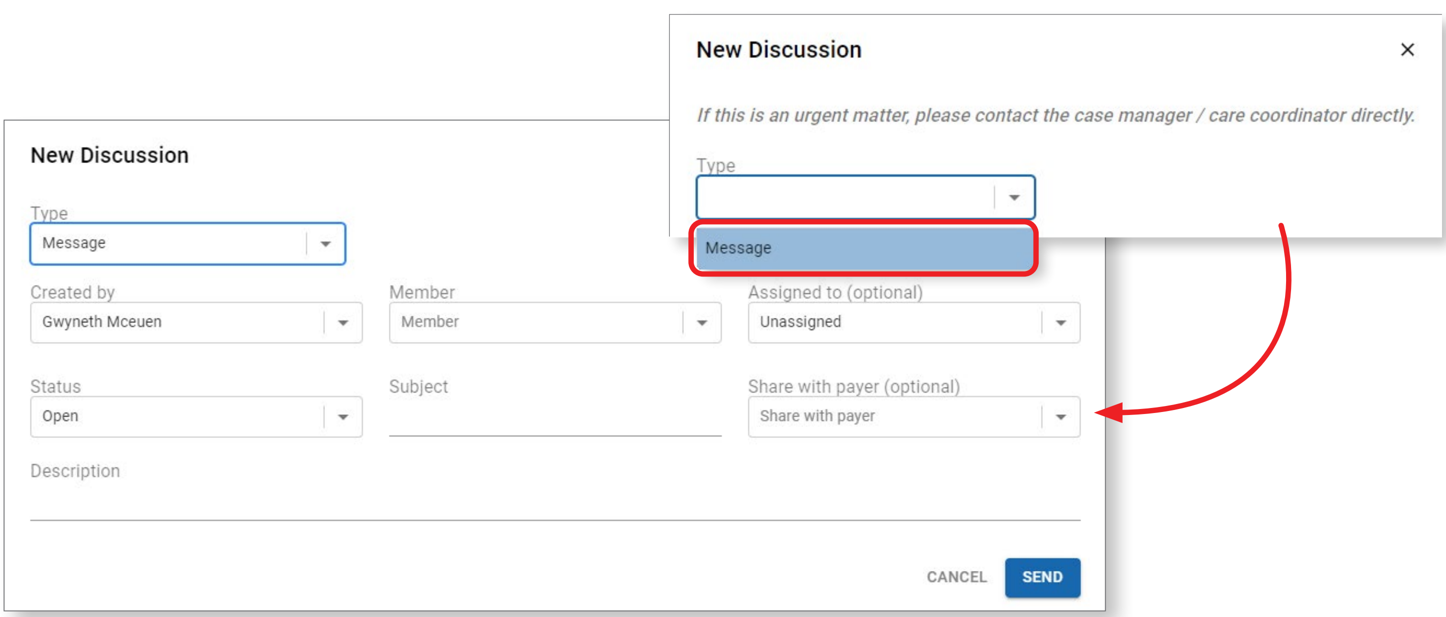
- **Observed Changes:** This Discussion type allows caregivers to indicate if there have been any changes to the member's condition. **Observed Changes** items are generated as part of the survey completed by caregivers during a visit. When **Observed Changes** occur, a Discussion will be auto generated and sent to the Discussions page for both the Provider and PASSE.
- **Address Request:** This Discussion type allows Providers to request a new or updated member address from PASSE. When an Address Request occurs, a Discussion will be auto generated and sent to the Discussions page for both the Provider and PASSE.
- **Phone Request:** This Discussion type allows Providers to request a new or updated member phone number from PASSE. When a Phone Request occurs, a Discussion will be auto generated and sent to the Discussions page for both the Provider and PASSE.
- **Message:** This Discussion type can be used for general messages between Agency employees or between an Agency and PASSE.

*Figure 91. **Discussion Type** drop-down*



To create a new Message Discussion, select the **+ NEW DISCUSSION** button at the bottom of the page (Figure 92). The New Discussion dialog box will appear. After selecting a Discussion **Type**, the user will need to complete the required fields before sending.

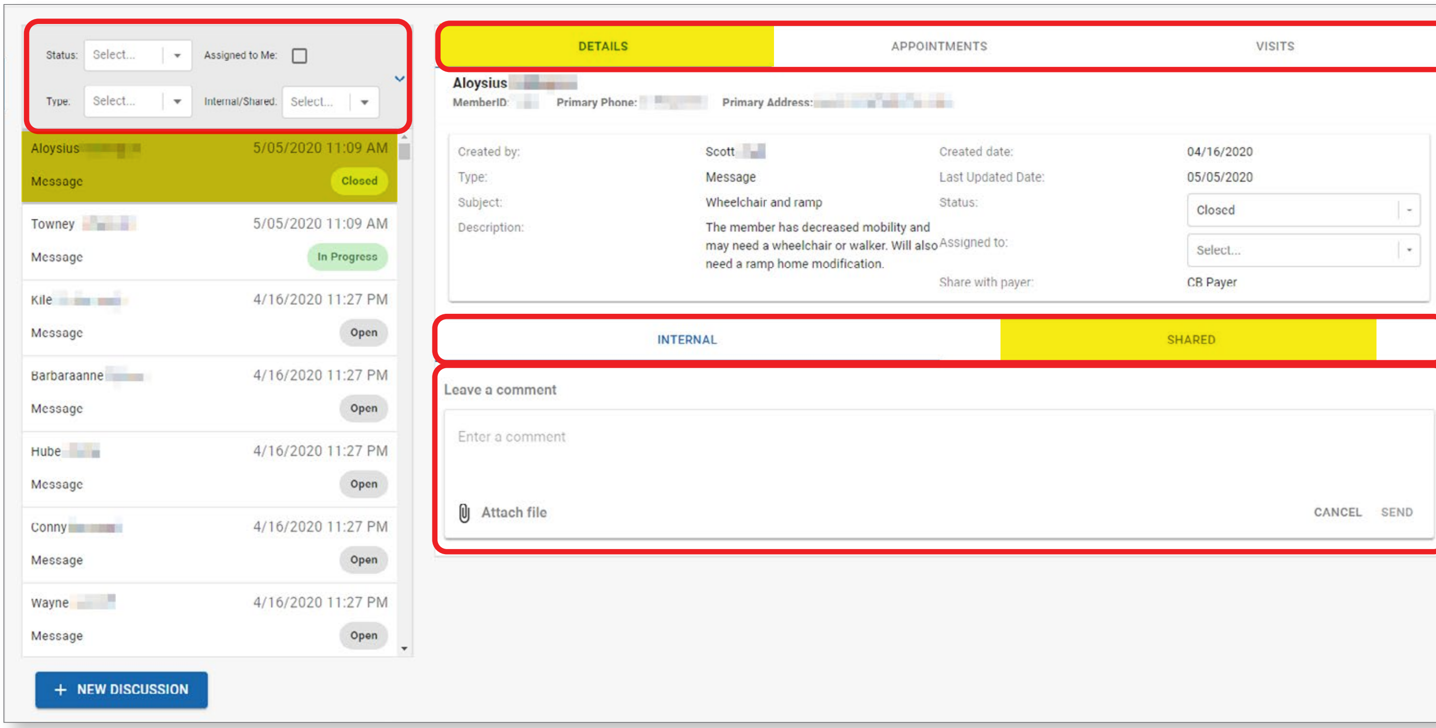
*Figure 92. **New Discussion** dialog*



DISCUSSION ITEM DETAILS

Upon selecting a Discussion, the user will see details about that Discussion in the **DETAILS** tab on the right side of the screen (Figure 93). Optionally, the user may choose to view upcoming **APPOINTMENTS** and past **VISITS** for that member by selecting the other tabs available at the top of the screen.

Figure 93. Discussion Details



There are several actions and filters that can be utilized within Discussions:

- **Status:** To track progress on a given Discussion, the user can update the **Status**. Statuses available are **Open**, **In Progress**, and **Closed**.
- **Assigned to:** To better manage tasks across a Provider agency, the user can choose to assign Discussions to a Caregiver.
- **Internal/Shared:** If the user needs to send the Discussion to PASSE, they can do so by selecting the **Shared** option from this drop-down.
- **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 available if the **Shared** option is chosen. Discussion with PASSE can be facilitated through entering comments in the **SHARED** tab.

DASHBOARD & REPORTING

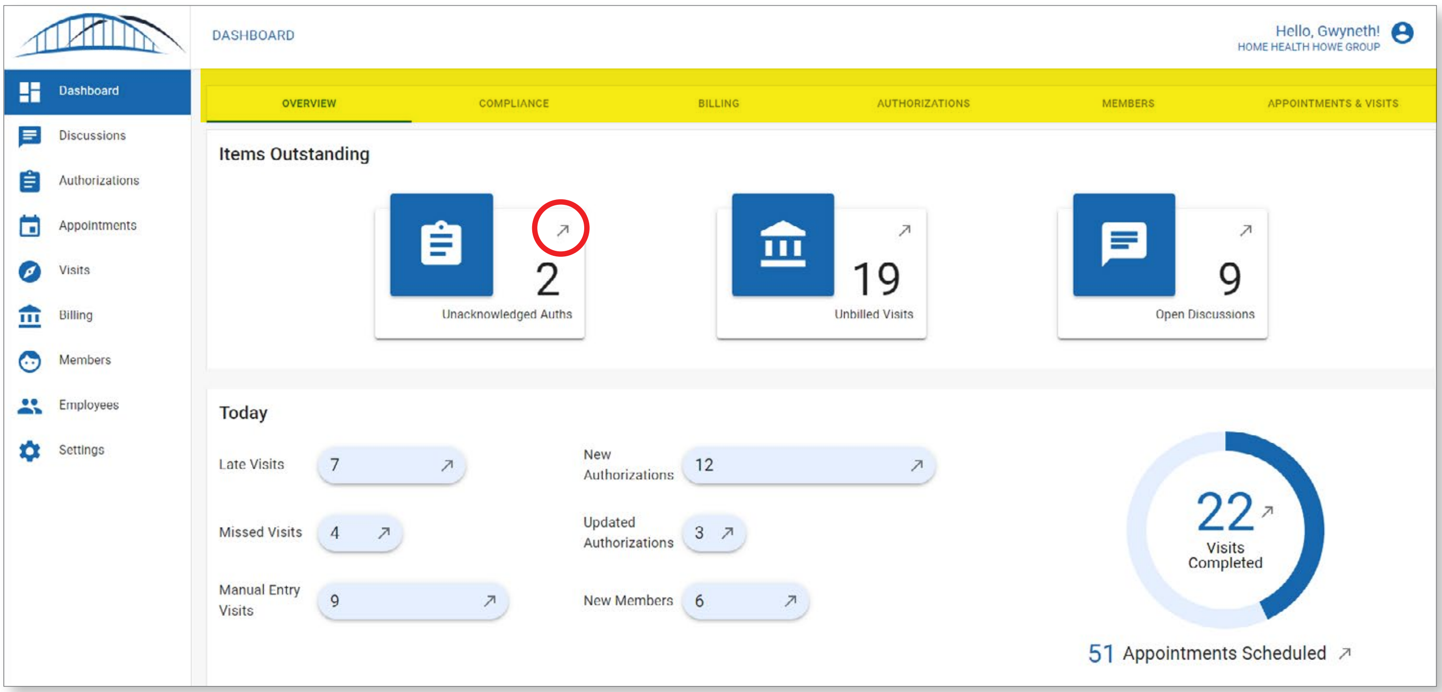
OVERVIEW

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

DASHBOARD

The CareBridge Provider Portal Dashboard page (Figure 94) allows Agency employees to view key metrics to better prioritize and manage tasks on which action may need to be taken. Across the top of the Dashboard page, there are tabs for each of the additional Dashboards.

Figure 94. Dashboard page



- **OVERVIEW:** This dashboard displays metrics related to items that are outstanding or may require action and metrics related to operational efficiency within the Provider Agency today.
- **COMPLIANCE:** This dashboard displays metrics to better understand how many completed visits are EVV compliant and how many are the sources of non-compliance.
- **BILLING:** This dashboard displays metrics related to the revenue cycle of completed visits in the CareBridge Solution.
- **AUTHORIZATIONS:** This dashboard helps Agency employees better understand the number of active authorizations and authorizations by service type.
- **MEMBERS:** This dashboard helps Agency employees explore the number of active members.
- **APPOINTMENTS & VISITS:** This dashboard displays metrics related to the number of scheduled appointments and completed visits.

Each of the dashboards can be filtered by date range or Payer (PASSE). By selecting the **arrow icon** on the top right corner of each metric or graph (Figure 94), the user will be taken to a report that displays the data that makes up that metric 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 predefined filters to help quickly navigate to other useful subsets of data. The following table (Figure 95) is a complete list of the reports available in the CareBridge Provider Portal:

Figure 95. Provider Portal Reports table

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
Active Members	**Members**	All active Members.
Denied Visits	**Billing**	All Visits that have denied claims.
Employees Compliance	**Employees**	All Provider Employees sorted in ascending order by Compliance Score. Compliance Score is configurable per PASSE 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.
EVV Visits	**Visits**	All completed Visits that have compliant EVV data.
Late Appointments	**Appointments**	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.
Late Visits	**Visits**	All visits that have been completed but were started late, as an example, a Visit could be late when a Check-In has not occurred within 15 minutes of the appointment start time.
Manual Visits	**Visits**	All Manual Entry Visits.
Members Compliance	**Members**	All Members sorted in ascending order by Compliance Score. Compliance Score is configurable per PASSE 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, late, or missed.
Missed Appointments	**Appointments**	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.

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
Missed Visits	**Visits**	All missed visits. A visit could be considered missed when a Check-In has not occurred within one hour of the appointment start time.
Payroll	**Employees**	Payroll data for a given period for each Employee based on completed Visits in that time period.
Rejected Visits	**Billing**	All Visits that have rejected claims.
Unacknowledged Authorizations	**Authorizations**	All Authorizations that have not yet been acknowledged.
Unassigned Authorizations	**Authorizations**	All Authorizations that have not yet been assigned an Employee.
Unassigned Members	Members	All Members who have not been assigned to an Office.

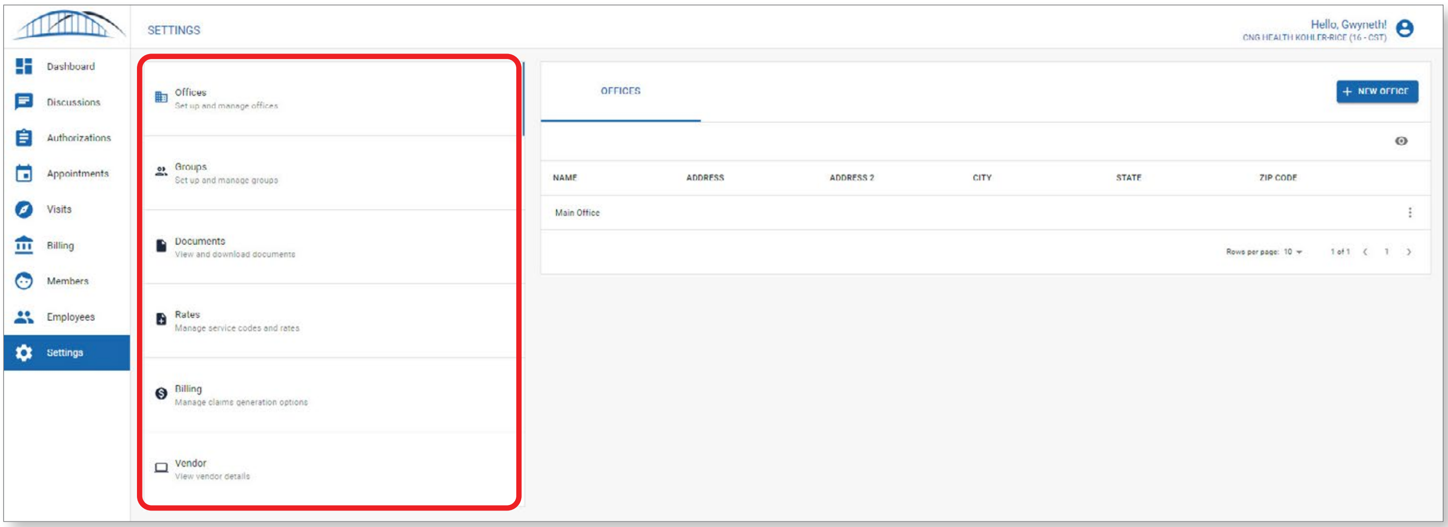
SETTINGS

OVERVIEW

This section introduces the user to the features within the CareBridge Solution that enable Provider Agency employees to configure the system to their workflows and preferences.

On the Settings page (Figure 96), there are sub-tabs for **Offices**, **Groups**, **Documents**, **Rates**, **Billing**, and **Vendor**.

Figure 96. Settings page

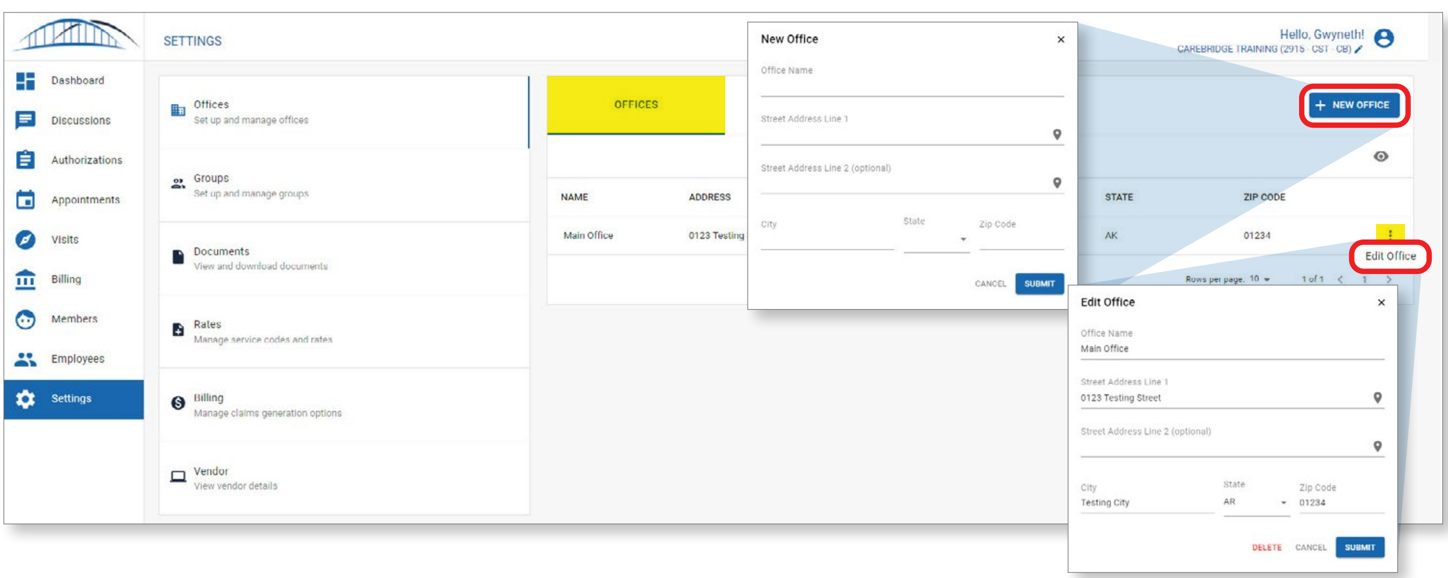


OFFICES

Offices are a way for Provider Agencies to configure multiple locations with the CareBridge Provider Portal. Employees/caregivers and members can be assigned to **Offices** to better drive the scheduling of caregivers to members and to be able to run reports by agency location.

To create a new **Office**, select the **+ NEW OFFICE** button at the top of the **Offices** table. To edit an **Office**, select the **menu icon (3 dots)** next to the **Office** and select **Edit Office** (Figure 97).

*Figure 97. **OFFICES** sub tab and **menu icon (3 dots)** with **+ NEW OFFICE** and **Edit Office** screens*

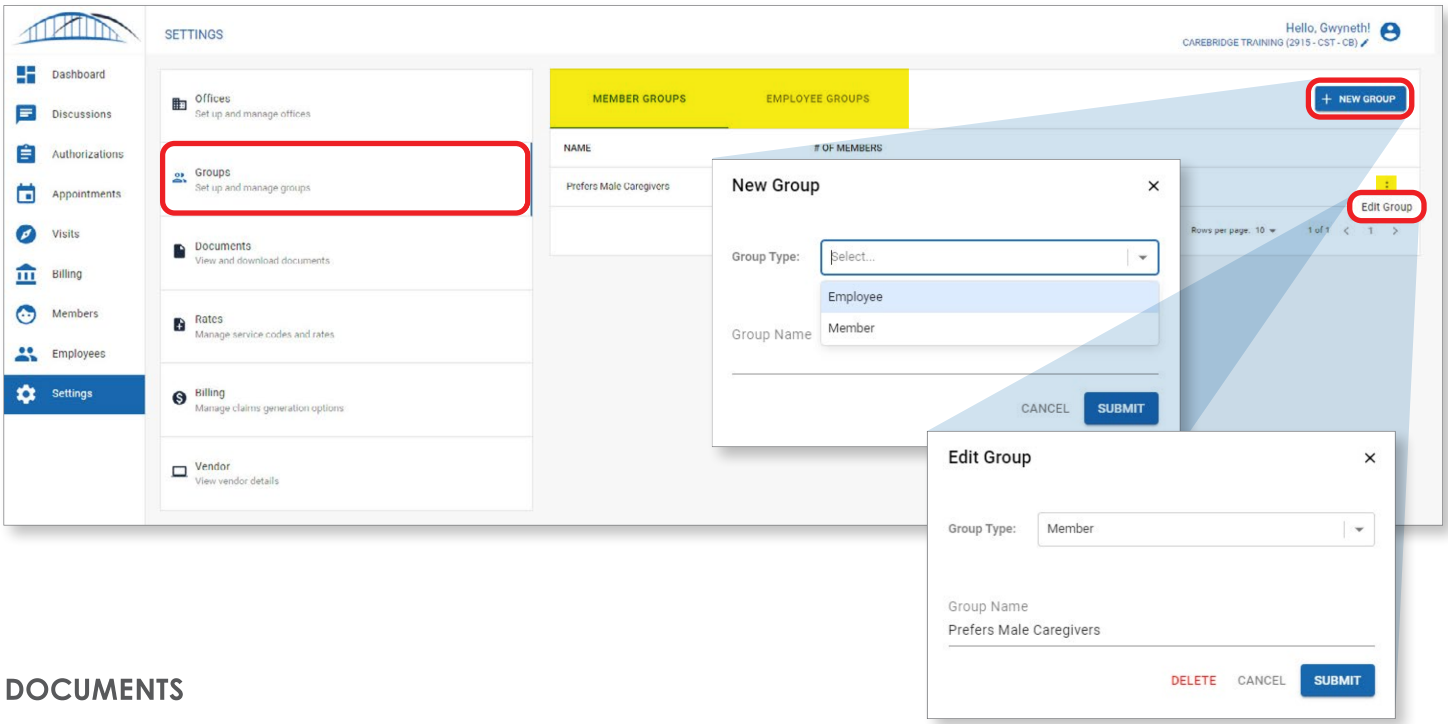


GROUPS

Groups are a way for Provider Agencies to organize their employees/caregivers and the members they serve. By choosing to assign an employee/caregiver or a member to a **Group**, the Agency can more easily run reports for specific populations of caregivers or members. As an example, an Agency may choose to create **Member Groups** based on member characteristics such as "have dogs", "have cats", "prefer male Caregivers" to better inform the caregivers when scheduling appointments.

To create a new **Group**, select the **+ NEW GROUP** button at the top of the **Groups** table. To edit a **Group**, select the **menu icon (3 dots)** next to the Group and select **Edit Group** (Figure 98). There are two types of **Groups** that can be created – **EMPLOYEE** and **MEMBER**.

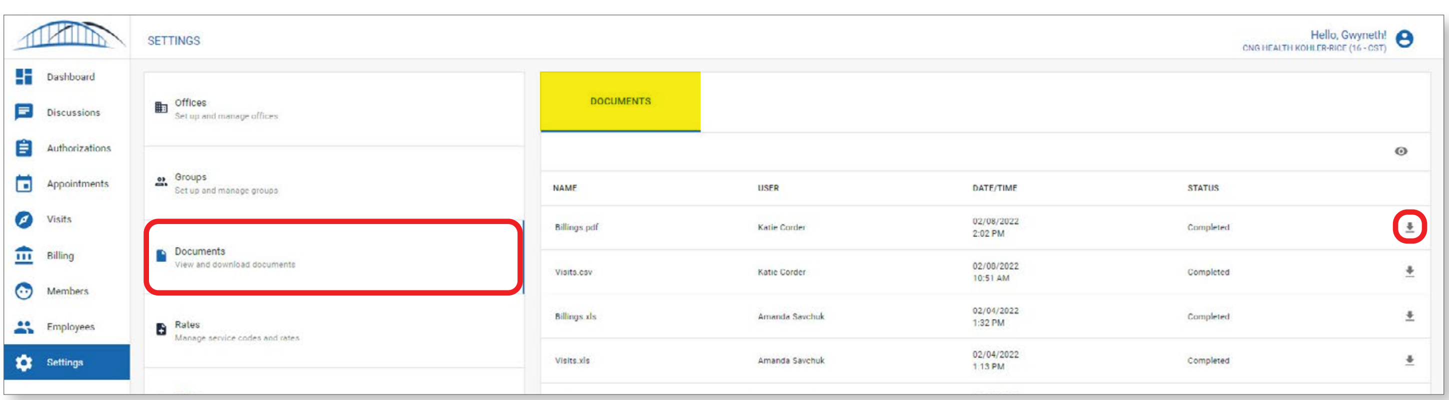
*Figure 98. **GROUPS** sub tab and **menu icon (3 dots)** with **+ NEW GROUP** and **Edit Group** screens*



DOCUMENTS

The **Documents** sub-tab is a list of all exported documents from other pages in the CareBridge Provider Portal. When a document is exported, it will generate in the background and display in this list when complete. When the user navigates to the **DOCUMENTS** sub-tab, they can choose to download any document by selecting that document's **download icon** on the far right of the table (Figure 99).

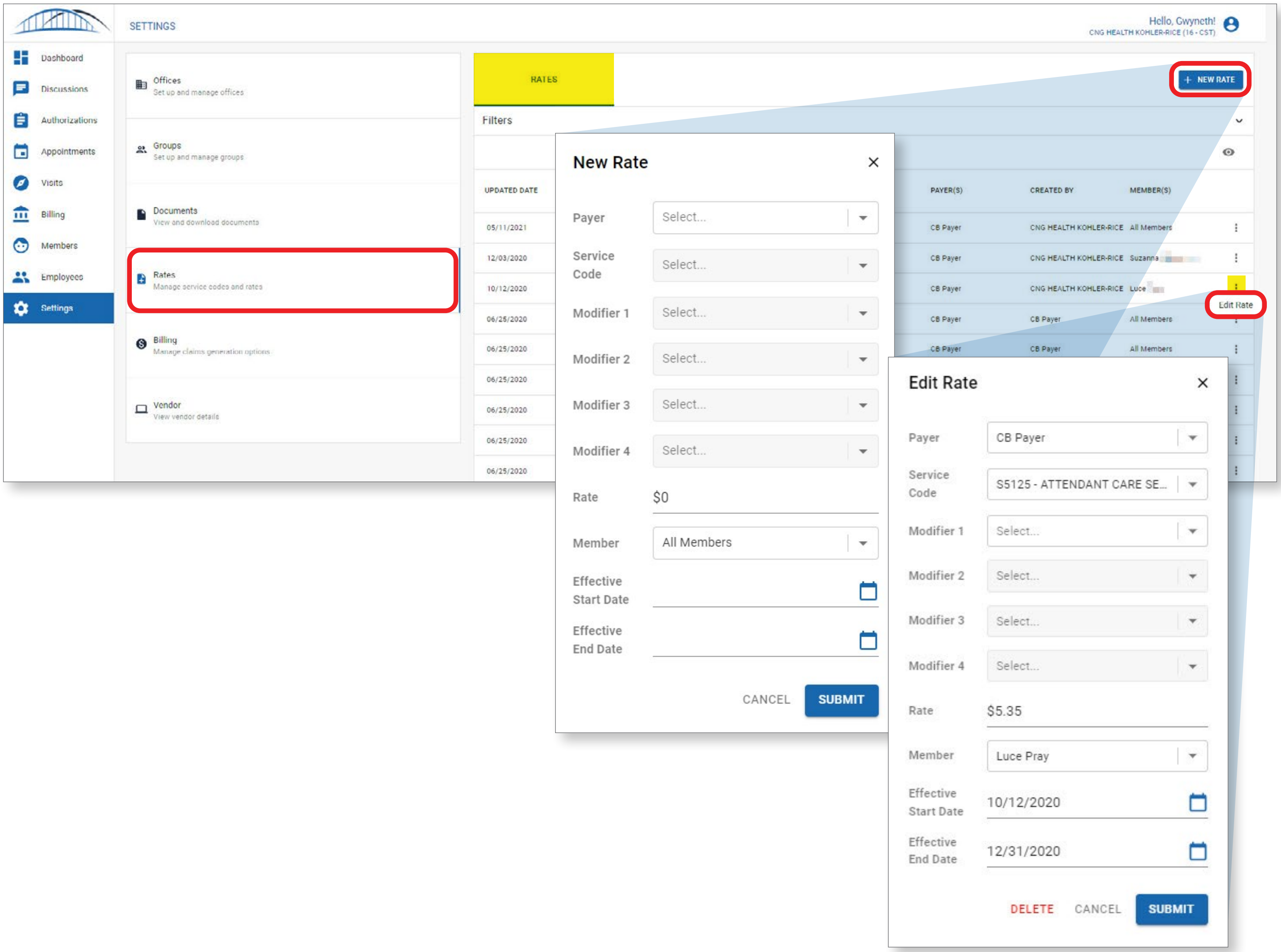
*Figure 99. **DOCUMENTS** sub tab and **download icons***



RATES

All standard rates are provided to CareBridge Rates by PASSE and cannot be modified in the system. However, negotiated rates will not be sent from PASSE. If your provider agency negotiated a different rate for specific services, you will need to add that rate yourself by clicking the **+ NEW RATE** button in the top right of the **RATES** sub-tab and filling out the **New Rate** dialog box form (Figure 100).

*Figure 100. **RATES** sub tab and **menu icon (3 dots)** with **+ NEW RATE** and **Edit Rate** screens*

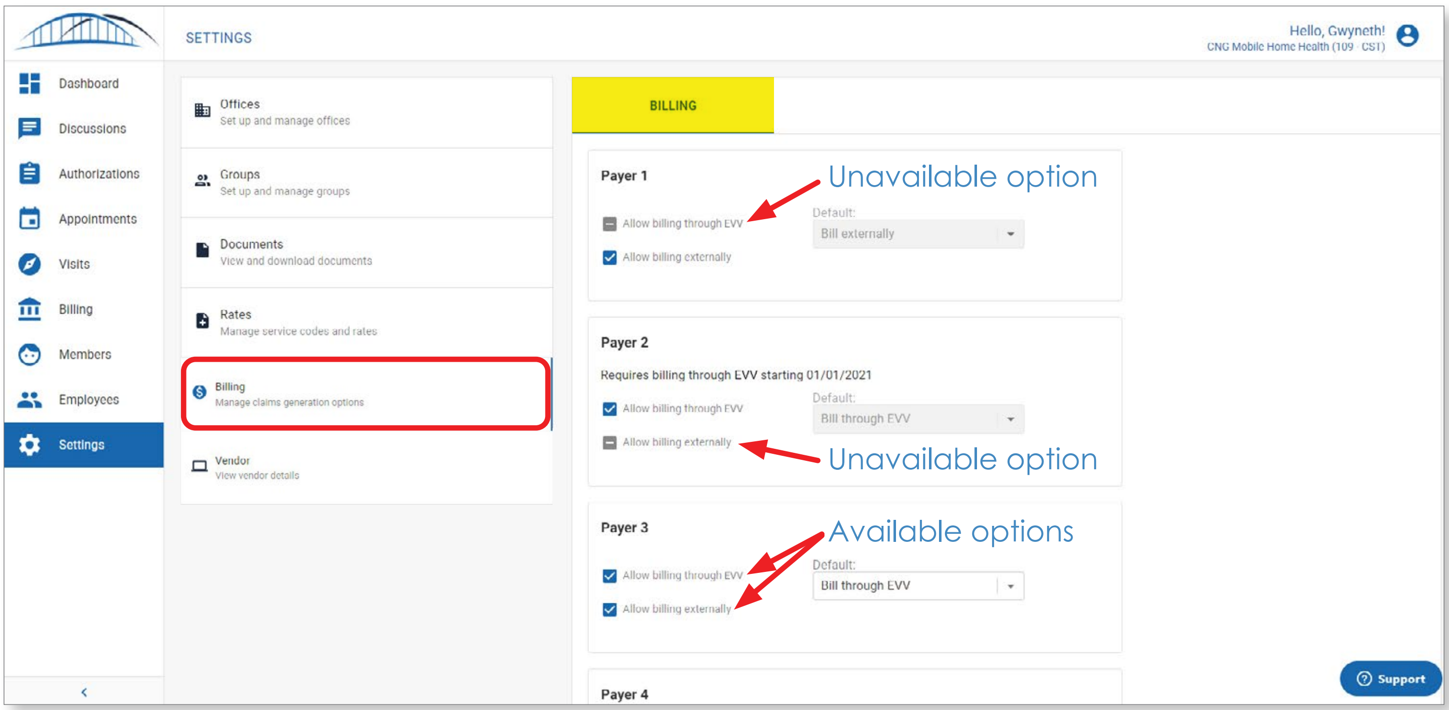


BILLING

CareBridge has built-in features to help create billing efficiencies for providers, reducing the number of rejected or denied claims. It is now possible to select how Provider Agencies will bill. Either through CareBridge EVV for partnered payers or through an external option such as your current 3rd party billing solution. If you click on the Settings page in the left side navigation bar in the Provider Portal, you will see the **BILLING** sub tab. It contains a list of payers available in your state, and each one has its own card.

If a Payer's visits need to be billed differently, and you have the capability, you can change the settings in the **BILLING** sub tab (Figure 101). That changes the default process *for that Payer*.

*Figure 101. **BILLING** sub-tab*



Allow billing through EVV: CareBridge will submit your claims directly through the Provider Portal.

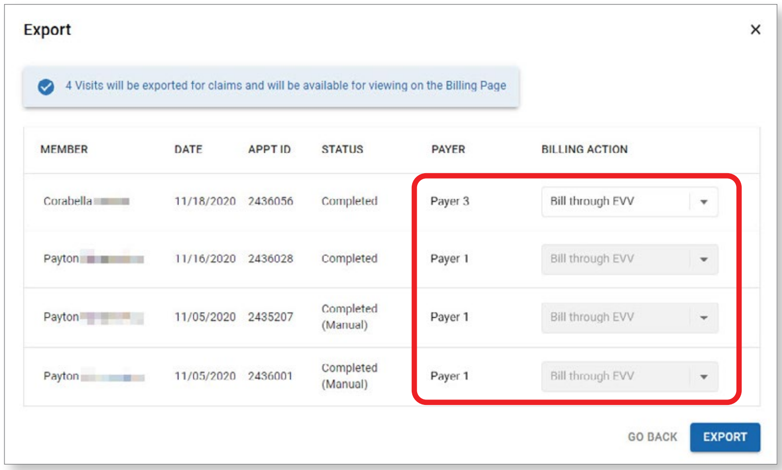
Allow billing externally: You will export billing files from the Provider Portal to upload to your current third-party billing solution and continue to bill the same way you do today.

You can set your agency billing preferences in the **BILLING** sub-tab. When you are exporting for billing, it will default to whatever you set as your preference. However, you can also adjust it *per individual member* when you **EXPORT FOR BILLING** (Figure 102).

*Figure 102. **EXPORT FOR BILLING** button*

This function will automatically default to your Agency's current settings. The CareBridge system won't allow you to choose an option that you don't have, based on your market. If an option is grayed out, it means that your Agency doesn't have that capability (Figure 103).

*Figure 103. **EXPORT FOR BILLING** customization options*



If an individual visit needs to be billed differently, you can change the settings prior to exporting, by using the **Export** interface that pops up when you **EXPORT FOR BILLING**. This changes the individual visit setting *for that export only*.

VENDOR

The EVV **VENDOR** sub-tab is a read-only view of the Providers' current EVV vendor. This sub-tab (Figure 104) allows Integrated providers using the CareBridge Portal to see what associated EVV vendors CareBridge has on record.

*Figure 104. **VENDOR** sub-tab*

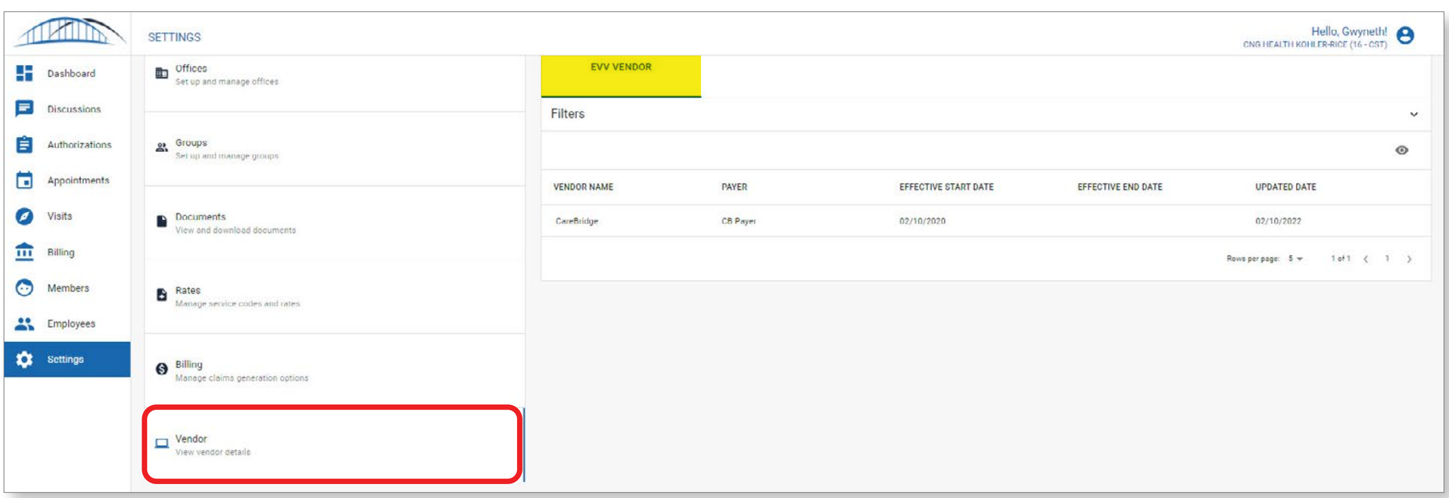
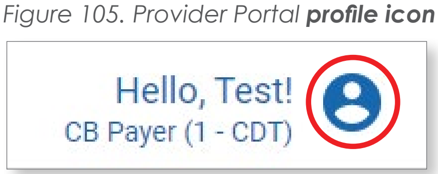


*Figure 105. Provider Portal **profile icon***



For additional resources, you can also access the **CareBridge Resource Library** through your Provider Portal by clicking on the profile icon next to your name at the top right of any screen (Figure 106) or by following this link: http://resources.carebridgehealth.com/evv

ROLE DEFINITIONS

The following is a list of roles that have been referred to within the CareBridge Solution Training Guide. As this list evolves, the Agency will be provided with updates.

Administrator – Provider Agency employee with administrator permissions in the EVV system.

Agency Employee – Provider Agency office staff who will be using the EVV system for some type of operational function (i.e., managing authorizations, scheduling appointments, assigning caregivers to members, billing, etc.)

Caregiver – The employee who works in the member's home providing authorized services.

Employee – Anyone who works for the Provider Agency.

Member – The person the Provider Agency supports who is enrolled in the LTSS program receiving services in their home.

PASSE – The member's health plan. The health plan is contracted with Arkansas Department of Human Services (DHS) for coordination of members' care and benefits.

Payer – The organization (PASSE) that reimburses the Provider Agency for services rendered.

User – Anyone at CareBridge, PASSE, or the Provider Agency who logs into the EVV system, via web portal or mobile app, to review data or do work.