



# **TRAINING GUIDE**

## **CAREBRIDGE PROVIDER PORTAL ELECTRONIC VISIT VERIFICATION (EVV)**



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# INTRODUCTION

## OVERVIEW

This guide is intended to help users 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:

[njevv@carebridgehealth.com](mailto:njevv@carebridgehealth.com) or (844) 924-1755.

If you have questions, our team is always here to help. Just email: [njevv@carebridgehealth.com](mailto:njevv@carebridgehealth.com) or call us at (844) 924-1755.

## WHAT IS ELECTRONIC VISIT VERIFICATION (EVV)?

EVV is the use of technology to record the time and location of caregivers/Direct Service Workers (DSRs) 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:

- The type of service performed
- The beneficiary receiving the service
- The caregiver providing the service
- The date of the service
- The location of the service
- The time the service begins
- The 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 portals 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://nj.carebridgehealth.com/>
2. Enter username and password, select Login (Figure 1).

New users can use the **Sign Up!** link to create a password and access the Provider Portal. (Please note: The Agency Admin user will need to create usernames for new users. See the [Employees](#) section for more information.)

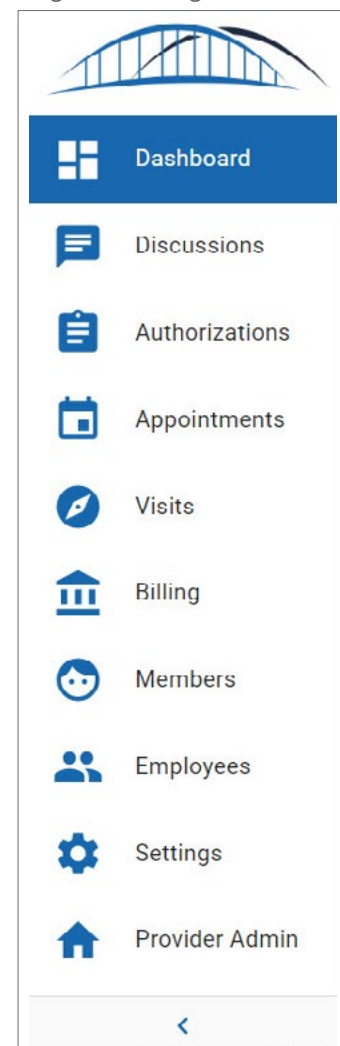
### NAVIGATION

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 (MCOs).
- **Authorizations:** Displays authorizations allowing Agency Employees to acknowledge, assign, and schedule appointments.
- **Appointments:** Displays upcoming scheduled appointments allowing Agency Employees to view 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
- **Provider Admin:** Displays provider information for review.

Figure 1. Login Page

Figure 2. Navigation Pane



## CAREBRIDGE MOBILE 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 to download on the iOS App Store and the Android Google Play Store (Figure 3).

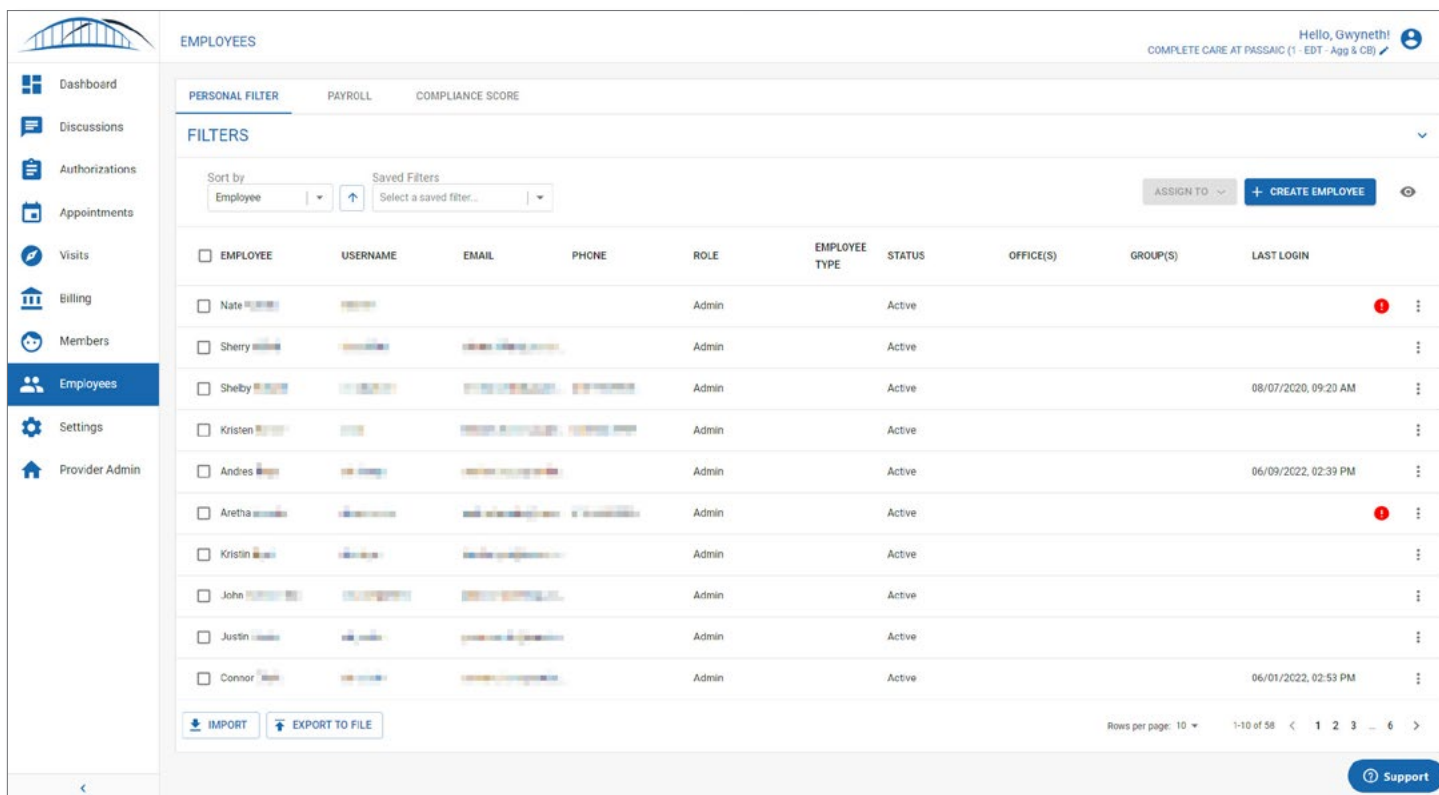
### LOGIN

Once the application is downloaded to 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**. Once logged in, today's Appointment Schedule is displayed. 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



EMPLOYEE	USERNAME	EMAIL	PHONE	ROLE	EMPLOYEE TYPE	STATUS	OFFICE(S)	GROUP(S)	LAST LOGIN
<input type="checkbox"/> Nate				Admin		Active			
<input type="checkbox"/> Sherry				Admin		Active			
<input type="checkbox"/> Sheby				Admin		Active			08/07/2020, 09:20 AM
<input type="checkbox"/> Kristen				Admin		Active			
<input type="checkbox"/> Andres				Admin		Active			06/09/2022, 02:39 PM
<input type="checkbox"/> Aretha				Admin		Active			
<input type="checkbox"/> Kristin				Admin		Active			
<input type="checkbox"/> John				Admin		Active			
<input type="checkbox"/> Justin				Admin		Active			
<input type="checkbox"/> Connor				Admin		Active			06/01/2022, 02:53 PM

## 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 at the top left of the table.

Figure 5. Employees page **FILTERS** and **Sort by** drop-down menu

The screenshot shows the 'FILTERS' section of the Employees page. At the top, there are tabs for 'PERSONAL FILTER', 'PAYROLL', and 'COMPLIANCE SCORE'. The 'FILTERS' tab is active. Below the tabs, there are several filter fields: 'Employee Name, ID, or Username' (with a search icon), 'Email' (with a search icon), 'Phone Number' (with a search icon), 'Role' (with a dropdown arrow), 'Employee Type' (with a dropdown arrow), 'Status' (with a dropdown arrow), 'EVV Vendor' (with a dropdown arrow), 'Office' (with a dropdown arrow), 'Group' (with a dropdown arrow), and 'Pre-Billing Check(s)' (with a dropdown arrow). Below these fields are two buttons: 'RESET FILTERS' and 'SAVE FILTERS'. At the bottom left, there is a 'Sort by' dropdown menu with 'Employee' selected. A red box highlights the 'Sort by' dropdown menu, and another red box highlights the 'SAVE FILTERS' button. A 'Sort by' dropdown menu is also open, showing options: 'Employee', 'Email', 'Phone', 'Role', 'Status', and 'Last Login'. The 'Employee' option is highlighted in blue. At the bottom right, there are buttons for 'ASSIGN TO' and '+ CREATE EMPLOYEE'.

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 6)

Figure 6. **SAVE FILTERS** button

The screenshot shows the 'FILTERS' section of the Employees page. At the top, there are tabs for 'PERSONAL FILTER', 'PAYROLL', and 'COMPLIANCE SCORE'. The 'FILTERS' tab is active. Below the tabs, there are several filter fields: 'Employee Name, ID, or Username' (with a search icon), 'Email' (with a search icon), 'Phone Number' (with a search icon), 'Role' (with a dropdown arrow), 'Employee Type' (with a dropdown arrow), 'Status' (with a dropdown arrow), 'EVV Vendor' (with a dropdown arrow), 'Office' (with a dropdown arrow), 'Group' (with a dropdown arrow), and 'Pre-Billing Check(s)' (with a dropdown arrow). Below these fields are two buttons: 'RESET FILTERS' and 'SAVE FILTERS'. The 'SAVE FILTERS' button is highlighted with a red box. At the bottom left, there is a 'Sort by' dropdown menu with 'Employee' selected. Below it, there is a 'Saved Filters' dropdown menu with 'Select a saved filter...' as the only option. At the bottom right, there are buttons for 'ASSIGN TO' and '+ CREATE EMPLOYEE'.



When the **Save Filters** dialog opens, the user is asked to name their custom filter for future reference (Figure 7).

Figure 7. **Save Filters** dialog

**Save Filters**

Enter a name for your filter using the field below. This saved filter will only be available in the Employees page.

Filter Name  
Back Office Admin

CANCEL SAVE

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 (Figure 8).

Figure 8. **Saved Filters** drop-down menu and results (**Back Office Admin**)

**FILTERS**

Sort by: Employee

Saved Filters: Select a saved filter... (Back Office Admin)

EMPLOYEE	USERNAME	EMAIL	PHONE	ROLE	EMPLOYEE TYPE
<input type="checkbox"/>	Sherry				
<input type="checkbox"/>	Shelby				
<input type="checkbox"/>	Gwyneth			Admin	Back Office

Saved filters are specific to the users that create them and the page(s) they are created on. Users can update/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 9)

Figure 9. **Delete Filter** trash can icon and dialog box

**Delete Filter**

Are you sure you wish to delete this saved filter? This action cannot be undone and you will have to create a new saved filter if you proceed.

Filter Name  
Back Office Admin

CANCEL DELETE FILTER



## VIEW EMPLOYEE DETAILS

To view more details about an employee, select the **menu icon (3 dots)** (Figure 10) on the right side of the row for the employee and select **Employee Details**.

Figure 10. Employees page **menu icon (3 dots)**

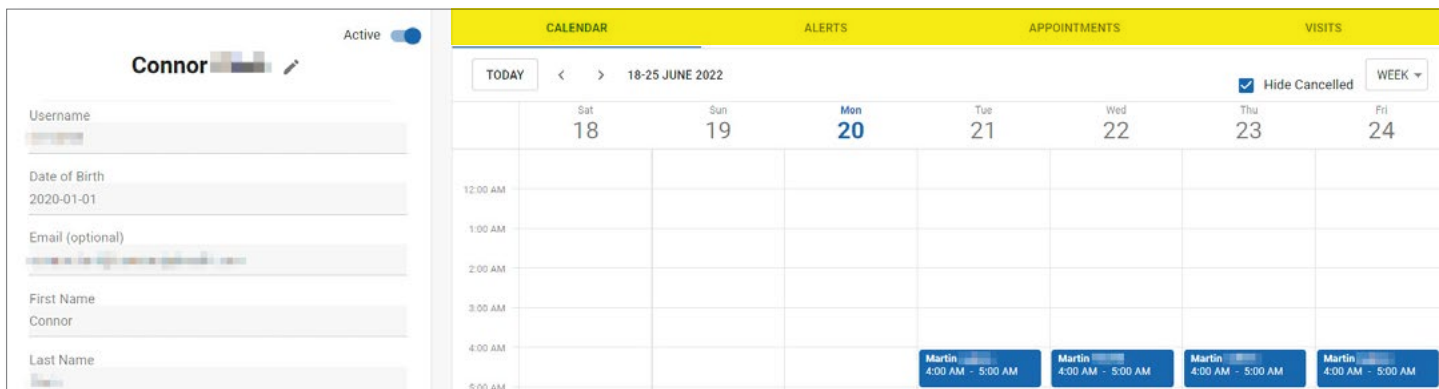


<input type="checkbox"/>	Justin	Admin	Active	
<input type="checkbox"/>	Connor	Admin	Active	<div> <div>06/01/2022, 02:53 PM</div> <div>Employee Details</div> </div>

Rows per page: 10 1-10 of 58 < 1 2 3 ... 6 >

From the Employee Details screen (Figure 11), users can view employee demographic info, the employee's **CALENDAR**, all **ALERTS** associated with this employee, and list views of their upcoming **APPOINTMENTS**, and completed **VISITS**.

Figure 11. **Employee Details** screen



Connor		CALENDAR						
Active		18-25 JUNE 2022						
		Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24
12:00 AM								
1:00 AM								
2:00 AM								
3:00 AM								
4:00 AM					Martin 4:00 AM - 5:00 AM	Martin 4:00 AM - 5:00 AM	Martin 4:00 AM - 5:00 AM	Martin 4:00 AM - 5:00 AM
5:00 AM								

## CREATE NEW EMPLOYEES

Agency Administrators can create new employees (Agency/Office employees or caregivers) individually or through bulk import. To create employees individually, select the **+ CREATE EMPLOYEE** button at the top of the Employees page table (Figure 12).

Figure 12. **+ CREATE EMPLOYEE** button

PERSONAL FILTER

PAYROLL

COMPLIANCE SCORE

FILTERS

Sort by

Employee

↑

Saved Filters

Select a saved filter...

ASSIGN TO

+ CREATE EMPLOYEE

☐

EMPLOYEE

USERNAME

EMAIL

PHONE

ROLE

EMPLOYEE TYPE

STATUS

OFFICE(S)

GROUP(S)

LAST LOGIN

To create employees in bulk, click the **IMPORT** button at the bottom left of the Employees page, download the Excel template, fill it out thoroughly, then upload it by clicking the **IMPORT** button again (Figure 13).

**Please note:** If the information you enter in the spreadsheet template is inaccurate, you will need to update the profiles in the system and **cannot** simply edit and re-import the Excel file.

### MODIFY EMPLOYEE DETAILS

To modify employee details, select the **pencil icon** next to the employee's name (Figure 14). The employee details fields will become editable. Select the **SAVE** button at the bottom of the screen to save your changes. In addition to general demographic information, the following fields are *critical* when setting up the employee's profile:

Figure 14. Employee Details pencil icon and SAVE button

The screenshot shows the 'Employee Details' form for an employee named Connor. The form has a header with the employee's name and a pencil icon for editing. Below the header are fields for 'Username' and 'Date of Birth'. At the bottom of the form is a large blue 'SAVE' button. A calendar widget is visible in the background, showing the date 18-25 JUNE 2022.

- **Username:** This username will need to be communicated to the new employee in order for them to sign up for the Provider Portal or Mobile Application. This is a required field.
- **Date of Birth:** This information is used to confirm the user's identity when logging into the app.
- **Email (optional):** If the user would like to receive communications via email a valid email address will need to be entered.
- **Phone Number:** If the user would like to receive a text message with the multi-factor authentication codes for sign up and to sign into the app on their mobile phone, this field will need to be completed. (Text messaging or data rates apply.)
- **License Number (optional):** **NOTE:** This is a **REQUIRED** field in New Jersey. For claims to be submitted without error, the caregiver's **Certified Home Health Aide (CHHA)** number should be entered into this field.
- **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 take action within 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

Figure 13. Employees page **IMPORT** button & **Bulk Import** dialog box

The screenshot shows the 'Bulk Import' dialog box. It has a title bar 'Import Employees' and a close button. The text inside says: 'In order to bulk import Employees, please download the following template and complete the necessary fields:'. Below this is a download link 'BULK\_IMPORT\_EMPLOYEES.XLSX'. Then it says: 'Once you have completed the template, attach the file below:'. There is a text input field for 'File Name' and an 'Attach file' button. At the bottom right are 'CANCEL' and 'IMPORT' buttons.

- **Employee - Office:**

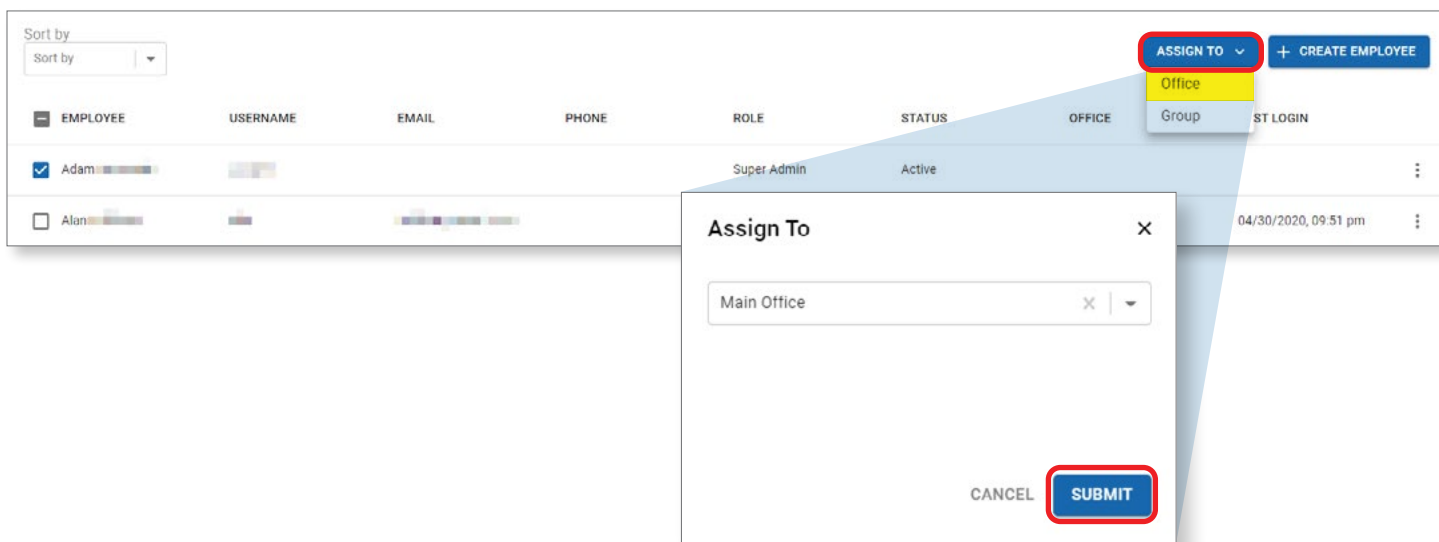
- Can only view member data in the offices to which they are assigned
- Cannot view Payroll or Compliance Score reports
- Cannot view Billing Dashboard
- Cannot complete Manual Entries
- Cannot generate claims

- **Employee Type (optional):** Used to differentiate caregivers from office workers.
- **Worker Rate:** Worker Rate is used to accurately calculate payroll reports.
- **Interactive Voice Response (IVR) PIN:** If the employee would like to utilize **IVR** (see [Check-In & Check-Out](#) section,) an **IVR PIN** will need to be entered.

## 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 employee/caregiver using the **check box** to the left of their name, select the **ASSIGN TO** button in the top right of the page (Figure 15) to assign the selected employees to an Office or Group. For more information on Offices and Groups, see the [Settings](#) section.

Figure 15. Employee page **ASSIGN TO** button and dialog box



## EMPLOYEES REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Employees page (Figure 16). It can be used to filter and sort the Employees page table in a variety of ways to return the subsets of employees that are the most useful. In addition to the **PERSONAL FILTER**, there are two reports that have predefined filters to help quickly navigate to useful employee data.

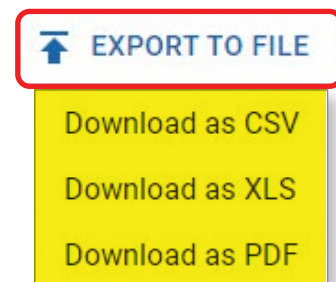
Figure 16. Employee page reports



- **PAYROLL:** This report returns payroll data for a given period for each employee based on completed visits within 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, IVR, or FOB visits) relative to the total number of visits. Examples of non-compliant visits are **Manual Entries**, 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 17). 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 17. Employees page **EXPORT TO FILE** options



## MEMBERS

The Members page in the CareBridge Provider Portal (Figure 18) allows designated Agency Employees to view and edit member information. The Members page is either populated with data from the member file (if provided by the State or MCO) which updates daily with the most recent information, or it is populated and maintained by the Provider Agency via information uploads.

Figure 18. Members page

MEMBER	MEMBER ID	MEDICAID ID	ADDRESS	PAYER(S)	EVV VENDOR(S)	ACTIVE AUTHS	STATUS	OFFICE(S)	GROUP(S)	LAST VISIT
<input type="checkbox"/> Martin Adams	1227701	208609260667	111 TOWN SQUARE PL JERSEY CITY, NJ 07310	Amerigroup New Jersey		Yes	Active			
<input type="checkbox"/> Carla Antain	11584	123123123123	4761 Willow Greene Drive Montgomery, AL 36109	Horizon	Carebridge	No	Inactive			
<input type="checkbox"/> Patty Carter	1227795	113711309220	1865 NJ-79 LAKEWOOD, NJ 08701	Amerigroup New Jersey		No	Active			
<input type="checkbox"/> John Clane	11587	dualdsafdere	12 Main st Newark, NJ 23	Horizon	Carebridge	Yes	Active			04/06/2022
<input type="checkbox"/> Joe Crowder	11589	anddsadadad	Santa Paula M215 St Costa, CT 15008	Horizon	Carebridge	Yes	Active			
<input type="checkbox"/> Anthony Davis	628	211234567890	111 Main st Elizabeth, NJ 1223	Horizon	Carebridge	Yes	Active			01/15/2022
<input type="checkbox"/> Theo Donaldson	1227706	601311238921	MILEPOST 78.7 NB NJ TPKE MILLTOWN, NJ 08550	Amerigroup New Jersey		Yes	Active			
<input type="checkbox"/> Dwight Ford	1227704	671768038004	MILEPOST 78.7 NB NJ TPKE MILLTOWN, NJ 08550	Amerigroup New Jersey		No	Active			
<input type="checkbox"/> Jennifer Franklin	1227703	211438340713	1192 NJ-79 #12 CHERRY HILL, NJ 08034	Amerigroup New Jersey		Yes	Active			
<input type="checkbox"/> Max Jacobson	1227709	146286730321	MILEPOST 78.7 NB NJ TPKE MILLTOWN, NJ 08550	Amerigroup New Jersey		No	Active			

Users may create members either through bulk upload or individually. To create in bulk, click the **IMPORT** button at the bottom left of the Members page, 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 Member profiles in the system and *cannot* simply edit and re-import the spreadsheet.

To create a new member individually, select the **+ ADD MEMBER** option in the top right-hand corner of the Members page. When creating an individual member profile, you will need to have the member's information available before you start. In addition to normal demographic information, the following fields are critical in setting up the new member's profile both individually and in bulk:

- Date of Birth
- Payer(s)
- Eligibility Dates
- Primary Address
- Secondary Address(es)
- Email
- Primary Phone #
- Secondary Phone #(s)
- Program
- Medicaid ID

After clicking **+ ADD MEMBER**, you will be directed to the New Member form (Figure 18). Begin filling out the fields, starting with the member's name and date of birth. To add payer information, click on the **+ symbol** next to the field (Figure 18) and input the required information. When you have completed entering the payer information, click on the **+ symbol** at the end of the row (Figure 19). Note that even though the eligibility dates have a separate field, they will be entered here as well. Multiple payers may be entered and modified within this dialog box. Once all the member's payers have been entered, click on the **SAVE** button (Figure 19).

Figure 19. New Member form

**New Member**

First Name

Last Name

Date of Birth  
YYYY-MM-DD

Payer(s) **+**  
None

Additional Identifiers  
None

Eligibility Dates **+**  
None

Primary Address **+**  
None

Secondary Address(es) **+**  
None

Email

Primary Phone Number **+**  
None

Secondary Phone Number(s) **+**  
None

Status  
Active

Medicaid ID

FOB ID [Assign FOB](#)

Office

Groups

**SAVE**

Figure 20. Payers dialog box

**Payers**

Payer: Aetna Member Id: 123456 Program: Test Eligibility Dates: 08/01/2020 - 08/31/2022 **+**

Click **+** after entering all the Payer information.

**Payers**

Aetna (123456) - Test - 08/01/2020 - 08/31/2022		
Horizon (234567) - Test - 09/01/2020 - 09/30/2022		
UHC (345678) - Test - 10/01/2020 - 10/31/2022		

Multiple Payers may be created and modified.

Click **SAVE** when finished.

CANCEL **SAVE**

Figure 21. Edit Primary Address dialog

**Edit Primary Address**

Street Address Line 1  
1234 Testing Street

Street Address Line 2 (optional)

City: Test City State: TN Zip Code: 54321

Address Type: Family Member's Home

- Community
- Family Member's Home
- Member's Home
- Parents
- Temporary Residence

**SAVE**

Next enter the Member's **Primary Address** and select the **Address Type** (Figure 20).

If the Member is routinely cared for at multiple addresses, the user will need to enter these addresses. This can be done in the **Secondary Address(es)** field by clicking on the **+ symbol** (Figure 21).



Figure 22. **Edit Primary Phone Number** box

Figure 23. Add and edit **Secondary Phone Number(s)**

Just like in the address boxes, the user now needs to enter the member's primary and secondary phone number(s) (Figure 22). If the member has a cell phone, it would be the **Primary Phone Number**. If the member has a home phone - or landline - make sure to add it as well. That is the phone that would be used by the caregiver for any **IVR** calls.

Multiple phone numbers can be entered in the **Secondary Phone Number(s)** field. Just click the **+** symbol (Figure 23).

A member's **Status** is determined by their eligibility dates.

The member's **Medicaid ID** is a required field. This must be entered to identify the Member's benefits.

Assigning Members to Offices and/or Groups is a way to organize Members by location, preferences, or any number of other relevant attributes. Please see [page 18](#) for more information.

## VIEW MEMBERS

On the Members page, the user will see a tabular view of all members that are currently in the Provider Portal. This table can be filtered and sorted with a number of parameters by selecting the **expand arrow** in the **FILTERS** component or the **Sort by** drop-down at the top left of the table (Figure 24).

Figure 24. Members page **FILTERS** and **Sort by** options

## VIEW MEMBER DETAILS

In order 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 25).

Figure 25. Members page **menu icon (3 dots)**

Member	11584	123123123123	4761 Willow Greene Drive Montgomery, AL 36109	Horizon	CareBridge	No	Inactive	
Member	1227705	113711300220	1865 NJ-70 LAKEWOOD, NJ 08701	Amerigroup New Jersey		No	Active	
Member	11587	dsafdsafderw	12 Main st Newark, NJ 23	Horizon	CareBridge	Yes	Active	04/06/2022
Member	11589	asdasdasd	Santa Paula M216 S1 Costa, CT 15008	Horizon	CareBridge	Yes	Active	

Member Details

From the Member Details screen (Figure 26), you can view general member demographic information, a **CALENDAR** view including all appointments and visits, all **ALERTS** having to do with the member, lists of upcoming **APPOINTMENTS**, completed **VISITS**, the member's **CARE PLAN** data, **Discussions** about the member, and the member's **Authorizations** information.

Figure 26. **Member Details** screen

MEMBERS > DETAILS > Joe

Joe

First Name  
Joe

Last Name

Date of Birth

Payer(s)  
Aetna (1)

Additional Identifiers  
None

Eligibility Dates  
None (Aetna)

Primary Address

Secondary Address(es)  
None

Email

Primary Phone Number

Secondary Phone Number(s)  
None

Status  
Active

Medicaid ID

FOB ID  
None

Office

Groups

CALENDAR ALERTS APPOINTMENTS VISITS CARE PLAN

TODAY < > 11-18 JUNE 2022

Hide Cancelled WEEK

	Sat 11	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
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10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							

Discussions

CREATED BY	ASSIGNED TO	TYPE	SUBJECT	CREATED	LAST UPDATED
No data					

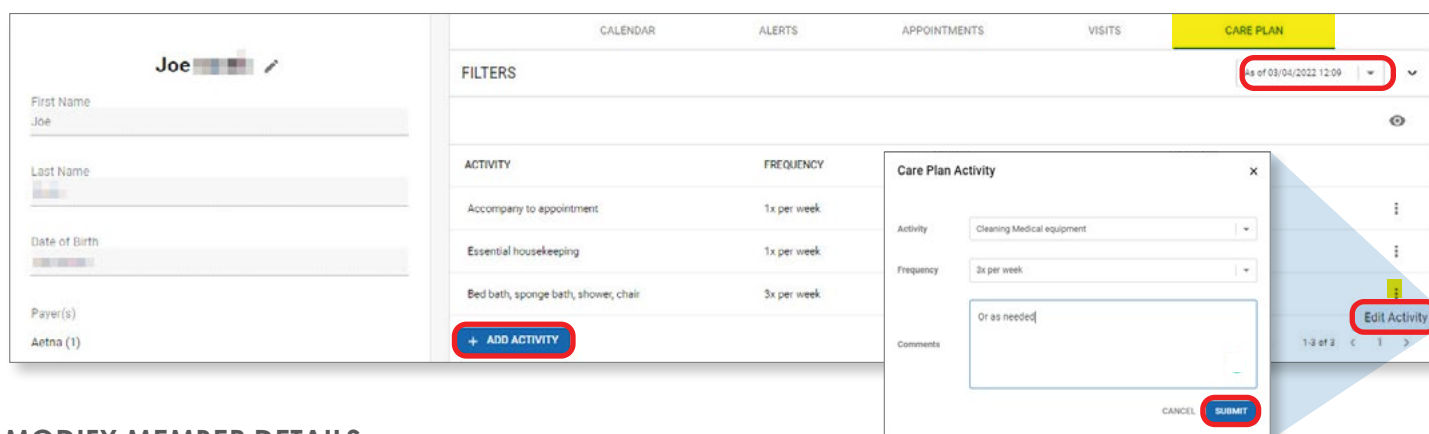
Authorizations

START DATE	END DATE	PAYER	AUTH #	UNITS	SERVICE	MODIFIERS	STATUS	EMPLOYEE
01/01/2022		Aetna	123321	1000	T1020		Accepted	Gwyneth Mcneen

## CREATE OR MODIFY MEMBER CARE PLANS

From Member Details, an agency employee is able to 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 27), the Care Plan Activity dialog box will open and the **Activity** and **Frequency** can be selected along with adding **Comments**, if applicable. 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. 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.

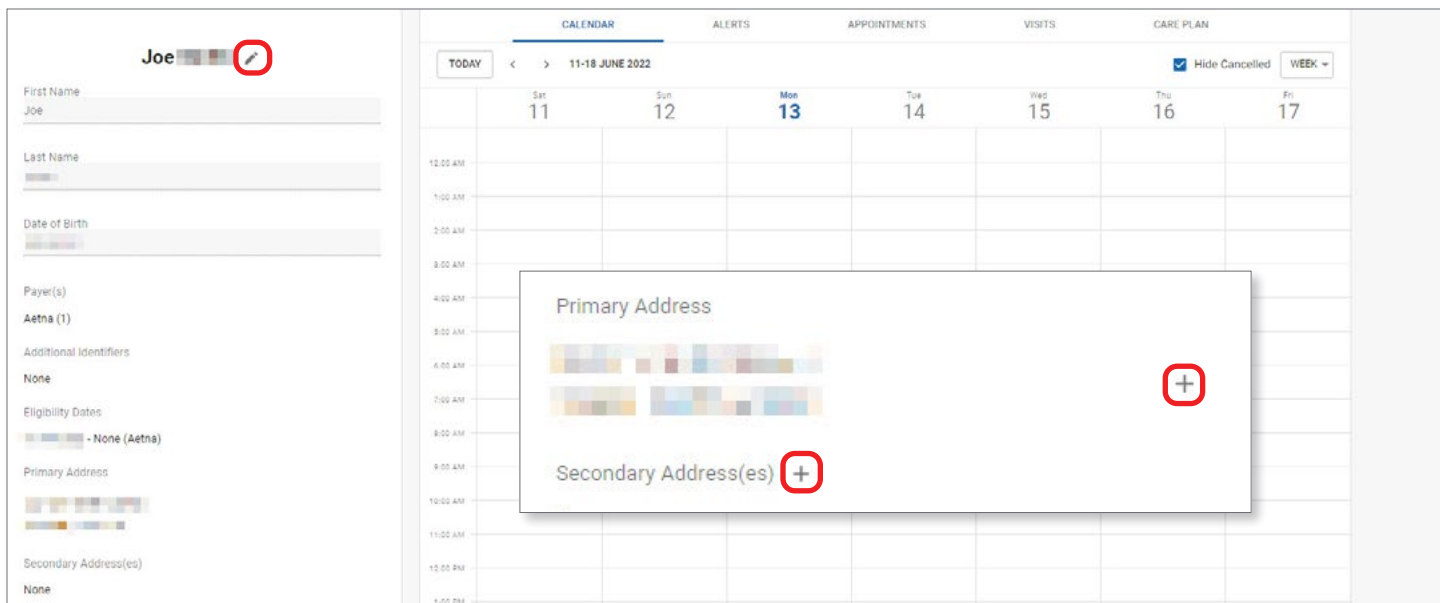
Figure 27. Member Details **CARE PLAN** screen



## MODIFY MEMBER DETAILS

The Member Details screen is populated with data from the Member file (provided by the State or MCO) and updates with the most recent information daily. 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. In order to modify these details, select the **pencil icon** next to the name of the member (Figure 28), then select the **+ sign** next to the field you would like to edit in the member's information.

Figure 28. Member Details screen **pencil icon** and **+ symbols**



Upon selecting the **+ sign**, the user will be presented with a dialog to input the new/corrected address or phone number (Figure 29). The **Address Type** drop-down provides a place to record where the Member is staying if not at home - ie "Community", "Family Member's Home" or "Temporary Residence".

Figure 29. **Edit Primary Address** screen

**Edit Primary Address**

Street Address Line 1

Street Address Line 2 (optional)  
Apartment, suite, unit, building, floor, etc.

City State Zip Code

Address Type: Select...

Share with Payer: Select...

CANCEL SAVE

### 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 30).

Figure 30. Appointment **check boxes** and **EDIT APPOINTMENTS** button

**Donald**

Date of Birth: 2007-04-14

Payer(s): CB Payer

Eligibility Dates: 01/01/2019 - 12/31/2025 (CB Payer)

Primary Address

CALENDAR **APPOINTMENTS** VISITS CARE PLAN

Filters

**EDIT APPOINTMENTS** CANCEL APPOINTMENTS

<input checked="" type="checkbox"/>	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	APPT ID	STATUS
<input checked="" type="checkbox"/>	02/14/2022	04:00 PM	04:30 PM	Kay Adams		SS125		Late
<input checked="" type="checkbox"/>	02/15/2022	08:00 AM	10:00 AM	Gwyneth Moeuen		SS125		Scheduled
<input checked="" type="checkbox"/>	02/15/2022	04:00 PM	04:30 PM	Kay Adams		SS125		Scheduled
<input checked="" type="checkbox"/>	02/16/2022	04:00 PM	04:30 PM	Kay Adams		SS125		Scheduled
<input checked="" type="checkbox"/>	02/17/2022	08:00 AM	10:00 AM	Gwyneth Moeuen		SS125		Scheduled

Figure 31. Edit Appointments **SUBMIT** and **CONFIRM** screens

Next, make the **Start Time** and/or **End Time** changes, select the appropriate employee (**caregiver**) if necessary, and click **SUBMIT** (Figure 31). On the next screen, double-check your changes and click **GO BACK** to make more edits or **CONFIRM** to save your changes (Figure 31).

**Edit Appointments**

Start Time End Time Employee: Gwyneth Moeuen

☐ Overnight Appointment

DATE	START TIME	END TIME	APPT ID	EMPLOYEE
02/08/2022	12:00 PM	01:00 PM	558706	Gwyneth
02/10/2022	12:00 PM	01:00 PM	558707	Kay
02/12/2022	12:00 PM	01:00 PM	558708	Gwyneth
02/14/2022	12:00 PM	01:00 PM	558709	Gwyneth
02/16/2022	12:00 PM	01:00 PM	558710	Gwyneth

Rows per page: 5 1-5 of 14 < 1 2 3 >

CANCEL **SUBMIT**

**Edit Appointments**

The following Appointments will be updated with the new information below

DATE	START TIME	END TIME	APPT ID	EMPLOYEE
02/08/2022	12:00 PM	01:00 PM	558706	Gwyneth
02/10/2022	12:00 PM	01:00 PM	558707	Gwyneth
02/12/2022	12:00 PM	01:00 PM	558708	Gwyneth
02/14/2022	12:00 PM	01:00 PM	558709	Gwyneth
02/16/2022	12:00 PM	01:00 PM	558710	Gwyneth

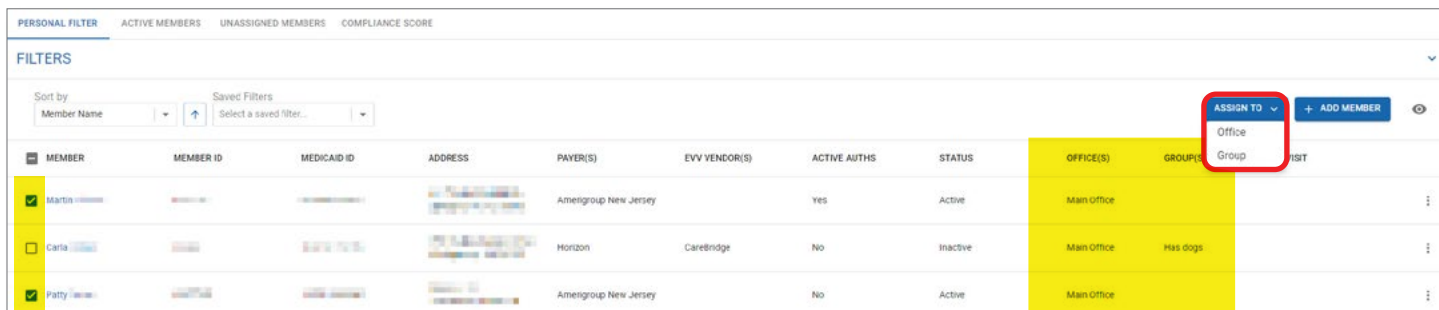
Rows per page: 5 1-5 of 14 < 1 2 3 >

GO BACK **CONFIRM**

## 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 32). See the [Settings](#) section for more info on the functionality that **Offices** and **Groups** provide.

Figure 32. Members page **ASSIGN TO** button and drop-down menu



The screenshot shows the 'Members' page with a table of members. At the top right of the table, there is an 'ASSIGN TO' button with a dropdown arrow. The dropdown menu is open, showing 'Office' and 'Group' options. The table has columns for MEMBER, MEMBER ID, MEDICAID ID, ADDRESS, PAYER(S), EVV VENDOR(S), ACTIVE AUTHS, STATUS, OFFICE(S), GROUP(S), and LIST. Three members are listed: Martin, Carla, and Patty. Martin and Patty have checkboxes checked, while Carla's is unchecked.

MEMBER	MEMBER ID	MEDICAID ID	ADDRESS	PAYER(S)	EVV VENDOR(S)	ACTIVE AUTHS	STATUS	OFFICE(S)	GROUP(S)	LIST
<input checked="" type="checkbox"/> Martin				Amerigroup New Jersey		YES	Active	Main Office		
<input type="checkbox"/> Carla				Horizon	Carebridge	No	Inactive	Main Office	Has dogs	
<input checked="" type="checkbox"/> Patty				Amerigroup New Jersey		No	Active	Main Office		

## MEMBERS REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Members page. Filters can be used to manipulate and sort the Members page table in a variety of ways and return the subsets of members that are 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 33).

Figure 33. Members page reports



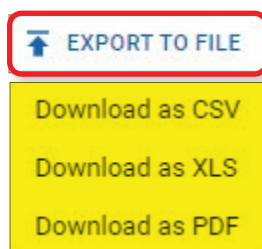
The screenshot shows the top of the Members page with four tabs: PERSONAL FILTER, ACTIVE MEMBERS, UNASSIGNED MEMBERS, and COMPLIANCE SCORE. The PERSONAL FILTER tab is currently selected and highlighted in yellow.

PERSONAL FILTER	ACTIVE MEMBERS	UNASSIGNED MEMBERS	COMPLIANCE SCORE
FILTERS			

- **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 34). Upon selecting the file type, the document will begin downloading and will be available on the Settings page under the **DOCUMENTS** sub-tab.

Figure 34. Members page **EXPORT TO FILE** button and 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 35) allows Agency Employees to view, acknowledge, and manage authorizations that are available to the Provider. If the payer is not providing this information directly to CareBridge, then it is the responsibility of the Provider Agency to create the Authorization within the Provider Portal.

Figure 35. Authorizations page

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Max	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Patty	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Bobby	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth
Martin	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Andrea
Jennifer	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Matt
Theo	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Herath
James	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Jennifer
Dwight	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Theo	06/20/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Maggie



## 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 a number of parameters by selecting the **expand arrow** or the word **FILTERS** at the top of the table or the **Sort by** drop-down menu at the top left of the table (Figure 36).

Figure 36. Authorizations page **FILTERS** and **Sort by** drop-down menu

The screenshot shows the 'FILTRES' tab selected in the top navigation bar. A 'Sort by' drop-down menu is open, displaying options: Updated Date, Member, Updated Date, Start Date, End Date, Units, Auth #, Service, Scheduled Utilization %, and Billed Utilization %. The 'Updated Date' option is highlighted. Below the menu, the 'Sort by' dropdown is also shown with 'Updated Date' selected. The main table area is partially visible, showing columns for Member, Updated Date, Start Date, End Date, Units, Auth #, Service, Scheduled Utilization %, Billed Utilization %, Payer, Status, and Employee.

## 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 of the authorization in the table and will be communicated to the MCO. Authorizations will be automatically acknowledged for aggregation-only Providers Agencies.

Figure 37. **Acknowledge** Authorizations

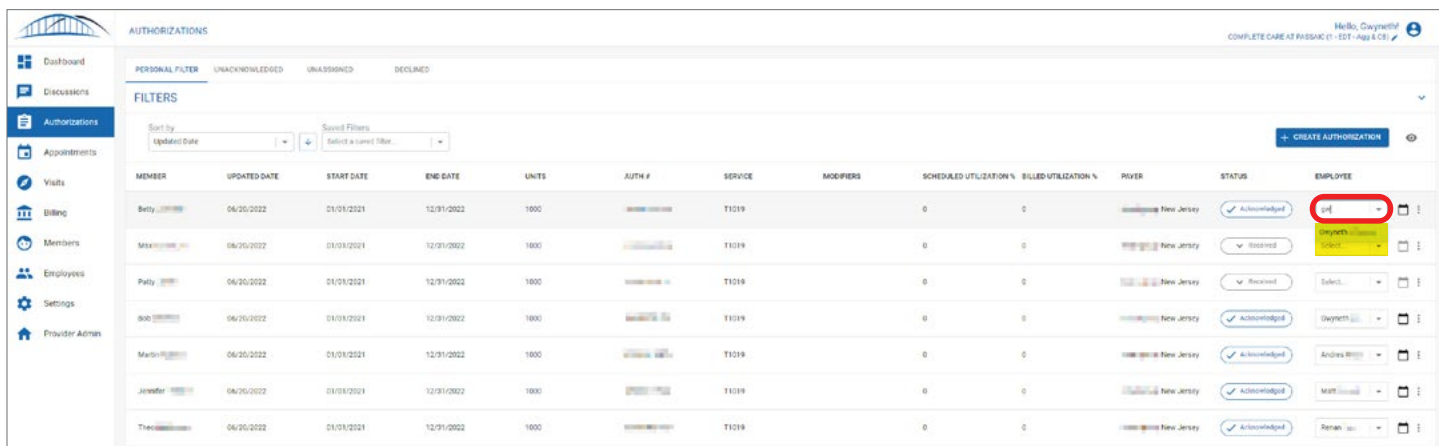
The screenshot shows the 'AUTHORIZATIONS' page with a table of authorizations. The table has columns: MEMBER, UPDATED DATE, START DATE, END DATE, UNITS, AUTH #, SERVICE, MODIFIERS, SCHEDULED UTILIZATION %, BILLED UTILIZATION %, PAYER, STATUS, and EMPLOYEE. The 'STATUS' column shows 'Received' for several rows. A red circle highlights the 'Acknowledge' button in the 'STATUS' column for the first row. The 'FILTRES' tab is selected in the top navigation bar.

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Duffy	06/20/2022	01/01/2021	12/31/2022	1000	0101010101	T1019		0	0	New Jersey	Received	Select...
Max	06/20/2022	01/01/2021	12/31/2022	1000	0101010101	T1019		0	0	New Jersey	Received	Select...
Fatty	06/20/2022	01/01/2021	12/31/2022	1000	0101010101	T1019		0	0	New Jersey	Received	Select...
Rob	06/20/2022	01/01/2021	12/31/2022	1000	0101010101	T1019		0	0	New Jersey	Acknowledged	Deborah
Marla	06/20/2022	01/01/2021	12/31/2022	1000	0101010101	T1019		0	0	New Jersey	Acknowledged	Andrew

## ASSIGN EMPLOYEE TO AN AUTHORIZATION

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

Figure 38. Authorizations page **EMPLOYEE** drop-down menu



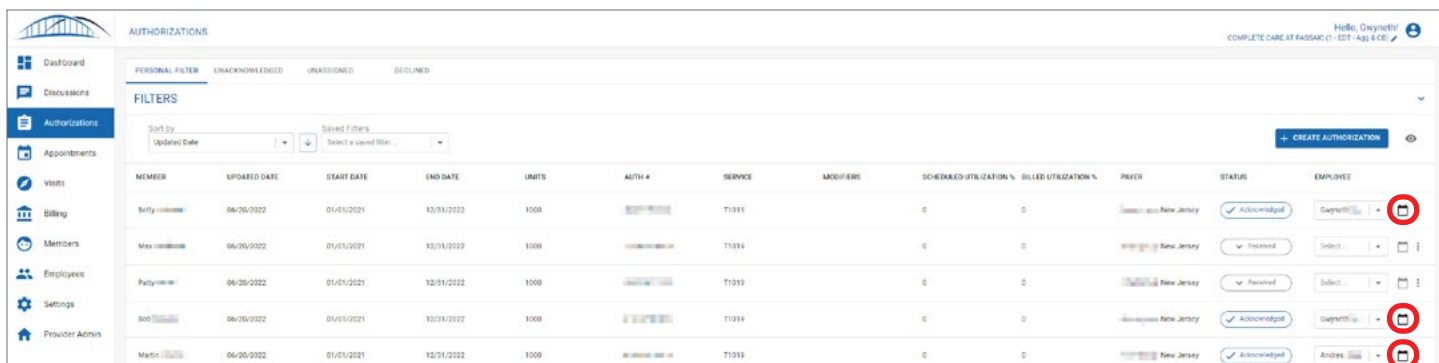
The screenshot shows the 'AUTHORIZATIONS' page with a table of authorizations. The first row is highlighted, and the 'EMPLOYEE' column for that row has a red box around the drop-down menu. The menu is open, showing a list of employees: 'Gwyneth', 'Max', 'Patty', 'Bob', 'Marti', and 'Andrea'. The 'Gwyneth' option is highlighted in yellow.

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth
Max	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Patty	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Bob	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth
Marti	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Andrea
Jennifer	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Marti
Theresa	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Renee

## SCHEDULE APPOINTMENTS

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). For more information about scheduling appointments, refer to the [Appointments](#) section.

Figure 39. Schedule appointments from the Authorizations page - **calendar icon**



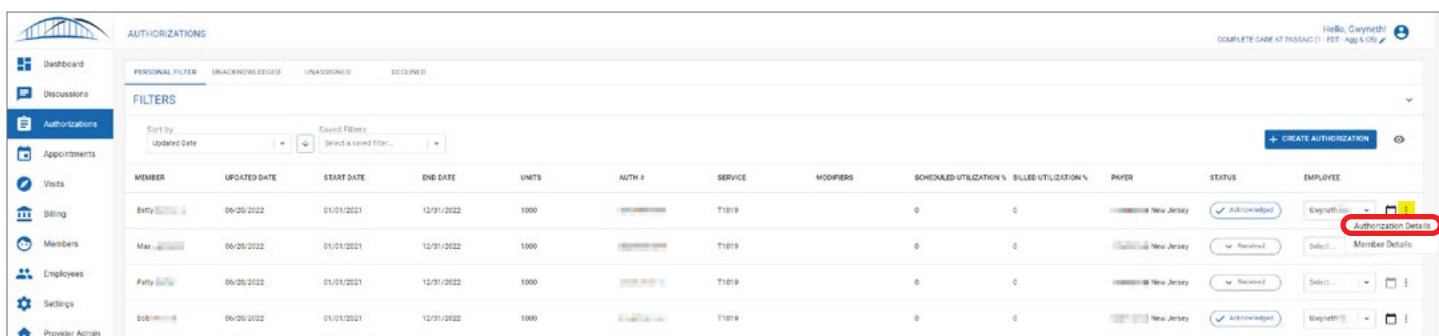
The screenshot shows the 'AUTHORIZATIONS' page with a table of authorizations. The first row is highlighted, and the 'calendar icon' (a small calendar icon) in the 'EMPLOYEE' column is circled in red.

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth
Max	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Patty	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Bob	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth
Marti	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Andrea

## AUTHORIZATION DETAILS

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

Figure 40. Authorizations page **menu icon (3 dots)** and **Authorization Details** button



The screenshot shows the 'AUTHORIZATIONS' page with a table of authorizations. The first row is highlighted, and the 'menu icon (3 dots)' in the 'EMPLOYEE' column is circled in red. A red box also highlights the 'Authorization Details' button that appears when the menu is open.

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth
Max	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Patty	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Received	Select...
Bob	06/26/2022	01/01/2021	12/31/2022	1000		T1019		0	0	New Jersey	Acknowledged	Gwyneth

From the Authorization Details screen, (Figure 41), the user can view start/end dates, service codes, modifiers, units, limits, schedules, utilization percentages, as well as upcoming appointments and completed visits and Alerts associated with the authorization.

Figure 41. **Authorization Details** screen

Betty

Authorization 01/01/2021 - 12/31/2022 Status: Acknowledged (Gwyneth)

As of 06/20/2022 03:36 PM (current)

**Authorization Details**

**UNITS**

**SCHEDULED UNITS**  
0 UNITS OF 1000 UNITS USED  
1000

**BILLED UNITS**  
0 UNITS OF 1000 UNITS USED  
1000

Payer: New Jersey Auth Number: Start-End Date: 01/01/2021 - 12/31/2022

Service Code: T1019 Units: 1000 Diagnosis Code 1: Z7689 Diagnosis Code 2:

Service Provider: COMPLETE CARE AT PASSAIC Service Provider NPI: 1851926291 Service Provider Medicaid ID: Employee: Gwyneth

Member Eligibility: 01/01/2019 - 12/31/2025

No Current Note

Attach File The following file types can be uploaded: .doc, .docx, .pdf, .jpg, .csv, .xls, .xlsx, .json, .png, .jpeg, and .txt. RESET

Authorizations Segments

Appointments/Visits

Alerts

SCHEDULE APPOINTMENT + MANUAL ENTRY CLOSE

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

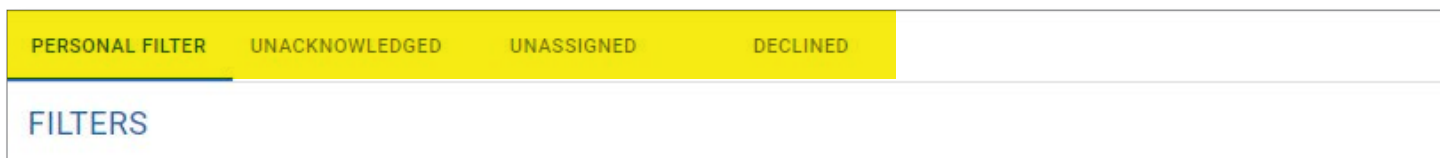
- Add a secondary diagnosis code to the authorization.
- Assign an employee to the authorization.
- Add notes to the authorization.
- The **SCHEDULE APPOINTMENT** button will take the user to the Appointments Scheduling dialog. For more information about scheduling appointments, refer to the [Appointments](#) 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).

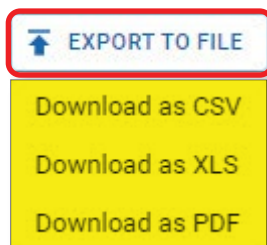
Figure 42. Authorizations page reports



- **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 declined authorizations.

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.

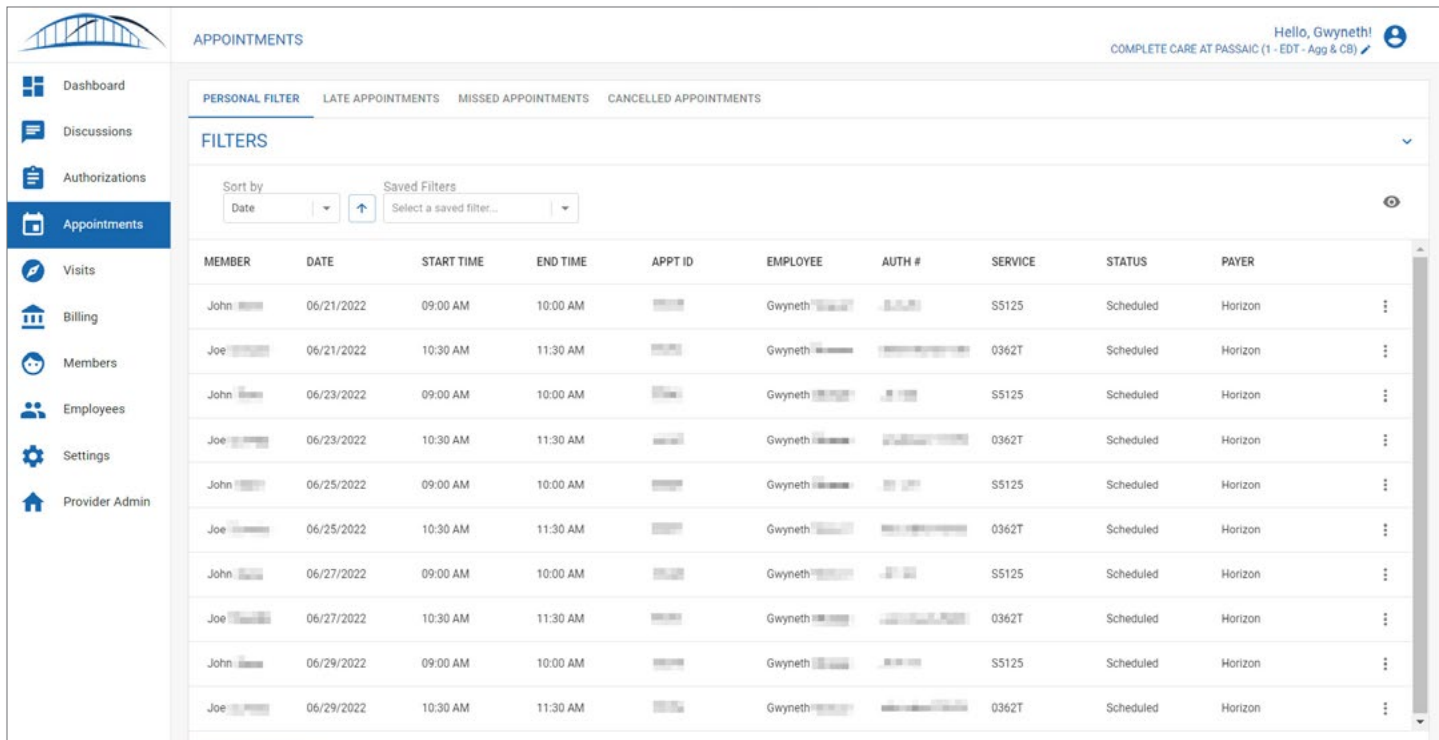
Figure 43. Authorizations page  
**EXPORT TO FILE** button and options



## APPOINTMENTS

The Appointments page in the CareBridge Provider Portal (Figure 44) allows Agency Employees to view upcoming, scheduled appointments as well as identify and act upon late or missed visits.

Figure 44. Appointments page

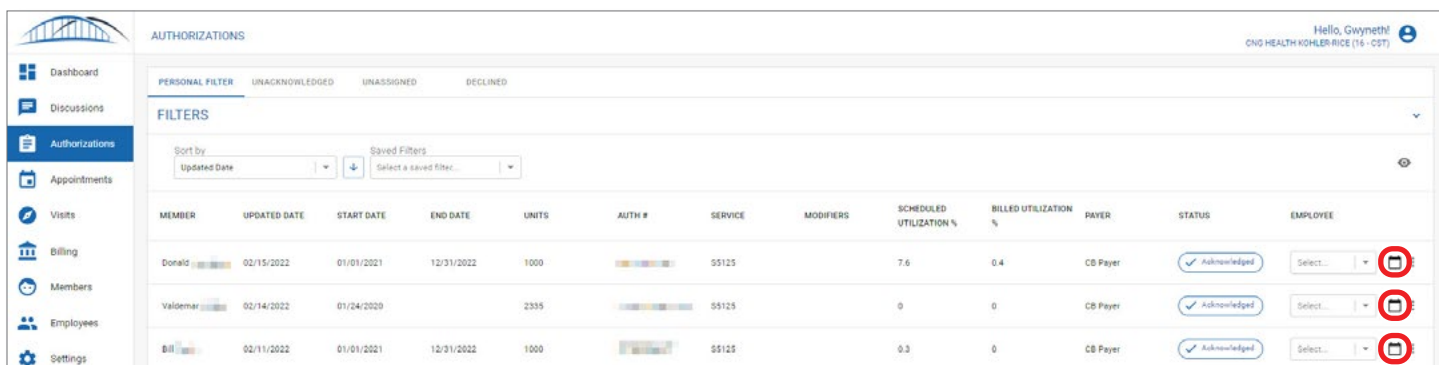





MEMBER	DATE	START TIME	END TIME	APPT ID	EMPLOYEE	AUTH #	SERVICE	STATUS	PAYER
John [REDACTED]	06/21/2022	09:00 AM	10:00 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	S5125	Scheduled	Horizon
Joe [REDACTED]	06/21/2022	10:30 AM	11:30 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	0362T	Scheduled	Horizon
John [REDACTED]	06/23/2022	09:00 AM	10:00 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	S5125	Scheduled	Horizon
Joe [REDACTED]	06/23/2022	10:30 AM	11:30 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	0362T	Scheduled	Horizon
John [REDACTED]	06/25/2022	09:00 AM	10:00 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	S5125	Scheduled	Horizon
Joe [REDACTED]	06/25/2022	10:30 AM	11:30 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	0362T	Scheduled	Horizon
John [REDACTED]	06/27/2022	09:00 AM	10:00 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	S5125	Scheduled	Horizon
Joe [REDACTED]	06/27/2022	10:30 AM	11:30 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	0362T	Scheduled	Horizon
John [REDACTED]	06/29/2022	09:00 AM	10:00 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	S5125	Scheduled	Horizon
Joe [REDACTED]	06/29/2022	10:30 AM	11:30 AM	[REDACTED]	Gwyneth [REDACTED]	[REDACTED]	0362T	Scheduled	Horizon

## SCHEDULING APPOINTMENTS IN THE PROVIDER PORTAL

For appointments to appear on the Appointments page they must first be scheduled. To schedule an appointment, 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**



MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Donald [REDACTED]	02/15/2022	01/01/2021	12/31/2022	1000	[REDACTED]	S5125		7.6	0.4	CB Payer	<span>✓ Acknowledged</span>	Select... 
Valdemar [REDACTED]	02/14/2022	01/24/2020		2335	[REDACTED]	S5125		0	0	CB Payer	<span>✓ Acknowledged</span>	Select... 
Bill [REDACTED]	02/11/2022	01/01/2021	12/31/2022	1000	[REDACTED]	S5125		0.3	0	CB Payer	<span>✓ Acknowledged</span>	Select... 

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

Figure 46. **Schedule Appointment** screen

On the left side of the Schedule Appointment dialog, 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 of 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 Collection* card to select individual dates for appointments. The user can individually select as many dates as necessary from the *Individual Date Collection* card. Once the dates are selected, they will display in the *Dates Selected* card (Figure 47).
- 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.



Upon completion of the *Individual Selection* or *Repeat Schedule* fields, the *Dates Selected* card will populate with the appropriate date(s).

The user can also choose to remove any 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 the selected dates.

Once the desired dates are displayed in the *Dates Selected* card, select **SCHEDULE APPOINTMENTS** (Figure 47) at the bottom of the page to generate newly scheduled appointments.

Figure 47. Recurring appointments dates selection

**Schedule Appointment**

**Betty**  
Authorization 3D831F8A508  
01/01/2021 - 12/31/2022

Select For Scheduling ☒

**UNITS**

**SCHEDULED UNITS**  
12 UNITS OF 1000 UNITS USED  
12 SCHEDULED 988 AVAILABLE

**BILLED UNITS**  
0 UNITS OF 1000 UNITS USED  
0 BILLED 1000 AVAILABLE

Payer: Amerigroup New Jersey  
Auth Number: [REDACTED]  
Start/End Date: 01/01/2021 - 12/31/2022

Service Code: T1019  
Units: 1000  
Diagnosis Code 1: [REDACTED]

Diagnosis Code 2: [REDACTED]

Service Provider: COMPLETE CARE AT PASSAIC  
Service Provider NPI: [REDACTED]  
Service Provider Medical ID: [REDACTED]

Employee: Gwyneth  
Member Eligibility: 01/01/2019 - 12/31/2025

No Current Note

Time Selection: 5:00 am to 7:00 am  
☐ Overnight Appointment(s)

Employee: Gwyneth

Location: Start Location [REDACTED] End Location [REDACTED]

Individual Date Selection: Select Dates [REDACTED]

Repeat Schedule: Start Date 06/21/2022 Repeat Every 1 week(s) Repeat On Tuesday  
End After 4 Visits By [REDACTED]

**Dates Selected**  
06/21/2022  
06/28/2022  
07/05/2022  
07/12/2022  
1 of 4

Add Note  
Attach File: The following file types can be uploaded: .doc, .docx, .pdf, .jpg, .csv, .xls, .xlsx, .json, .png, .jpeg, and .txt  
CLEAR

**SCHEDULE APPOINTMENTS**

## VIEW APPOINTMENTS

On the Appointments page, the user can see a tabular view of all appointments that are currently scheduled. This table can be filtered and sorted with a number of parameters by selecting the **expand arrow** or the word **FILTERS** or the **Sort by** drop-down at the top left of the table (Figure 48).

Figure 48. Appointments page **FILTERS** and **Sort by** drop-down menu

The screenshot shows the Appointments page with a top navigation bar containing tabs: PERSONAL FILTER, LATE APPOINTMENTS, MISSED APPOINTMENTS, and CANCELLED APPOINTMENTS. A yellow 'FILTERS' button is highlighted in the top left. Below it, there are search fields for Member, Appt ID, Auth #, and Employee. There are also date range, status, and aggregation status filters. A 'Sort by' drop-down menu is open, showing options: Date, Member, Date, Start Time, End Time, Appt ID, Employee, and Auth #. The 'Date' option is selected. A red circle highlights the 'Sort by' drop-down menu.

## APPOINTMENT DETAILS

In order 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 49).

Figure 49. Appointments page **menu icon (3 dots)** and **Appointment Details** link

Donald	02/14/2022	04:00 PM	04:30 PM	\$59092	Kay	SS125	Missed	CB Payer	
Elden	02/14/2022	04:00 PM	09:00 PM	\$59153	Gwyneth	SS125	Missed	CB Payer	
Donald	02/15/2022	04:00 PM	04:30 PM	\$59094	Kay	SS125	Scheduled	CB Payer	

[Appointment Details](#)  
[Authorization Details](#)  
[Member Details](#)

Dashboard

Discussions

Authorizations

Appointments

Visits

Billing

Members

Employees

Settings

Provider Admin

APPOINTMENTS > DETAIL > [Patient Name]

JOE [Patient Name]

Member ID: 11589 Primary Phone: [Redacted] Primary Address: [Redacted]

APPOINTMENTS VISITS

05/21/2022 - 07/21/2022

Show All

06/29/2022	Gwyneth [Redacted]	1 hrs	0362T
06/27/2022	Gwyneth [Redacted]	1 hrs	0362T
06/25/2022	Gwyneth [Redacted]	1 hrs	0362T
06/23/2022	Gwyneth [Redacted]	1 hrs	0362T
06/21/2022	Gwyneth [Redacted]	1 hrs	0362T

+ SCHEDULE APPOINTMENT

DETAILS ALERTS CLAIMS HISTORY CARE PLAN OBSERVED CHANGES CALENDAR

Appointment

Appointment ID: 55050

Status: Scheduled

Authorization: [Redacted]

Employee: Gwyneth [Redacted]

Start Date/Time: Jun 21, 2022 10:30 AM

End Date/Time: Jun 21, 2022 11:30 AM

Start Location: [Redacted]

End Location: [Redacted]

Expected Duration: 1 hours 0 minutes (4 units)

Payer: Horizon

Pre-billing Checks

06/20/2022 - User [Redacted] without license number

06/20/2022 - Appointment ID 55050 service code 0362T has no rate

Once all pre-billing checks have been resolved, this visit can be exported for billing.

Billing

Service Code: 0362T

Billing Status: None

Units: None

External Payer Claim Number: None

Add Note

Attach File

CANCEL SAVE

EXPORT FOR BILLING MANUAL ENTRY RESCHEDULE CANCEL APPOINTMENT

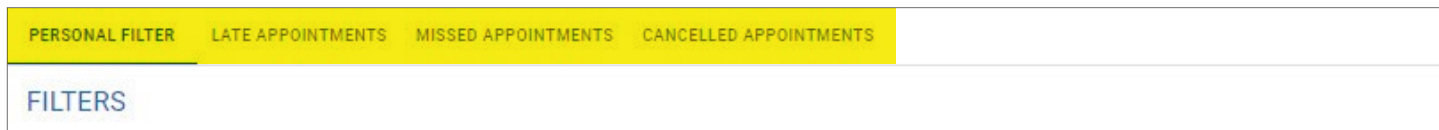
From the bottom of the Appointment Details screen, the user may choose to utilize three actions:

- **RESCHEDULE:** for the appointment selected, choose a new date or modify any of the appointment details by selecting **RESCHEDULE**.

## 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 51).

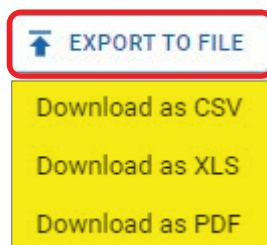
Figure 51. Appointments page reports



- **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 appointments that have been cancelled.

In order to export any of the data on the Appointments page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button at the bottom of the page (Figure 52). Upon selecting the file type, the document will begin downloading and will be available from the Settings page under the **DOCUMENTS** sub-tab.

Figure 52. Appointments page **EXPORT TO FILE** button and options



## 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 EVV Portal when the caregiver's mobile phone returns to an area with cellular coverage.

### SCHEDULE

Upon logging into the CareBridge Mobile Application, the user will be presented with a schedule view (Figure 53). The schedule will allow the user to view any appointments that are scheduled for that day. If the **< > arrow icons** on either side of the date are selected, they can view past visits or tomorrow's schedule.

### CHECK-IN

In order to Check-In for a scheduled appointment, select the **name of the member**. 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 54).

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-In to the appointment by selecting the **CHECK IN** button (Figure 55) and view the confirmation screen that Check In is completed (Figure 56).

**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 to 10 am and then 10:01 am to 11 am. The same minute cannot be used twice.

Figure 53. Schedule screen

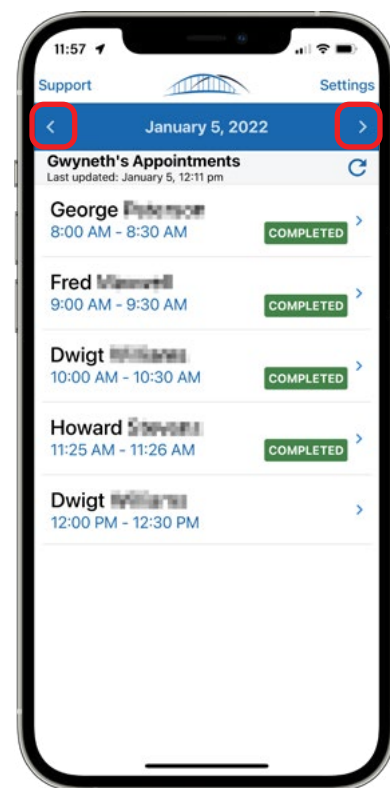


Figure 54. Appointment location

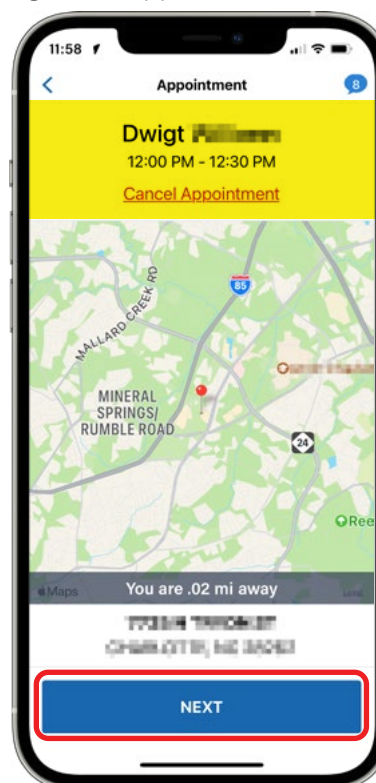
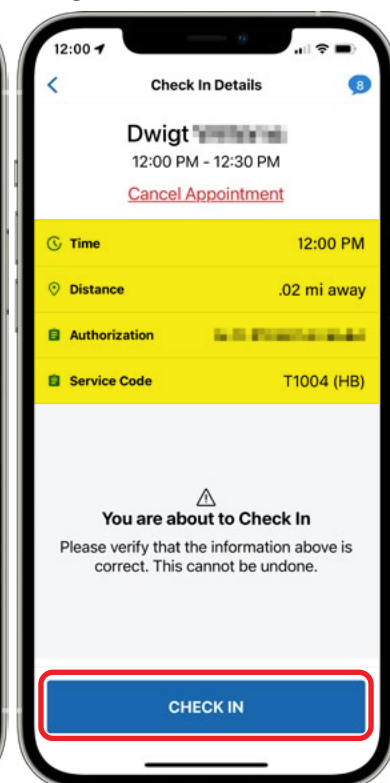


Figure 55. Check In Details



Before continuing the process in the app, the caregiver should proceed with their visit tasks. Once they are finished with their duties, they may move on to the Observed Changes survey in the app.

## OBSERVED CHANGES

Once Check-In is completed, the caregiver is presented with important questions allowing them to indicate whether the member has had any Observed Changes (Figure 57). **The caregiver should keep these things in mind while performing their tasks during the visit. Once they are finished with their duties, they may begin filling out the Observed Changes survey in the mobile app.**

All of 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** (Figure 57) that is sent to both Payer (MCO) and Provider. This **Discussion** can be accessed on the Portal Discussions page. Once all questions are answered, select the **CONTINUE** button. If there are no changes, the caregiver may select **NO OBSERVED CHANGES** (Figure 57) and **Confirm**.

Figure 56. Check In Completed!

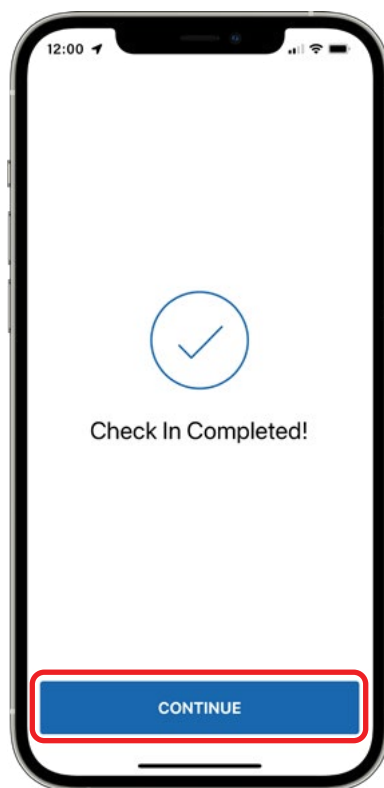
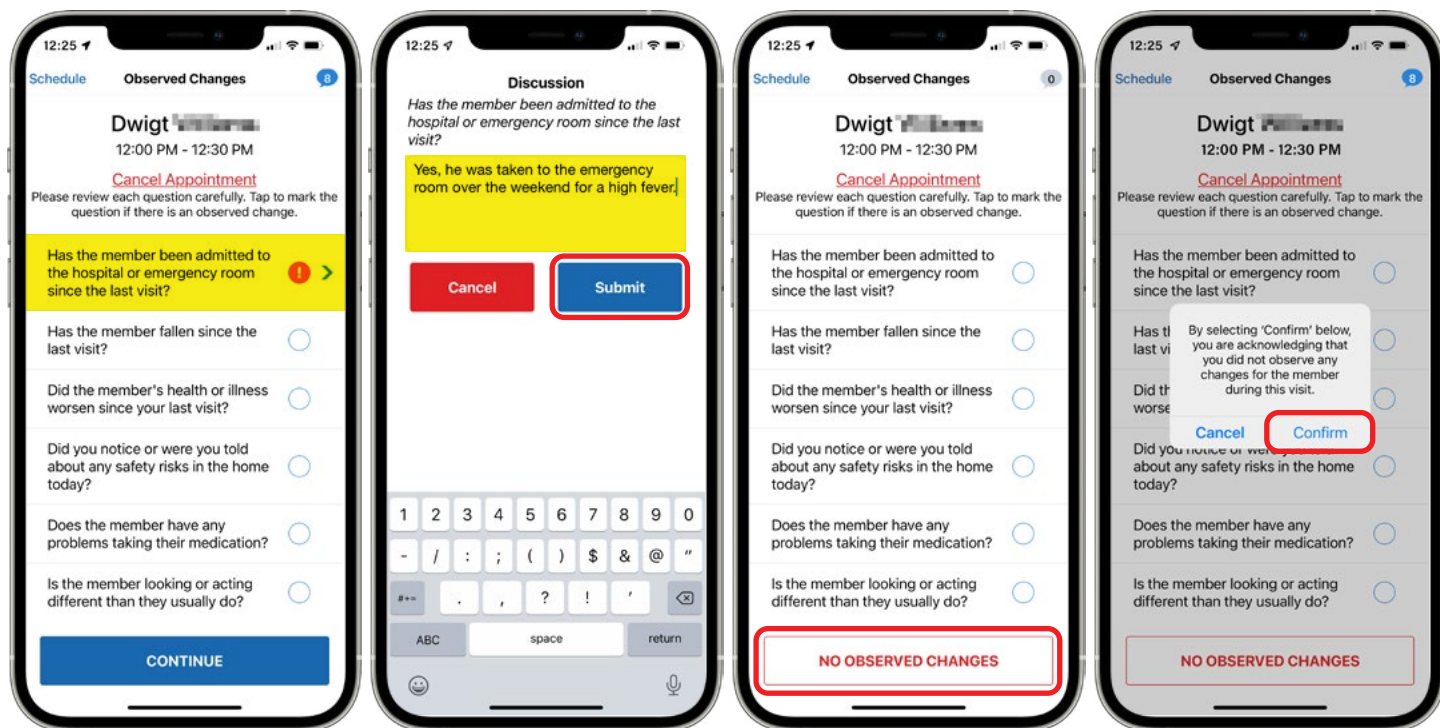


Figure 57. Observed Changes screens





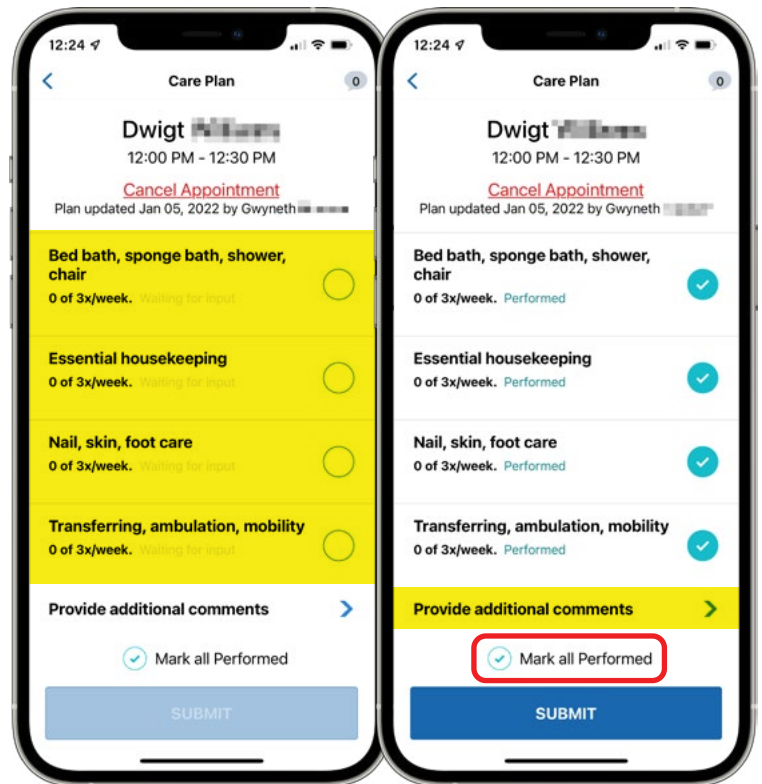
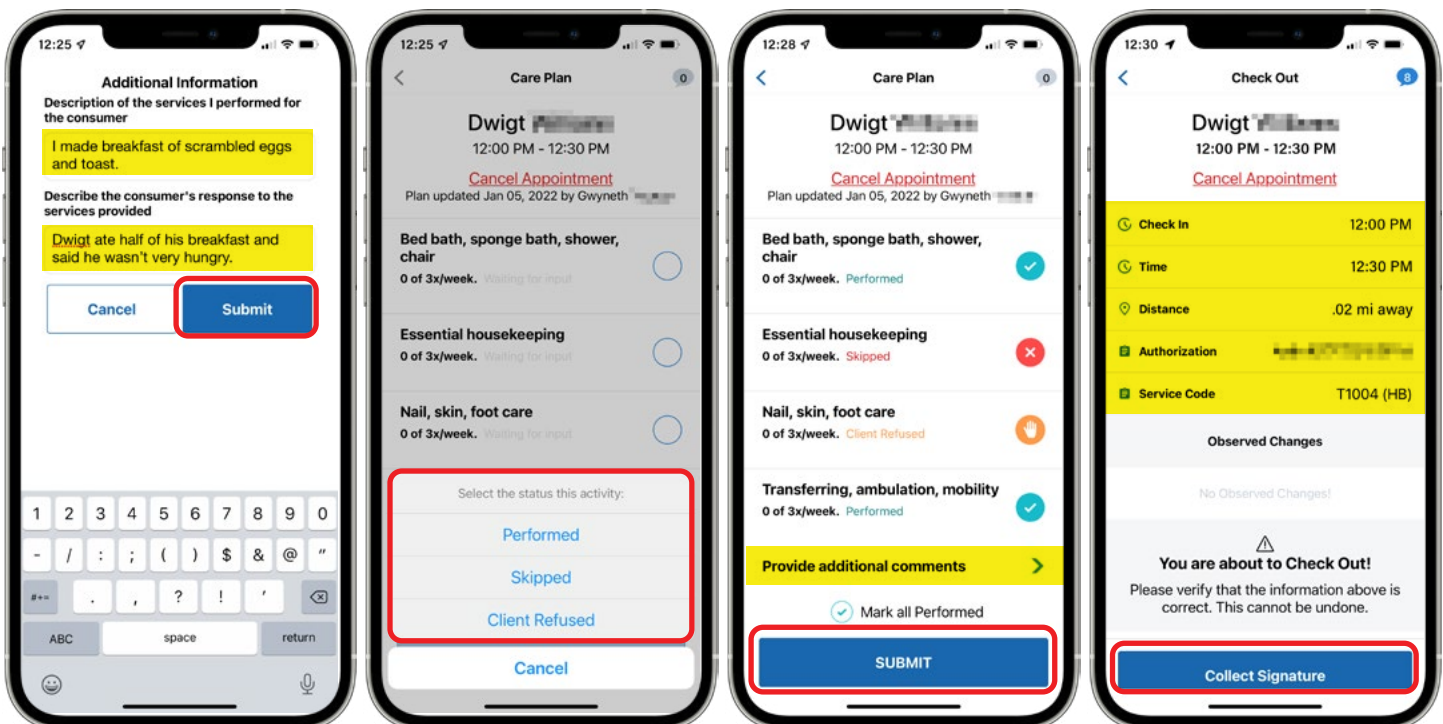
## CARE PLAN

Once the Observed Changes survey is complete, the caregiver is shown the member's **Care Plan** (Figure 58). 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 59).

**Please note:** The caregiver will also see a **Provide Additional Comments** link at the bottom of the **Care Plan** screen (Figure 59). 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 60).

The Caregiver can also select each **Care Plan** activity individually, and indicate whether the activity was **Performed**, **Skipped**, or the **Client (Member) Refused** (Figure 60). Once the caregiver has marked their completed activities reviewed the information and clicked on **SUBMIT**, they may begin Check-Out (Figure 60).

Figure 58. **Care Plan** screenFigure 59. **Mark All Performed**Figure 60. **Care Plan** screens

## CHECK-OUT

Once the **Care Plan** documentation is complete, the caregiver is presented with Check-Out details and should confirm that all previous documentation is correct (Figure 61). After reviewing, select the **Collect Signature** button. At this point, the member has an opportunity to attest to the visit by providing their signature in the mobile app (Figure 62). Once a signature is added, select **APPROVE** to complete the Check-Out workflow and the visit. If **APPROVE** is selected without first entering a signature, the caregiver will need to select **Member Refused** or **Member Unable** to continue (Figure 63). Once the Caregiver has selected **APPROVE**, the visit is complete (Figure 64).

Figure 61. Click Collect Signature button

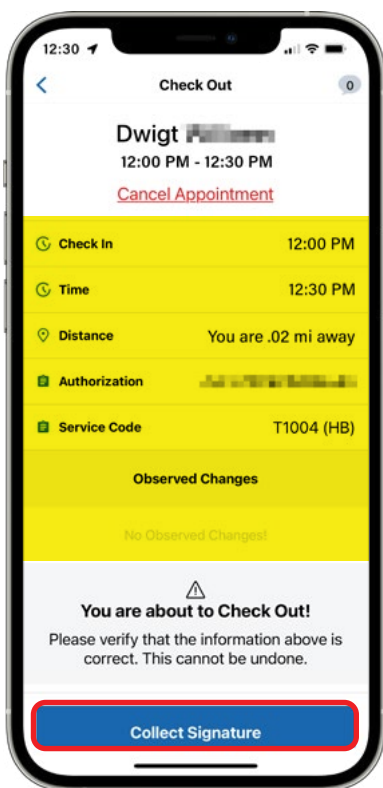


Figure 62. **APPROVE** WITH signature



Figure 64. You are done!

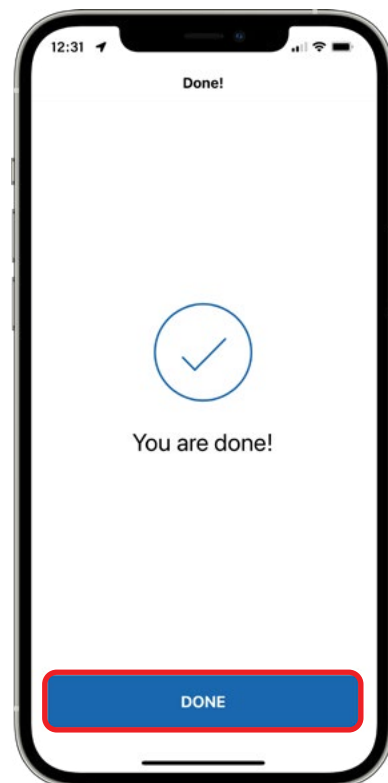
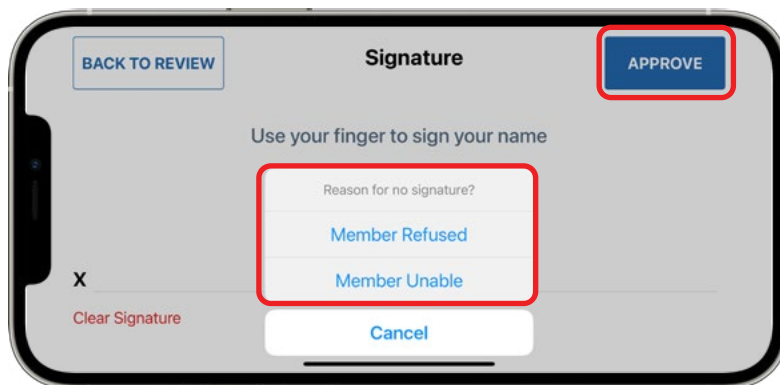


Figure 63. Reason and **APPROVE** WITHOUT signature



## INTERACTIVE VOICE RESPONSE (IVR)

There will be instances when the caregiver cannot utilize the CareBridge Mobile Application. In these instances, they can choose to use the **Interactive Voice Response (IVR)** system. To Check-In and Check-Out, the caregiver will need to call the **IVR** phone number **(201) 389-9638** from the member's approved phone number. Additionally, the caregiver will need to input a **Provider Code**, and an **IVR ID** 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 caregiver will also be asked to input a six-digit **Sign In Code** that will be sent to them via text message or email during the **IVR** registration process. If they have no way to receive this code, they will need to call their MCO to get it.

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



## VISITS

The Visits page in the CareBridge Provider Portal (Figure 65) allows Agency Employees to view completed visits, pre-claim checks, and to request claims.

Figure 65. Visits page

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	EMPLOYEE	AUTH #	SERVICE	PAYER	APPT ID	STATUS
Elden	01/11/2022	10:12 AM	10:12 AM	Amanda		S5125	CB Payer		Completed
Donald	02/01/2022	09:30 AM	09:45 AM	Kay		S5125	CB Payer		Completed (Manual)
Bill	02/03/2022	03:30 PM	03:45 PM	Kay		S5125	CB Payer		Completed (Manual)
Bob	02/10/2022	03:33 PM	03:55 PM	Katie		S5125	CB Payer		Completed
Donald	02/10/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/11/2022	12:10 PM	12:28 PM	Amanda		S5125	CB Payer		Completed
Donald	02/11/2022	04:38 PM	05:00 PM	Amanda		S5125	CB Payer		Completed
Donald	02/12/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/13/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/15/2022	08:00 AM	09:00 AM	Gwyneth		S5125	CB Payer		Late and Completed (Manual)

## 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 number of 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 66).

Figure 66. Visits page **FILTERS** and **Sort by** menu options

## VISIT DETAILS

In order 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 67).

Figure 67. Visits page **menu icon (3 dots)** and **Visit Details** link

<input type="checkbox"/> MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	EMPLOYEE	AUTH #	SERVICE	PAYER	APPT ID	STATUS	
<input type="checkbox"/> Elden	01/11/2022	10:12 AM	10:12 AM	Amanda		S5125	CB Payer		Completed	⋮
<input type="checkbox"/> Donald	02/01/2022	09:30 AM	09:45 AM	Kay		S5125	CB Payer		Completed (Manual)	⋮
<input type="checkbox"/> Bill	02/03/2022	03:30 PM	03:45 PM	Kay		S5125	CB Payer		Completed (Manual)	⋮
<input type="checkbox"/> Bob	02/10/2022	03:33 PM	03:55 PM	Katie		S5125	CB Payer		Completed	⋮

- Visit Details
- Authorization Details
- Member Details
- Attest

From the Visits Details screen (Figure 68), the user can view associated data in the EVV *Visit* and *Billing* cards as well as add *Notes* and attachments to the visits. They also have the ability to move between all upcoming **APPOINTMENTS** and completed **VISITS** for a member by selecting them from the lists on the left. The user can also see any of the member's **ALERTS**, their **CLAIMS HISTORY**, **CARE PLAN** and **OBSERVED CHANGES** data, a **CALENDAR** style view of their appointments and visits, and the member's **SCHEDULE HISTORY** (any tabs not visible initially can be viewed by clicking the **right arrow** >) by selecting any of those options from the tabs on the right.

Figure 68. **Visit Details** screen

The screenshot displays the 'Visit Details' screen for a member named DONALD. On the left, there is a sidebar with navigation options: Dashboard, Discussions, Authorizations, Appointments, Visits (selected), Billing, Members, Employees, Settings, and Provider Admin. The main content area is divided into two sections. The top section, 'APPOINTMENTS', shows a list of visits with columns for Date, Employee, and Duration. The bottom section, 'VISITS', shows a list of visits with columns for Date, Employee, and Duration. The central area contains two main cards: 'Visit' and 'Billing'. The 'Visit' card displays details such as Appointment ID, Status, Authorization, Employee, Start/End Date/Time, Start/End Location, Expected Duration, and Payer. The 'Billing' card displays details such as Service Code, Modifiers, Billing Status, Units, and External Patient Claim Number. To the right of these cards is a 'Manual Entry' section with fields for Check-in Date, Check-in Date/Time, Check-out Date/Time, Check-out Location, and Manual Reason Code. At the bottom of the screen, there are four buttons: 'EXPORT FOR BILLING', 'MANUAL ENTRY', 'RESCHEDULE', and 'CANCEL VISIT'.

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

- **EXPORT FOR BILLING:** Completed and EVV compliant visits may be exported for billing.
- **MANUAL ENTRY:** Needed for visits not captured using the EVV app or IVR, or to edit an EVV visit.

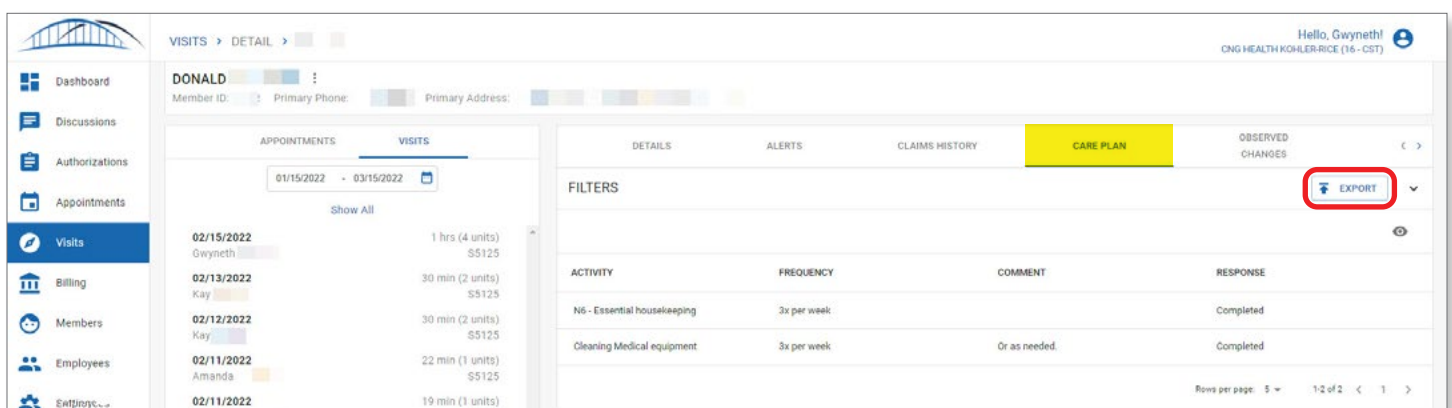


- **RESCHEDULE:** If the user is an Admin or an Employee Office assigned to that office, they may reschedule appointments.
- **CANCEL VISIT:** If the user is an Admin or an Employee Office assigned to that office, they may cancel the visit.

## 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 69). This file can be retrieved from the Settings page, under the **DOCUMENTS** sub-tab. View 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 69. **CARE PLAN** screen **EXPORT** button

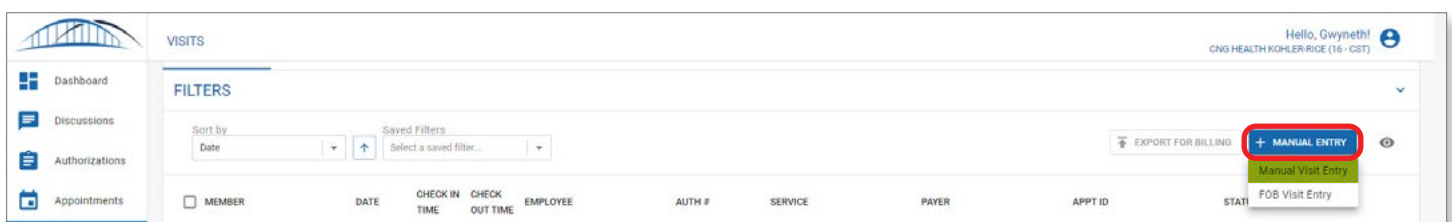


## MANUAL ENTRY

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 Agency Employee has the ability to 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 (Figure 70).

Figure 70. **+ MANUAL ENTRY** button and **Manual Visit Entry** link





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 71).

Figure 71. **Manual Entry** screen

**Manual Entry**

Member: Donald

Authorization: (Active)

Appointment (optional): Unassigned

Employee: Gwyneth

Status: Completed (Manual)

Billing Status: Pending

Service Code: S5125

Modifiers:

Location:

Check-In Date/Time: 02/10/2022 01:00 PM

Check-Out Date/Time: 02/10/2022 02:00 PM

Visit Duration: 1 hours 0 minutes (4 units)

Check In Location: None

Check Out Location: None

Acceptable Locations: N/A

Payer: CB Payer

Manual Reason Code: Select Reason Code

Notes: Enter a note

Attach File

The following file types can be uploaded: .doc, .docx, .pdf, .jpg, .csv, .xls, .xlsx, .json, .png, .jpeg, and .txt.

CANCEL SUBMIT

In cases in which a visit does have an EVV Check-In or Check-Out, but has details that need to be edited, the user may navigate to **Visit Details** (see [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 72).

Figure 72. **EXPORT FOR BILLING** button

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	EMPLOYEE	AUTH #	SERVICE	PAYER	APPT ID	STATUS
Elden	01/11/2022	10:12 AM	10:12 AM	Amanda		S5125	CB Payer		Completed
<input checked="" type="checkbox"/> Donald	02/01/2022	09:30 AM	09:45 AM	Kay		S5125	CB Payer		Completed (Manual)
<input checked="" type="checkbox"/> Bill	02/03/2022	03:30 PM	03:45 PM	Kay		S5125	CB Payer		Completed (Manual)

EXPORT FOR BILLING + MANUAL ENTRY

Once the **EXPORT FOR BILLING** button is selected, the selected visits will be assessed for potential claiming issues as defined by the MCO prior to being exported. 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 73).

Figure 73. **Export** screen

**Export** ✕

✓ 2 Visits will be exported for billing and will be available for viewing on the Billing Page

MEMBER	DATE	APPT ID	STATUS	PAYER	RATE	BILLING ACTION
Ian	07/01/2022		Completed	New Jersey	24.00 (per 15 minutes)	Bill through EVV
Lorraine	07/01/2022		Completed (Manual)	New Jersey	24.00 (per 15 minutes)	Bill through EVV

GO BACK **EXPORT**

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 (Figure 74).

Figure 74. **Pre-Billing Check** on the Visits page

<input type="checkbox"/> MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	EMPLOYEE	AUTH #	SERVICE	PAYER	APPT ID
<input type="checkbox"/> Elden	01/11/2022	10:12 AM	10:12 AM	Amanda Savchuk		S5125	CB Payer	
<input type="checkbox"/> Donald	02/01/2022	09:30 AM	09:45 AM	Kay Adams		S5125	CB Payer	Completed (Manual)

Appointment has no duration  
A payer data issue is currently blocking this appointment from claiming.

Additionally, Pre-Billing Checks can be viewed on each page by filtering using the **Pre-Billing Check(s)** filter (Figure 75).

Figure 75. Visits page **Pre-Billing Check(s)** filter

Search By Member Name or ID:  🔍

Search By Appt ID:  🔍

Search By Auth #:  🔍

Search By Employee:  🔍

Date Range:   📅

Visits without Dates: ☐ Show Visits without dates

Payer:  🔍

EVV Vendor:  🔍

Status:  🔍

Service:  🔍

**Pre-Billing Check(s):**  🔍

Check In/Out Type:  🔍

Office(s):  🔍

Aggregation Status:  🔍

**RESET FILTERS** **SAVE FILTERS**

The following (Figure 76) is a 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 76. **Pre-Billing Checks and Resolutions** table

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
No authorizations available during the appointment	MCO/ PROVIDER	MCO/PROVIDER issues a new auth or clarifies
Member is ineligible during the appointment	MCO/ PROVIDER	MCO/PROVIDER changes eligibility or clarifies
Manual entry reason is missing on the appointment	PROVIDER	Provider updates the visit with a manual reason
Late reason is missing on the appointment	PROVIDER	Provider updates the visit with a late reason
Missed reason is missing on the appointment	PROVIDER	Provider updates the visit with a missed reason
The appointment occurred outside of an authorization	MCO/ PROVIDER	MCO/PROVIDER updates auth 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	MCO re-activates the provider or clarifies
The claim has been denied by the Payer	PROVIDER	Provider views claim status and takes appropriate action
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 takes appropriate action
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 in order to bill
Appointment has a terminated authorization	MCO/ PROVIDER	MCO/PROVIDER updates the authorization or clarifies
Appointment exceeds the authorization/segments max units	PROVIDER	Provider completes a manual entry that reduces units to allow billing or requests additional units from the MCO
Caregiver has no birth date set	PROVIDER	Provider updates caregiver birth date

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
Appointment has no attestation	MEMBER	Member to attest through the member portal
Appointment has a caregiver without license number	PROVIDER	Provider adds a caregiver license ID in employee details
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 six reports that have predefined filters to help quickly navigate to useful visits information (Figure 77).

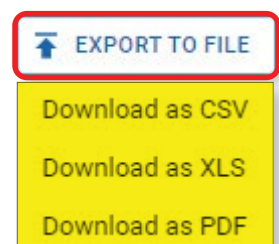
Figure 77. Visit page reports

PERSONAL FILTER	LATE VISITS	MISSED VISITS	MANUAL VISITS	EVV VISITS	IVR VISITS	FOB VISITS
FILTERS						

- **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 did not occur within one hour of the appointment.
- **MISSED VISITS:** This report returns a list of all missed visits. A visit is considered missed when a Check-In did not occur within three hours of 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.
- **FOB VISITS:** This report returns a list of all completed visits that were made using a FOB.

In order 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 78). Upon selecting the file type, the document will begin downloading and will be available on the [Settings](#) page under the **DOCUMENTS** sub-tab.

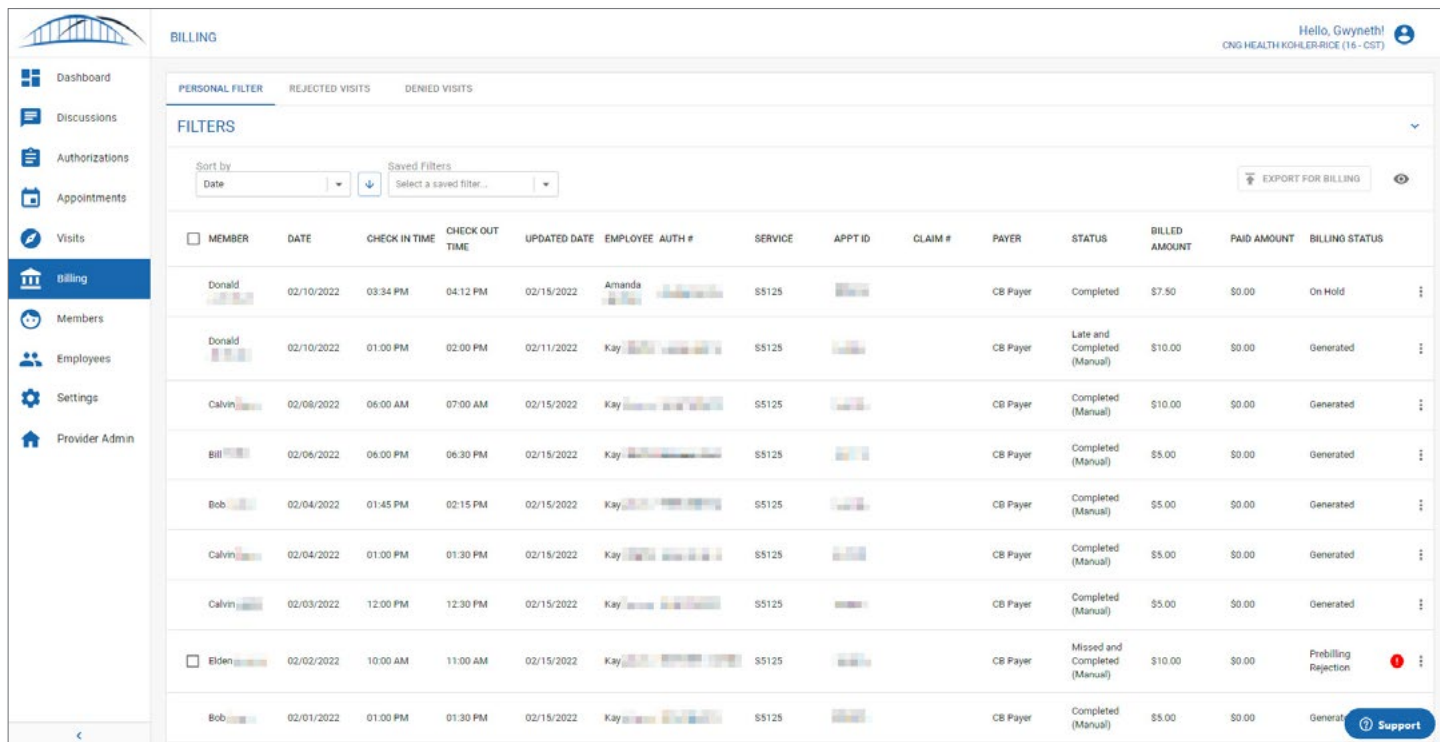
Figure 78. Visits page **EXPORT TO FILE** button and options



## BILLING

The Billing page in the CareBridge Provider Portal (Figure 79) allows agency employees to view completed visits that have been claimed, enabling them to address denials, rejections, and paid amounts.

Figure 79. Billing page



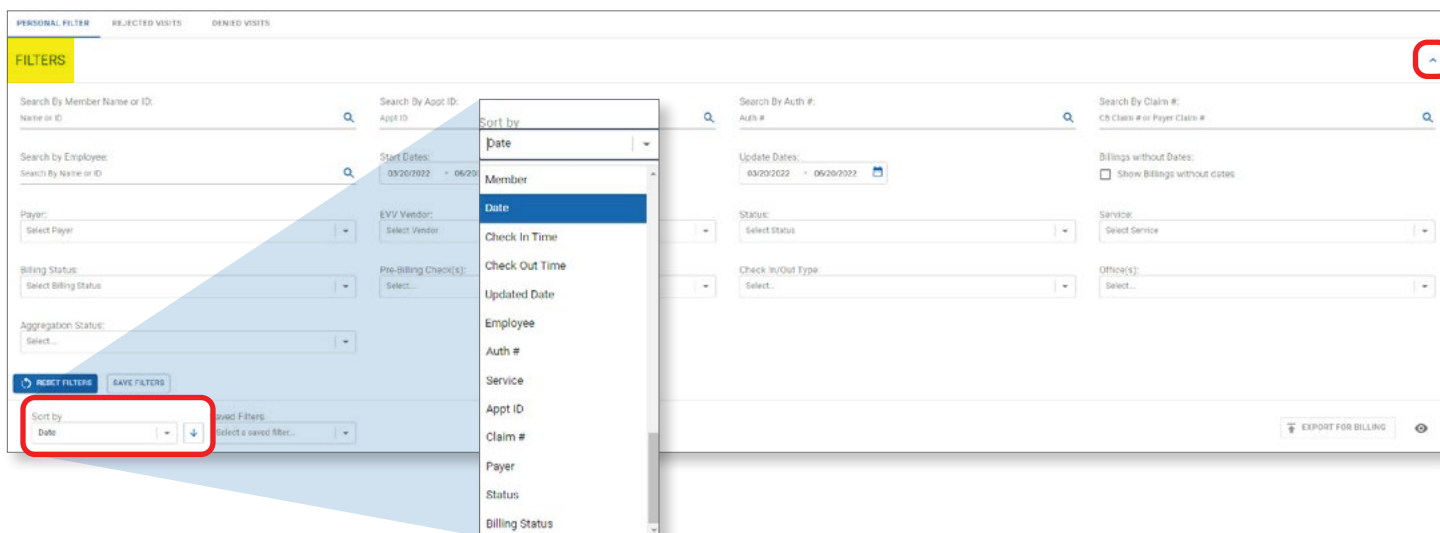
The screenshot shows the 'BILLING' page in the CareBridge Provider Portal. The sidebar on the left contains navigation links: Dashboard, Discussions, Authorizations, Appointments, Visits, **Billing**, Members, Employees, Settings, and Provider Admin. The main content area has tabs for 'PERSONAL FILTER', 'REJECTED VISITS', and 'DENIED VISITS'. Below these is a 'FILTERS' section with a 'Sort by' dropdown set to 'Date' and a 'Saved Filters' dropdown. An 'EXPORT FOR BILLING' button is visible. The main table lists visits with columns: MEMBER, DATE, CHECK IN TIME, CHECK OUT TIME, UPDATED DATE, EMPLOYEE AUTH #, SERVICE, APPT ID, CLAIM #, PAYER, STATUS, BILLED AMOUNT, PAID AMOUNT, and BILLING STATUS. The table contains 9 rows of data, including visits by Donald, Calvin, Ben, Bob, and Elden. A 'Support' button is in the bottom right corner.

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	UPDATED DATE	EMPLOYEE AUTH #	SERVICE	APPT ID	CLAIM #	PAYER	STATUS	BILLED AMOUNT	PAID AMOUNT	BILLING STATUS
Donald	02/10/2022	03:34 PM	04:12 PM	02/15/2022	Amanda	S5125			CB Payer	Completed	\$7.50	\$0.00	On Hold
Donald	02/10/2022	01:00 PM	02:00 PM	02/11/2022	Kay	S5125			CB Payer	Late and Completed (Manual)	\$10.00	\$0.00	Generated
Calvin	02/08/2022	06:00 AM	07:00 AM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$10.00	\$0.00	Generated
Ben	02/06/2022	06:00 PM	06:30 PM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$5.00	\$0.00	Generated
Bob	02/04/2022	01:45 PM	02:15 PM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$5.00	\$0.00	Generated
Calvin	02/04/2022	01:00 PM	01:30 PM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$5.00	\$0.00	Generated
Calvin	02/03/2022	12:00 PM	12:30 PM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$5.00	\$0.00	Generated
Elden	02/02/2022	10:00 AM	11:00 AM	02/15/2022	Kay	S5125			CB Payer	Missed and Completed (Manual)	\$10.00	\$0.00	Prebiling Rejection
Bob	02/01/2022	01:00 PM	01:30 PM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$5.00	\$0.00	Generated

## 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 a number of parameters by selecting the **expand arrow** or the word **FILTERS** at the top of the table or the **Sort by** menu at the top left of the table (Figure 80).

Figure 80. Billing page **FILTERS** and **Sort by** options



The screenshot shows the 'FILTERS' section of the Billing page. It includes search fields for Member Name or ID, Employee, Payer, Billing Status, and Aggregation Status. There are also fields for Start Dates, EVV Vendor, Pre-Billing Check(s), and Update Dates. A 'Sort by' dropdown menu is open, showing options: Date, Member, Date, Check In Time, Check Out Time, Updated Date, Employee, Auth #, Service, Appt ID, Claim #, Payer, Status, and Billing Status. The 'Date' option is selected. A red circle highlights the 'Sort by' dropdown menu. A red circle also highlights the 'FILTERS' tab at the top left of the table.

## CLAIMS HISTORY

Once a completed visit has been exported for claims, the user may 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 81).

Figure 81. Billing page **menu icon (3 dots)** and **Visit Details** link

MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	UPDATED DATE	EMPLOYEE AUTH #	SERVICE	APPT ID	CLAIM #	PAYER	STATUS	BILLED AMOUNT	PAID AMOUNT	BILLING STATUS
Donald	02/10/2022	03:34 PM	04:12 PM	02/15/2022	Amanda	S5125			CB Payer	Completed	\$7.50	\$0.00	On Hold
Donald	02/10/2022	01:00 PM	02:00 PM	02/11/2022	Kay	S5125			CB Payer	Late and Completed (Manual)	\$10.00	\$0.00	Ger
Calvin	02/08/2022	06:00 AM	07:00 AM	02/15/2022	Kay	S5125			CB Payer	Completed (Manual)	\$10.00	\$0.00	Generated

Visit Details  
Authorization Details  
Member Details

**Visit Details** will provide information about the billing status in the *Billing* card (Figure 82) as well as claims information in the **CLAIMS HISTORY** tab.

Figure 82. **CLAIMS HISTORY** tab and 'Billing' card

The screenshot displays the CareBridge Provider Portal interface. On the left is a navigation sidebar with options like Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members, Employees, Settings, and Provider Admin. The main content area is titled 'VISITS > DETAIL' and shows a list of visits for a member named DONALD. The 'VISITS' tab is selected, showing a list of visits with columns for date, time, employee, and status. A red box highlights the 'CLAIMS HISTORY' tab in the top navigation bar. Below this, the 'Visit' details are shown for a specific visit, including appointment ID, status, authorization, employee, start/end times, location, and duration. A yellow box highlights the 'Billing' card, which displays service code, modifiers, billing status, units, and external payer claim number. At the bottom, there are buttons for 'EXPORT FOR BILLING', 'MANUAL ENTRY', 'RESCHEDULE', and 'CANCEL VISIT'.



When CareBridge generates claims for health plans, the **CLAIMS HISTORY** tab will display the Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount for the visit. Users will 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, and dates associated with the billing status changes (Figure 83).

Figure 83. **CLAIMS HISTORY** details

The screenshot displays the CareBridge Provider Portal interface. On the left is a navigation menu with options: Dashboard, Discussions, Authorizations, Appointments, Visits (selected), Billing, Members, Employees, Settings, and Provider Admin. The main content area is titled 'VISITS > DETAIL' and shows information for a member named DONALD. Below this, there are tabs for APPOINTMENTS, VISITS, DETAILS, ALERTS, CLAIMS HISTORY (selected), CARE PLAN, and OBSERVED CHANGES. The CLAIMS HISTORY tab shows a table with columns for Billing, Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount. The table contains one row of data for a visit on 02/10/2022. A yellow banner at the top of the table says 'Billing' and 'VOID VISIT'. At the bottom right of the page is a 'Support' button.

## 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 TO CLAIMS** button at the top right corner of the table (Figure 84).

Figure 84. Visit page **EXPORT FOR BILLING** button

Sort by  
Date

Saved Filters  
Select a saved filter...

EXPORT FOR BILLING

+ MANUAL ENTRY

<input checked="" type="checkbox"/>	MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	EMPLOYEE	AUTH #	SERVICE	PAYER	APPT ID	STATUS
<input type="checkbox"/>	Eden	01/11/2022	10:12 AM	10:12 AM	Amanda		S5125	CB Payer		Completed
<input checked="" type="checkbox"/>	Donald	02/10/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
<input checked="" type="checkbox"/>	Donald	02/11/2022	12:10 PM	12:28 PM	Amanda		S5125	CB Payer		Completed
<input checked="" type="checkbox"/>	Donald	02/11/2022	04:38 PM	05:00 PM	Amanda		S5125	CB Payer		Completed

The following billing statuses (Figure 85) are available in the CareBridge Solution and can be seen associated with Claim Requests.

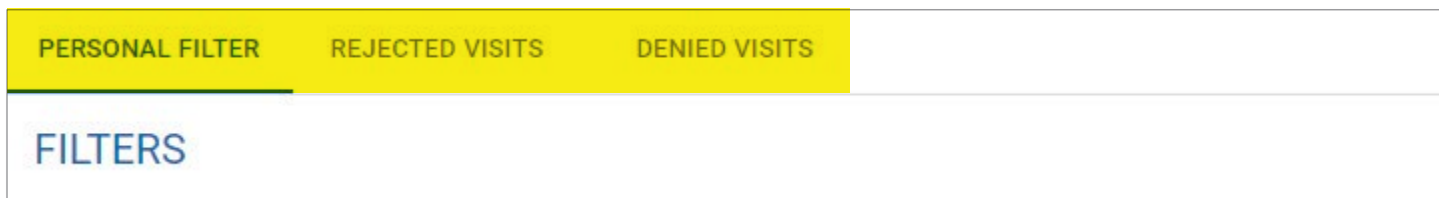
Figure 85. Table of **Billing Statuses and Definitions**

BILLING STATUS	DESCRIPTION
<b>Acknowledged</b>	This visit has a claim that has been received by the MCO.
<b>Accepted</b>	This visit's claim request was accepted by the MCO due to sufficient or valid data upon initial review.
<b>Cancelled</b>	This visit's claim request was cancelled.
<b>Confirmed</b>	This visit has a claim that was accepted by the MCO.
<b>Denied</b>	This visit's claim request was denied by the MCO due to insufficient or invalid data upon review.
<b>Generated</b>	This visit has a claim request that has been generated.
<b>Joint Claim Processing</b>	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).
<b>Paid</b>	This visit's claim was paid by the MCO.
<b>Pending</b>	This visit's claim request has not yet been exported for billing.
<b>Pre-Billing Rejection</b>	This visit was rejected due to insufficient or invalid data prior to a claim request being generated.
<b>Queued</b>	This visit has been queued for claim request generation.
<b>Rejected</b>	This visit's claim request was rejected by the MCO due to insufficient or invalid data upon initial review.
<b>Submitted</b>	This visit has a claim request that has been submitted to the MCO.
<b>Voided</b>	This visit claim's claim was voided

## 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 86).

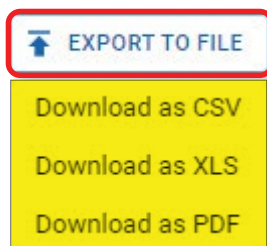
Figure 86. Billing page reports



- **REJECTED VISITS:** This report returns a list of all visits that have rejected claims.
- **DENIED VISITS:** This report returns a list of all visits that have denied claims.

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 87). Upon selecting the file type, the document will begin downloading and will be available on the Settings page under the **DOCUMENTS** sub-tab.

Figure 87. Billing page **EXPORT TO FILE** drop-down menu and options



# COMMUNICATIONS

## OVERVIEW

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

## DISCUSSIONS

The Discussions page in the CareBridge Provider Portal (Figure 88) allows Agency Employees to manage and prioritize inbound communications, take action on critical tasks, and communicate within the Agency as well as with MCOs.

### 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**, and a number of other fields that are viewed by selecting the **expand arrow** to the right of the drop-downs.

Figure 88. Discussions page and navigation

The screenshot displays the CareBridge Discussions page. On the left, a sidebar contains navigation links: Dashboard, Discussions (highlighted), Authorizations, Appointments, Visits, Billing, Members, Employees, Settings, and Provider Admin. The main area is titled 'DISCUSSIONS' and features a list of discussions. A red box highlights the filter section, which includes 'Status: Select...', 'Assigned to Me: [checkbox]', 'Type: Select...', and 'Internal/Shared: Select...'. Below the list is a '+ NEW DISCUSSION' button. The right panel shows details for a discussion titled 'Donald', including MemberID, Primary Phone, Primary Address, Created by, Type, Subject, Description, Created date, Last Updated Date, Status, Assigned to, and Share with payer. At the bottom is an 'INTERNAL' section with a 'Leave a comment' form and an 'Attach File' button.

## NEW DISCUSSIONS

Within **Discussions** there are four different types of discussions that can be sent and received (Figure 89):

- **Observed Changes:** This discussion type allows caregivers to indicate if there have been any changes to the member's condition. When **Observed Changes** occur, a discussion is generated and sent to the Discussions page for both the Provider and MCO to view.
- **Address Request:** This discussion type allows Providers to request a new or updated member address from the MCO. When an **Address Request** occurs, a discussion will be generated and sent to the Discussions page for both the Provider and MCO to view.
- **Phone Request:** This discussion type allows Providers to request a new or updated member phone number from the MCO. When a **Phone Request** occurs, a discussion will be generated and sent to the Discussions page for both the Provider and MCO to view.
- **Message:** This discussion type can be used for general messages between Agency Employees or between an Agency and MCO.

Figure 89. **Discussion Type** drop-down menu

The screenshot shows the 'Discussions' page interface. At the top, there are filters for 'Status' (Select...), 'Assigned to Me.' (checkbox), 'Type' (Select...), and 'Internal/Shared' (Select...). The 'Type' dropdown menu is open, showing four options: 'Observed Changes', 'Address Request', 'Phone Request', and 'Message'. Below the filters, there are date ranges for 'Created Dates' and 'Updated Dates', both set from 01/16/2022 to 03/16/2022. An 'EXPORT TO FILE' button is visible. A list of discussions is shown, with one entry for 'Donald' dated 2/16/2022 3:44 PM, with the subject 'Loss of appetite'. At the bottom, there is a '+ NEW DISCUSSION' button.

To create a new message discussion, select the **+ NEW DISCUSSION** button at the bottom of the list (Figure 88). The **New Discussion** dialog will appear. It states “If this is an urgent matter, please contact the case manager/care coordinator directly.” If the matter is not urgent, and the user still needs to start a new discussion, they may then choose the discussion **Type** from the drop down list. After selecting a discussion **Type**, the user will need to complete the required fields prior to selecting **SEND** (Figure 90).

Figure 90. **+ NEW DISCUSSION** dialog

The screenshot shows the 'New Discussion' dialog box. At the top, it says 'New Discussion' with a close button. Below that, a yellow banner reads: 'If this is an urgent matter, please contact the case manager / care coordinator directly.' The 'Type' dropdown menu is open, showing 'Message' selected. The dialog contains several fields: 'Created by' (Gwyneth), 'Member' (Member), 'Assigned to (optional)' (Unassigned), 'Status' (Open), 'Subject', 'Share with payer (optional)' (Share with payer), and a 'Description' text area. At the bottom right, there are 'CANCEL' and 'SEND' buttons.

## DISCUSSION ITEM DETAILS

Upon selecting a Discussion, the user will see details about that Discussion in the **DETAILS** tab (Figure 91). 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 91. Discussion Details

There are a number of actions that can be utilized from a discussion:

- **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 the member's MCO, 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 the MCO can be facilitated through entering comments in the **SHARED** tab.



# DASHBOARD & REPORTING

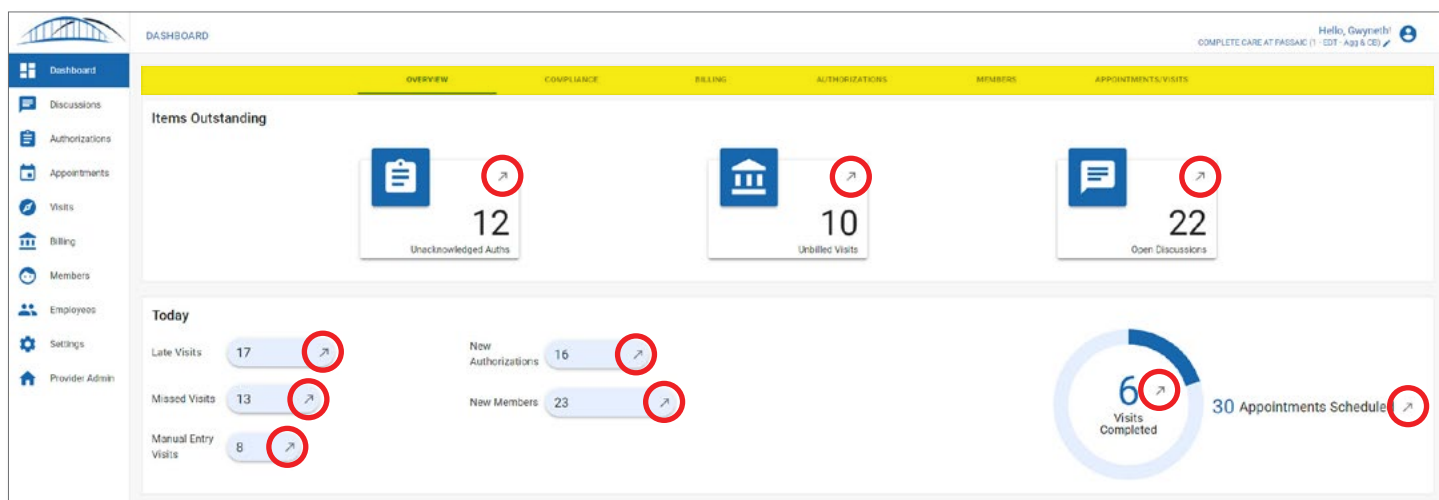
## OVERVIEW

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 92) allows Agency Employees to view key metrics in order 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 92. 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 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 (MCO). By selecting the **arrow icon** (Figure 92) on the top right corner of each metric or graph, 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 other reports that have predefined filters to help quickly navigate to useful subsets of data. The following (Figure 93) is a complete list of the reports available in the CareBridge Provider Portal.

Figure 93. Provider Portal Reports table

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
<b>Active Members</b>	<b>Members</b>	All active Members.
<b>Denied Visits</b>	<b>Billing</b>	All Visits that have denied claims.
<b>Employees Compliance</b>	<b>Employees</b>	All Provider Employees sorted in ascending order by Compliance Score. Compliance Score is configurable per MCO but is typically defined as the percentage of EVV Visits that are compliant (defined as EVV, IVR, or FOB visits) relative to the total number of Visits. Examples of non-compliant Visits are manual entries, late, or missed.
<b>EVV Visits</b>	<b>Visits</b>	All completed visits that have compliant EVV data.
<b>Late Appointments</b>	<b>Appointments</b>	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.
<b>Late Visits</b>	<b>Visits</b>	All visits that have been completed but were started late, as an example, a Visit could be considered to be late when a Check-In has not occurred within 15 minutes of the appointment start time.
<b>Manual Visits</b>	<b>Visits</b>	All Manual Entry Visits.
<b>Members Compliance</b>	<b>Members</b>	All Members sorted in ascending order by Compliance Score. Compliance Score is configurable per MCO but is typically defined as the percentage of EVV Visits that are compliant (defined as EVV, IVR, or FOB visits) relative to the total number of Visits. Examples of non-compliant Visits are manual entries, late, or missed.
<b>Missed Appointments</b>	<b>Appointments</b>	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.
<b>Missed Visits</b>	<b>Visits</b>	All missed visits. A visit could be considered missed when a Check-In has not occurred within one hour of the appointment start time.

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
Payroll	Employees	Payroll data for a given time 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.

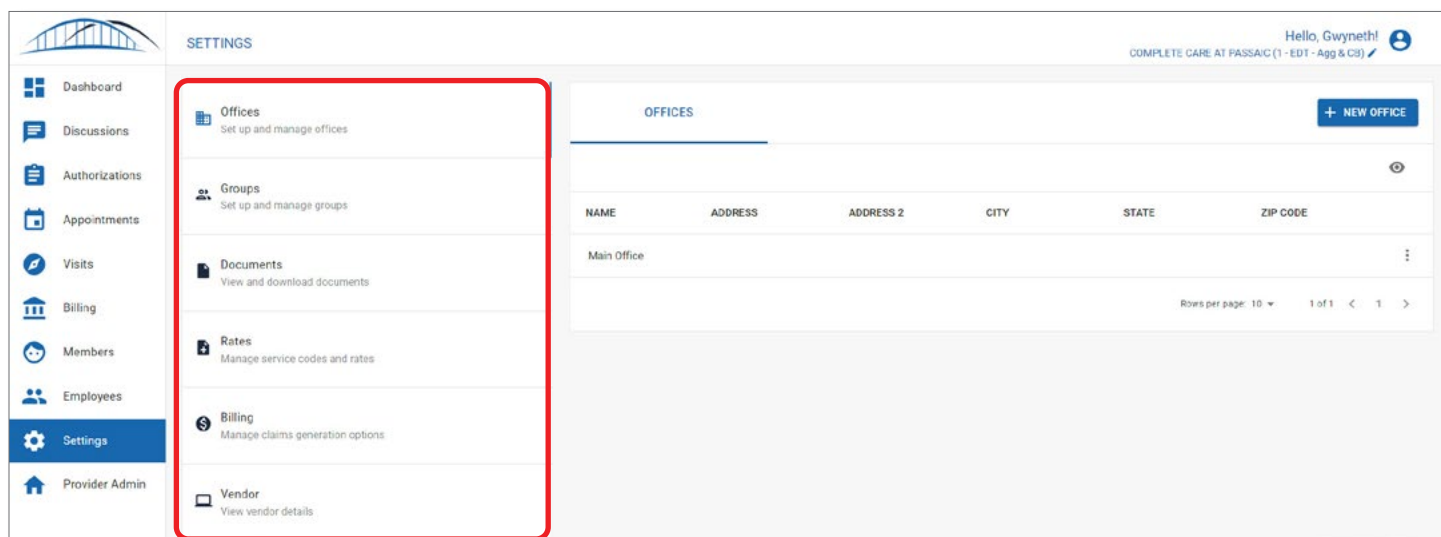
# SETTINGS

## 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 are **OFFICES**, **GROUPS**, **DOCUMENTS**, **RATES**, **BILLING** and **VENDOR** sub tabs (Figure 94).

Figure 94. Settings page

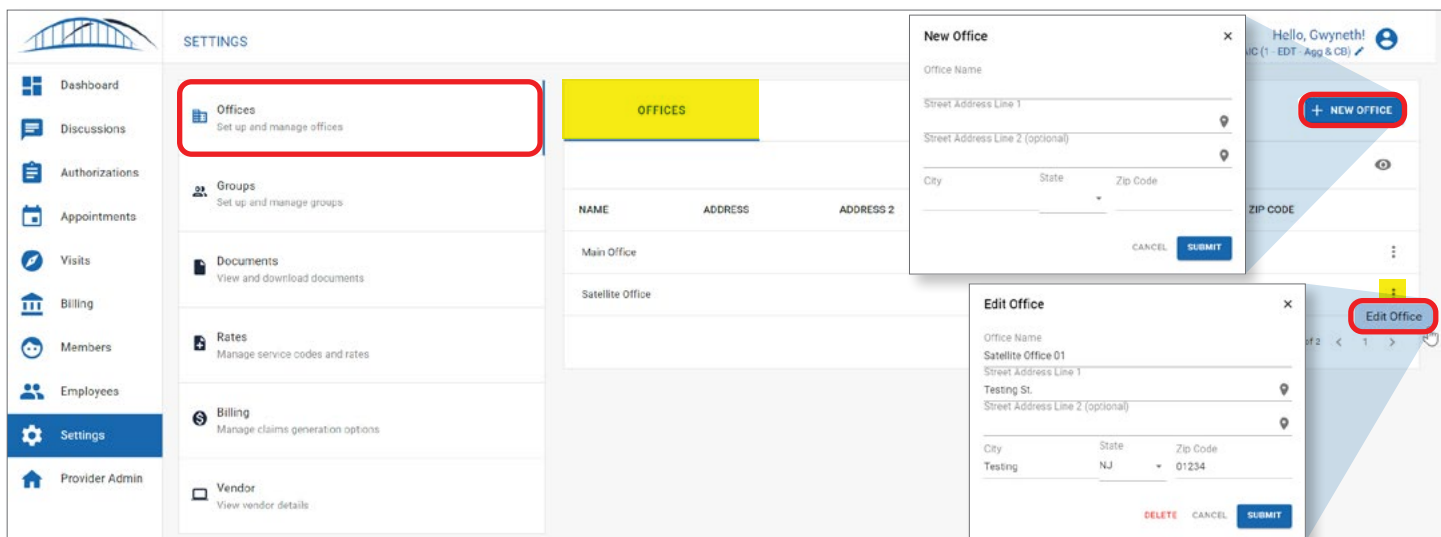


## OFFICES

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 enable the running of reports filtered 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 95).

Figure 95. **OFFICES** sub tab and **menu icon (3 dots)** with **+ NEW OFFICE** and **Edit Office** screens

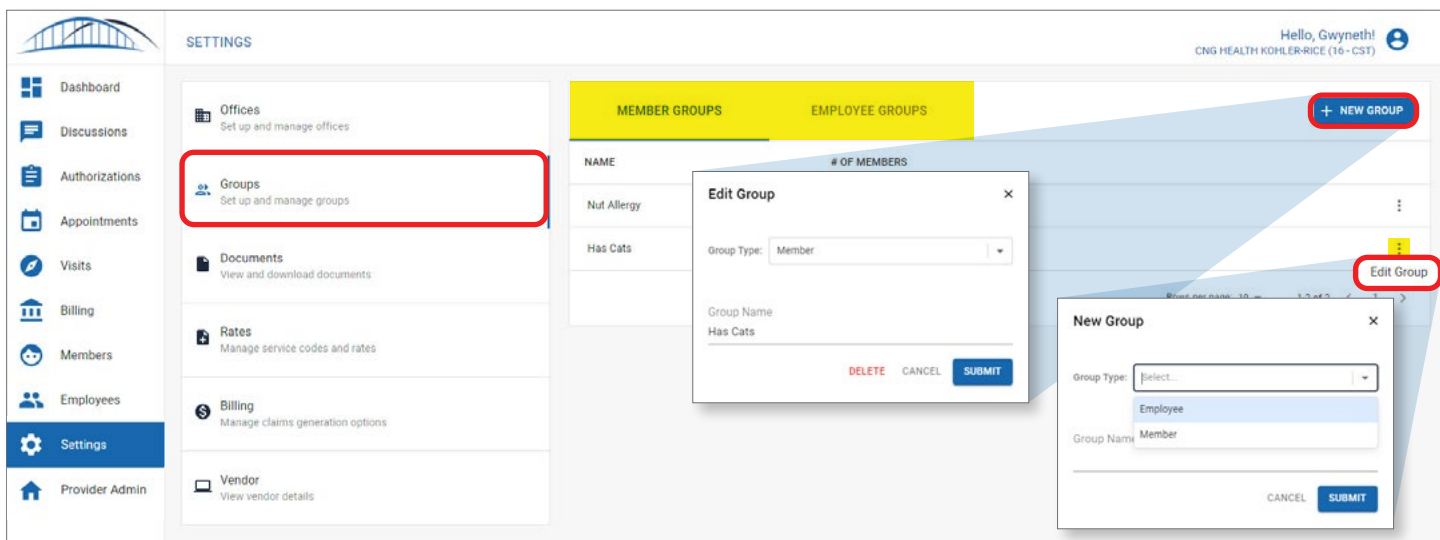


## GROUPS

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 caregiver when scheduling appointments.

To create a new group, the user must select the **+ NEW GROUP** button at the top of the Groups table. To edit a group, they select the **menu icon (3 dots)** next to the group and then **Edit Group** (Figure 96). There are two types of groups that can be created – **Employee** and **Member**.

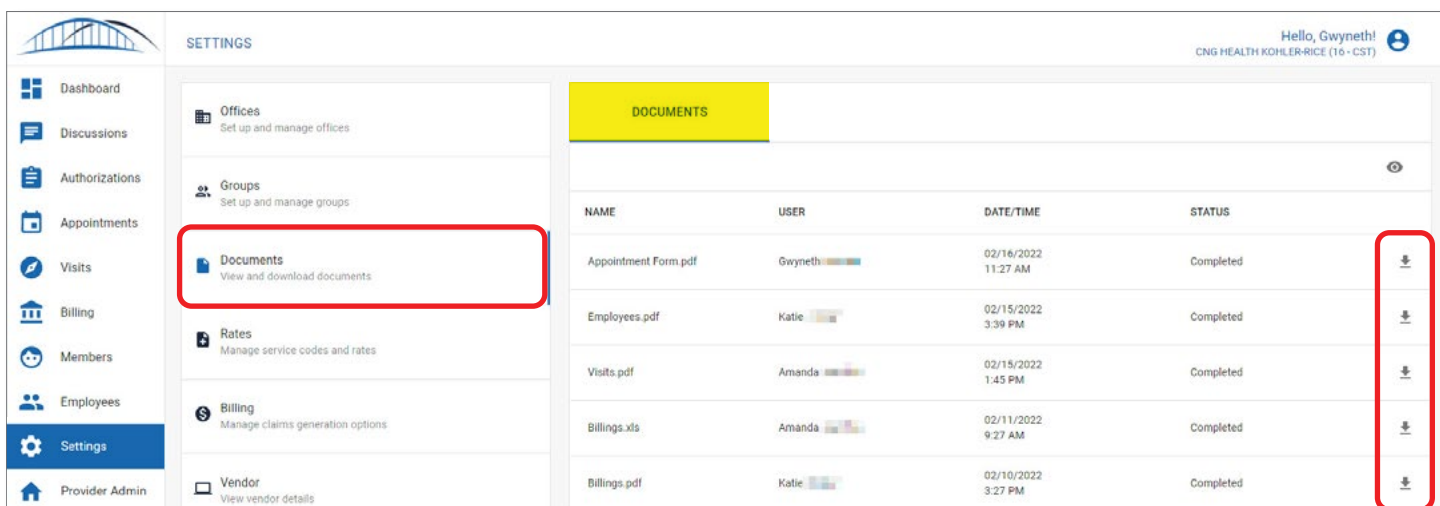
Figure 96. **GROUPS** sub tab and **menu icon (3 dots)** with **+ NEW GROUP** and **Edit Group** screens



## 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 the user navigates to the **DOCUMENTS** sub-tab, they may choose to download any document by selecting its **download icon** on the far right of the table (Figure 97).

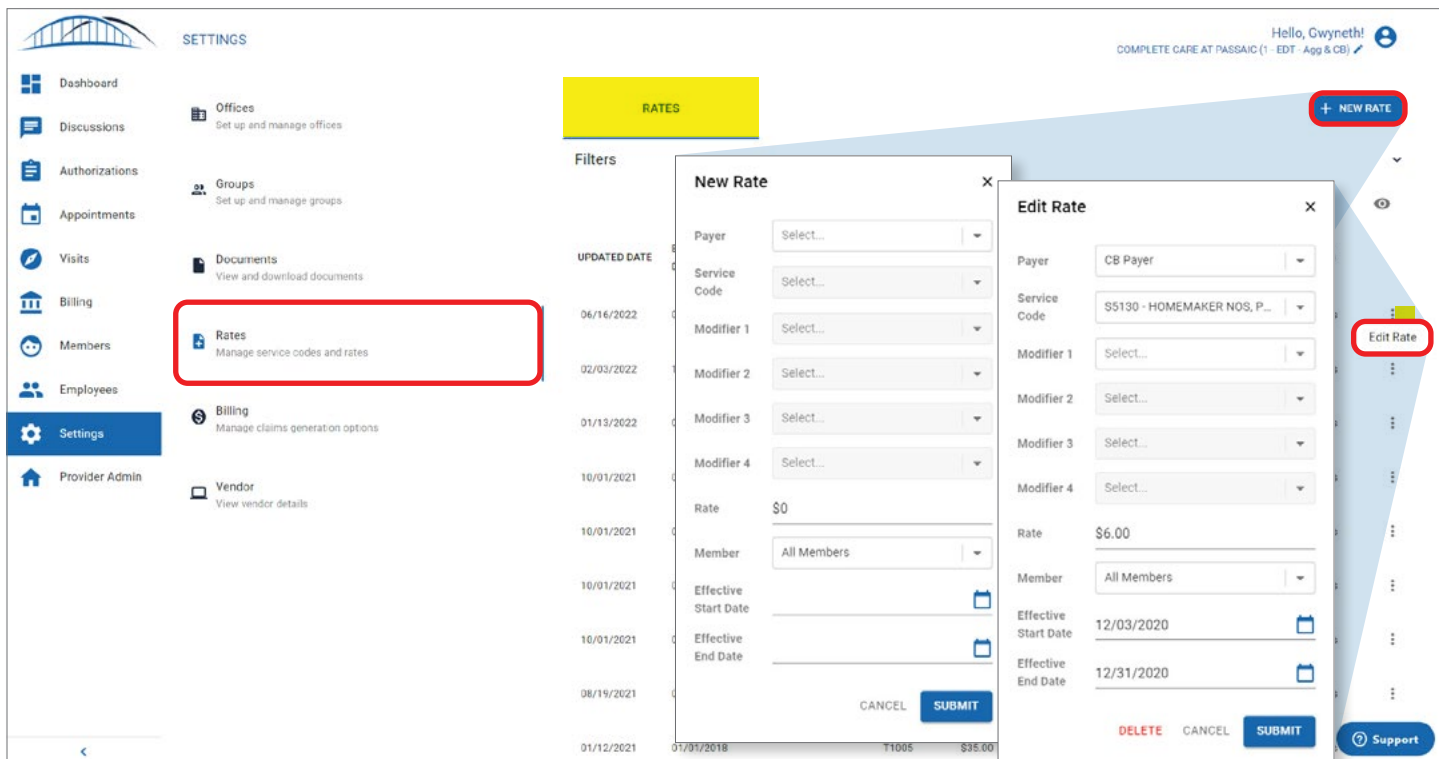
Figure 97. **DOCUMENTS** sub tab



## RATES

The Provider Agency is responsible for adding rates within the Provider Portal. If the Provider Agency negotiates a different rate for specific services, the user will need to add that rate by clicking the **+ NEW RATE** button in the top right of the **Rates** sub-tab (Figure 98).

Figure 98. **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 the current 3rd party billing solution. Navigating to the Settings page in the side navigation bar in the Provider Portal, will bring up the **BILLING** sub-tab. It contains a list of payers available in the users' state, and each one has its own card.



If a Payer's visits need to be billed differently, and the user has the capability, they can change the settings in the **BILLING** sub tab (Figure 99). That changes the default process for *that* Payer.

Figure 99. **BILLING** sub tab

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

**Allow billing externally:** Export billing files from the Provider Portal to upload to the current third-party billing solution and continue to bill the same way as today.

Billing preferences can be adjusted in the **BILLING** sub tab. When exporting for billing, it will default to whatever is set as the preference. However, it can also be adjusted it per individual member when exported for billing (Figure 100).

Figure 100. **EXPORT FOR BILLING** button

This function will automatically default to the Agency's current settings. The CareBridge system won't allow users to choose an option that they don't have, based on their market. If an option is grayed out, it means that the agency doesn't have that capability (Figure 101).

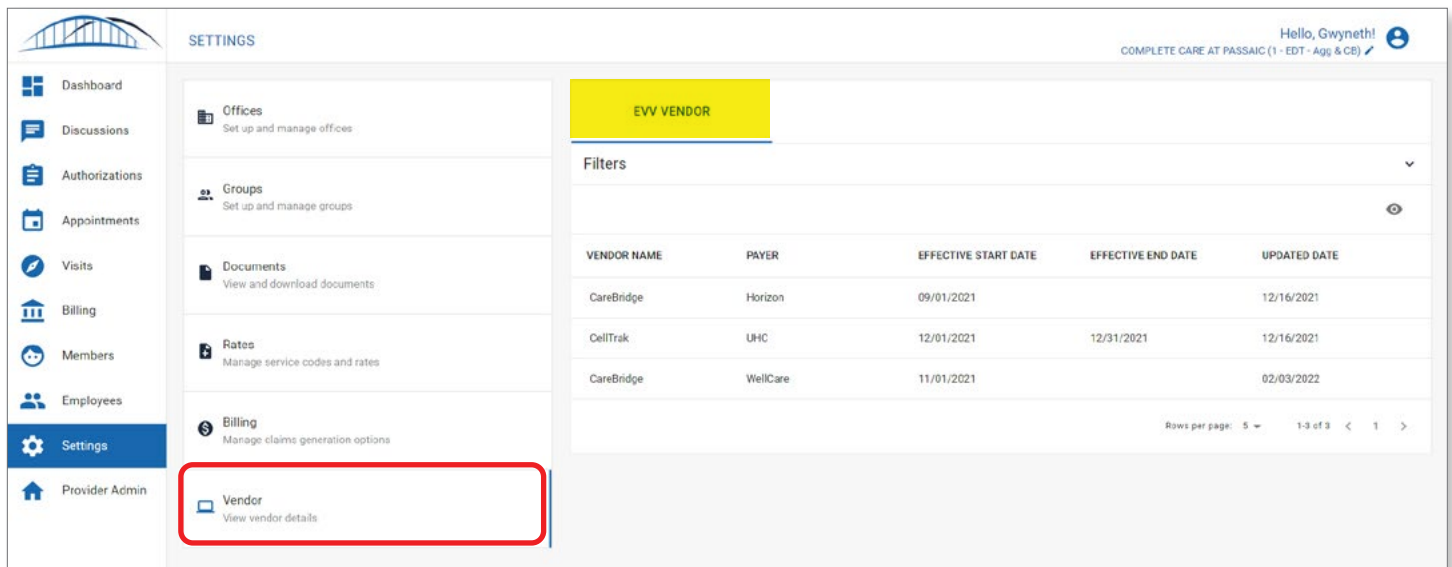
If an individual visit needs to be billed differently, you can change the settings prior to exporting, by using the **Export** interface that pops up when you click **EXPORT FOR BILLING**. This changes the individual visit setting for *that* export only (Figure 101).

Figure 101. **EXPORT FOR BILLING** customization options

## VENDOR

The EVV **VENDOR** sub-tab is a read-only view of the Providers' current EVV vendor. This sub-tab (Figure 102) allows integrated providers using the CareBridge Portal to see what associated EVV vendors CareBridge has on record.

Figure 102. **VENDOR** sub tab



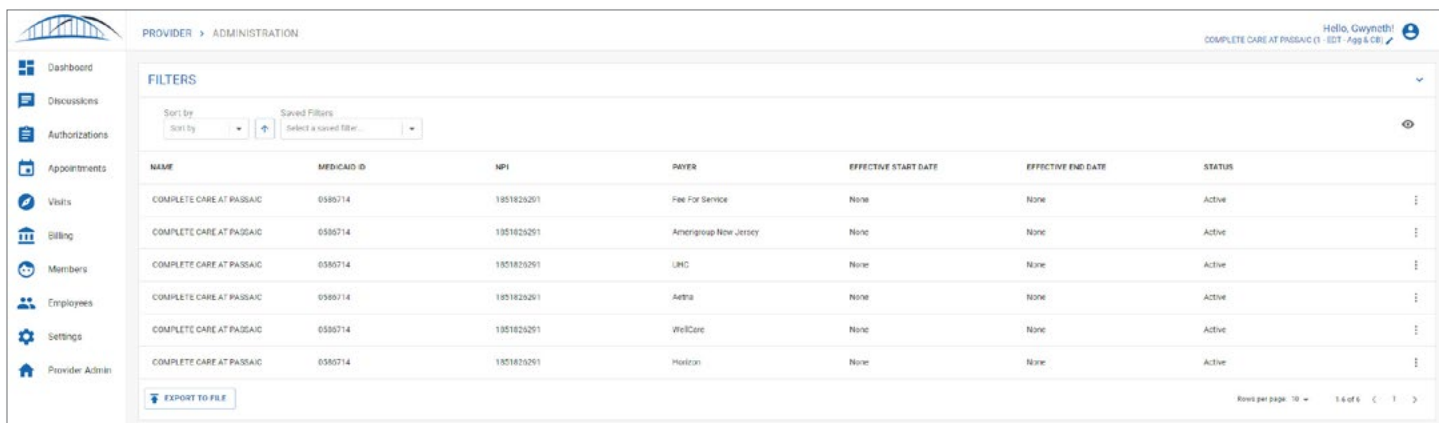
The screenshot displays the CareBridge Provider Portal interface. On the left is a sidebar with navigation icons for Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members, Employees, Settings (highlighted), and Provider Admin. The main content area is titled 'SETTINGS' and contains a list of settings categories: Offices, Groups, Documents, Rates, Billing, and Vendor (highlighted with a red box). The 'Vendor' category is selected, showing a table of EVV vendors. The table has columns for Vendor Name, Payer, Effective Start Date, Effective End Date, and Updated Date. The data shows three vendors: CareBridge (Horizon), CellTrak (UHC), and CareBridge (WellCare). The interface also includes a 'Filters' section and a 'Rows per page' dropdown.

VENDOR NAME	PAYER	EFFECTIVE START DATE	EFFECTIVE END DATE	UPDATED DATE
CareBridge	Horizon	09/01/2021		12/16/2021
CellTrak	UHC	12/01/2021	12/31/2021	12/16/2021
CareBridge	WellCare	11/01/2021		02/03/2022

## PROVIDER ADMINISTRATION

The Provider Admin page (Figure 103) lists all the service providers associated with the logged-in provider, users are able to view the details of each of provider, and have the ability to export the data provided.

Figure 103. Provider Admin page



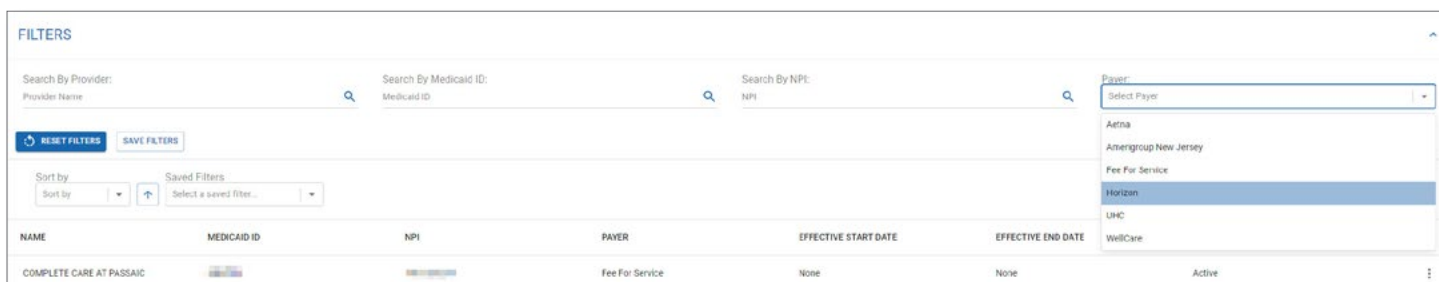
The screenshot shows the 'PROVIDER > ADMINISTRATION' page. On the left is a sidebar with navigation links: Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members, Employees, Settings, and Provider Admin. The main area has a 'FILTERS' section with 'Sort by' and 'Saved Filters' dropdowns. Below is a table of providers.

NAME	MEDICAID ID	NPI	PAYER	EFFECTIVE START DATE	EFFECTIVE END DATE	STATUS
COMPLETE CARE AT PASSAIC	0580714	1851829261	Fee For Service	None	None	Active
COMPLETE CARE AT PASSAIC	0580714	1851829261	Amengroup New Jersey	None	None	Active
COMPLETE CARE AT PASSAIC	0580714	1851829261	UHC	None	None	Active
COMPLETE CARE AT PASSAIC	0580714	1851829261	Aetna	None	None	Active
COMPLETE CARE AT PASSAIC	0580714	1851829261	WellCare	None	None	Active
COMPLETE CARE AT PASSAIC	0580714	1851829261	Horizon	None	None	Active

At the bottom left is an 'EXPORT TO FILE' button. At the bottom right, it says 'Rows per page: 10' and '1 of 6'.

The user may filter the results by **Provider**, **Medicaid ID**, **NPI**, or **Payer** (Figure 104).

Figure 104. Provider Admin page **FILTERS**



The screenshot shows the 'FILTERS' section of the Provider Admin page. It includes search fields for 'Search By Provider: Provider Name', 'Search By Medicaid ID: Medicaid ID', and 'Search By NPI: NPI'. There are 'RESET FILTERS' and 'SAVE FILTERS' buttons. Below these are 'Sort by' and 'Saved Filters' dropdowns. A table of providers is visible below the filters. A dropdown menu for 'Payer' is open, showing options: Aetna, Amengroup New Jersey, Fee For Service, Horizon (highlighted), UHC, and WellCare.

NAME	MEDICAID ID	NPI	PAYER	EFFECTIVE START DATE	EFFECTIVE END DATE	STATUS
COMPLETE CARE AT PASSAIC			Fee For Service	None	None	Active

Portal by clicking on the **profile icon** next to your name at the top right of any screen, (Figure 103) or by following this link: <http://resources.carebridgehealth.com/evv>

Figure 105. Provider Portal **profile icon**



## 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.

**Managed Care Organization (MCO)** – The member's health plan. The health plan is contracted with the New Jersey Medicaid Enterprise for coordination of members' care and benefits.

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

**Payer** – The Managed Care Organization (MCO) that reimburses the Provider Agency for services rendered.

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