



# TRAINING GUIDE

## CareBridge Provider Portal Electronic Visit Verification (EVV)



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## INTRODUCTION

### OVERVIEW

This Training Guide is intended to help the user understand how to best utilize the CareBridge Solution as a part of the day-to-day services that are provided. If at any point there are questions, our team is here to help: [iaevv@carebridgehealth.com](mailto:iaevv@carebridgehealth.com) or (844) 343-3653.

If you have questions, our team is always here to help. Just email: [iaevv@carebridgehealth.com](mailto:iaevv@carebridgehealth.com) or call us at (844) 343-3653.

### WHAT IS ELECTRONIC VISIT VERIFICATION (EVV)?

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

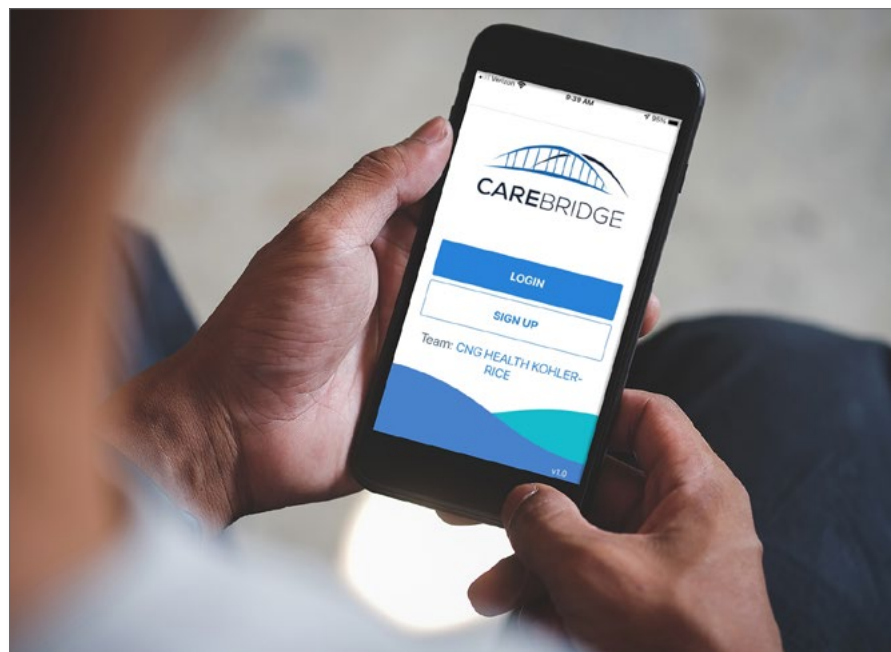
EVV affects providers, caregivers, attendants, and homemakers that deliver personal care, attendant care, and homemaker services (in 15-minute increments or daily) to Medicaid beneficiaries. This change is required by a federal rule called the *21st Century Cures Act*.

The *21st Century Cures Act* requires that EVV systems must collect and verify the following 7 items:

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

### WHAT IS CAREBRIDGE?

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



# SOLUTION OVERVIEW AND SETUP

## OVERVIEW

This guide provides an overview of the basic functions of the CareBridge Solution and helps Agency Employees learn how to set-up the CareBridge Solution to enable the delivery and electronic documentation of services performed for members by caregivers.

## 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://ia.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 admin user will need to create **usernames** for new users. See [Employees](#) for more information)

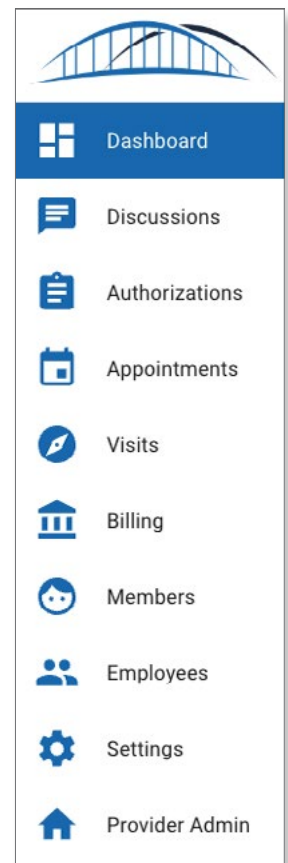
### NAVIGATION

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

- **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 screen

Figure 2. Navigation



## 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.

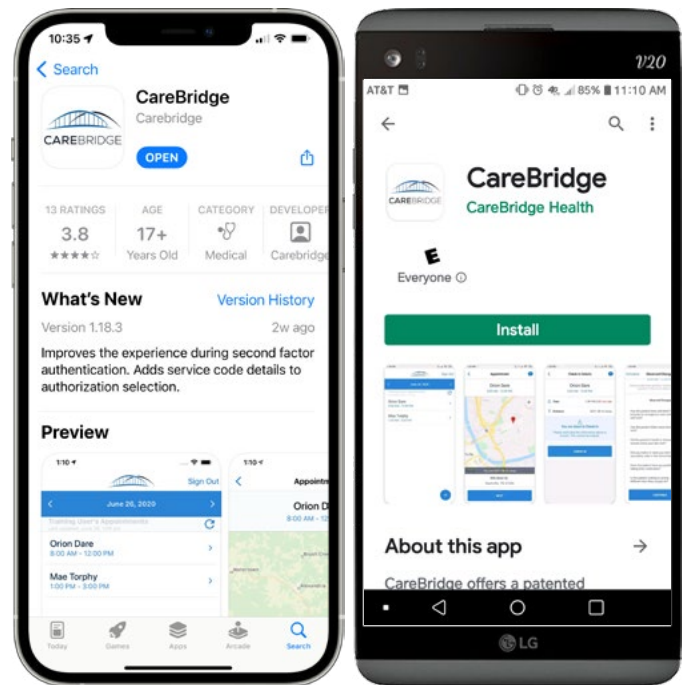
### DOWNLOAD

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

### LOGIN

Once the application is downloaded onto the device, the user can open it and view the login screen (Figure 3). The user will be prompted for a **Provider ID**, **Username**, and **Password**. Once logged in, the appointment schedule for today is displayed. Please see the [Check-In & Check-Out](#) section for additional information about how to utilize the mobile application in EVV workflows.

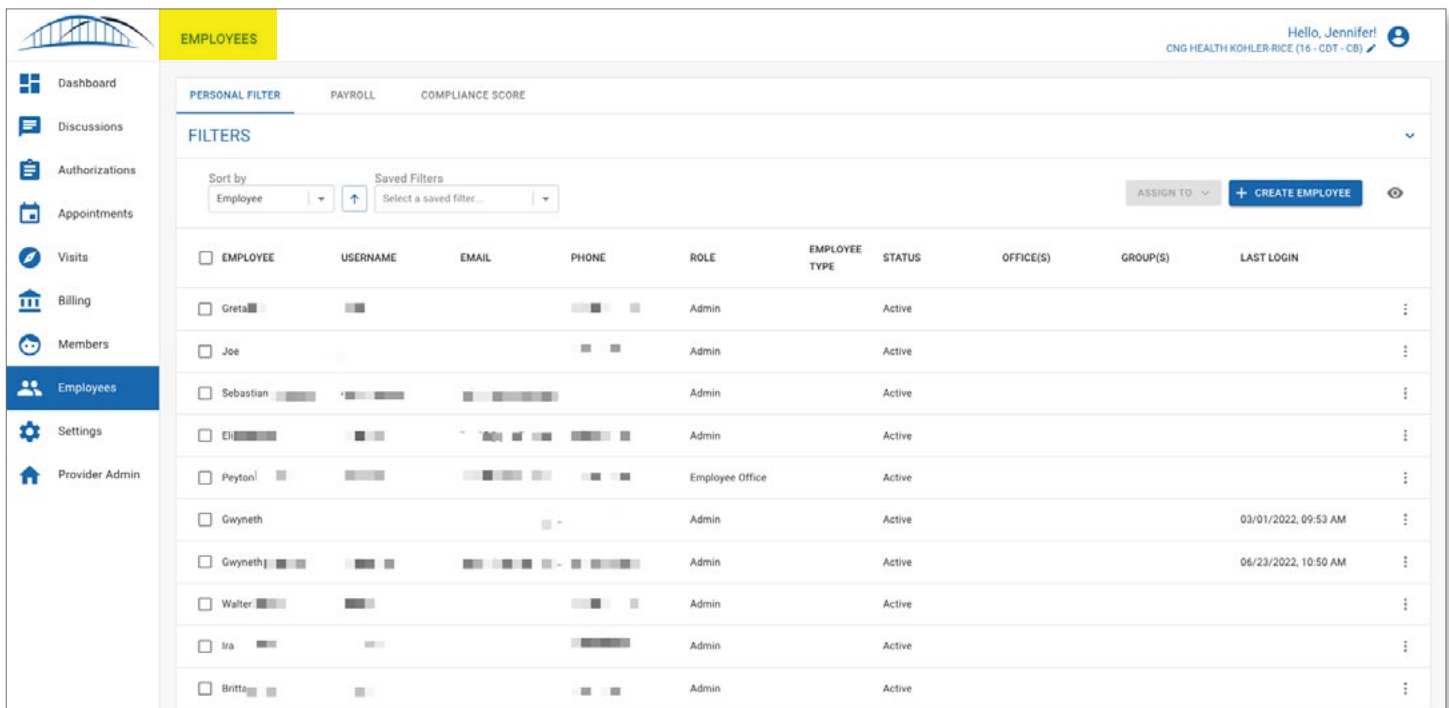
Figure 3. Download the CareBridge mobile app



## EMPLOYEES

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

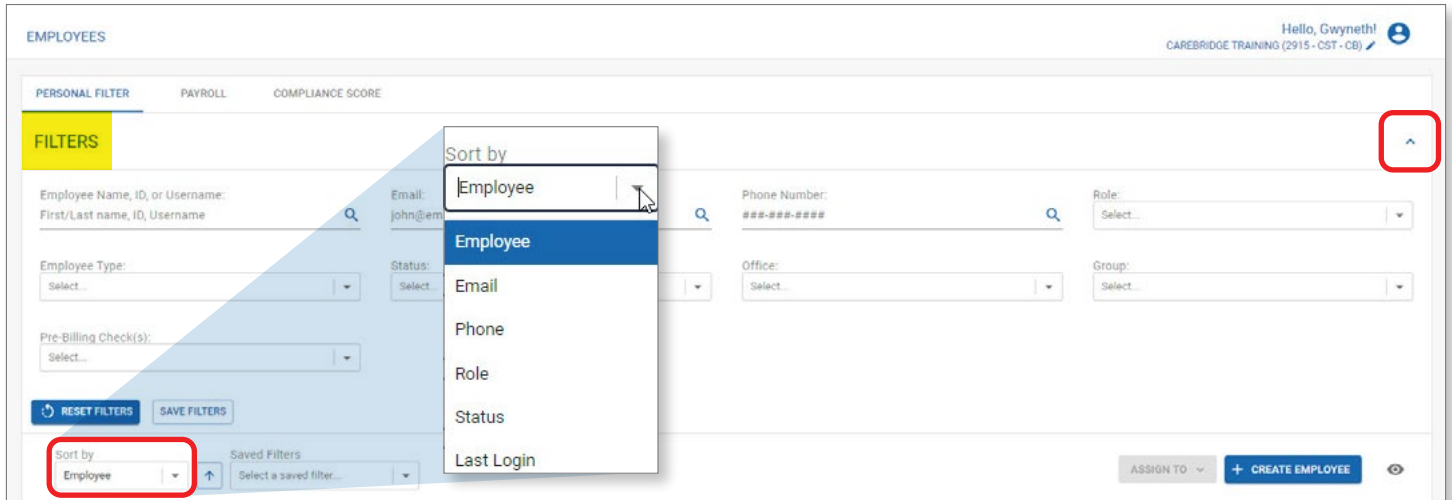
Figure 4. Employees page



### VIEW EMPLOYEES

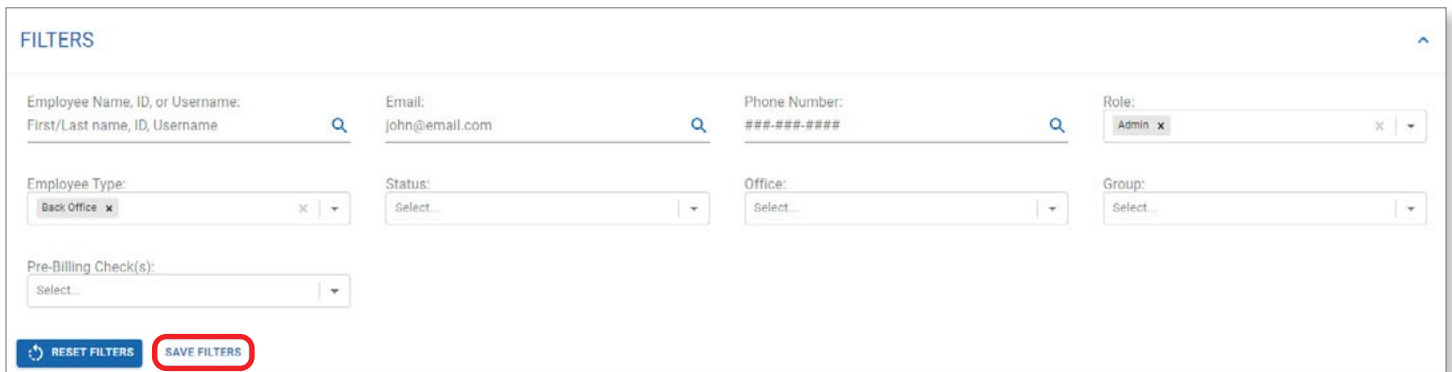
Navigate to the Employees page to see a tabular view of all employees that are currently listed in the Provider Portal. This table can be filtered and sorted with several parameters by selecting the **expand arrow** in the **FILTERS** component or the **Sort by** drop-down menu at the top left of the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

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



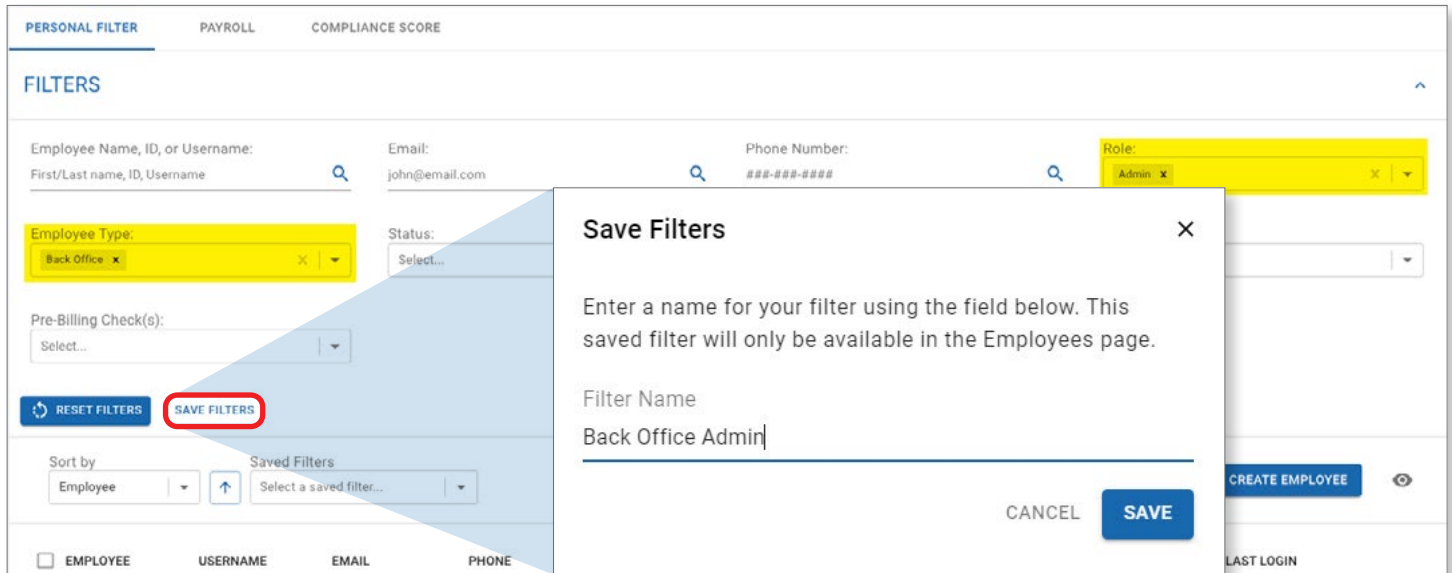
Filters that are chosen by the user to find data may also be saved for future searches. To do this, click the **SAVE FILTERS** button at the bottom of the **FILTERS** area. (Figure 6)

Figure 6. **SAVE FILTERS** button



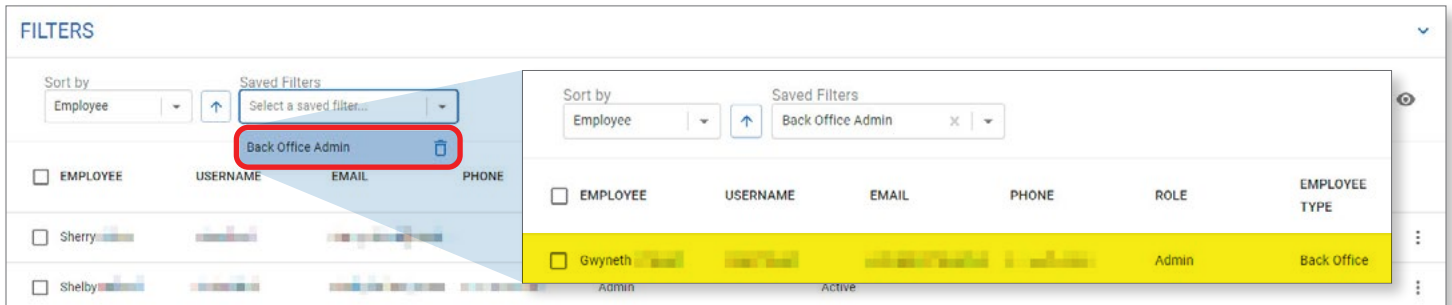
When the **Save Filters** dialog opens, the user is asked to name their custom filter for future reference (Figure 7).

Figure 7. **Save Filters** dialog



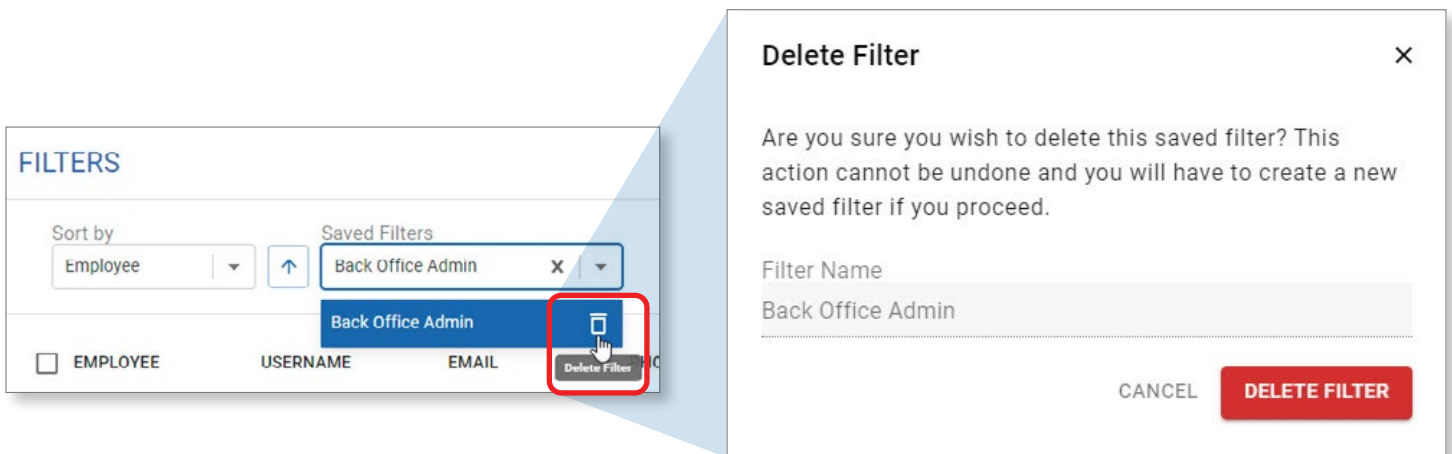
Once it's saved, the user can select their customized filter anytime from the **Saved Filters** drop-down menu located to the right of the **Sort by** menu (Figure 8).

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



Saved filters are specific to the users that create them and the page(s) on which they are created. Users can update/delete their filters as necessary. To update, the user must 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

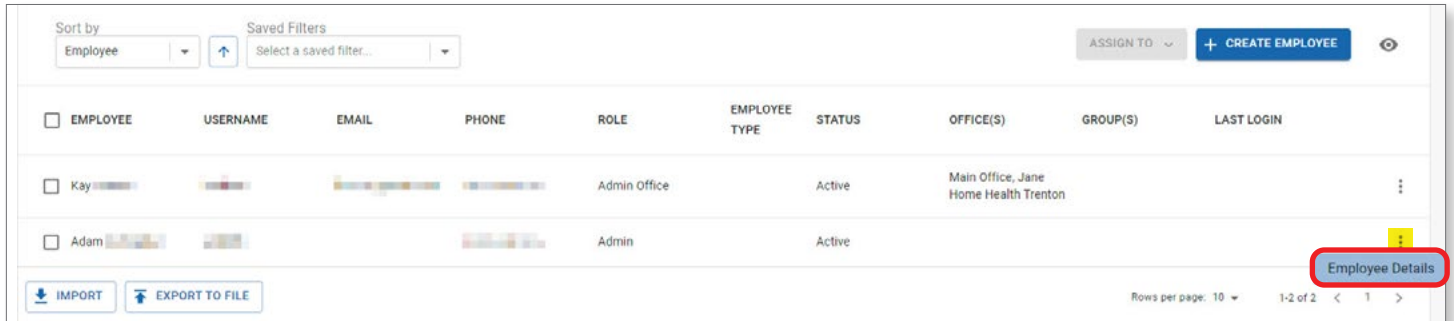




### View Employee Details

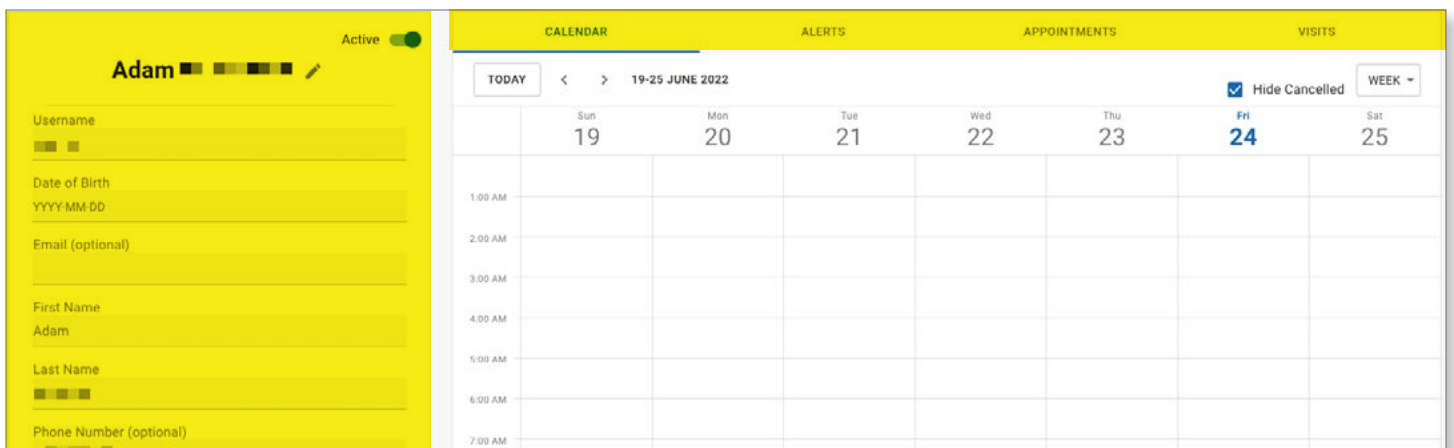
To view more details about an employee, select the **menu icon (3 dots)** (Figure 10) on the right side of the employee's row and select **Employee Details**.

Figure 10. Employees page **menu icon (3 dots)** and **Employee Details** link



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

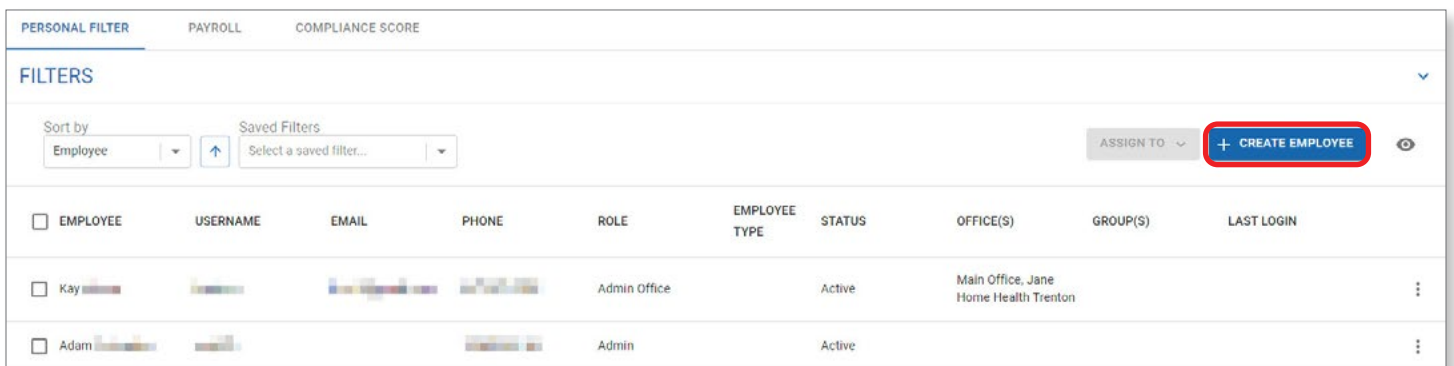
Figure 11. **Employee Details** screen



### CREATE NEW EMPLOYEE

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

Figure 12. **+ CREATE EMPLOYEE** button



To create employees in bulk, click the **IMPORT** button at the bottom left of the Employees page, download the Excel template, fill it out, 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 spreadsheet.

## MODIFY EMPLOYEE DETAILS

To modify Employee Details, select the **pencil icon** next to the employee name (Figure 14). The Employee Details fields will become editable. Select the **SAVE** button at the bottom of the screen to save your changes.

Figure 14. *Employee Details* screen **pencil icon** and **SAVE** button

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

- **Username:** This username will need to be communicated to the new employee for them to sign up for the Provider Portal or Mobile Application. This is a required field.
- **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 future communications, such as multi-factor authentication codes, via their 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 sign into their mobile phone, this field will need to be completed. (Text messaging or data rates apply.)
- **Worker Rate:** Worker Rate is used to accurately calculate payroll reports.
- **Interactive Voice Response (IVR) PIN:** If the employee would like to utilize IVR (see 'Check-in & Check-out' section,) an IVR PIN will need to be entered.
- **Employee Type (optional):** Used to differentiate caregivers from office workers.

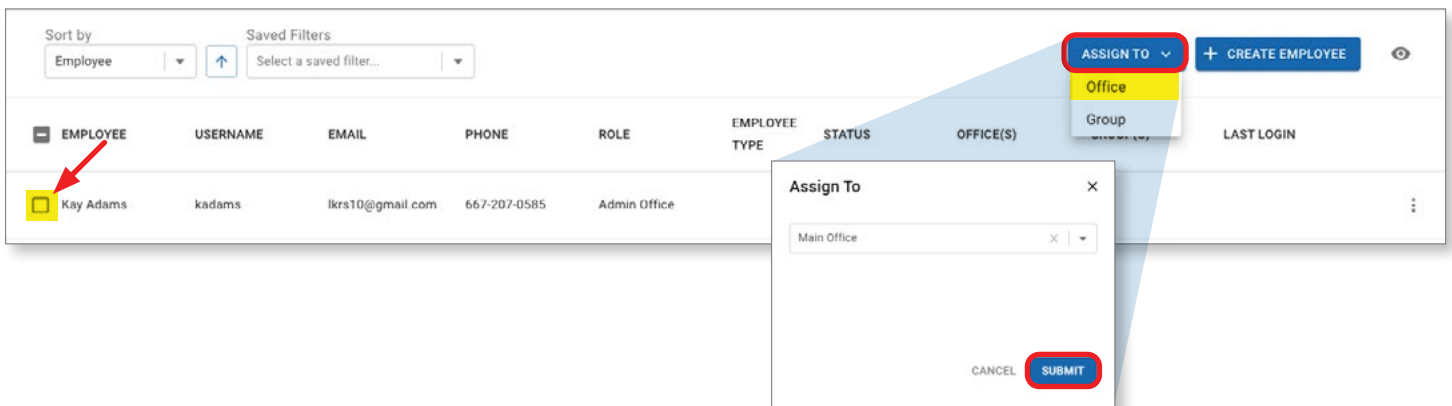
Figure 13. *Employees* page **IMPORT** button and **Bulk Import** dialog box

- **Role:** Used to differentiate one type of employee from another. The Provider Portal user roles are as follows:
  - **Admin:** Has no access restrictions to view or act 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
  - **Employee - Office:**
    - Can only view member data in the offices to which they are assigned
    - Cannot view Payroll or Compliance Score reports
    - Cannot view Billing Dashboard
    - Cannot complete Manual Entries
    - Cannot generate claims

**ASSIGN EMPLOYEES TO OFFICES AND/OR GROUPS**

Employees/caregivers and members can be assigned to offices or groups to better drive the scheduling of caregivers to members and to be able to run reports by agency location or employee type. Select one or more employees/caregivers using the **check box** to the left of the employee name, Select the **ASSIGN TO** button in the top right of the page (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. Employees page **ASSIGN TO** button and dialog box



## EMPLOYEES REPORTS

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

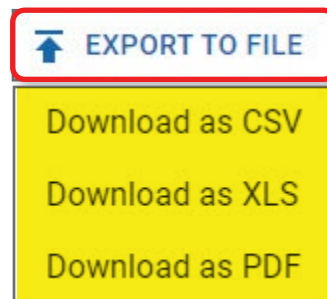
Figure 16. Employees page reports



- **PAYROLL:** This report returns payroll data for a given time for each employee based on completed visits in that time.
- **COMPLIANCE SCORE:** This report returns a list of all employees sorted in ascending order by Compliance Score. Compliance Score is the percentage of EVV visits that are compliant, (defined as EVV or IVR visits) relative to the total number of visits. Examples of non-compliant visits are manual entries, 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 the designated Agency Employees to view and edit member information. The Members page is populated with data from the member file, (provided by the State or MCO) and updates daily with the most recent information.

Figure 18. Members page

The screenshot displays the 'MEMBERS' page in the CareBridge Provider Portal. The page includes a navigation sidebar on the left with options like Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members (selected), Employees, Settings, and Provider Admin. The main content area shows a table of members with the following columns: MEMBER, MEMBER ID, MEDICAID ID, ADDRESS, PAYER(S), ACTIVE AUTHS, STATUS, OFFICE(S), GROUP(S), and LAST VISIT. The table lists several members, including Ginnie, Elden, Serge, Allin, Hide, Will, Kermit, and Jennine. At the bottom of the page, there are buttons for 'IMPORT' and 'EXPORT TO FILE', and a status bar indicating 'Rows per page: 10' and '1-10 of 1005'.

Users can create members either through bulk upload or individually. 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)
- Status
- Program
- Medicaid ID
- Office/Group

After clicking **+ ADD MEMBER**, you will be directed to the New Member form (Figure 19). 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 screen

**Payers**

Payer	Member Id	Program	Eligibility Dates
CB Payer	123456	Test	08/01/2022 - 08/31/2022

**Payers**

Payer	Member Id	Program	Eligibility Dates
			Start Date - End Date
<div style="border: 1px solid red; padding: 2px;">                     CB Payer (123456) - Test - 07/01/2022 - 07/31/2022                 </div>			

Multiple Payers may be created and modified.

**CANCEL** **SAVE**

Figure 21. Edit Primary Address dialog

**Edit Primary Address**

Street Address Line 1

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

City: NASHVILLE    State: TN    Zip Code: 37240

Address Type: **Select...**

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

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

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.

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

## VIEW MEMBERS

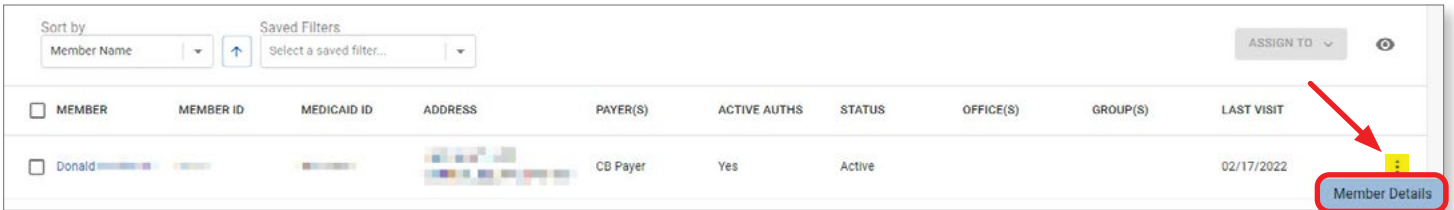
On the Members page, the user will see a tabular view of all members that are currently in the Provider Portal (Figure 14). This table can be filtered and sorted with a few parameters by selecting the **expand arrow** in the **FILTERS** component or the **Sort by** drop-down at the top left of the table (Figure 24).

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

### VIEW MEMBER DETAILS

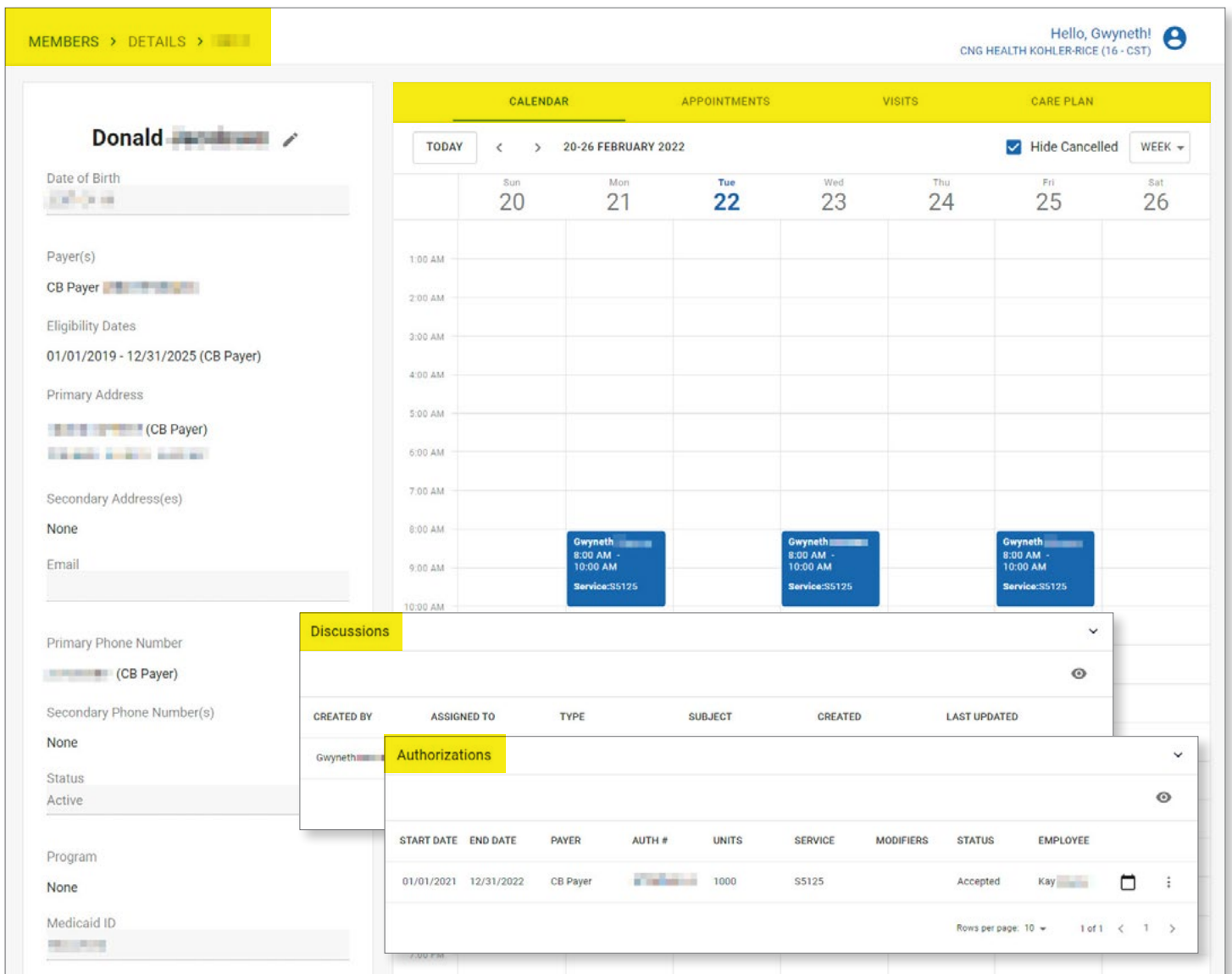
To view more details about a member, select the **menu icon (3 dots)** on the right side of the member's row and select **Member Details** (Figure 25).

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



From the Member Details screen (Figure 26), you can view general member demographic information, a **CALENDAR** view including all appointments and visits, list views 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

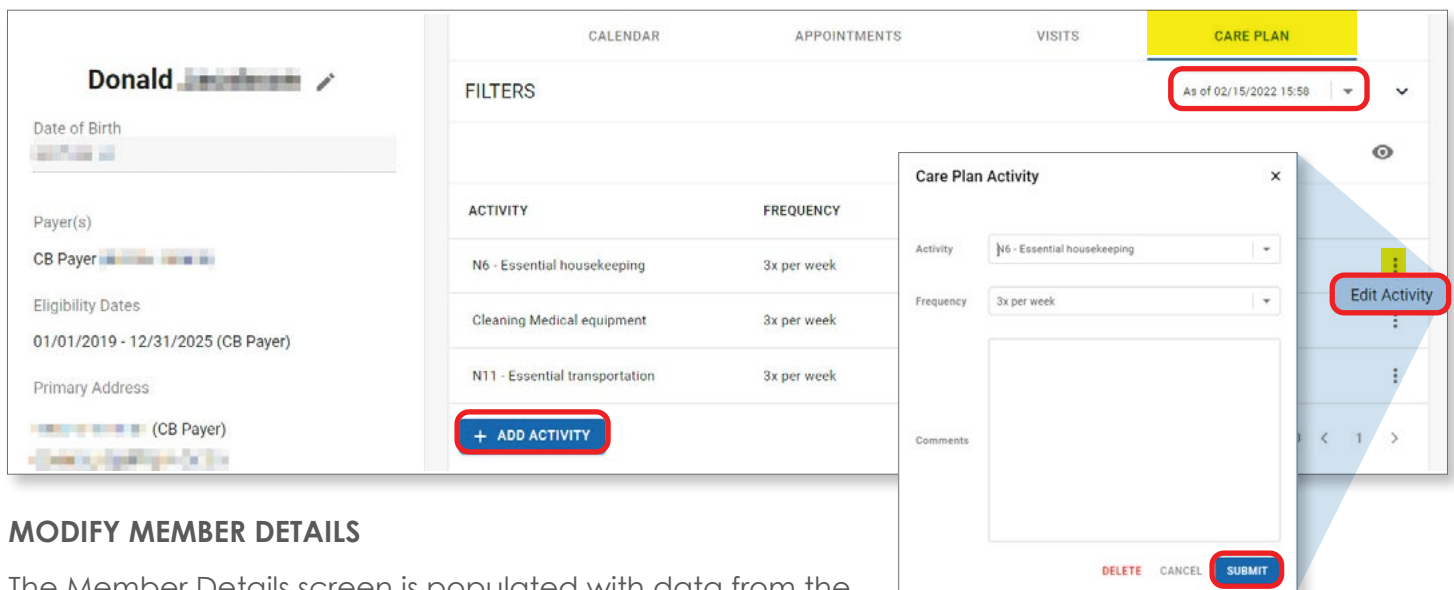




### CREATE OR MODIFY MEMBER CARE PLANS

From Member Details, an agency employee can create a Care Plan for a member. A Care Plan is a list of activities to be performed by a caregiver with the member. By selecting the **+ ADD ACTIVITY** button (Figure 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 (3 dots)** in the activity row and selecting **Edit Activity**. Additionally, it is possible to view previous versions of the Care Plan by selecting the **As-of** drop-down menu at 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.

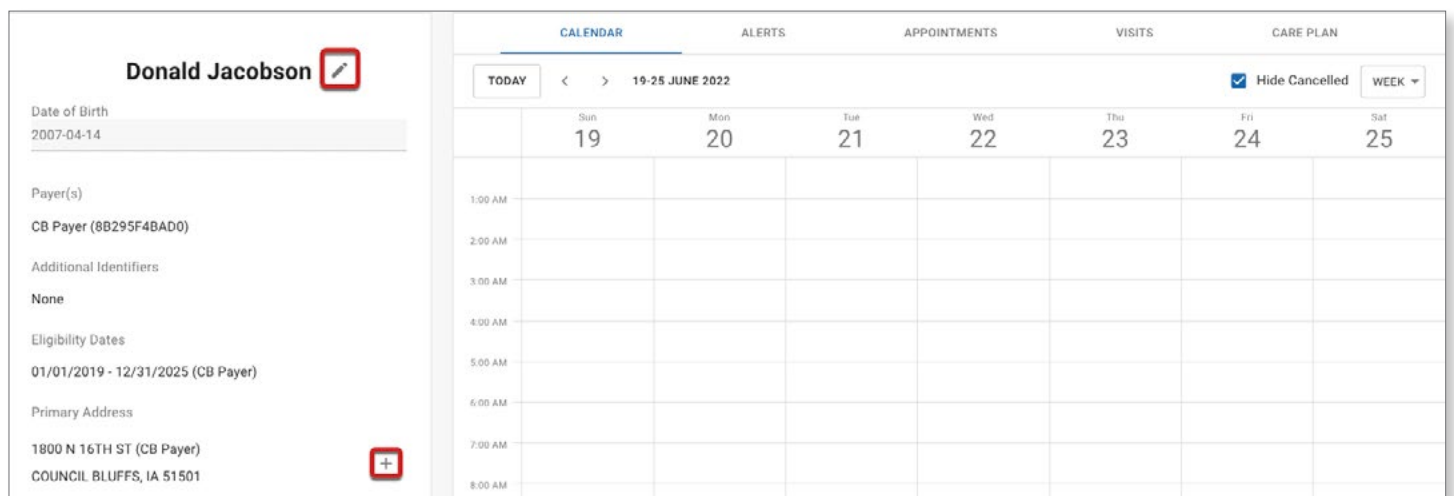
Figure 27. Members Details **CARE PLAN** screen



### MODIFY MEMBER DETAILS

The Member Details screen is populated with data from the member file (provided by the State or MCO) and updates daily with the most recent information. In some instances, it may be necessary to update a member's address or phone number to reflect more up-to-date changes than have been reflected in the member file. 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 **+ sign**



Upon selecting the **+ sign**, the user will be presented with a dialog box 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 "Church", "Family Member's Home", or "Temporary Residence". Once **SUBMIT** is selected, the address/phone number will be sent to the Payer (MCO) for approval. Until it is approved, the address/phone number will not be available to use for the purposes of scheduling an appointment or completing a visit. The request can be viewed at any point in the Discussions section of Member Details.

Figure 29. **Edit Primary Address** screen

**EDIT APPOINTMENT INFORMATION IN BULK**

When in the Member Details screen, 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** at 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

DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	APPT ID	STATUS
<input checked="" type="checkbox"/>	02/23/2022	08:00 AM	10:00 AM	Gwyneth	S5125		Scheduled
<input checked="" type="checkbox"/>	02/25/2022	08:00 AM	10:00 AM	Gwyneth	S5125		Scheduled
<input checked="" type="checkbox"/>	02/27/2022	08:00 AM	10:00 AM	Gwyneth	S5125		Scheduled
<input checked="" type="checkbox"/>	02/28/2022	12:00 PM	12:15 PM	Kay	S5125		Scheduled

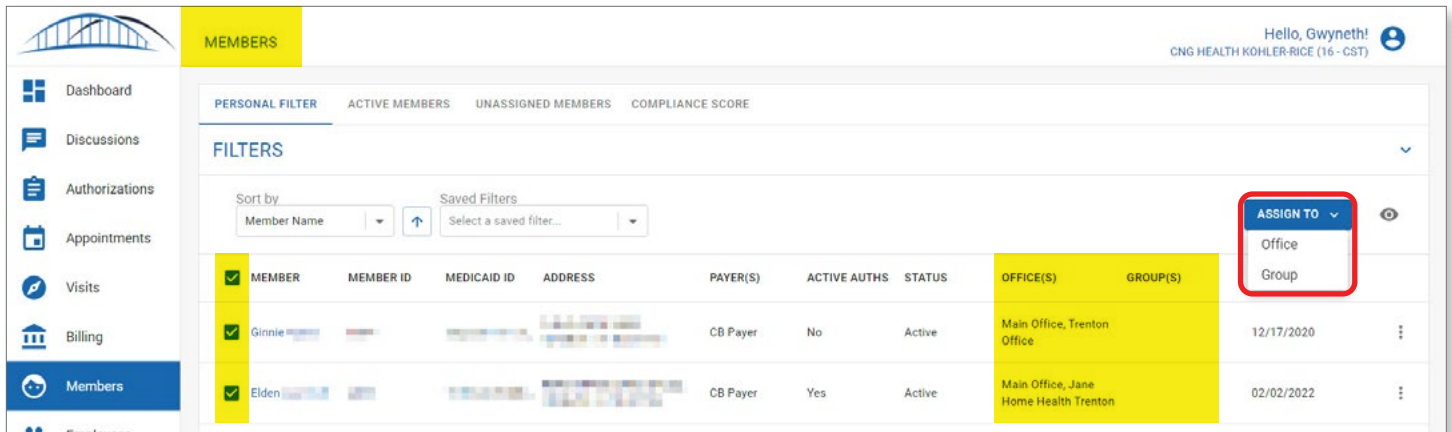
Figure 31. Authorizations page **FILTERS** and **Sort by** drop-down menu

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.

### ASSIGN MEMBERS TO OFFICES AND/OR GROUPS

Use the **check boxes** next to member names to select them, then select the **ASSIGN TO** button in the top right of the table to assign members to **Offices** or **Groups** (Figure 32). See the [Settings](#) section for more information on the functionality that **Offices** and **Groups** provide.

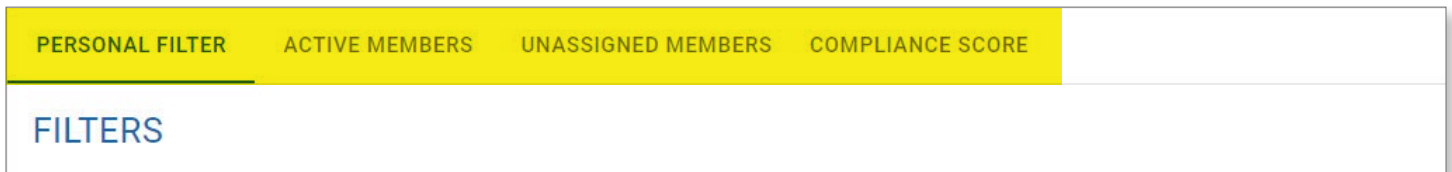
Figure 32. Members page **ASSIGN TO** button and drop-down menu



### MEMBER REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Members page. It can be used to filter and sort the members table in a variety of ways to return the subset of members that is most useful. In addition to the **PERSONAL FILTER**, there are three reports that have predefined filters to help quickly navigate to useful member data (Figure 33).

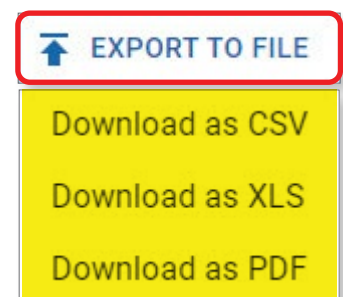
Figure 33. Members page reports



- **Active Members:** This report returns a list of all active members.
- **Unassigned Members:** This report returns a list of all members who have not been assigned to an Office.
- **Compliance Score:** This report returns a list of all members (ascending order) by Compliance Score.

To export any of the data on the Members page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 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 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. The Authorizations page is populated with data from the authorizations file which updates on a recurring basis with the most recent information.

Figure 35. Authorizations page

The screenshot displays the 'AUTHORIZATIONS' page. At the top, there are tabs for 'PERSONAL FILTER', 'UNACKNOWLEDGED', 'UNASSIGNED', and 'DECLINED'. Below these are filter options for 'Sort by' (Updated Date) and 'Saved Filters'. A '+ CREATE AUTHORIZATION' button is visible. The main table lists authorization records with the following data:

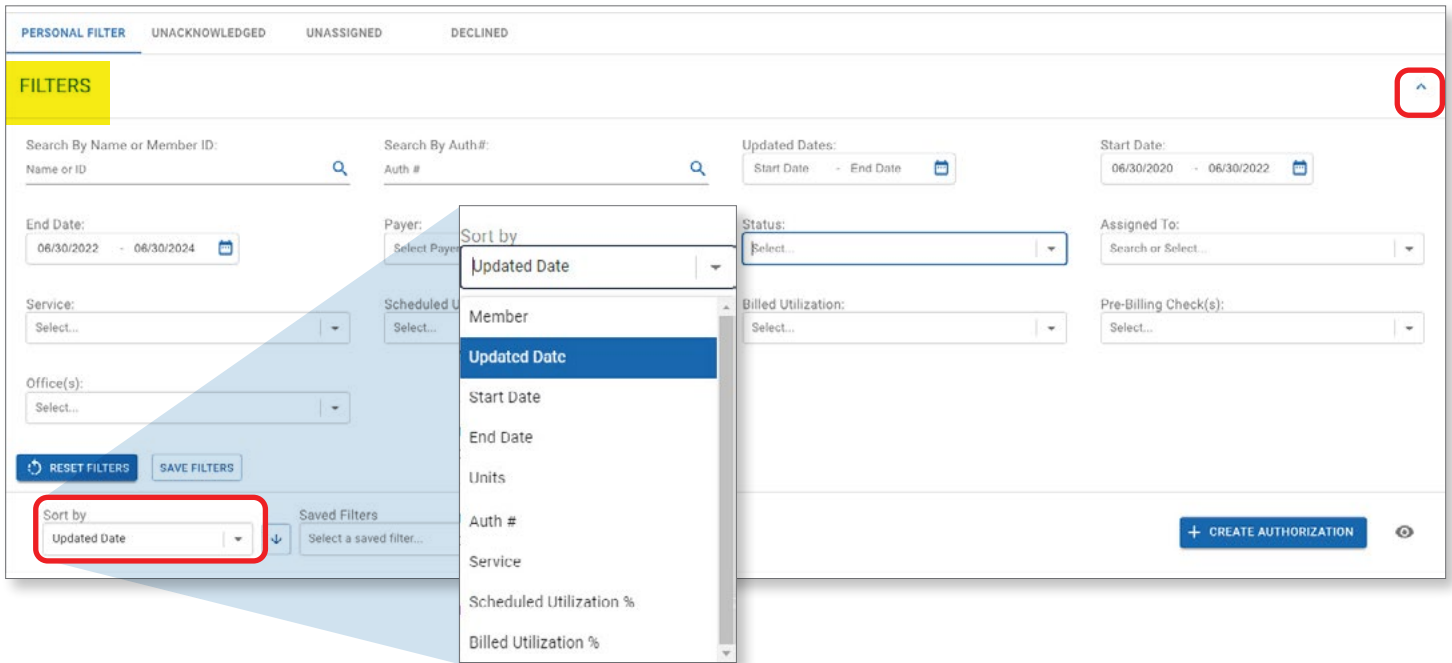
MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Dwigt	04/04/2022	01/01/2021	12/31/2022	1000	---	S5125		0	0	CB Payer	Acknowledged	Gwyneth M.
Donald	04/04/2022	01/01/2021	12/31/2022	1000	---	S5125		7.5	4	CB Payer	Acknowledged	Kay Adams
Calvin	04/04/2022	01/01/2021	12/31/2022	1000	---	S5125		0.8	0.8	CB Payer	Acknowledged	Gwyneth M.
Bob	04/04/2022	01/01/2021	12/31/2022	1000	---	S5125		0.7	0.7	CB Payer	Acknowledged	Select...
Bill	04/04/2022	01/01/2021	12/31/2022	1000	---	S5125		0.3	0.3	CB Payer	Acknowledged	Gwyneth M.

At the bottom of the table, there is an 'EXPORT TO FILE' button and a pagination control showing 'Rows per page: 10' and '1-5 of 5'.

## 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** in the **FILTERS** component or the **Sort by** drop-down menu at the top left of the table (Figure 36).

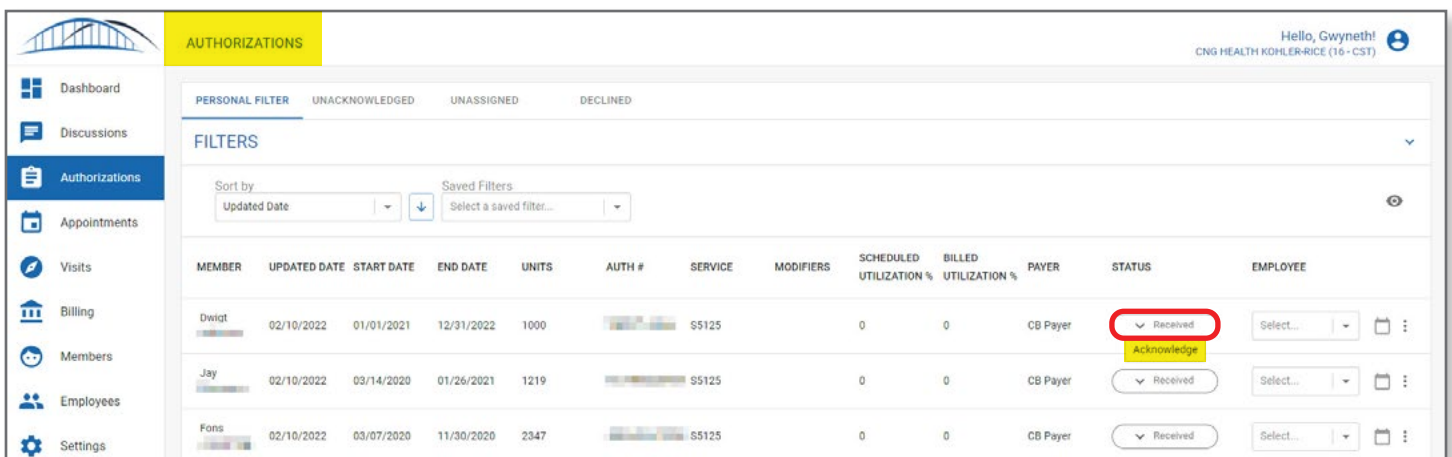
Figure 36. Authorizations page **FILTERS** and **Sort by** drop-down menu



## 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.

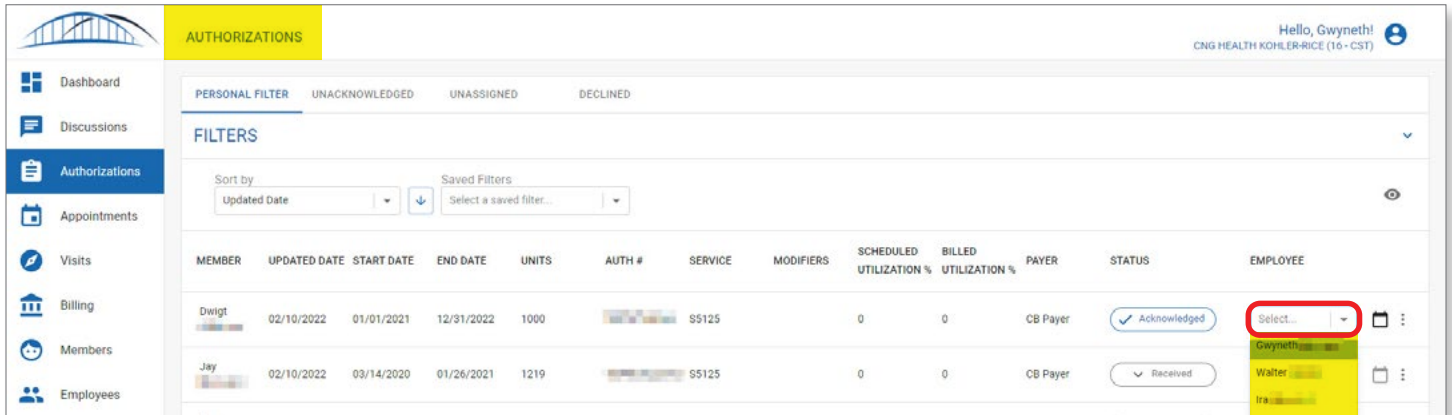
Figure 37. Acknowledge Authorizations



### ASSIGN EMPLOYEE TO AN AUTHORIZATION

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

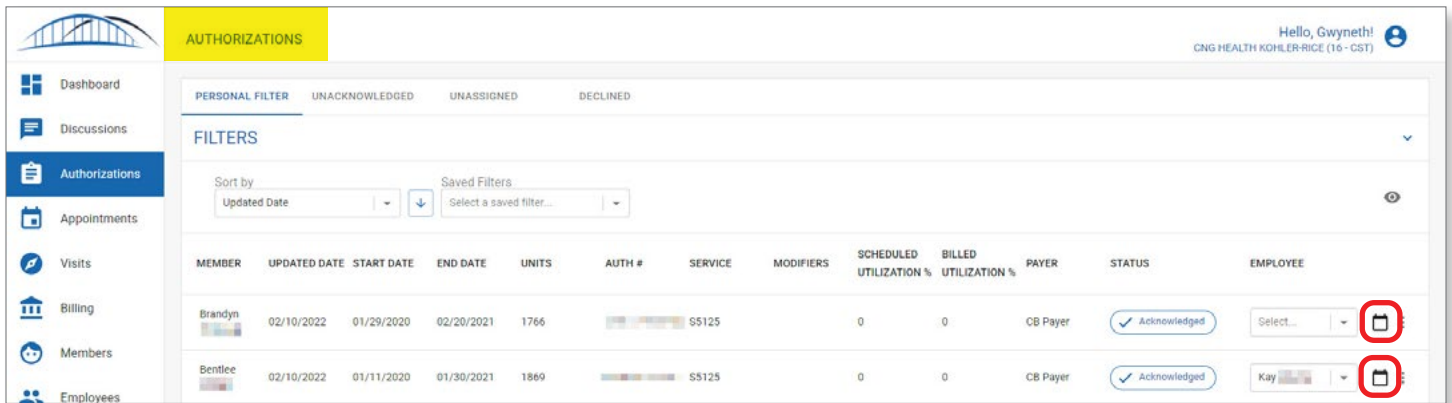
Figure 38. Authorizations page **EMPLOYEE** drop-down menu



### 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.

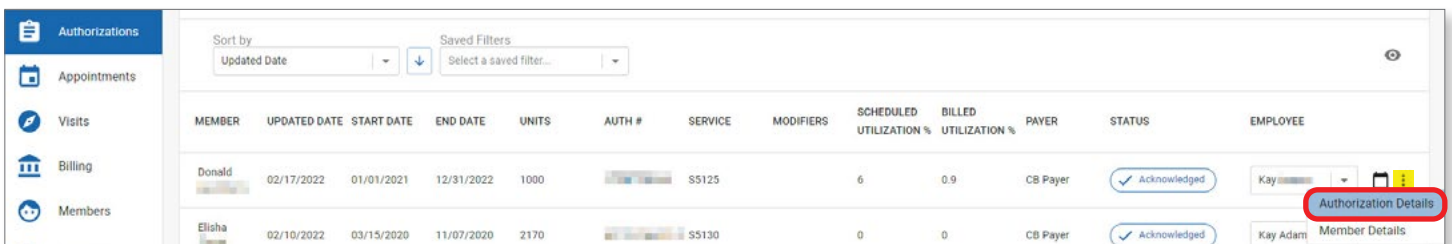
Figure 39. Schedule appointments from Authorizations page - **calendar icon**



### AUTHORIZATION DETAILS

To 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 **Authorizations Details** button



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

The screenshot shows the 'Authorization Details' screen for a user named Donald. The page header includes the user's name, a pencil icon (circled in red), and a 'VIEW IN PAYER PORTAL' button. The main content area is yellow and contains the following sections:

- UNITS:** A toggle switch is turned on. Below it are two progress bars: 'SCHEDULED UNITS' (75 units of 1000 used, 925 total) and 'BILLED UNITS' (40 units of 1000 used, 900 total).
- Payer:** CB Payer
- Auth Number:** [Redacted]
- Start-End Date:** 01/01/2021 - 12/31/2022
- Service Code:** S5125
- Units:** 1000
- Diagnosis Code 1:** Z7699
- Diagnosis Code 2:** [Dropdown menu]
- Service Provider:** Name [Redacted]
- Service Provider NPI:** Name [Redacted]
- Service Provider Medicaid ID:** Name [Redacted]
- Employee:** Key [Redacted]
- Member Eligibility:** 01/01/2019 - 12/31/2025
- Notes:** No Current Note. Includes an 'Attach File' button and a 'RESET' button.
- Bottom Navigation:** Three buttons are circled in red: 'SCHEDULE APPOINTMENT', '+ MANUAL ENTRY', and '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:

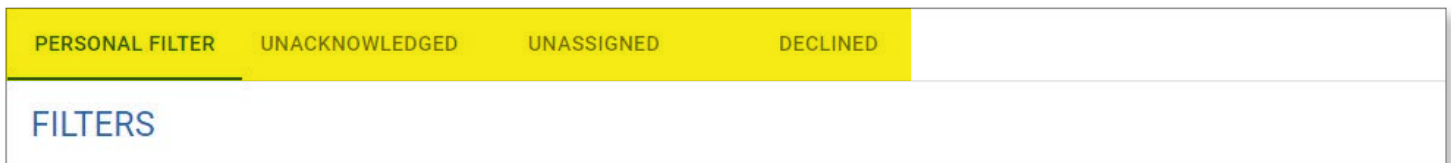
- Add a secondary Diagnosis Code to the authorization.
- Assign an **Employee** to the authorization.
- Add **Notes** to the authorization.
- The **SCHEDULE APPOINTMENT** button will take the user to the Appointments Scheduling dialog. For more information about scheduling appointments, refer to the Appointments section.
- The **+ MANUAL ENTRY** button takes the user to the Manual Entry dialog. For more information about manual entries, please 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).

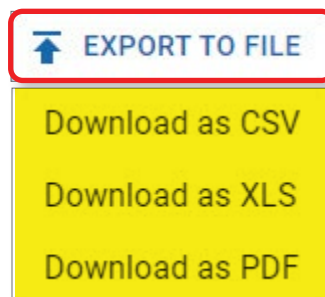
Figure 42. Authorizations page reports



- **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 from the Settings page under the **DOCUMENTS** sub-tab.

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

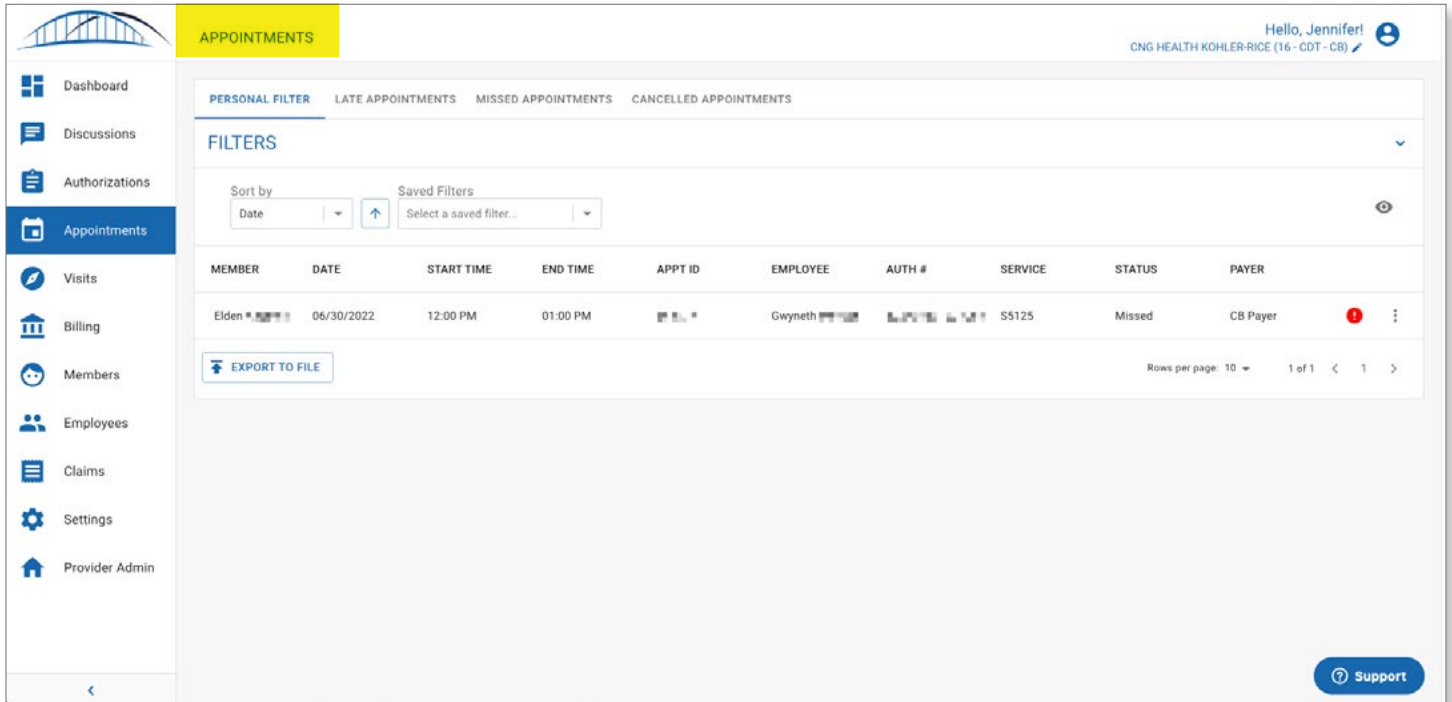




## APPOINTMENTS

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

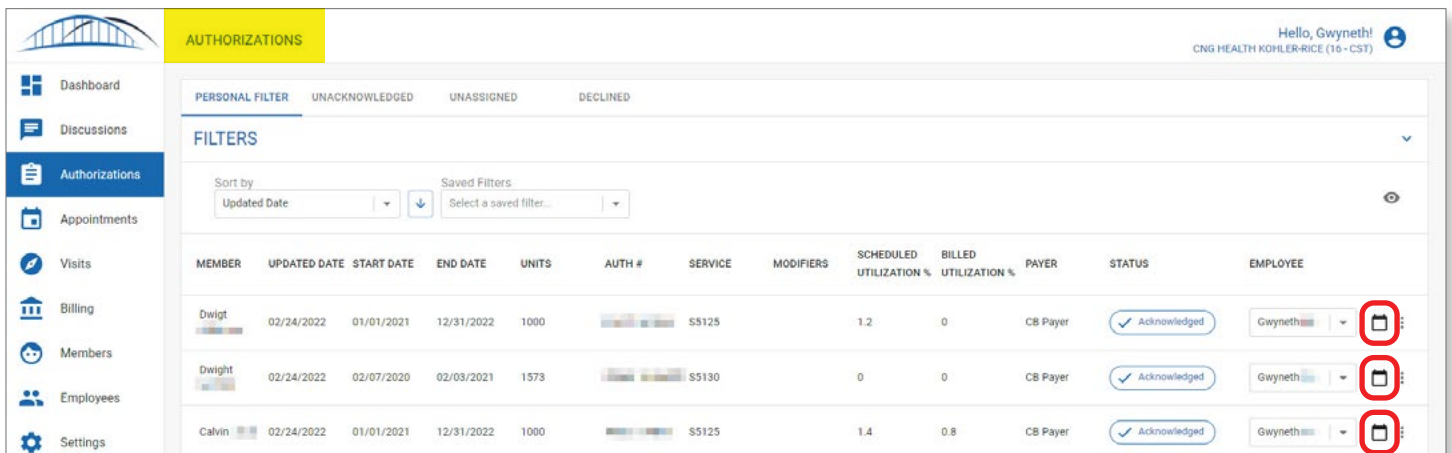
Figure 44. Appointments page



## SCHEDULE APPOINTMENTS IN THE PROVIDER PORTAL

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



Upon selecting the **calendar icon**, the user is taken to the Schedule Appointment screen (Figure 46). On the left side of the Schedule Appointment screen, view any current authorizations for the member and choose the authorization needed to schedule appointments by clicking the **Select For Scheduling** check box.

Figure 46. Schedule Appointment screen

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

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

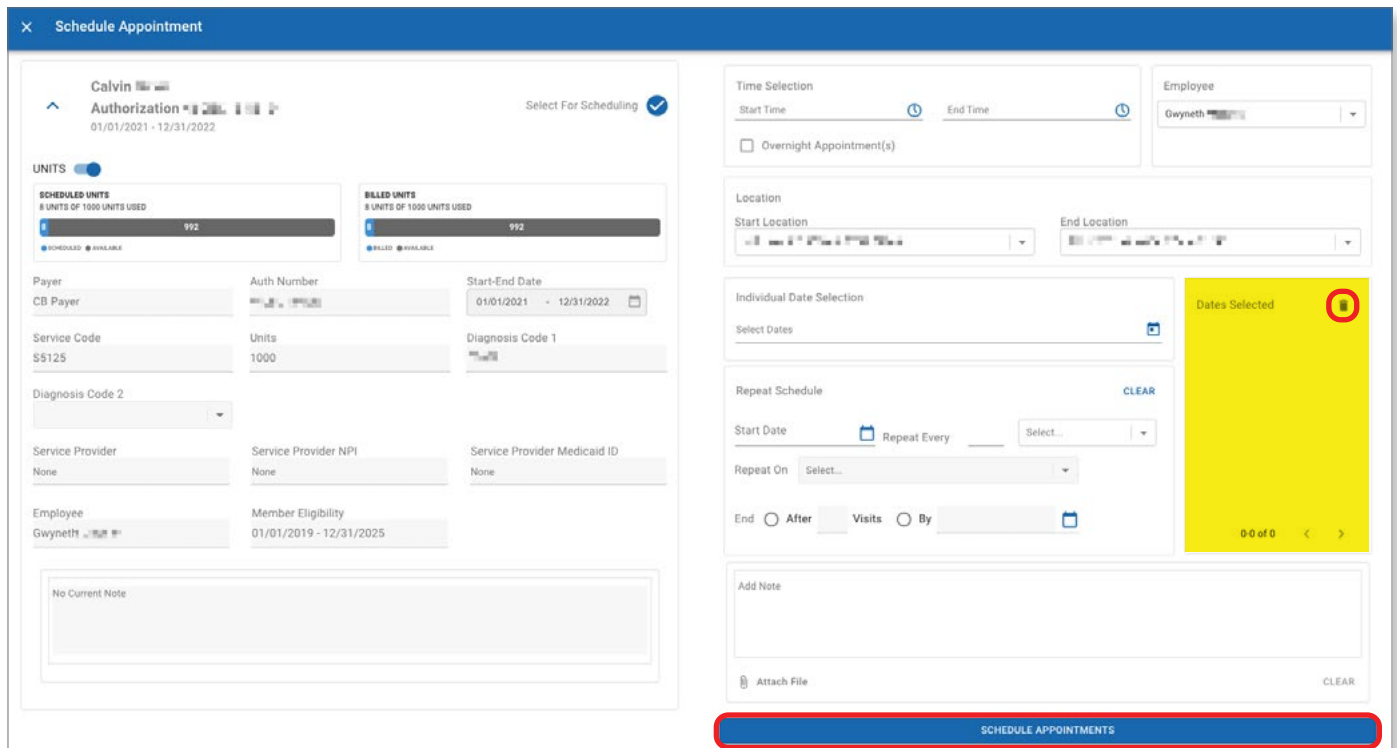
- Click the **calendar icon** in the *Individual Date Collection* card to select individual dates for appointments. The user can individually select as many dates as necessary from the *Individual Date Collection* card. Once the dates are selected, they will display in the *Dates Selected* card (Figure 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. Example: 'Repeat on Wednesdays.'
  - **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 fields listed above, the *Dates Selected* card will populate with the appropriate dates based on the 'Individual Date Selection' or 'Repeat Schedule' fields.

The user can also choose to remove any previously selected dates by clicking the **X icon** next to the date in the *Dates Selected* card, or click on the **trash can icon** to delete all the selected dates (Figure 47).

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

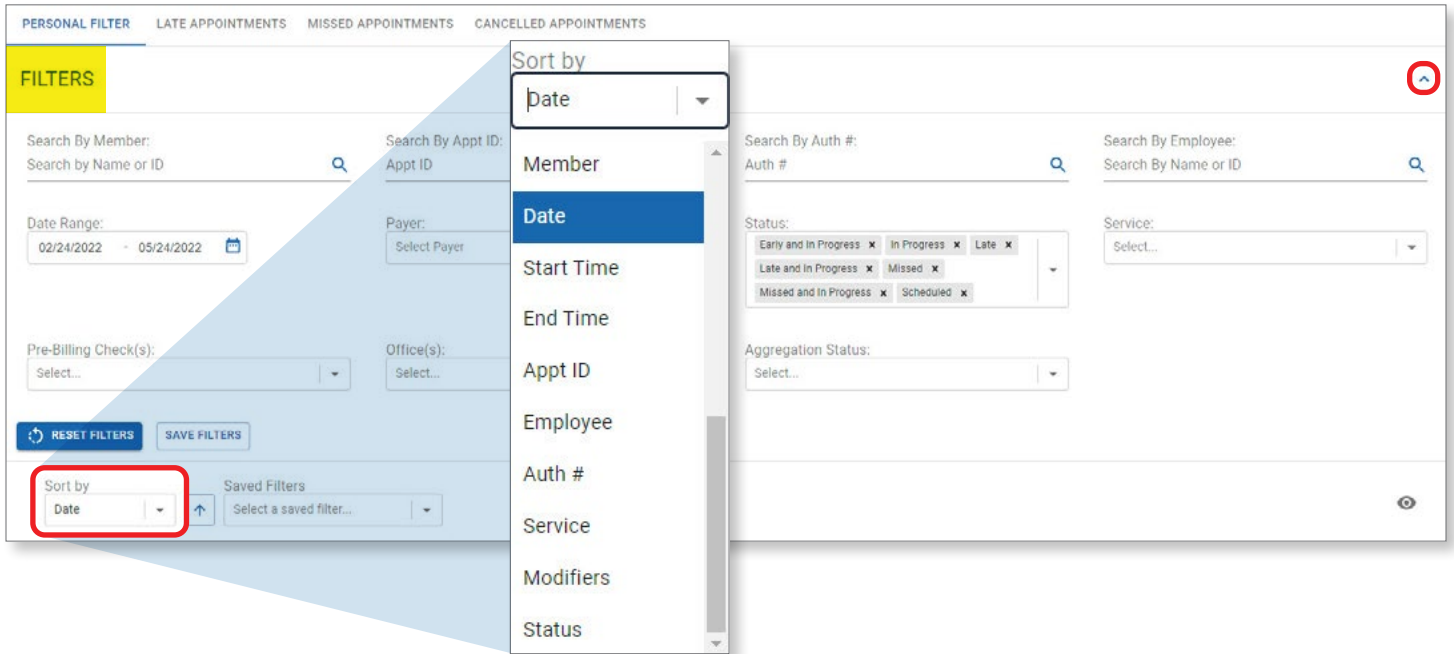
Figure 47. Recurring appointments dates selection



### 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 several parameters by selecting the **expand arrow** or the word **FILTERS** or the **Sort by** drop-down menu at the top left of the table (Figure 48).

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



### APPOINTMENT DETAILS

To view more details about an appointment, select the **menu icon (3 dots)** on the right side of the appointment row and then select **Appointment Details** (Figure 49).

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

MEMBER	DATE	START TIME	END TIME	APPT ID	EMPLOYEE	AUTH #	SERVICE	STATUS	PAYER	
Bill	02/24/2022	05:00 AM	06:00 AM	559321	Gwyneth		S5125	Missed	CB Payer	
Dwigt	02/24/2022	09:00 AM	10:00 AM	559326	Gwyneth		S5125	Missed	CB Payer	
Bill	02/26/2022	05:00 AM	06:00 AM	559322	Gwyneth		S5125	Scheduled	CB Payer	

A red arrow points to the menu icon (three dots) on the right side of the first row. A dropdown menu is open, showing options: Appointment Details, Authorization Details, and Member Details. 'Appointment Details' is highlighted with a red box.

From the default Appointment Details page (Figure 50), associated data in the *Appointment* and *Billing* cards can be found, as well as a *Notes* card to add notes and attach files to the appointment. Other cards will be made available as necessary. A user may move between all the member's upcoming **APPOINTMENTS** and completed **VISITS** by selecting them from the lists on the left side of the screen. On the right, the user may look at all **ALERTS** associated with the selected appointment, the **CLAIMS HISTORY**, The member's **CARE PLAN** and **OBSERVED CHANGES** data, a **CALENDAR** view of all the member's appointments and visits (see > right arrow), and the member's **SCHEDULE HISTORY** by selecting from any of those options listed on the tabs on the right of the screen.

Figure 50. **Appointment Details** screen

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

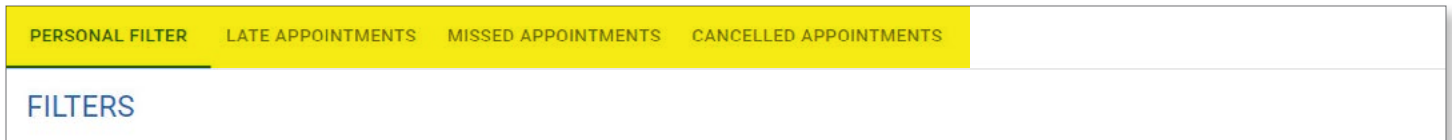
From the bottom of the **Appointment Details** screen, the user may choose to utilize four actions:

- **EXPORT FOR BILLING:** If the visit has been completed properly, it can be exported.
- **MANUAL ENTRY:** For non-EVV visits, complete a Manual Entry. (See the Visits section for more information about Manual Entries.)
- **RESCHEDULE:** For the appointment selected, choose a new date, or modify any of the appointment details by selecting the **RESCHEDULE** button.
- **CANCEL APPOINTMENT:** For upcoming appointments, choose to cancel and provide a reason.

## 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).

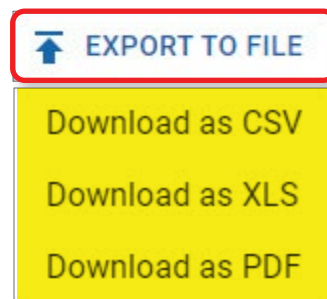
Figure 51. Appointments page reports



- **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 one 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 three hours of the appointment start time.
- **CANCELLED APPOINTMENTS:** This report returns a list of all appointments that have been cancelled.

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

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 is 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 then view the confirmation screen that shows Check-In was completed (Figure 56).

**Please note:** when different services are scheduled in consecutive order, the Caregiver must Check-Out of the first service and then 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

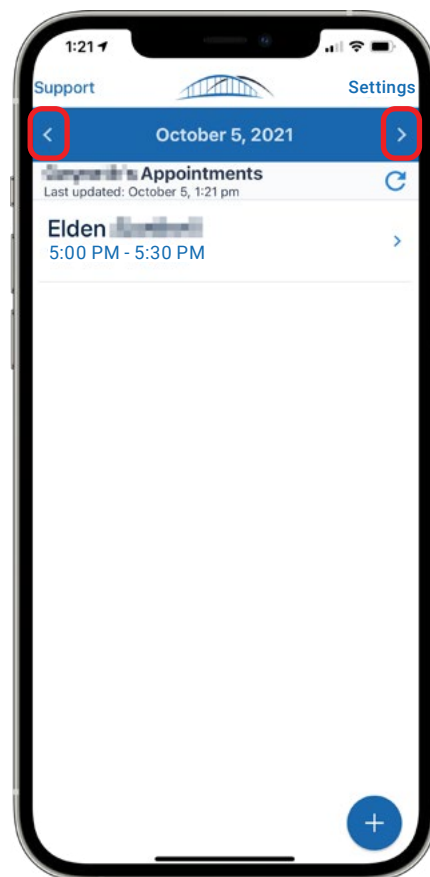


Figure 54. Appointment location

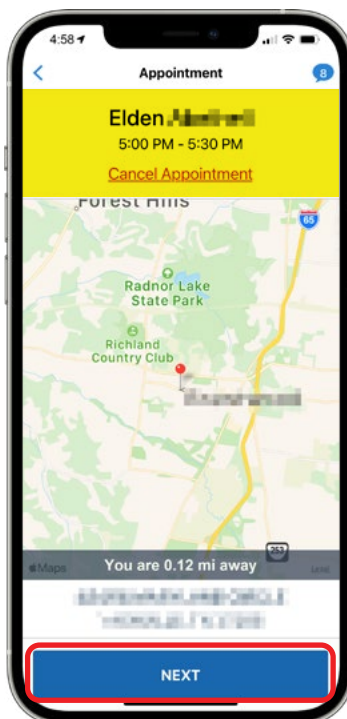
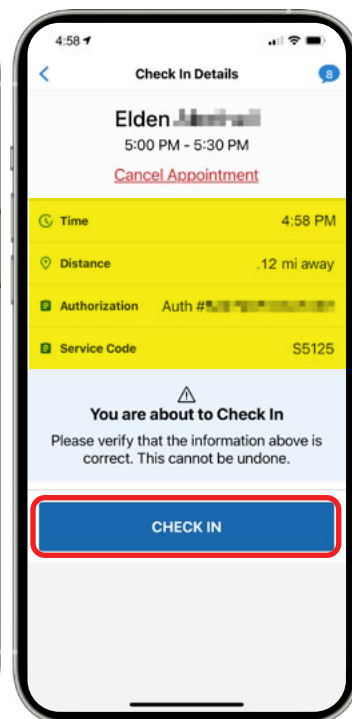


Figure 55. Check In Details



Before continuing the documentation 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 questions 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 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 Provider Portal Discussions page. Once all questions are answered, the caregiver can may select the **CONTINUE** button. If there are no changes, the caregiver may select **NO OBSERVED CHANGES** (Figure 57) and then **Confirm**.

Figure 56. Check In Completed!

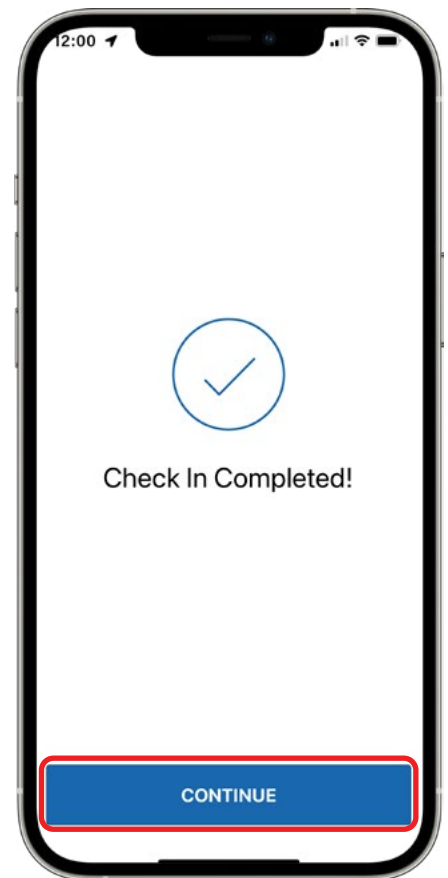
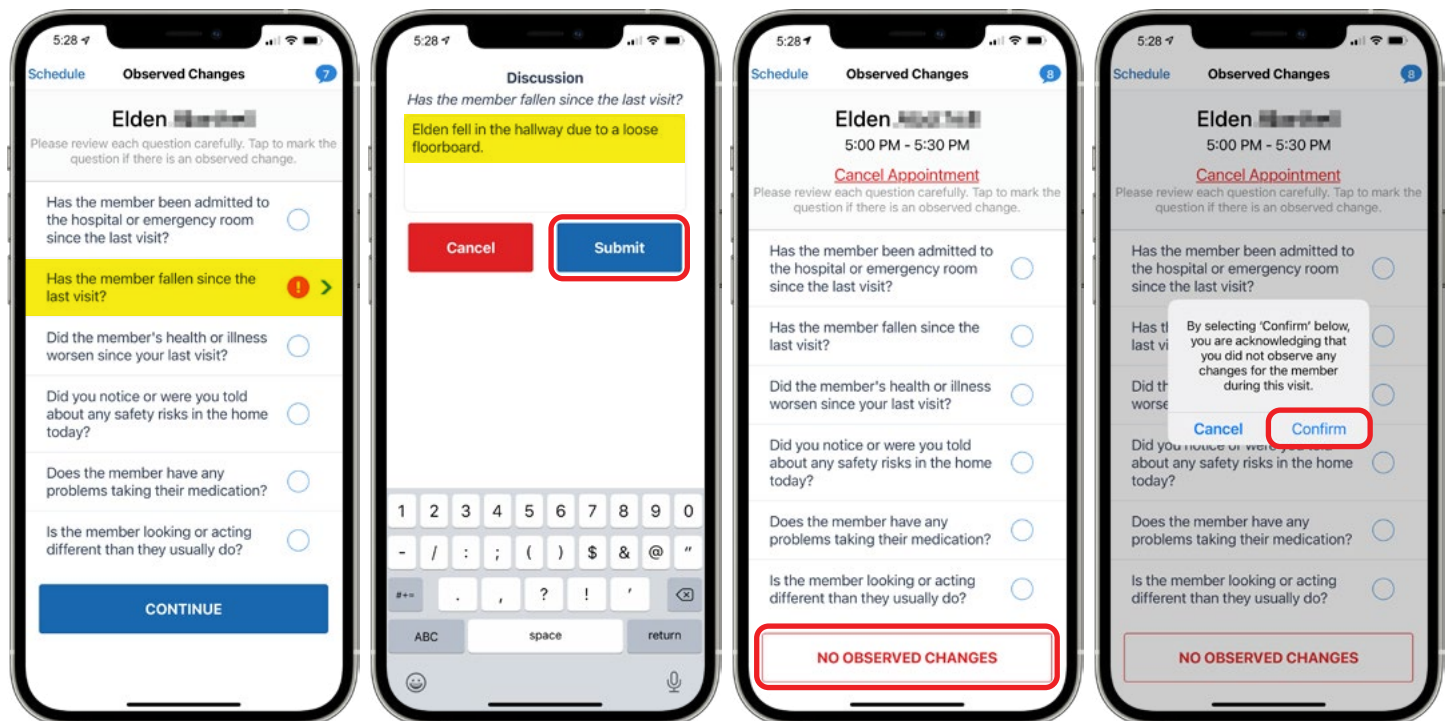


Figure 57. OBSERVED CHANGES screen





**CARE PLAN**

Once the Observed Changes survey is complete, the caregiver is shown the member's **Care Plan**. The **Care Plan** is a list of activities to be performed with the member (Figure 58).

If all the **Care Plan** activities have been performed and there are no issues, the caregiver can 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** screen    Figure 59. **Mark All Performed**

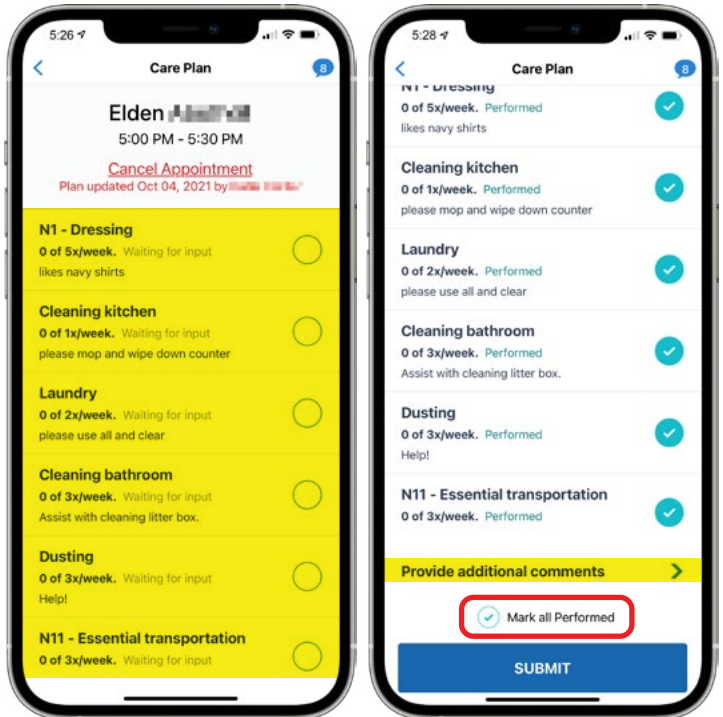
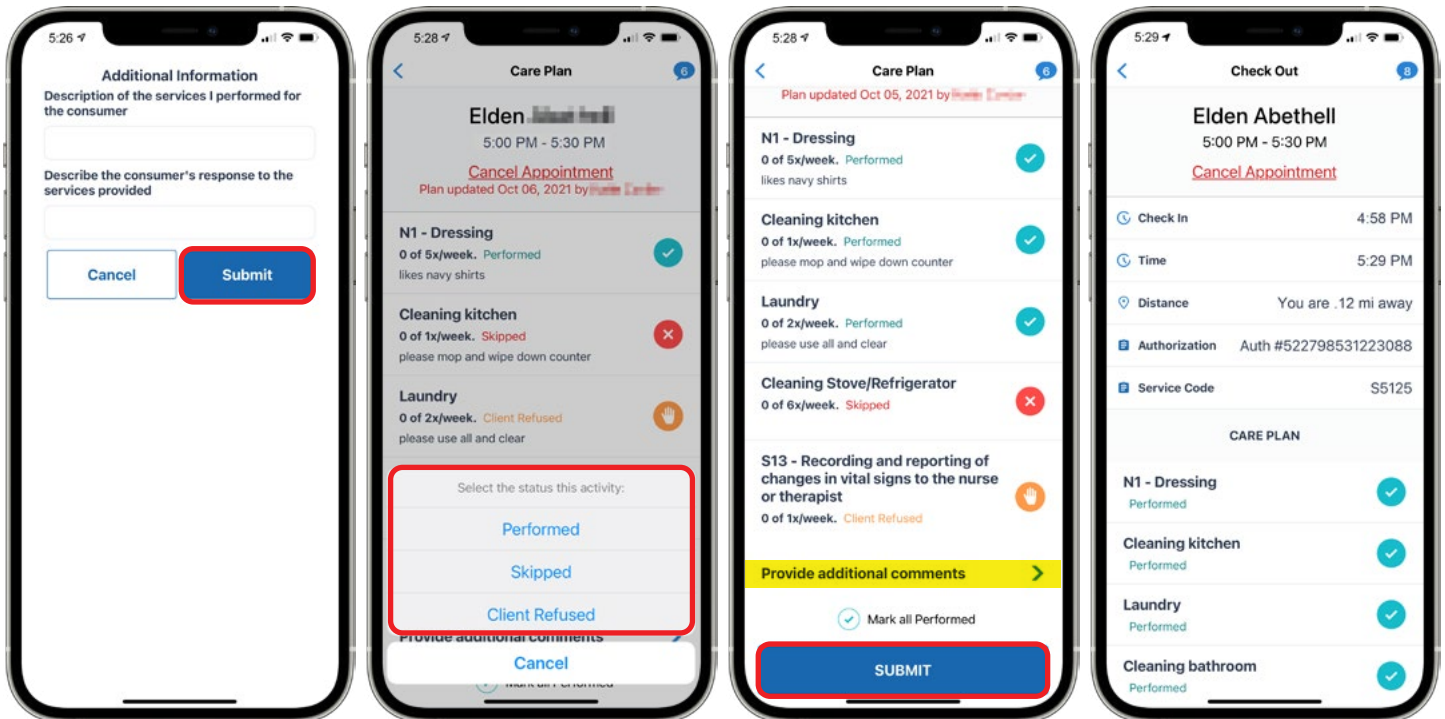


Figure 60. **Reason and APPROVE** with no signature



### CHECK-OUT

Once the Care Plan documentation is complete, the Caregiver is presented with Check-Out details and can review to confirm that all previous documentation is correct (Figure 61). The caregiver should then select the **Collect Signature** button to continue. 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, the caregiver can select **APPROVE** to complete the Check-Out workflow and the visit. If **APPROVE** is selected without the member entering a signature, the app will ask for a reason. For example, the member was sleeping, or physically unable to sign (Figure 63). Once the caregiver has completed the Check-Out process, they are done with the visit. (Figure 64).

Figure 61. Click **Collect Signature** button

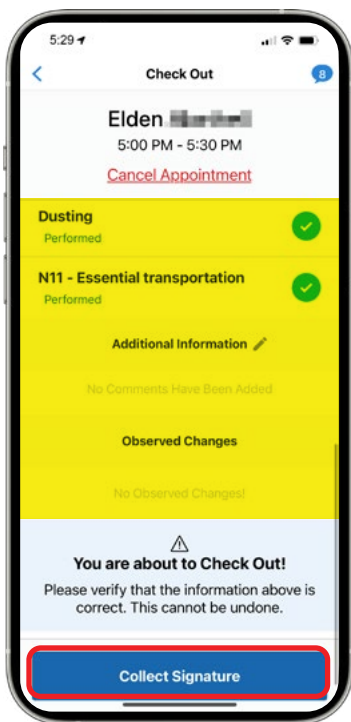


Figure 62. **APPROVE WITH** signature



Figure 64. You are done!

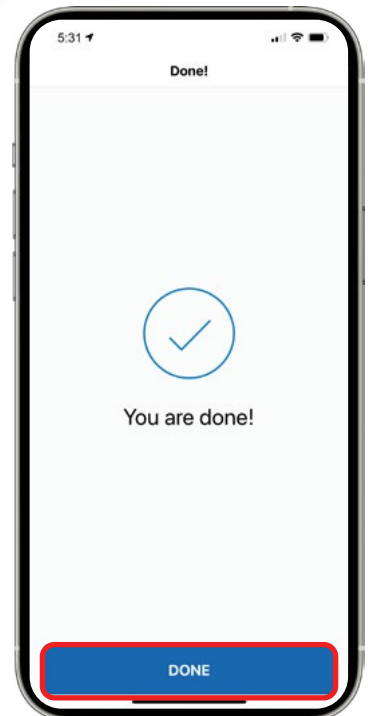
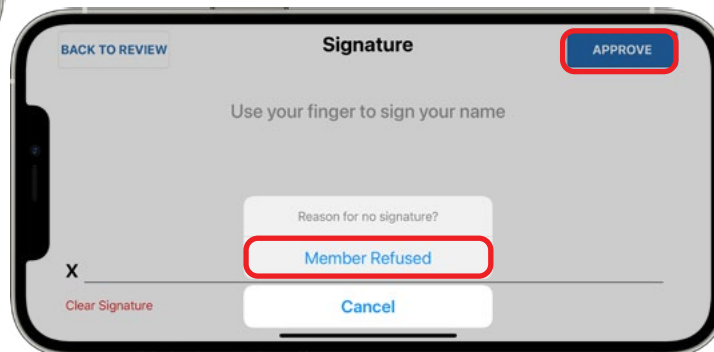


Figure 63. **Reason and APPROVE** with no signature



## 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 **(515) 489-4787** 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** questions, and **Check Out**.



## VISITS

The Visits page in the CareBridge Provider Portal (Figure 65) allows Agency Employees to view completed visits and 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	02/10/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
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	02/14/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/15/2022	06:10 AM	06:10 AM	Amanda		S5125	CB Payer		Completed
Donald	02/15/2022	04:00 PM	04:30 PM	Kay		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/17/2022	07:00 AM	10:00 AM	Gwyneth		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/23/2022	08:00 AM	10:00 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 several parameters by selecting the **expand arrow** in the **FILTERS** component, 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 then select **Visit Details** (Figure 67).

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

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 Savchuk		S5125	CB Payer		Completed
Donald	02/10/2022	04:00 PM	04:30 PM	Kay Adams		S5125	CB Payer		Missed and Completed (Manual)
Donald	02/11/2022	04:38 PM	05:00 PM	Amanda Savchuk		S5125	CB Payer		Completed
Donald	02/12/2022	04:00 PM	04:30 PM	Kay Adams		S5125	CB Payer		Missed and Completed

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 can also move between all upcoming **APPOINTMENTS** and completed **VISITS** for a member by selecting them from the lists on the left. The user can see any appointment **ALERTS**, the member's **CLAIMS HISTORY**, **CARE PLAN** and **OBSERVED CHANGES** data, a **CALENDAR** style view of their appointments and visits (**right arrow >**), and the member's **SCHEDULE HISTORY** by selecting any of those options from the tabs on the right.

Figure 68. **Visit Details** screen

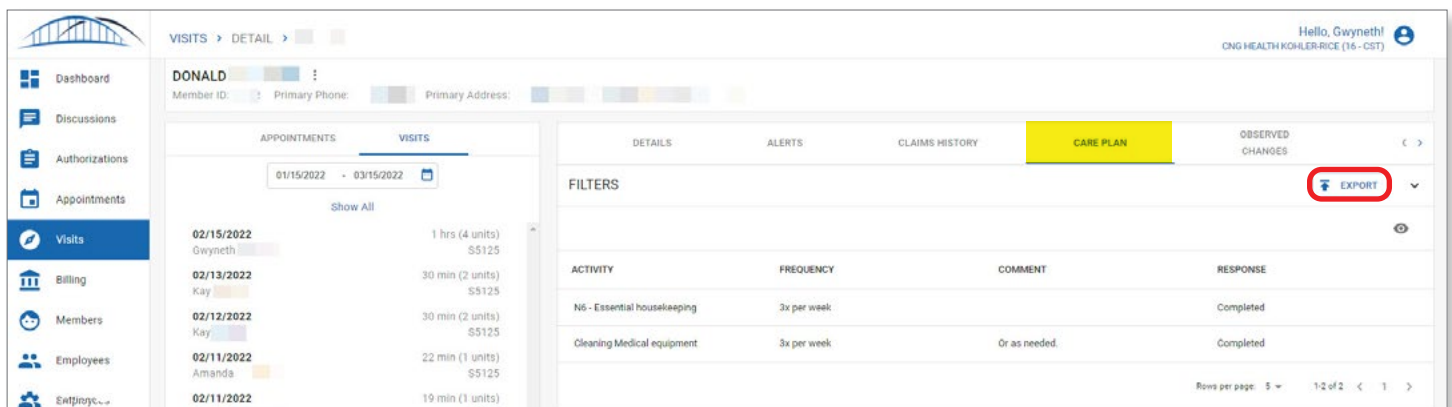
From the bottom of the Visit Details screen, the user may utilize four actions:

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

### 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 in the Settings section, 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

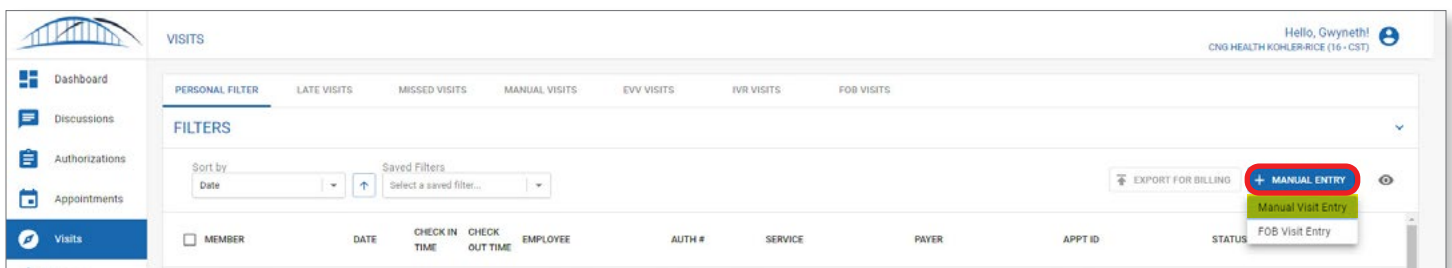


### MANUAL ENTRY

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 may complete a **Manual Entry**.

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

Employee: Gwyneth

Service Code: S5125

Authorization: (Active)

Status: Completed (Manual)

Appointment (optional): Unassigned

Billing Status: Pending

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

- Caregiver error
- No access to application or IVR
- Technical error
- Forgot to clock in/out
- Duplicates/overlapping

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**, 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	APPTID	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)

Sort by: Date

Saved Filters: Select a saved filter...

EXPORT FOR BILLING + MANUAL ENTRY

The user will be presented with a dialog box indicating the Payer and default billing action for each visit. (Figure 73).

Figure 73. **Export** dialog box

**Export** ✕

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

MEMBER	DATE	APPT ID	STATUS	PAYER	BILLING ACTION
Donald	02/01/2022		Completed (Manual)	CB Payer	Bill through EVV
Bill	02/03/2022		Completed (Manual)	CB Payer	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 in more detail (Figure 74).

Figure 74. Pre-Billing Check on the Visits page

HELLO, GWYNETH! CNG HEALTH KOHLER RICE (16 - CST)

PERSONAL FILTER | LATE VISITS | MISSED VISITS | MANUAL VISITS | EVV VISITS | IVR VISITS

FILTERS

Sort by: Date

EXPORT FOR BILLING | MANUAL ENTRY

MEMBER	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	CHECK IN TIME	CHECK OUT TIME	PAYER	APPT ID	STATUS
Itch Coomes	12/08/2020	11:00 am	01:00 pm	Britney Fraser	979221551196426	S5130	11:00 AM	01:00 PM	CB Payer	557346	Missed reason is missing on the appointment.
Artemis Sellick	12/09/2020	02:00 pm	04:00 pm	Kristen Myers	234101926907897	S5125	03:02 PM	03:08 PM	CB Payer	557365	Late and Completed

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

FILTERS

Search By Member Name or ID: Search By Name or ID

Search By Appt ID: Appt ID

Search By Auth #: Auth #

Search by Employee: Search By Name or ID

Date Range: 11/25/2021 - 02/25/2022

Payer: Select Payer

Status: Select...

Service: Select...

**Pre-Billing Check(s):** Select

Check in/Out Type: Select...

Office(s): Select...

Aggregation Status: Select...



The following (Figure 76) is a full list of Pre-Billing Checks performed in the CareBridge Solution and potential opportunities to resolve the Pre-Billing Check to submit the visit for billing.

Figure 76. *Pre-Billing Checks and Resolutions* table

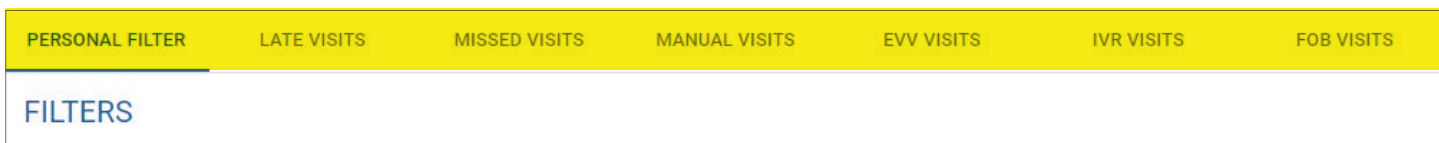
PRE-BILLING CHECK	RESOLVER	RESOLUTION
No authorizations available during the appointment	PROVIDER	MCO issues a new authorization or clarifies
Member is ineligible during the appointment	MCO	MCO changes eligibility or clarifies
Manual entry reason is missing on the appointment	PROVIDER	Provider updates the visit with a reason
Late reason is missing on the appointment	PROVIDER	Provider updates the visit with a reason
Missed reason is missing on the appointment	PROVIDER	Provider updates the visit with a reason
The appointment occurred outside of an authorization	MCO	MCO updates authorization or clarifies
The visit has a claim in progress and is locked	PROVIDER	Provider views claim status and takes appropriate action
The Payer has marked the provider as inactive during the appointment	MCO	MCO re-activates the provider or clarifies
The claim has been denied by the Payer	PROVIDER	Provider views claim status and acts
Caregiver is ineligible during the appointment	PROVIDER	Provider ensures caregiver is eligible to deliver services
The claim has been rejected	PROVIDER	Provider views claim status and acts
Appointment has 0 units to bill	PROVIDER	Provider updates the visit with units via manual entry
Appointment service code has no rate or unit definition	PROVIDER	Provider completes a manual entry
Appointment has a terminated authorization	MCO	MCO 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
Appointment has no attestation	MEMBER	Member to attest through member portal

<b>Appointment has caregiver without license number</b>	<b>PROVIDER</b>	Provider adds a caregiver license ID in employee details
<b>User has no Medicaid ID set</b>	<b>PROVIDER</b>	Provider adds a worker medicaid ID in employee details
<b>Appointment has no duration</b>	<b>PROVIDER</b>	Provider completes a manual entry to update the visit duration
<b>Early reason is missing on the appointment</b>	<b>PROVIDER</b>	Provider updates the visit with an early reason
<b>Appointment has no service modifier</b>	<b>PROVIDER</b>	Provider updates the visit in appointment visit details to include a service modifier

### VISITS PAGE 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 (Figure 77).

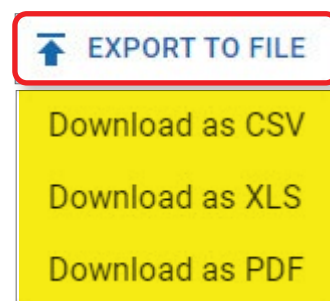
Figure 77. Visits page reports



- **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 hasn't occurred within 1 hour of the appointment.
- **MISSED VISITS:** This report returns a list of all missed visits. A visit is considered missed when a Check-In hasn't occurred within 3 hours of the appointment.
- **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 weremade using a FOB.

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.

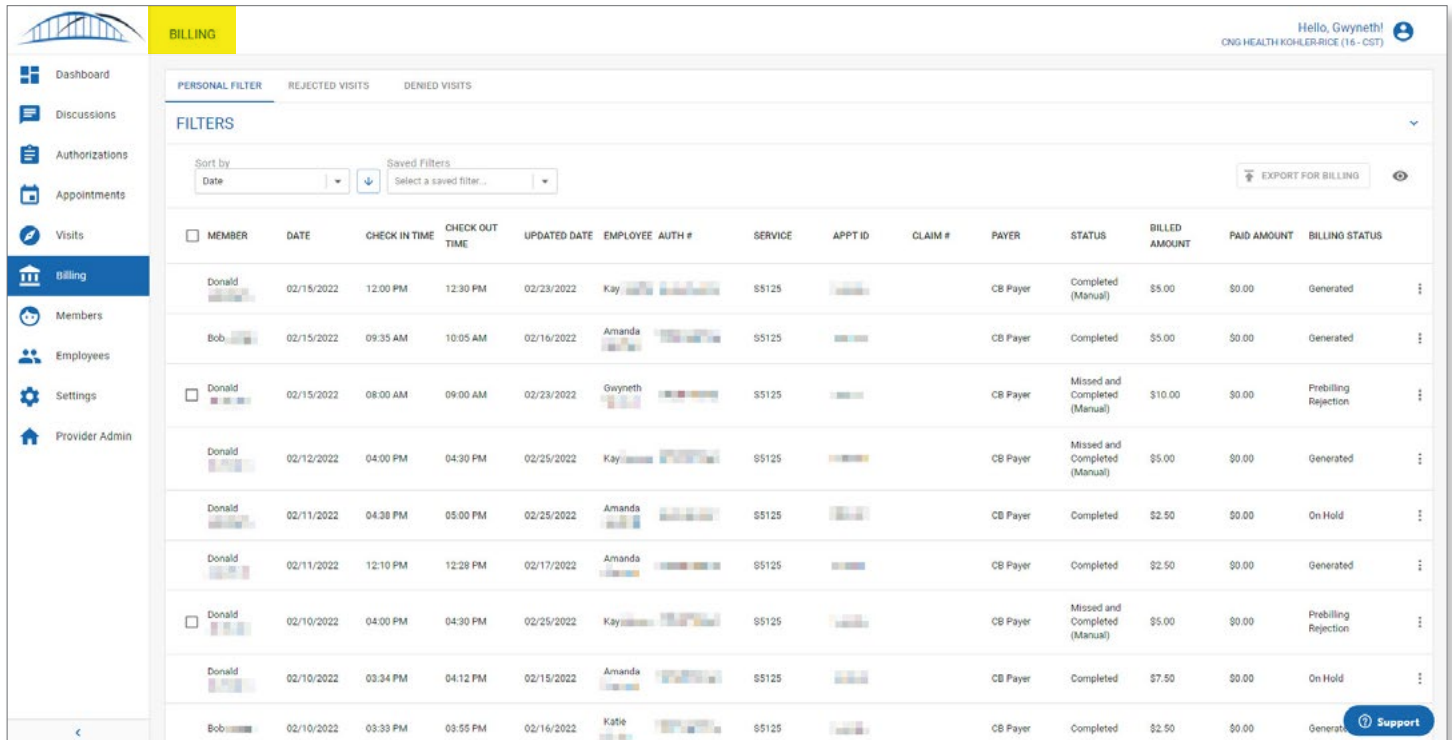
Figure 78. Visits page **EXPORT TO FILE** button and menu options



## 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.

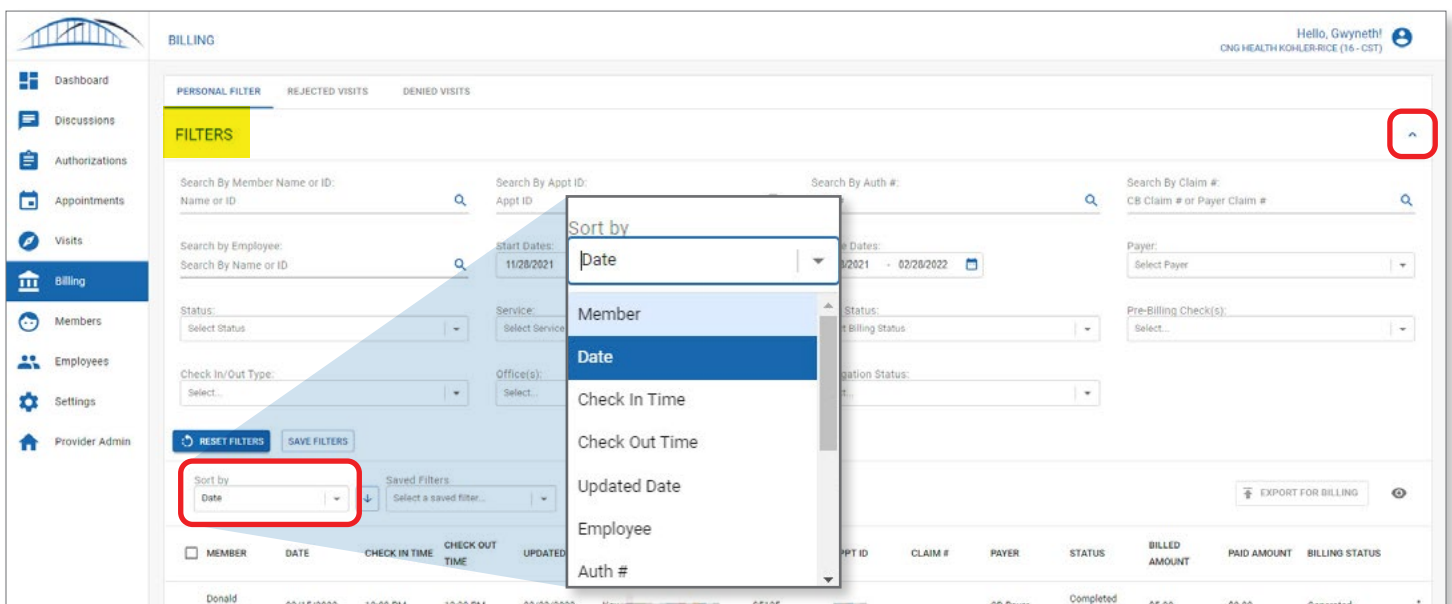
Figure 79. Billing page



### VIEW BILLED VISITS

On the Billing page, the user will see a tabular view of all visits that have been claimed. This table can be filtered and sorted with several parameters by selecting the **expand arrow** in the **FILTERS** component or the **Sort by** drop-down at the top left of the table (Figure 80).

Figure 80. Billing page FILTERS and Sort by menu options



### CLAIMS HISTORY

Once a completed visit has been exported for claims, the user can view details about the billing status and claim information by selecting the **menu icon (3 dots)** on the right side of the visit row and then selecting the **Visit Detail** (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	02/15/2022	12:00 PM	12:30 PM	02/23/2022	Kay		S5125			CB Payer	Completed (Manual)	\$5.00	\$0.00	Generated
Bob	02/15/2022	09:35 AM	10:05 AM	02/16/2022	Amanda		S5125			CB Payer	Completed	\$5.00	\$0.00	Generated
Donald	02/15/2022	08:00 AM	09:00 AM	02/23/2022	Gwyneth		S5125			CB Payer	Missed and Completed (Manual)	\$10.00	\$0.00	Prebilling Rejection
Donald	02/12/2022	04:00 PM	04:30 PM	02/25/2022	Kay		S5125			CB Payer	Missed and Completed (Manual)	\$5.00	\$0.00	Ger

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

**CLAIMS HISTORY**

**Billing**

- Service Code: S5125
- Modifiers: None
- Billing Status: Prebilling Rejection
- Units: 4

**Manual Entry**

- Created Date: Feb 16, 2022 11:25 AM
- Check in Date/Time: Feb 15, 2022 8:00 AM
- Check Out Date/Time: Feb 15, 2022 9:00 AM
- Visit Duration: 1 hours 0 minutes (4 units)
- Check in Location: [Address]
- Check Out Location: [Address]
- Acceptable Locations: N/A
- Manual Reason Code: No access to application or I/R
- Manual Notes: [Text]
- Member Attestation: No Attestation

**Missed Visit**

- Missed Visit Reason: Caregiver forgot to check in / out
- Missed Action Taken: Service provided as scheduled
- Manual Notes: Caregiver was unable to check in or out at the time of the visit. Corrected via Manual Entry later.

**EXPORT FOR BILLING**   **MANUAL ENTRY**   RESCHEDULE   CANCEL VISIT

The **CLAIMS HISTORY** tab displays the Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount for the visit. The user will also be able to access each individual claim request that was generated at the time the visit was exported for a claim, and dates associated with the status changes (Figure 83).

Figure 83. **CLAIMS HISTORY** tab details

The screenshot shows the 'CLAIMS HISTORY' tab for a patient named DONALD. The left sidebar lists navigation options like Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members, Employees, Settings, and Provider Admin. The main content area is divided into 'APPOINTMENTS' and 'VISITS'. The 'VISITS' section shows a list of visits with columns for date, duration, units, and amount. The selected visit is from 02/15/2022, 1 hrs (4 units), \$5125, performed by Gwyneth. The right side of the screen shows the 'CLAIMS HISTORY' details for this visit, including a 'Billing' summary and two 'Claim Request' sections. The 'Billing' summary shows: Billed Amount \$10.00 (4 units), Accepted Amount \$0 (0 units), Rejected Amount \$10.00 (4 units), Paid Amount \$0 (0 units), and Denied Amount \$0 (0 units). The first 'Claim Request #4061' is for Kaye on 02/23/2022, with a status of 'Prebilling Rejection' and an external status code of 'VCR2025'. The second 'Claim Request #3995' is for Gwyneth on 02/16/2022, with a status of 'Prebilling Rejection' and an external status code of 'VCR2025'.

**EXPORT FOR BILLING**

If visits need to be resubmitted for a claim, agency employees can export by selecting the **check box** next to one - or many - visits and then selecting the **EXPORT FOR BILLING** button at the top right corner of the table (Figure 84).

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

The screenshot shows the 'BILLING' page with a table of visits. The table has 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. Three rows are visible: 1) Donald, 02/15/2022, 12:00 PM, 12:30 PM, 02/23/2022, Kaye, S5125, CB Payer, Completed (Manual), \$5.00, \$0.00, Generated. 2) Bob, 02/15/2022, 09:35 AM, 10:05 AM, 02/16/2022, Amanda, S5125, CB Payer, Completed, \$5.00, \$0.00, Generated. 3) Donald, 02/15/2022, 08:00 AM, 09:00 AM, 02/23/2022, Gwyneth, S5125, CB Payer, Missed and Completed (Manual), \$10.00, \$0.00, Prebilling Rejection. A red box highlights the 'EXPORT FOR BILLING' button in the top right corner of the table.

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**

<b>BILLING STATUS</b>	<b>DESCRIPTION</b>
<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 MCO/PASSE 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 was denied by the MCO due to insufficient or invalid data upon review of the claim
<b>Generated</b>	This visit has a claim 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 was paid by the MCO
<b>Pending</b>	This visit has not yet been exported for claims
<b>Pre-billing Rejection</b>	This visit was rejected due to insufficient or invalid data prior to claim creation
<b>Queued</b>	This visit has been queued for claim generation
<b>Rejected</b>	This visit was rejected by the MCO due to insufficient or invalid data upon initial review of the claim
<b>Submitted</b>	This visit has a claim that has been submitted to the MCO
<b>Voided</b>	This visit 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).

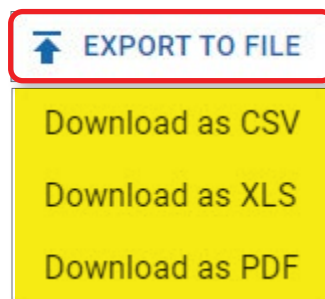
Figure 86. Billing page reports



- **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 at 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 within the CareBridge Solution that enable communication both within a provider agency as well as between a provider agency and MCOs.

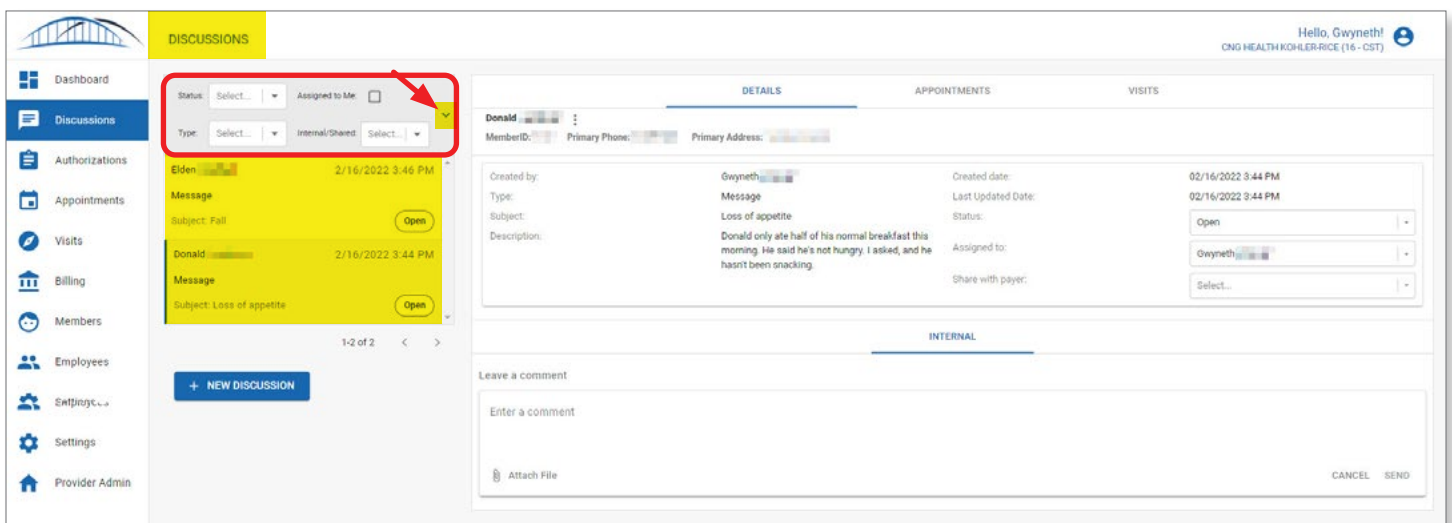
## DISCUSSIONS

The Discussions page in the CareBridge Provider Portal allows agency employees to manage and prioritize inbound communications, act critical tasks, and communicate within the agency as well as with MCOs.

### DISCUSSIONS NAVIGATION

Once on the Discussions page, the user will see a list of all open discussions that are currently unassigned. This list can be filtered by **Status**, **Assigned to**, and several other fields that are viewed by selecting the **expand arrow** to the right of the drop-down menus (Figure 88).

Figure 88. Discussions page and navigation pane



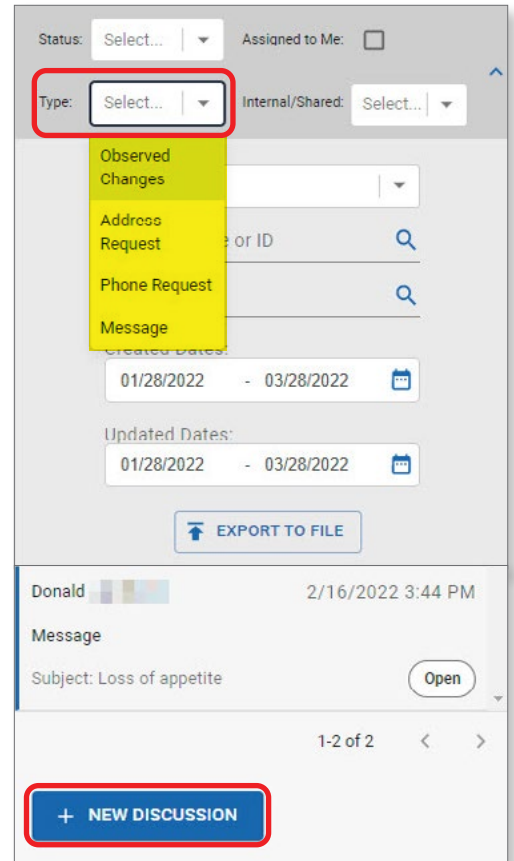


**NEW DISCUSSION**

There are five types of discussions that can be sent and received (Figure 89):

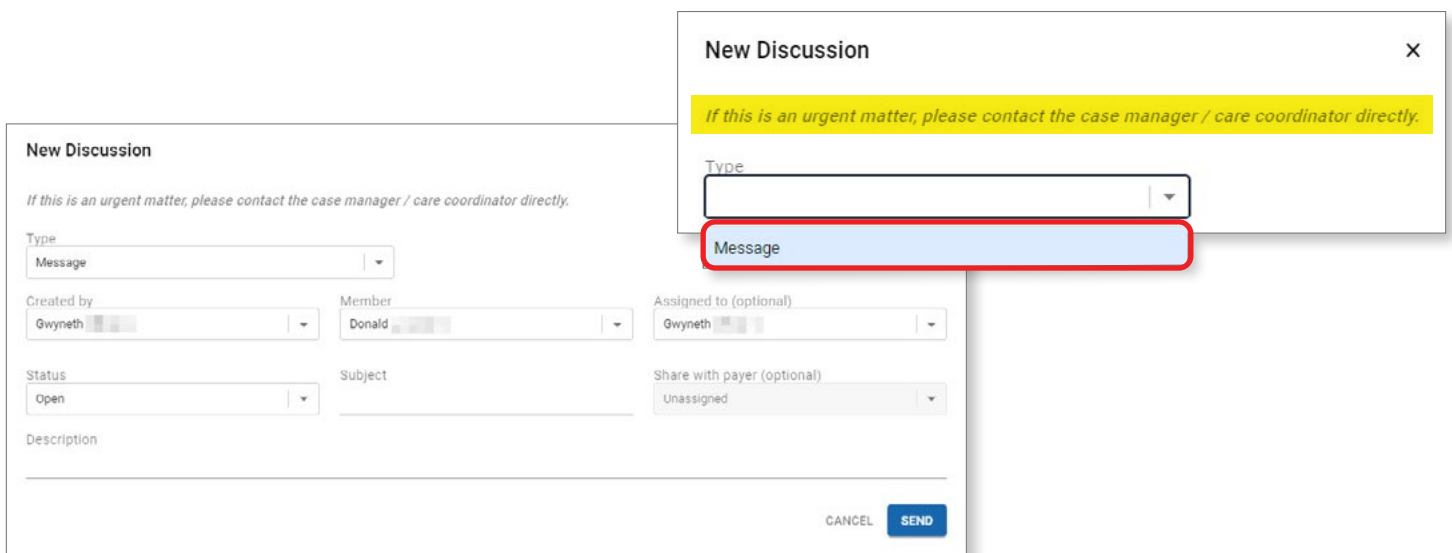
- **Observed Changes:** This discussion type allows caregivers to communicate that there have been changes to the member’s condition. When **Observed Changes** occur, a discussion is auto generated and sent to the Discussions page for both the Provider and the MCO to view.
- **Address Request:** This discussion type allows Providers to request a new or updated member address from the MCO. When an **Address Request** occurs, a discussion is auto generated and sent to the Discussions page for both the Provider and the 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 is auto generated and sent to the Discussions page for both the Provider and the MCO to view.
- **Message:** This Discussion type can be used for general messages between agency employees or between an Agency and the MCO.

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



To create a new message discussion, select the **+ NEW DISCUSSION** button at the bottom of the list (Figure 88). The **New Discussion** dialog box 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 menu. After selecting a discussion **Type**, the user can complete the required fields prior to selecting **SEND** (Figure 90).

Figure 90. **+ NEW DISCUSSION** dialog



## DISCUSSION ITEM DETAILS

Upon selecting a discussion, the user sees general 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. Discussions Details screen

There are few 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

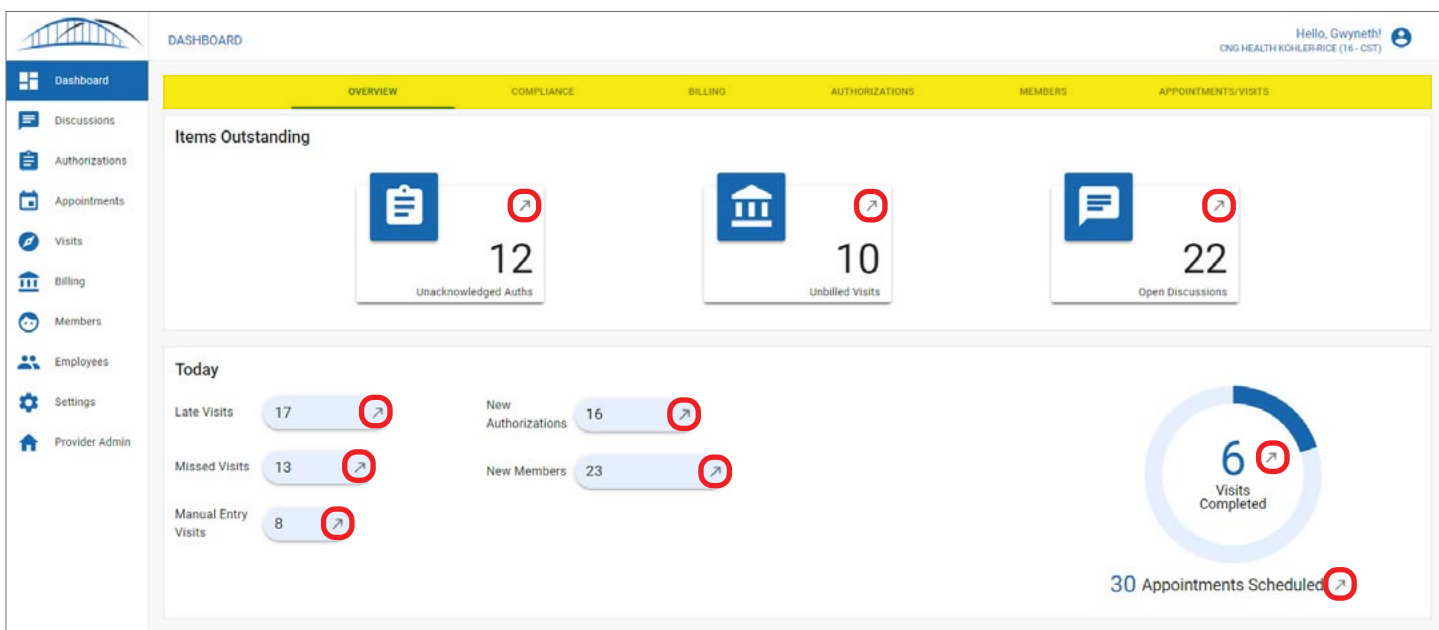
## OVERVIEW

This section introduces the features 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 allows Agency Employees to view key metrics to better prioritize and manage tasks on which action may need to be taken. On the Dashboard page, there are tabs for each of the dashboards available (Figure 92).

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 how many are the sources of non-compliance.
- **BILLING:** This dashboard displays metrics related to the revenue cycle of completed visits in the CareBridge Solution.
- **AUTHORIZATIONS:** This dashboard helps Agency Employees better understand the number of active authorizations and authorizations by service type.
- **MEMBERS:** This dashboard helps Agency Employees explore the number of active members.
- **APPOINTMENTS & VISITS:** This dashboard displays metrics related to the number of scheduled appointments and completed visits.

Each of the dashboards can be filtered by date range or Payer (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)
Active Members	MEMBERS	All active members.
Denied Visits	BILLING	All visits that have denied claims.
Employees Compliance	EMPLOYEES	All Provider Employees sorted in ascending order by compliance score. Compliance score is configurable per MCO but is typically defined as the percentage of EVV visits that are compliant (defined as EVV or IVR visits) relative to the total number of visits. Examples of non-compliant visits are manual entries, late, or missed.
EVV Visits	VISITS	All completed visits that have compliant EVV data.
Late Appointments	APPOINTMENTS	All appointments that are late. An appointment is considered late when a Check-In has not occurred within 1 hour of the appointment start time.
Late Visits	VISITS	All visits that have been completed but were started late, as an example, a visit could be considered late when a Check-In has not occurred within 1 hour of the appointment start time.
Manual Visits	VISITS	All Manual Entry visits.
Members Compliance	MEMBERS	All members sorted in ascending order by compliance score. Compliance score is configurable per MCO but is typically defined as the percentage of EVV visits that are compliant (defined as EVV or IVR visits) relative to the total number of visits. Examples of non-compliant visits are manual entries, late, or missed.
Missed Appointments	APPOINTMENTS	All appointments that have been missed. An appointment is considered missed when a Check-In has not occurred within 3 hours of the appointment start time.
Missed Visits	VISITS	All missed visits. A visit could be considered missed when a Check-In has not occurred within 3 hours of the appointment start time.

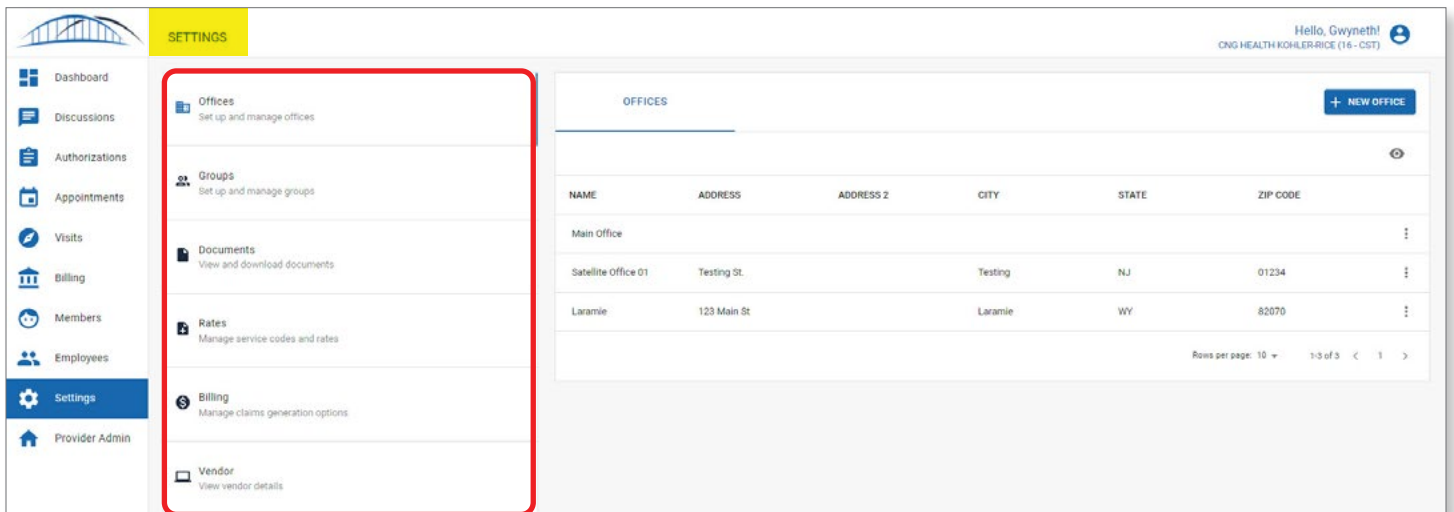
<b>Payroll Report</b>	<b>EMPLOYEES</b>	Payroll data for a given time for each employee based on completed visits in that time.
<b>Rejected Visits</b>	<b>BILLING</b>	All visits that have rejected claims.
<b>Service Claims</b>	<b>VISITS</b>	All completed non-EVV visits.
<b>Unacknowledged Authorizations</b>	<b>AUTHORIZATIONS</b>	All authorizations that have not been acknowledged or declined.
<b>Unassigned Authorizations</b>	<b>AUTHORIZATIONS</b>	All authorizations that have not been assigned an employee.
<b>Unassigned Members</b>	<b>MEMBERS</b>	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 users will find **OFFICES**, **GROUPS**, **DOCUMENTS**, **RATES**, **BILLING**, and **VENDOR** sub-tabs (Figure 94).

Figure 94. Settings page

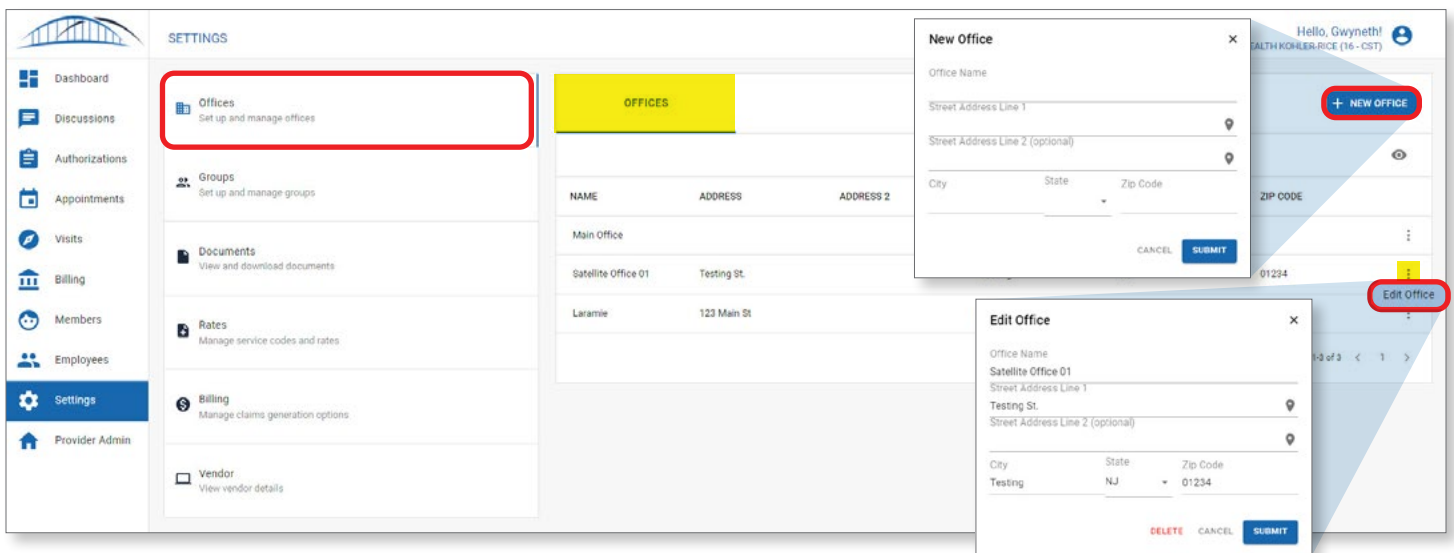


## OFFICES

Offices are a way for Provider Agencies to configure multiple physical locations within 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

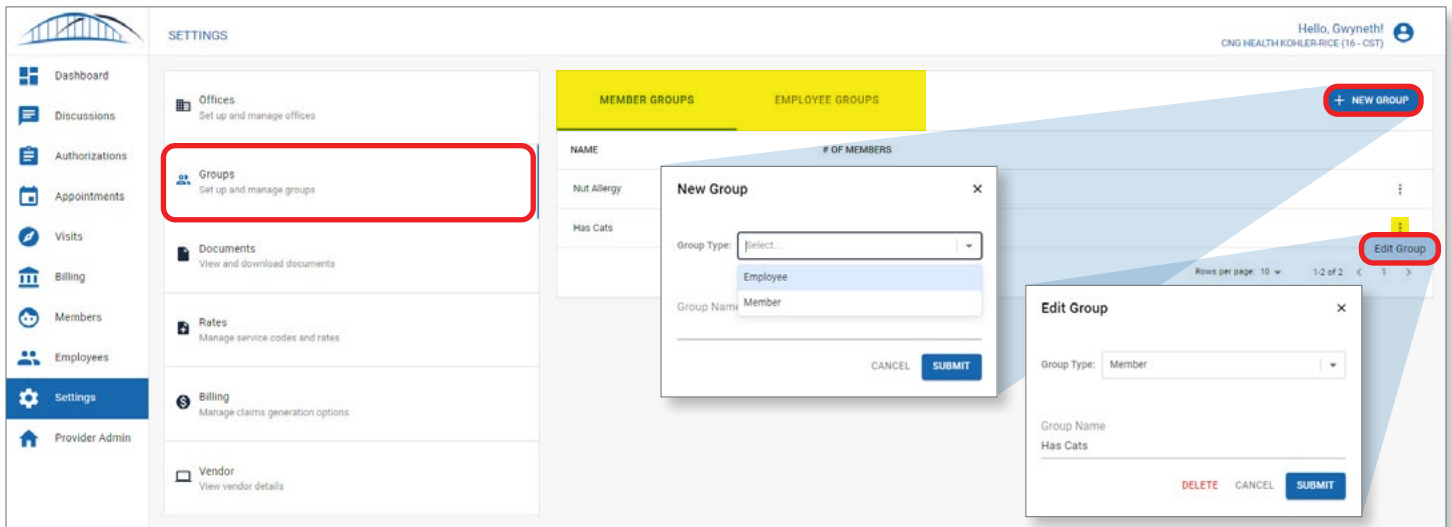


## GROUPS

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 selects 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, then **Edit Group** (Figure 96). There are two types of Groups that can be created – **Employee** and **Member**.

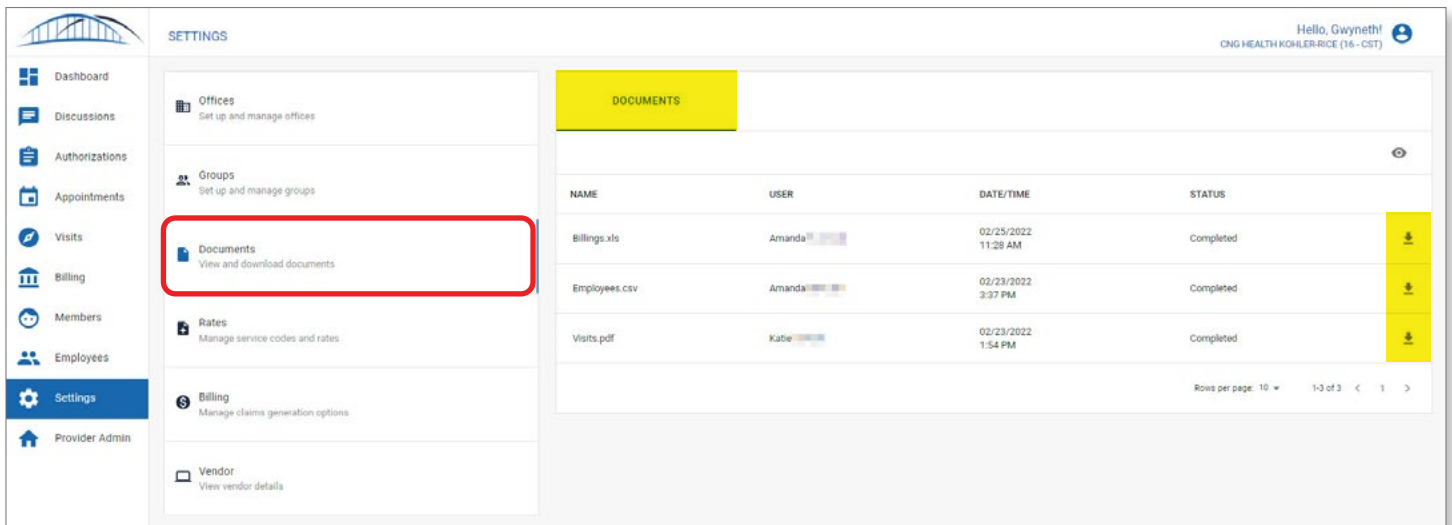
Figure 96. **GROUPS** sub tab and **menu icon (3 dots)** with **+ NEW GROUP** and **Edit Group** screens



## 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 generates in the background and displays 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).

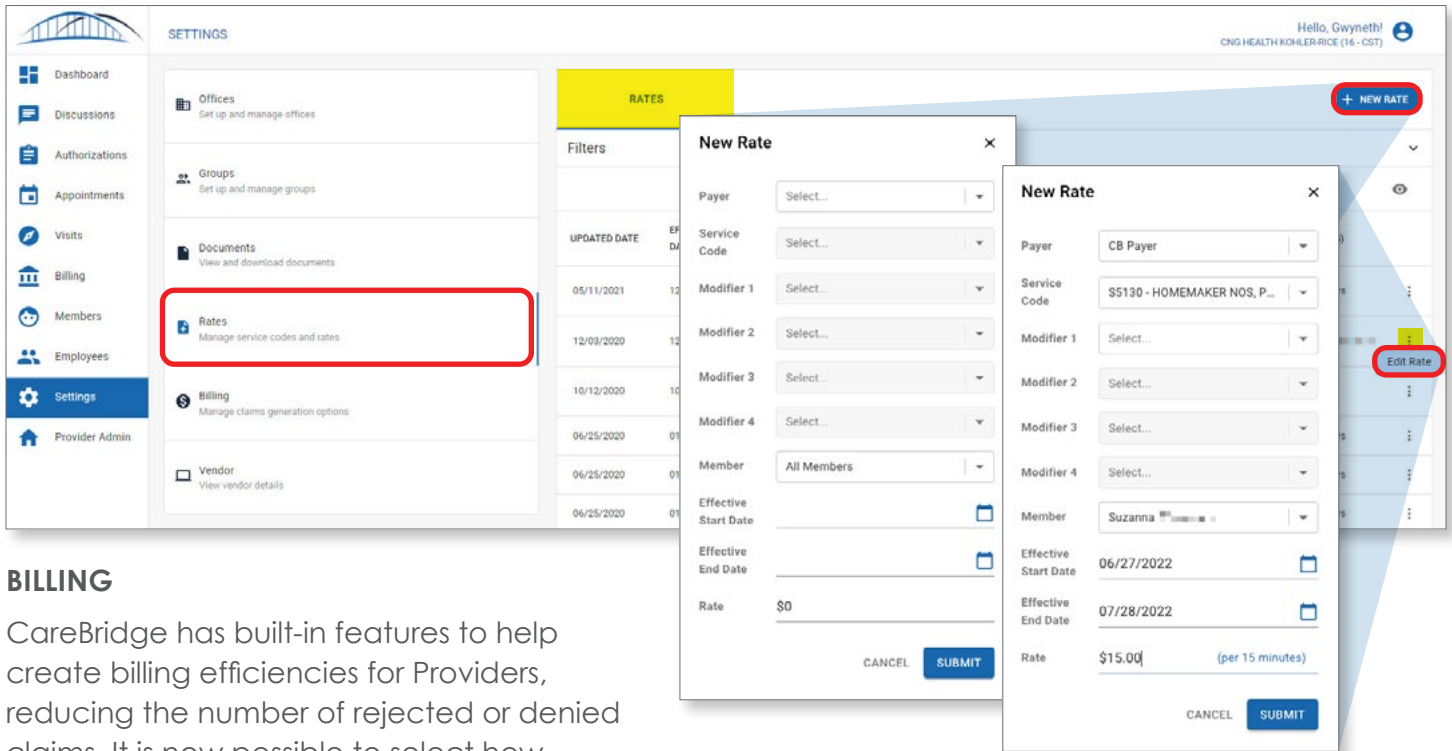
Figure 97. **DOCUMENTS** sub-tab



## RATES

The Provider Agency is responsible for adding rates within the Provider Portal. If the Provider Agency negotiated 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).

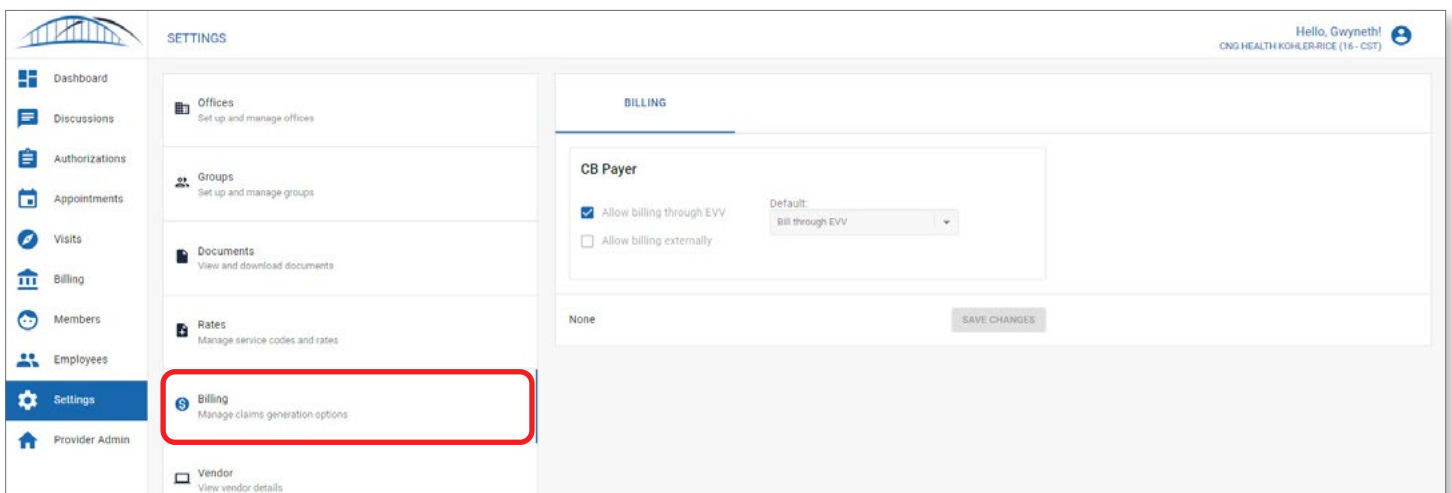
Figure 98. **RATES** sub-tab and **menu icon (3 dots)** with **+ NEW RATE** and **Edit Rate** screens



## 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 a 3rd party billing solution. Navigating to the Settings page in the left navigation bar of the Provider Portal and clicking on **Billing** will bring up the **BILLING** sub-tab (Figure 99). It contains a list of Payers available in the users' state, and each one has its own card. **In Iowa, the only available option is to bill through EVV.**

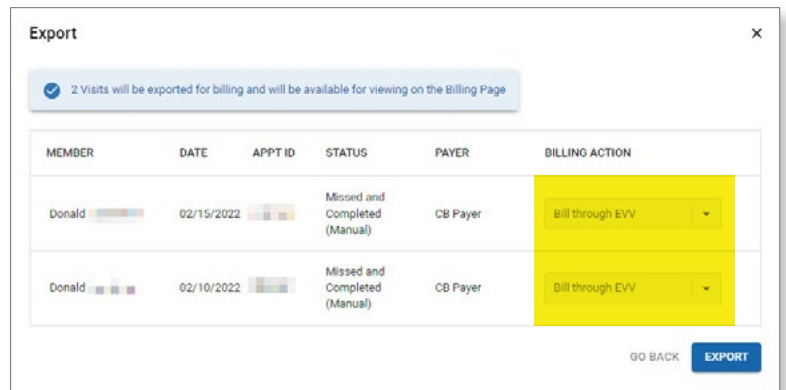
Figure 99. **BILLING** sub-tab





The **EXPORT FOR BILLING** 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 the Agency doesn't have that capability (Figure 100).

Figure 100. **EXPORT FOR BILLING** dialog



**VENDOR**

The EVV **VENDOR** sub-tab is a read-only view of the Providers' current EVV vendor. This sub-tab (Figure 101) allows integrated providers using the CareBridge Portal to see what associated EVV vendors CareBridge has on record.

For additional resources, it's easy to access the **CareBridge Resource Library** through your Provider Portal by clicking on the **profile icon** next to your name at the top right of any screen, (Figure 100) or

Figure 101. **VENDOR** sub-tab

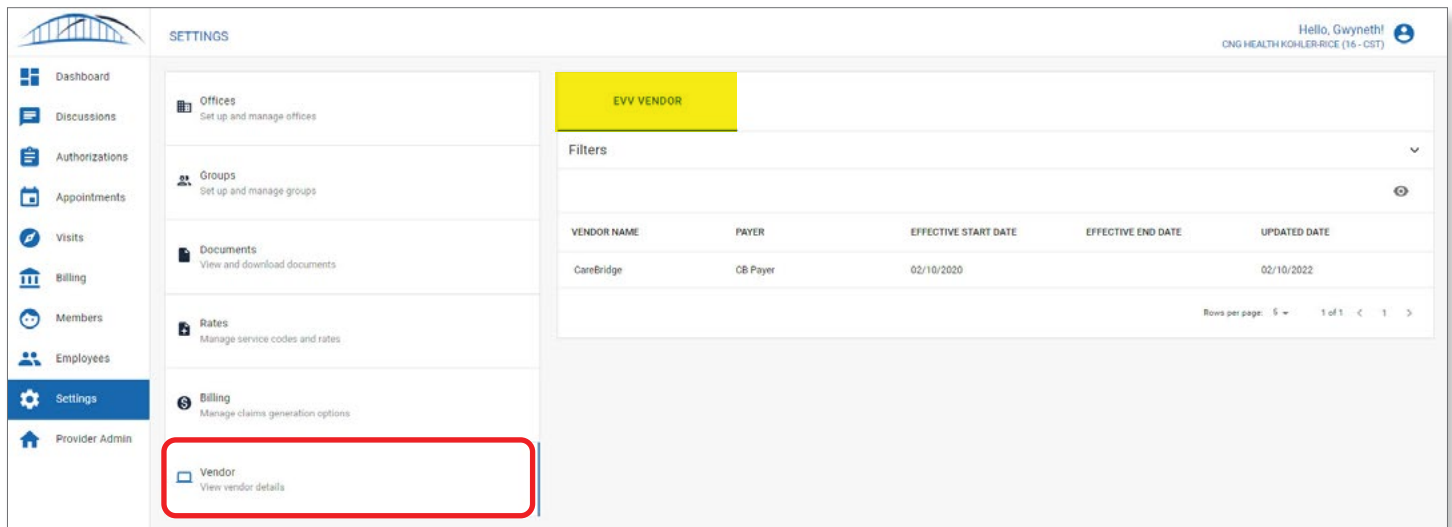


Figure 102. Provider Portal **profile icon** by following this link: <https://resources.carebridgehealth.com/evv>



**ROLE DEFINITIONS**

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

**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 Iowa 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.