



CAREBRIDGE

**ELECTRONIC VISIT VERIFICATION (EVV)  
PROVIDER PORTAL  
TRAINING MANUAL**



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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:

[ncevv@carebridgehealth.com](mailto:ncevv@carebridgehealth.com) or 1 (855) 782-5976.

If you have questions, our team is always here to help. Just email [ncevv@carebridgehealth.com](mailto:ncevv@carebridgehealth.com) or call us at 1 (855) 782-5976.

## 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 Members. 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:

1. The type of service performed
2. The Member receiving the service
3. The caregiver providing the service
4. The date of the service
5. The location of the service
6. The time the service begins
7. 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 smart phone, GPS-enabled tablet, landline, and web-based portal to record service delivery and facilitate day-to-day management of Members' appointments. CareBridge also supports a wide array of EVV aggregation solutions, allowing provider agencies to keep their current EVV solution while still sending required data back to the health plan or state.

# SOLUTION OVERVIEW AND SETUP

## OVERVIEW

The following will provide an overview of basic features and functions of the CareBridge Solution and help Provider Agency Employees learn how to set it up to enable delivery of services by Caregivers using the CareBridge Mobile Application.

## CAREBRIDGE PROVIDER PORTAL

There are two components of the CareBridge Solution that will be utilized by Provider Agency Employees and Caregivers: the CareBridge Provider Portal and the CareBridge Mobile Application. 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.

### LOG INTO THE PROVIDER PORTAL

1. Navigate to <https://nc.carebridgehealth.com/login>.
2. New users can use the **Sign Up!** link to create a Password and access the Provider Portal. Password requirements are listed on the screen when the user creates their password.
3. After signing up, enter the **Username** and **Password**, and select **LOGIN** (Figure 1).

**Note:** The Provider Agency Admin user will need to create the Username for new users. The Agency's first Admins' username will be their email address.

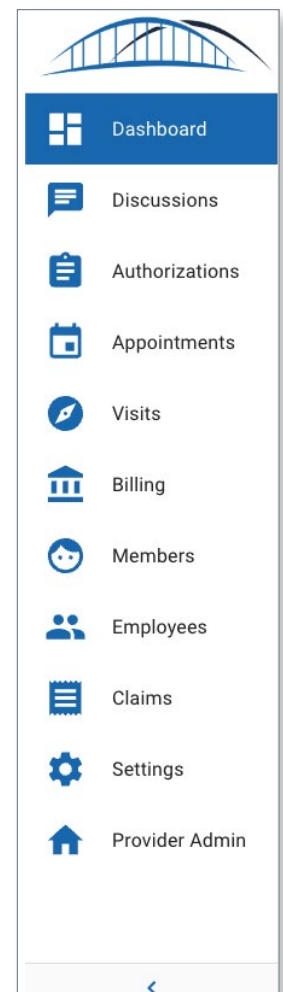
### NAVIGATION

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.

- **Dashboard:** Allows Provider Agency Employees to view key graphs and metrics related to operational efficiency.
- **Discussions:** Enables communication within the Provider Agency as well as between the Agency and Payer/Healthy Blue.
- **Authorizations:** Displays authorizations allowing Provider Agency Employees to acknowledge, assign, and schedule appointments.
- **Appointments:** Displays upcoming scheduled appointments allowing Provider Agency Employees to view early, late, and missed appointments.
- **Visits:** Allows Provider Agency Employees to view completed visits, pre-claim checks, and to submit claims.
- **Billing:** Enables Provider Agency Employees to manage end-to-end billing workflows.
- **Members:** Displays Members and associated information.
- **Employees:** Enables Provider Agency Administrators to manage their workforce by creating and modifying users.
- **Claims:** Providers can use the Claims page to access a record of all claims submitted along with claims status information.
- **Settings:** Allows Provider Agency Employees to configure certain aspects of the CareBridge Solution.
- **Provider Admin:** Displays provider information for review.

Figure 1. Portal 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 Apple and Android smart devices and can be used by Caregivers to view their schedule, Check-In, Check-Out, and complete visit documentation.

### DOWNLOAD

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

The application requires location services permission at installation. (**Please note:** The Caregiver's location is only captured during the Check-In and Check-Out process.)

The application supports current versions of both operating systems.

The application supports English, Spanish, and Russian languages.

### SET UP

Once the application is downloaded onto the device, the Caregiver can open it and view the Team Setup screen. After choosing their state and entering their Provider ID, they will be directed to the login/sign up screen (Figure 4). By clicking the **SIGN UP** button below the blue **LOGIN** button, the new user will begin the sign up process (Figure 5).

### LOGIN

When the user logs in, they will be prompted for a **Provider ID**, **Username**, and **their 8-digit Password**. After that, the Appointment Schedule screen 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

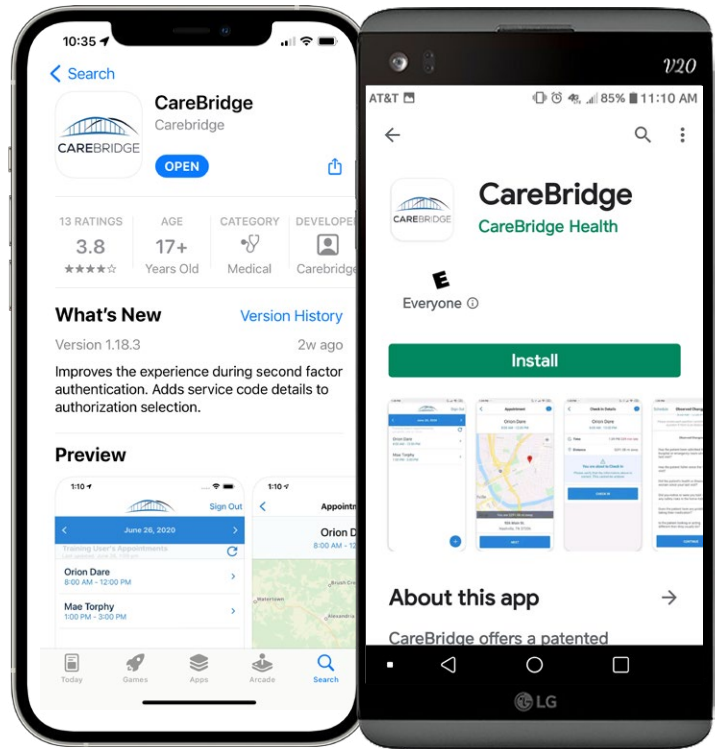


Figure 4. Setup screen

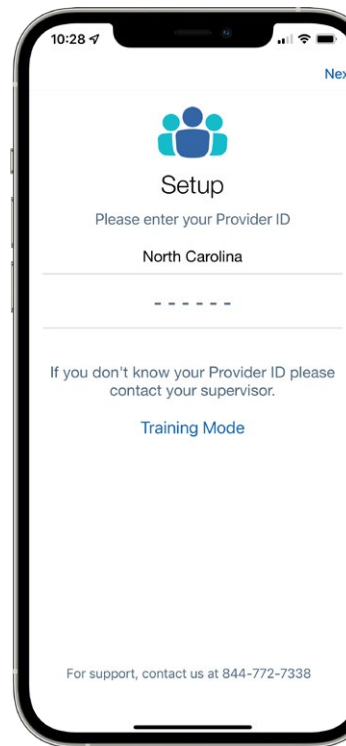
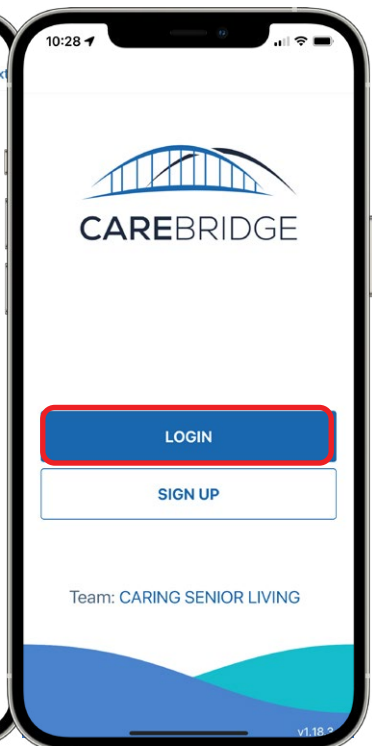


Figure 5. Sign Up screen

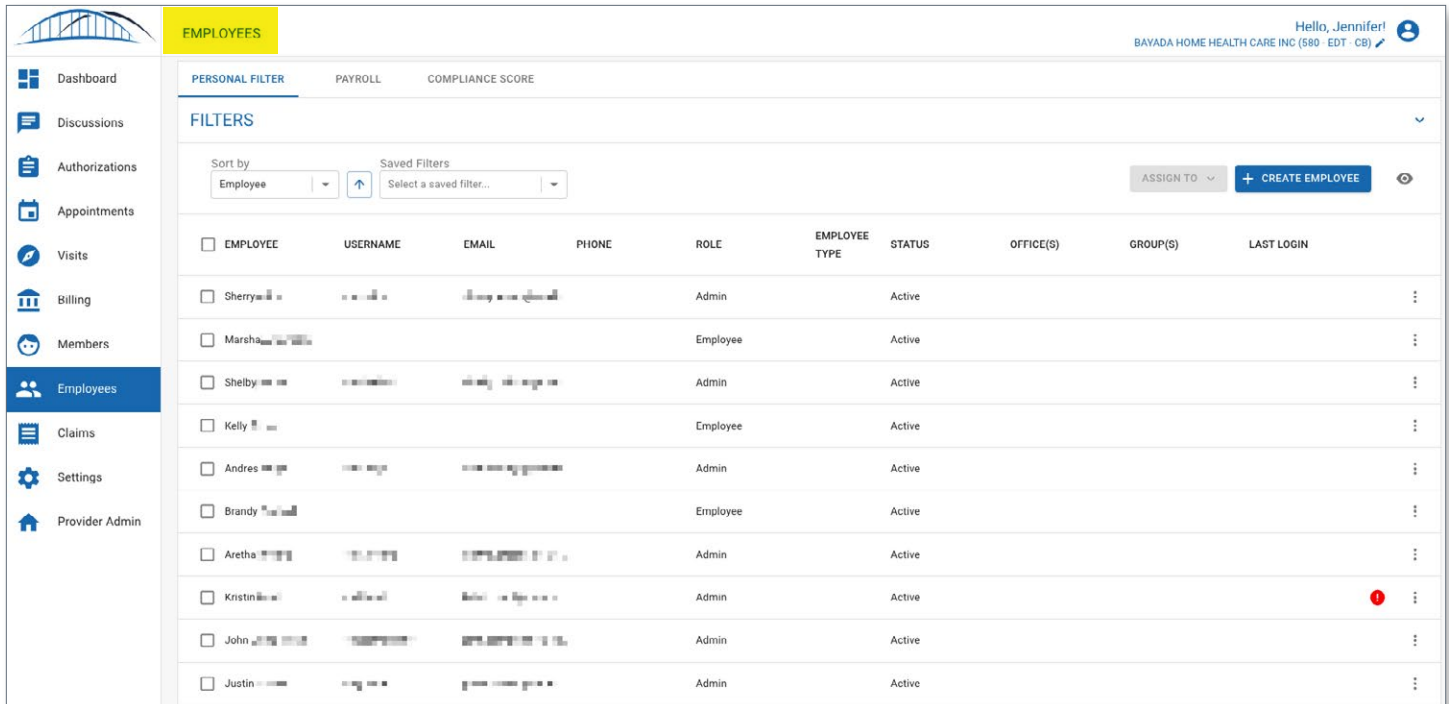


# EMPLOYEES



The Employees page in the CareBridge Provider Portal (Figure 6) allows Provider Agency Administrators to view, modify, and create new employee records.

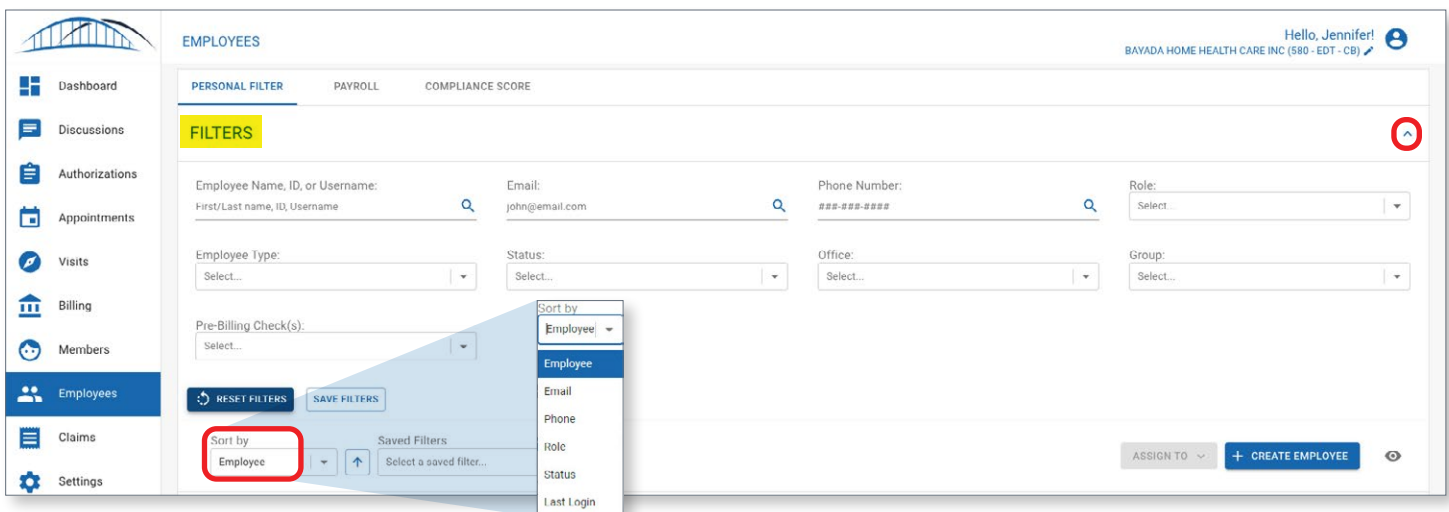
Figure 6. Employees page



## VIEW EMPLOYEES

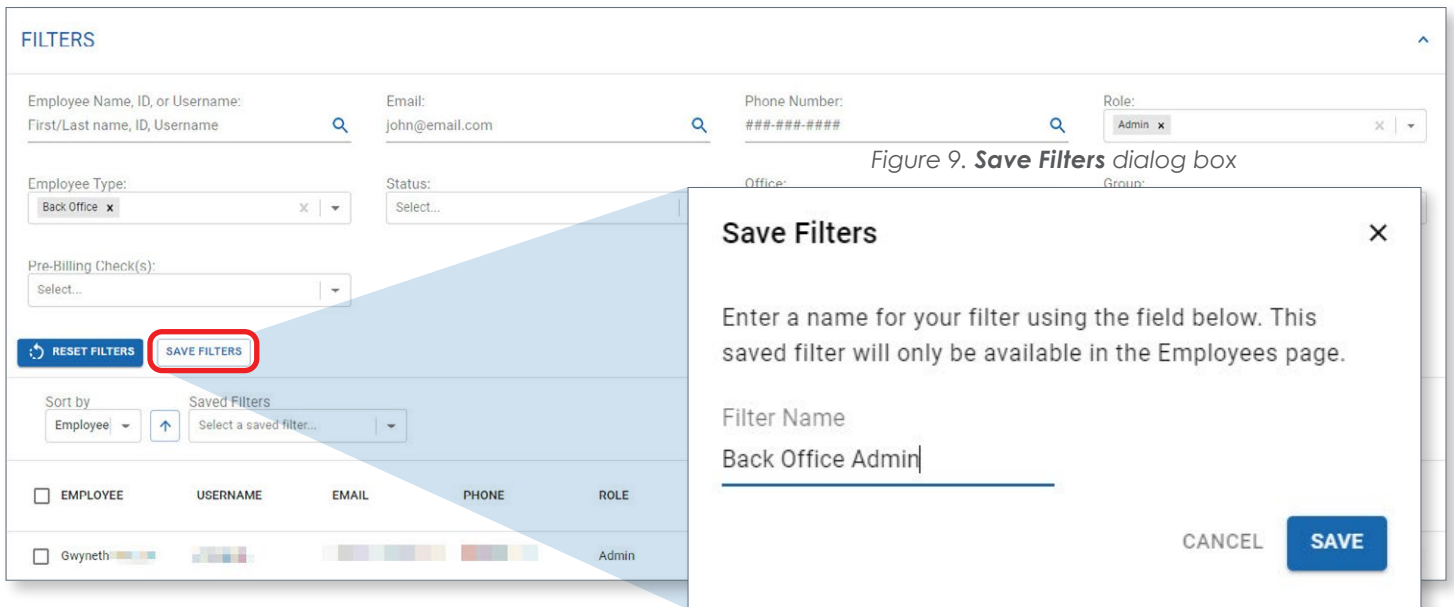
Navigate to the Employees page to see a tabular view of all employees (both office employees and caregivers) that are currently listed in the Provider Portal. This table can be filtered and sorted with several parameters by selecting the **expand arrow** in the **FILTERS** component or the **Sort by** drop-down menu at the top left of the table (Figure 7).

Figure 7. Employees page FILTERS



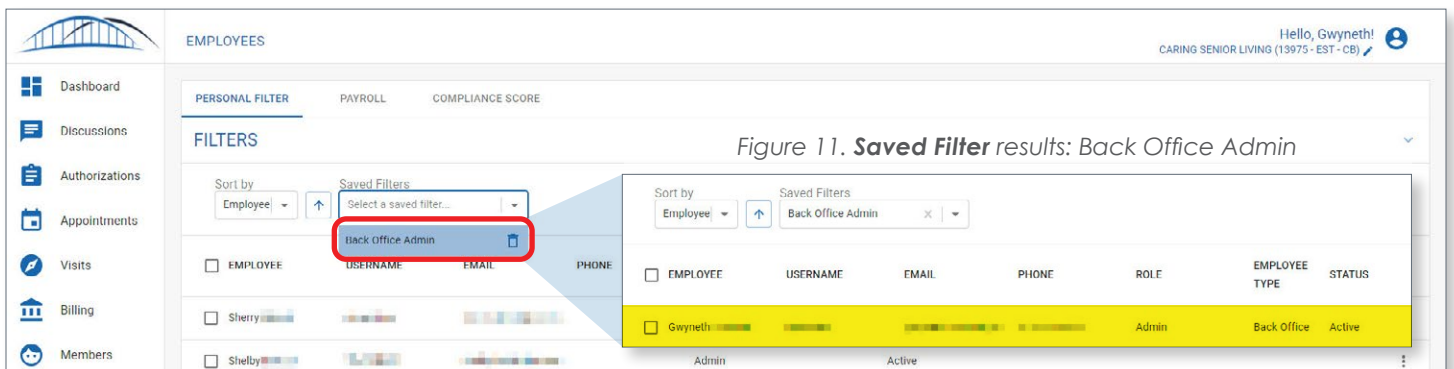
Filters that are chosen by the user to find data may also be saved for future searches. To do this, click the **SAVE FILTERS** button at the bottom of the **FILTERS** area (Figure 8).

Figure 8. **SAVE FILTERS** button



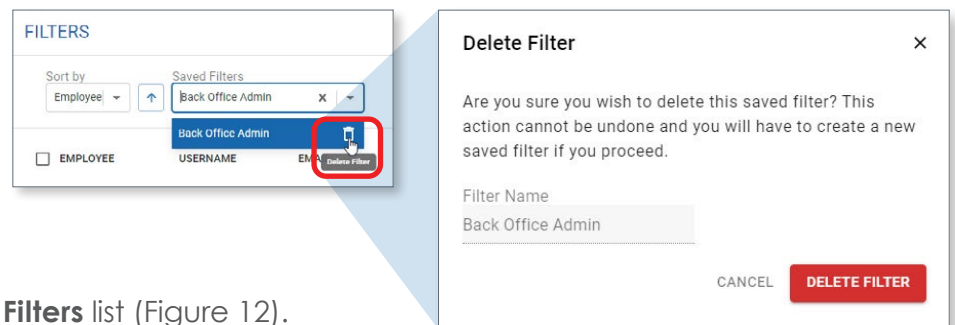
When the **Save Filters** dialog opens, the user is asked to name their custom filter for future reference (Figure 9). Once it's saved, the user can select their customized filter anytime from the **Saved Filters** drop down menu located to the right of the **Sort by** menu (Figures 10 & 11).

Figure 10. **Saved Filters** drop-down menu



Saved filters are specific to the user that created them and the page(s) on which they were created. Users may update and 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 12).

Figure 12. **Delete Saved Filter**





### VIEW EMPLOYEE DETAILS

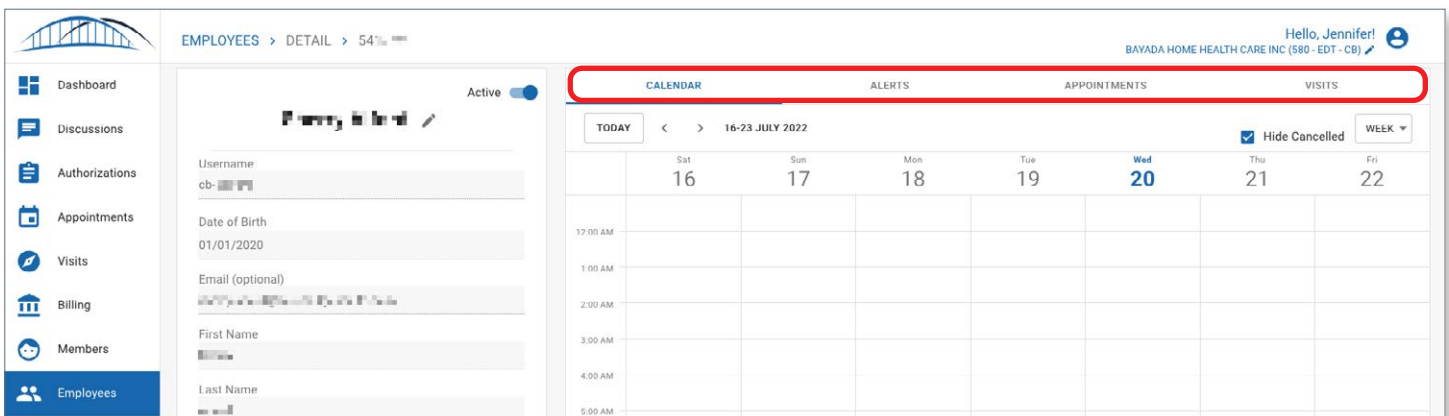
To view more details about an employee, select the **menu icon (3 dots)** (Figure 13) on the right side of the row for the employee and select **Employee Details**.

Figure 13. Employees page **menu icon (3 dots)**



From the **Employee Details** screen (Figure 14), 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**.

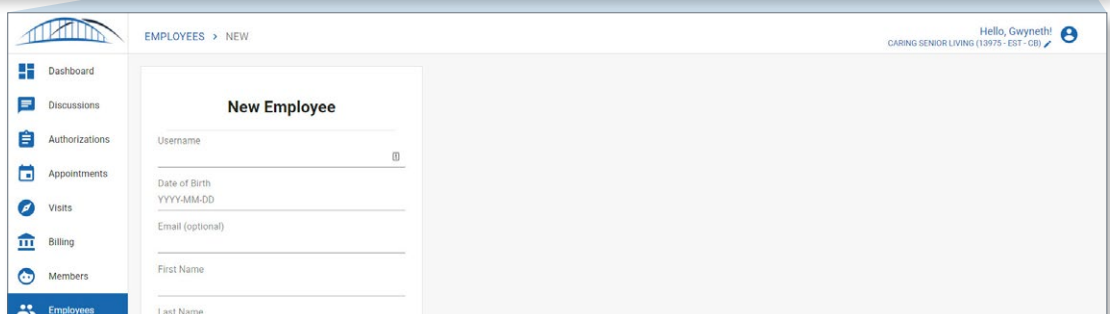
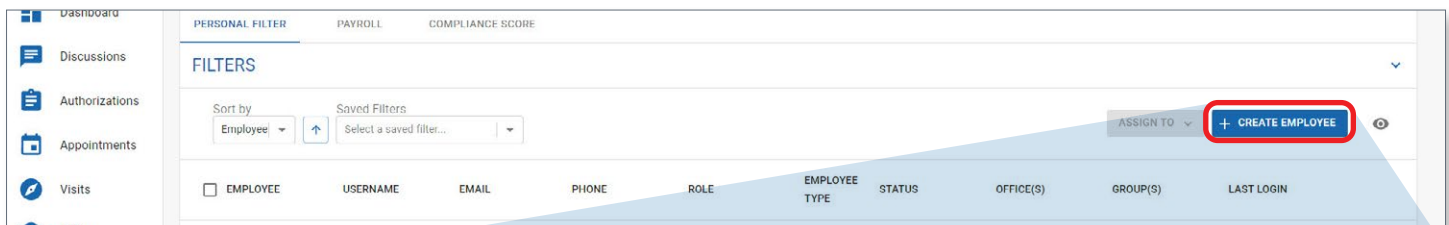
Figure 14. **Employee Details** screen



### CREATE NEW EMPLOYEES

Administrators can create new employees (office employees or caregivers) individually or through bulk import. To create employees individually, select the **+ Create Employee** button at the top of the Employees table (Figure 15).

Figure 15. **+ CREATE EMPLOYEE**



To create employees in bulk, the user can click the **IMPORT** button at the bottom left of the Employees page, download the Excel template, fill out the form, then upload it by clicking the **IMPORT** button (Figure 16) again.

**Note:** If the information entered in the spreadsheet template is inaccurate, the user must update the profiles within the system. The spreadsheet **cannot** simply be edited and re-imported.

Once the Portal Administrator has populated the Provider Portal, employees may begin logging in.

## LOGIN

To create an employee profile, the Agency Administrator should enter the **Username** and **Provider ID** for the new employee (see the **+ Create Employee** page - Figure 15) and select **SUBMIT**. *The Admin is responsible for communicating the Username* (typically the user's first initial of their first name and their last name - with no spaces - or their email address) and **Provider ID** to the employee. Selecting **SUBMIT** generates the new employee's **Sign-Up code**. The **Sign-Up code** is immediately sent to the new employee via text message or email. They are then able to login and reset their **password**. **Please note:** The **Sign-Up code** expires in 20 minutes.

After their Provider Portal profile has been created by the Agency Administrator, new employees must navigate to <https://nc.carebridgehealth.com>. They can then use the **Sign Up!** link to create their login (Figure 17).

Figure 16. **IMPORT** button & **Bulk Import** dialog

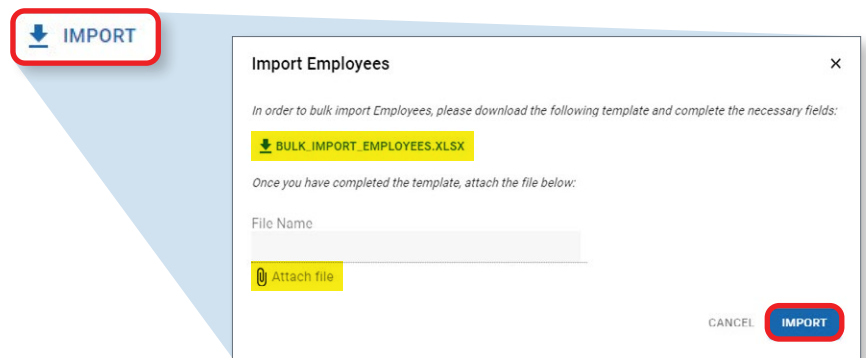
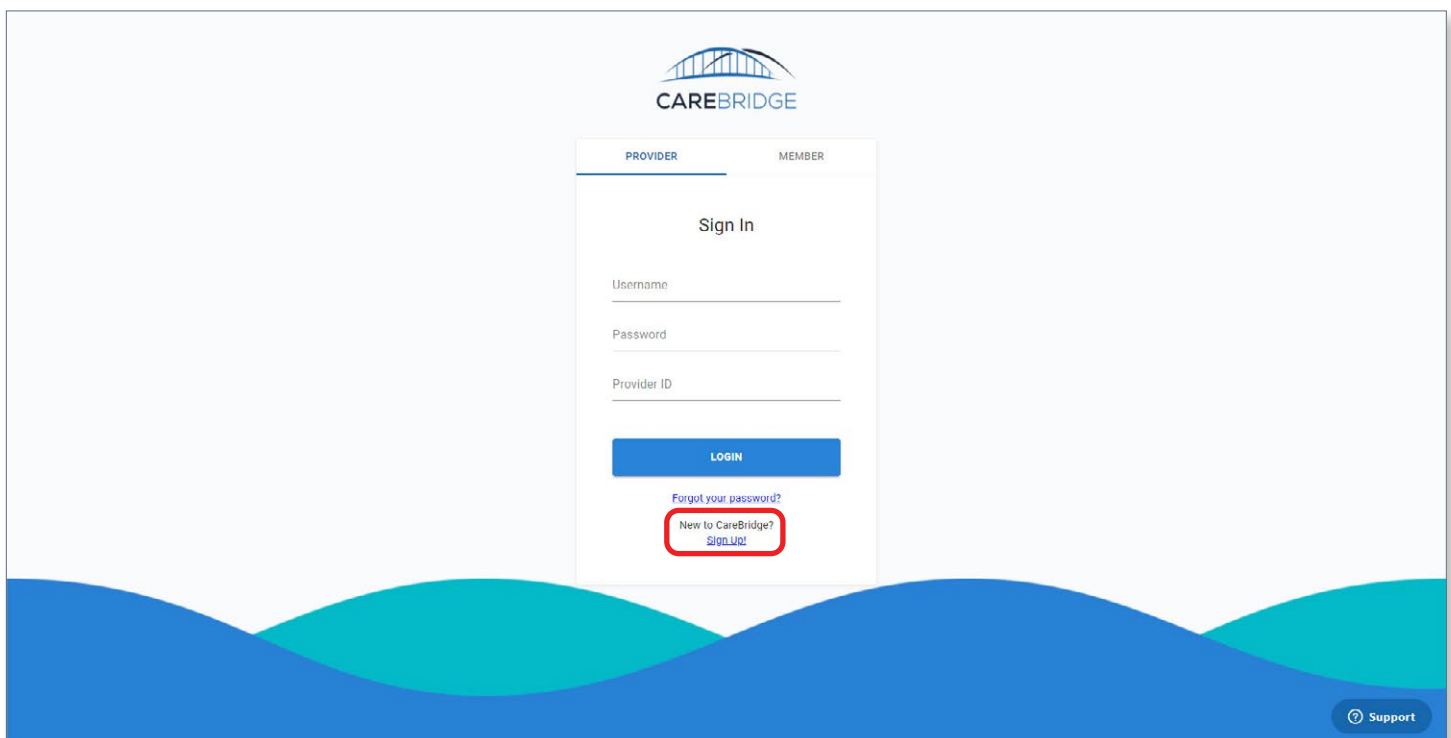


Figure 17. Login as a new employee



## ENTER PORTAL SIGN-UP CODE AND CREATE NEW PASSWORD

After clicking the **New to CareBridge? Sign Up!** link, the new employee must enter their **Username** and **Provider ID** on the **Enter Your Username** screen (Figure 18). This will cause the users **Sign-Up code** to be generated.

Once the user clicks **SUBMIT**, the security passcode will be sent to them via text message or email. If the new employee does not receive a **Sign-Up code**, one can be generated in the portal by an Agency Administrator. To regenerate a **Sign-Up code**, the Agency Administrator may open the Employee's Employee Details page and click on the **pencil icon**.

Then scroll down to the **Passcode** field and click **Generate**. This will send the employee a new **Sign-Up code** that is good for 20 minutes.

The new employee will then see the **Set Your Password** screen (Figure 19). After typing in their **Sign-Up code**, they must create a **Password** that is at least 8-digits long, contains one lower case letter, one capital letter, and one number. Then they must **Confirm** the password and **SUBMIT** (Figure 19). The new user is now logged into the Provider Portal.

Figure 18. Enter **Username** and **Provider ID**

Figure 19. Set new **Password**

## MODIFY EMPLOYEE DETAILS

To modify Employee Details, select the **pencil icon** next to the Employee's name on the Employee Details page (Figure 20). The Employee Details fields will become editable. Select the **SAVE** button at the bottom to save changes.

Figure 20. **Employee Details** pencil icon and **SAVE** button

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

- **Username:** This username will need to be communicated to the new employee for them to sign up for the Provider Portal or Mobile Application. For ease of communication, we recommend using either the first initial of the user's first name plus their last name - with no spaces - or the user's email address. This is a required field.
- **Date of Birth:** Used for billing and security purposes.
- **Email (optional):** If the user would like to receive access, multi-factor authentication, and recovery codes via email, enter a valid email address. This field is typically used for office employees.

- **Phone Number (optional):** If the user would like to receive a text message with the multi-factor authentication codes to sign up and be able to sign into the CareBridge application, enter a valid smart phone number. (Text messaging or data rates apply.) This field is typically used for caregivers.
- **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) a unique three-five (3-5) digit **IVR PIN** will need to be entered. When assigning the **IVR PIN**, please remember that the caregiver will be entering this number frequently.
- **Role (optional):** Used to differentiate one type of employee from another. The Provider Portal user roles are as follows:
  - **Admin:** has no restrictions on what they are able to view or take action on. Each agency needs at least one Admin, but additional users can be in the Admin role.
  - **Admin - Office:** has the same permissions as the Admin, but would be limited to only the assigned office(s)\*.
  - **Employee:** typically used for field staff using the Mobile App (aka caregiver, personal care worker) or employees requiring limited administrative access to the Provider Portal
  - **Employee - Office:** has the same permissions as the Employee role, but would be limited to only their assigned offices\*.

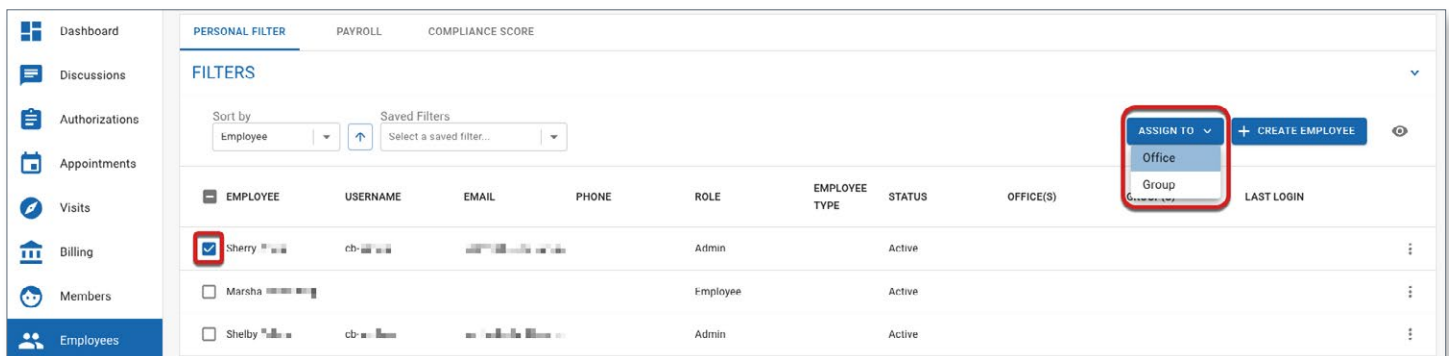
**TECH TIP** Although the **Email** and **Mobile Phone Number** fields are listed as optional, the Agency Admin must fill out at least one of these fields.

\*Offices are used to group members and employees/caregivers by a common attribute.

### ASSIGN EMPLOYEES TO OFFICES AND/OR GROUPS

Employees (Admins and/or 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 21) to assign the selected employee(s) to an Office or Group. For more information on Offices and Groups, see the [Settings](#) section.

Figure 21. Employee **ASSIGN TO** drop-down menu



## EMPLOYEE REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Employees page. It can be used to filter and sort the Employees 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 (Figure 22) that have predefined filters to help quickly navigate to useful employee data.

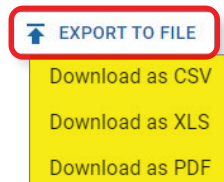
Figure 22. Employees page reports



- **PAYROLL:** This report returns payroll data for a given time for each employee based on completed visits in that period.
- **COMPLIANCE SCORE:** This report returns a list of all employees sorted in ascending order by Compliance Score. Compliance Score is the percentage of EVV visits that are compliant, (defined as EVV or IVR visits) relative to the total number of visits. Examples of non-compliant visits are manual entries, early visits, late visits, or missed visits.

To export any of the data on the Employees page to a **PDF**, **XLS**, or **CSV** file, select the **EXPORT TO FILE** button on the bottom of the page (Figure 23). Upon selecting the file type, the document will begin downloading and will be available from the Settings page on the left navigation pane under the **DOCUMENTS** sub-tab. For more information, see the [Settings](#) section.

Figure 23. **EXPORT TO FILE** button and menu





# MEMBERS



The Members page in the CareBridge Provider Portal (Figure 24) allows the designated Agency Employees to view and edit member information. The Members page is populated with data from the member file (provided by Healthy Blue), and updates daily with the most recent information.

If you have questions, our team is always here to help. Just email [ncevv@carebridgehealth.com](mailto:ncevv@carebridgehealth.com) or call us at 1 (855) 782-5976.

Figure 24. Members page

MEMBER	MEMBER ID	MEDICAID ID	ADDRESS	PAYER(S)	ACTIVE AUTHS	STATUS	OFFICE(S)	GROUP(S)	LAST VISIT
<input type="checkbox"/>	Miami			Healthy Blue of North Carolina	Yes	Active			
<input type="checkbox"/>	Jack			Healthy Blue of North Carolina	No	Active			
<input type="checkbox"/>	Jack			Healthy Blue of North Carolina	No	Active			
<input type="checkbox"/>	Mary			Healthy Blue of North Carolina	No	Active			
<input type="checkbox"/>	Mary			Healthy Blue of North Carolina	No	Active			

## VIEW MEMBERS

Once a user navigates to the Members page, they will see a tabular view of all members that are currently in the Provider Portal. This table can be filtered and sorted with several parameters by selecting the **expand arrow** in the **FILTERS** component or the **Sort by** drop-down at the top left of the table (Figure 25).

Figure 25. Members page **FILTERS** expand arrow and **Sort by** options

Member Name or ID: Search By Name or ID

Street Address: City: State: Zip Code:

Payer: Select Payer Status: Search or Select... Active Auths: Search or Select... Group: Select Group

Office: Select Office Pre-Billing Check(s): Select...

Sort by: Member Name, Member ID, Address, Status, Last Visit

## VIEW MEMBER DETAILS

To view more details about a member, select the **menu icon (three dots)** on the right side of the row for the member and select **Member Details** (Figure 26).

Figure 26. Members page **Menu Icon (3 dots)**

MEMBER	MEMBER ID	MEDICAID ID	ADDRESS	PAYER(S)	ACTIVE AUTHS	STATUS	OFFICE(S)	GROUP(S)	LAST VISIT
<input type="checkbox"/> Calvin [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CB Test Payer	Yes	Active			12/15/2021

From the Member Details screen (Figure 27), 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 27. Member Details

**Calvin E. [REDACTED]**

Date of Birth  
1966-08-18

Payer(s)  
Healthy Blue of North Carolina [REDACTED]

Additional Identifiers  
None

Eligibility Dates  
01/01/2019 - 12/31/2023

Primary Address  
[REDACTED]

Secondary Address(es)  
[REDACTED]

Email  
[REDACTED]

Primary Phone Number  
[REDACTED]

Secondary Phone Number(s)  
None

Status  
Active

Program  
None

Medicaid ID  
[REDACTED]

FOB ID  
None

Office  
[REDACTED]

CALENDAR    ALERTS    APPOINTMENTS    VISITS    CARE PLAN

TODAY < > 16-23 JULY 2022  Hide Cancelled WEEK ▾

	Sat 16	Sun 17	Mon 18	Tue 19	Wed 20	Thu 21	Fri 22
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							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

**Discussions**

CREATED BY	ASSIGNED TO	TYPE	SUBJECT	CREATED	LAST UPDATED
No data					

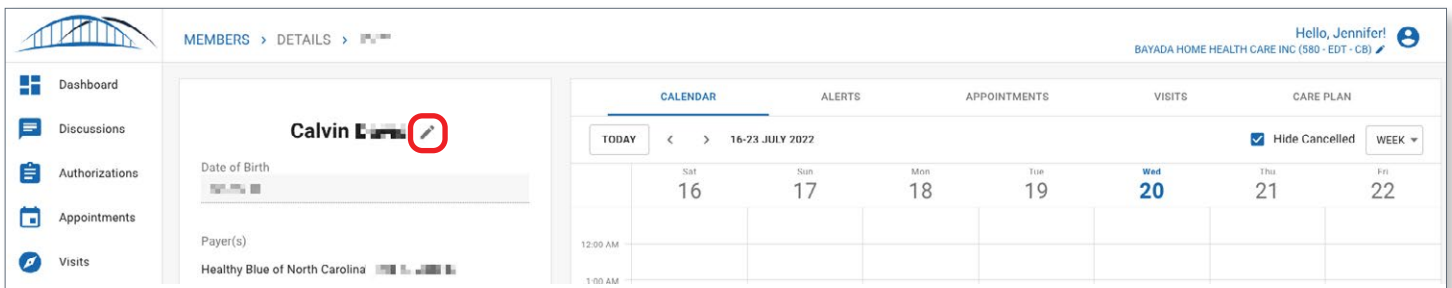
**Authorizations**

START DATE	END DATE	PAYER	AUTH #	UNITS	SERVICE	MODIFIERS	STATUS	EMPLOYEE
01/01/2021	12/31/2022	CB Test Payer	[REDACTED]	2000	T1004	HB	Accepted	Gwyneth [REDACTED]
01/01/2021	12/31/2021	CB Test Payer	[REDACTED]	1000	S9123	HB	Accepted	[REDACTED]

## MODIFY MEMBER DETAILS

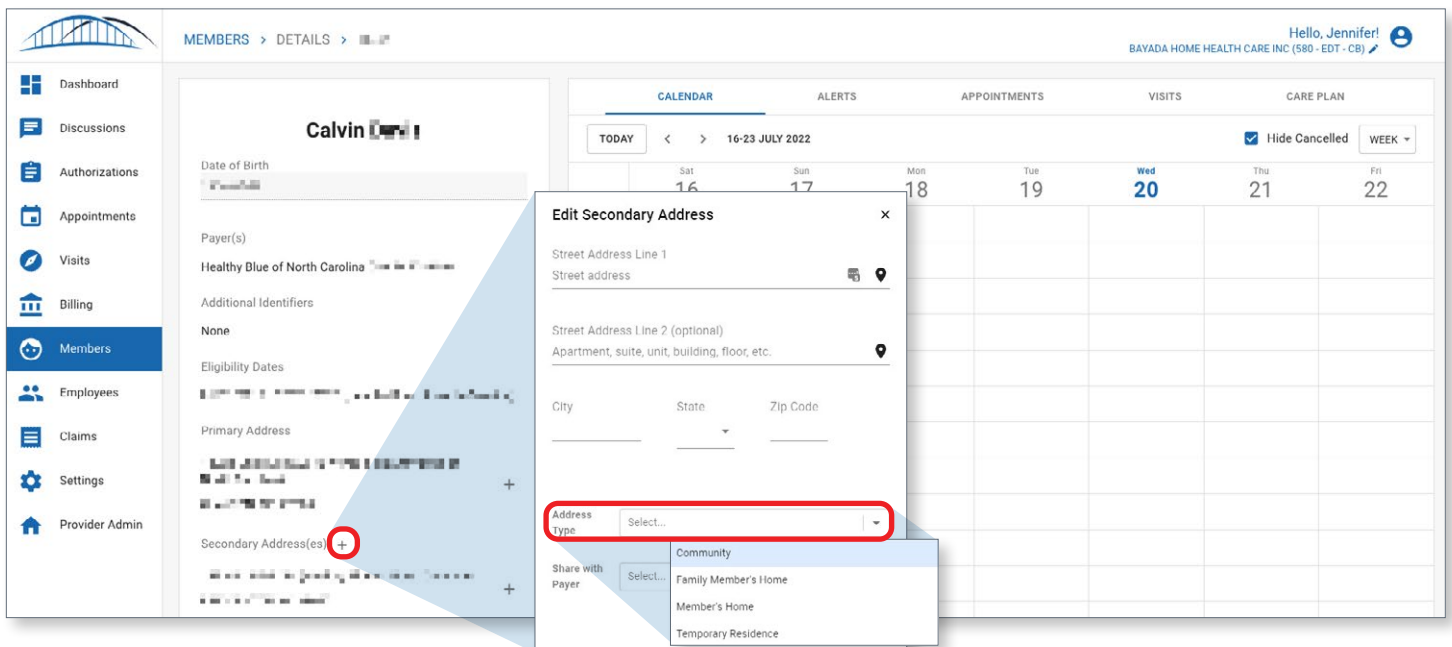
The Member Details page is populated with data from the Member file (provided by Healthy Blue) and updates daily with the most recent information. In some instances, it may be necessary to update a member's address or phone number to reflect more up-to-date changes than have been received in the Member file. If the primary address needs modification, proper procedure should be followed with Healthy Blue. To add or modify **secondary** addresses or phone numbers, select the **pencil icon** next to the member's name on the Member Details screen (Figure 28) then select the **+** sign next to the field you would like to edit in the member's information.

Figure 28. Member Details **pencil icon**



Upon selecting the **pencil icon**, the user will be presented with a dialog box to input the new/corrected secondary address or phone number (Figure 29). The **Address Type** drop-down menu provides a place to record where the member is staying if not at home - i.e., "Church," "Family Member's Home," or "Temporary Residence". Click **SAVE** to commit the change, then click **SAVE** again within the Member Details screen to confirm it. If these steps are followed, the secondary address or phone number will be updated. The change can be viewed at any point in the *Discussions* section of the Member Details screen. These changes cannot be deleted.

Figure 29. Member **Secondary Address Update**



### EDIT APPOINTMENT INFORMATION IN BULK

When viewing 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** 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

The screenshot shows the 'APPOINTMENTS' tab selected. The 'EDIT APPOINTMENTS' button is circled in red. Below it is a table of appointments with checkboxes in the left column.

<input checked="" type="checkbox"/>	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	APPT ID	STATUS
<input checked="" type="checkbox"/>	04/08/2021	02:00 PM	03:20 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Late
<input checked="" type="checkbox"/>	04/09/2021	02:00 PM	03:20 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Scheduled
<input checked="" type="checkbox"/>	04/10/2021	02:00 PM	03:20 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Scheduled
<input checked="" type="checkbox"/>	04/11/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Scheduled
<input checked="" type="checkbox"/>	04/12/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Scheduled
<input checked="" type="checkbox"/>	04/13/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Scheduled
<input type="checkbox"/>	04/14/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Cancelled
<input type="checkbox"/>	04/15/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Cancelled
<input type="checkbox"/>	04/16/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Cancelled
<input type="checkbox"/>	04/17/2021	07:00 PM	08:00 PM	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Cancelled

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 **SUBMIT** and **CONFIRM** screens

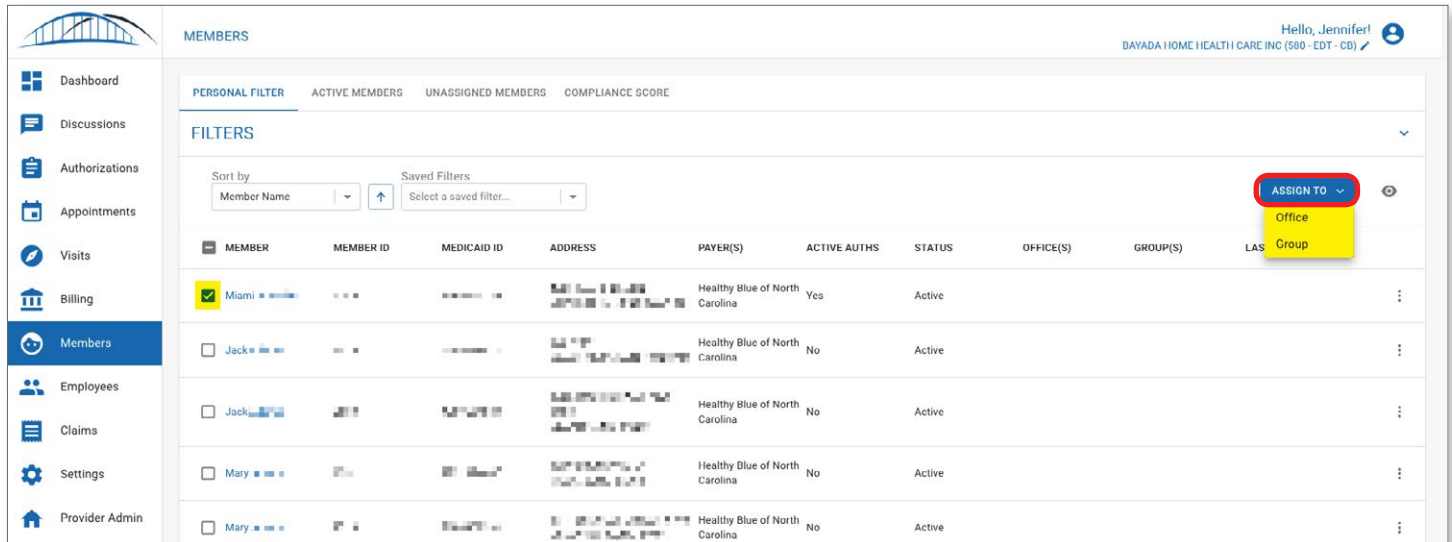
The left screenshot shows the 'Edit Appointments' modal with a table of appointments and a 'SUBMIT' button circled in red. The right screenshot shows the 'Edit Appointments' modal with a confirmation message and a 'CONFIRM' button circled in red.

DATE	START TIME	END TIME	APPT ID	EMPLOYEE
04/09/2021	02:00 PM	03:20 PM	2435362	Bleep Bloop
04/10/2021	02:00 PM	03:20 PM	2435363	Bleep Bloop
04/11/2021	07:00 PM	08:00 PM	2435364	Michael Test
04/12/2021	07:00 PM	08:00 PM	2435365	Michael Test
04/13/2021	07:00 PM	08:00 PM	2435366	Michael Test

## 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** Drop-down



## 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).

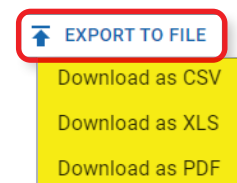
Figure 33. Members page **Personal Filter and Reports**



- **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 menu





# AUTHORIZATIONS



The Authorizations page in the CareBridge Provider Portal allows Provider Agency Employees to view, acknowledge, and manage Authorizations that are available to the Provider Agency. The Authorizations page (Figure 35) is populated with data from the Authorizations file, provided by Healthy Blue, which updates on a recurring basis with the most recent information.

Figure 35. Authorizations page

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Jimmy	07/24/2022	05/19/2022	05/18/2023	3312	[REDACTED]	99509	HB	0	0	Healthy Blue of North Carolina	✓ Acknowledged	Select...
Debra	07/24/2022	05/20/2022	05/19/2023	3648	[REDACTED]	99509	HB	0.6	0	Healthy Blue of North Carolina	✓ Acknowledged	Select...
Patricia	07/24/2022	04/18/2022	04/17/2023	3264	[REDACTED]	99509	HB	0	0	Healthy Blue of North Carolina	✓ Acknowledged	Select...
Blanche	07/24/2022	04/05/2022	04/04/2023	2080	[REDACTED]	99509	HB	0	0	Healthy Blue of North Carolina	Received	Select...
Kathryn	07/24/2022	01/01/2022	01/01/2023	3792	[REDACTED]	99509	HB	0	0	Healthy Blue of North Carolina	Received	Select...

## VIEW AUTHORIZATIONS

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

Figure 36. Authorization FILTERS and Sort by options

The screenshot shows the 'FILTERS' section of the interface. At the top, there are tabs for 'PERSONAL FILTER', 'UNACKNOWLEDGED', 'UNASSIGNED', and 'DECLINED'. Below these are search and filter options: 'Search By Name or Member ID', 'Search By Auth#', 'End Date', 'Service', 'Office(s)', 'Payer', 'Scheduled Utilization', 'Updated Dates', 'Start Date', 'Status', 'Assigned To', 'Billed Utilization', and 'Pre-Billing Check(s)'. A 'Sort by' dropdown menu is open, showing options: Member, Received Date, Start Date, End Date, Units, Auth #, Service, and Scheduled Utilization %. A 'SCHEDULE APPOINTMENT' button is visible at the bottom right.

### ACKNOWLEDGE RECEIPT OF AN AUTHORIZATION

When Authorizations are made available to an Agency, 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 (Figure 37). This will update the status in the table and will be communicated to the Payer/Healthy Blue for that Authorization. You must respond to all authorizations. If you cannot accept an authorization, you must contact Healthy Blue directly.

Figure 37. Acknowledge Authorizations

MEMBER	RECEIVED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Kile Desborough	05/29/2020	12/12/2019	10/10/2020	428	1037	S5135		0	CB Payer	<div style="border: 1px solid red; padding: 2px;">                     Received                      Acknowledge                 </div>	Unassigned [Calendar Icon]

### 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. Assign Authorizations drop-down

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	07/20/2022	06/01/2022	05/31/2023	3840	[Redacted]	[Redacted]	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid red; padding: 2px;">                     Acknowledged                 </div>	<div style="border: 1px solid red; padding: 2px;">                     Select...                      Sherry                      Shelby                      Andres                      Aretha                      Kristin                      John                      Justin                      Select...                 </div>
Celia	07/20/2022	03/09/2022	03/08/2023	2208	[Redacted]	[Redacted]	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	[Calendar Icon]
Miami	07/20/2022	04/01/2022	03/31/2023	3840	[Redacted]	[Redacted]	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	[Calendar Icon]
Freda	07/20/2022	04/01/2022	02/28/2023	3520	[Redacted]	[Redacted]	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	[Calendar Icon]
Donald	07/20/2022	02/07/2022	02/06/2023	2700	[Redacted]	[Redacted]	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	[Calendar Icon]
James	07/04/2022	10/29/2021	10/29/2022	10240	[Redacted]	[Redacted]	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	Select... [Calendar Icon]

### 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), they can view the Appointment Scheduling dialog. For more information about scheduling appointments, refer to the '[Appointments](#)' section.

Figure 39. Schedule Appointments from the Authorizations page

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	07/20/2022	06/01/2022	05/31/2023	[Redacted]	[Redacted]	99509	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	Select... [Calendar Icon]
Celia	07/20/2022	03/09/2022	03/08/2023	[Redacted]	[Redacted]	99509	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	Select... <div style="border: 1px solid red; border-radius: 50%; padding: 2px; display: inline-block;">                         [Calendar Icon]                     </div>
Miami	07/20/2022	04/01/2022	03/31/2023	[Redacted]	[Redacted]	99509	HB	0	0	Healthy Blue of North Carolina	<div style="border: 1px solid blue; padding: 2px;">                     Acknowledged                 </div>	Select... [Calendar Icon]

## AUTHORIZATION DETAILS

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

Figure 40. Authorizations **Menu (three dots)**

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Betty	07/20/2022	06/01/2022	05/31/2023	3840	99509	HB		0	0	Healthy Blue of North Carolina	✓ Acknowledged	Select... <b>Authorization Details</b>
Celia	07/20/2022	03/09/2022	03/08/2023	3840	99509	HB		0	0	Healthy Blue of North Carolina	✓ Acknowledged	Select... <b>Member Details</b>
Miami	07/20/2022	04/01/2022	03/31/2023	3840	99509	HB		0	0	Healthy Blue of North Carolina	✓ Acknowledged	Select...

From the Authorization Details page (Figure 41), the user can view start/end dates, service codes, modifiers, hours, units, limits, schedules, utilization percentages, as well as upcoming **APPOINTMENTS** and completed **VISITS** associated with the Authorization.

Figure 41. Authorization Details page

**Betty**  
 Authorization # [redacted]  
 06/01/2022 - 05/31/2023  
 Status: Acknowledged

As of 06/21/2022 01:20 AM (current)

**Authorization Details**

**UNITS**

SCHEDULED UNITS: 0 UNITS OF 3840 UNITS USED (3840)  
 BILLED UNITS: 0 UNITS OF 3840 UNITS USED (3840)

Payer: Healthy Blue of North Carolina  
 Auth Number: [redacted]  
 Start-End Date: 06/01/2022 - 05/31/2023

Service Code: 99509  
 Units: [redacted]  
 Diagnosis Code 1: [redacted] Diagnosis Code 2: [redacted]

Modifier 1: HB  
 Service Provider: [redacted]  
 Service Provider NPI: [redacted]  
 Service Provider Medicaid ID: [redacted]  
 Employee: Select...

Member Eligibility: 07/01/2021 - 11/30/2026

No Current Note  
 Attach File [redacted] 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 page:

- Assign an Employee to the Authorization.
- Add notes to the Authorization.
- The **SCHEDULE APPOINTMENT** button will take the user to the 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 box. 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. The **PERSONAL FILTER** 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 four **Reports** that have predefined filters to help quickly navigate to useful Authorizations data (Figure 42).

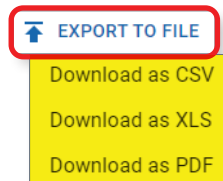
Figure 42. Authorizations page **Personal Filter and Reports**



- **UNACKNOWLEDGED:** This report returns a list of all authorizations that have not yet been acknowledged.
- **UNASSIGNED:** This report returns a list of all authorizations that have been acknowledged not yet 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 **EXPORT TO FILE** button and options



# APPOINTMENTS



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

Figure 44. Appointments page

MEMBER	DATE	START TIME	END TIME	APPT ID	EMPLOYEE	AUTH #	SERVICE	STATUS	PAYER
Joe	03/11/2021	08:00 AM	09:00 AM		Heidi			Late	UHC
Corabella	03/11/2021	08:00 AM	09:00 AM		Andres4		S5125	Late	Amerigroup Iowa
Payton	03/11/2021	11:00 AM	01:00 PM		Jessica		S5125	Scheduled	Iowa Total Care
Charo	03/11/2021	01:00 PM	02:00 PM		Michael		G0155	Scheduled	UHC
Joe	03/11/2021	02:00 PM	03:00 PM		Michael			Scheduled	UHC
Corabella	03/12/2021	08:00 AM	09:00 AM		Andres4		S5125	Scheduled	Amerigroup Iowa
Joe	03/12/2021	02:00 PM	03:00 PM		Michael			Scheduled	UHC
Charo	03/12/2021	08:01 PM	04:01 PM		Michael		G0155	Scheduled	UHC
Payton	03/12/2021	07:00 PM	08:00 PM		Michael		S5125	Scheduled	Iowa Total Care
Corabella	03/13/2021	08:00 AM	09:00 AM		Andres4		S5125	Scheduled	Amerigroup Iowa

## BEFORE SCHEDULING APPOINTMENTS

Before an appointment can be scheduled, you must acknowledge receipt of the authorization from the Payer in the CareBridge Provider Portal. All unacknowledged authorizations are labeled "Received."

### TO ACKNOWLEDGE AUTHORIZATIONS:

1. Navigate to the 'Authorizations' page.
2. Click on the **UNACKNOWLEDGED** tab.
  - a. To locate a specific authorization, use the **FILTERS** button at the top of the page.
3. Click on the Received status and select **Acknowledge**.
  - a. If you cannot service an authorization, you must contact the Payer/Healthy Blue directly.
  - b. You must respond to every authorization sent to your Provider Agency by Healthy Blue. Please note that the authorization will continue to appear until CareBridge receives an updated file from Healthy Blue.


Once you have acknowledged an authorization, you can schedule an appointment for that authorization.



## SCHEDULING APPOINTMENTS IN THE PROVIDER PORTAL

For appointments to appear on the Appointments page, they must first be scheduled. Scheduling appointments is required in North Carolina. To schedule an appointment, first navigate to the Authorizations page 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	RECEIVED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	MODIFIERS	SCHEDULED UTILIZATION %	PAYER	STATUS	EMPLOYEE
Simona Hal	03/15/2021	03/01/2021	03/31/2022	300	123456	T1019		0	Horizon	✓ Acknowledged	Select... 

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

Figure 46. Schedule Appointment screen

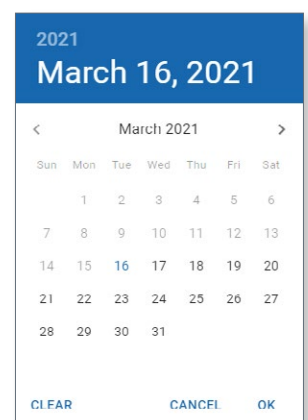
On the left side of the Schedule Appointment dialog, view any current authorizations for the Member and choose the authorization needed to schedule appointments by clicking the **SELECT FOR SCHEDULING** check box.

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

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

- Click the **calendar icon** in the 'Individual Date Selection' card to select individual dates for appointments. The user can individually select as many dates as necessary from the **Individual Date Selection**

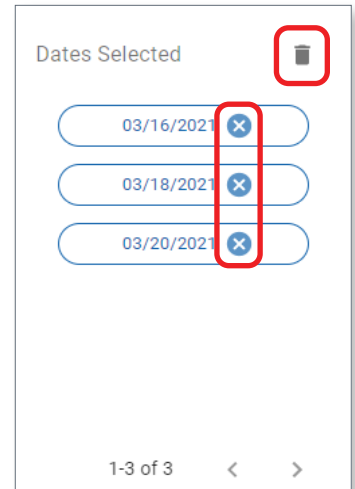
Figure 47. Individual Date Selection Calendar



**Calendar** (Figure 47). Once the dates are selected, they will display in the 'Dates Selected' card (Figure 48).

Figure 48. Dates Selected card

- 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.



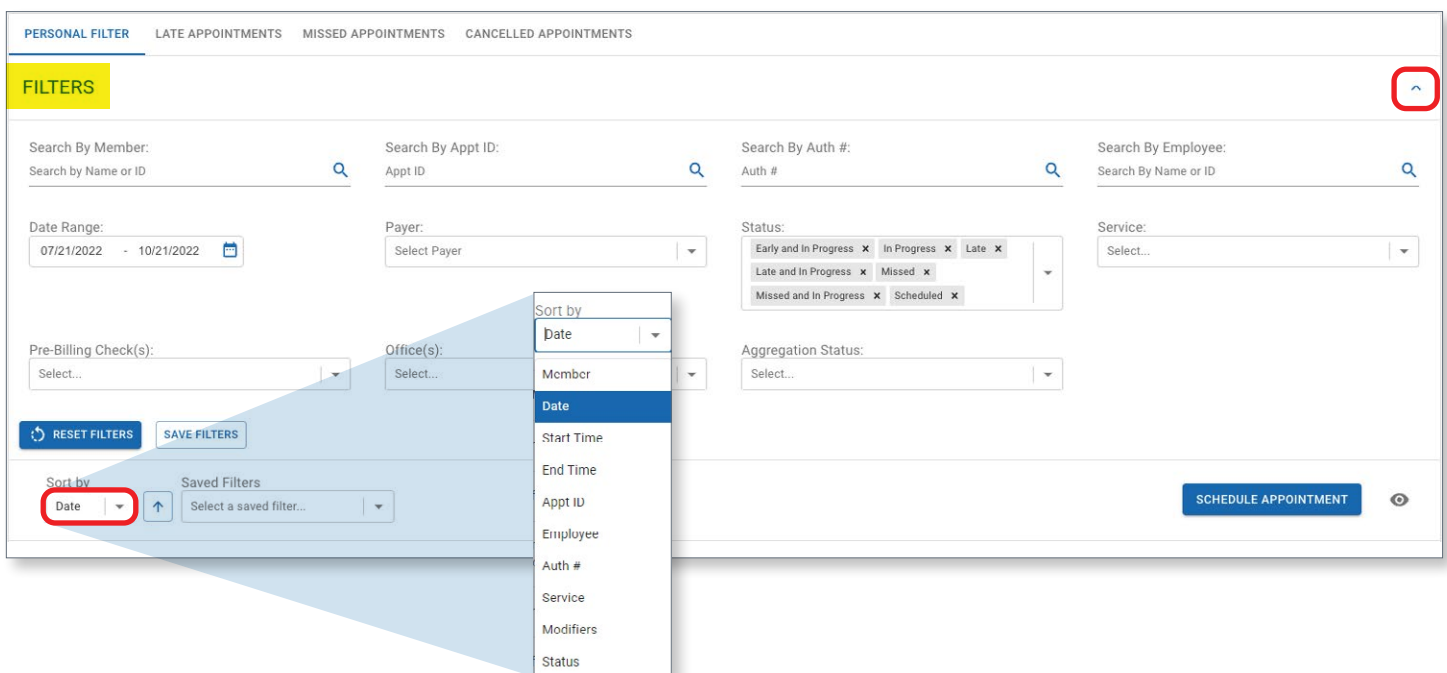
Upon completion of the above fields, the 'Dates Selected' card (Figure 44) populates with appropriate dates based on the Repeat Schedule fields. The user can choose to remove any previously selected dates by clicking the **X** icon next to the date in the 'Dates Selected' card or click on the **Trash Can** icon to delete all the dates.

Once the desired dates are displayed in the 'Dates Selected' card, select the **SCHEDULE APPOINTMENTS** button at the bottom of the screen to generate newly scheduled 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 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 49).

Figure 49. Appointments **FILTERS** and **Sort by** options



## APPOINTMENT DETAILS

To view more details about an Appointment, select the **menu icon (3 dots)** on the right side of the row for the Appointment and then select **Appointment Details** (Figure 50).

Figure 50. Appointment Details

	MEMBER	DATE	START TIME	END TIME	APPT ID	EMPLOYEE	AUTH #	SERVICE	STATUS	PAYER	
	Donald	02/14/2022	04:00 PM	04:30 PM	559093	Kay		S5125	Missed	CB Payer	<ul style="list-style-type: none"> <li>Appointment Details</li> <li>Authorization Details</li> <li>Member Details</li> </ul>
	Elden	02/14/2022	08:00 PM	09:00 PM	559153	Gwyneth		S5125	Missed	CB Payer	
	Donald	02/15/2022	04:00 PM	04:30 PM	559094	Kay		S5125	Scheduled	CB Payer	

From the Appointment Details page (Figure 51), 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.

Figure 51. Appointment Details page

A user may move between all upcoming **APPOINTMENTS** and completed **VISITS** for a Member by selecting them from the list on the left. Finally, the user can see a **CALENDAR** view of all appointments and visits for a Member and can view the Member's **CARE PLAN** by selecting each of those options from the tabs on the right.

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

- **MANUAL ENTRY:** for visits that were not captured in the Mobile App or IVR, a Provider Agency Administrator can complete a **Manual Entry**. (See the 'Visits' section for more information about Manual Entries.)
- **RESCHEDULE:** for the appointment selected, choose a new date, or modify any of the appointment details by selecting **RESCHEDULE**.
- **CANCEL APPOINTMENT:** For upcoming appointments, choose to cancel and provide a cancellation reason.

## APPOINTMENTS REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Appointments Page. The **PERSONAL FILTER** 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 four reports that have predefined filters to help quickly navigate to useful Appointments data (Figure 52).

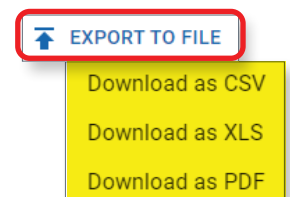
Figure 52. Appointments page **Personal Filter and Reports**



- **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 (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 three (3) hours of the appointment start time.
- **EARLY APPOINTMENTS:** This report returns a list of all appointments that are early. An appointment is considered early when a Check-In has occurred one (1) hour or more before 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 on the bottom of the page (Figure 53). Upon selecting the file type, the document will begin downloading and will be available from the Settings page under the **DOCUMENTS** sub-tab.

Figure 53. **EXPORT TO FILE** button and menu



# MOBILE APPLICATION CHECK-IN & CHECK-OUT



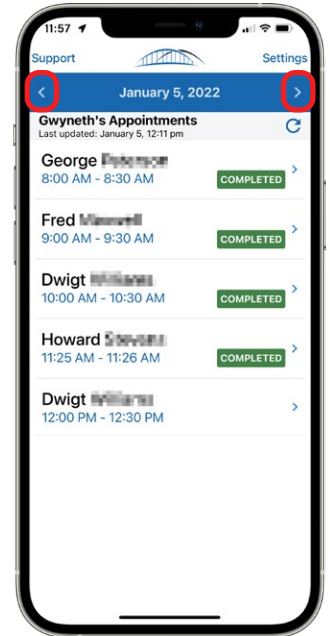
Within the CareBridge EVV Solution, there are two primary ways for a Caregiver to Check-In and Check-Out of an appointment with a Member. The preferred method is by utilizing the CareBridge Mobile Application and the second is by utilizing the CareBridge Interactive Voice Response (IVR) functionality.

Even when there is no cellular or wi-fi coverage at a Member's home, the mobile app will store the Check-In and Check-Out information and forward it to the 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 54). The schedule will allow the user to view any appointments that are scheduled for that day. If the **arrow key (< >)** on either side of the date is selected, they can view past visits or tomorrow's schedule.

Figure 54. CareBridge Schedule View



## CHECK-IN

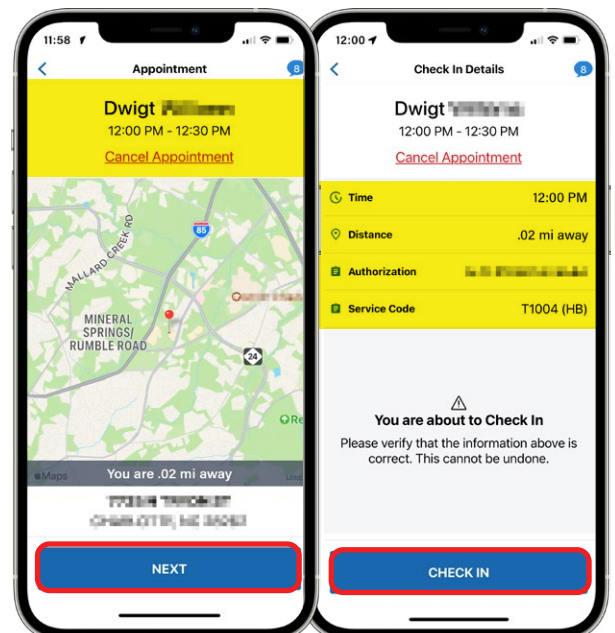
To Check-In to a scheduled appointment, select the **name** of the Member. Once selected, appointment information for the Member, the GPS location for Check-In, and a calculation of the current distance from the scheduled location of the appointment is displayed (Figure 55). If the appointment was scheduled to occur at an alternate location, such as community center, the address selected during scheduling will appear. **Please note:** It's possible that the GPS won't pinpoint the Caregiver's exact location but show something within 1/10 of a mile of their location. This is normal and the visit will still be documented appropriately. Caregivers should check-in regardless of the GPS reading.

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 (Figure 56). The user can Check-In to the appointment by selecting the **CHECK IN** button and view the confirmation screen that Check-In is completed (Figure 57).

**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 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, 9am-10am and then 10:01am-11am. You cannot populate the same minute twice.

Figure 55. Appointment GPS screen

Figure 56. Appointment Check-In Details screen





Once the Caregiver has Checked-In, they may **STOP using the app**. They should begin working the visit and assisting the member. Once finished with their duties they should return to the Mobile App to continue capturing details of the visit. It will pick-up where they left off.

### OBSERVED CHANGES

When checking out using the Mobile App, the Caregiver is presented with important questions allowing them to indicate whether the Member has had any Observed Changes (Figure 58).

**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 the questions are “yes/no” questions. To answer a question “yes,” select the **radio button** (○) next to the question. If the answer is “no,” leave the button empty. If “yes” is selected for any Observed Change, it will also trigger a Discussion (signified by a **red exclamation point**) that is sent to both Healthy Blue and the Provider Agency. This Discussion can be accessed on the Portal Discussions page. Once all questions are answered, select the **CONTINUE** button. Click **Confirm** to confirm the responses and continue.

Figure 57. Check-In Completed!

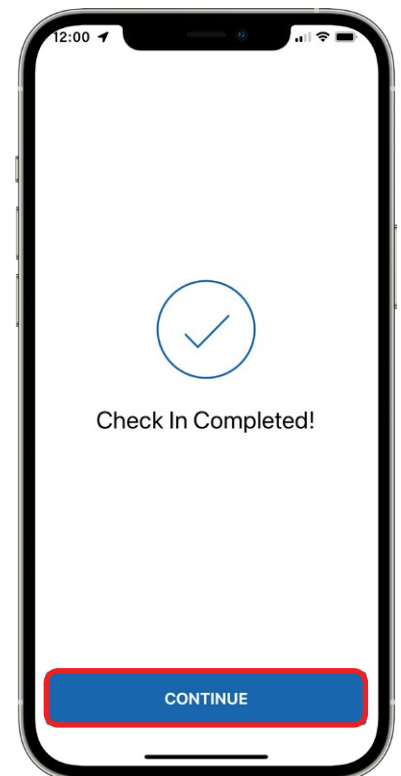
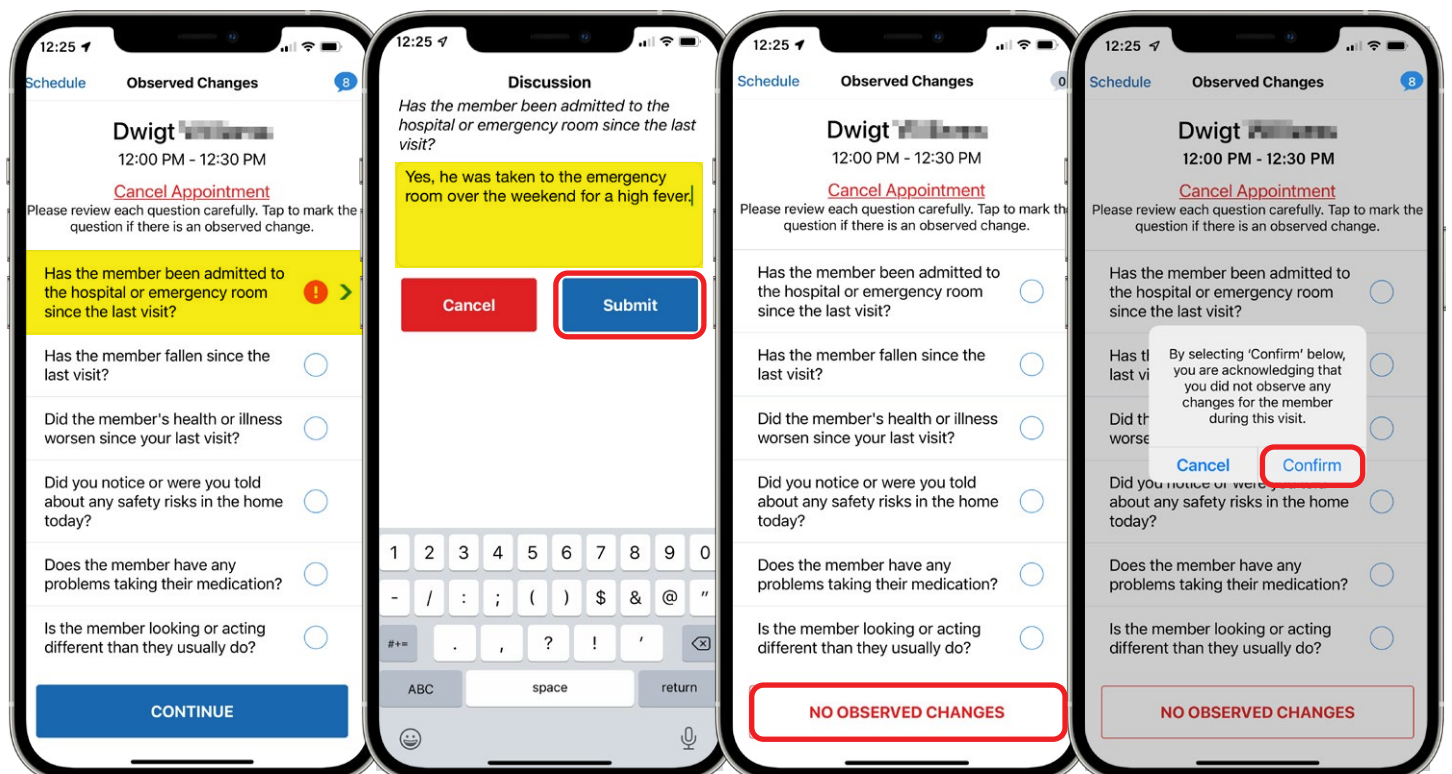


Figure 58. Observed Changes



## 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. 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). The Caregiver can also select each Care Plan activity individually, and indicate whether the activity was **Performed**, **Skipped**, or the **Client (Member) Refused**.

If marking them individually, the Caregiver is required to mark all the **Care Plan Activities** before selecting the **SUBMIT** button to begin Check-Out (Figure 60).

Figure 59. Care Plan Mark **all Performed**

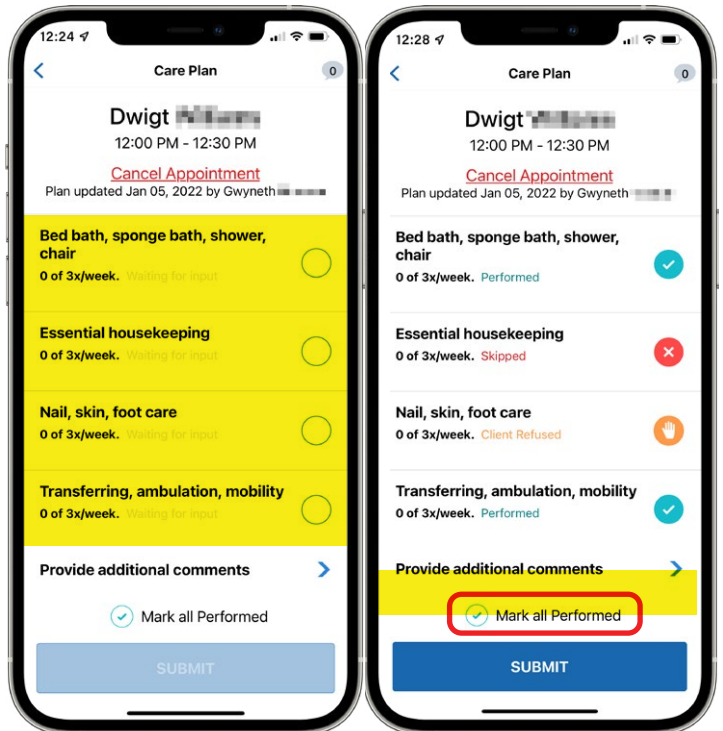
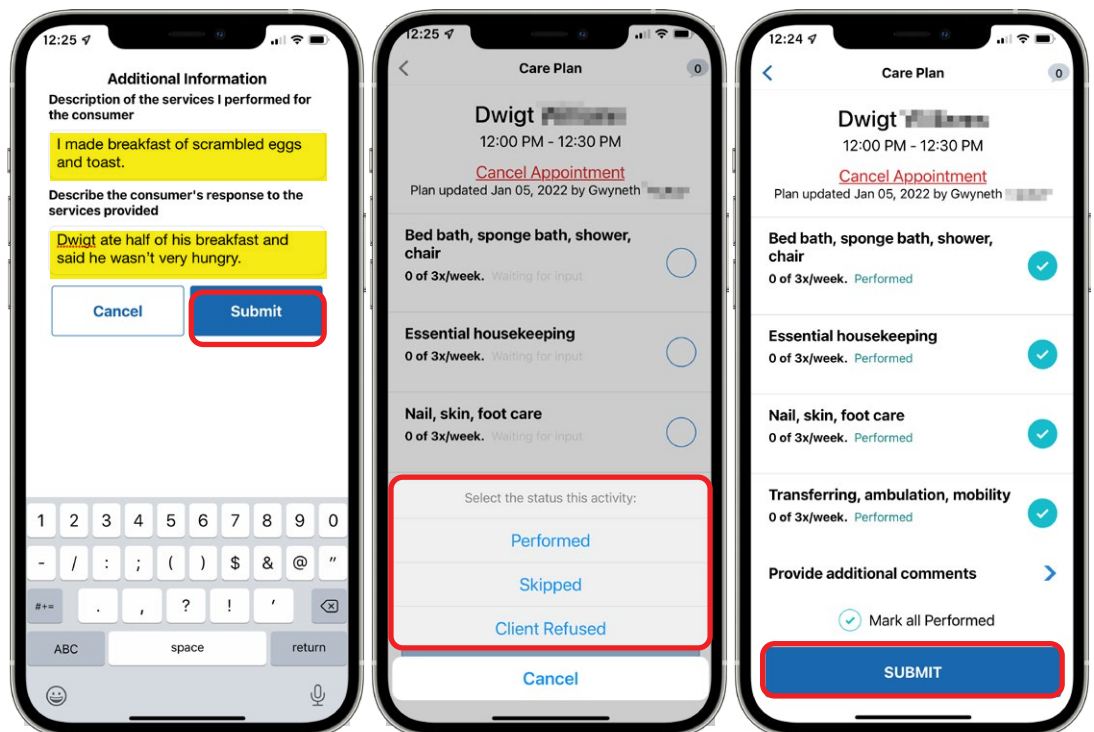


Figure 60. Care Plan Additional Information, Performed, Skipped, Refused



## CHECK-OUT

Once the Care Plan documentation is complete, the Caregiver is presented with Check-Out details and can confirm that all previous documentation is correct (Figure 61). After reviewing, click the **Collect Signature** button. At this point, the Member has an (optional) opportunity to attest to the visit by providing their signature in the mobile app (Figure 62). Once a signature is added, select **APPROVE** to complete the Check-Out workflow and the visit. If a Member cannot sign, the signature can be skipped by clicking **APPROVE** and selecting **Member Refused** or **Member Unable** (Figure 63). Once the Caregiver has selected **APPROVE**, the visit is complete (Figure 64).

Figure 61. Collect Signature

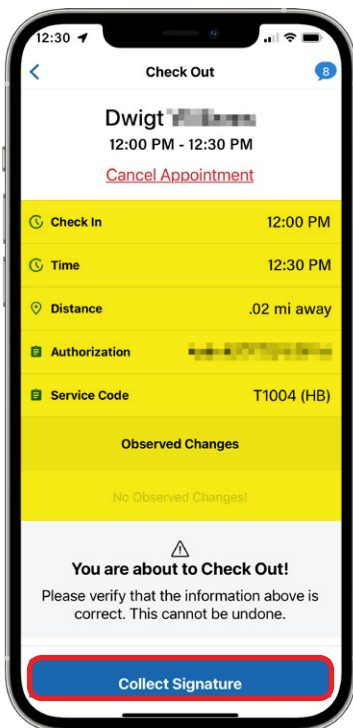


Figure 62. With Signature



Figure 63. Without Signature

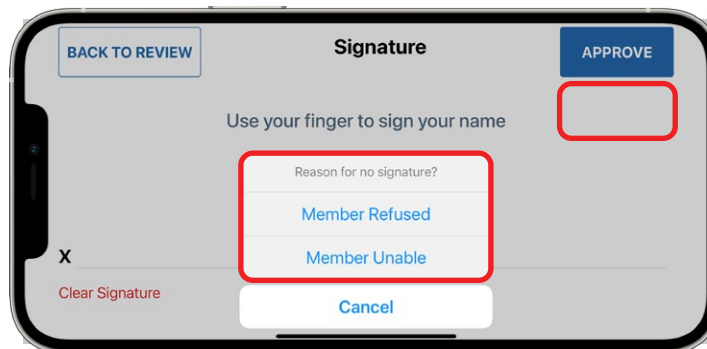
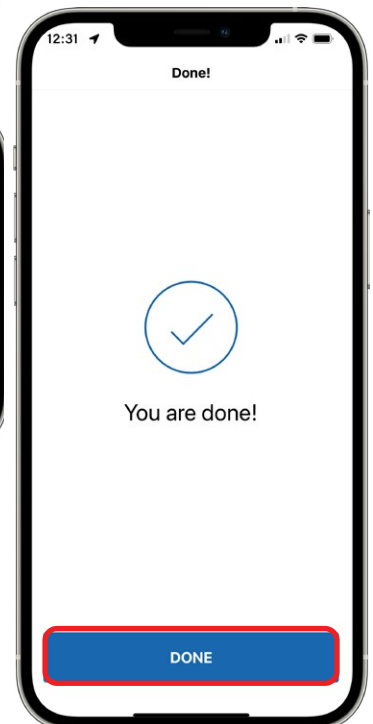


Figure 64. You are Done!



## INTERACTIVE VOICE RESPONSE (IVR)

There may be instances when the Caregiver cannot utilize the CareBridge Mobile Application. In these instances, they will need to use the Interactive Voice Response (IVR) functionality. To Check-In and Check-Out, the Caregiver will need to call the IVR phone number (which is **1 (984) 368-4082** and will be provided to them as part of their training) from the Member's approved phone number. (A toll-free number is available upon request.) Additionally, the Caregiver will need to input a **Sign Up code**, **Provider ID**, **IVR PIN**, and **Password** to identify themselves during the IVR process. The **Provider ID** and **IVR PIN** will be provided to them by the Agency Administrator/ Manager as part of their training.

The IVR system will lead 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 allows Provider Agency Employees to view completed visits, pre-claim checks, and to request claims.

## VIEW VISITS

The Visits Page displays a tabular view of all Visits that have been completed (Figure 65). This table can be filtered and sorted with several parameters by selecting the **expand arrow** or the word **FILTERS** at the top of the table, or the **Sort by** drop-down at the top left of the table (Figure 66).

Figure 65. Visits page

Figure 66. Visits **FILTERS** and **Sort by** drop-down options



## VISIT DETAILS

To view more details about a Visit, select the **menu icon (3 dots)** on the right side of the row for the Visit and select **Visit Details** (Figure 67).

Figure 67. Visits **Menu Icon (3 dots)**

<input type="checkbox"/> MEMBER	DATE	CHECK IN TIME	CHECK OUT TIME	EMPLOYEE	AUTH #	SERVICE	PAYER	APPT ID	STATUS	
Debra Wade	07/12/2022	02:20 PM	04:20 PM	Jennifer Teeter	112545406	99509	Healthy Blue of North Carolina	5512	Completed (Manual)	
Debra Wade	06/15/2022	12:00 PM	03:30 PM	Andrew Zallie	112545406	99509	Healthy Blue of North Carolina	5513	Completed (Ma	

From the Visit Details page (Figure 68) the user can view associated data with the visit in the 'EVV Visit' and 'Billing' cards as well as add Notes to the visits. They can also move between all upcoming **APPOINTMENTS** and completed **VISITS** for a Member by selecting them from the list on the left. Finally, the user can see a **CALENDAR** view of all **APPOINTMENTS** and **VISITS** for a Member and can view the Member's **ALERTS**, **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 each of those options from the tabs on the right.

Figure 68. Visit Details

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

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

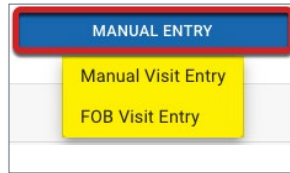


## MANUAL ENTRY

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 can complete a Manual Entry. The use of Manual Entry Visits should be minimized because these do not meet the *21st Century Cures Act* requirements for a compliant visit.

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 69).

Figure 69. Manual Visit Entry



The 'Manual Entry' dialog will open, allowing the user to enter information about the visit and a **Manual Reason Code** indicating why an EVV Check-In or Check-Out was not possible (Figure 70).

Figure 70. Manual Entry dialog

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'](#) section) and select the **MANUAL ENTRY** button to edit the visit.

## EXPORT FOR BILLING

Once a visit is completed and ready to be submitted for processing, 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 71).

Figure 71. **EXPORT FOR BILLING**

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)

Once the **EXPORT FOR BILLING** button is selected, the CareBridge Provider Portal will assess the visits to be exported for potential claiming issues as defined by the Payer/Healthy Blue. Examples of Pre-Billing Checks that are assessed are:

- Authorization units overages
- Member eligibility
- Overlapping visits
- Authorization date ranges
- Late visit reasons

The user will be presented with a confirmation indicating that the visits they selected were successfully exported for billing or if they were not exported due to failing a Pre-Billing Check (Figure 72).

Figure 72. **EXPORT FOR BILLING** dialog

**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

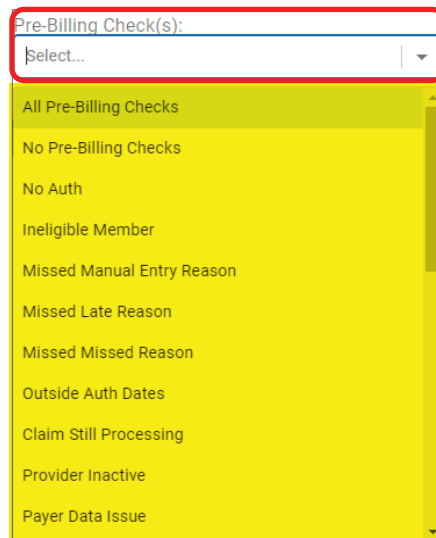
In addition to being able to view Pre-Billing Checks when exporting visits for claims, Pre-Billing Checks are also visible on the Authorizations, Appointments, Visits, and Billing pages and are denoted with the **red exclamation icon**. By clicking the **red exclamation icon**, the Pre-Billing Check is shown (Figure 73).

Figure 73. Pre-Billing Check

Alex Caruso	12/17/2020	12:00 PM	01:00 PM	Lucas Lois	U-543308	12:27 PM	01:27 PM	Aetna	2436253	Completed (Manual)	
Jimmy Butler	12/18/2020	05:00 PM	06:00 PM	Shelby Ballard	U-543264	04:21 PM	04:23 PM	Horizon	2	Member is ineligible during the appointment.	

Additionally, Pre-Billing Checks can be viewed on each page by filtering using the **Pre-Billing Check(s)** drop-down (Figure 74).

Figure 74. Pre-Billing Check(s) drop-down



The following is a full list of Pre-Billing Checks performed in the CareBridge Platform and potential opportunities to resolve the Pre-Billing Check to be able to submit the visit for a claim (Figure 75).

Figure 75. Pre-Billing Checks and Resolutions

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
No auth available during the appointment	Healthy Blue	Healthy Blue issues a new auth or clarifies
Member is ineligible during the appointment	Healthy Blue	Healthy Blue 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

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
Missed reason is missing on the appointment	Provider	Provider updates the visit with a reason
The appointment occurred outside of an auth	Healthy Blue	Healthy Blue 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	Healthy Blue	Healthy Blue re-activates the provider or clarifies
The claim has been denied by the payer	Provider	Provider views claim status and acts
Caregiver is ineligible during the appointment	Provider	Provider ensures caregiver is eligible to deliver services
The claim has been rejected	Provider	Provider views claim status and acts
Appointment has 0 units to bill	Provider	Provider updates the visit via manual entry with units to bill
Appointment service code has no rate or unit definition	Provider	Provider ensures a rate is associated to the service code and a unit definition is listed in the authorization
Appointment has a terminated authorization	Healthy Blue	Healthy Blue updates the authorization or clarifies
Appointment exceeds the auth/ segments max units	Provider	Provider completes a manual entry that reduces units to allow billing or requests additional units from Healthy Blue
Caregiver has no birth date set	Provider	Provider updates caregiver birth date
Appointment has no attestation	Member	Member to attest through member portal

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
Appointment has no duration	Provider	Provider completes a manual entry to update the start and end times
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. The **PERSONAL FILTER** 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 76).

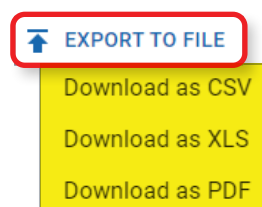
Figure 76. Visits page **Reports**



- **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 did not occur within one **(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 did not occur within **three (3) 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.

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

Figure 77. **EXPORT TO FILE** button and menu



# BILLING



The Billing Page in the CareBridge Provider Portal allows Provider Agency Employees to view completed visits that have been submitted for claim processing, enabling them to address denials, rejections, and paid amounts.

## VIEW BILLED VISITS

On the Billing page (Figure 78), the user will see a tabular view of all Visits that have been submitted for claim processing. This table can be filtered and sorted with several parameters by selecting the **expand arrow** or the word **Filters** at the top of the table or the **Sort by** drop-down at the top left (Figure 79).

Figure 78. Billing page

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
Pat	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	Prebilling 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

Figure 79. Billing FILTERS and Sort by options



## CLAIMS HISTORY

Once a completed visit has been submitted for claim processing, the user will be able to view details about the Billing Status and Claim information by selecting the **menu icon (3 dots)** on the right side of the row for the Visit and select **Visit Details** (Figure 80).

Figure 80. Billing **Visit Details** selection

<input type="checkbox"/> 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	On Hold

- Visit Details
- Authorization Details
- Member Details

Visit Details will provide information for the Billing Status in the 'Billing' card (Figure 81) as well as Claims information in the **CLAIMS HISTORY** tab.

Figure 81. Billing 'Visit Details' options

The screenshot shows the 'Visit Details' page for a visit on 06/15/2022. The 'CLAIMS HISTORY' tab is highlighted in red. The page includes sections for 'Visit' details, 'Manual Entry', 'Pre-billing Checks', and 'Billing' information.

**Visit Details:**

- Appointment ID: 99509
- Status: Completed (Manual)
- Authorization: [Dropdown]
- Employee: Andrew
- Start Date/Time: Jun 15, 2022 12:00 PM
- End Date/Time: Jun 15, 2022 3:30 PM
- Start Location: [Dropdown]
- End Location: [Dropdown]
- Expected Duration: 3 hours 30 minutes (14 units)
- Payer: Healthy Blue of North Carolina

**Manual Entry:**

- Created Date: Jul 22, 2022 2:41 PM
- Check In Date/Time: Jun 15, 2022 12:00 PM
- Check Out Date/Time: Jun 15, 2022 3:30 PM
- Visit Duration: 3 hours 30 minutes (14 units)
- Check In Location: [Dropdown]
- Check Out Location: [Dropdown]
- Acceptable Locations: [Dropdown]
- Manual Reason Code: Forgot to clock in/out
- Manual Notes: [Text Area]
- Member Attestation: No Attestation

**Pre-billing Checks:**

- 07/22/2022 - Appointment ID 5513 caregiver has no SSN set
- 07/22/2022 - Provider is not registered to bill using CareBridge for Healthy Blue of North Carolina. Please contact CareBridge support.

**Billing:**

- Service Code: 99509
- Modifiers: HB
- Billing Status: None
- Units: None
- External Payer Claim Number: None
- Service Provider: UNITED HOME CARE INC
- Service Provider NPI: [Dropdown]
- Service Medicaid ID: [Dropdown]
- Diagnosis Code: [Dropdown]

**Buttons:** EXPORT FOR BILLING, MANUAL ENTRY, RESCHEDULE, CANCEL VISIT, Support

The **CLAIMS HISTORY** tab will display the Billed Amount, Accepted Amount, Rejected Amount, Paid Amount, and Denied Amount for the visit. You 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, claim #(s), and dates associated with the status changes (Figure 82).

Figure 82. Visit Details **CLAIMS HISTORY** tab

The screenshot displays the 'CLAIMS HISTORY' tab for a specific visit. On the left, a list of visits is shown with columns for date, duration, and amount. The visit on 02/10/2022 is selected. The right-hand panel provides a detailed view of this visit, including a 'Billing' summary with the following data:

Category	Amount
Billed Amount	\$10.00 (4 units)
Accepted Amount	\$0 (0 units)
Rejected Amount	\$0 (0 units)
Paid Amount	\$0 (0 units)
Denied Amount	\$0 (0 units)

Below the billing summary, there is a section for 'Claim Request #3899' with a table of individual claim requests:

CLAIM #	PAYER CLAIM #	STATUS	EXTERNAL STATUS CODE	DETAILS	DATE/TIME
3	N/A	Generated			02/11/2022, 08:00 PM
3	N/A	Queued			02/10/2022, 02:30 PM
3	N/A	New			02/10/2022, 02:30 PM

## 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 83).

Figure 83. Billing page **EXPORT FOR BILLING** button

The screenshot shows a table of visits with a 'Sort by' dropdown set to 'Date'. At the top right, there are two buttons: 'EXPORT FOR BILLING' (highlighted with a red box) and '+ MANUAL ENTRY'. The table below has the following columns and data:

MEMBER	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	CHECK IN TIME	CHECK OUT TIME	PAYER	APPT ID	STATUS
<input checked="" type="checkbox"/> Alex Caruso	12/17/2020	12:00 PM	01:00 PM	Lucas Lois	U-543308		12:27 PM	01:27 PM	Aetna	2436253	Completed (Manual)
<input type="checkbox"/> Jimmy Butler	12/18/2020	05:00 PM	06:00 PM	Shelby Ballard	U-543264		04:21 PM	04:23 PM	Horizon	2436281	Completed (Manual)
<input checked="" type="checkbox"/> Charo Alvarez	12/22/2020	11:51 AM	12:19 PM	Shelby Ballard	34343243243243	S9127	11:49 AM	12:15 PM	Horizon	2436311	Completed (Manual)

The following billing statuses are available in the CareBridge Platform and can be seen associated with Claim Requests (Figure 84). **Please note: There may be a delay between the payer and portal status updates.**

Figure 84. Billing Status table

BILLING STATUS	DEFINITION
<b>Acknowledged</b>	This visit has a claim that has been received by Healthy Blue
<b>Billed Externally</b>	This visit has been billed outside of CareBridge
<b>Cancelled</b>	This visit's claim request was cancelled.
<b>Confirmed</b>	This visit has a claim that was accepted by Healthy Blue
<b>Denied</b>	This visit was denied by Healthy Blue due to insufficient or invalid data
<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 Healthy Blue
<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 Healthy Blue 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 Healthy Blue
<b>Voided</b>	This visit claim was voided

## BILLING AND CLAIMING ERRORS

When you have completed exporting visits to claims, you will see a confirmation message in the portal. This message will indicate how many visits successfully exported for claims. Despite the pre-billing checks, there may still be instances when you experience billing or claiming errors. If visits have failed, the reason why will be indicated in that message, which in turn may prompt you to act so that you may export that claim for billing.

Some of these instances and trouble-shooting suggestions are below (Figure 85):

Figure 85. Billing/Claim Error Troubleshooting table

BILLING OR CLAIM ERROR	TROUBLE-SHOOTING SUGGESTION
A claim was over paid	Contact Healthy Blue to resolve.
A claim was under paid	Contact Healthy Blue to resolve.
You do not have or do not understand the claim rejection reason	Basic claim rejection errors happen when data is invalid or missing and occurs prior to claim processing. A few common examples are incorrect or missing member data, billing provider, payer, or diagnosis codes in service lines. You can refer to the rejection/ response reports or contact Healthy Blue for resolution to correct and resubmit for claim processing.
You do not have or understand the denial reason	A claim has been processed by payer and determined unpayable. Common denial reasons are duplicate claims/services, member eligibility, benefit coverage, and data discrepancies. This information will be stated on the electronic remittance advice (ERA) if available to you. If not, please contact Healthy Blue.

## BILLING REPORTS

By default, the **PERSONAL FILTER** is selected upon navigating to the Billing Page. The **PERSONAL FILTER** 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).

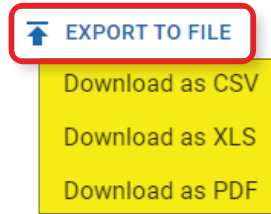
Figure 86. Billing Reports



- **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. **EXPORT TO FILE** button and menu



## OVERVIEW

The following sections will help introduce you to the features and functionality within the CareBridge Solution that enable communication both within a Provider Agency as well as between an Agency and the Payer/Healthy Blue.

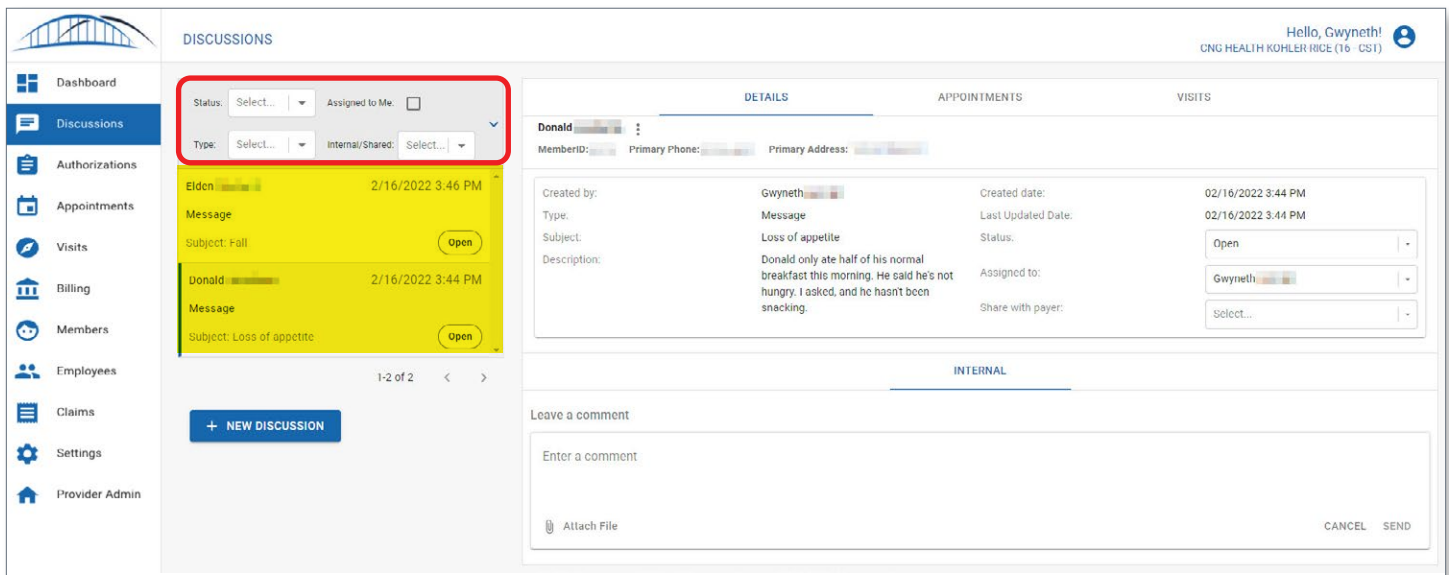
## DISCUSSIONS

The Discussions page in the CareBridge Provider Portal allows Agency Employees to manage and prioritize inbound communications, act on critical tasks, and communicate within the Agency as well as with Healthy Blue.

## DISCUSSIONS NAVIGATION

Once on the Discussions Page, the user will see a list on the left of all open Discussions that are currently unassigned (Figure 89). This list can be filtered by **Status**, **Assigned to**, and several other fields that are viewed by selecting the **expand arrow** on the right of the drop-downs (Figure 88).

Figure 88. Discussions page



The screenshot displays the CareBridge Discussions page. On the left is a navigation sidebar with options: Dashboard, Discussions (selected), Authorizations, Appointments, Visits, Billing, Members, Employees, Claims, Settings, and Provider Admin. The main content area is titled 'DISCUSSIONS' and includes a header with the user's name 'Hello, Gwyneth!' and agency 'CNG HEALTH KOHLER RICE (16 - CST)'. Below the header are filter controls: 'Status: Select...', 'Assigned to Me: ', 'Type: Select...', and 'Internal/Shared: Select...'. A list of discussions is shown, with two highlighted in yellow: one from Eiden (Subject: Fall) and one from Donald (Subject: Loss of appetite). A '+ NEW DISCUSSION' button is at the bottom of the list. The detailed view for the Donald discussion is shown on the right, with tabs for 'DETAILS', 'APPOINTMENTS', and 'VISITS'. The 'DETAILS' tab is active, showing fields for MemberID, Primary Phone, Primary Address, Created by (Gwyneth), Type (Message), Subject (Loss of appetite), Description (Donald only ate half of his normal breakfast this morning...), Created date (02/16/2022 3:44 PM), Last Updated Date (02/16/2022 3:44 PM), Status (Open), Assigned to (Gwyneth), and Share with payer (Select...). Below this is an 'INTERNAL' section with a 'Leave a comment' field and an 'Attach File' button. 'CANCEL' and 'SEND' buttons are at the bottom right.

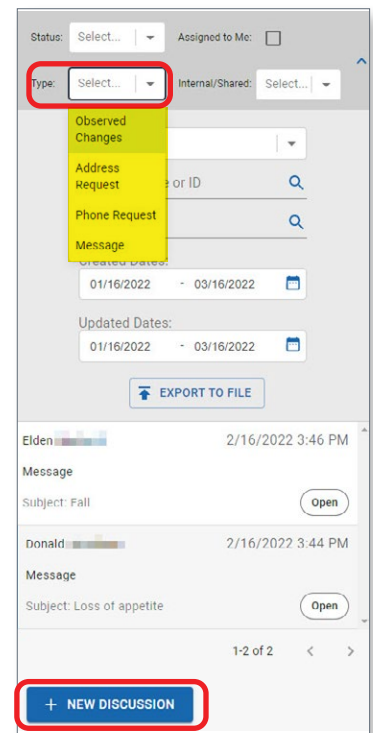


## NEW DISCUSSIONS

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

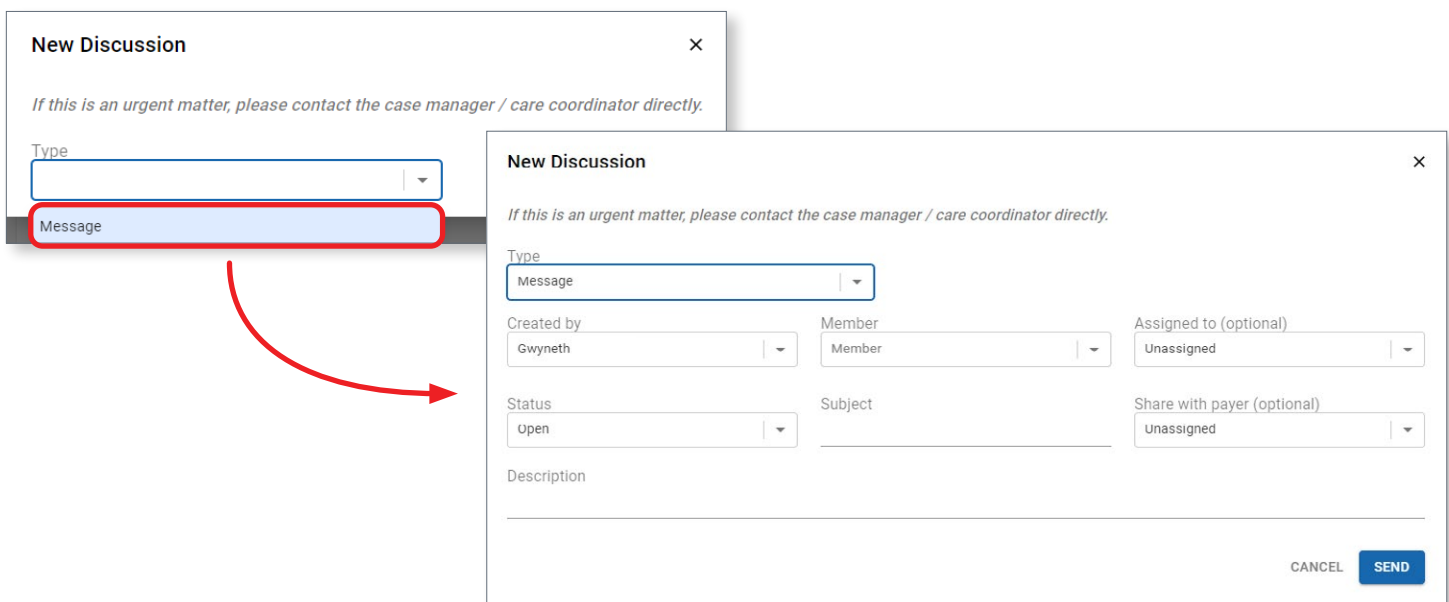
- **Observed Changes:** This discussion type allows caregivers to indicate if there have been any changes to the member's condition. **Observed Changes** items are generated as part of the survey completed by caregivers during a visit. When **Observed Changes** occur, a **Discussion** is auto generated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

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



To create a new **Message Discussion**, select the **+ NEW DISCUSSION** button at the bottom of the page (Figure 89). The **New Discussion** dialog box will appear (Figure 90). After selecting a discussion **Type**, the user will need to complete the required fields before sending.

Figure 90. **New Discussion** dialog



## DISCUSSION ITEM DETAILS

Upon selecting a **Discussion**, the user will see details about that **Discussion** in the **DETAILS** tab on the right side of the screen (Figure 91). Optionally, the user may choose to view lists of upcoming **APPOINTMENTS** and past **VISITS** for that member by selecting the other tabs available at the top of the screen.

Figure 91. Discussion Details

The screenshot displays the 'DISCUSSIONS' section of the CareBridge Provider Portal. On the left is a navigation sidebar with options: Dashboard, Discussions (selected), Authorizations, Appointments, Visits, Billing, Members, Employees, and Settings. The main area is titled 'DISCUSSIONS' and features a filter panel with dropdowns for Status (All), Assigned to (All), Type (All), and Internal/Shared (All). Below the filters is a list of discussions, each showing the member name, date, time, and status (e.g., 'Closed', 'In Progress', 'Open'). A 'NEW DISCUSSION' button is at the bottom left. The right side shows the 'DETAILS' view for a discussion about 'Aloysius', with tabs for 'DETAILS', 'APPOINTMENTS', and 'VISITS'. The 'DETAILS' tab is active, showing member information, creation details, and a description: 'The member has decreased mobility and may need a wheelchair or walker. Will also need a ramp home modification.' Below this are tabs for 'INTERNAL' and 'SHARED' comments, with a yellow comment input area and an 'Attach file' button.

There are several 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 Healthy Blue, 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 Healthy Blue can be facilitated through entering comments in the **SHARED** tab.

# DASHBOARD & REPORTING



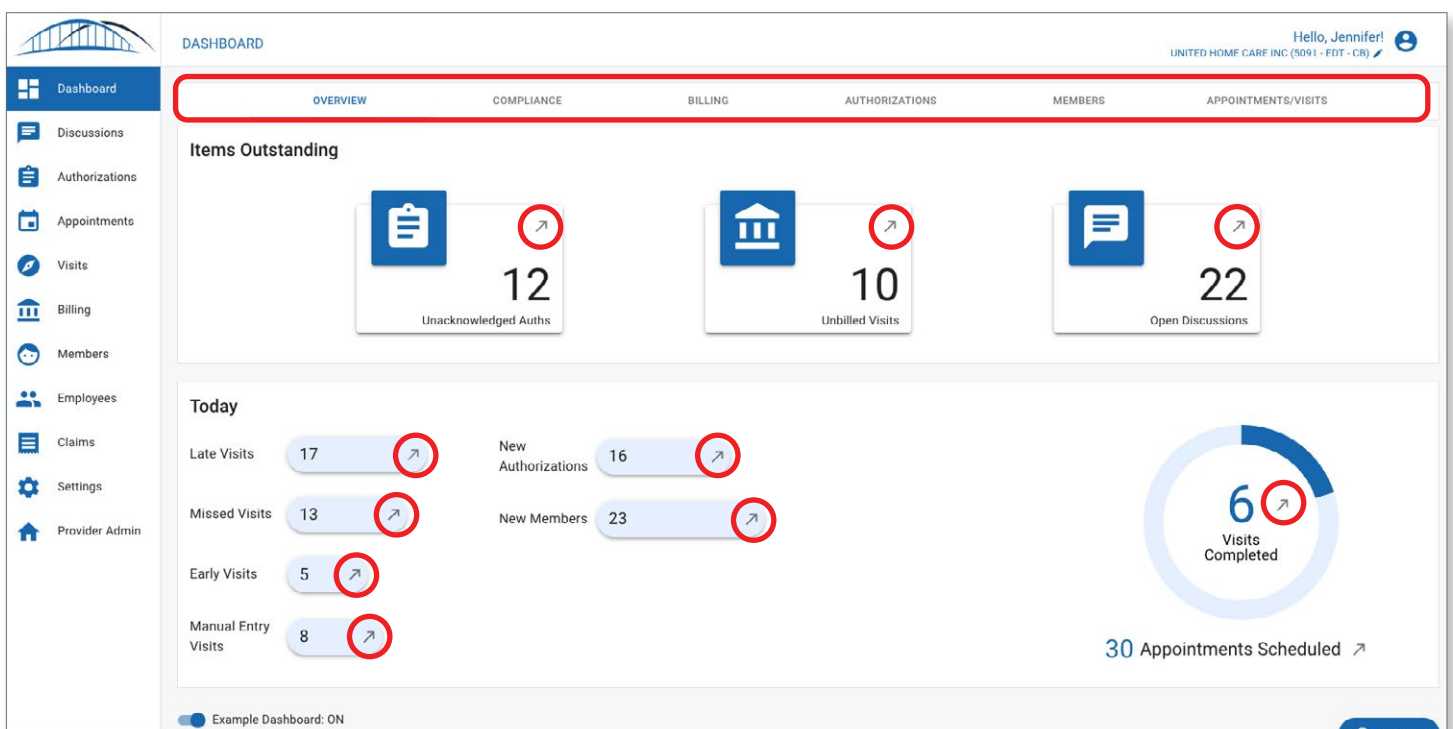
## OVERVIEW

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 allows Agency Employees to view key metrics to better prioritize and manage tasks on which action may need to be taken.

Figure 92. Dashboard page



On the Dashboard page, there are tabs for each of the Dashboards available (Figure 92):

- **Overview:** This dashboard displays metrics related to items that are outstanding or may require action and metrics related to operational efficiency within the 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 (Healthy Blue). By selecting the **arrow icon** (Figure 89) 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 also **Reports** that have predefined filters to help quickly navigate to useful subsets of data. The following is a complete list of the reports available in the CareBridge Provider Portal (Figure 93):

Figure 93. Provider Portal Reports

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
<b>Payroll</b>	Employees	Payroll data for a given time for each Employee based on completed Visits in that period.
<b>Employees Compliance</b>	Employees	All Provider Agency Employees sorted in ascending order by Compliance Score. Compliance Score is configurable per Healthy Blue but is typically defined as the percentage of EVV Visits that are compliant (defined as EVV or IVR visits) relative to the total number of Visits. Examples of non-compliant Visits are manual entries, early, late, or missed.
<b>Active Members</b>	Members	All active Members.
<b>Unassigned Members</b>	Members	All Members who have not been assigned to an Office.
<b>Members Compliance</b>	Members	All Members sorted in ascending order by Compliance Score. Compliance Score is configurable per Healthy Blue 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.
<b>Low Utilization</b>	Authorizations	All Authorizations in ascending order that have less than 25% of the authorized units scheduled. This helps to focus attention on Authorizations that may need Appointments scheduled for them.
<b>High Utilization</b>	Authorizations	All Authorizations in ascending order that have less than 75% of the Authorized units scheduled.
<b>Unacknowledged Authorizations</b>	Authorizations	All Authorizations that have not yet been acknowledged.

REPORT NAME	PAGE	DESCRIPTION (EVV DATA)
<b>Unassigned Authorizations</b>	Authorizations	All Authorizations that have not yet been assigned an Employee.
<b>Late Appointments</b>	Appointments	All appointments that are late. An appointment is considered late when a Check-In has not occurred within one (1) hour of the appointment start time.
<b>Missed Appointments</b>	Appointments	All appointments that have been missed. An appointment is considered missed when a Check-In has not occurred within three (3) hours of the appointment start time.
<b>Late Visits</b>	Visits	All visits that have been completed but were started late, as an example, a Visit could be late when a Check-In has not occurred within one (1) hour of the appointment start time.
<b>Missed Visits</b>	Visits	All missed visits. A visit could be considered missed when a Check-In has not occurred within three (3) hours of the appointment start time.
<b>Manual Visits</b>	Visits	All Manual Entry Visits.
<b>EVV Visits</b>	Visits	All completed Visits that have compliant EVV data.
<b>Service Claims</b>	Visits	All completed non-EVV Visits.
<b>Rejected Visits</b>	Billing	All Visits that have rejected claims.
<b>Denied Visits</b>	Billing	All Visits that have denied claims.

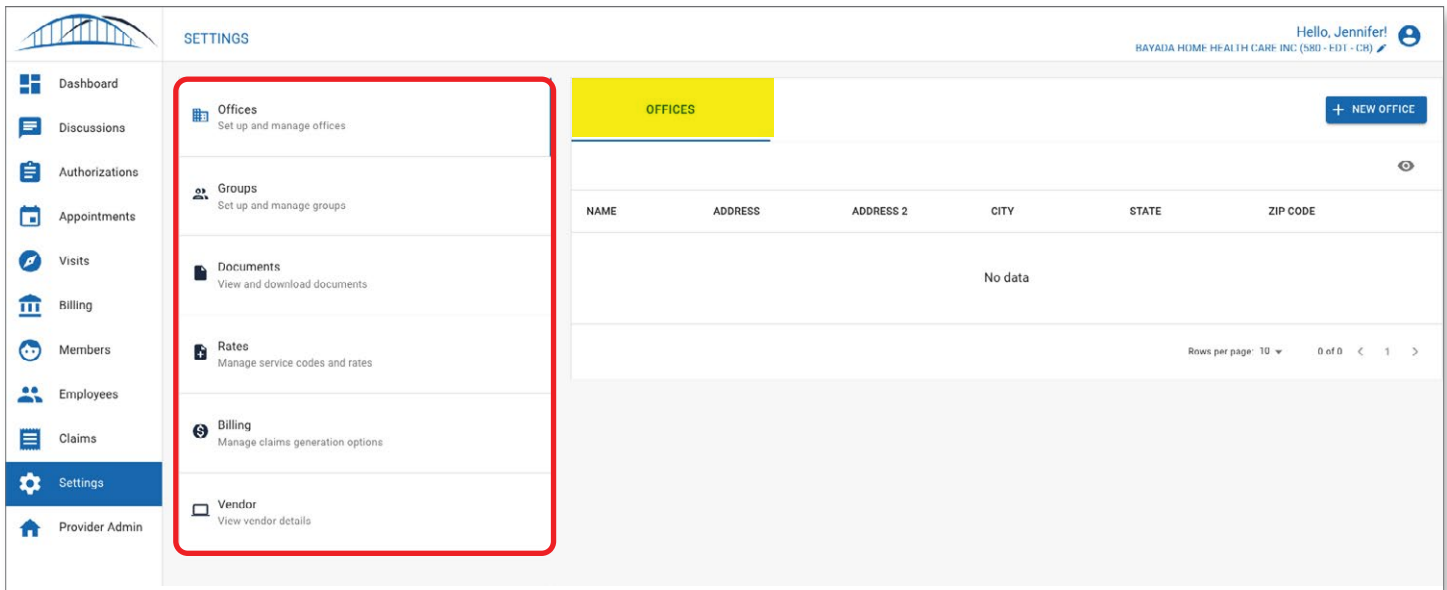
# SETTINGS

## OVERVIEW

The following will help introduce the features and functionality within the CareBridge Solution that enable Provider Agency Employees to configure the system to their workflows and preferences.

The Settings Page (Figure 94) has sub-tabs for **Offices**, **Groups**, **Documents**, **Rates**, **Billing** and **Vendor**.

Figure 94. Settings page

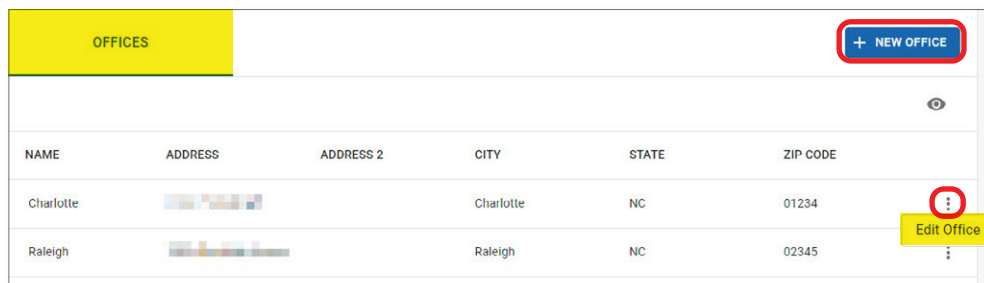


## OFFICES

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 be able to run 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 (three dots)** next to the **Office** and select **Edit Office** (Figure 95).

Figure 95. Offices menu icon (three dots)





## 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**, select the **+ NEW GROUP** button at the top of the Groups table (Figure 96). To edit a **Group**, select the **menu icon (three dots)** next to the **Group** and select **Edit Group**. There are two types of **Groups** that can be created or edited – **MEMBER** and **EMPLOYEE** (Figure 97).

Figure 96. **MEMBER GROUPS** and **EMPLOYEE GROUPS**

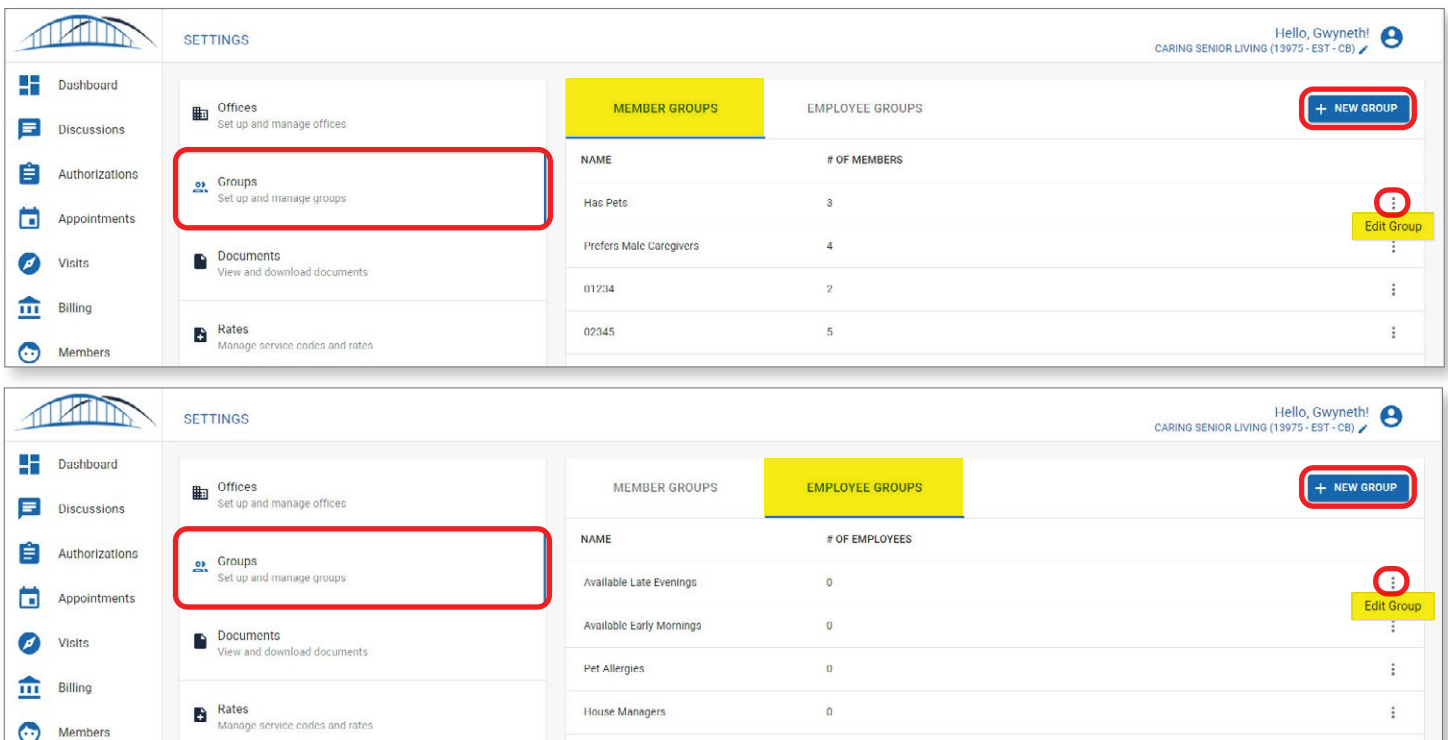
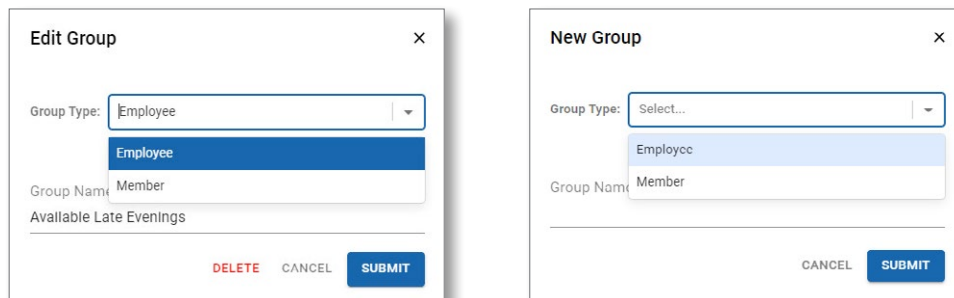


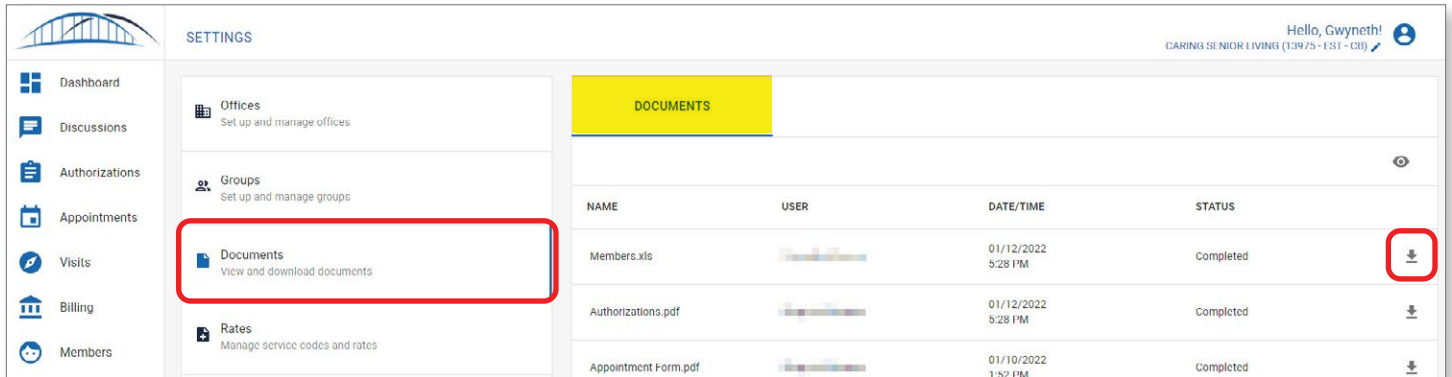
Figure 97. **Edit Group** and **New Group** dialogs



## DOCUMENTS

The **Documents** sub-tab (Figure 98) is a list of all exported documents from other pages in the CareBridge Provider Portal. When a document is exported, the document will generate in the background and display in this list. When the user navigates to the **DOCUMENTS** sub-tab, they can choose to download any document by selecting the corresponding **download icon** on the far right of the table.

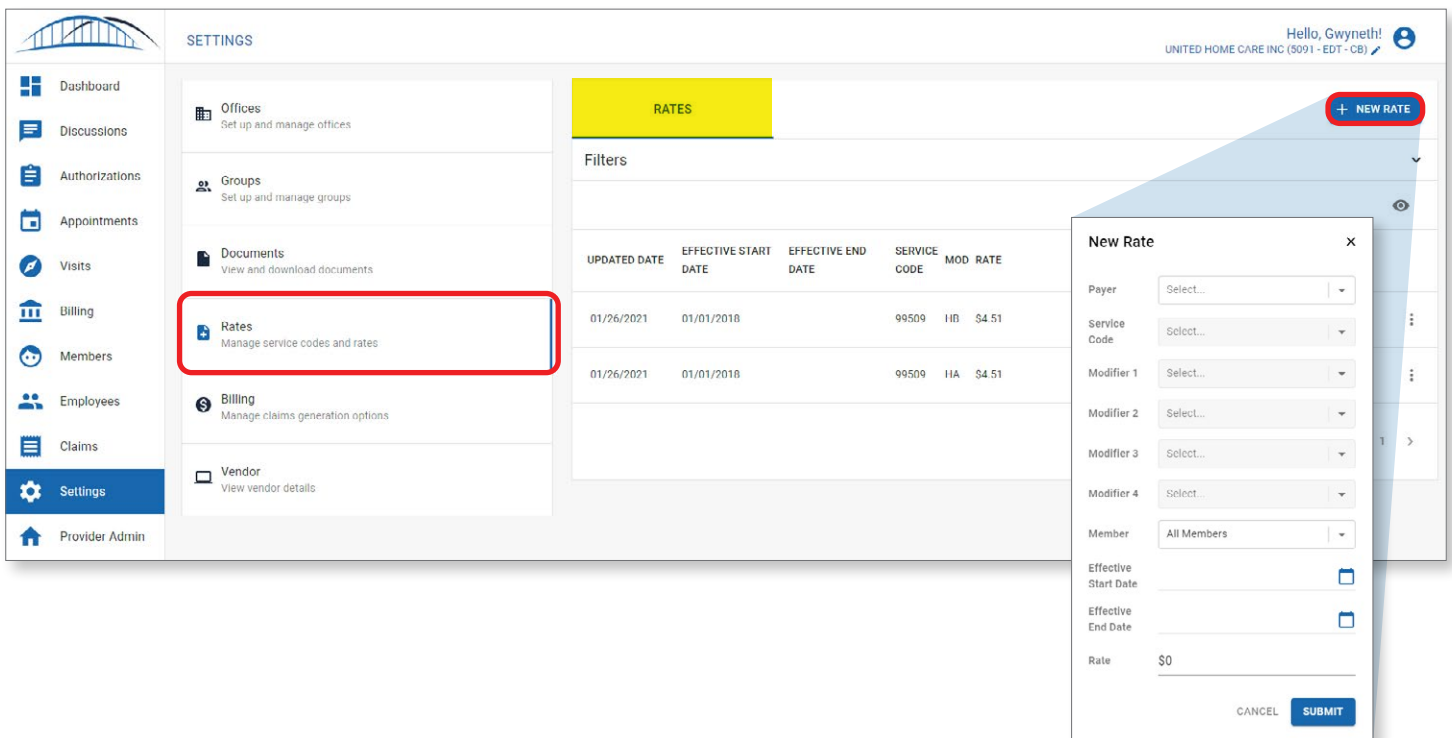
Figure 98. **DOCUMENTS** sub-tab



## RATES

All standard rates are provided to CareBridge Rates by the health plan and cannot be modified in the system. However, negotiated rates will not be sent from the health plan. If your agency negotiated a different rate for specific services, you will need to add that rate yourself by clicking the **+ NEW RATE** button in the top right of the **RATES** sub-tab and filling out the **New Rate** dialog box form (Figure 99).

Figure 99. **RATES** sub-tab

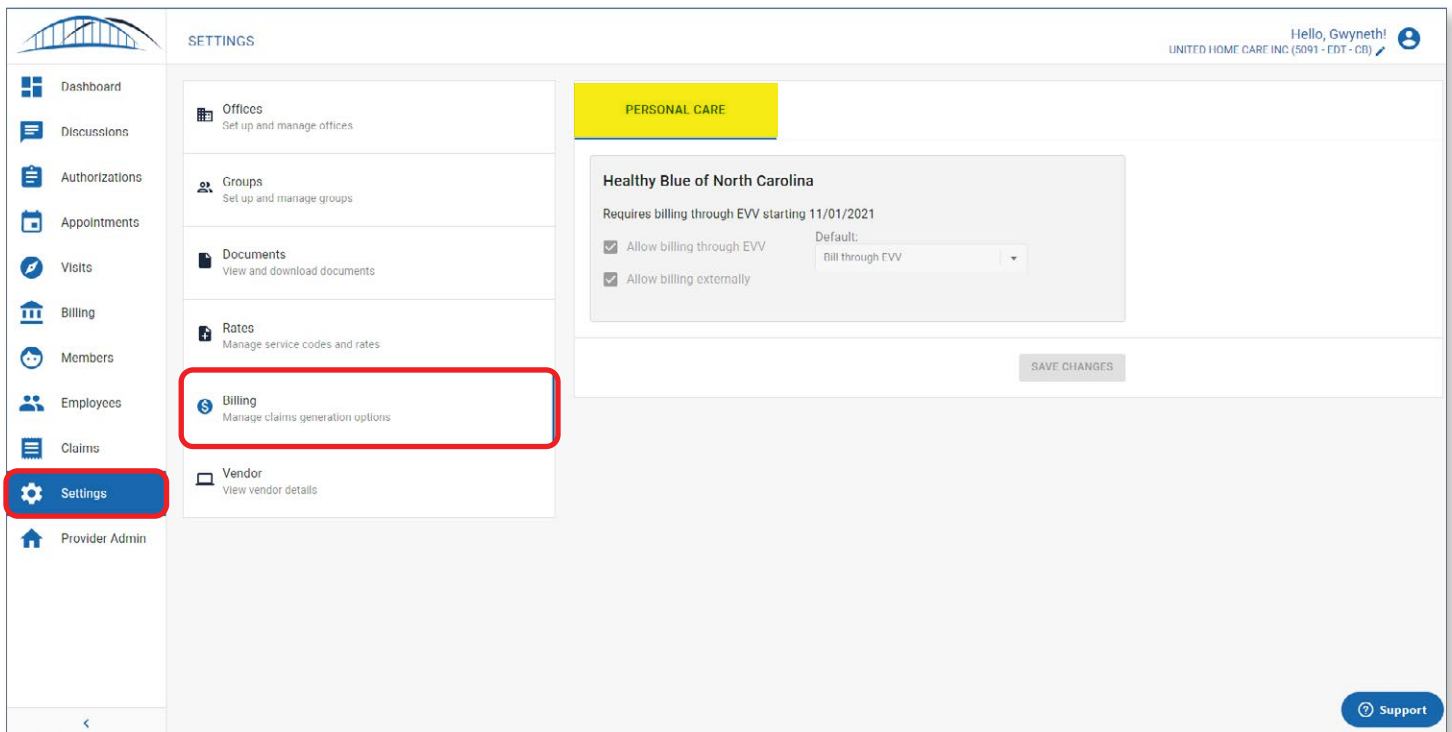


## BILLING

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 Solution for partnered Payers or through an external option such as your current 3rd party billing solution. If you click on the Settings tab in the left side navigation bar in the Provider Portal, you will see the **BILLING** sub tab. It contains a list of Payers available in your state, and each one has its own card.

If a Payer’s visits need to be billed differently, and you have the capability, you can change the settings in the **BILLING** sub tab (Figure 100). That changes the default process for that Payer.

Figure 100. **BILLING** sub tab

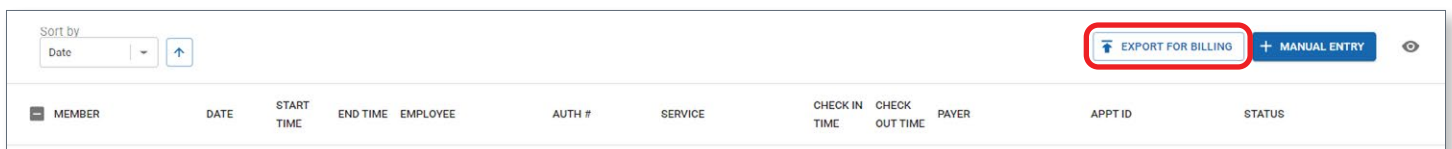


**Allow billing through EVV:** CareBridge will submit your claims directly through the Provider Portal.

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

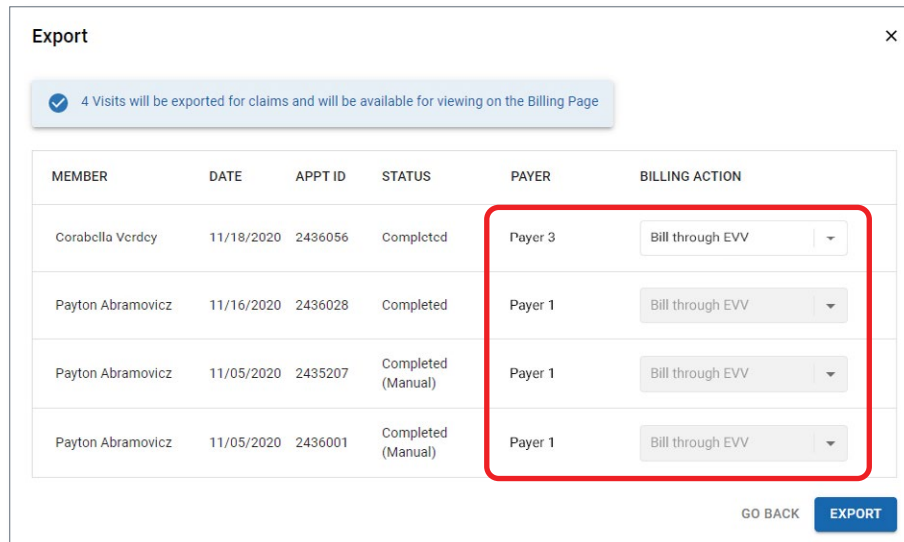
You can set your agency billing preferences in the **BILLING** sub tab. When you are exporting for claims, it will default to whatever you set as your preference. However, you can also adjust it per individual member when you click **EXPORT FOR BILLING** (Figure 101).

Figure 101. **EXPORT FOR BILLING** button



This function will automatically default to your Agency's current settings. The CareBridge system won't allow you to choose an option that you don't have, based on your market. If an option is grayed-out, it means that your agency doesn't have that capability (Figure 102).

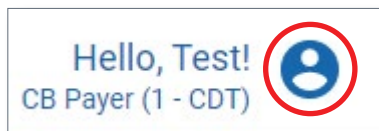
Figure 102. **EXPORT FOR BILLING** customization options and availability



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 103. **Profile icon**



For additional resources, you can also access the **CareBridge Resource Library** through the Provider 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>



## ROLE DEFINITIONS

The following is a list of roles that have been referred to within the Provider Portal Training Manual.

**Office Administrator** (Admin) – Provider Agency Employee with Administrator permissions in the EVV system.

**Provider 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.

**Healthy Blue** – The member's Prepaid Health Plan (PHP). Provider agencies are contracted with Healthy Blue to provide services to members.

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

**Payer** – The Prepaid Health Plan (PHP), Healthy Blue, that reimburses the provider agency for services rendered.

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





# MOBILE APPLICATION DOWNLOAD & LOGIN GUIDE

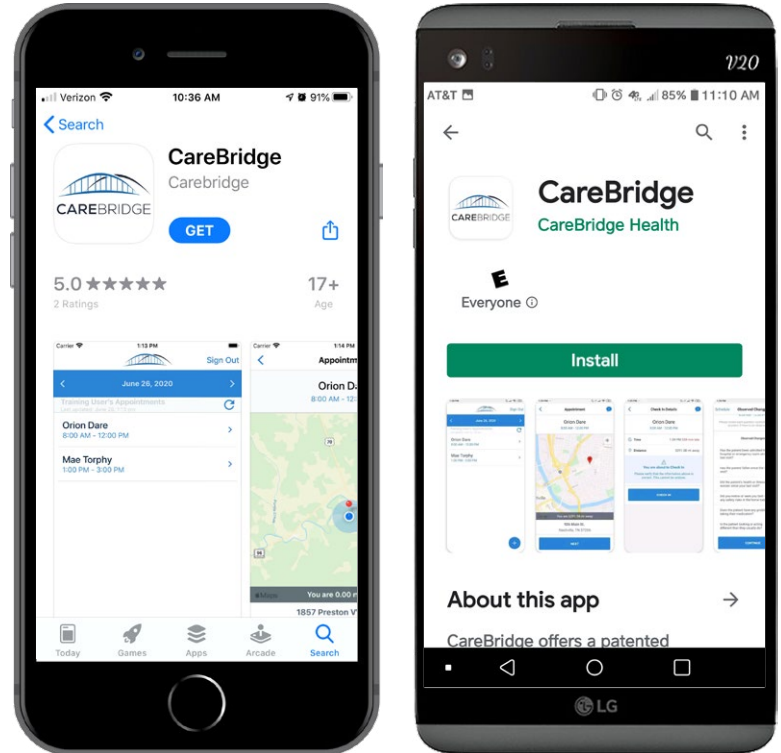


## OVERVIEW

The CareBridge mobile application (available for Apple and Android) can be downloaded for free from the App Store or Google Play store (Figure 1). The instructions below will tell you how to download and login to the application.

The mobile app allows the Caregiver to **Check-In** and **Check-Out** of EVV required appointments, document any **Observed Changes**, view and document the **Care Plan** tasks they should be completing, and start and/or respond to a **Discussion** about that Member.

Figure 1. App Store and Google Play Store



## DOWNLOAD AND FIRST TIME LOGIN

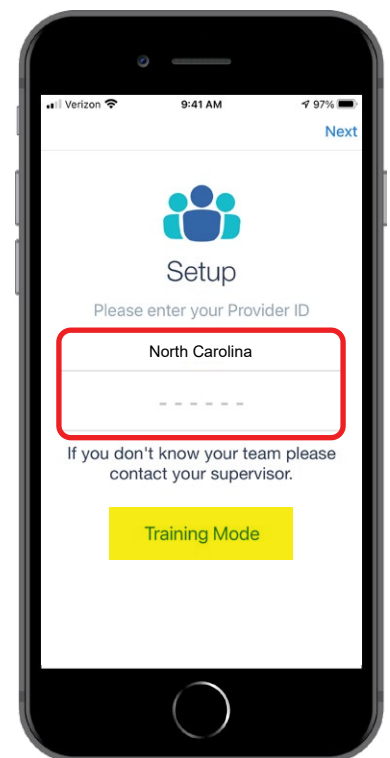
Download the CareBridge app by searching for 'CareBridge' in the App Store/Google Play Store.

Figure 2. Team Setup Screen

- The Mobile App requires location services permission at installation. (**Please note:** your current location is only captured during the Check-In and Check-Out process.)
- The Mobile App supports the most current versions of both operating systems.
- The Mobile App supports the following languages: English, Spanish, and Russian.

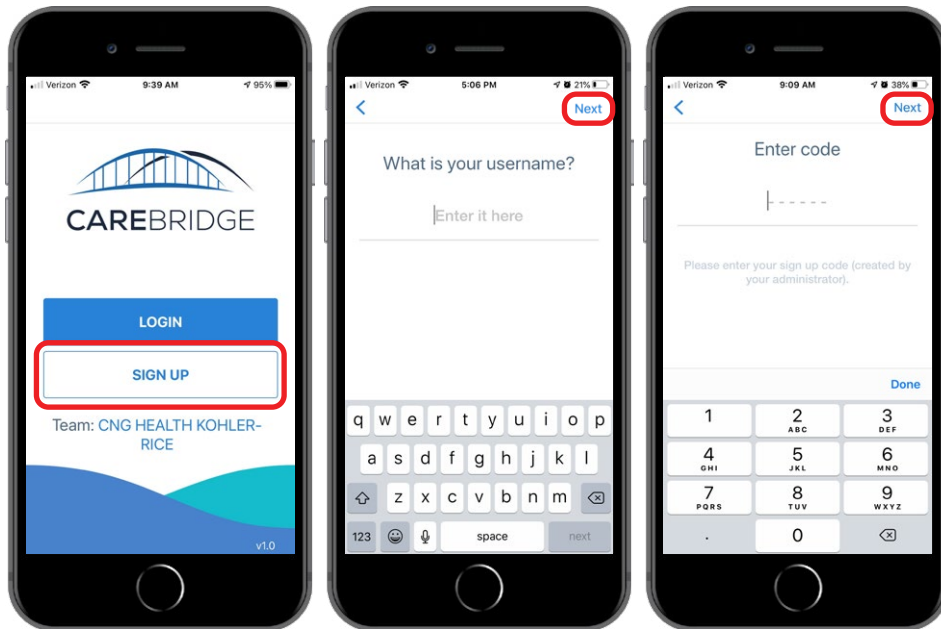
Once the app is installed, you will see the Team Setup screen (Figure 2). First, select your state from the drop down. Then, you should have received a **Provider ID** from your Agency during training or in an email after training. Enter the **Provider ID** and click **Next** to begin the login process. If you want to practice with training data click on **Training Mode**.

Next, choose **Sign Up!** and enter your username (this could be your email address or the first initial of your first name and your last name with no spaces). If the Agency created your profile with your phone



number, you will receive a **6-digit code** in a text message after you click **Next**. If they did not have your phone number, but had your email address, you will receive the 6-digit code in your email. If they did not have either, you will need to get a one-time code by contacting your Agency after you click **Next**. **Please note:** the code expires after 20 minutes, so after you call your Agency and get the code, *enter it right away* (Figure 3).

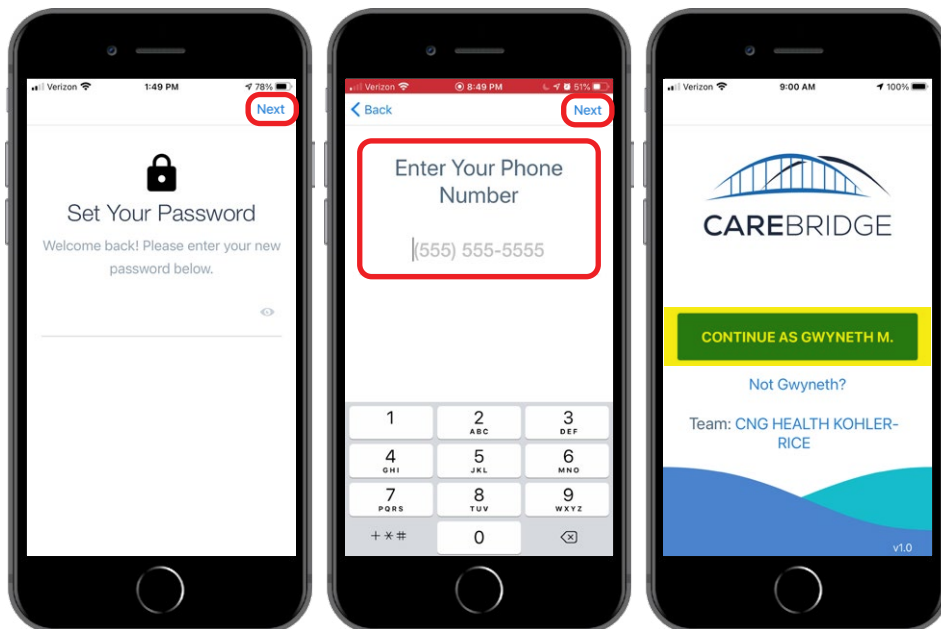
Figure 3. Download and Registration



Once you enter your code and it has been verified, you will be prompted to **set up your password** and enter your **mobile phone number** (Figure 4). Click **Next**. Please note that if your birth date is not in your Employee Details, you also will also be asked to submit your **birth date** during your login.

You will now be on the login screen (Figure 4) and it will show your first name and the first initial of your last name. You are now registered in the CareBridge mobile app.

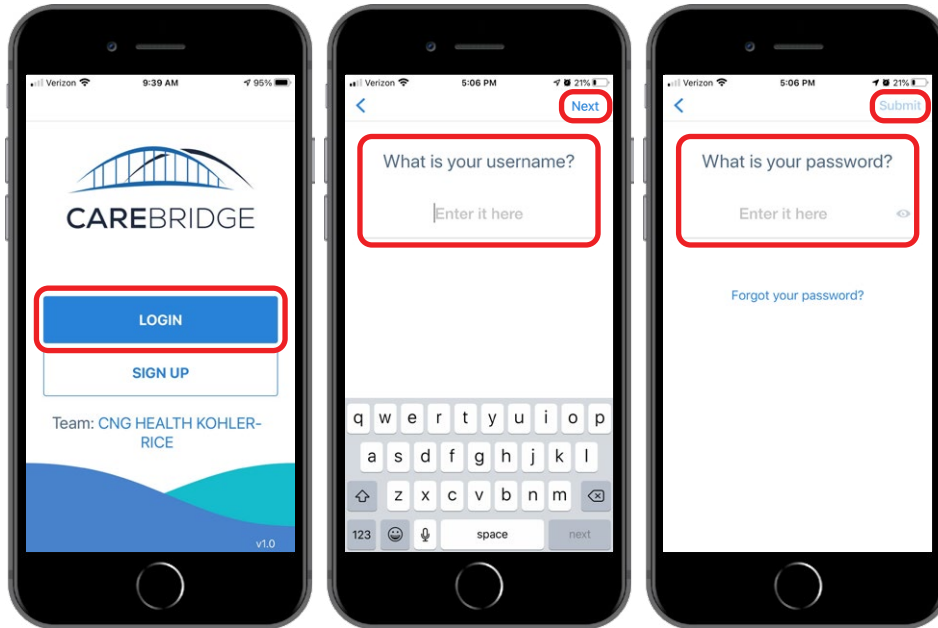
Figure 4. Setting up a user profile



### LOG IN

Once you are set up you will need to sign into the app by entering your **Username** - then click **Next** and enter your **Password** - then click the **SUBMIT** button (Figure 5).

Figure 5. Sign into the application



### WHAT IF I FORGET MY PASSWORD?

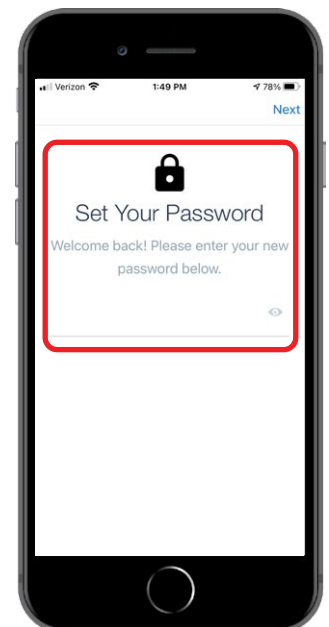
If you forget your password, click **Forgot your Password?** Then you will receive a **6-digit code** in a text message. Enter the **code** on the recovery screen and you will be asked to set a new **Password** (Figure 6).

### STILL NEED HELP?

If the contents of this guide do not answer your questions, you will need to contact your Agency - this is your first level of support.

Your Agency will be able to assist you in troubleshooting and fixing most of the technical issues that may occur when using the application. If the issue needs to be sent to the CareBridge support team, your Agency will be able to work with CareBridge to quickly diagnose and resolve most issues. CareBridge Support is available from 7 AM to 5 PM Central Time.

Figure 6. Set your new password



# MOBILE APPLICATION DOWNLOAD & LOGIN GUIDE

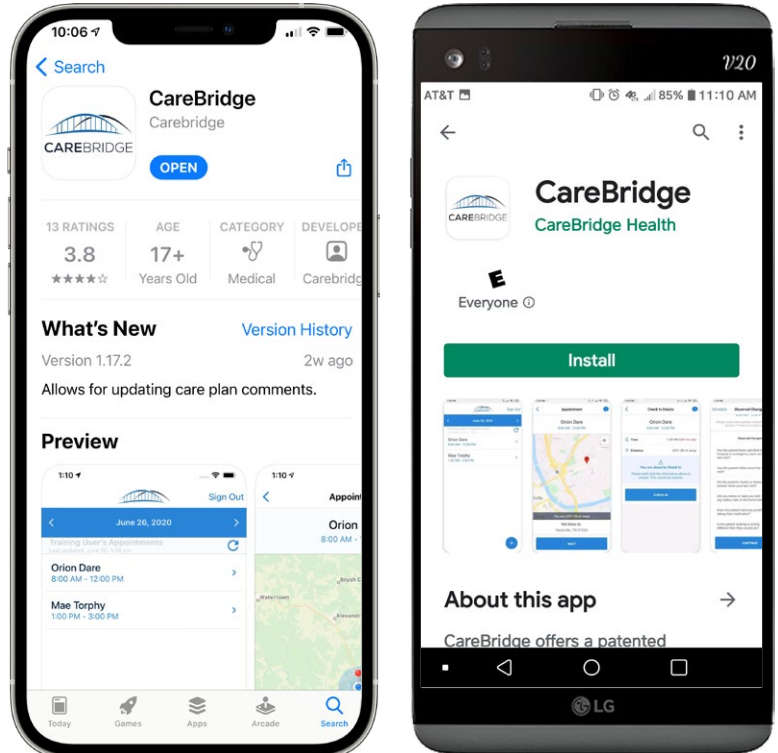


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## DOWNLOAD AND FIRST TIME LOGIN

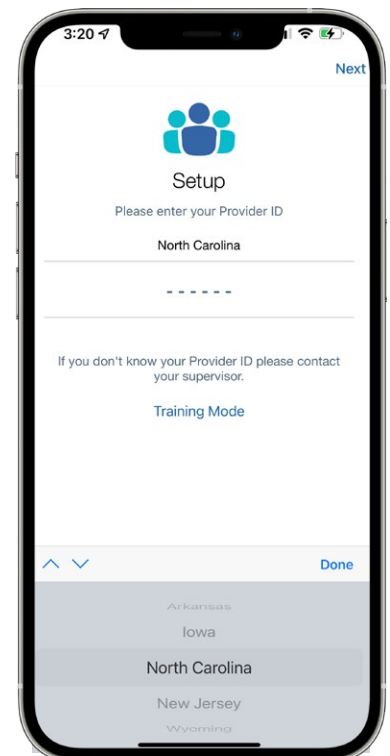
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- The Mobile App supports the most current versions of both operating systems.
- The Mobile App supports the following languages: English, Spanish, and Russian.

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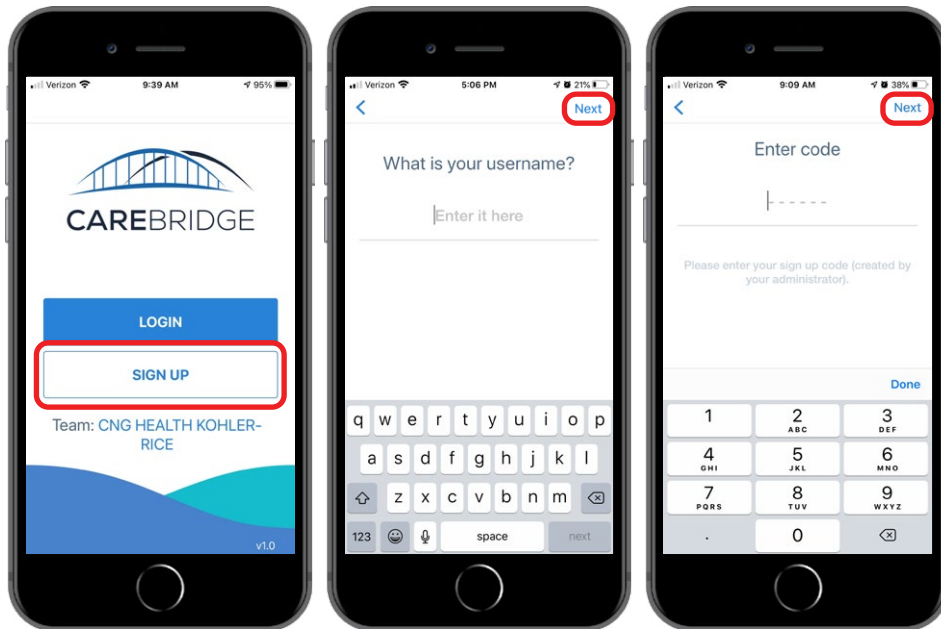
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Figure 2. Team Setup Screen



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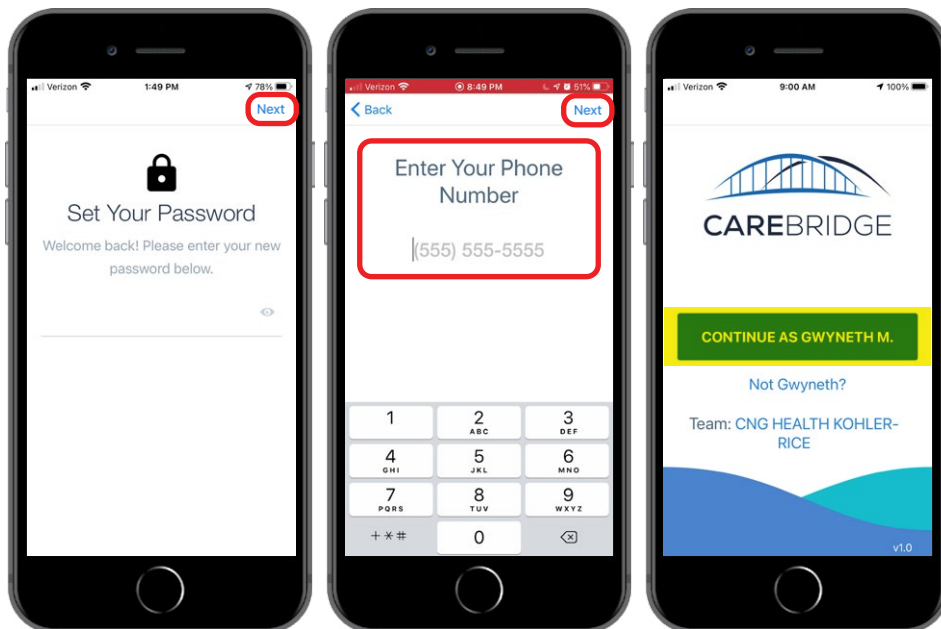
Figure 3. Download and Registration



Once you enter your code and it has been verified, you will be prompted to **set up your password** and enter your **mobile phone number** (Figure 4). Click **Next**. Please note that if your birth date is not in your Employee Details, you also will also be asked to submit your **birth date** during your login.

You will now be on the login screen (Figure 4) and it will show your first name and the first initial of your last name. You are now registered in the CareBridge mobile app.

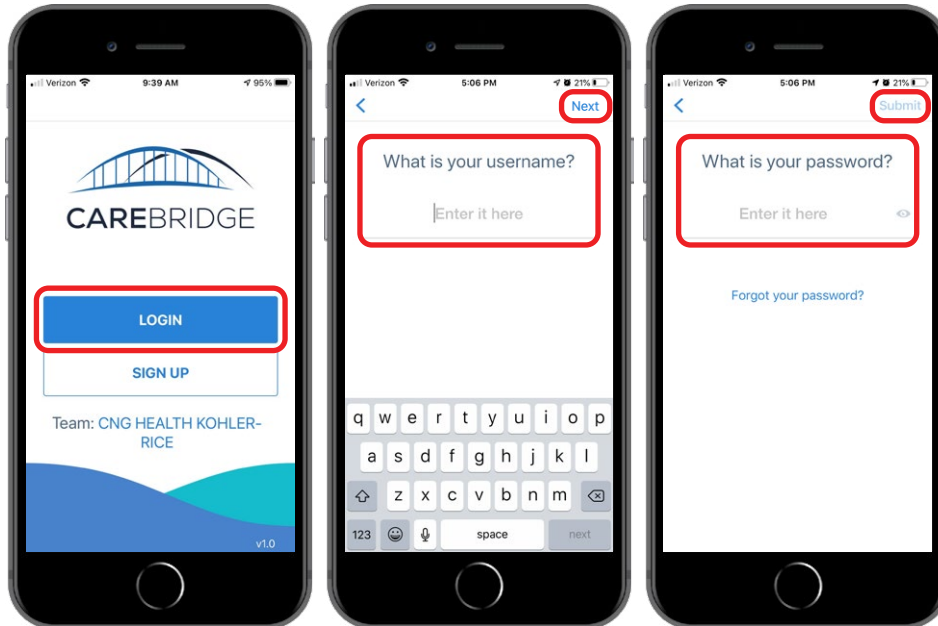
Figure 4. Setting up a user profile



## LOG IN

Once you are set up you will need to sign into the app by entering your **Username** - then click **Next** and enter your **Password** - then click the **SUBMIT** button (Figure 5).

Figure 5. Sign into the application



## WHAT IF I FORGET MY PASSWORD?

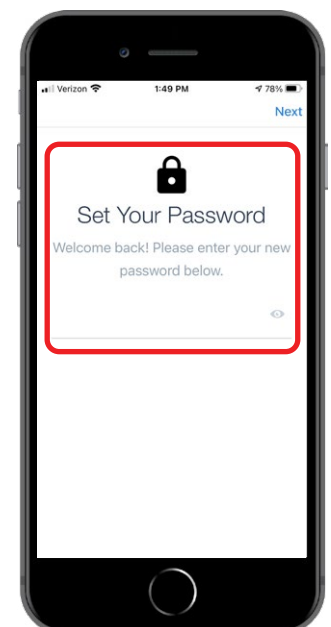
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Your Agency will be able to assist you in troubleshooting and fixing most of the technical issues that may occur when using the application. If the issue needs to be sent to the CareBridge support team, your Agency will be able to work with CareBridge to quickly diagnose and resolve most issues. CareBridge Support is available from 7 AM to 5 PM Central Time.

Figure 6. Set your new password





# INTERACTIVE VOICE RESPONSE (IVR) CHECK-IN & CHECK-OUT GUIDE



## OVERVIEW

If you are unable to use the CareBridge Mobile Application, you can use the Interactive Voice Response (IVR) to Check-In and Check-Out of the scheduled visit. This method takes more time to complete, and you will need to use an agency approved phone number to call the IVR line. Caregivers will need three different codes that must be entered each time they call in using IVR. A **Provider ID** number, an **IVR PIN** number, and an **IVR Password**.

Caregivers will need to create an 8-digit IVR Password the first time they use IVR. Please remember that *you will need all three of these codes to use the IVR system*. The IVR system will guide you through a series of questions to complete the **Check-In, Observed Changes, Care Plan, and Check-Out** processes.

### STEP 1: CALL THE IVR NUMBER FROM MEMBER'S PHONE

The IVR Number is **[1 (984) 368-4082]**.

**Select** your language.

You will then be prompted to enter your **Provider ID** followed by **pound (#)**.

### STEP 2: ENTER YOUR PROVIDER ID FOLLOWED BY #

You will then be prompted to enter your **IVR PIN** followed by **pound (#)**.

### STEP 3: ENTER YOUR IVR PIN FOLLOWED BY #

\*If it is your first time calling in, you will be prompted to enter your **Sign-Up code** - which is a six-digit number sent to you via text or email - followed by pound (#).

### STEP 4: ENTER YOUR SIGN-UP CODE\* FOLLOWED BY #

To sign into your account you should then **press 1** followed by **pound (#)**. If it is your first time calling in, you will be prompted to create your **8-digit password** followed by **pound (#)**.

### STEP 5: ENTER YOUR IVR PASSWORD FOLLOWED BY #

After you enter your **8-digit Password** followed by **pound (#)**, you will then be prompted to confirm it (**press 1**) or change it (**press 2**).

After you enter your Password, you will be prompted to Check-In.



## STEP 6: CHECK-IN

If you have scheduled appointments, you will hear a list of today's appointments. Select the correct number for the appointment you need to Check-In to. You can **hang up** at this point.

When you call back to Check-Out, you will answer questions about Observed Changes and Care Plan activities.

## STEP 7: CHECK-OUT

At the end of your visit, call **[1 (984) 368 4082]** again and follow the directions to Check-Out.

First, you will need to answer the Observed Changes and Care Plan questions.

## STEP 8: CARE PLAN QUESTIONS

You will be presented with three options:

1. To complete the Member's Care Plan, **Press 1**.
  - a. **Press 1** to mark a task **COMPLETED**.
  - b. **Press 2** to mark a task as **SKIPPED**.
  - c. **Press 3** to mark a task as **REFUSED**.
  - d. **Press 4** to repeat the task.
2. To review the Member's Care Plan, updated at (time), **Press 2**.
3. To complete Member's Care Plan and mark all tasks performed, **Press 3**.

## STEP 9: OBSERVED CHANGES QUESTIONS

Observed Changes questions will be listed after you answer the Care Plan questions.

**Select the correct number** for each response, (**1** for Yes or **2** for No). If you need to leave notes for an observed change, please follow the prompts and record your notes.

Follow the directions to Check-Out of the visit and **hang up** when complete.

## STILL NEED HELP?

If this guide does not answer your questions, please contact your Provider Agency - this is your first level of support.

Your Provider Agency will be able to help you troubleshoot and fix most of the technical issues that may occur when using the application. If the issue needs to be sent to the CareBridge support team, your Agency will be able to work with us at CareBridge to quickly diagnose and resolve most issues.

CareBridge Support is available from 7 AM to 5 PM Central Time.