



RETROACTIVE CLAIMS CATCH-UP

CLAIMS CATCH-UP PROCESS IN 7 EASY STEPS:

1. After receiving the Login Credentials Request Form from the provider agency, CareBridge will create the first Admin's EVV profile
2. The first Admin's username, Provider ID and login link will then be sent via email from **ncev@carebridgehealth.com** within 3-5 business days. (Admin's should check their spam folders just in case)
3. The first Admin adds employees (caregivers) who have provided EVV services and other employees that are also provisioned as Admins, if needed
4. The Admin(s) acknowledge authorizations and select the caregivers who provided services
5. The Admin(s) go to Authorization Details and select the **+ MANUAL ENTRY** button. The Admin(s) now enter at least the following 4 data points:
 - i. Location
 - ii. Check-In Date/Time
 - iii. Check-Out Date/Time
 - iv. Manual Reason Code ("New Agency Using EVV")
6. The Admin(s) now go to the Visits page to select one or multiple visits. After selecting the needed visits, Admin(s) then select the **EXPORT TO BILLING** button. Then Admin(s) confirm and **EXPORT** the information
7. The Admin(s) go to the Billing page to track the status of submitted visits

BACKGROUND

CareBridge provides an Electronic Visit Verification (EVV) solution and data integration to provider agencies of home and community-based services to assist provider agencies in maintaining compliance with specified provisions of the *21st Century Cures Act*. Providers can generate claims through the CareBridge EVV solution or through a third-party clearinghouse. This document is intended to assist provider agencies with the manual process required when the use of retroactive manual entry submissions is necessary.

A backlog of visits/claims that need to be entered can result when claims are denied for services provided without using EVV. A second, less common scenario, is when a provider agency waits for their third-party EVV vendor to complete data integration and "holds" claims. Then subsequently, that provider agency decides to start using CareBridge EVV.

This document will guide the provider agency Admin with a process to assist with entering a large number of past visits to aid in bringing their payments up-to-date.

It is important to note that Manual Entries are not compliant with federal requirements in the *21st Century Cures Act* and should be used sparingly. This process should **only** be used to assist providers who have multiple denied claims or held claims, as defined above, bringing their claims submissions and payments up-to-date. Repeated use of this process will create compliance issues.

PLEASE NOTE:

Manual Entries are **NOT** compliant with federal requirements in the *21st Century Cures Act* and should be used sparingly.

THE CLAIMS CATCH-UP PROCEDURE

The process of entering a large number of past visits to claim will aid in bringing your payments up-to-date. This process should **NOT** be used ongoing as it will create compliance issues.

Before any claims can be submitted, the provider agency must have an employee set-up in the CareBridge EVV Provider Portal with credentials to log in. Please refer to the [Setting Up Your Office in the Provider Portal](#) guide in the CareBridge Resource Library for further information.

Once an agency employee with administrative permissions (Admin) is set-up in the portal, the following steps will need to be completed.

1. First, the Admin must use the **+ CREATE EMPLOYEE** or **IMPORT** button on the Employees page (listed in the navigation bar on the left of the page) to enter employees who have provided services into the provider portal (Figure 1). This step is not optional. The caregiver who delivered the service is a required field for all appointments/visits. For more information on creating employees, please view the [Setting Up Your Office in the Provider Portal](#) guide in the CareBridge Resource Library.

Figure 1. Employees page

The screenshot displays the 'EMPLOYEES' management interface. On the left is a navigation sidebar with options: Dashboard, Discussions, Authorizations, Appointments, Visits, Billing, Members, Employees (selected), and Settings. The main content area has tabs for 'PERSONAL FILTER', 'PAYROLL', and 'COMPLIANCE SCORE'. Below these is a 'FILTERS' section with a 'Sort by Employee' dropdown and an 'ASSIGN TO' dropdown. A prominent red-bordered button labeled '+ CREATE EMPLOYEE' is located in the top right of the main area. Below this is a table listing employees:

<input type="checkbox"/>	EMPLOYEE	USERNAME	EMAIL	PHONE	ROLE	STATUS	OFFICE(S)	GROUP(S)	LAST LOGIN
<input type="checkbox"/>	Shelby Ballard	cb-sballard	shelby.ballard@care...	615-972-4438	Admin	Active			
<input type="checkbox"/>	Kristen Barber	cb-kbarber	kristen.barber@care...		Admin	Active			
<input type="checkbox"/>	Andres Boga	cb-aboga	andres.boga@carebr...		Admin	Active			
<input type="checkbox"/>	Areltha Brooks	cb-abrooks	areltha.brooks@care...	615-553-8035	Admin	Active			
<input type="checkbox"/>	Kristin Byrd	cb-kbyrd	kristin.byrd@carebr...		Admin	Active			
<input type="checkbox"/>	Justin Carter	cb-jcarter	justin.carter@carebr...		Admin	Active			
<input type="checkbox"/>	Connor Clark	cb-clark	connor.clark@carebr...		Admin	Active			
<input type="checkbox"/>	Katie Corder	cb-kcorder	katie.corder@carebr...	662-414-1142	Admin	Active			
<input type="checkbox"/>	Brendan Fulmer	cb-bfulmer	brendan.fulmer@car...		Admin	Active			

At the bottom left, there is a red-bordered 'IMPORT' button and an 'EXPORT TO FILE' button. The bottom right shows 'Rows per page: 10', '1-10 of 40', and a 'Support' link.

- 2. Next, the Admin must go to the Authorizations page (Figure 2), acknowledge the authorization, and select the employee (aka caregiver) who provided the service.

Figure 2. Authorizations page

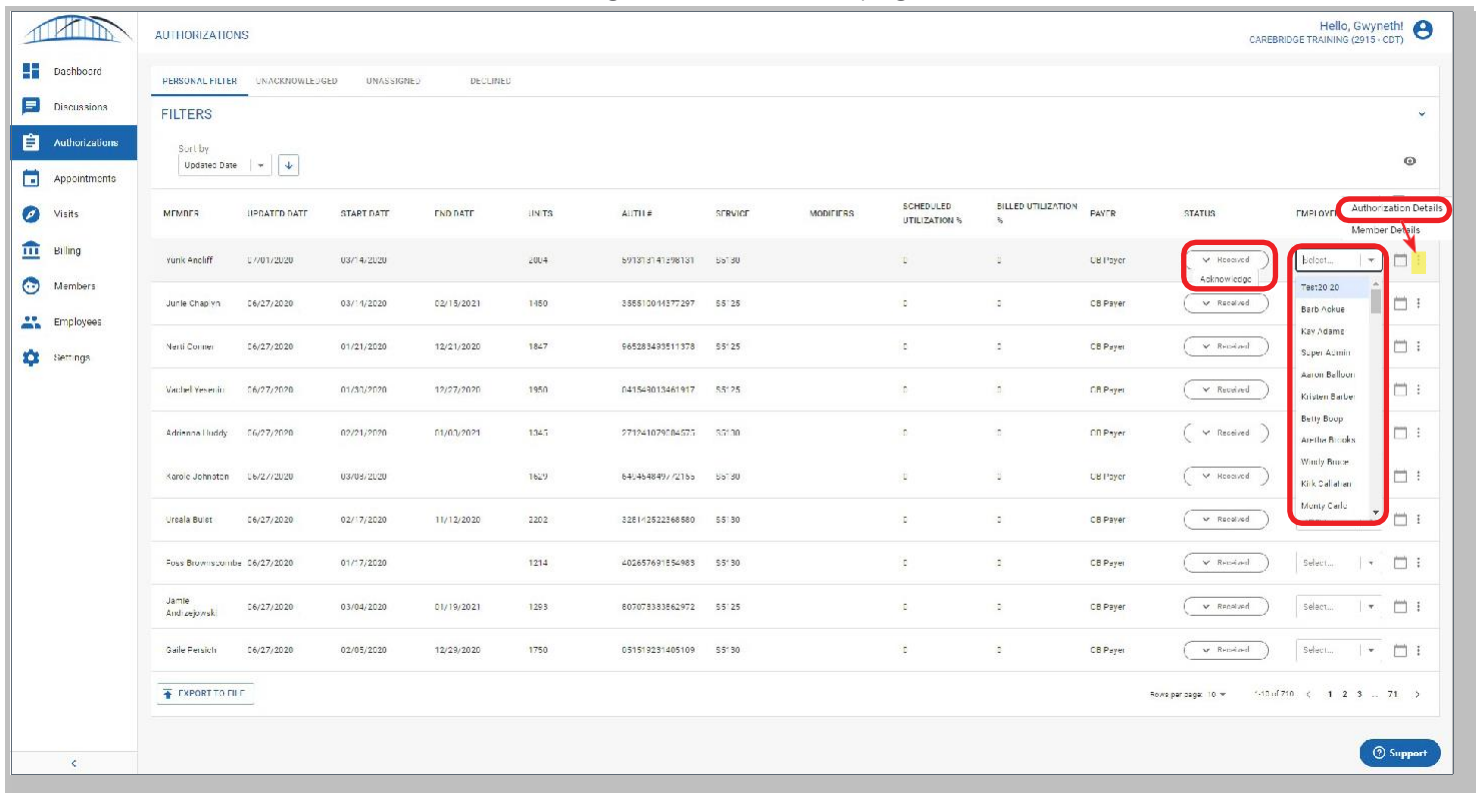
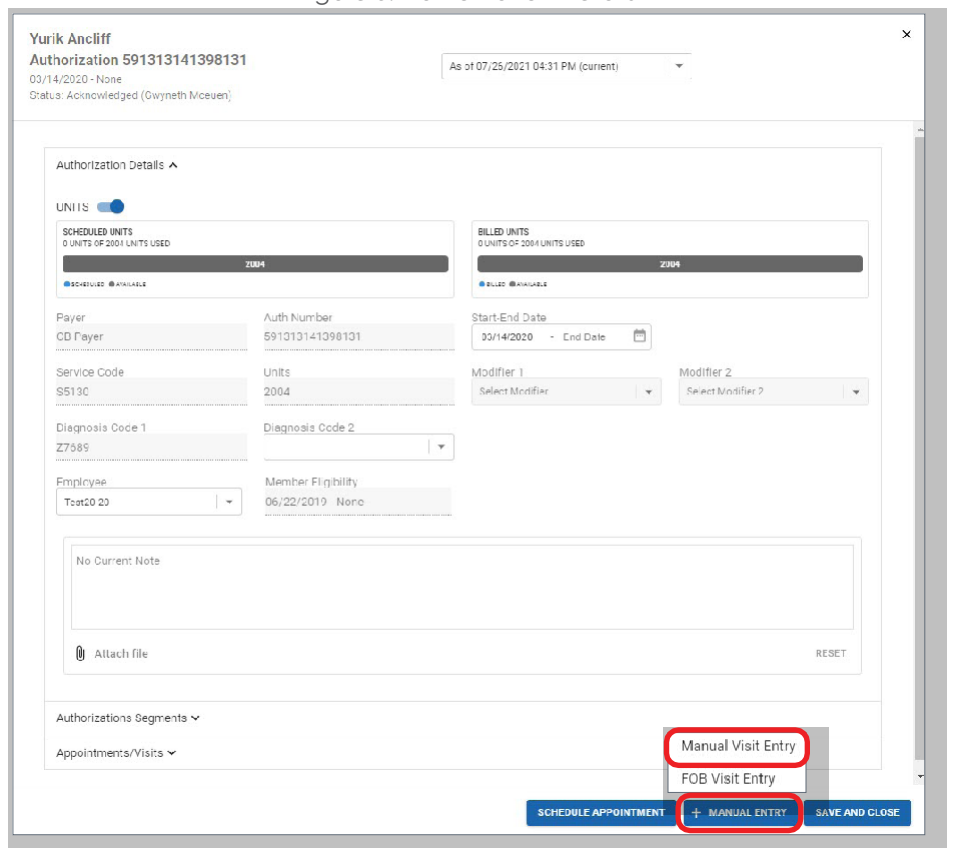


Figure 3. Authorization Details

- 3. Then, the Admin must go to the options menu (three dots) and select **Authorization Details**. Next, select the **+ MANUAL ENTRY** button, then **Manual Visit Entry** (Figure 3).



Enter *at least* the following four data points for all visits that need to be submitted for claims (Figure 4).

- a. **Location**
- b. **Check-in Date/Time**
- c. **Check-out Date/Time**
- d. **Manual Reason Code:** Use **New Agency Using EVV** as the reason for the manual entry. This reason code will be used to indicate visits that were not captured in EVV due to provider agency or caregiver late EVV adoption.

Figure 4. Manual Entry

The screenshot shows a 'Manual Entry' form with the following fields and values:

- Member: Yunk Andiff
- Authorization: 591313141398131 (Active)
- Appointment (optional): Unassigned
- Employee: Test20 20
- Status: Completed (Manual)
- Billing Status: Pending
- Service Code: S5130 - HOME/MAKER NOS, PER 15 MINUTES
- Modifiers: (empty)
- Location: Select Location (highlighted with a red box)
- Check-In Date/Time: Choose Start Date/Time (highlighted with a red box)
- Check-Out Date/Time: Choose End Date/Time (highlighted with a red box)
- Visit Duration: None
- Check In Location: None
- Check Out Location: None
- Acceptable Locations: N/A
- Payer: CB Payer
- Manual Reason Code: Select Reason Code (highlighted with a red box)
- Notes: Enter a note
- Buttons: CANCEL, SUBMIT

4. After the authorizations page, the Admin must go to the Visits page to select one or multiple visits, then select the **EXPORT TO BILLING** button (Figure 5).

Figure 5. Visits page

The screenshot shows the 'VISITS' page with a table of visits. The 'EXPORT FOR BILLING' button is highlighted with a red box. The table has the following columns: MEMBER, DATE, START TIME, END TIME, EMPLOYEE, AUTH #, SERVICE, CHECK IN TIME, CHECK OUT TIME, PAYER, APPT ID, STATUS. There are four rows of data, with the first and third rows having a red checkmark in the MEMBER column.

MEMBER	DATE	START TIME	END TIME	EMPLOYEE	AUTH #	SERVICE	CHECK IN TIME	CHECK OUT TIME	PAYER	APPT ID	STATUS
<input checked="" type="checkbox"/> John Smith	05/23/2021	01:20 PM	05:50 PM	Lucas Lois	1234	T1019	01:20 PM	05:50 PM	Empower Healthcare Solutions	1200	Completed (Manual) !
<input checked="" type="checkbox"/> John Smith	05/01/2021	07:20 AM	11:00 AM	Lucas Lois	1234	T1019	07:20 AM	11:00 AM	Empower Healthcare Solutions	1203	Completed (Manual) !
<input checked="" type="checkbox"/> John Smith	06/01/2021	07:30 AM	10:00 AM	Andrew Zallo	1234	T1019	07:30 AM	10:00 AM	Empower Healthcare Solutions	1201	Completed (Manual) !
<input type="checkbox"/> John Smith	06/02/2021	02:00 PM	03:00 PM	Lucas Lois	1234	T1019	02:00 AM	01:20 PM	Empower Healthcare Solutions	1202	Completed (Manual) !

- If a Pre-Billing Check has failed for a visit, it will be indicated with an **exclamation point in a red circle** and must be resolved before a visit can be exported for billing. Refer to the [Billing in the Provider Portal](#) guide for more details.

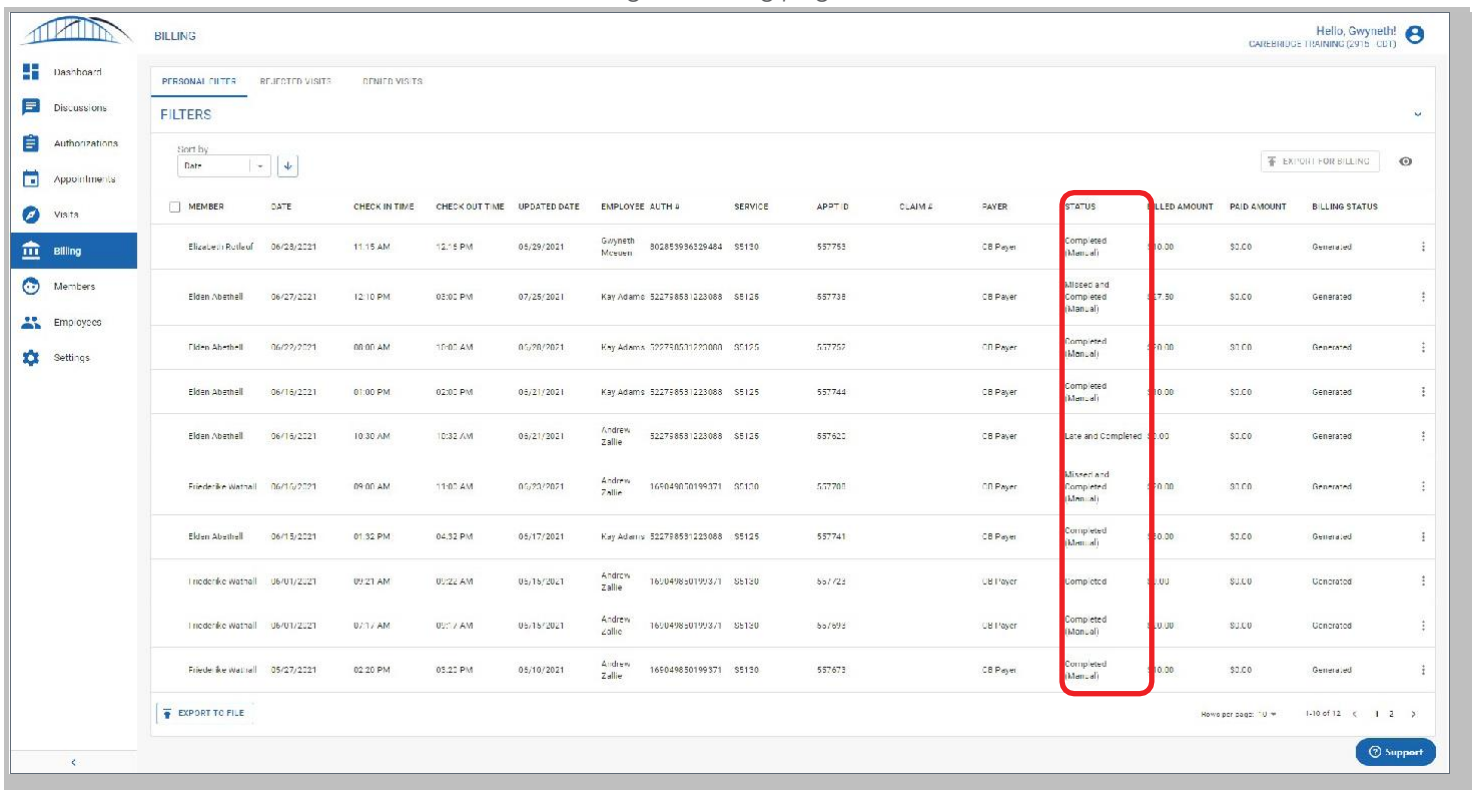
5. A new export window will pop up (Figure 6), the Admin should look-over and confirm the information is correct then click the **EXPORT** button.

Figure 6. **EXPORT FOR BILLING**



6. Lastly, the Admin must go to the Billing page (Figure 7) to track the status of submitted visits.

Figure 7. Billing page



- Provider agencies should export claims before 7 pm (local time) so they will be sent to the clearinghouse that day. Claims that are exported after 7 pm (local time), will be sent the following day.
- The claims adjudication process timeline is not impacted by this process and is the same for all claims submissions and varies by state. Claims status can be viewed in the provider portal. If necessary, Admins can take the billing and claiming training again or view further instructions for monitoring claims status located in the [CareBridge Resource Library](#).
- Admins should consult with their billing specialist or local Health Plan on timely filing rules.