

Community Choices Waiver Instructions for Generating Carebridge EVV Visit Reports



HOME AND
COMMUNITY-
BASED
SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Providers can use reports generated in the Carebridge Electronic Visit Verification (EVV) system to fulfill the requirement established in Chapter 34, Section 20(g) of Wyoming Medicaid rule, which requires providers to make service documentation available to case managers by the 10th business day of the month following the month the service was delivered.

Providers will need to generate two reports for each participant – one from the **Visits** tab and one from the **Billing** tab within the CareBridge system. Once a visit is billed, it is removed from the Visits tab, so producing a report from both sections captures all of the visits that were provided and billed, as well as visits that were provided but are still pending, in a given month.

To create these reports in Carebridge, follow these simple instructions.

1. Select **Visits** on the left-hand navigation bar.
2. Click on **FILTERS**, which will open up options to allow you to select the correct participant and dates of service.

FILTERS

3. Enter the participant's name or Medicaid ID, and the correct date range. A list of all completed EVV visits should appear for the participant within the date range selected.

The screenshot shows the 'FILTERS' section of the Carebridge system. At the top, there is a navigation bar with tabs: PERSONAL FILTER, LATE VISITS, MISSED VISITS, EARLY VISITS, MANUAL VISITS, EVV VISITS, IVR VISITS, and FOB VISITS. The 'PERSONAL FILTER' tab is selected. Below the navigation bar, the 'FILTERS' section contains several input fields: 'Search By Member Name or ID' (highlighted in yellow), 'Search By Appt ID', 'Search By Auth #', 'Date Range' (highlighted in yellow, showing 10/01/2024 to 10/31/2024), 'Payer' (a dropdown menu), and 'Status' (with options 'Completed' and 'Completed (Manual)').

4. Scroll to the bottom of the page under the search results and select **Export to File**.

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 EXPORT TO FILE				

5. Export the file into a PDF or Excel report. **The report will contain the dates of service, time in and out, the number of units provided, and the service code.** The Excel format will allow the case manager to add a quick formula to calculate the total number of units provided, but you may want to consult with each case manager to see if they have a preference.
6. Select **Billing** on the left-hand navigation bar.
7. Click on **FILTERS**, which will open up options to allow you to select the correct participant and dates of service.
8. Enter the participant's name or Medicaid ID, and the correct date range. Clear the Update Dates range.
9. Scroll to the bottom of the screen and export the file into a PDF or Excel report. **The report will contain the dates and time in/out of the service, the number of scheduled units, and the service code.** The Excel format will allow the case manager to add a quick formula to calculate the total number of units provided, but again, you may want to consult with each case manager to see if they have a preference.