WellSky® CarePort Intake

User Guide for Post-Acute Care Providers

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Version: 1.20

CPINTMBGU

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Contact Us

WellSky Corporation
11300 Switzer Road
Overland Park, KS 66210

Web: http://www.WellSky.com

Client Support: (866) 790-8690
Monday—Friday, 7:00 a.m. to 6:00 p.m. (CST)

Client Support URL: WellSky Support

WellSky Client Resource Center URL: https://wellsky.my.site.com/CarePort/s/

Please be sure to identify the name of your organization in voice mails or emails.

Document Revision History

Revision Date	Revision Number	Revision Description
2022 January	1.0	• Referring Physician display in Care Team • Green Dot Alert on patient • Important Browser update
2022 February	1.1	• Dashboard Status Tab for Reopened Referrals • Expand All Referrals Toggle • Historical Cases and Archive Workflow Merge
2022 March	1.2	Color-coded Referral Status in Patient Details
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2023 June 26	1.6	Replaced screen captures.
2023 November	1.7	• Ability added to sort by Sending Facility • Consolidation of Amenities • Appendix A: Recasting • Appendix B: Referral Redirect
2023 December 18	1.8	Added Decline Reason descriptions
2024 February 26	1.9	• Additional Decline reason for Payer Capacity for Non-Bedded Providers. • **Time Zone** option added to **Parameters** window for the Intake Referral (Multi and Single Providers) *Patient Detail Reports*. • Rebranding
2024 March 18	1.10	New topic: Updating Your Facility Profile
2024 April 17	1.11	Modified attribution tags on the Dashboard and the Patient Details screen.

Revision Date	Revision Number	Revision Description
2024 May 15	1.12	• Added note about the new "See all attributions" link for the Dashboard. • Added note about the new "See all attributions" link for the Patient Card. • Added note about the new "See all attributions" link for the Patient Details screen.
2024 July 24	1.13	Browser Updates: TLS 1.0 and 1.1
2024 October 16	1.14	• Replace Decline Reason under Financial section • Added Attributions Filter
2024 November 27	1.15	Automatically Archived Referrals
2025 January 22	1.16	• Updated Contacting Client Support • Updated copyright date
2025 January 29	1.17	Disabled IE access to WellSky solutions.
2025 February 26	1.18	Account Settings: Potential Information Leakage from Answers to Security Questions
2025 March 20	1.19	Updated the Profile topic.
2025 April 30	1.20	Updated the name of the Resource Center to the Information Hub

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Introduction

CarePort Intake makes managing patient referrals and measuring performance a much simpler and quicker process by securely connecting to hospitals using our CarePort Discharge solution and allows you to input and manage referrals from any other referral source.



Hospital builds and sends referral via **CarePort Discharge**.

Facilities receive notifications via **CarePort Intake**.

Hospital and Facility electronically communicate back-and-forth.

Patient discharges from Hospital and is accepted by Facility.

Patient discharges from Facility and goes home.

The goal of this guide is to provide a solid understanding of the functionality of CarePort Intake and how to use the application, which will enable you to:

Be more efficient and productive. By spending less time on the phone and at the fax machine, you can focus more on patient care than paperwork.

> e.g. EXAMPLE – You can receive, review, and accept patients with just a few clicks.

Achieve better outcomes. With less time spent on redundant, manual tasks, you can provide a smooth transition, and thereby help increase patient satisfaction.

The information in this guide provides the steps for performing the following:

- Accept or decline referrals.
- Search for and review patients on your dashboard.
- Update your provider profile.
- Manage email and/or text notifications.

Supported Browsers and Operating Systems

WellSky officially supports our application on Microsoft Edge (Chromium). Please review supported browsers and operating systems here.

IMPORTANT – WellSky disabled access to WellSky CarePort Discharge via unsupported browsers on **January 29, 2025**.

- Unsupported browsers pose a risk to data security, integrity, and privacy.
- WellSky clients will no longer be able to access CarePort Discharge using unsupported browsers, such as Internet Explorer.
- Microsoft no longer supports Internet Explorer and is encouraging users to switch to Microsoft Edge.

Browser Updates: TLS 1.0 and 1.1

WellSky is committed to providing best-in-class measures to ensure data security, integrity and privacy. To align with this commitment, we are administering a security update to WellSky CarePort Intake. On **July 24, 2024** we disabled TLS 1.0 and TLS 1.1.

What does this mean for you?

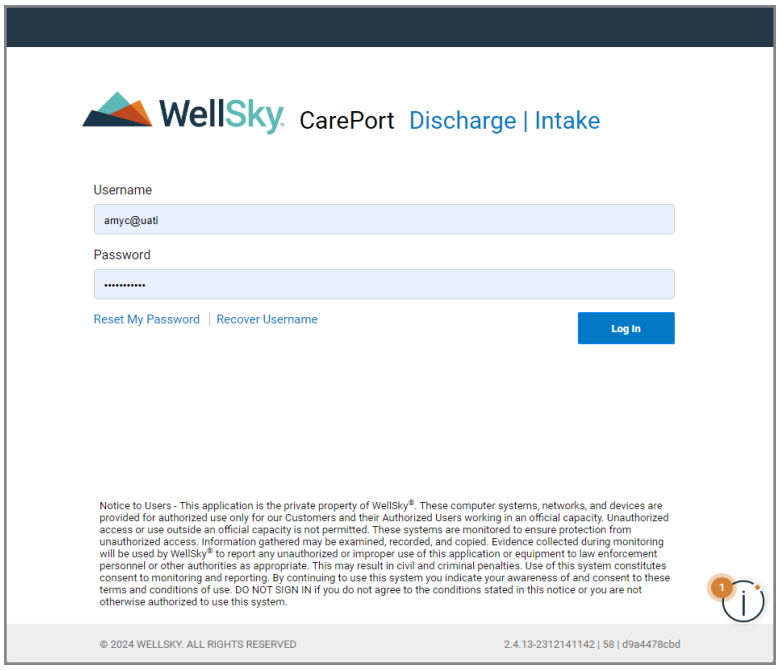
If your organization had at least one (1) user accessing your WellSky solution from an outdated browser (Internet Explorer) and you did not update your default browser to one that can support TLS 1.2, you may be unable to access WellSky solutions.

If you have trouble accessing CarePort Intake, please contact your internal IT teams to ensure your browser is set up correctly.

If you have any questions, please visit https://wellsky.com/support/.

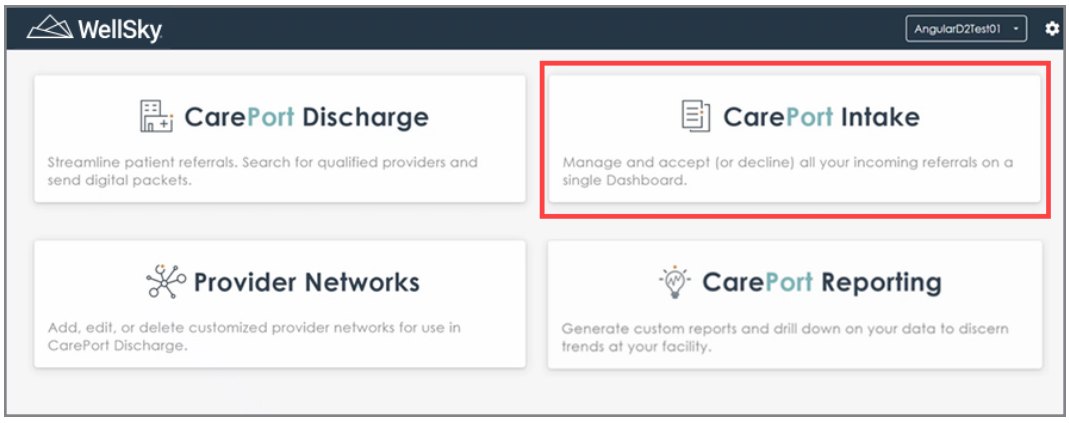
Accessing CarePort Intake

1. Enter **https://network.curaspan.com/connect/commonservices/** into the address field of a web browser window and press the **[Enter]** key on your keyboard.



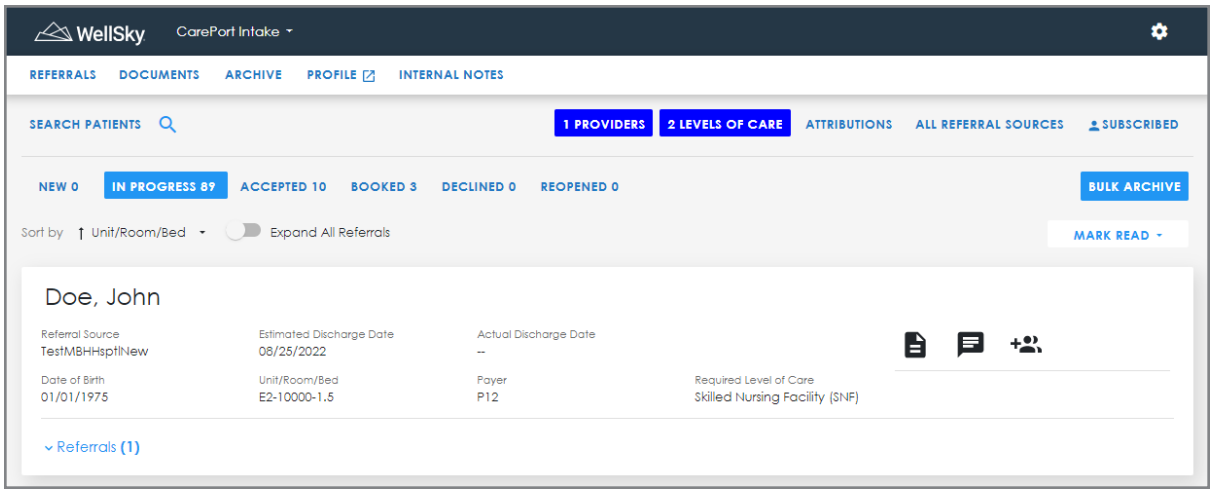
> **NOTE –** Save this URL as a bookmark in your Internet browser for easy access.

2. Enter your username and password.
3. Click Log In. Depending upon your access, the following screen may display.



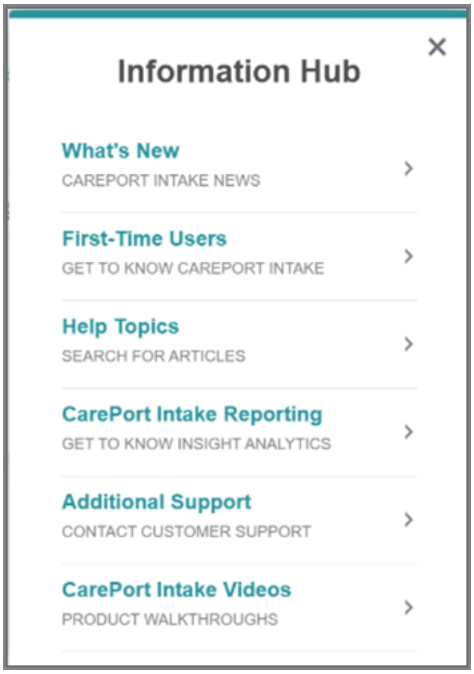
4. Click the **CarePort Intake** tile.

The CarePort Intake dashboard displays.



Using the Information Hub

Click the **information** ⓘ icon in the lower-right of any screen. The **Information Hub** window opens.



ⓘ If the icon has a number attached to the top left side, this indicates the number of messages available in the **What's New** section.

Click the **arrow** › icon to open and view each option.

Table 1-1: Information Hub Options

Option	Description
What's New	Displays CarePort Intake product updates as a result of recent releases and provides a link to the corresponding release notes document.
First-Time Users	Provides high-level walk-through tours of CarePort Intake features for new users.
Help Topics	Displays a list of clickable topics, which provide links to videos, documents and other learning materials. You also can search for a specific topic.
Reporting	Provides links to user guides and a webinar registration page.
Additional Support	Presents a button that when clicked, provides a walk-through for how to best contact Client Support for technical questions of issues.

Contacting Client Support

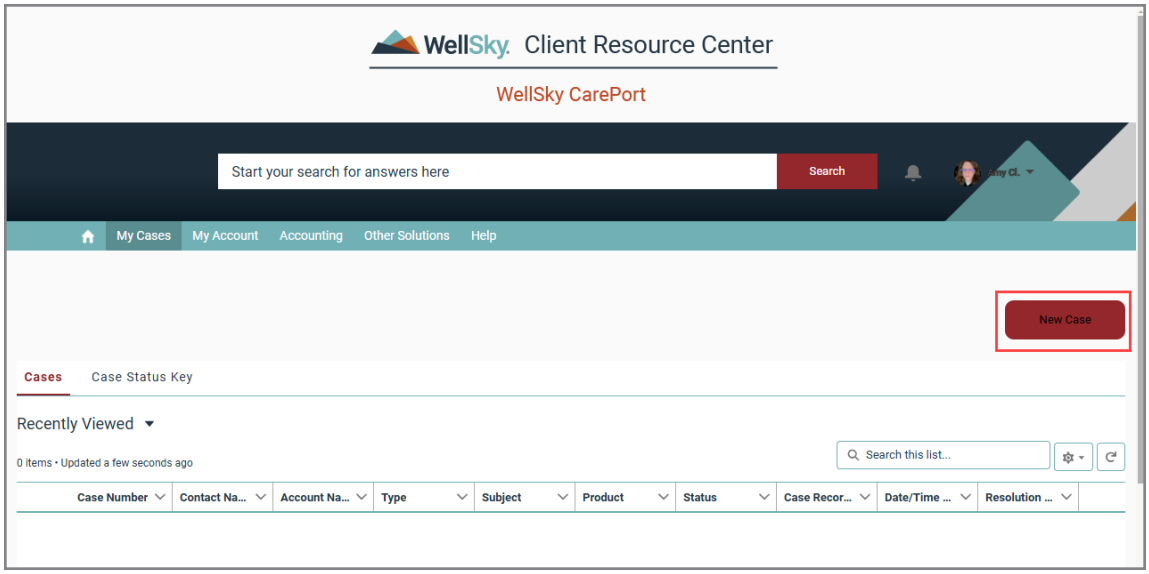
Our Client Support team is staffed with application experts who can assist you with the functionality of CarePort solutions. They are also knowledgeable about technical configurations. CarePort Client Support is available between 7 a.m. to 6 p.m. CST, Monday—Friday, excluding major holidays.

A support case can be opened with **Client Support** using any of the following three (3) methods:

1. From the WellSky Client Resource Center at https://wellsky.my.site.com/CarePort/s/.

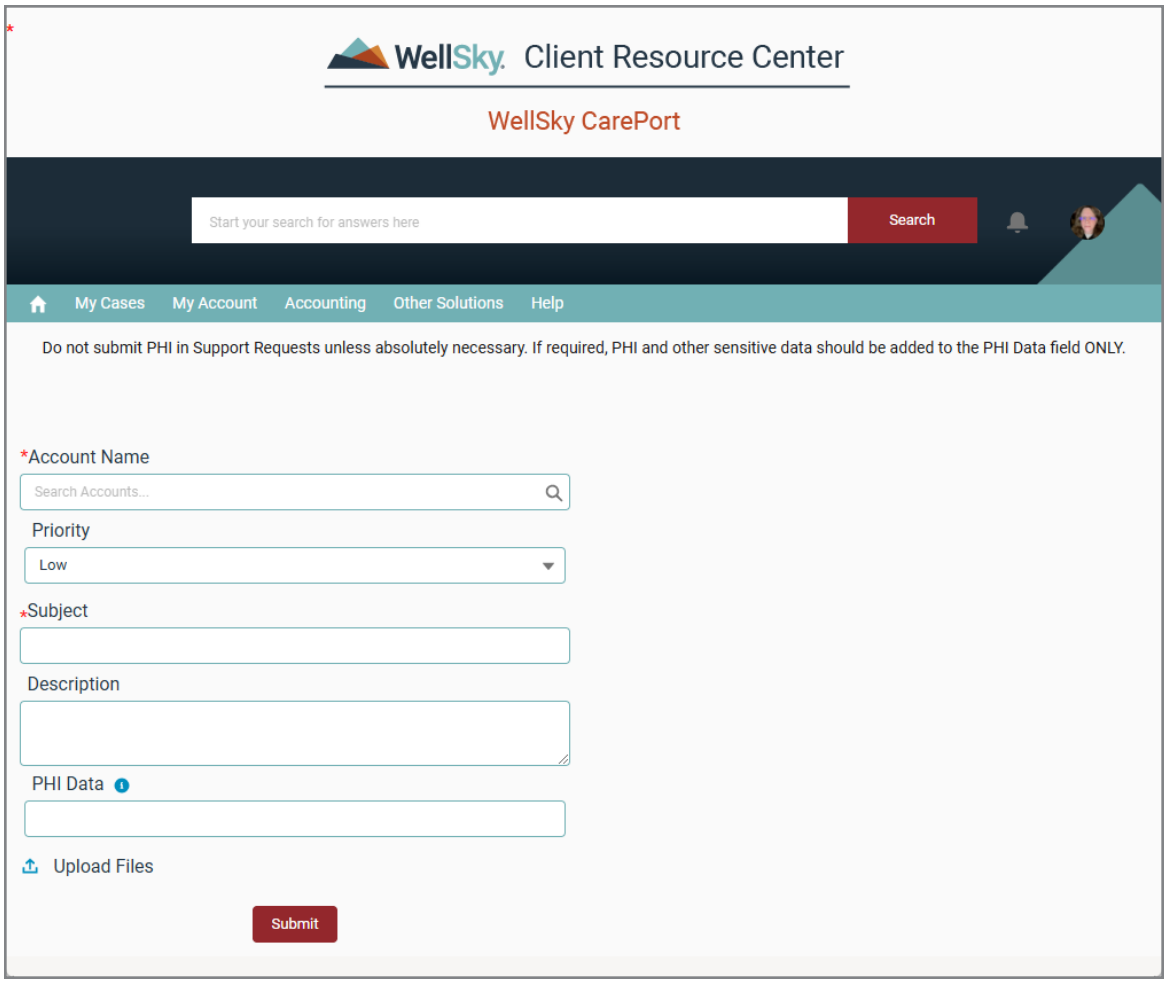


1. From the **Home** screen, click **My Cases**. The screen displays any cases you may have submitted.

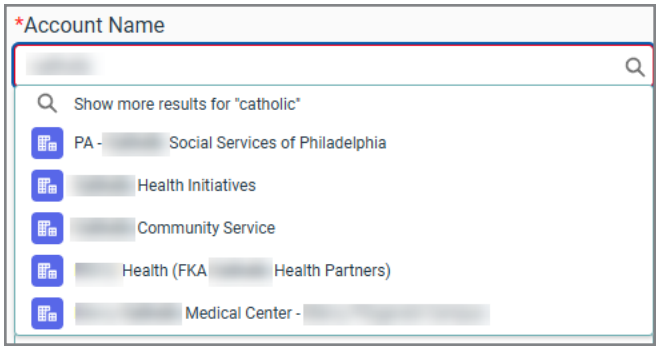


2. To submit a new case, click **New Case**.

Entry fields display.



3. Begin entering your **Account Name**. Suggestions appear as you type.

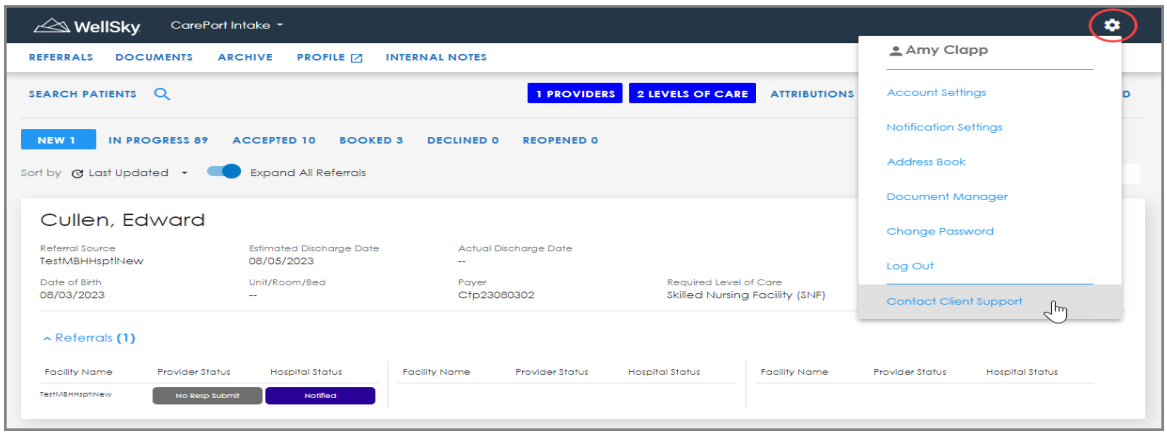


4. Select your account from the list.

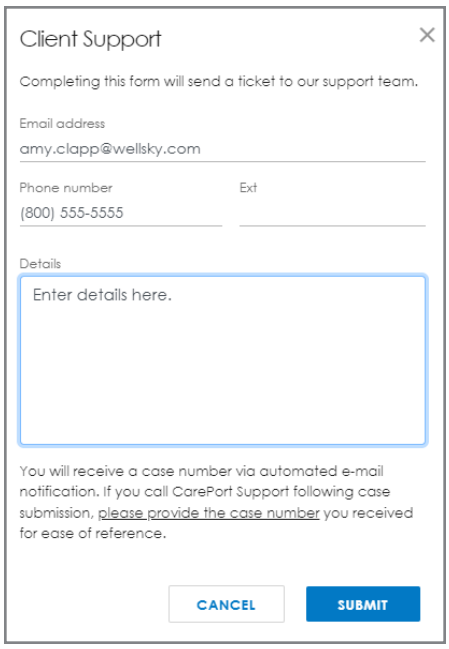
5. Select a **Priority**. The options are Low, Medium, High, and Critical.
6. Enter a **Subject** and a **Description** of your case.
7. Enter **PHI Data**.
8. **Upload Files**, if necessary.
9. Click **Submit**.

2. From the CarePort Intake application

1. Click the **cog** icon and select Contact Client Support.



The **Client Support**pop-up box displays.



2. In the **Details** field, enter the details of your question or issue.
3. Click SUBMIT .

NOTE – The nature and complexity of your inquiry will determine the time it takes to resolve your issue.

3. Via Telephone

If you wish to call Client Support, dial (866) 790-8690 from 7 a.m. to 6 p.m. CST, Monday—Friday.

Our goal is to answer your call directly; however, if all agents are busy assisting other clients, you have the option to leave a voicemail. Messages are returned in 24 to 48 hours.

Once a support case has been created, you will receive an email notification acknowledging receipt and providing the support case number, which should be referenced in all further communication. After case submission, a support representative will be in contact to work with you through case resolution.

IMPORTANT – Please note that for security reasons, Client Support is **not able** to unlock user accounts or reset passwords.

- Basic end users can reach out to their facility Admin User(s) for assistance.
- Admin users can refer to the *WellSky CarePort Discharge Admin User Guide*.

Register for a Training Webinar

You can register for a CarePort Intake training webinar by clicking the following link: https://careporthealth.com/careport-intake-fundamentals/.

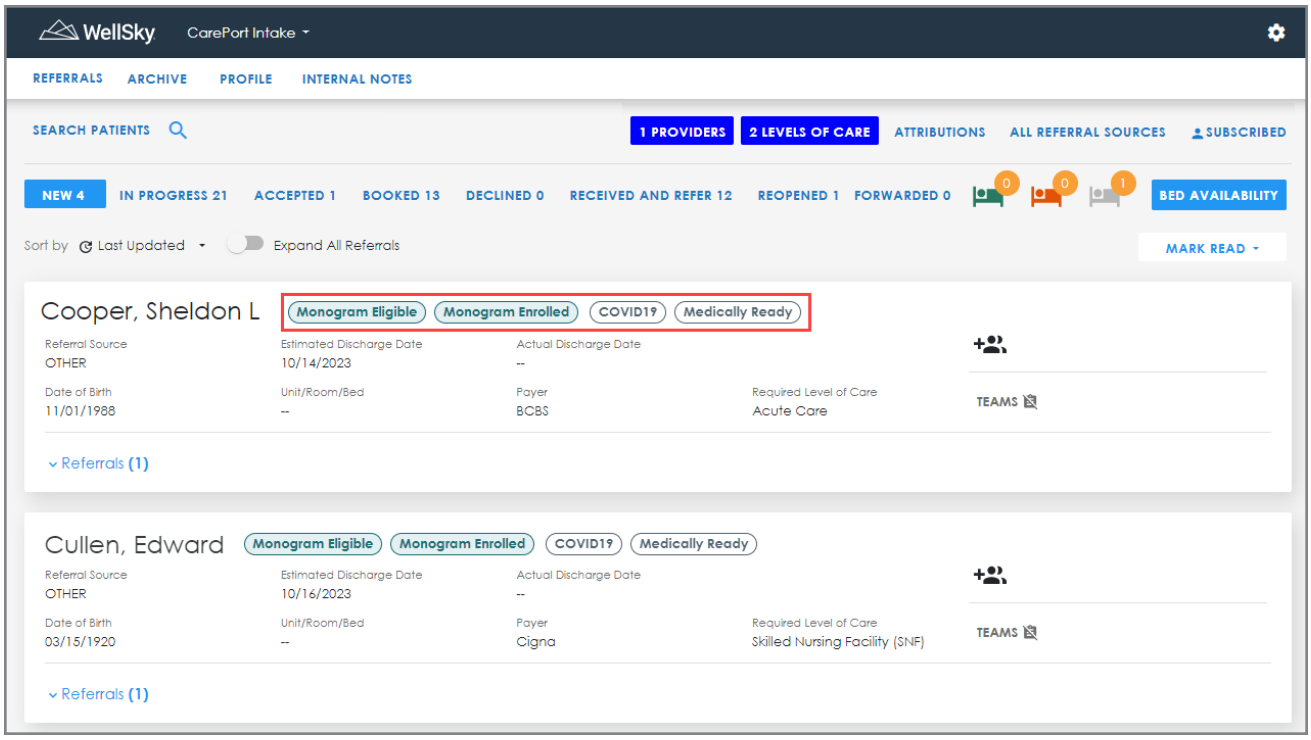
2

Overview of the Dashboard Tabs

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Introduction

Dashboard tabs display in the top-left of the **Dashboard** screen.



NOTE – The **2024 April 17** release modified the attribution tags displaying on the CarePort Intake Dashboard and the **Patient Details** screen.

- **Priority** attribution tags now have a lighter green background with darker green text.
- **Additional** attribution tags now have a white background with black text.

NOTE – The **2024 May 15** release added a "See all attributions" link which displays on the **Dashboard** if the patient has **more than four** (4) **Priority** tags attached. The patient attribution tags will be sorted alphabetically.



When the link is clicked, the **Patient Attributions** window opens and displays a list of all patient attribution tags.



Table 2-1: CarePort Intake Dashboard Tabs

Tab	Description
REFERRALS	Global view of referrals based on referral source or provider.
ARCHIVE	Once you process a referral, you can archive it and remove it from your screen. If you need it back, you can easily retrieve it.
PROFILE	A current and accurate profile helps referral sources make more targeted referrals.
INTERNAL NOTES	A NEW icon to the right of this tab indicates a colleague has tagged you specifically in an internal note in a patient's record.

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3

REFERRALS Tab

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Using the REFERRALS Tab

This tab displays all patients according to their status. The eight (8) sub tabs indicate how many referrals exist for each status.

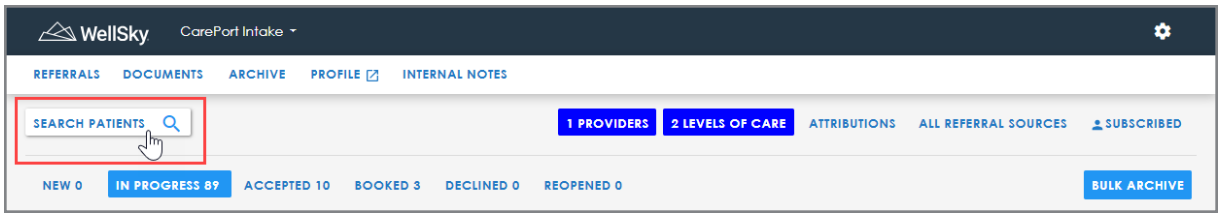


Table 3-1: Referral Sub Tabs and Statuses

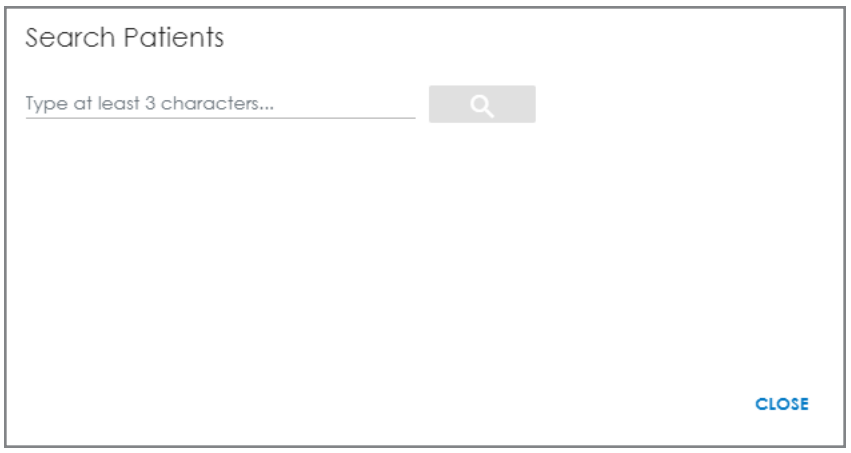
Status	Description
NEW	• Lists all referrals that are new to your facility. • No one in your organization has taken any action on these referrals. • By default, the NEW referral status tab displays.
IN PROGRESS	Referrals which have been opened by someone at your facility.
ACCEPTED	All referrals for which your facility has selected the **Accept** status.
BOOKED	This tab reflects any referrals that have been booked by the referral source, even ones that have not been ACCEPTED yet.
DECLINED	All referrals for which your facility has selected the **Decline** status.
RECEIVED AND REFER	CarePort Discharge and CarePort Intake are now integrated into a one-user workflow to produce functionality for delegated entities such as **payer navigators**. For additional information on Recasting, please refer to Appendix A: Recasting.
REOPENED	If the acute facility cancelled the referral and then re-opened it, this reactivates the referral in CarePort Intake.
FORWARDED	If your facility purchased the **Referral Redirect** feature, you will see this tab. For additional information, please refer to Appendix B: Referral Redirect.

Searching for Patients

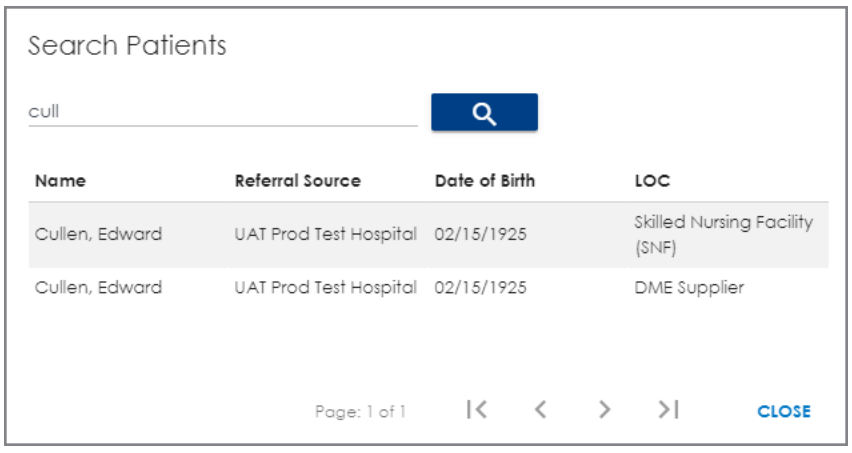
1. Click SEARCH PATIENTS in the upper-left of the screen.



The **Search Patients** window displays.

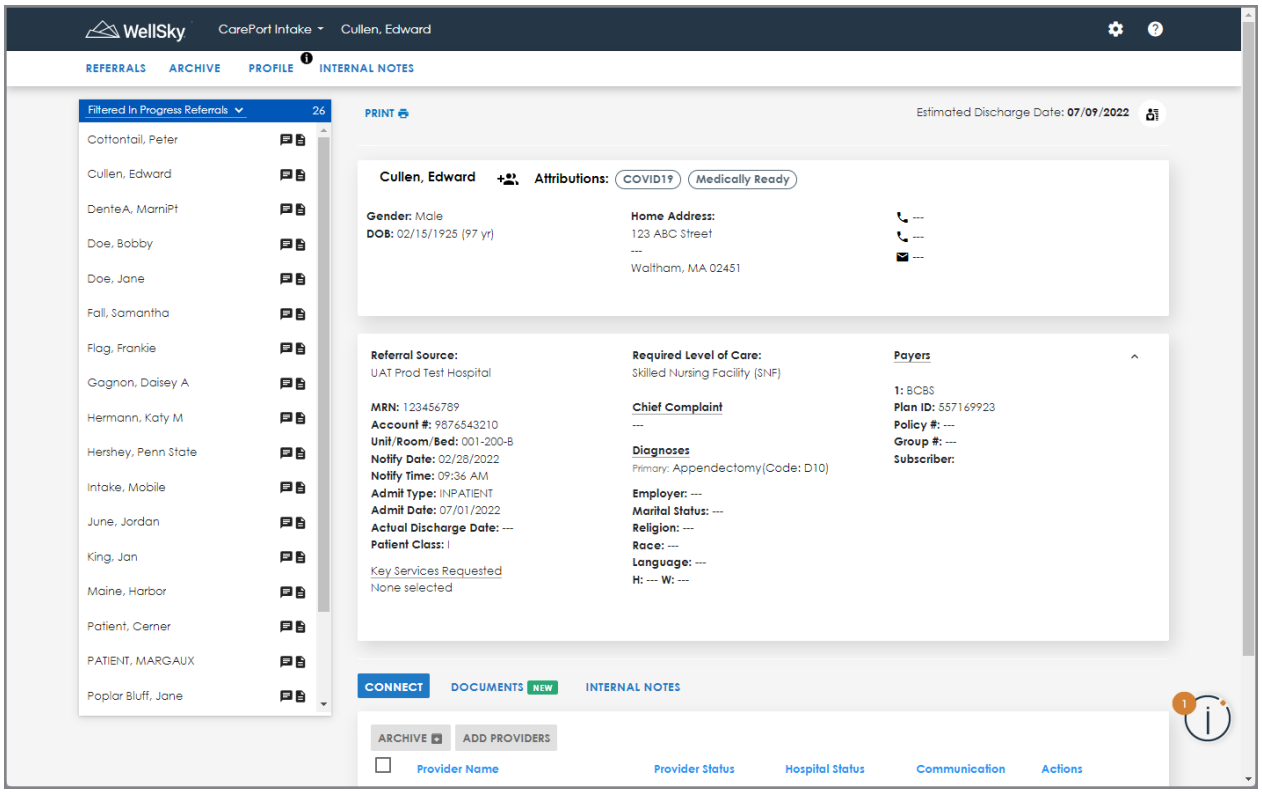


2. Enter at least three (3) characters of the patient's name and click the **Search** icon. The **Search Patients** window displays again with a list of patients matching your entered criteria.



3. Select the row containing the desired patient.

The selected patient's details display.



Dashboard Indicator Badge

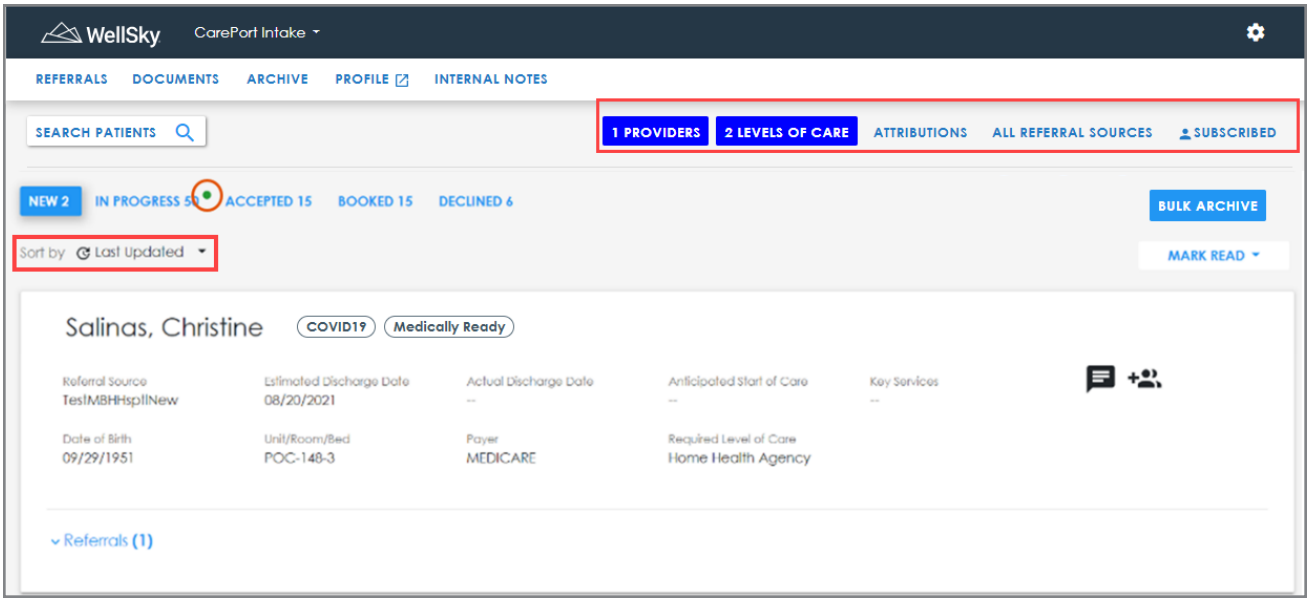
Improve your dashboard monitoring experience and see updates more quickly with the dashboard indicator badge.

As you view and monitor your referral dashboard, a green dot badge displays next to the referral status categories when a referral in that category has one (1) of the following updates:

- status change
- new message
- new document

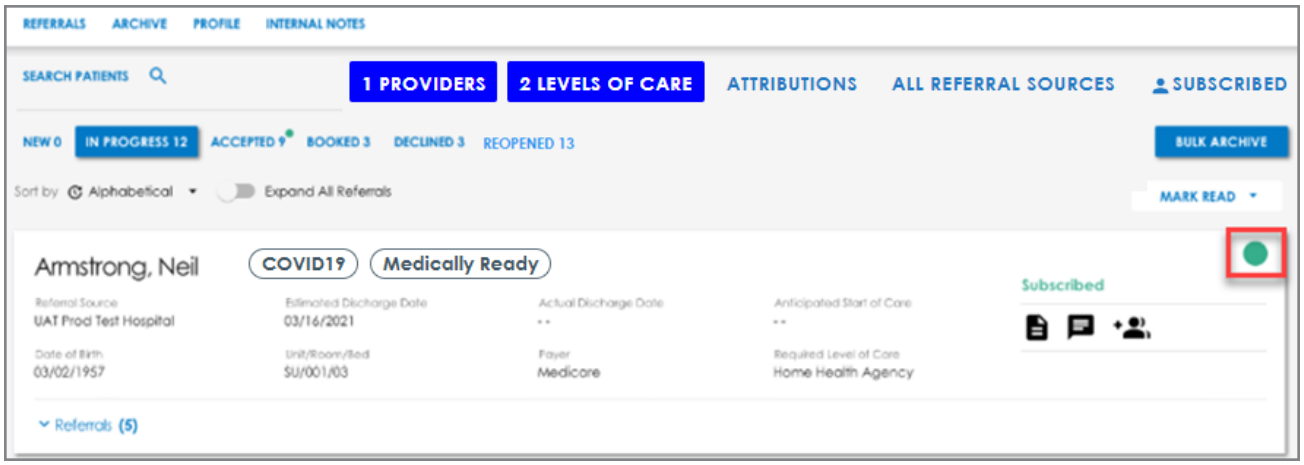
NOTE – Upon clicking into the category, the dashboard indicator badge disappears, indicating you acknowledged the referral update(s).

With the default sort set to **Last Updated**, any referrals with updates from the acute referral source display at the top of the dashboard list as you click into the status category.



Single Provider Organizations

You will see a green dot displayed on the specific patient card that has new referral updates in that user session.



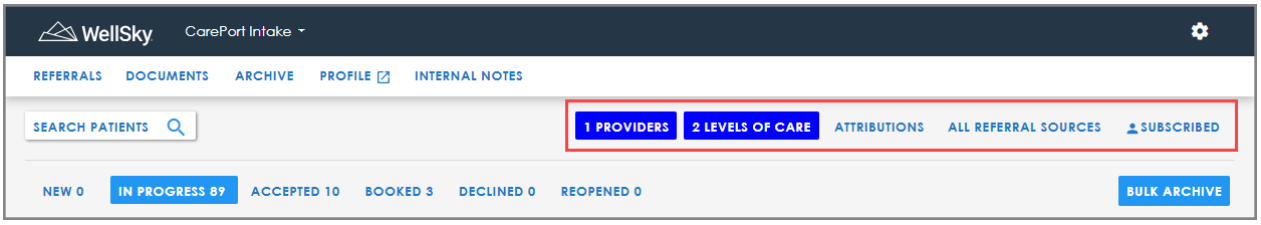
The patient-card-level green dot is dismissed when you navigate to that patient's detailed view or when you navigate into a different status on the dashboard.

Multiple Provider Organizations

Please submit a support ticket at https://wellsky.com/support/ if you are interested in this feature for your multi-provider organization.

Filtering the Dashboard

TIP – **Filter** and **Sort** buttons are "sticky." Your dashboard remains sorted by the last selected criteria, even if you navigate to different pages throughout the application and come back to the dashboard.

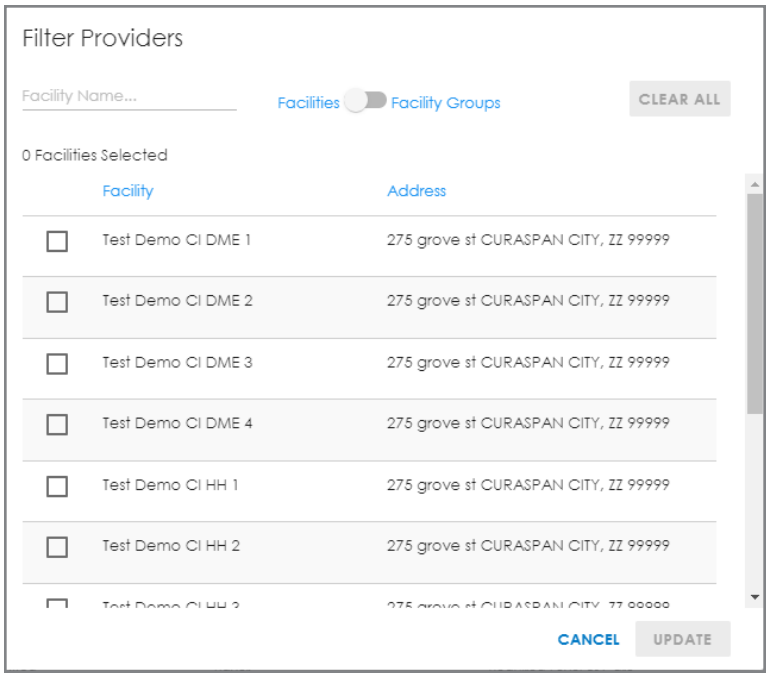


Filter your dashboard by clicking any of the five (5) options.

ALL PROVIDERS

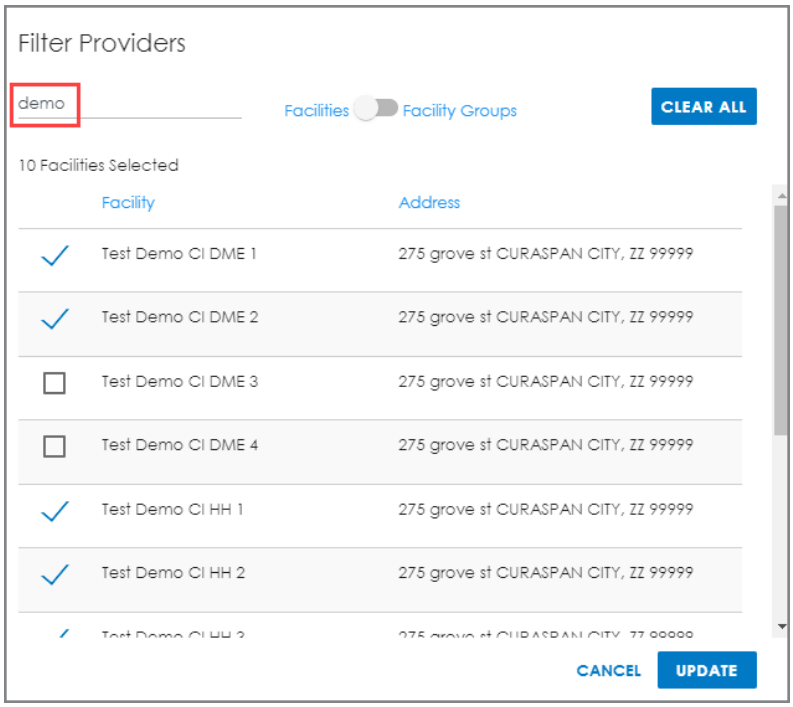
Aggregated referrals across multiple provider locations provide referral management. View referrals sent to any of your facilities.

1. Click ALL PROVIDERS. The **Filter Providers** window displays.



2. Narrow the list by entering a certain provider name (**demo** entered in the example).

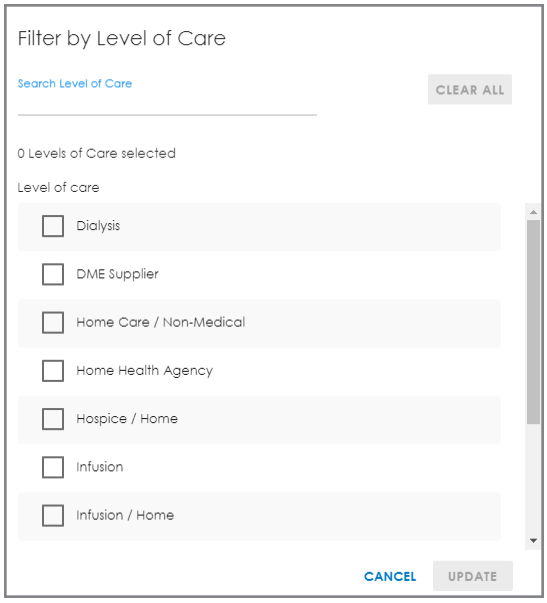
Only those facilities display.



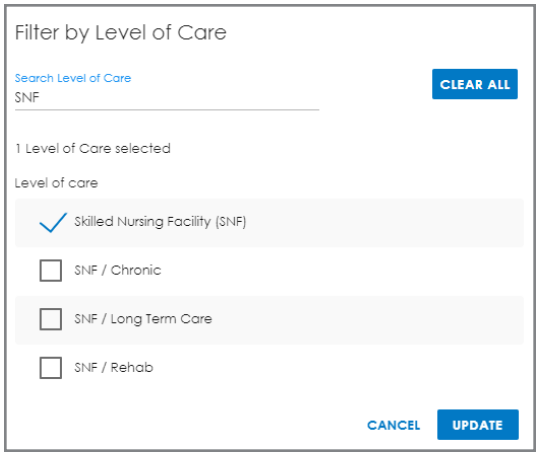
3. Select facilities by selecting the checkbox(es) to the left of their names.
4. Remove facilities by clearing the check mark(s) to the left of their name(s).
   OR
   Click CLEAR ALL.
5. Click UPDATE .

Level of Care (LOC)

1. Click LEVEL OF CARE . The **Filter by Level of Care** window opens.



2. Narrow the list by entering a certain Level of Care (**SNF** in this example). Only those LOCs display.

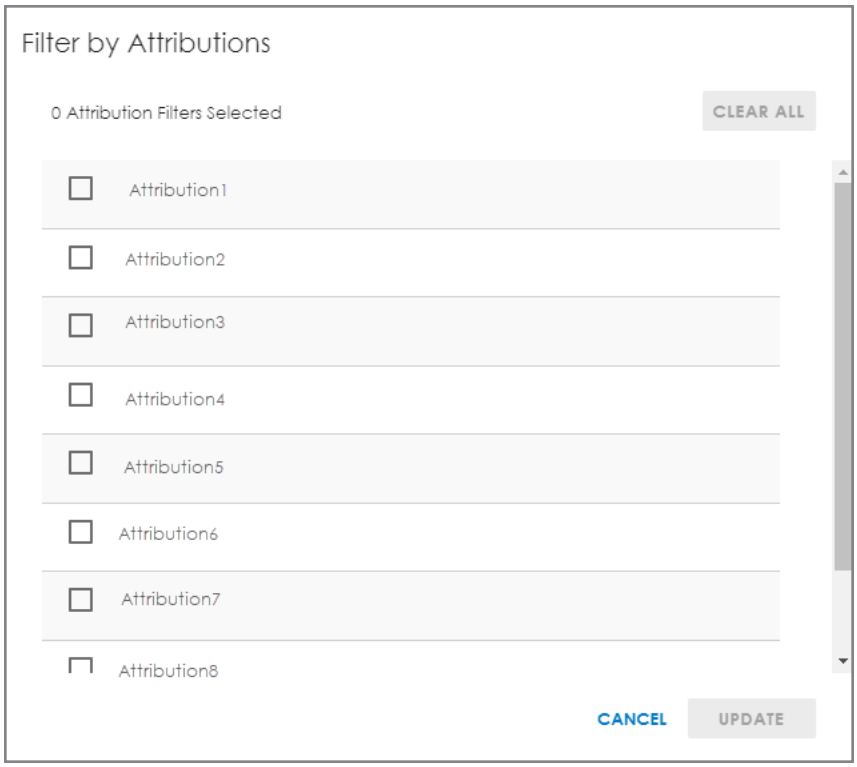


3. Select LOCs by selecting the checkbox(es) to the left of their names.
4. Remove LOCs by clearing the check mark(s) to the left of their name(s).
   OR
   Click CLEAR ALL.
5. Click UPDATE .

Attributions

NOTE – The **2024 October 16** release added an **Attributions** filter for those referrals having attributions.

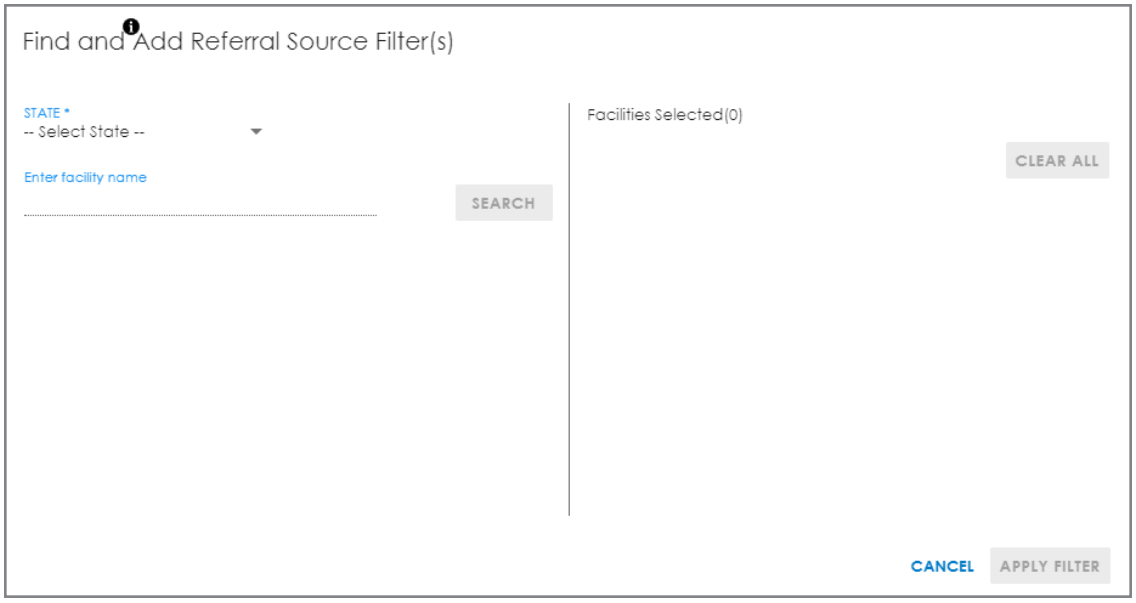
1. Click ATTRIBUTIONS. The **Filter by Attributions** window opens.



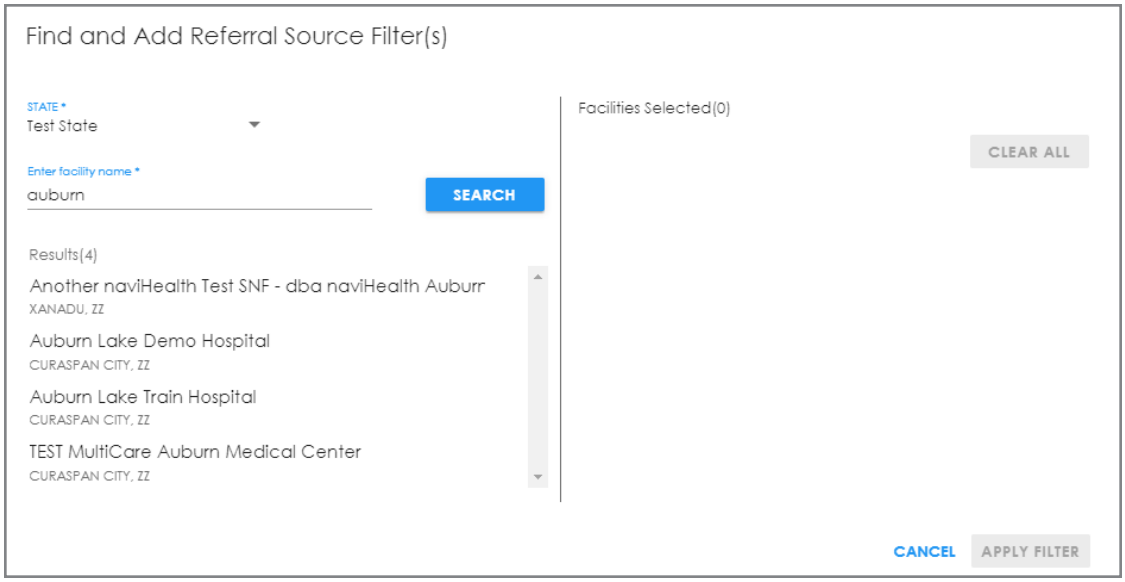
2. Select Attributions by selecting the checkbox(es) to the left of their names.
3. Remove Attributions by clearing the check mark(s) to the left of their name(s).
   OR
   Click CLEAR ALL.
4. Click UPDATE .

All Referral Sources

1. Click ALL REFERRAL SOURCES. The **Find and Add Referral Source Filter(s)** window opens.

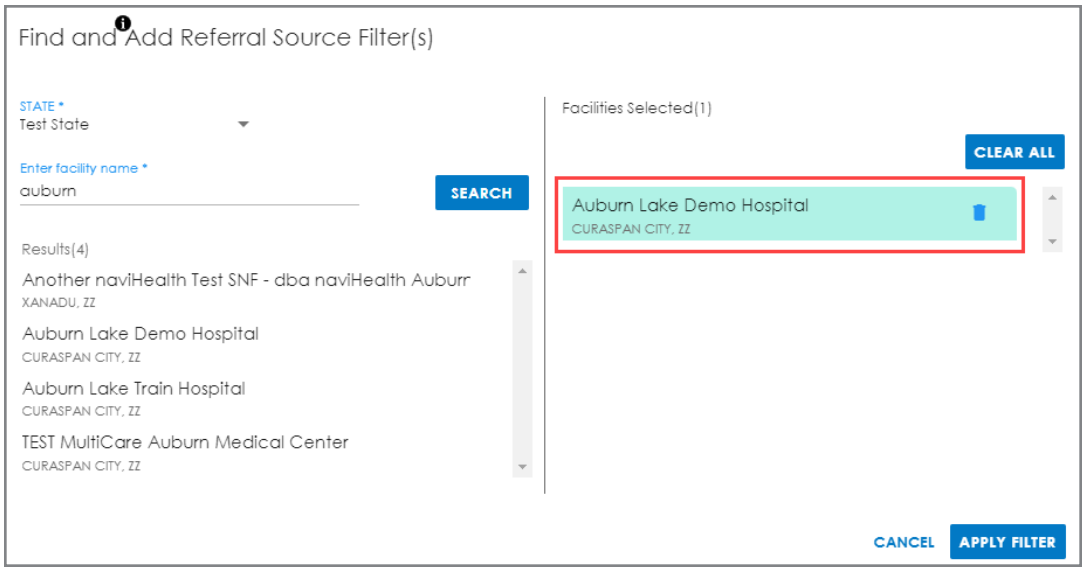


2. Select a STATE .
3. Enter at least three (3) characters of the acute facility's name and click SEARCH .
   Acute facilities containing all or part of the entered name display in the left side of the window.



4. Select a facility name.

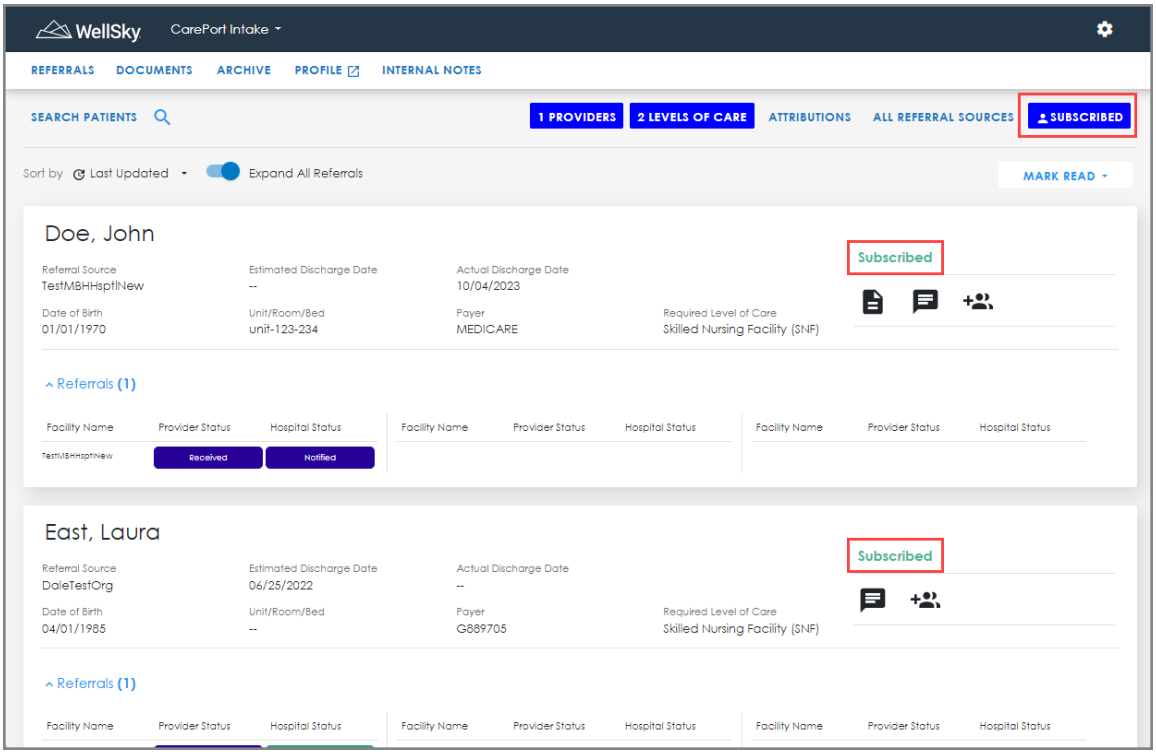
It populates in the **Facilities Selected (#)** section.



5. Continue selecting acute facilities as desired and click APPLY FILTER.

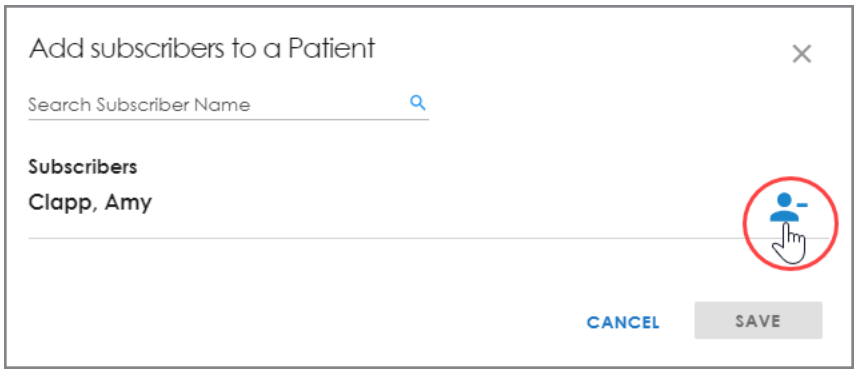
SUBSCRIBED

Click SUBSCRIBED in the upper-right of your dashboard. The patient(s) to which you are subscribed display.

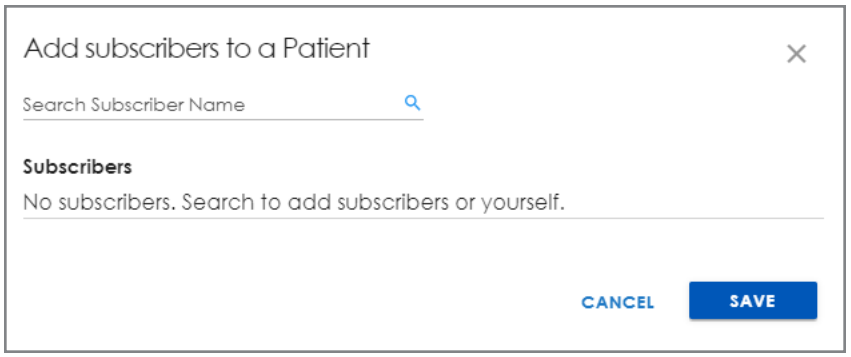


Unsubscribe from a Patient

1. Click the **Subscribe** icon in the patient card. The **Add subscribers to a Patient** window displays.



2. Click the **Unsubscribe** icon. The **Add subscribers to a Patient** window displays, indicating there are no subscribers for this patient.

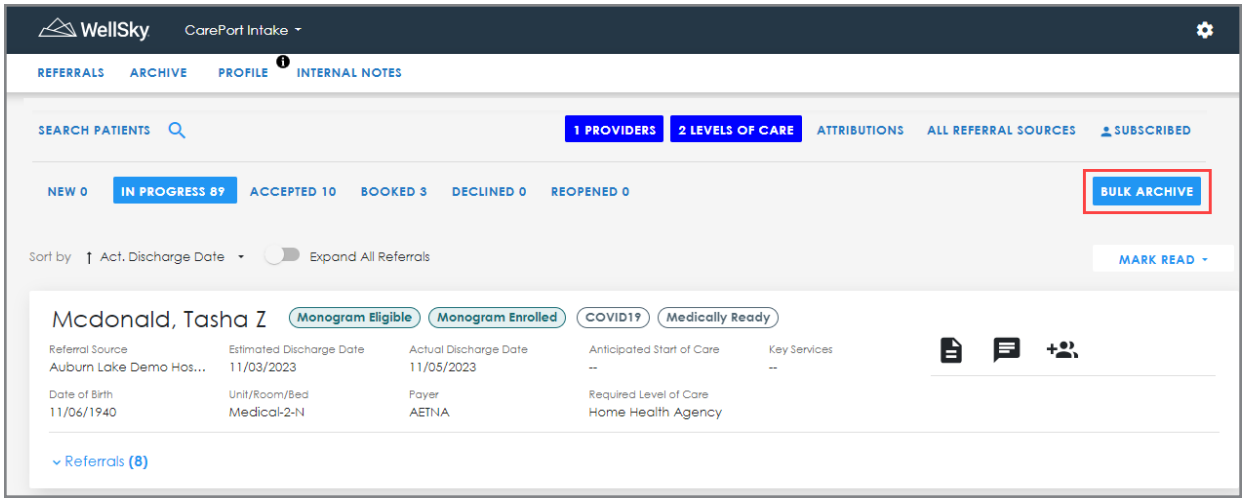


3. Click SAVE .

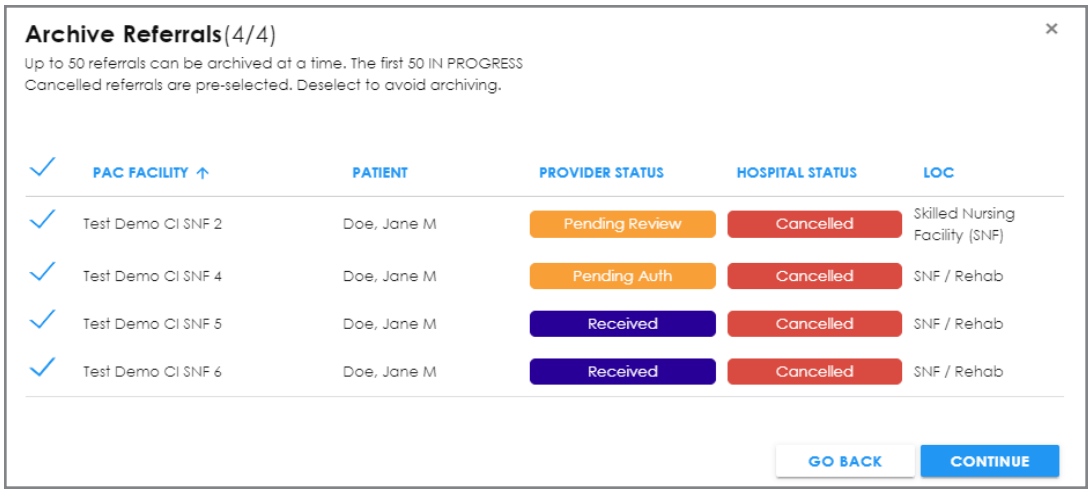
Using the Bulk Archive Feature

Use the **Bulk Archive** feature to archive multiple referrals, which only applies to referrals that have been cancelled by the acute referral source or declined by your facility. A Bulk Archive can also be performed from the ACCEPTED tab to archive any referrals that were cancelled by the acute referral source but accepted by the provider.

1. Click BULK ARCHIVE .



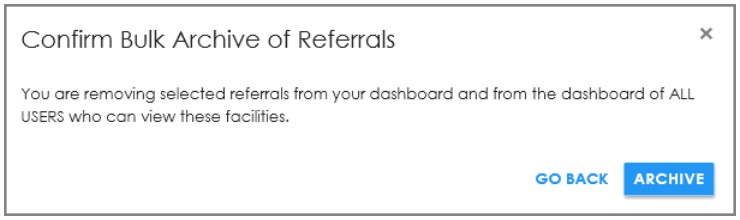
The **Archive Referrals (#/#)** window displays, prompting you to review referrals.



> **NOTE –** The **Bulk Archive** action can be performed for up to fifty (50) referrals at once and repeated if necessary.

2. Clear the checkbox(es) to the left of the referrals you want to keep on your dashboard.

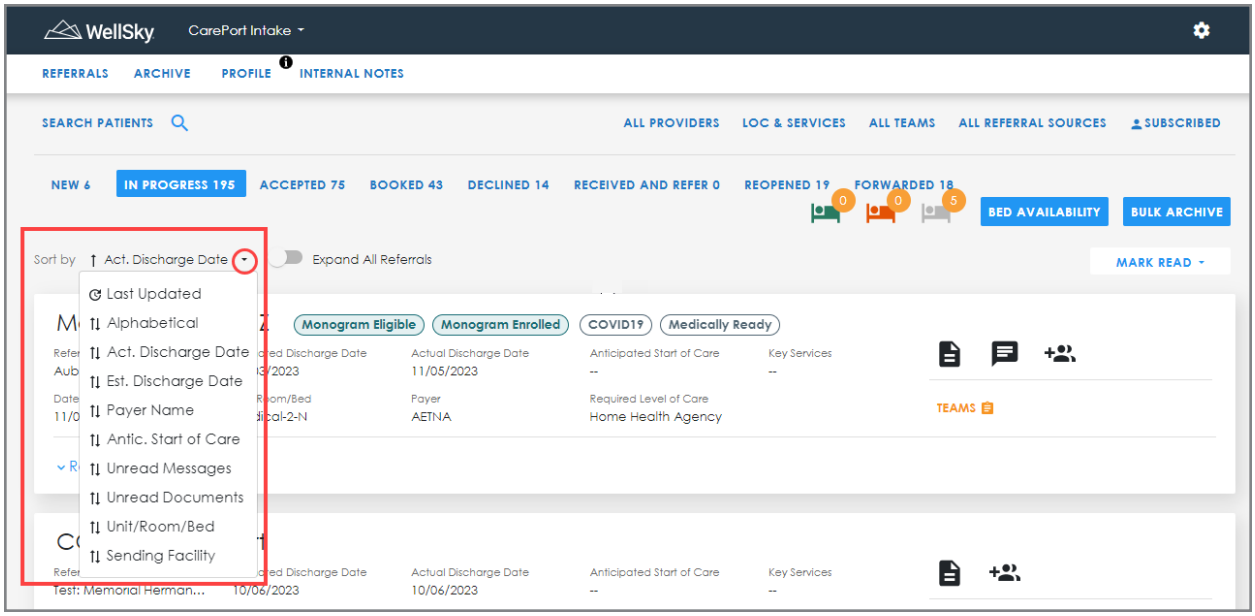
3. Click CONTINUE . The **Confirm Bulk Archive of Referrals** confirmation message window displays, reminding you of the multiple referral archival.



4. Click ARCHIVE .

Sorting the Dashboard

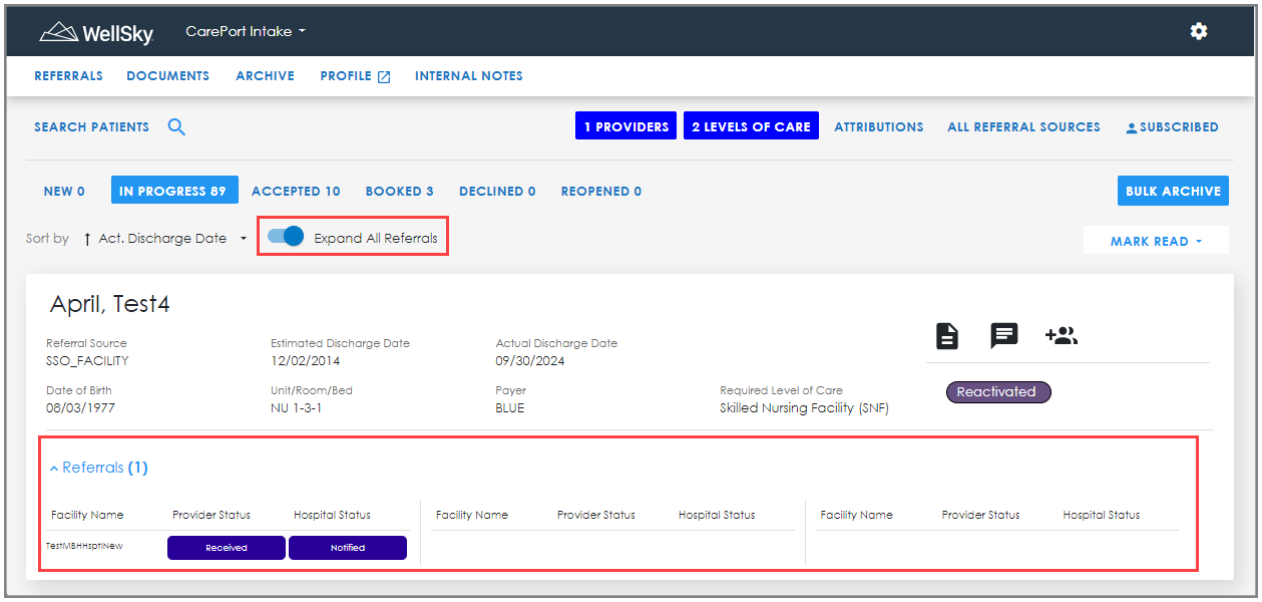
1. Click the **Expand** icon to the right of **Sort by**.
2. Select any sorting option.



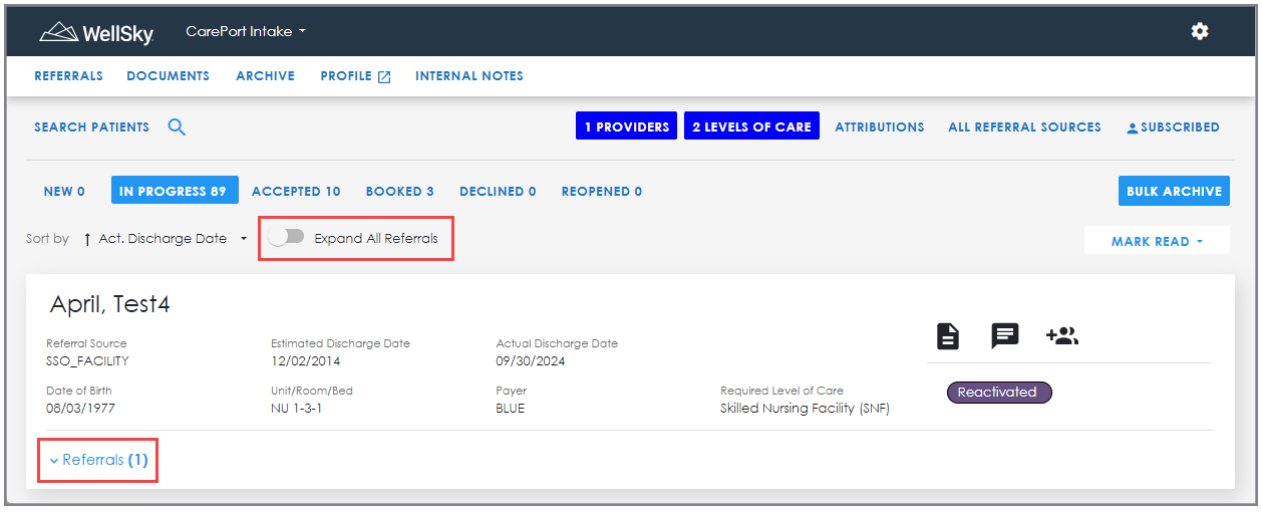
NOTE – The **2023 November 15** release introduced the **Sending Facility** sorting option allowing you to sort your dashboard by the sending referral source.

Expanding All Referrals Toggle

Use the **Expand All Referrals** toggle to view all the referrals for each of your patient cards. Turning this toggle on expands the Referrals drop-down in all patient cards in your current dashboard view to display each patient's referral status details.

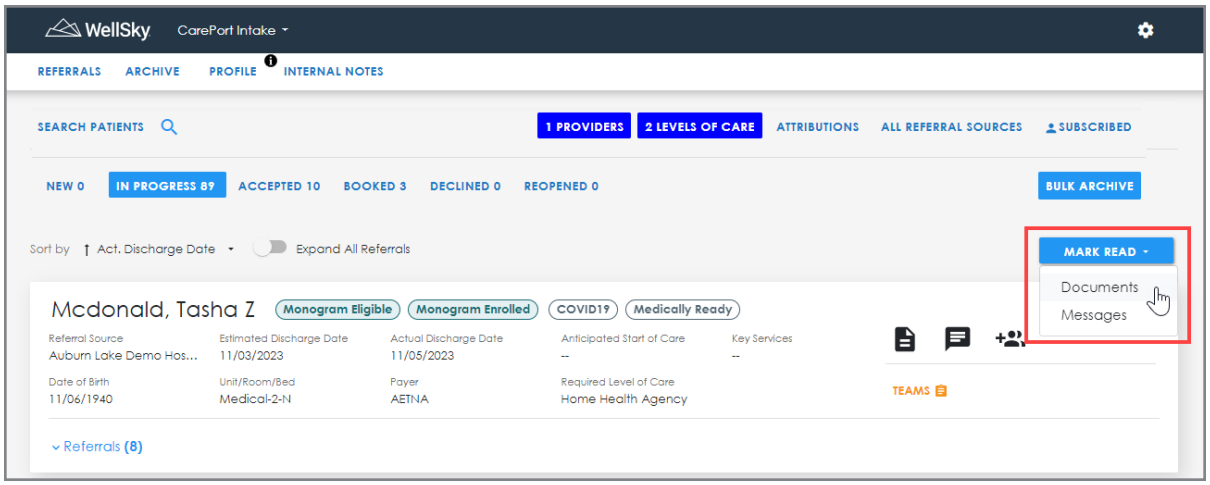


Turning this toggle off collapses the referral status details.



Using the Mark Read Feature

1. Click MARK READ to display a drop-down of options.

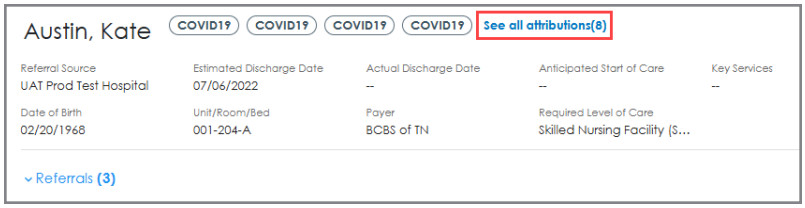


2. Select the **Documents** option to mark all documents read. The **Document** icon no longer displays on all the patient cards on your dashboard.
   OR
   Select the **Messages** option to mark all messages read. The **Message** icon no longer displays on all the patient cards on your dashboard.

> NOTE – The MARK READ function is specific to **your** dashboard and does not affect your colleagues' dashboards.

Overview of Patient Cards

NOTE – The 2024 May 15 release added a See all attributions link which displays on the patient card if the patient has more than four (4) Priority tags attached. The patient attribution tags are sorted alphabetically on thepatient card.



When clicked, the Patient Attributions window opens and displays a list of all patient attribution tags.



A patient card for each patient displays on the dashboard. Three (3) icons display in the right side of the patient card.

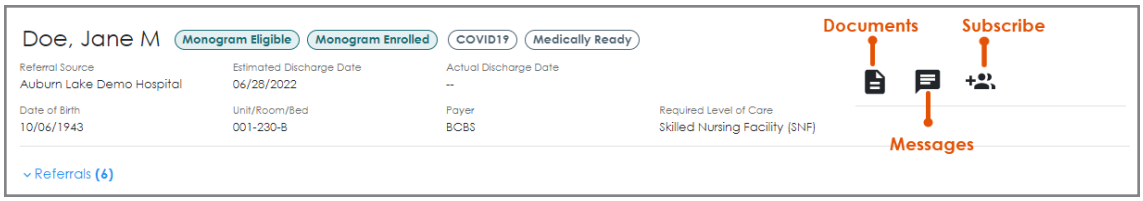
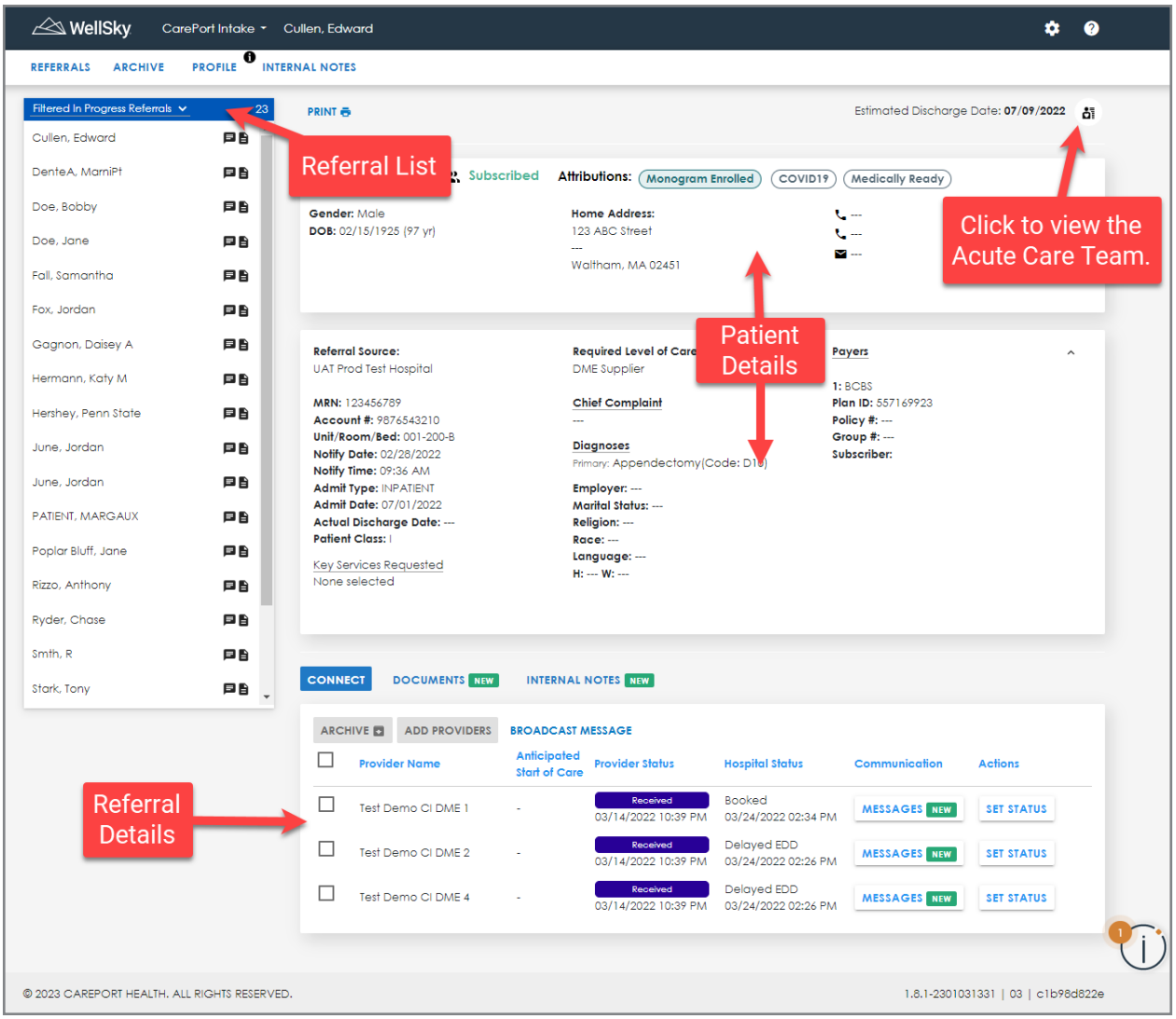


Table 3-2: Icons on Patient Cards

Icon	Description
	Displays a message indicating there are unread documents.
	Displays a message indicating there are unread messages.
	Click to subscribe to the patient or add another subscriber. The Subscribe feature enables intake coordinators to better track certain patients of interest by allowing you to subscribe yourself and colleagues to selected patients.

Viewing Patient Details

Select a patient card from your dashboard to view the **Patient Details** screen.

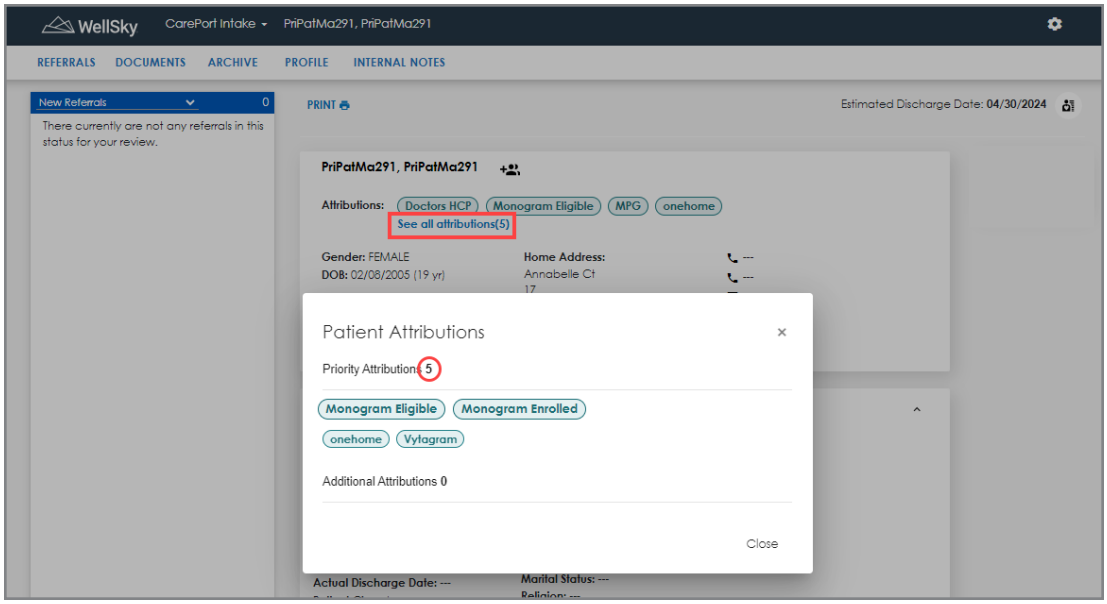


NOTE – The **2024 April 17** release modified the attribution tags displaying on the **Dashboard** and the **Patient Details** screen.

- **Priority** attribution tags now have a lighter green background with **darker green** text.
- **Additional** attribution tags now have a white background with **black** text.

NOTE – The 2024 May 15 release added a See all attributions link which displays on the Patient Details screen if the patient has more than four (4) Priority tags attached. The patient attribution tags are sorted alphabetically.

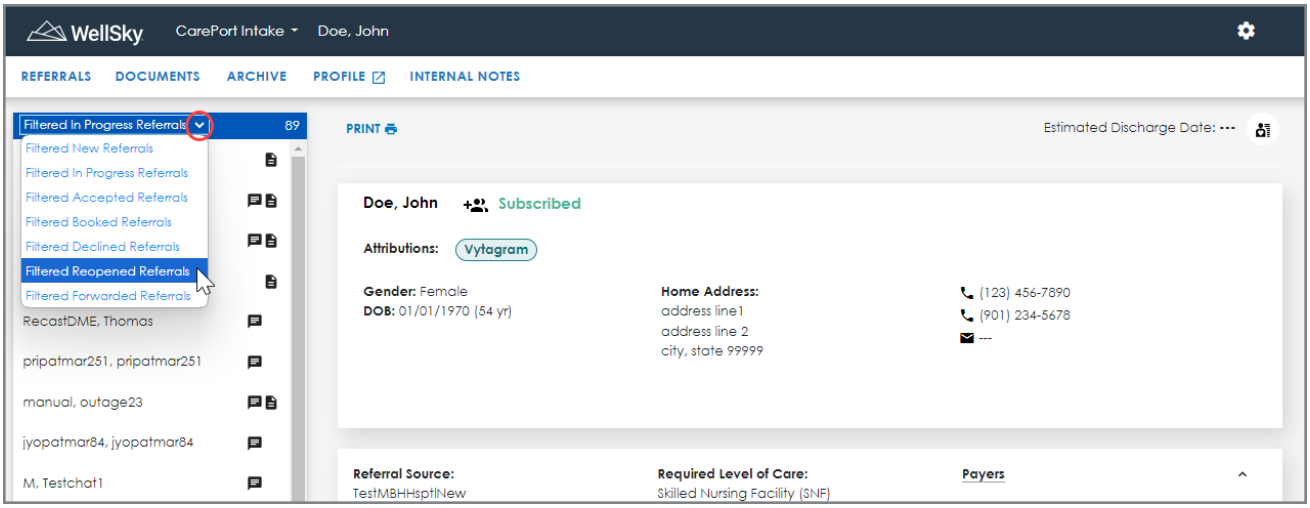
When the link is clicked, the Patient Attributions window opens and displays a list of all patient attribution tags.



Viewing the Referral List

This list is located in the upper-left of the Patient Details screen and provides quick access to all active referrals for your facilities.

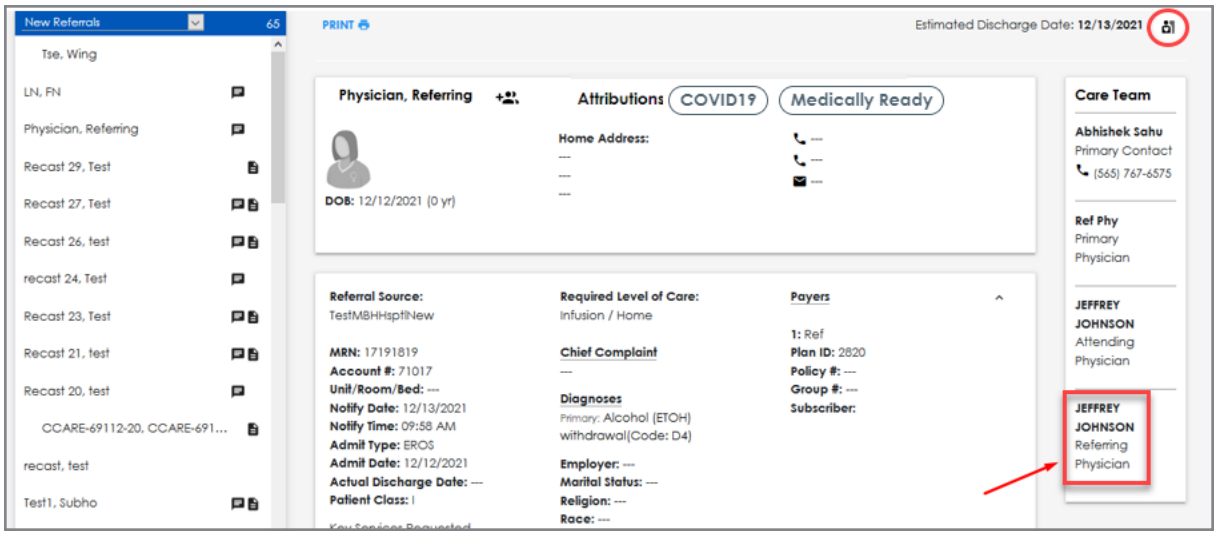
Click the blue Expand ▾ icon and select one (1) of the options.



Viewing the Care Team

Click the **Care Team** icon, located in the upper-right of the Patient Details window.
A window displays contact information for the patient's care professionals, including the primary and attending physicians.

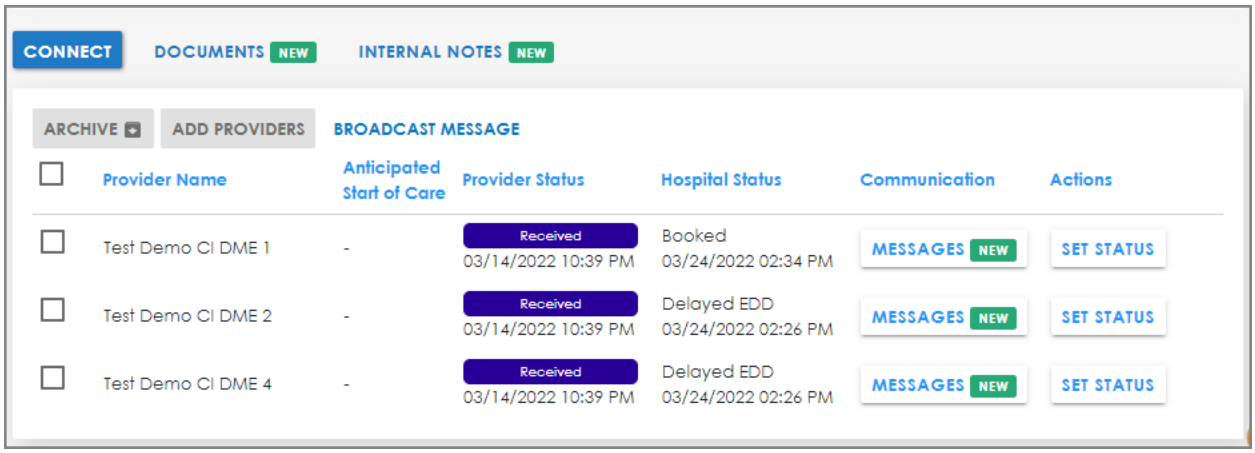
If a referring physician is indicated in the patient's hospital electronic medical record, this information flows into CarePort Intake and the field displays.



The middle section of the **Patient Details** screen displays referral and patient details provided by the acute referral source.

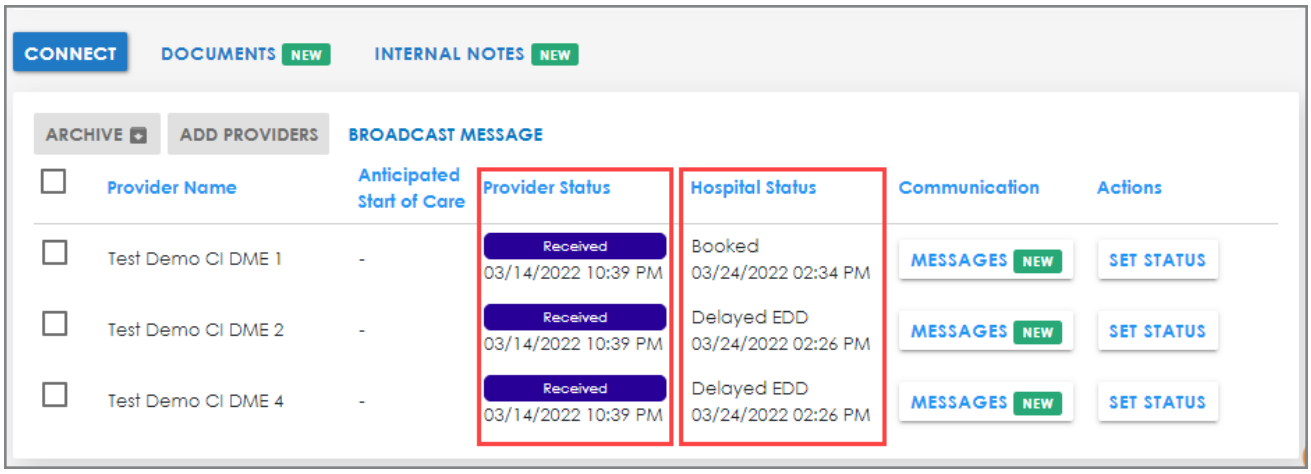
Use the three (3) tabs (CONNECT, DOCUMENTS, and INTERNAL NOTES) at the bottom of the **Patient Details** screen to view, manage, and respond electronically to referrals sent from the acute referral source.

You can manage all referrals your post-acute care facility receives in this one (1) location.



Overview of the CONNECT Tab

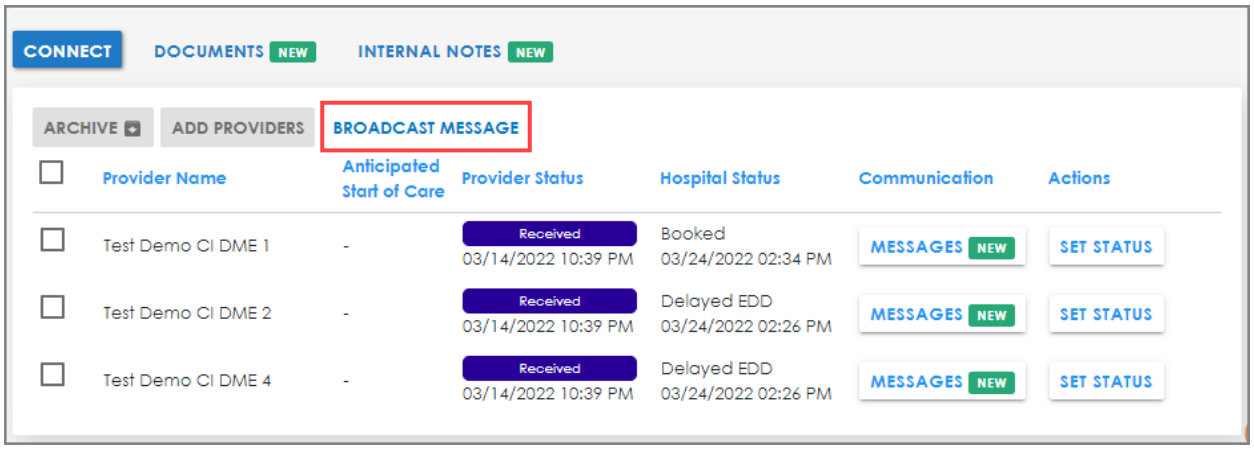
Within the Patient Details screen, the CONNECT tab displays by default and lists the patient's referrals along with the provider's and acute referral facility's status.



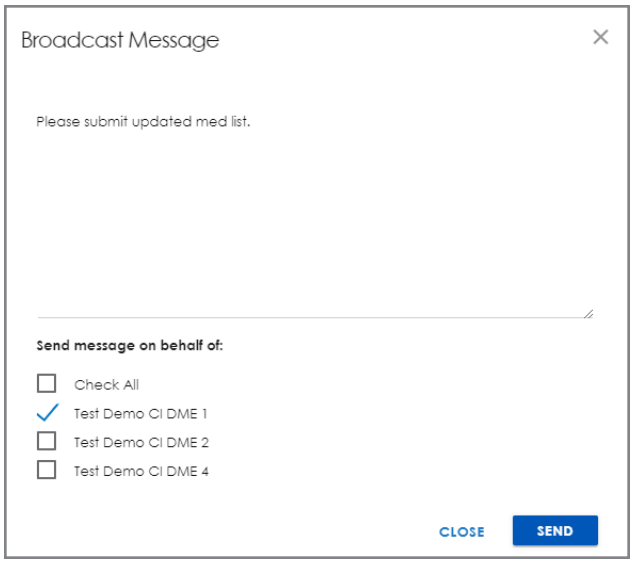
Sending a Broadcast Message

The BROADCAST MESSAGE button displays only when a patient has two or more open referrals. Send a **single message** on behalf of any or all your organization's providers.

1. From the Patient Details window, scroll to the bottom and click BROADCAST MESSAGE.

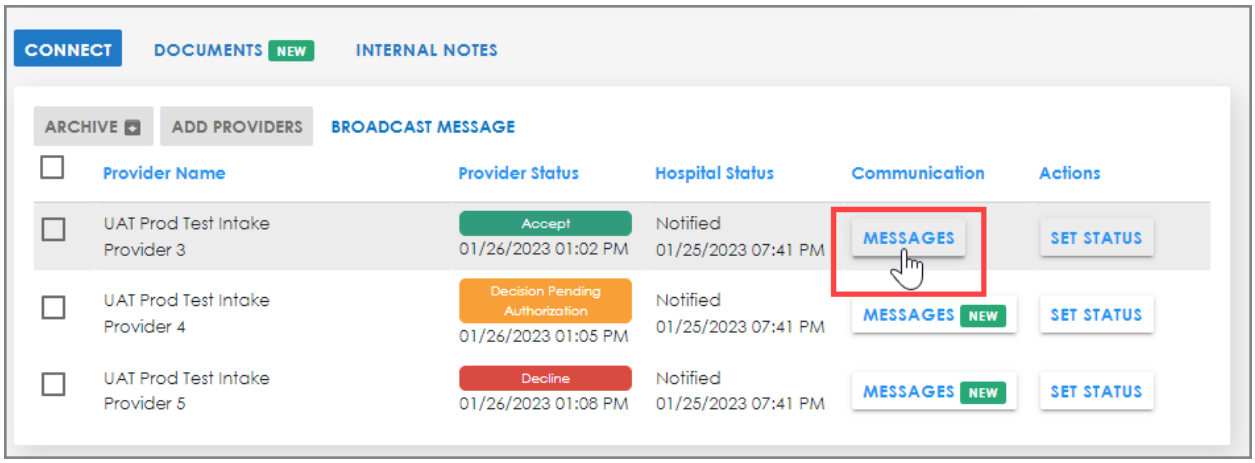


The **Broadcast Message** window displays.

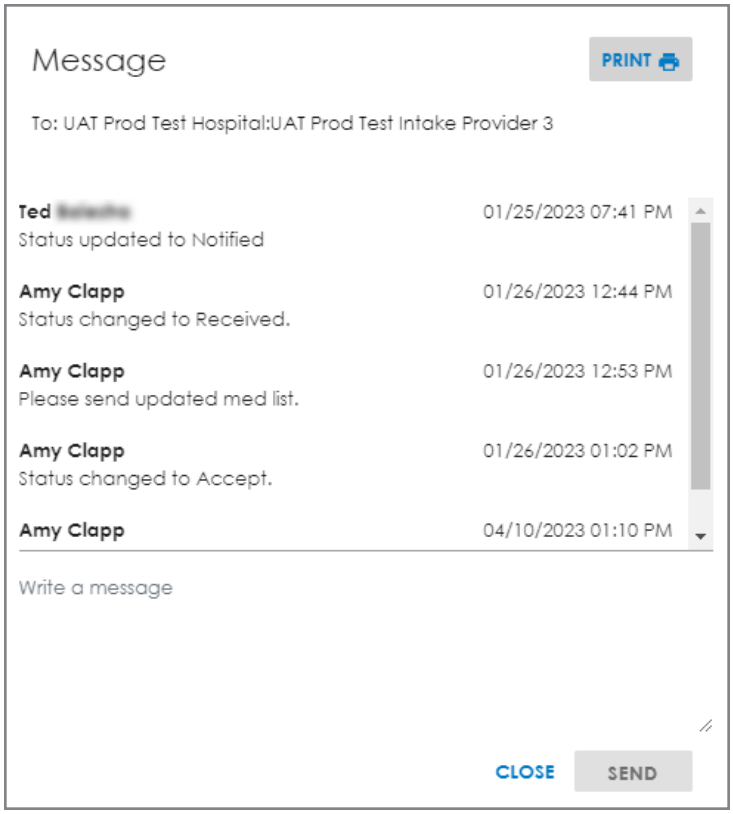


2. In the open text field at the top of the window, enter a message to share.
3. From the **Send message on behalf of** section, select the **Check All** checkbox.
   OR
   Select individual checkbox(es).

4. Click SEND .
5. Click MESSAGES to the right of a provider's name in the Communication column.

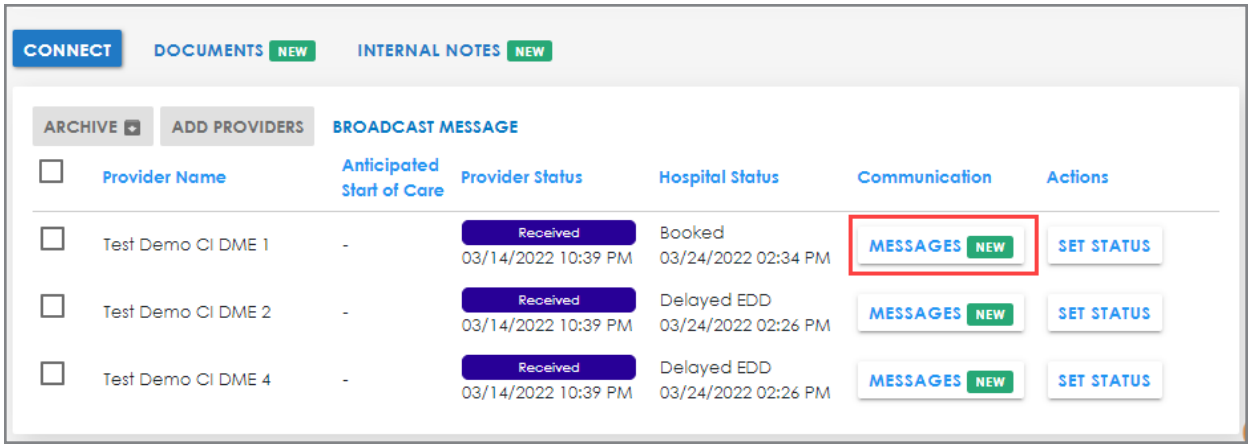


Any messages sent by your or a colleague display in the **Message** window.

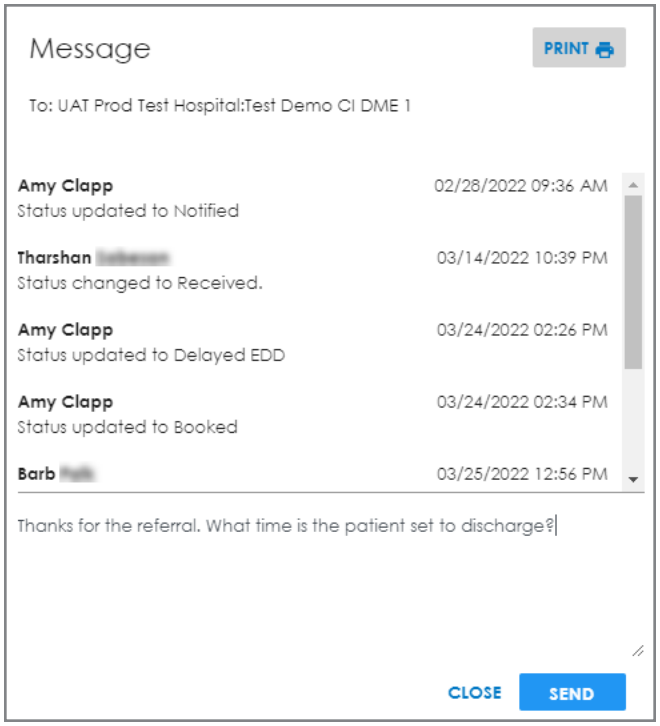


Reading and Sending Messages

1. Select MESSAGES in the Communication column to send a message from just one (1) of your organization's providers to the referring hospital.



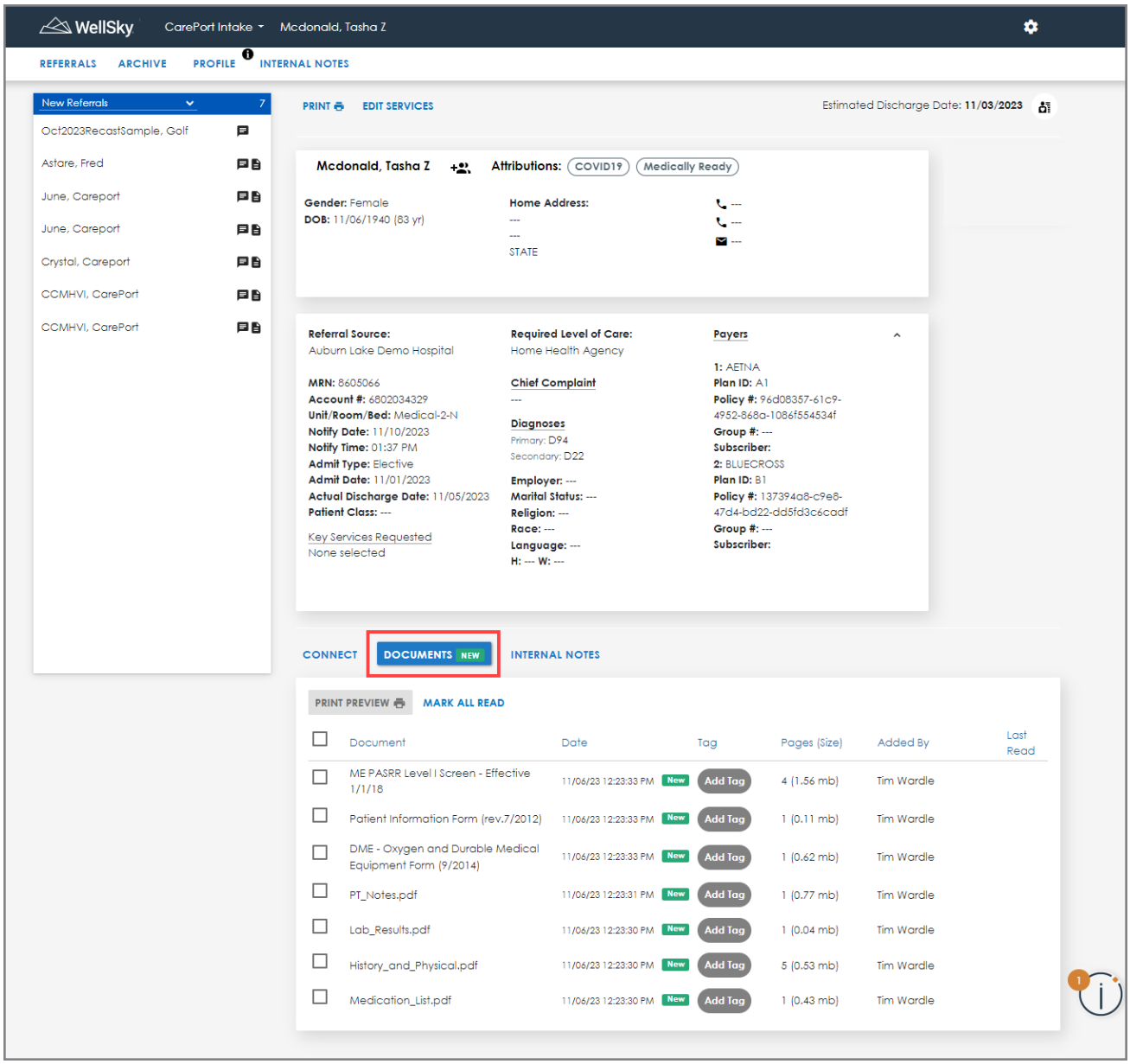
The Message window displays.



2. Enter your message to the acute referral source in the open text field.
3. Click SEND .

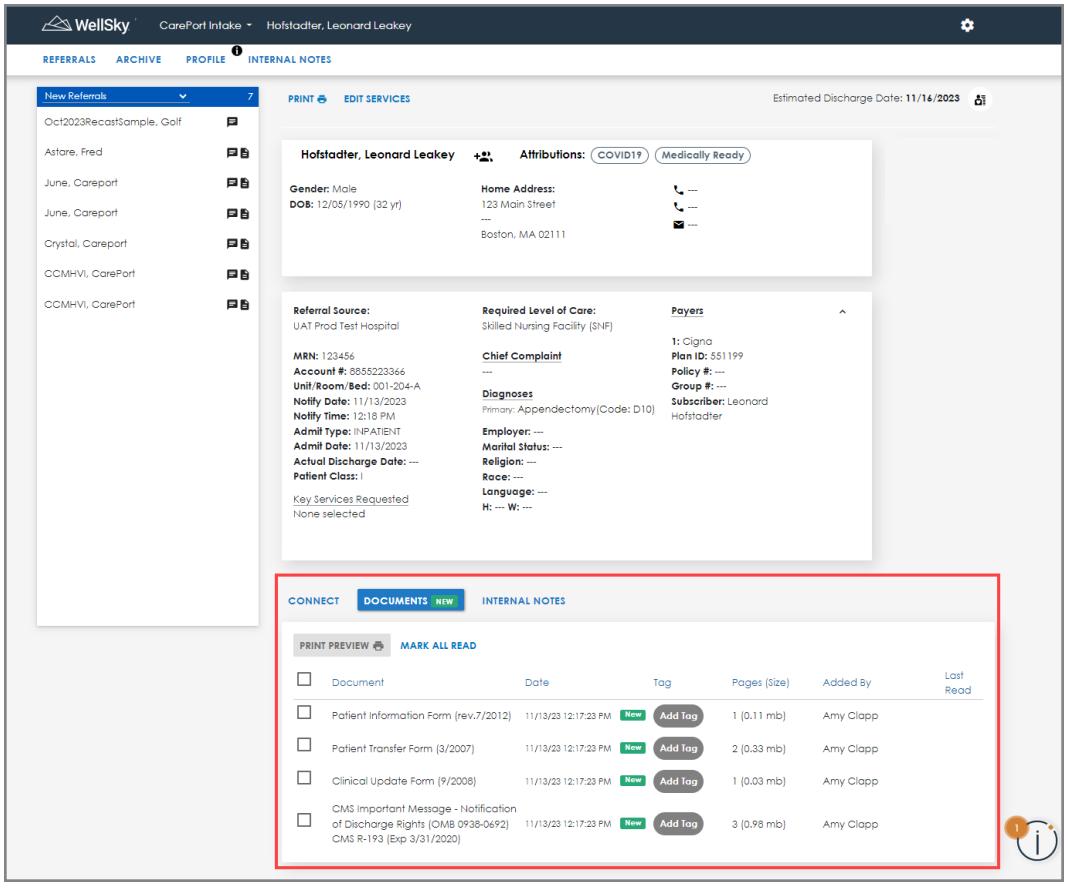
Viewing the DOCUMENTS Tab

From the Patient Details screen, scroll to the bottom, and click DOCUMENTS. A list of documents displays.

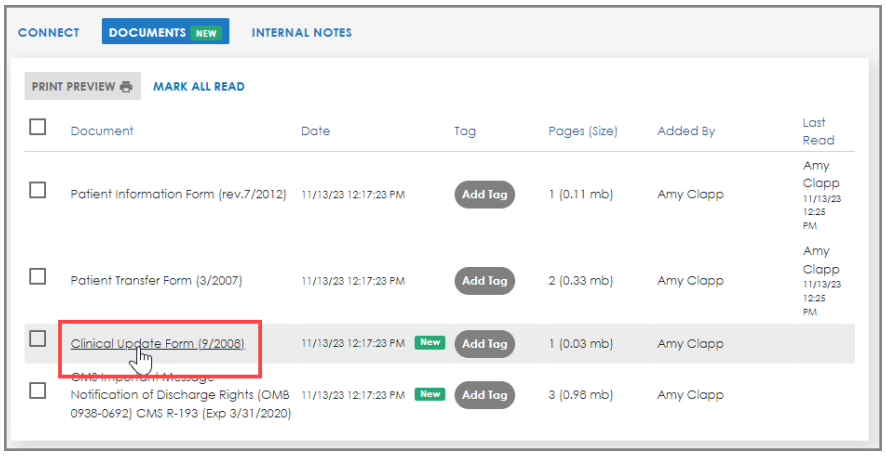


Viewing Individual Documents

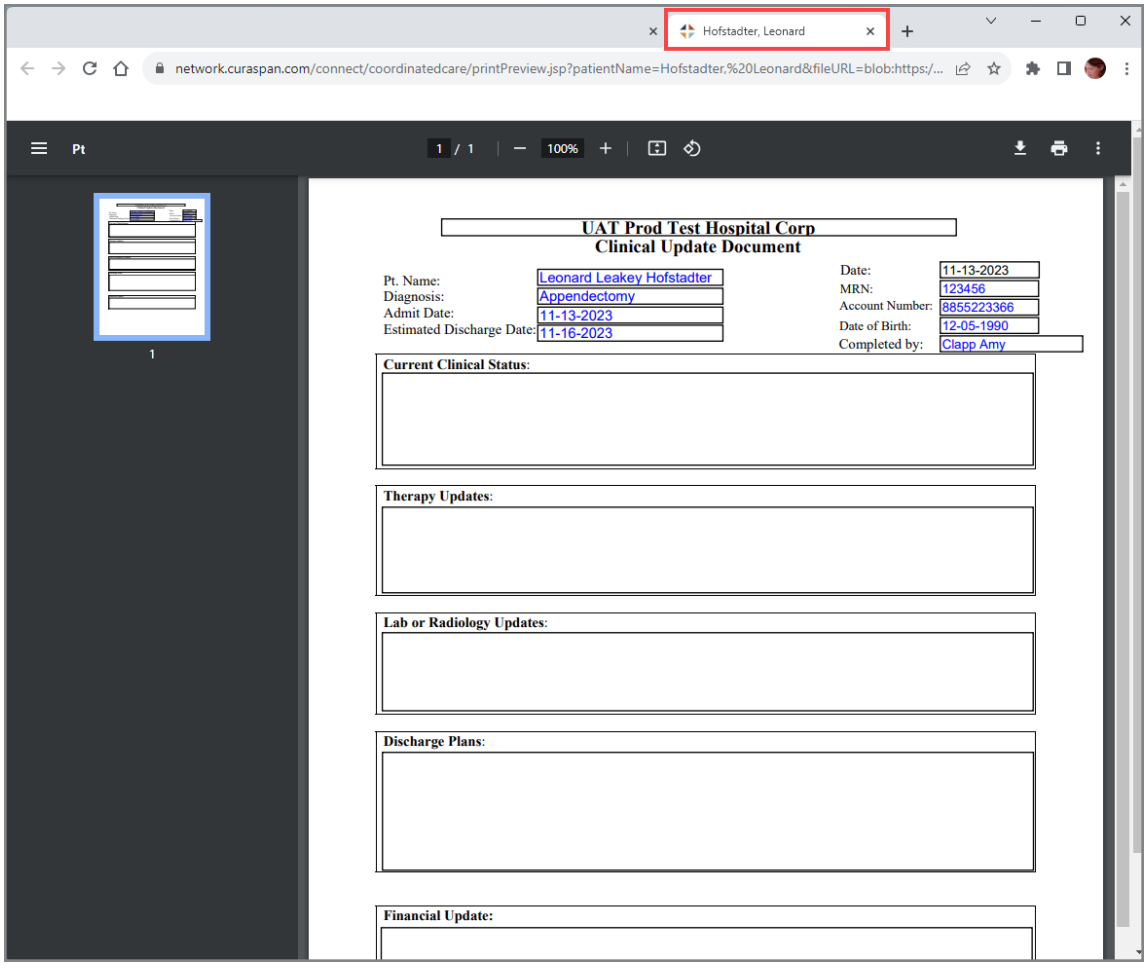
1. From the Patient Details screen, scroll to the bottom and click DOCUMENTS. A list of referral documents displays.



2. From the Document column, click the document name.



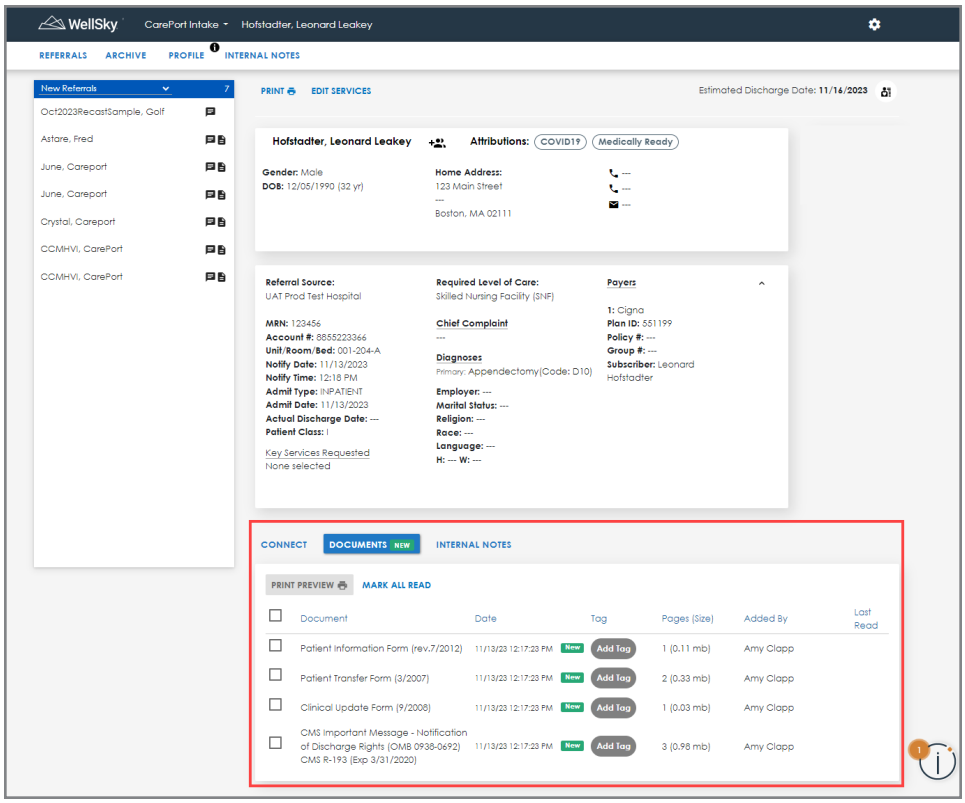
The selected document opens in a new browser window and displays as a PDF.



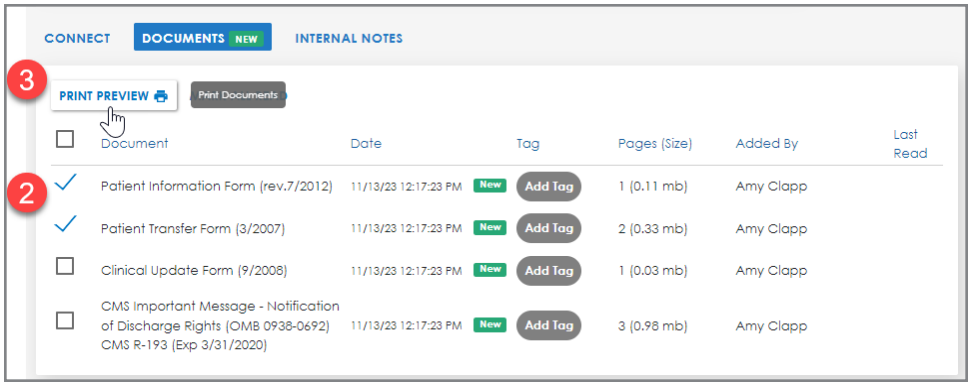
3. Click the **x** in the new browser tab to close.

Viewing Multiple Documents

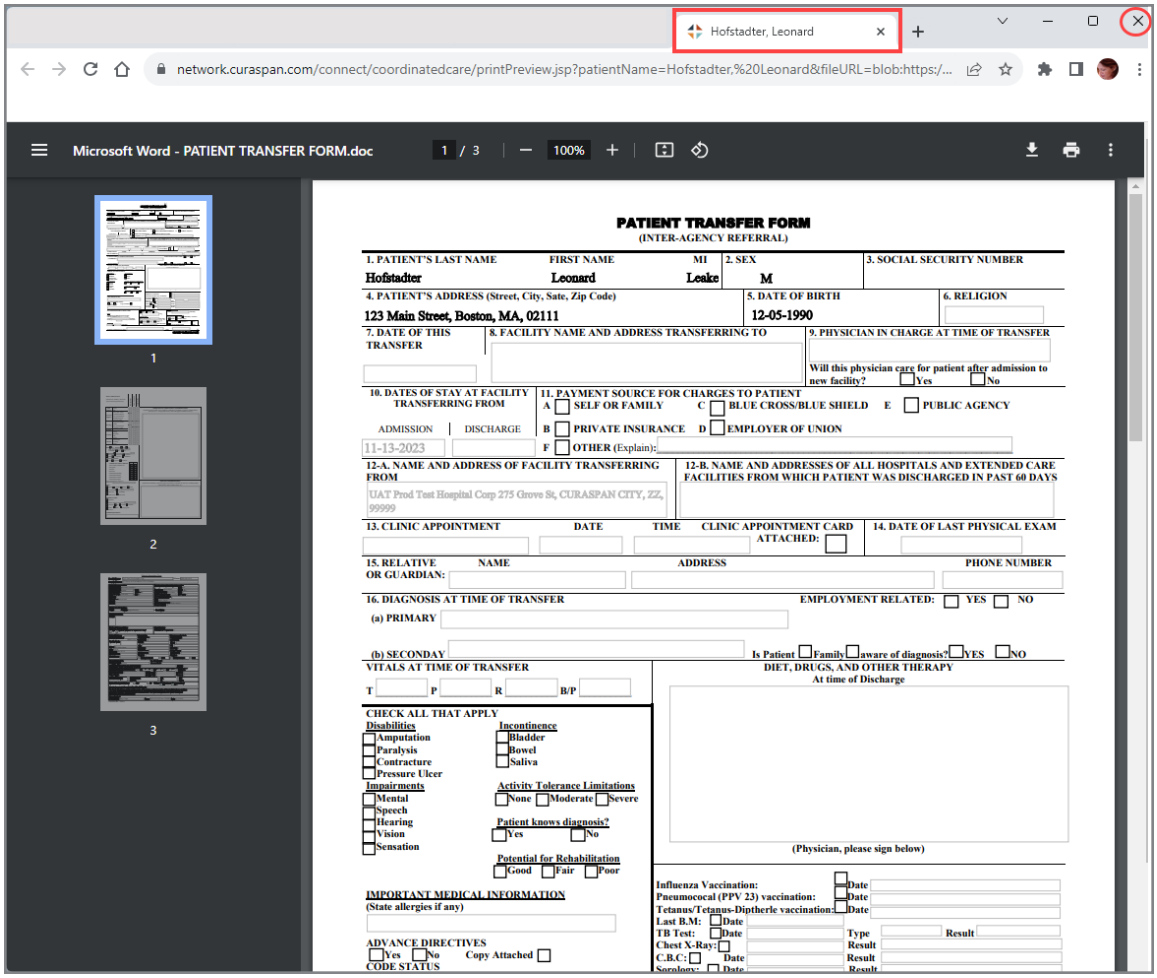
1. From the Patient Details screen, scroll to the bottom, and click DOCUMENTS. A list of referral documents displays.



2. Select the checkbox(es) to the left of the document(s)you want to view.
   OR
   Select the checkbox at the top of the list to the left of the Document column to select **all** documents.
3. Click PRINT PREVIEW.



The document set displays as a PDF in a new browser window.



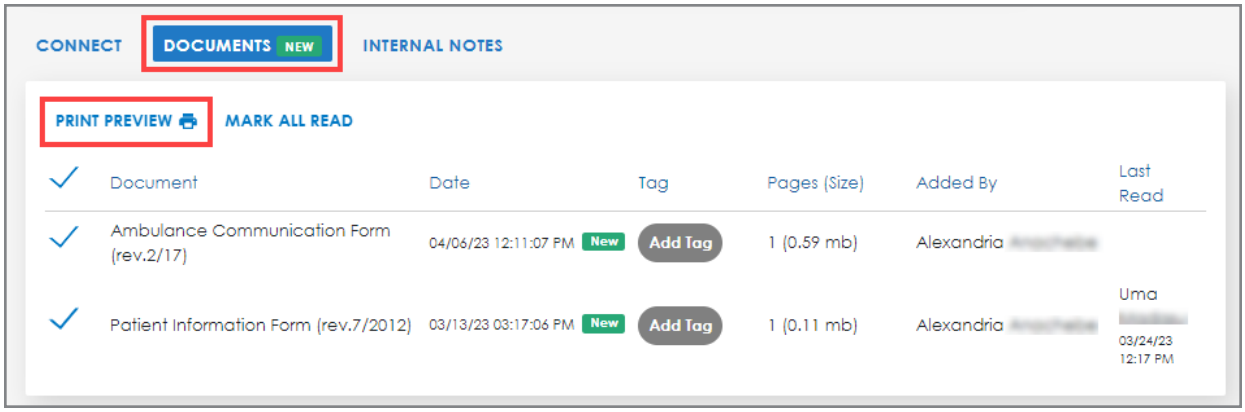
4. Click the **x** in the browser window to close.

Using Print Preview when Printing a Large Document Set

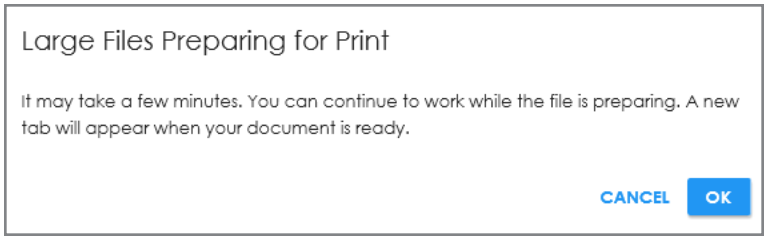
This PRINT PREVIEW feature is introduced when the print job you initiated is large. You can continue to work on other referrals while the printing is performed in the background.

TIP – You are not "stuck," as the application alerts you when the print is complete.

1. From the Patient Details window, scroll to the bottom and click DOCUMENTS.
2. Select the checkbox(es) to the left of the document(s) you want to print.
   OR
   Select the checkbox at the top of the list to the left of the **Document** column to select **all** documents.
3. Click PRINT PREVIEW.

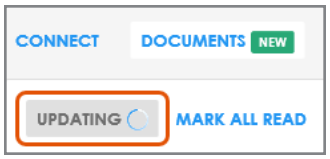


If you select a large document set (over 5 mb size or more than 350 pages) to print, the **Large Files Preparing for Print** window opens.



4. Click OK .

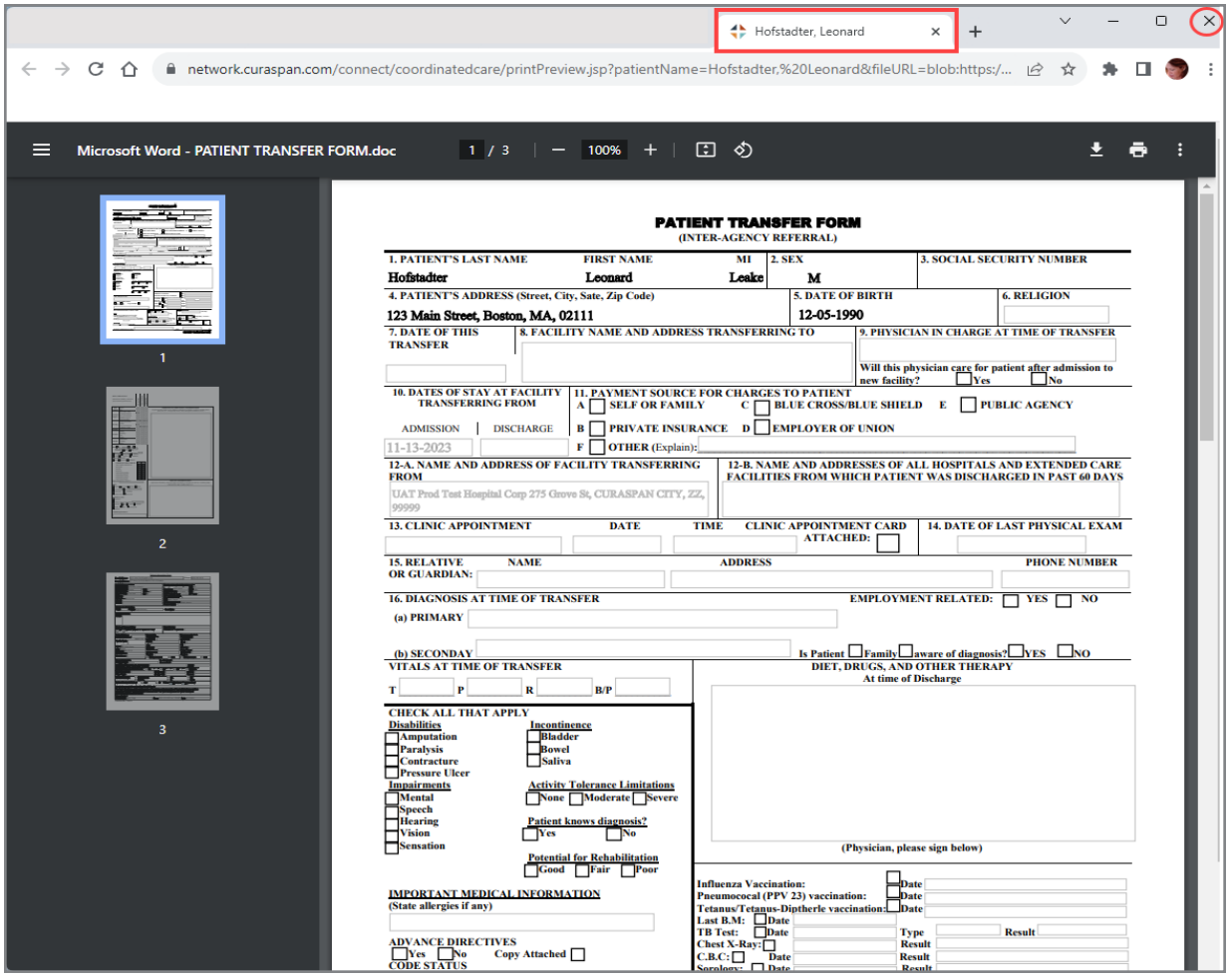
The PRINT PREVIEW function temporarily changes to UPDATING.



The **Document is Ready** window opens in the upper-right corner of the screen when the job is complete, no matter where you are in the application.



5. Click VIEW FILE. A new browser tab displays the PDF of the selected documents, ready for print.

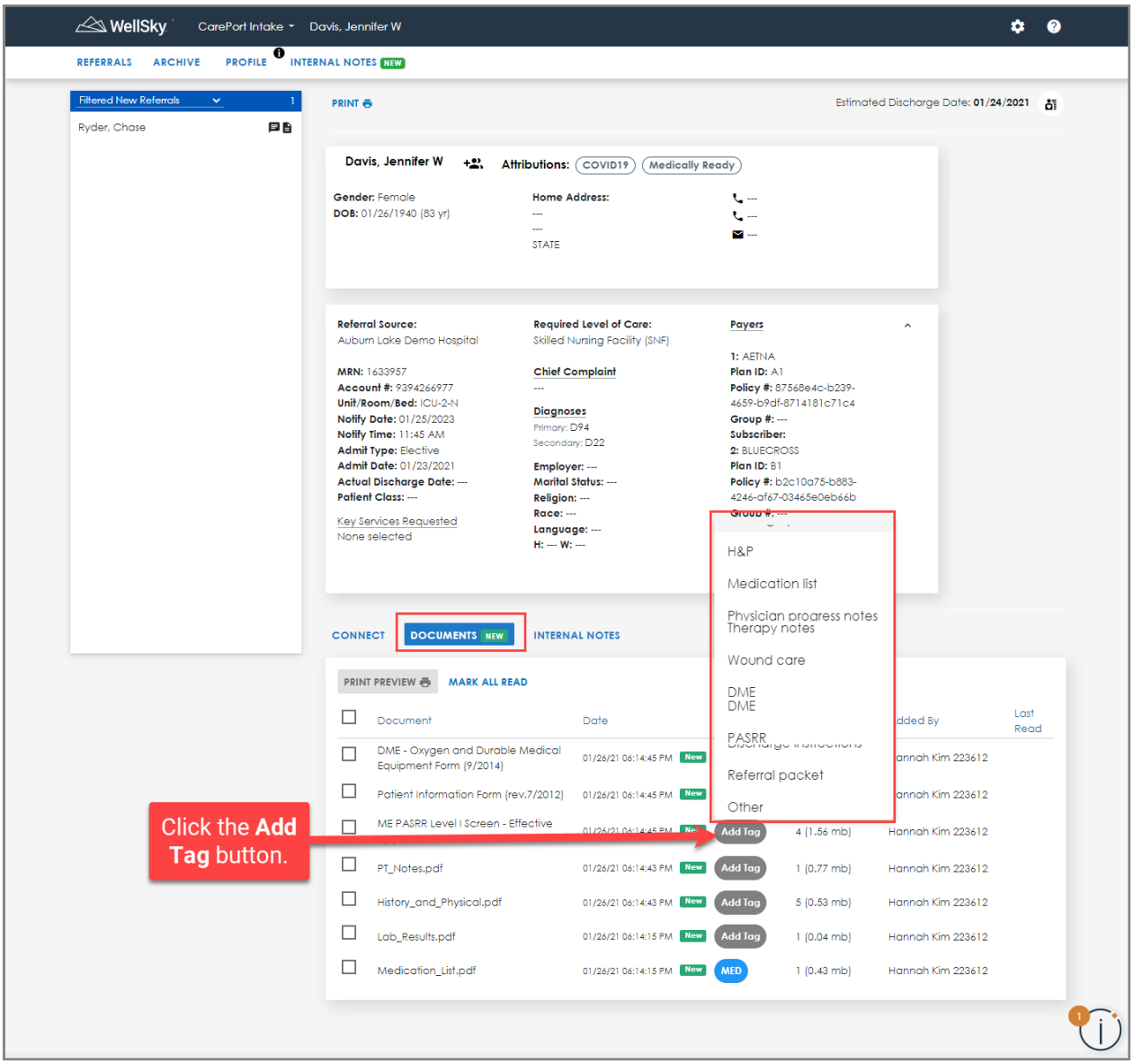


6. Click the **x** in the browser tab to close.

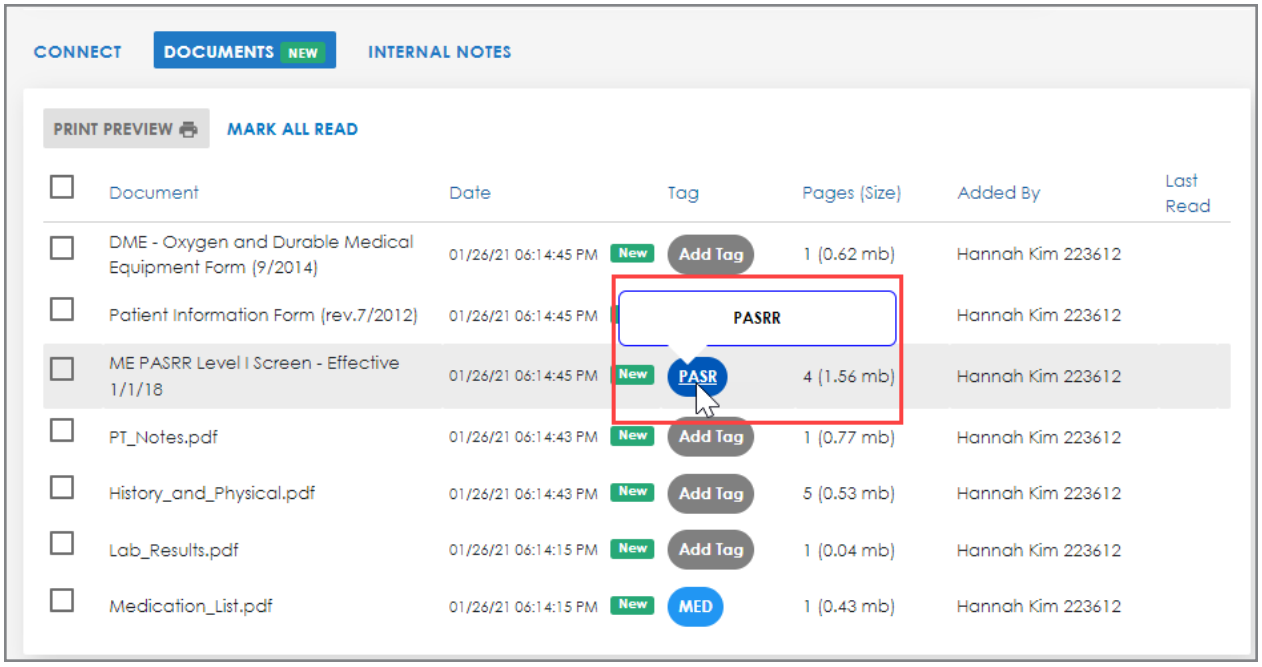
Document Tagging

The **2023 January 25** release introduced a new feature for referrals, which allows you to tag an unnamed document and select a valid document name.

TIP – This will save a lot of time for colleagues who received an unidentified document (e.g., referral documents sent with date and time stamps, but without a name).



The name of the document will be truncated; however, you can hover over it to see the full name.

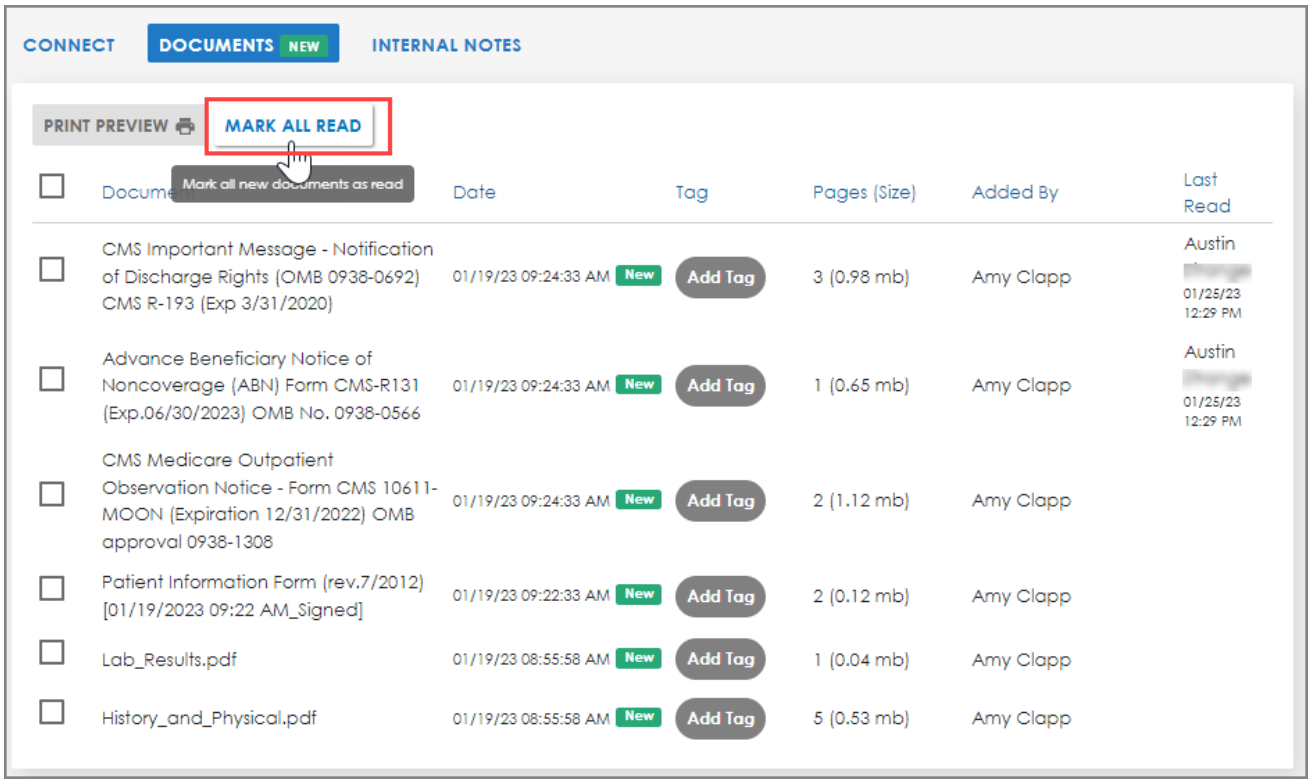


Marking All Documents Read in the DOCUMENTS Tab

Documents can be marked as read by you in the DOCUMENTS tab in the Patient Details screen.

NOTE – This does not impact anyone else's view – only your view.

From the Patient Details screen, scroll to the bottom and click MARK ALL READ.



When the window refreshes, the following displays in the **Last Read** column:

- your name
- the date
- time stamp

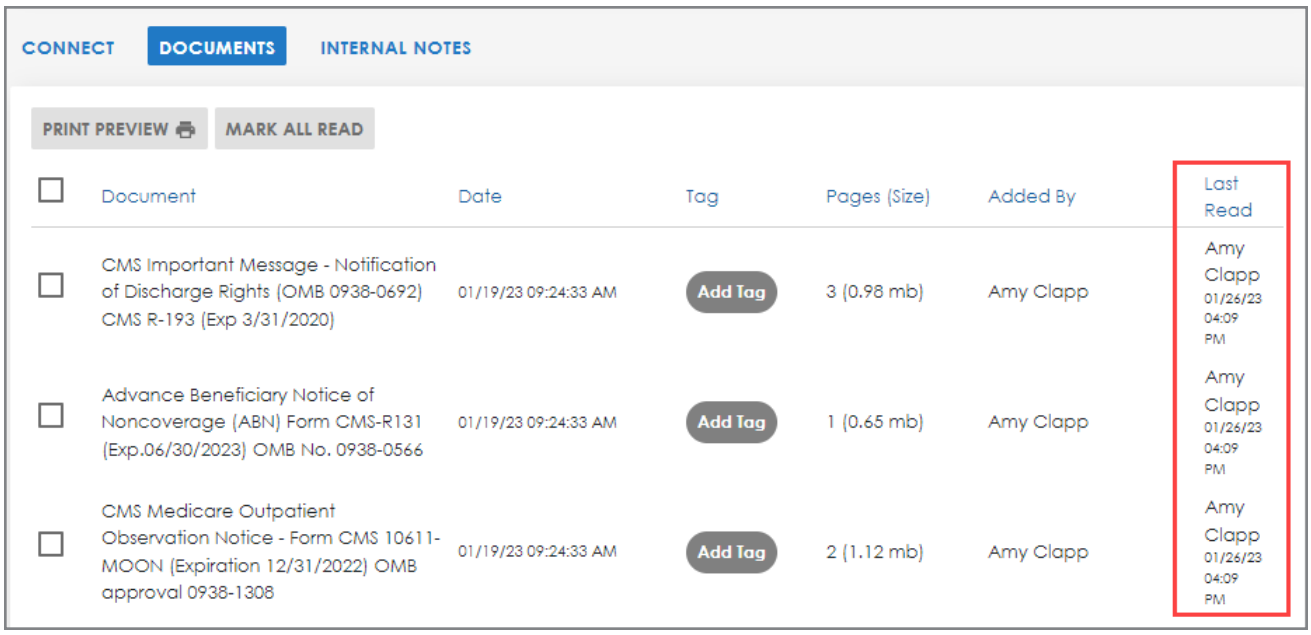


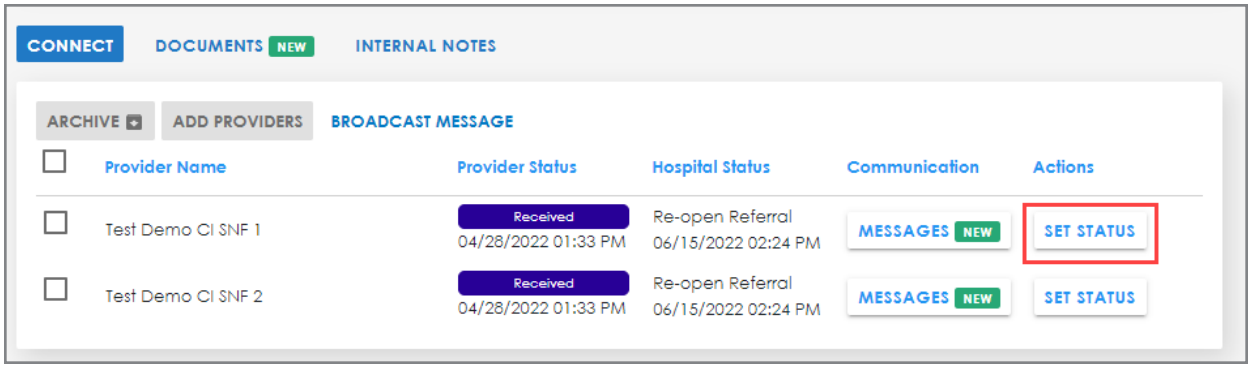
Table 3-3: Last Read Statuses by Column

Column	Description
Date	Indicates when the document was added to the referral packet by the person at the referral source.
Pages (Size)	Indicates the number of pages and the file size of the document.
Added By	Lists the person from the referral source who uploaded the document to the referral packet.
Last Read	Lists the user at your facility who last read the document, along with a date and time stamp.

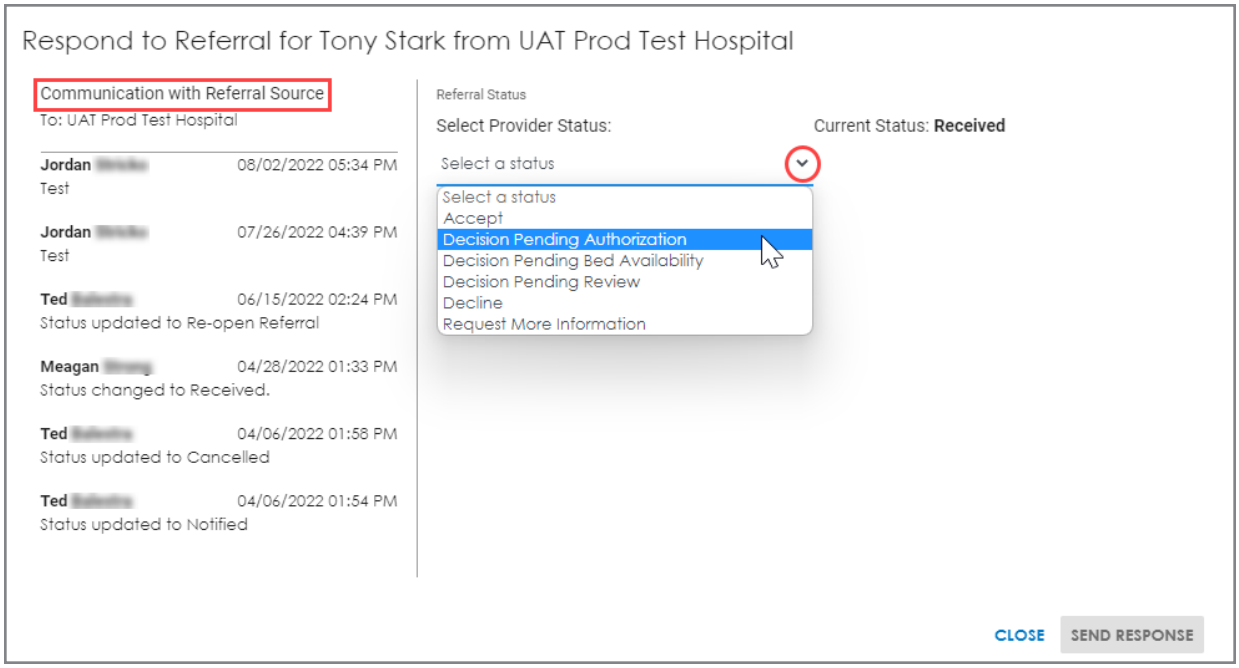
Sending Referral Determinations

Once your facility makes a determination, you can respond to the acute referral source.

1. From the Patient Details window, scroll to the bottom, and click SET STATUS in the Actions column.



The **Respond to Referral for [patient name] from [Hospital]** window displays.



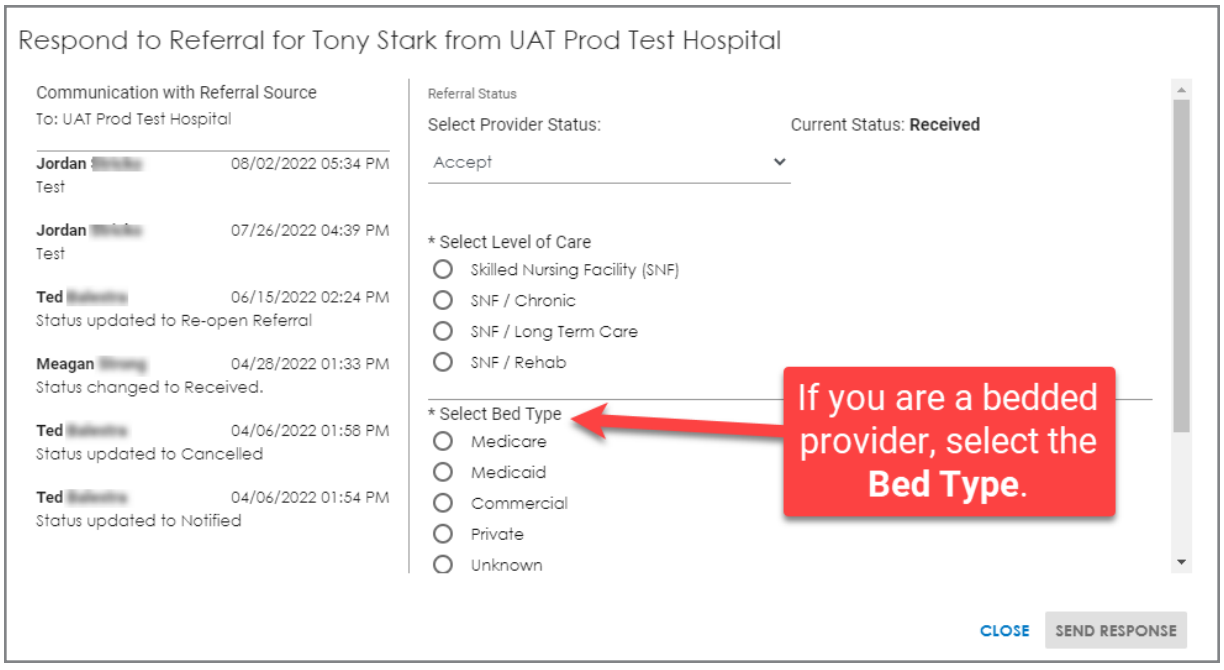
2. Click the **Expand** icon to the right of **Select a status** and choose the appropriate provider status.

Table 3-4: Provider Statuses and Descriptions

Status	Description
Accept	• If you are a **bedded** facility, you are indicating you have a bed available and can provide the level of care required for the patient. • If you are a **non-bedded** facility, you are indicating you can provide the level of care required for the patient.
Decision Pending Authorization	You are waiting for authorization from your organization or an insurance provider before you can accept or decline the referral.
Decision Pending Bed Availability	You are waiting for a bed to become available before you can accept or decline the referral.
Decision Pending Review	You are waiting for more information internally before you can accept or decline the referral.
Decline	You are not able to provide services for the patient.
Request More Information	You need more information from the referral source.

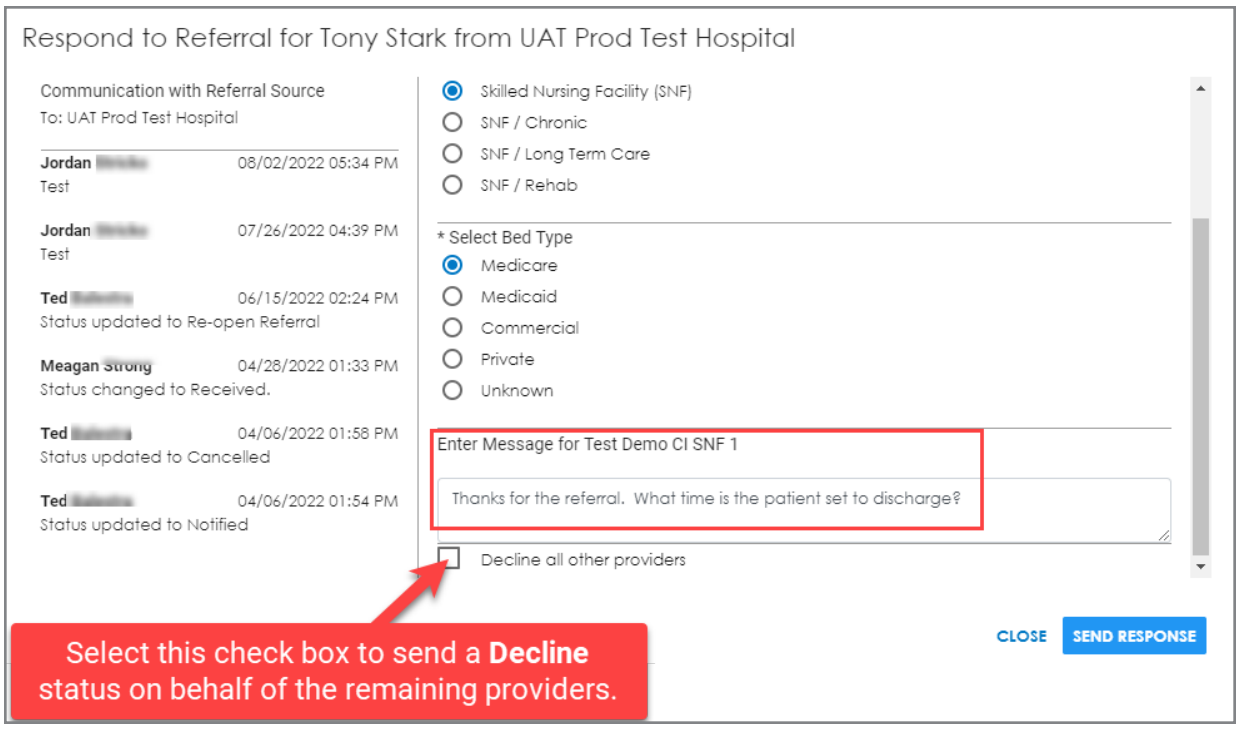
Accepting the Referral

1. Select the appropriate **Level of Care** option (if more than one is listed) based on the patient's Level of Care needed.



NOTE – If you are a bedded provider, in the **Select Bed Type** field, then choose the radio button to the left of the appropriate bed type.

2. Enter Message for [Hospital], if desired.



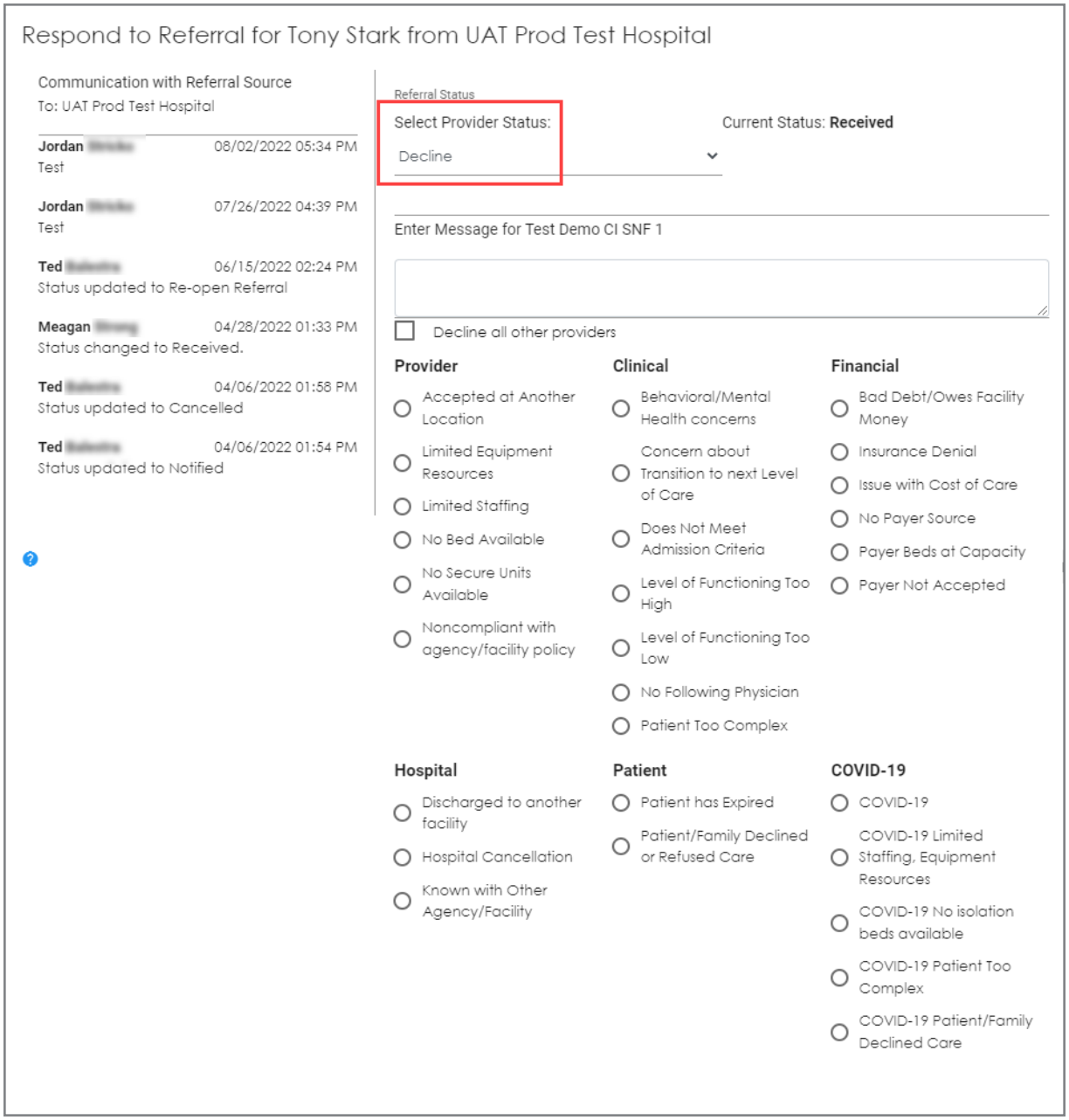
3. Click SEND RESPONSE .

NOTE – The following statuses display the same window as the Accept status:

- Decision Pending Authorization
- Decision Pending Bed Availability
- Decision Pending Review

Declining the Referral

1. From the Patient Details screen, scroll to the bottom and click CONNECT if not already selected.
2. Click SET STATUS in the Actions column. The **Respond to Referral for [patient name] from [acute referring facility]** window displays.



3. **Enter Message for [Hospital]** if desired.

4. Choose the reason for the declined referral using the six (6) decline reason categories:

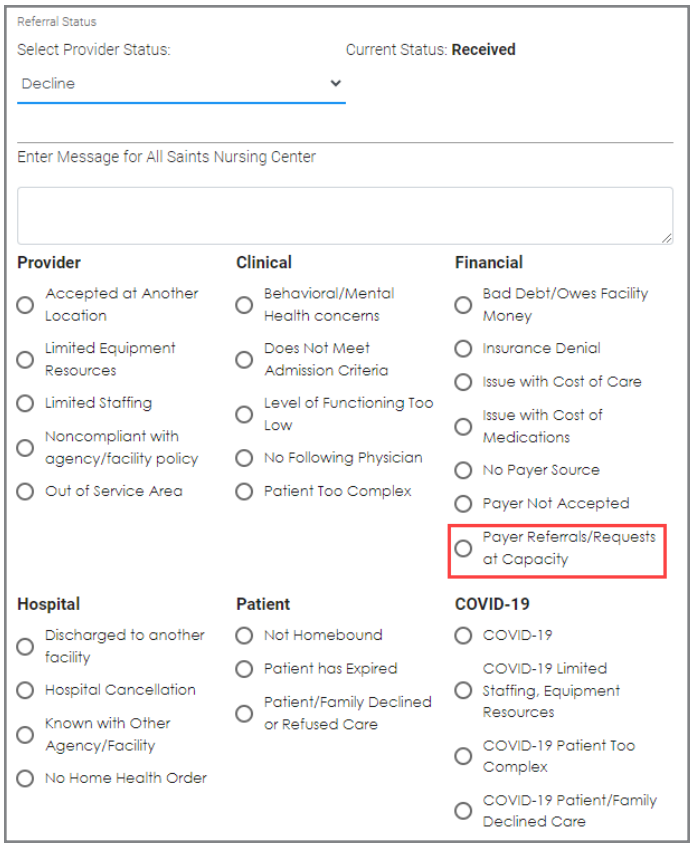
   - Provider
   - Clinical
   - Financial
   - Hospital
   - Patient
   - COVID-19

5. Click SEND RESPONSE.

Decline Reasons

NOTE – The 2024 October 16 release replaced **Payer Beds at Capacity** with **Payer Referals/Requests at Capacity**.

Bedded Facilities



NOTE – The 2024 February 22 release added a new decline reason for **non-bedded** providers: **Payer referrals/requests at capacity**. The non-bedded providers have a capacity for payers on referrals that they are able to accept.

Non-Bedded Facilities

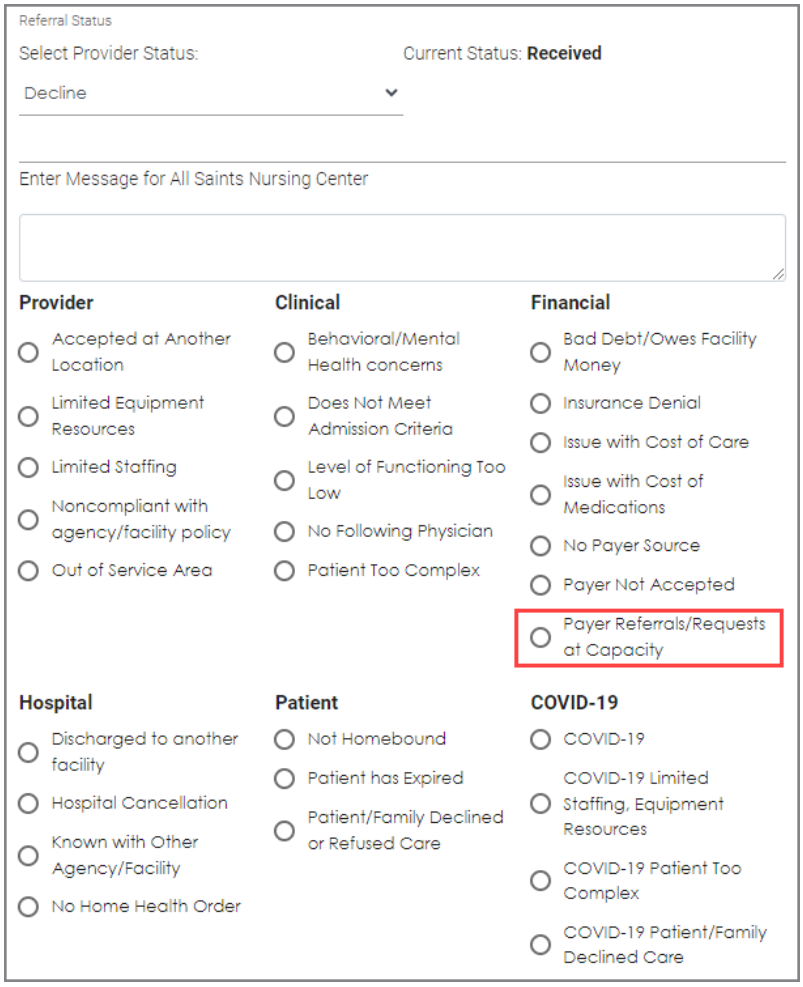


Table 3-5: Decline Reasons, Descriptions, and Type of Facility

Decline Reason	Description	Bedded	Non-Bedded
Bad Debt/Owers Facility Money	The patient is known to have bad debt/owes the declining healthcare provider money.	X	X
Behavioral/Mental Health concerns	There are behavioral/mental health concerns for this patient.	X	
Concern about Transition to next Level of Care	The declining healthcare provider has concerns that the patient would be transitioned too early.	X	X
COVID-19	The declining healthcare provider does not	X	X

Decline Reason	Description	Bedded	Non-Bedded
COVID-19, Limited Staffing, Equipment Resources	The declining healthcare provider has limited staffing/equipment for the referred COVID-19 patient.	X	X
COVID-19, No isolation beds available	The declining healthcare provider does not have a isolation bed available for the patient.	X	
COVID-19, Patient Too Complex	The declining healthcare provider cannot meet the needs of this patient.	X	X
COVID-19, Patient/Family Declined Care	The patient or patient's family declined care at the healthcare provider.	X	X
Discharged to another facility	This patient has been discharged to another healthcare provider (in the WellSky network)	X	X
Does Not Meet Admission Criteria	The patient does not meet the declining healthcare provider's admission criteria.	X	X
Hospital Cancellation	The referring hospital has cancelled the request of services		X
Insurance Denial	Pre-authorization by Patient's insurance was denied for the level of care.	X	X
Issue with Cost of Care	The patient has an issue with the cost of care.	X	X
Issue with Cost of Medications	The patient has an issue with the cost(s) of medication(s). (Inclusive of Durable Medical Equipment.)		X
Known with Other Agency/Facility	The patient currently has services with another known healthcare provider.	X	X
Level of Functioning Too High	The patient does not qualify for the level(s) of care provided at the declining healthcare provider.	X	
Level of Functioning Too Low	This is not the right level of care for the patient.	X	X

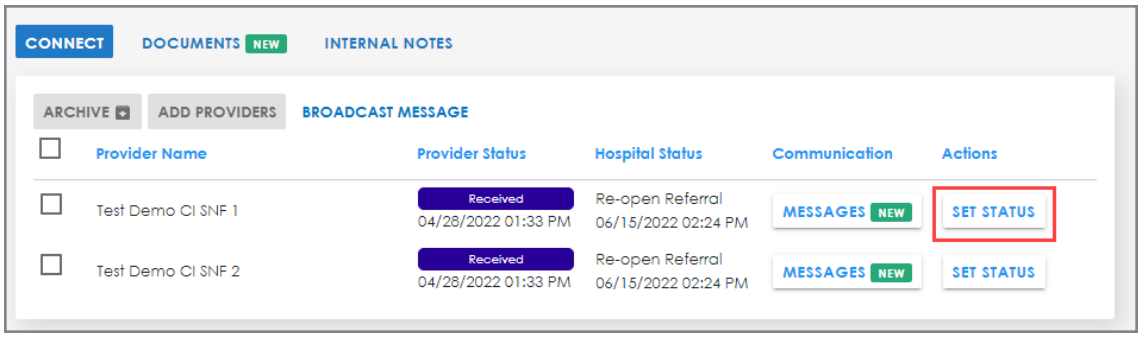
Decline Reason	Description	Bedded	Non-Bedded
Limited Staffing/Equipment Resources	The declining healthcare provider has limited staffing/equipment for the referred patient.	X	X
No Bed Available	The declining healthcare provider does not have a bed available for the patient.	X	
Non-compliant with agency/facility policy	The declining healthcare provider has concerns that the patient would be transitioned too early.	X	X
No Payer Source	The patient does not have any insurance.	X	X
Not Homebound	The patient is not confined to home.		X
Payer Not Accepted	The declining healthcare provider does not accept (or have a contract with) the referred patient's insurance.	X	X
Payer referrals/requests at capacity	Non-Bedded providers have a capacity for payers on referrals that they are able to accept.		X
Patient Too Complex	The declining healthcare provider cannot meet the needs of this patient.	X	X
Out of Service Area	Patient is not in the serviceable area of the provider		X

Table 3-6: Benefits for Selecting the Appropriate Decline Reason

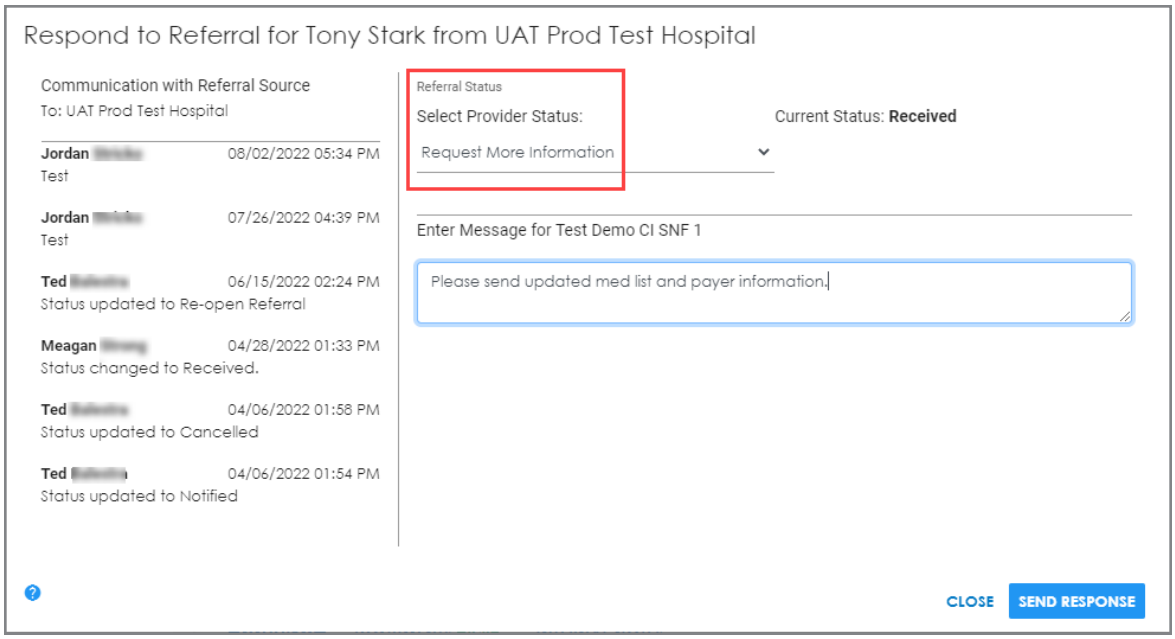
Post-Acute Care Provider	Hospital (Acute Provider)
• Better insights provide more detailed reports. • Saves time and reduces follow-up conversations.	Saves time and reduces follow-up conversations.

Requesting More Information

1. From the Patient Details window, scroll to the bottom and click SET STATUS in the Actions column.



2. In the **Select Provider Status:** field, click the **Expand** icon, and select **Request More Information**.
3. From the **Enter Message for [Hospital]**, enter a message to the acute referral source, if desired.



4. Click SEND RESPONSE.

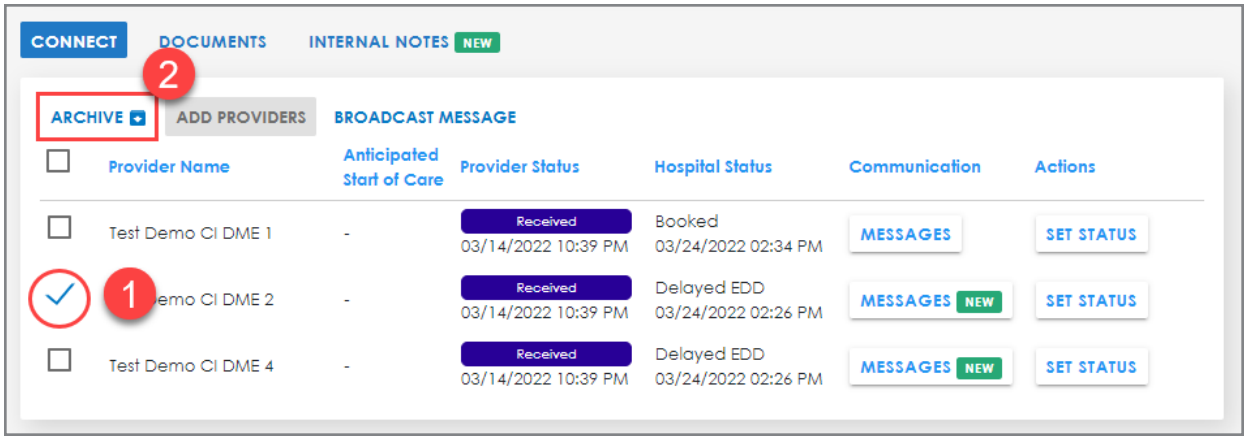
Using the ARCHIVE Feature in Patient Details

You can archive a referral at any time.

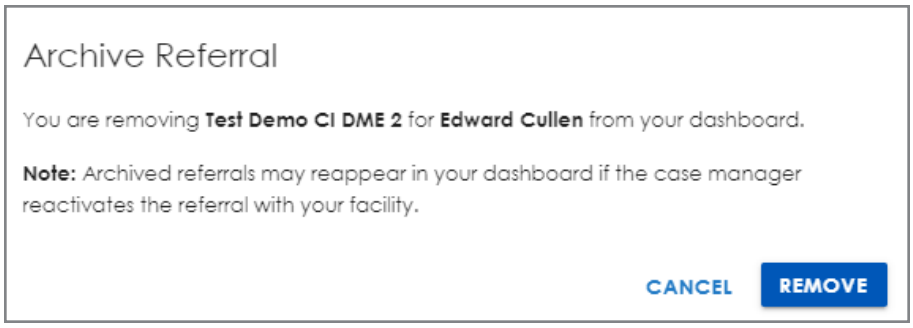
NOTE – When a referral is archived, it is not deleted. However, when a referral is archived, the patient is removed from the dashboard and placed into the Archive for seven (7) years.

Archiving A Single Referral

1. From the Patient Details window, scroll to the bottom and select the checkbox to the left of the provider's name who received the referral you wish to archive.
2. Click ARCHIVE .



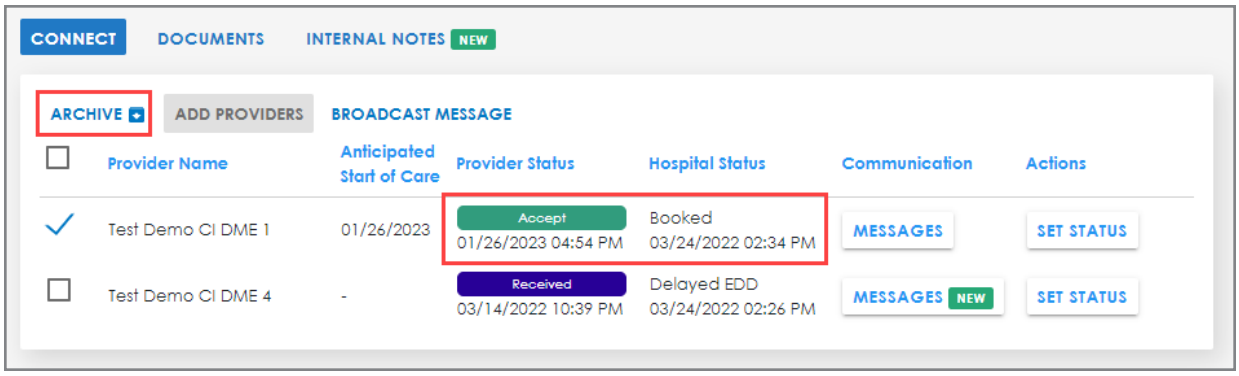
The Archive Referral window displays, confirming your desire to remove the provider from the patient's referral.



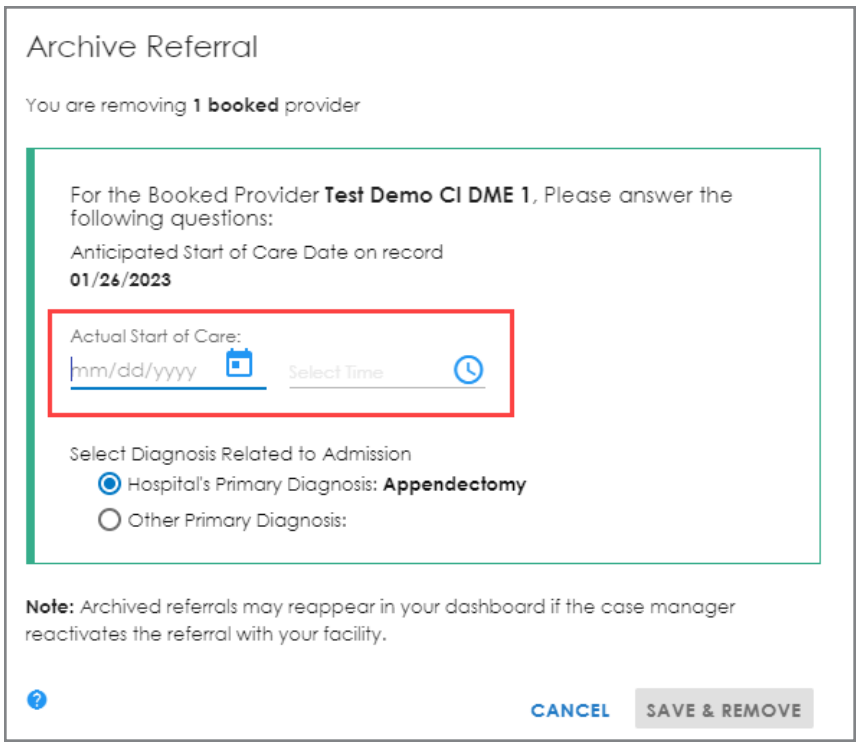
3. Click REMOVE . The referral is moved to Archive for seven (7) years.

Archiving an Accepted and Booked Referral

1. From the Patient Details screen, scroll to the bottom and select the checkbox to the left of the provider's name having a Provider Status of Accept and a Hospital Status of Booked.

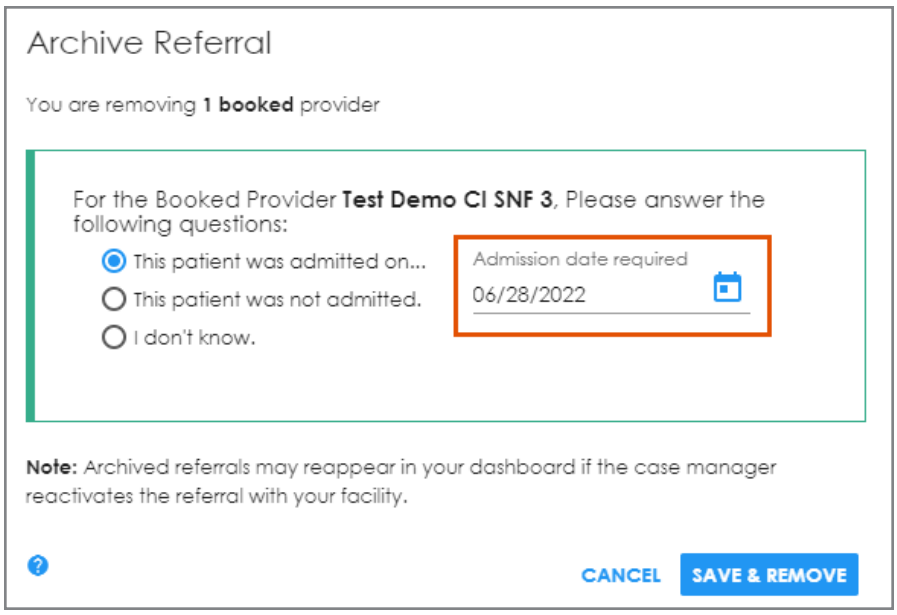


2. Click ARCHIVE . The Archive Referral window opens.



3. Within the Select Diagnosis Related to Admission section, select the radio button that best defines the status of the patient.

4. If the patient was admitted to your facility, then click the **Calendar** icon, and select the admission date.



5. Click SAVE & REMOVE.

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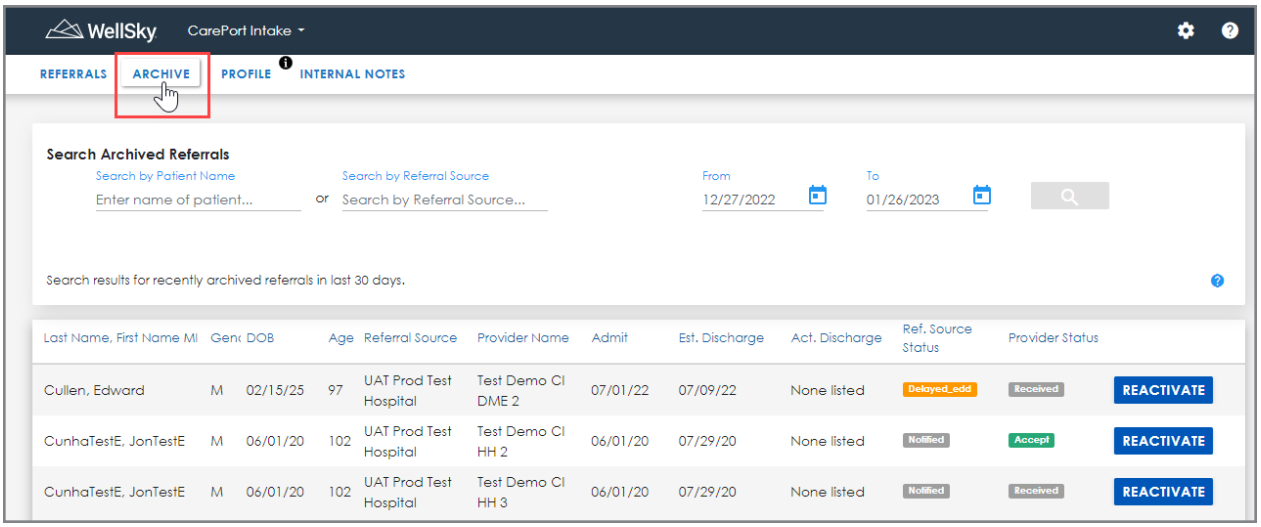
Overview of the ARCHIVE Tab

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- Searching by Patient Name 69
- Searching by Referral Source 70

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Reactivating Archived Referral in Patient Details 76
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Introduction

Click ARCHIVE in the top-level navigation toolbar. The **Search Archived Referrals** window displays. You can access historical patient referrals directly using ARCHIVE.



Searching for Archived Referrals

The table of listed archived referrals is only for those archived in the **last 30 days**.

Searching by Patient Name

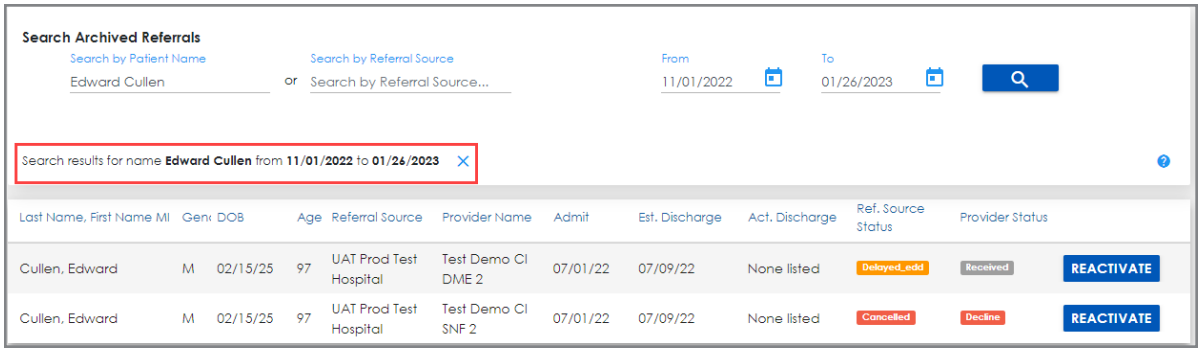
1. In the Search by Patient Name field, enter the patient's first name, last name, or both first and last name and click the **Search** icon. The system displays a name or a list of names matching the entered name.



2. Select the name in the gray highlight.

> **NOTE –** You can select a custom date range in the From and To fields to narrow the results.

The **Search Results** display for the selected name.

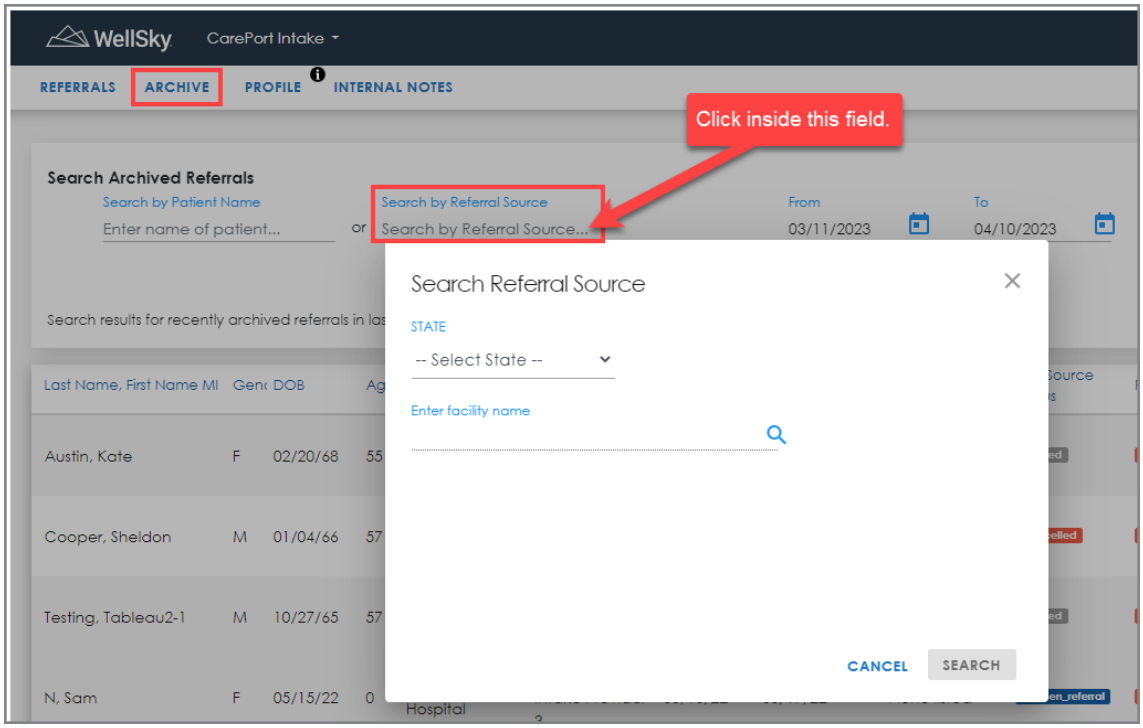


Searching by Referral Source

1. Click inside the free text field beneath the Search by Referral Source header.

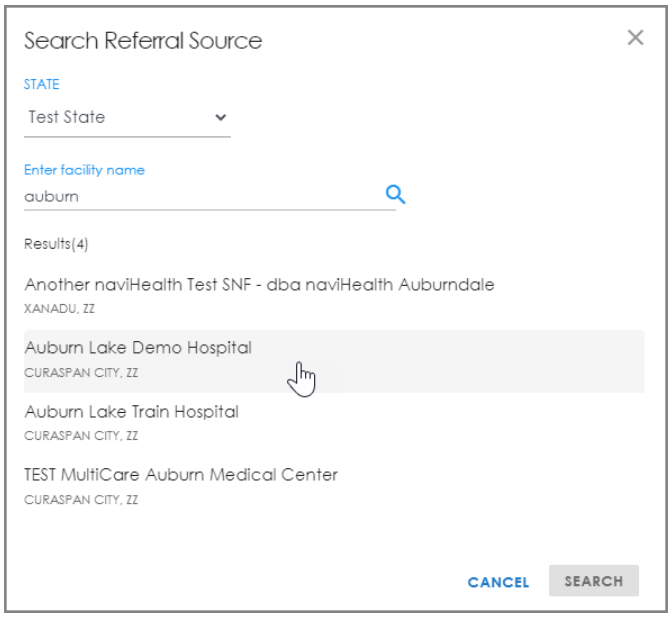
> NOTE – You can select a custom date range in the From and To fields to narrow the results.

The Search Referral Source window displays.

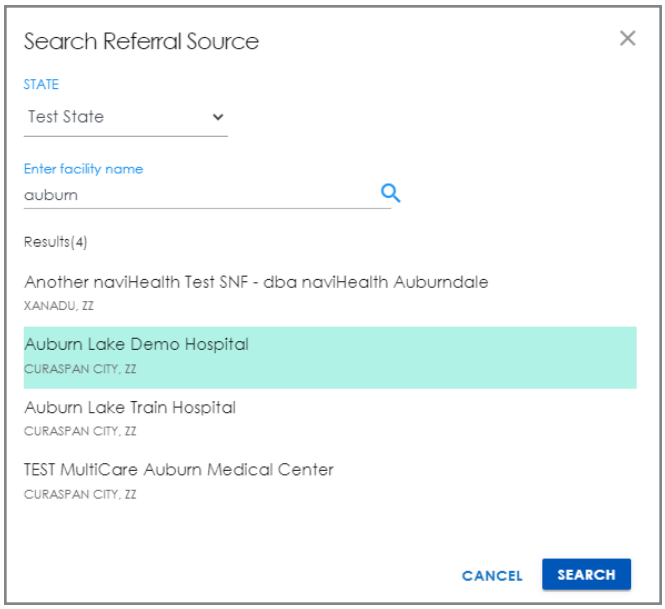


2. Select a STATE.
3. In the Enter facility name field, enter all or part of the referral source's name.
4. Click the **Search** icon.

Results display, based on the entered criteria.

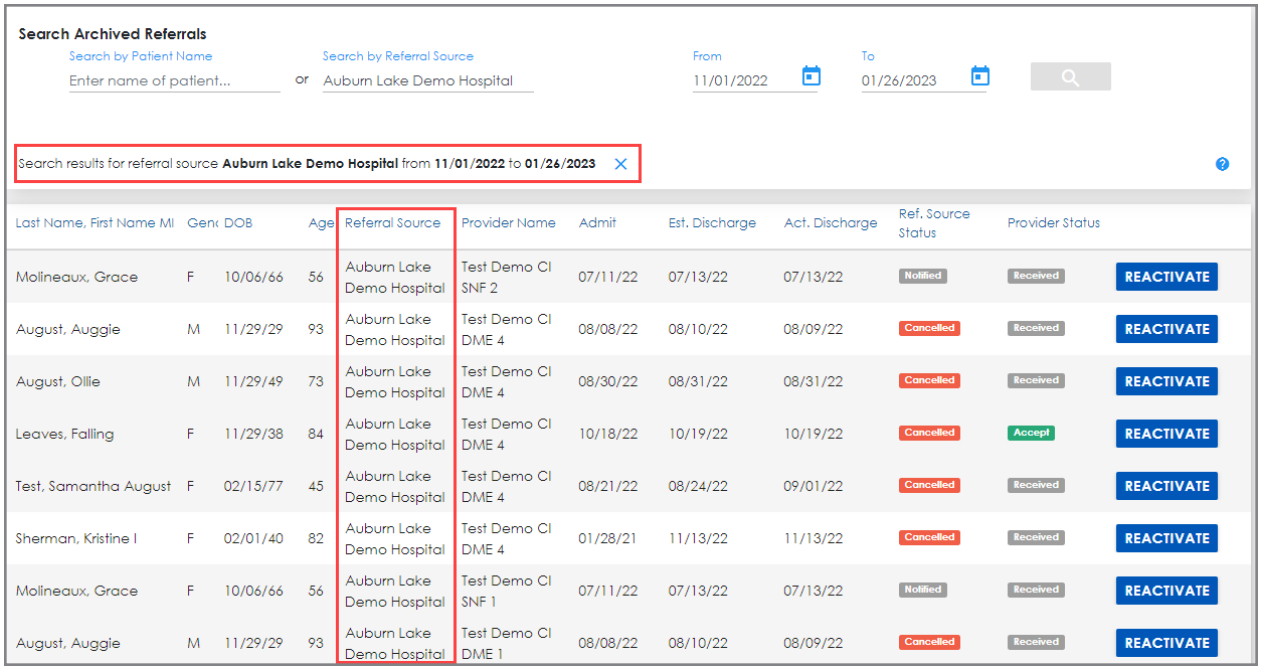


5. Select the desired referral source row. The selected referral source(s) is now highlighted green.



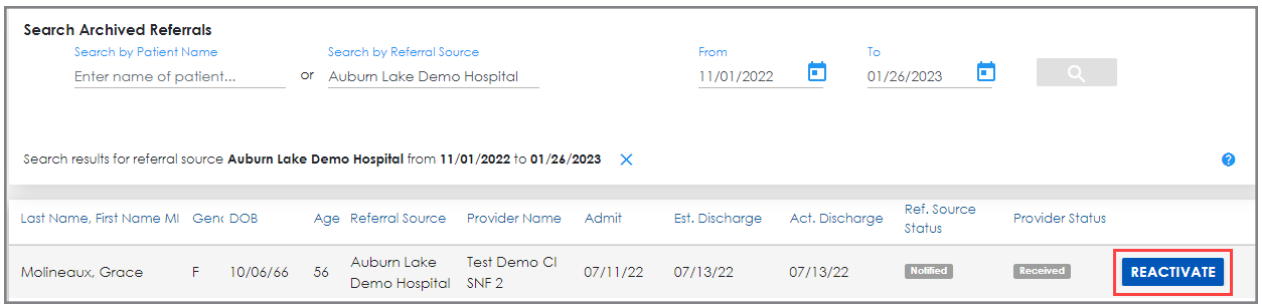
6. Click SEARCH .

All archived referrals from the selected referral source display.

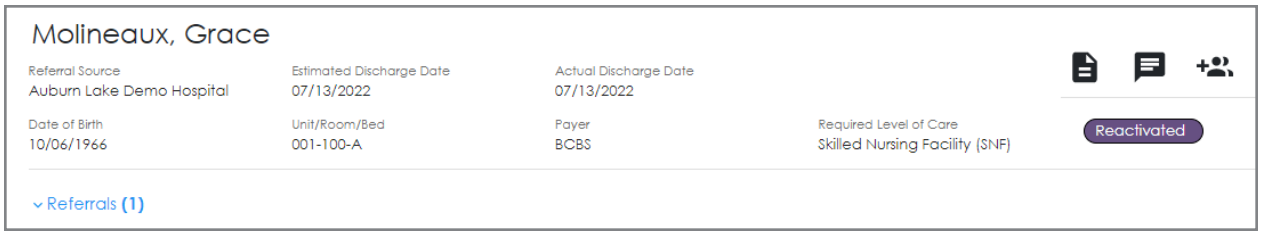


Reactivating Archived Referrals

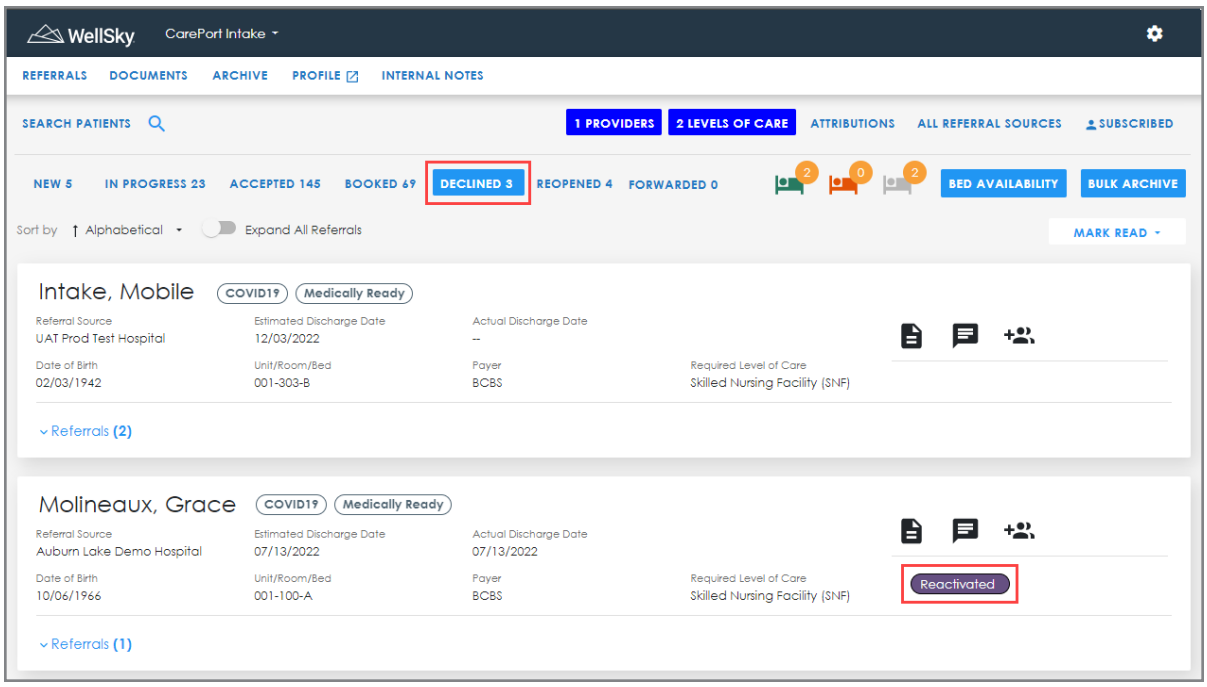
Referrals sent to the archive can be reactivated as needed to move them back to the active dashboard.



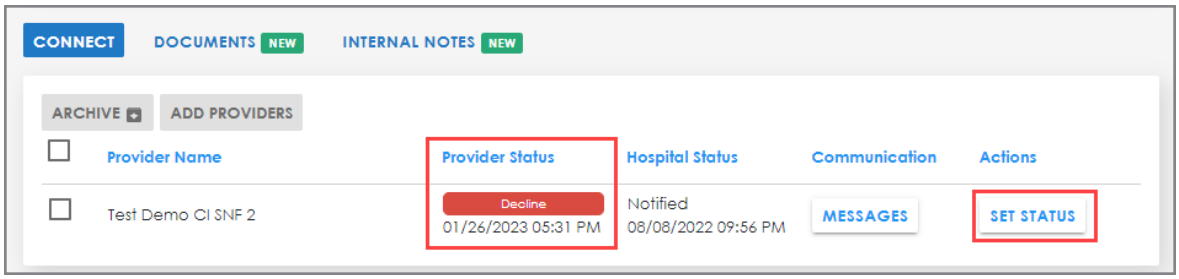
Click REACTIVATE to return the archived patient card to your dashboard. The patient card displays a **purple Reactivated** indicator.



Reactivating Previously Declined Referrals

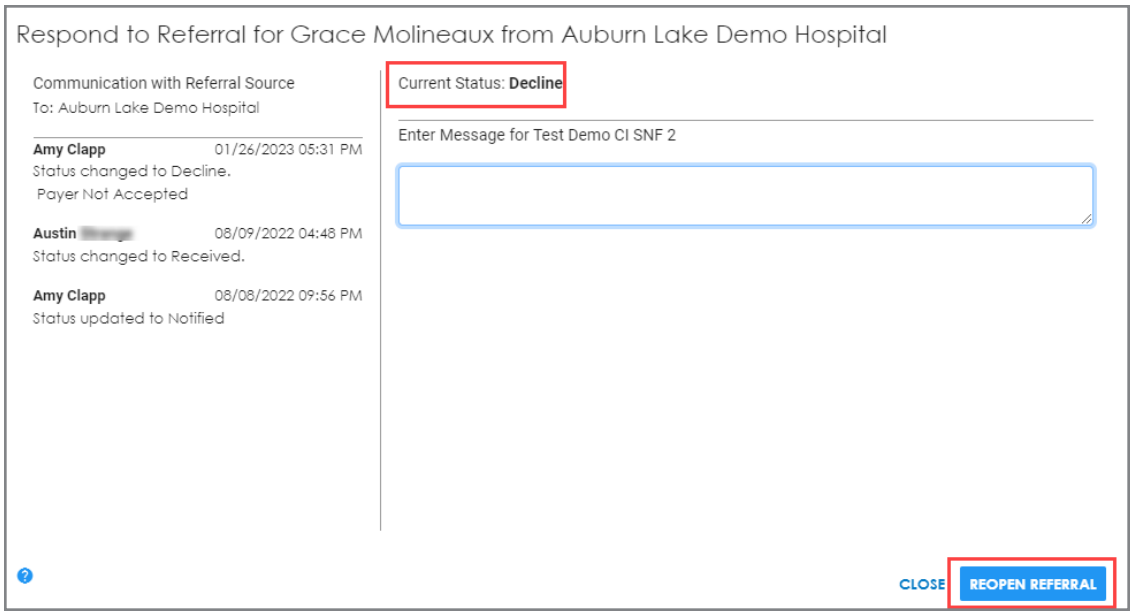


1. If the reactivated referral was previously declined, then open the Patient Details screen and scroll to the CONNECT section.



2. Click SET STATUS in the Actions column.

The **Respond to Referral for [patient name] from [acute referral source]** window displays.



3. Click REOPEN REFERRAL. The Provider Status column displays **Reopen Referral**.

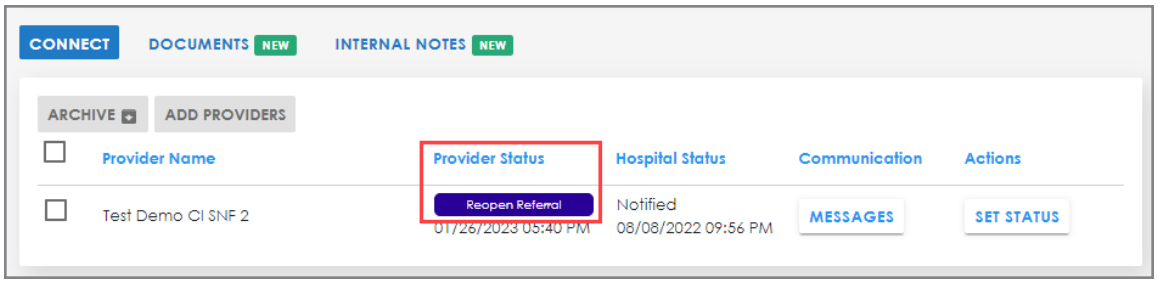
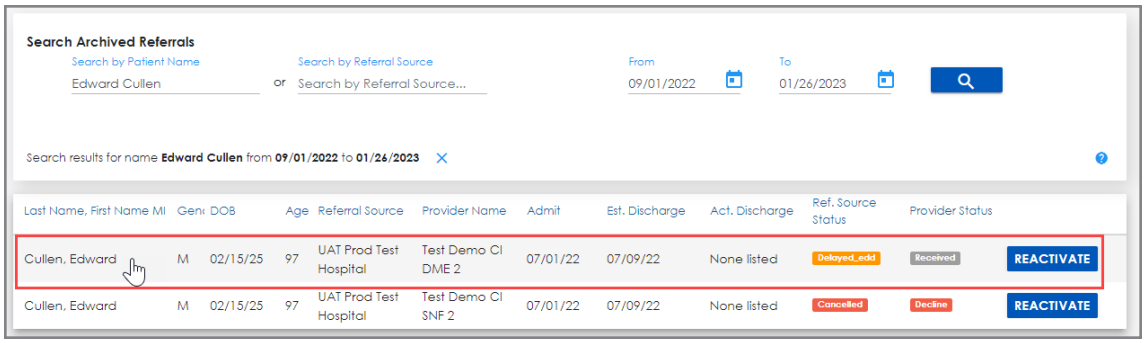


Table 4-1: Archive Scenarios

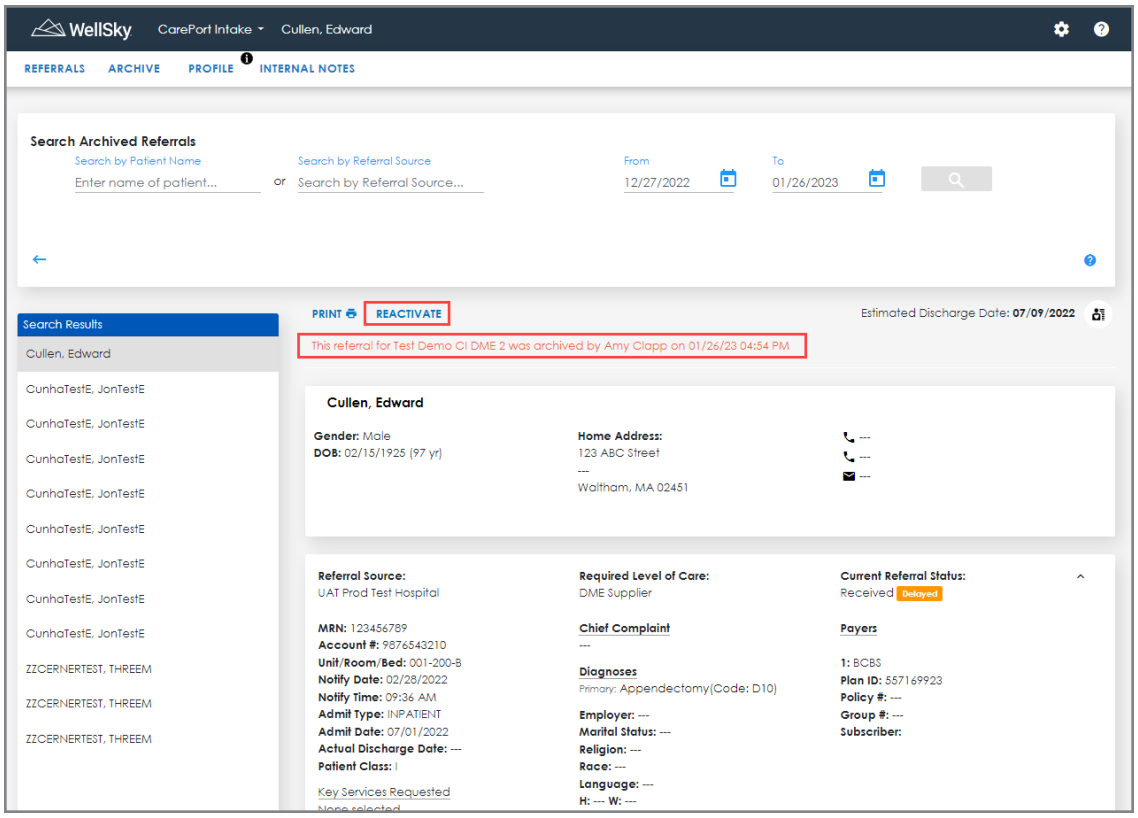
Scenario	Description
The referral is manually archived two (2) days after the **Actual Discharge Date** and then reactivated,	It remains on the dashboard until the 7-day mark is met.
The referral was auto archived and reactivated,	It remains on the dashboard for one (1) day.

Reactivating Archived Referral in Patient Details

1. Click inside the row of the patient you wish to view.



The Patient Details screen of the archived referrals displays who archived the referral and when the referral was archived.



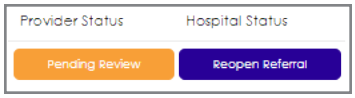
2. Click REACTIVATE to reactivate the referral. The referral returns to the original status filter tab prior to the archival.

Reopened Referral from the Acute Referral Source

If the referral source cancelled the referral and then re-opened it, this reactivates the referral in CarePort Intake.

Access the Patient Details screen and scroll to the bottom of the page. **Re-open Referral** displays in the **Hospital Status** column.

Table 4-2: Potential Reopened Referral Scenarios

Sequence of Events	Provider Status versus Hospital Status	Required PAC Action
• PAC declines. • Hospital reopens.		PAC must re-review the referral.
• PAC declines. • Hospital reopens. • PAC declines again.		• No further PAC reviews. • Recommend to archive.
• PAC declines. • Hospital reopens. • PAC keeps referral open pending further review.		• PAC may revisit referral to set final status. • Recommend setting status to Pending option.

Automatically Archived Referrals

For referrals in the NEW filter, auto-archiving happens 180 days after the **Actual Discharge Date**. Referrals with any status other than NEW are automatically archived when the **Actual Discharge Date** is greater than seven (7) days from the current date.

Referrals for **non-bedded** Levels of Care (e.g., Home Health) with a Hospital status of **BOOKED** and a Provider status of **ACCEPT** require an actual **Start of Care** date in order to be archived. The auto-archive process uses the **Anticipated Start of Care** date as a proxy for the actual **Start of Care** date.

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The PROFILE Tab

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Updating Your Facility Profile 81
Benefits to Health Systems, Patients, and Families 81
Benefits to Post-Acute Care Providers 81
CarePort Guide Training Videos 82
Steps to Request a Direct Login to CarePort Guide 82
Complete All Sections of Your Profile 83
Copy Profile Data 85
Bedded Facilities 86
Non-Bedded Facilities 102

Overview of the Profile Tab

With the **Profile** feature, you manage the important information about your organization which is viewable by referral sources connected to the WellSky network.

NOTE – A current and accurate profile helps referral sources make more targeted referrals. Only users with the **Profile Management** role can access the PROFILE tab.

Bedded Facilities Levels of Care	Home Services Levels of Care	Outpatient, Care Intermediary, and Community Services Levels of Care
• Acute Care • Acute Care / Pediatric • Acute Rehab Facility • Assisted Living • Behavioral Health Inpatient • Critical Access Hospital • Home Health Agency • Hospice Home • Hospice Inpatient • Intermediate Care Facility • Long Term Care Hospital (LTCH) • Palliative Care Inpatient • Placement Agency • Psychiatric Hospital or Unit • Residential Care Homes • Skilled Nursing Facility (SNF) • Substance Abuse Inpatient • Swing Bed/Hospital	• Durable Medical Equipment Supplier • Home-Based Medical Care • Home Care / Non-Medical • Home Health Agency • Hospice Home • Infusion Home • Palliative Care Home	• Behavioral Health • Clinic Outpatient • Clinical Programs • Community Services • Dialysis • Dialysis (in SNF) • Infusion Outpatient • Outpatient Clinic • Payer Navigator • Placement Agency • Substance Abuse Outpatient • Transportation

NOTE – Maintaining updated services allows acute case managers to easily assess, search, and find your organization when making referrals. Additionally, patients and families using the digital *Patient Matching List* can see your organization's updated services as they exercise patient choice.

Updating Your Facility Profile

Effective **March 18, 2024** CarePort Intake users with the **Profile Management** role will manage their facility profiles using the CarePort Guide application.

CarePort Guide is the Post-Acute Care provider selection tool used by discharge planners, patients, and families to search for post-acute providers based on quality measures, clinical services, accepted insurance, and location.

Benefits to Health Systems, Patients, and Families

- Streamline the discharge process for discharge planners, patients, and families
- Promote informed decision-making
- Enable patients to select their post-acute care based on quality, geography, clinical services, amenities, and more

Benefits to Post-Acute Care Providers

- Allows providers to showcase their unique capabilities with case managers, patients, and families
- Complete and maintain a provider profile

Table 5-1: Frequently Asked Questions

Question	Answer
Will CarePort Guide change the way I receive referrals?	No. CarePort Guide is not a referral tool and will not change the way you receive referrals from acute facilities.
Can I get access to multiple provider profiles?	Yes, if your organization includes more than one (1) facility or agency location, you can have access to multiple provider profiles.

CarePort Guide Training Videos

View the following training videos in the order listed for instructions on how to complete your provider profile:

1. Introduction to CarePort Guide
2. CarePort Guide Profile - Basic Info
3. CarePort Guide Profile - Services
4. CarePort Guide Profile - Insurance
5. CarePort Guide Profile - Coverage Areas
6. CarePort Guide Profile - Amenities, Photos, and Details
7. CarePort Guide Profile - Previewing and Copying Profile Data
8. CarePort Guide Profile - Bed Availability



TIP – To watch all the above videos as a compilation, view Completing the CarePort Guide Profile.

Steps to Request a Direct Login to CarePort Guide

1. Send an email to ConnectedNetworks-Onboarding@wellsky.com to receive your invitation email.
2. Provide the following:
   - Organization name and address
   - 6-digit Medicare Provider Number
   - Names and email addresses of those who need an account:
     - Admissions
     - Billing
     - Clinical
     - Marketing representatives
3. Set your password and sign into CarePort Guide.
4. Complete and maintain your organization's provider profile.

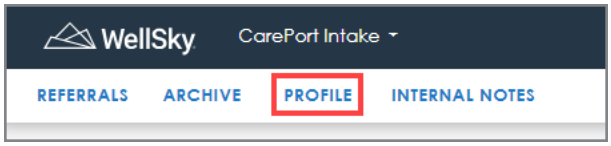


IMPORTANT – Make sure your completion meter reaches 100%.

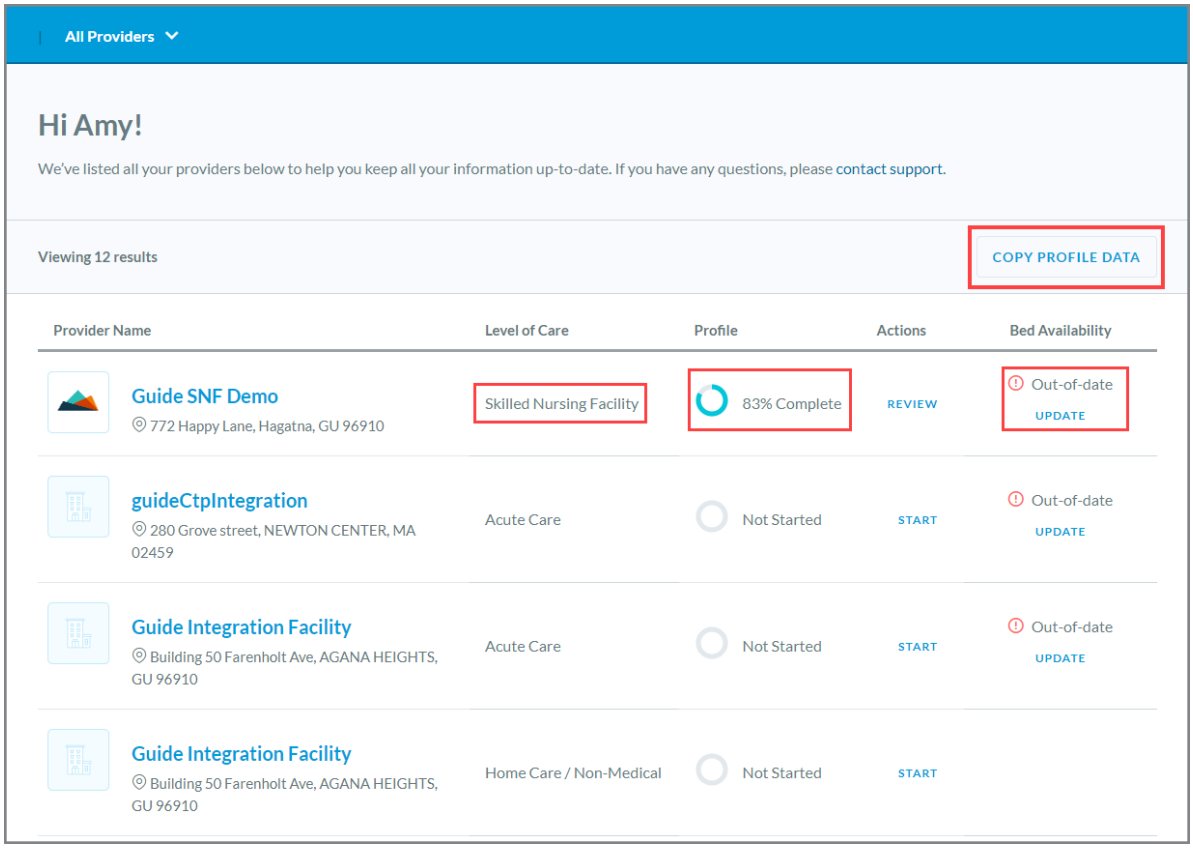
Complete All Sections of Your Profile

Completing all sections of your profile will ensure that you are as visible and searchable to case managers, patients, and families during the discharge process.

1. Click PROFILE in CarePort Intake.



The **CarePort Guide Profile Dashboard** opens and displays in a separate browser tab.



NOTE – You are able to view and edit the profiles for all the facilities for which you have access in your organization.

The columns display the following for the facility:

- Level of Care
- Profile completion percentage
- Bed Availability status (for bedded facilities)

> **IMPORTANT –** The **Bed Availability** button will **no longer display** on the CarePort Intake dashboard.
>
> - Going forward, you will need to access your **Profile** in CarePort Guide to update bed availability, which will allow you to update with more granularity.
> - This is reviewed in more detail in the Updating the Bed Availability Status for Bedded Facilities section of this document.

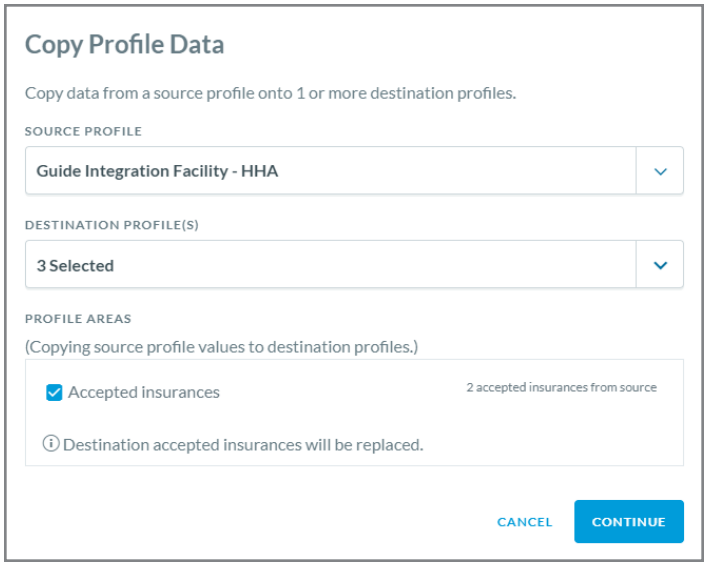
2. Navigate between each section of your profile to enter information such as:
   - Basic Information
   - Clinical Services offered
   - Coverage Area (non-bedded facilities)
   - Insurance accepted
   - Amenities offered (bedded facilities)
   - Facility Photos
   - Facility Details
   - Organizational Details (non-bedded facilities)
3. If you have a bedded facility, you can also update your bed availability.

> **IMPORTANT –** Make sure your completion meter reaches 100%.

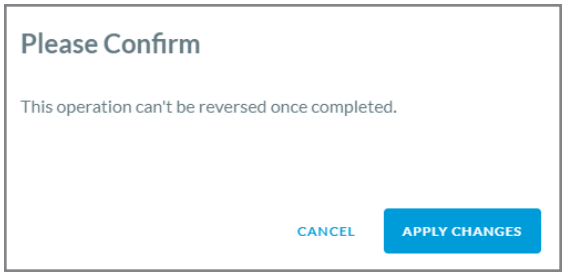
Copy Profile Data

If you manage the profiles for several facilities in your organization, you can copy relevant data from one (1) facility and apply it to multiple facilities.

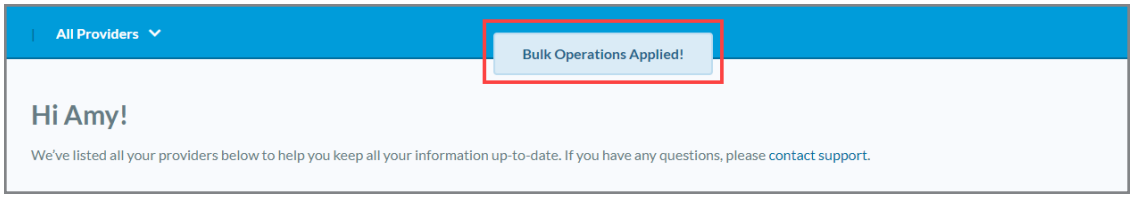
1. Click COPY PROFILE DATA located on the **CarePort Guide Dashboard** above the results table. The **Copy Profile Data** window displays.



2. Select the **SOURCE PROFILE from** which to copy details.
3. Select the **DESTINATION PROFILE(S) to** which to copy details.
4. Select the **PROFILE AREAS from** which to copy details.
5. Click CONTINUE. The **Please Confirm** window opens and displays.

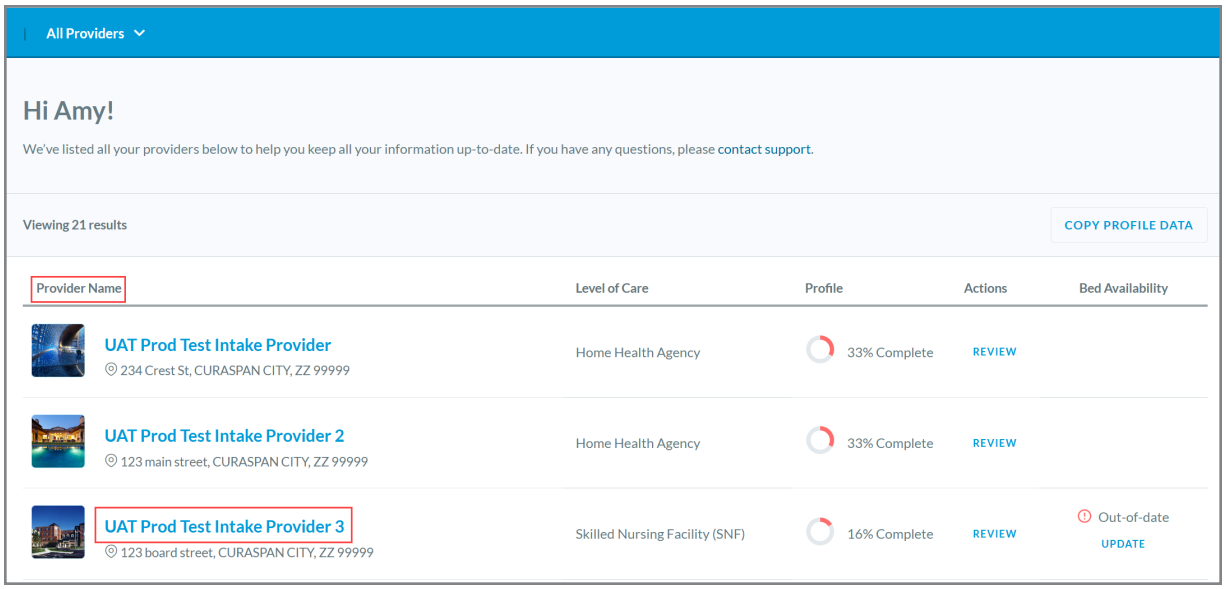


6. Click APPLY CHANGES. The section refreshes and displays the *Bulk Operations Applied!* message at the top of the screen.

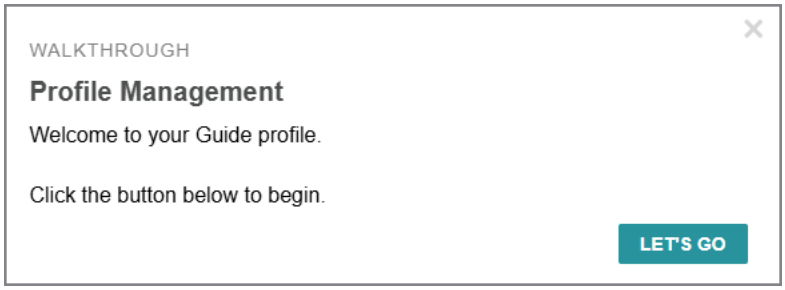


Bedded Facilities

1. From the **Provider Name** column on the **CarePort Guide Dashboard**, click the name of your bedded facility.



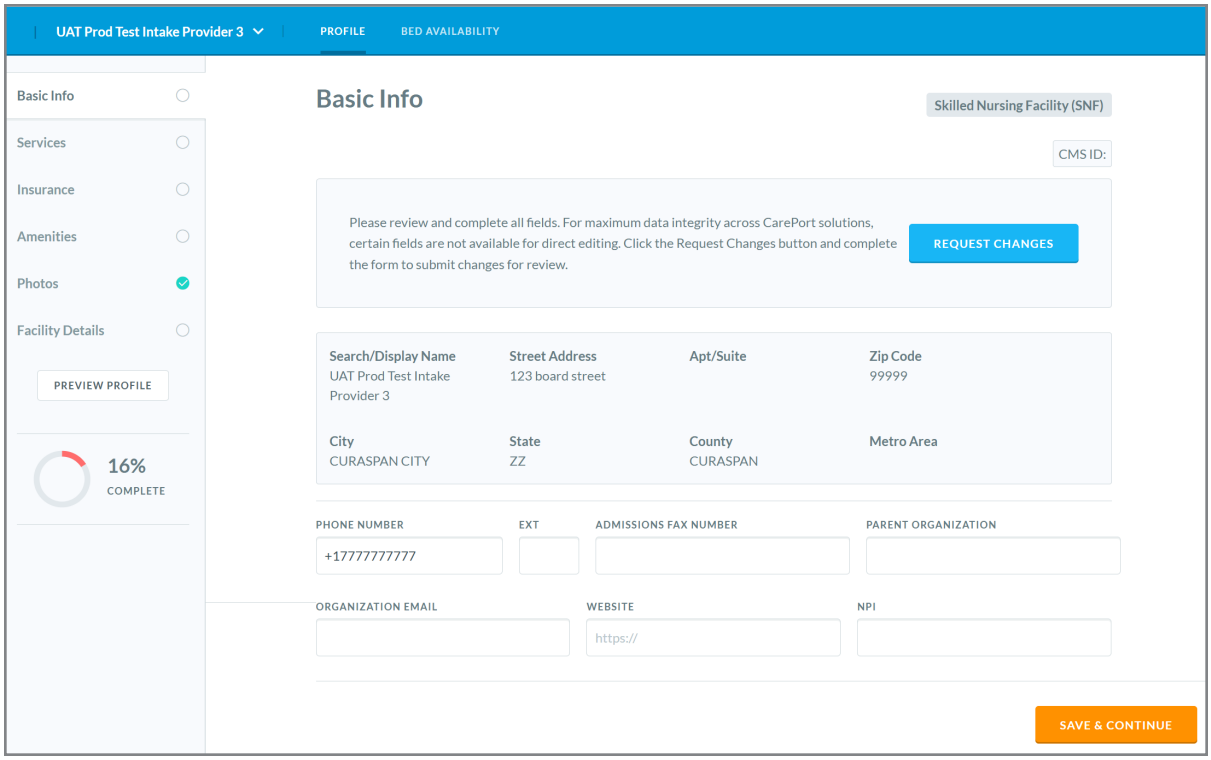
The **WALKTHROUGH** window may display.

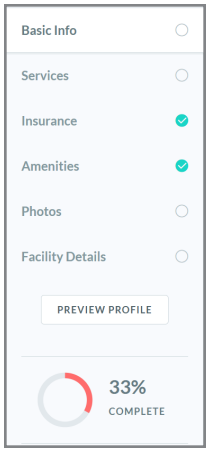


- To watch the walkthrough, click **LET'S GO**.
- To close the window, click the **X** in the upper right corner.

Basic Info

The first profile section, **Basic Info** displays. You'll notice most information is pre-populated.



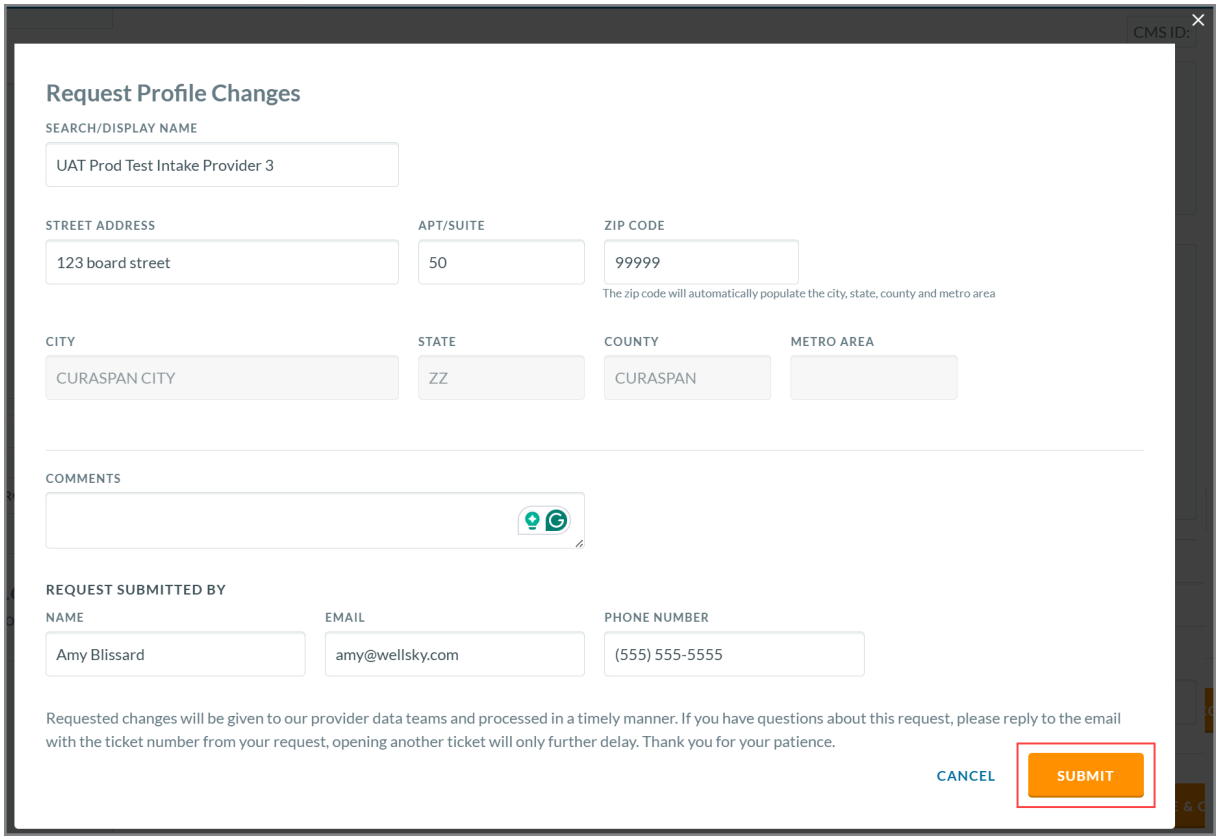


- Within the left side of the screen, you will see a list of all the sections of the selected facility's profile to be completed.
  - Basic Info
  - Services
  - Insurance
  - Amenities
  - Photos
  - Facility Details
- An **indicator** icon displays to the right of each section.
  - ✅ indicates you edited and saved this section.
  - ○ indicates you have not **fully completed** this section.
- Preview the facility's profile by clicking **PREVIEW PROFILE** .
- A pie chart at the bottom indicates the profile's completion percentage.

IMPORTANT – Be sure to update the **ORGANIZATIONAL EMAIL** and **WEBSITE** fields at the bottom of the window.

2. Click REQUEST CHANGES if you notice any of the pre-populated information is incorrect, such as:
   - Search/Display Name
   - Address
   - Phone Number

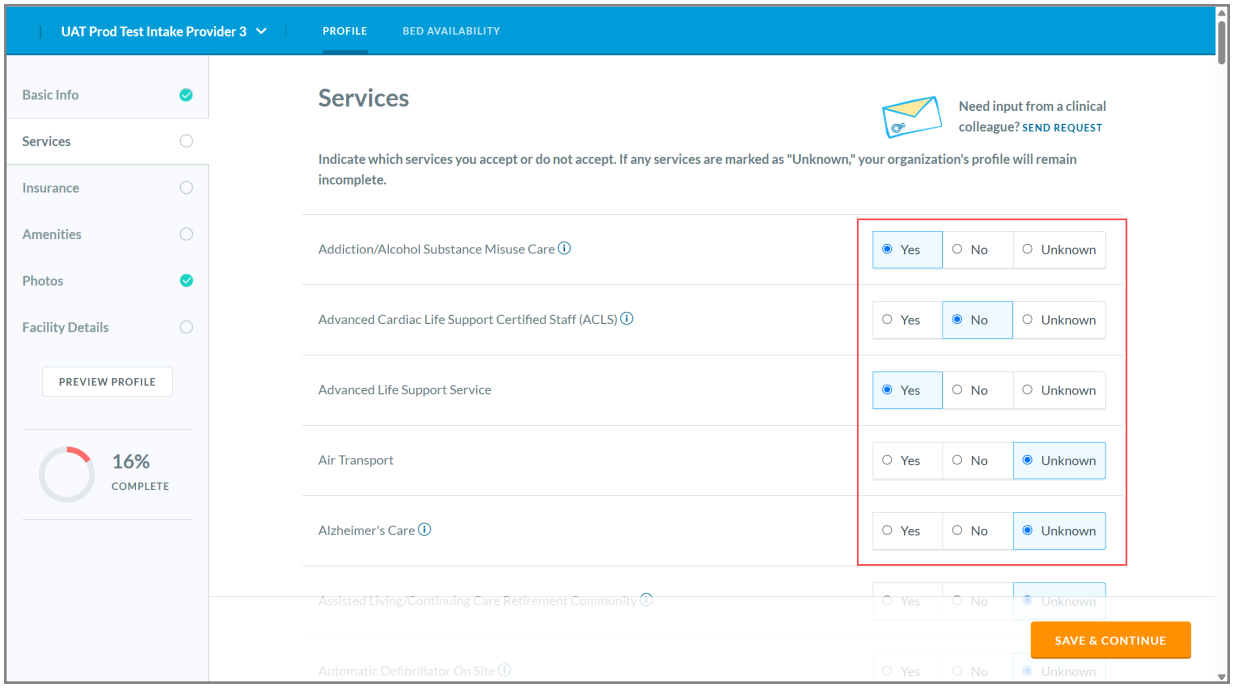
   The **Request Profile Changes** window displays.



3. Update any information as necessary and click SUBMIT. The **Basic Info** window displays again.
4. Click SAVE & CONTINUE.

> **IMPORTANT –** Each section **must** be saved before navigating to the next section. Otherwise, entered data will not be saved.

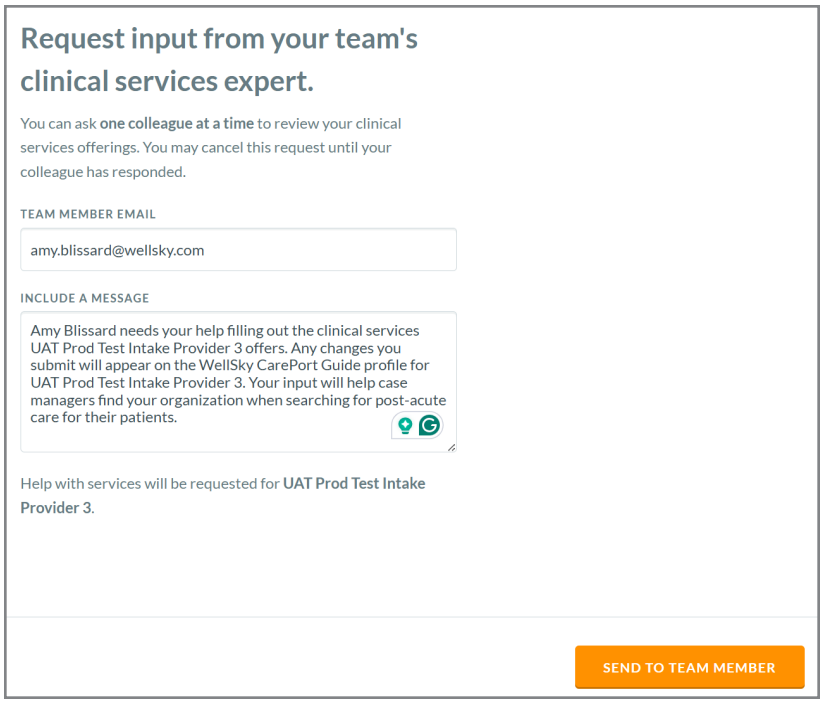
Services



5. Select the appropriate radio button to indicate services you provide **or** do not provide.

> **WARNING –** Do **not** leave a service marked **Unknown**. Your facility's profile will remain **incomplete** until you select **Yes** or **No** for each service.

TIP – If you need input from a clinical colleague, then click SEND REQUEST at the top right. The following window displays. Enter the team member's email and click SEND TO TEAM MEMBER.

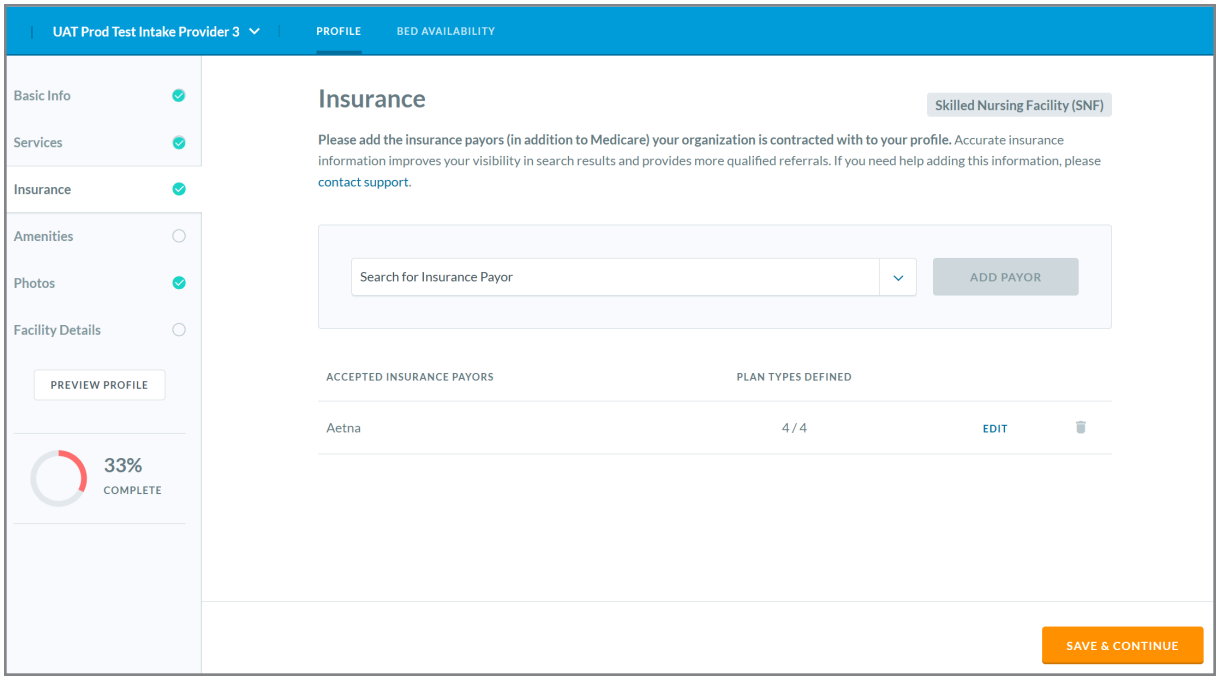


A message displays, indicating your request has been sent, along with "Your request is pending."

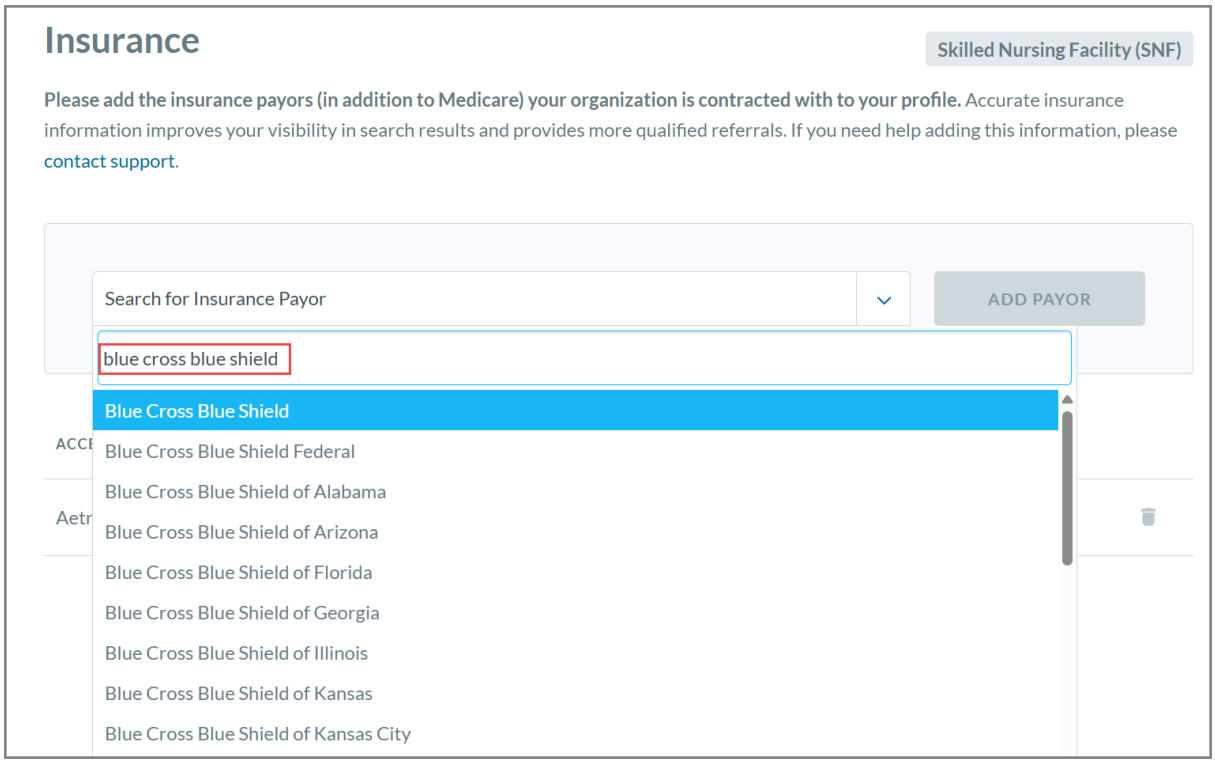


6. Scroll down the list to ensure you mark **each** service option and click SAVE & CONTINUE.

Insurance

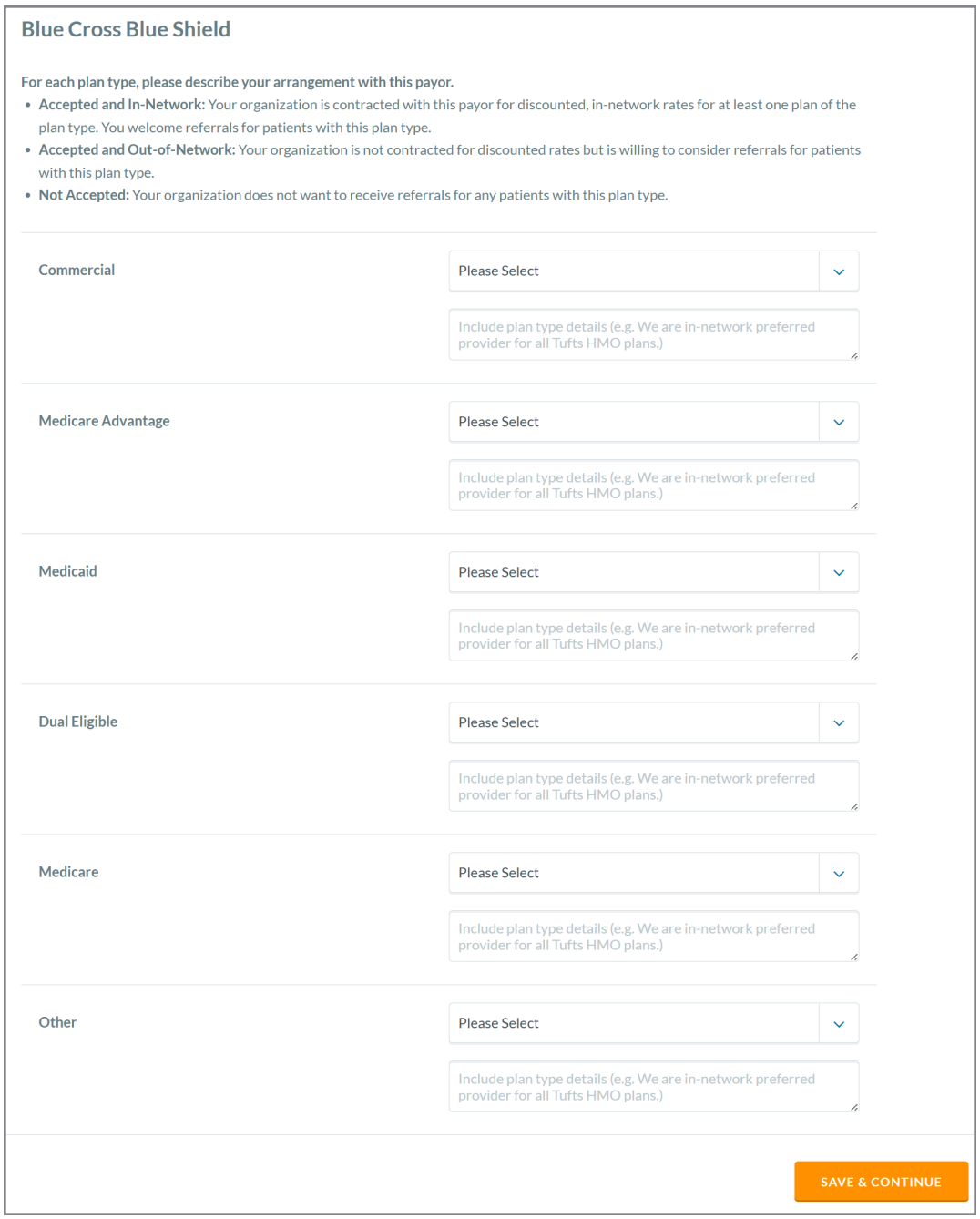


7. Search for and select accepted insurances, which allows your facility to be **searchable** by insurance payor and plan types.



8. Click ADD PAYOR. An extra screen displays for the selected insurance payor listing the following possible plan types.

   - Commercial
   - Medicare Advantage
   - Medicaid
   - Dual Eligible
   - Medicare
   - Other

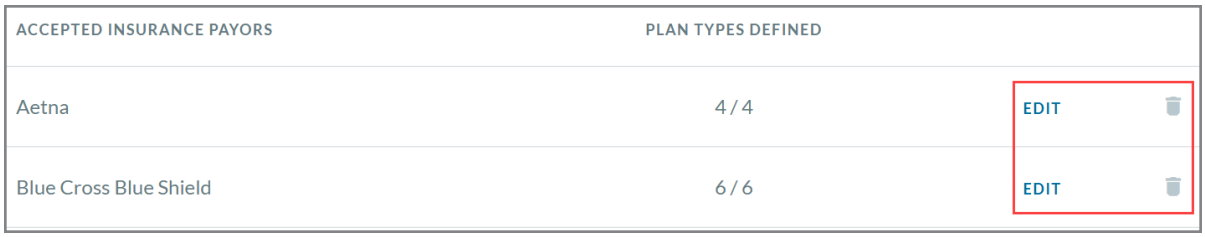


9. Indicate the arrangement with the selected insurance payor by selecting the appropriate option for **each** plan type.

Table 5-2: Payor Arrangement Descriptions

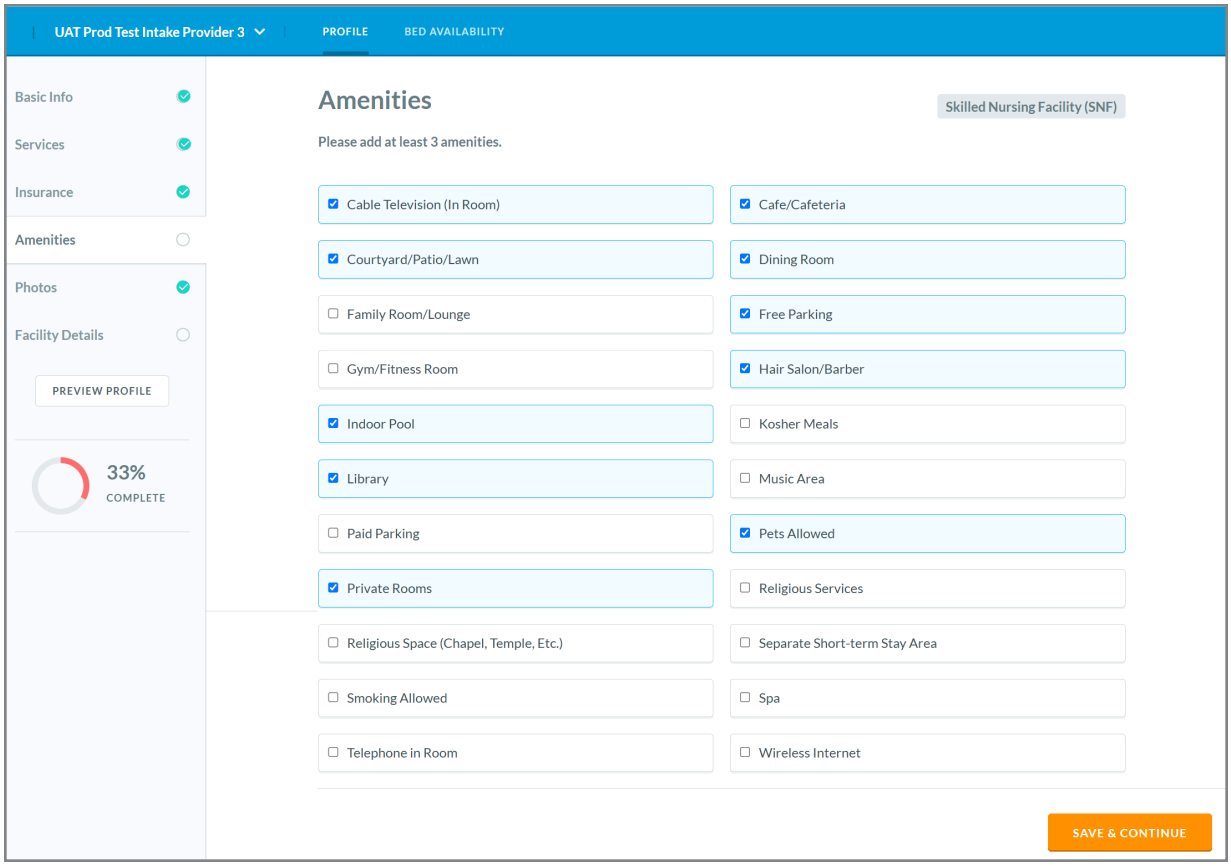
Arrangement Type	Description
Accepted and In-Network	Your organization **is** contracted with this payor for discounted, in-network rates for at least one plan of the plan type. You welcome referrals for patients with this plan type.
Accepted and Out-of-Network	Your organization is **not** contracted for discounted rates but is willing to consider referrals for patients with this plan type.
Not Accepted	Your organization does **not** want to receive referrals for any patients with this plan type.

10. In the open text field below each arrangement selection, enter any plan type details and click SAVE & CONTINUE.



11. To update a payer, click EDIT.
12. To **delete** an insurance payor, click the **trash can** icon at the end of the row.

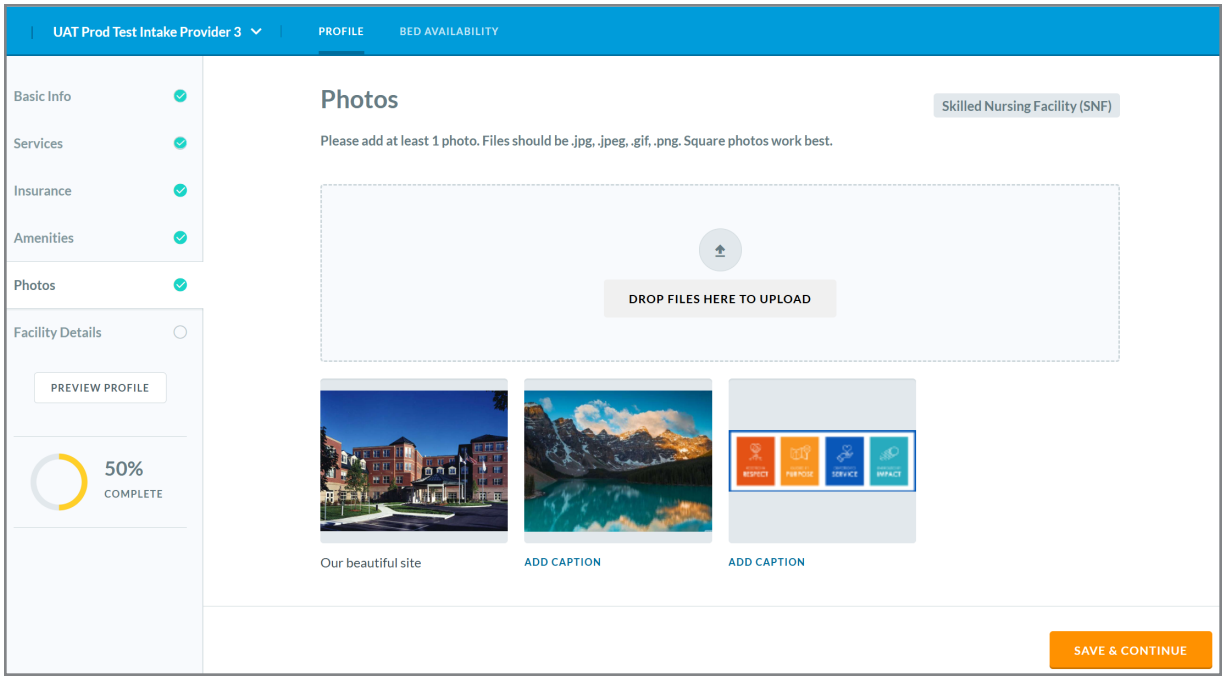
Amenities



NOTE – This section requires at least three (3) amenities to be selected in order to be marked as complete.

13. Select the checkbox(es) to the left of all the amenities your facility provides and click SAVE & CONTINUE.

Photos



NOTE – We recommend choosing your **Featured Photo**, which is usually a photo of the exterior of your facility. Hover over the photo and click **FEATURE THIS PHOTO**.



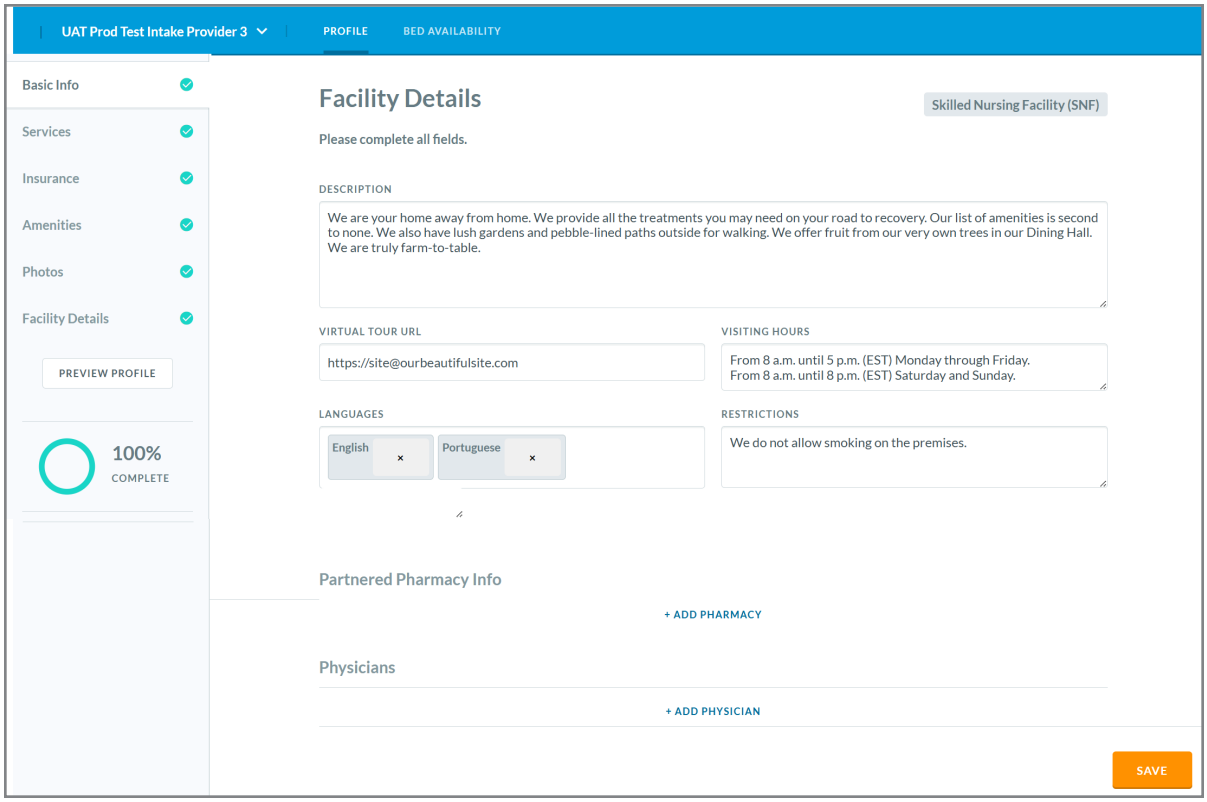
14. Click **DROP FILES HERE TO UPLOAD** to navigate to and select a photo file from your computer.
    OR
    Drag-and-drop a photo file from your computer into the gray highlighted section.

TIP – At this time, facility photos can be added without approval. Add a least one (1) photo (square photos work best) in one of the following file formats:

- .jpg
- .jpeg
- .gif
- .png

15. Click the ADD CAPTION link to add a name for the photo, if desired.
16. Click SAVE & CONTINUE.

Facility Details

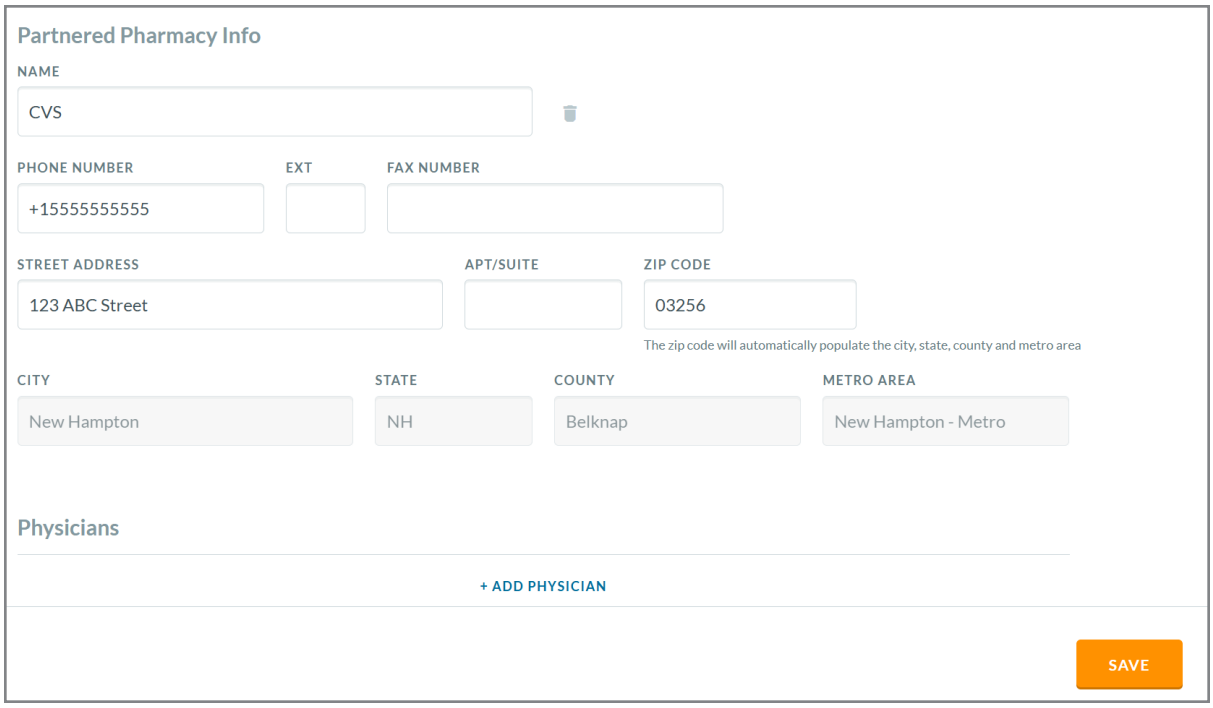


17. Complete **all fields** in this section.

TIP – This is where you can make your facility stand out.

Add Pharmacy

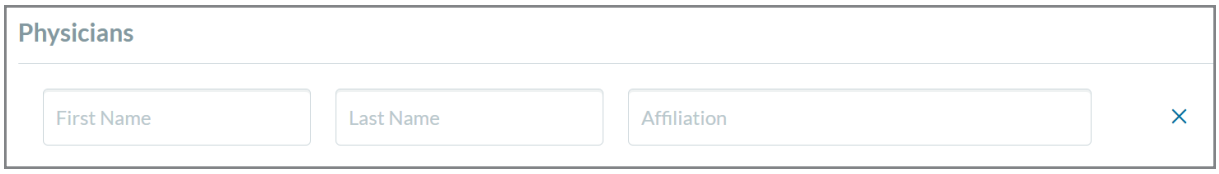
18. In the **Partnered Pharmacy Info** section, click +ADD PHARMACY. The **Partnered Pharmacy Info** window displays.



19. Enter all the fields for the pharmacy and click SAVE.

Add Physician

In the **Physicians**section, click +ADD PHYSICIANS. A section opens and displays.

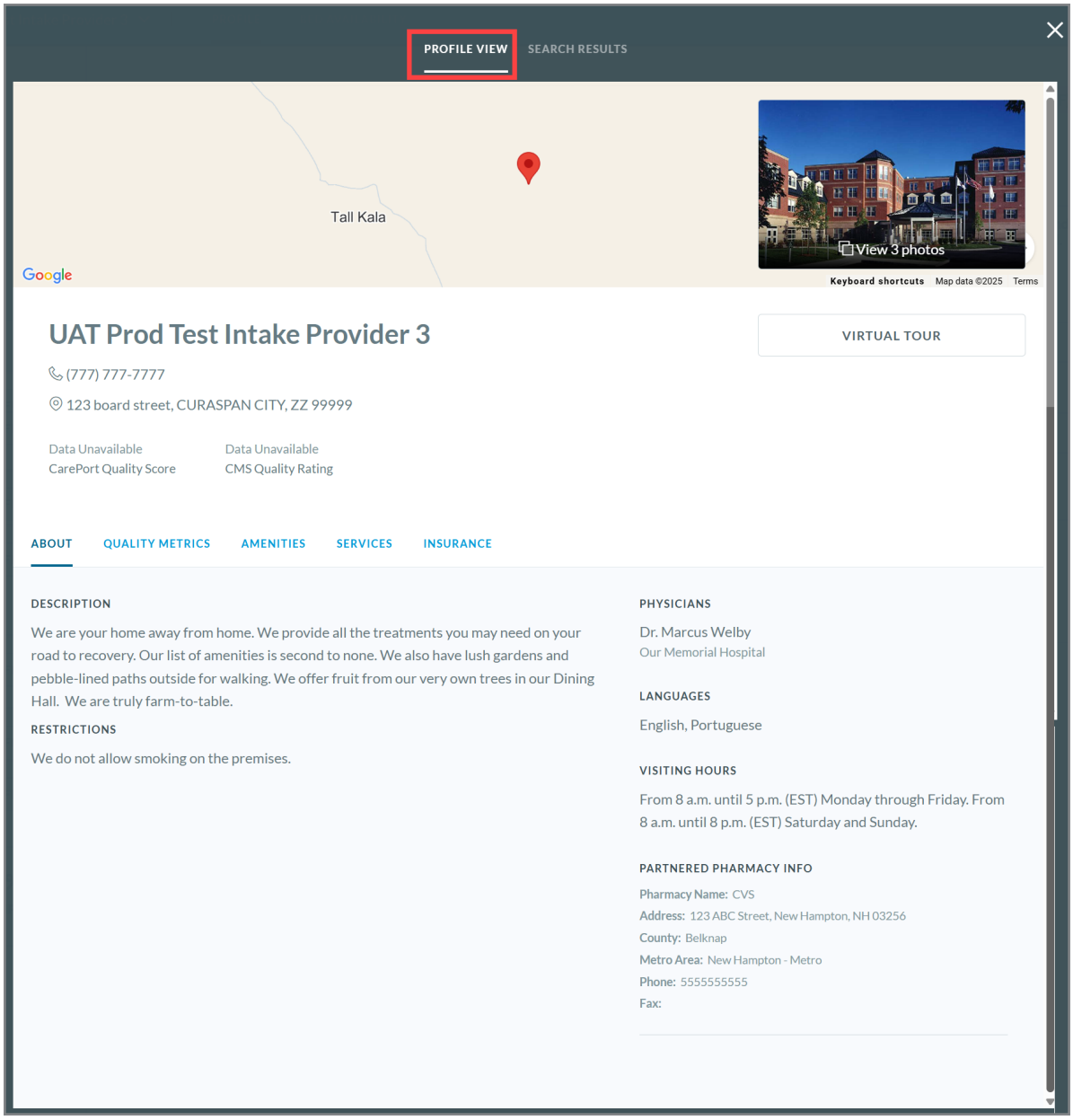


20. Enter the name of the physician and their hospital affiliation.
21. Click SAVE. The section refreshes and displays the "`Facility details successfully updated`." message at the top of the screen.

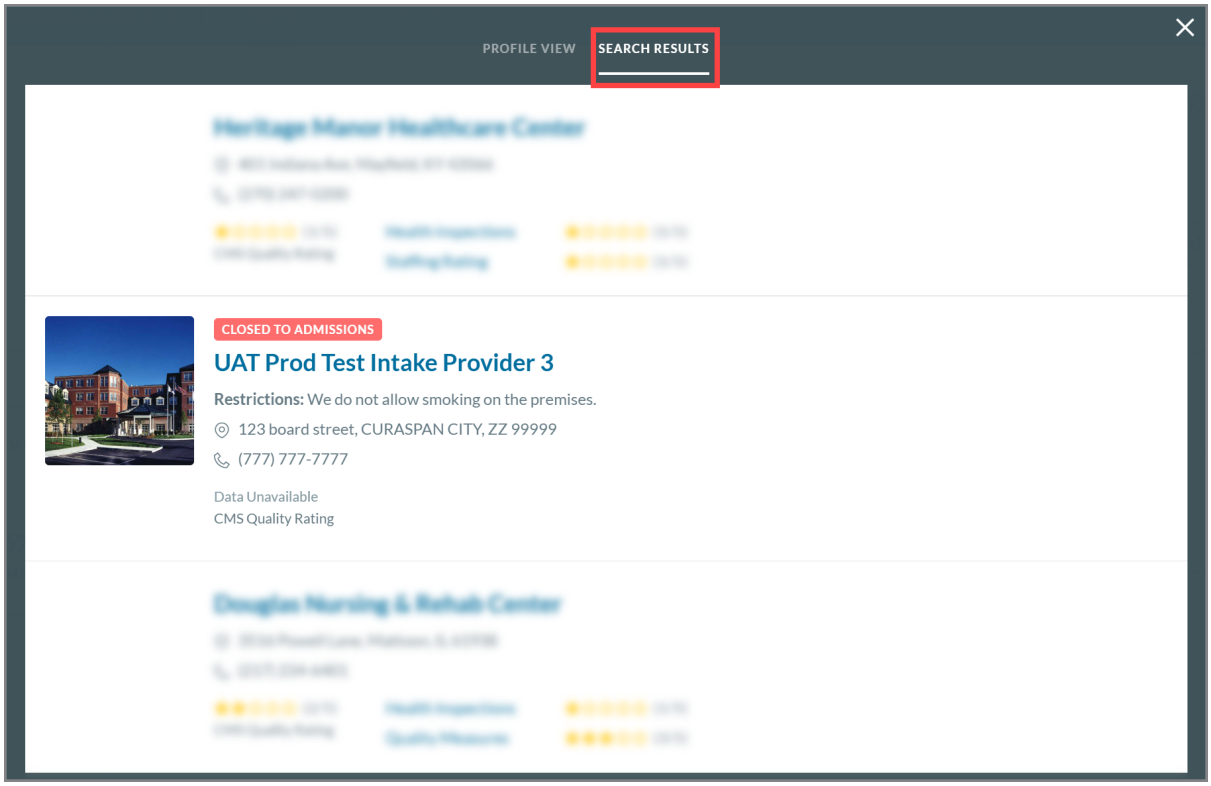
> **NOTE –** Congratulations! Your facility's profile is now 100% complete.

Preview Profile

22. Click **PREVIEW PROFILE** to view a preview. The **PROFILE VIEW** option is selected by default.



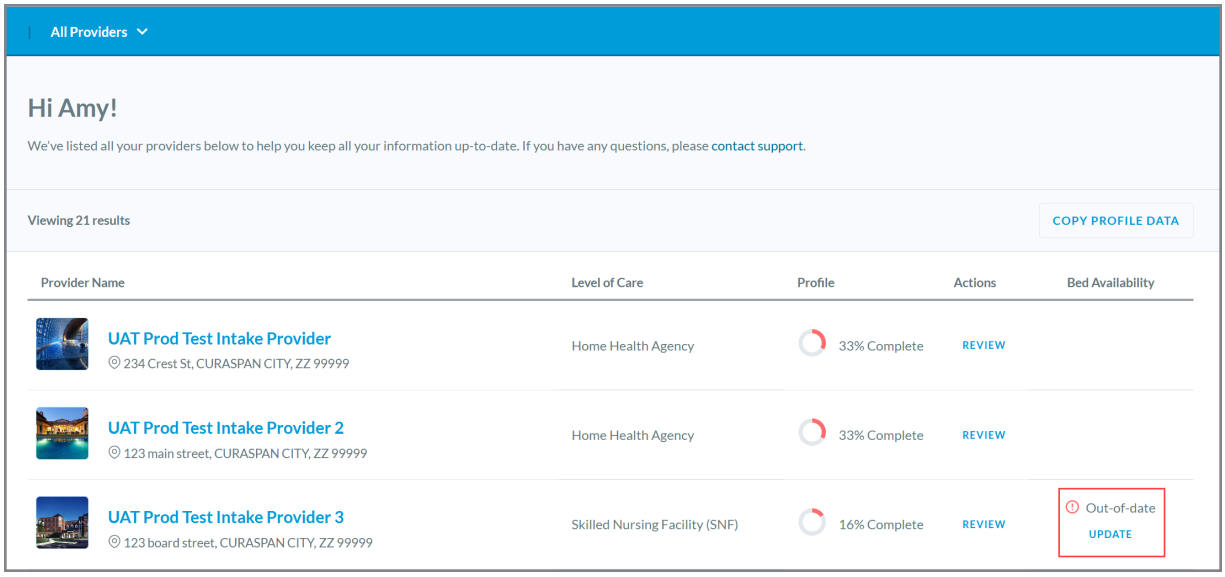
23. Click **SEARCH RESULTS** to view how your profile will display when searched for by the acute referral source.



24. To close the preview, click the **X** in the upper-right corner.

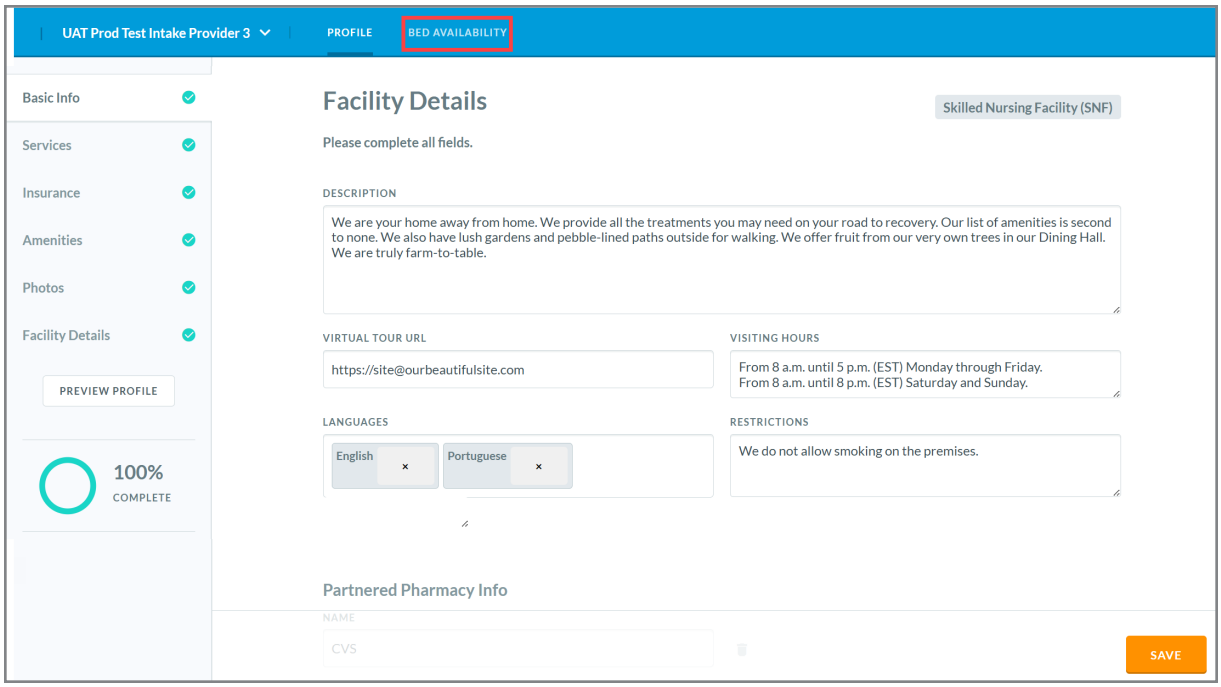
Updating the Bed Availability Status for Bedded Facilities

1. From the **CarePort Guide Profile Dashboard**, click the UPDATE link in the **Bed Availability** column of your bedded facility.

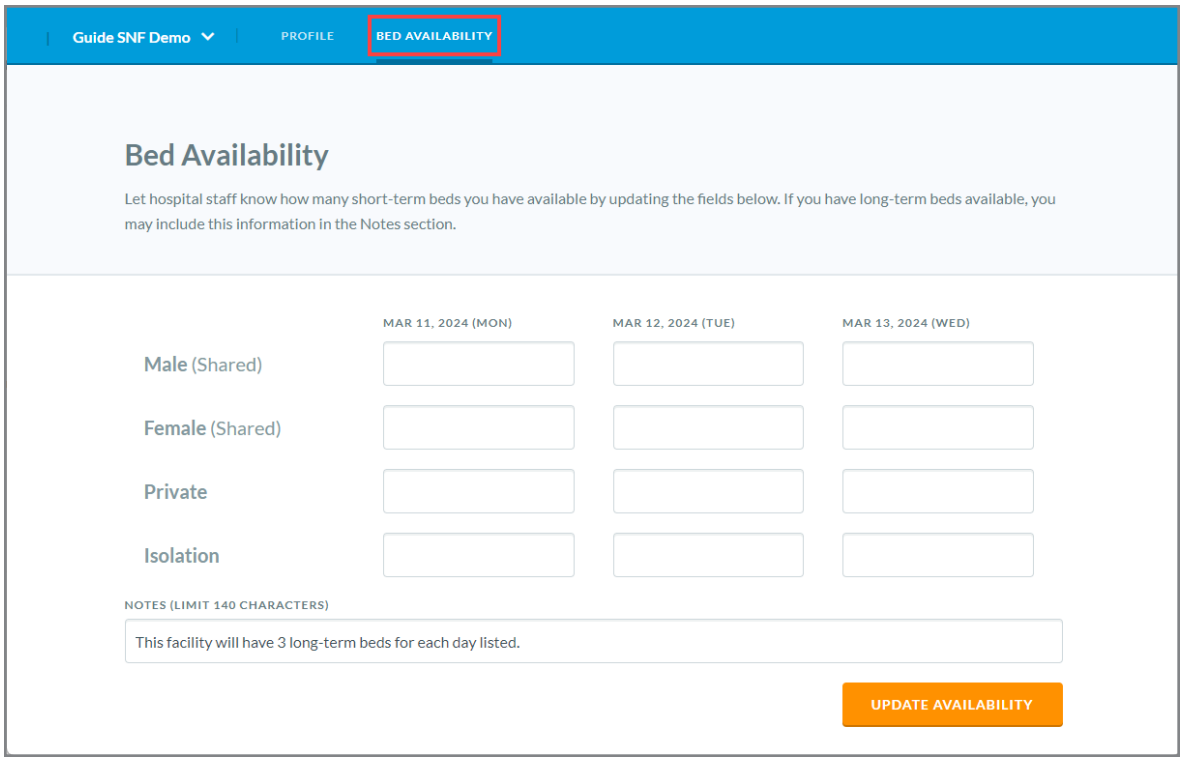


OR

Click the BED AVAILABILITY tab at the top of the page.



The **Bed Availability** screen displays for three (3) calendar days.



2. Enter the **number** of short-term beds your facility will have available each calendar day listed for **each** of the following types:

   - Male (Shared)
   - Female (Shared)
   - Private
   - Isolation

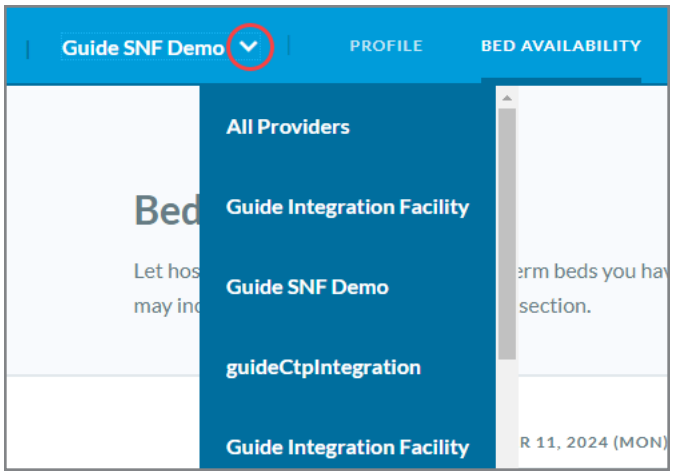
> **IMPORTANT –** This information displays when your facility is searched.
>
> - It's **important** for you to keep this updated.
> - If you will have long-term beds available, include this information in the **NOTES** section.

3. Click UPDATE AVAILABILITY. The "`Bed Availability successfully updated`" message displays with a blue background at the top of the screen.

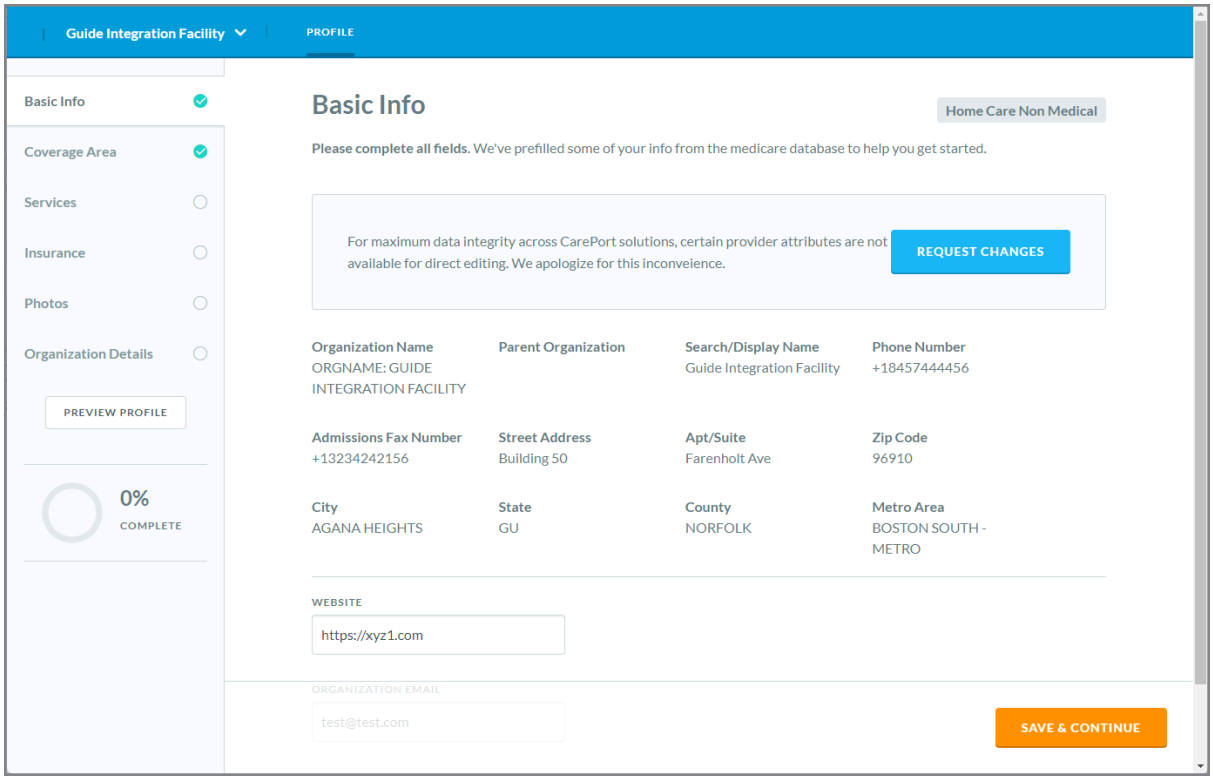


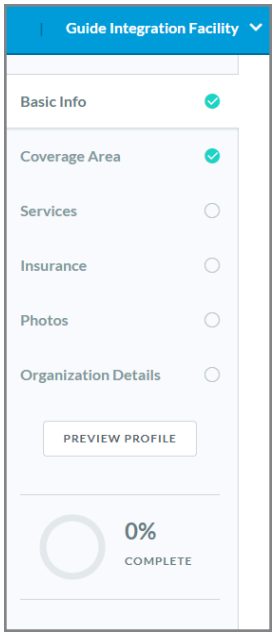
Non-Bedded Facilities

1. Click the **Expand** icon to the right of the in-use facility and select another facility in your organization.



Basic Info



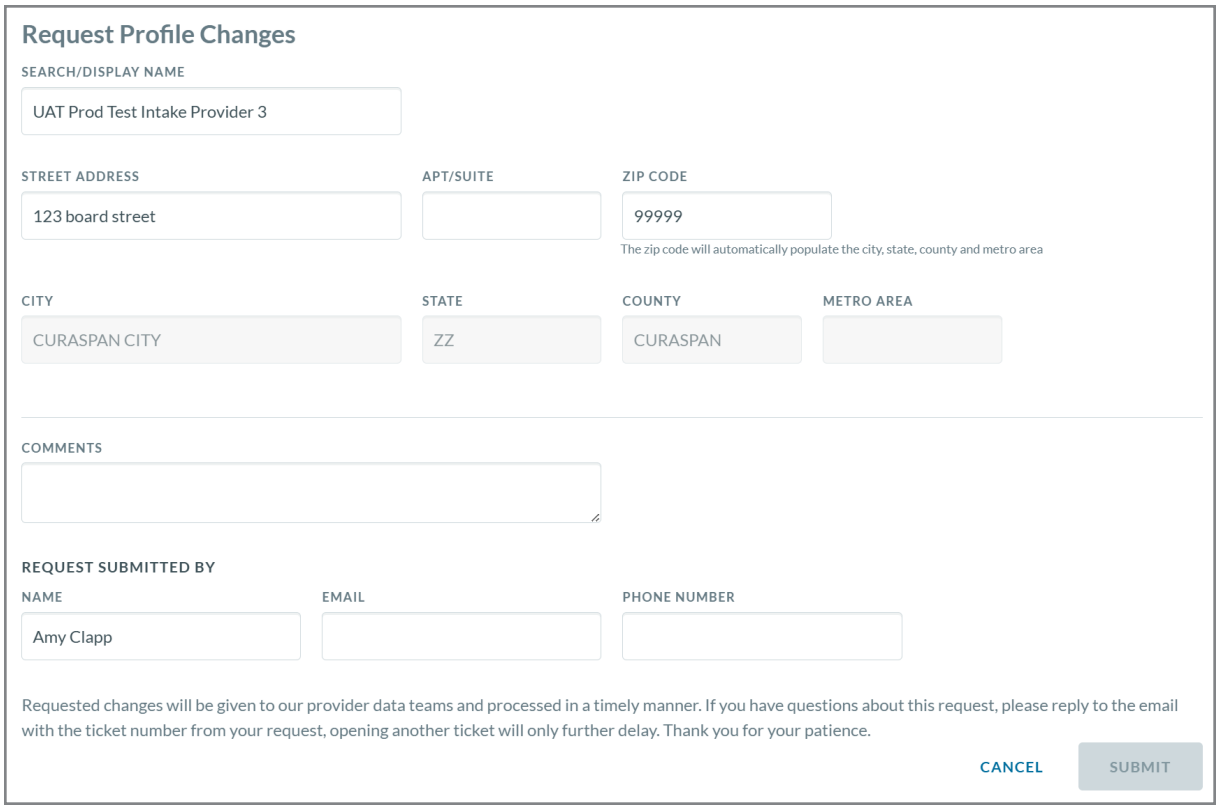


- Within the left side of the screen, you will see a list of all the sections of the selected facility's profile to be completed.
  - Basic Info
  - Coverage Area
  - Services
  - Insurance
  - Photos
  - Organization Details
- An **indicator** icon displays to the right of each section.
  - ✓ indicates you edited and saved this section.
  - ○ indicates you have not **fully completed** this section.
- Preview the facility's profile by clicking **PREVIEW PROFILE** .
- A pie chart at the bottom indicates the profile's completion percentage.

IMPORTANT – Be sure to update the **ORGANIZATIONAL EMAIL** and **WEBSITE** fields at the bottom of the window.

2. Click REQUEST CHANGES if you notice any of the pre-populated information is incorrect, such as:
   - Organization Name
   - Search/Display Name
   - Address
   - Phone Number

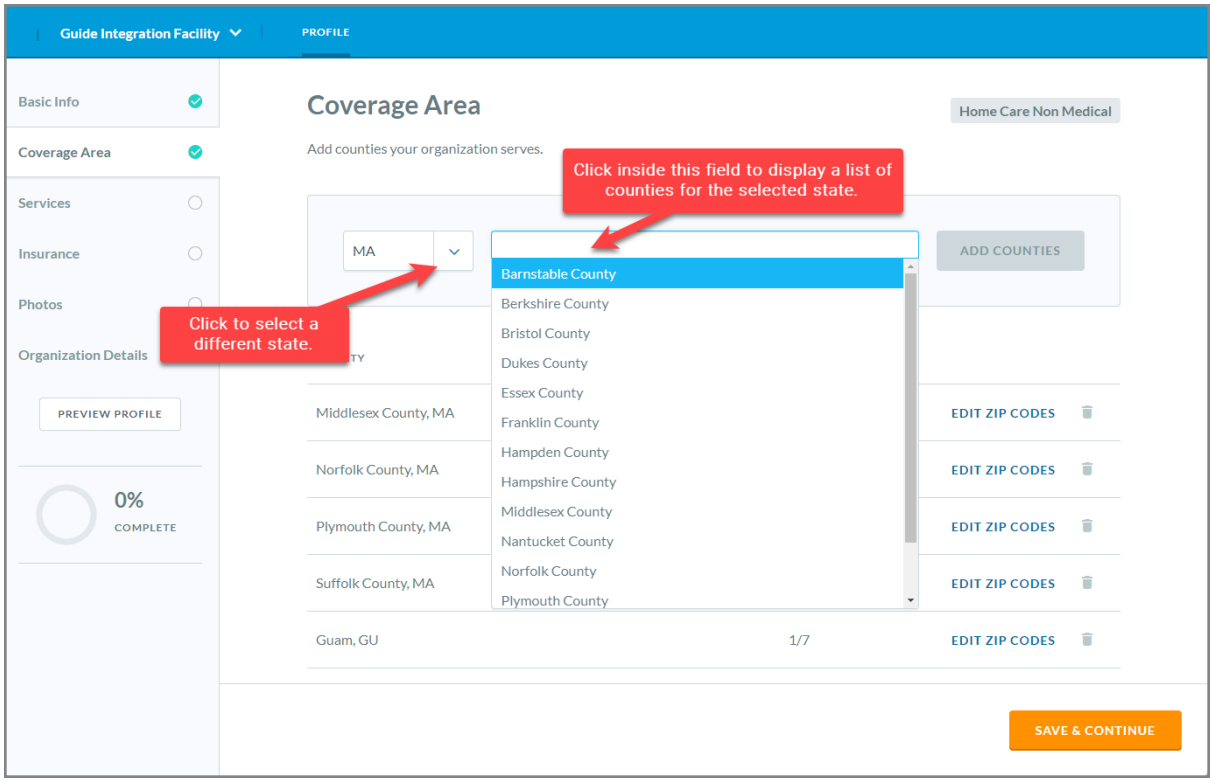
The **Request Profile Changes** window displays.



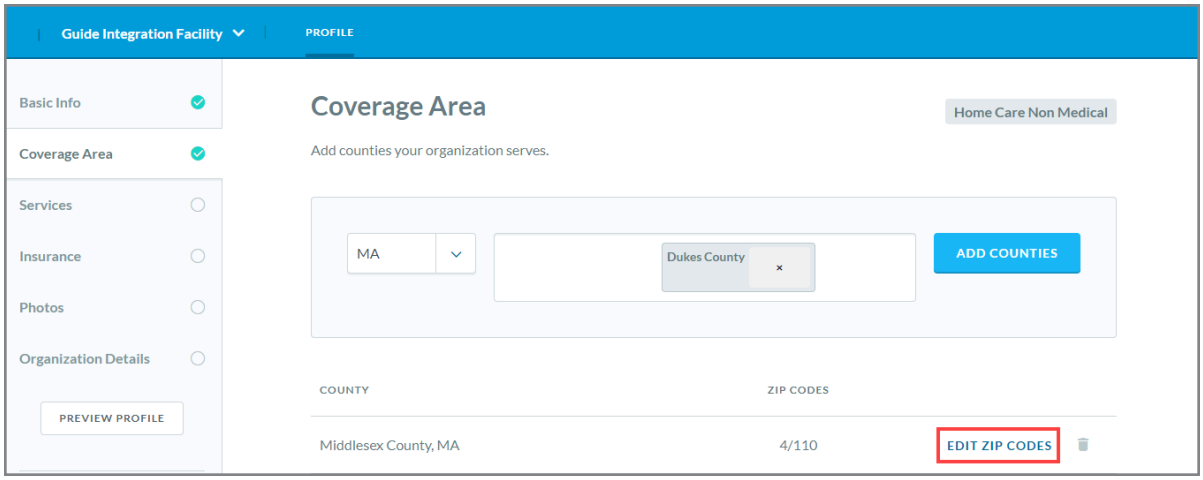
3. Update any information as necessary and click SUBMIT. The **Basic Info** window displays again.
4. Click SAVE & CONTINUE.

> **IMPORTANT –** Each section **must** be saved before navigating to the next section. Otherwise, entered data will not be saved.

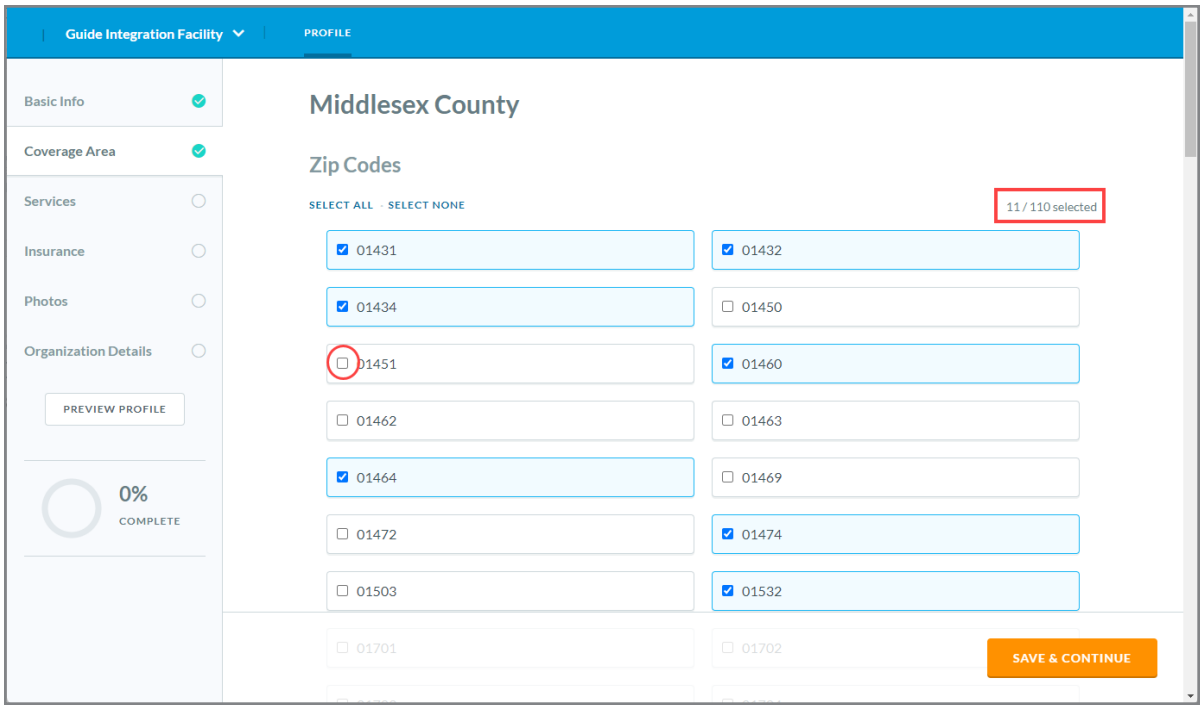
Coverage Area



5. Click the **Expand** icon and select the desired state.
6. Click inside the blank field to display a list of counties for the selected state.
7. Select a county and click ADD COUNTIES.
8. Update the ZIP codes for an added county by clicking EDIT ZIP CODES.



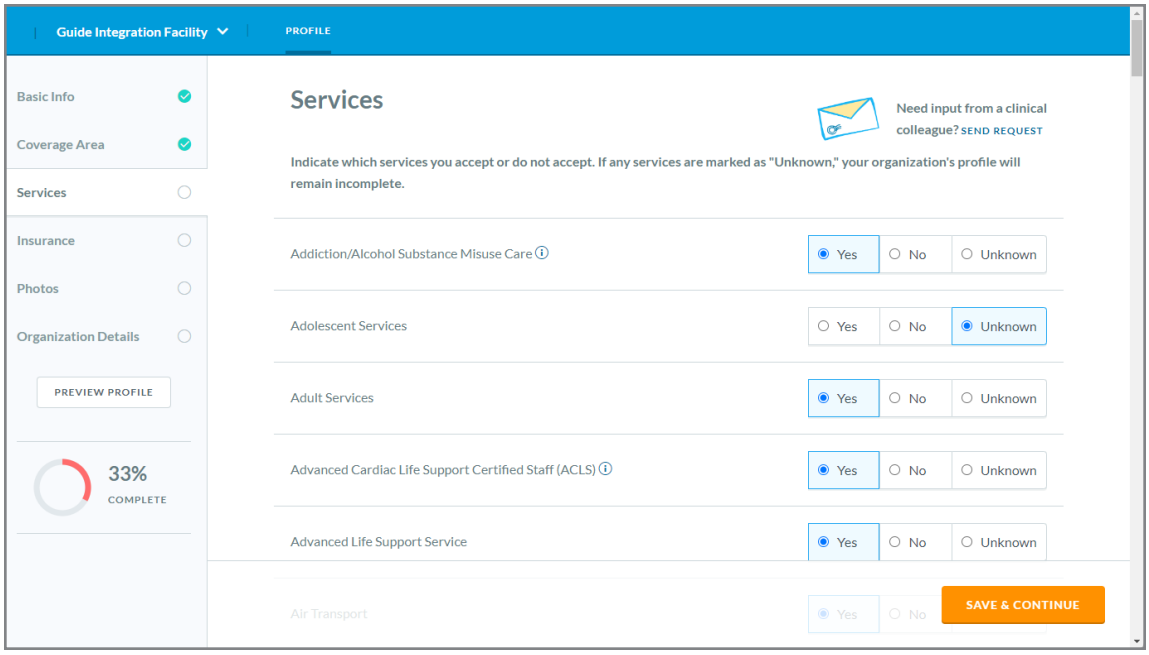
The following screen displays all the ZIP codes associated with the county.



9. Select checkbox(es) to the left of the ZIP codes you would like to **add**.
10. Clear the checkbox(es) to the left of the ZIP codes you would like to **delete** from the coverage area. You will notice the number selected changes above the listing.
11. Click SAVE & CONTINUE.

> **IMPORTANT –** It is very important to ensure every zip code you service has been added to the **Coverage Area** section or else your profile will not be viewable in all relevant searches.

Services

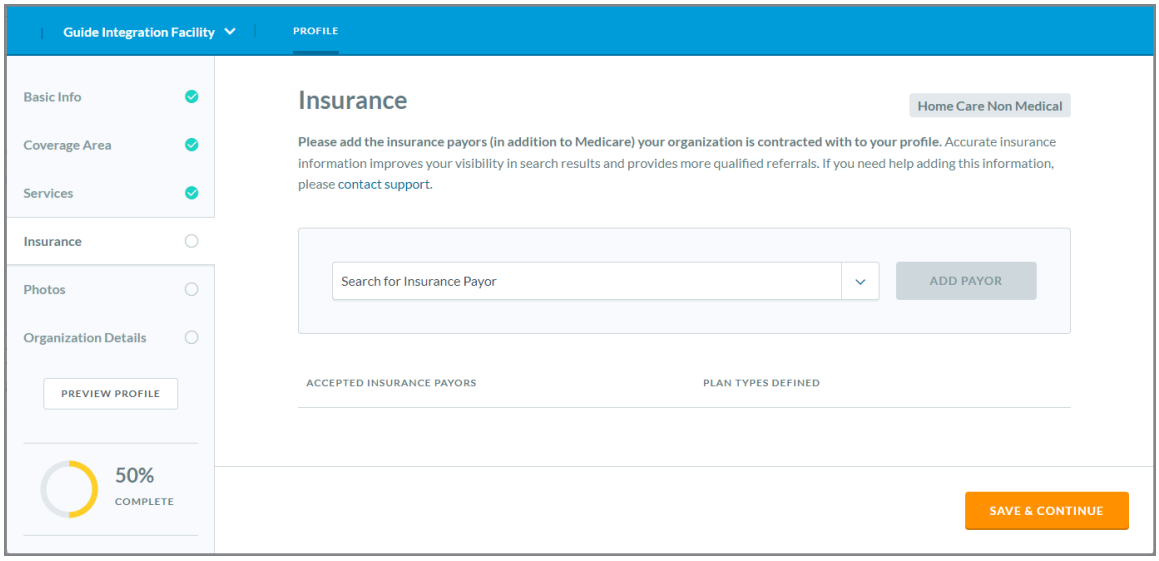


12. Select the appropriate radio button to indicate services you provide or do not provide.

> **WARNING –** Do not leave a service marked **Unknown**. Your facility's profile will remain **incomplete** until you select **Yes** or **No**.

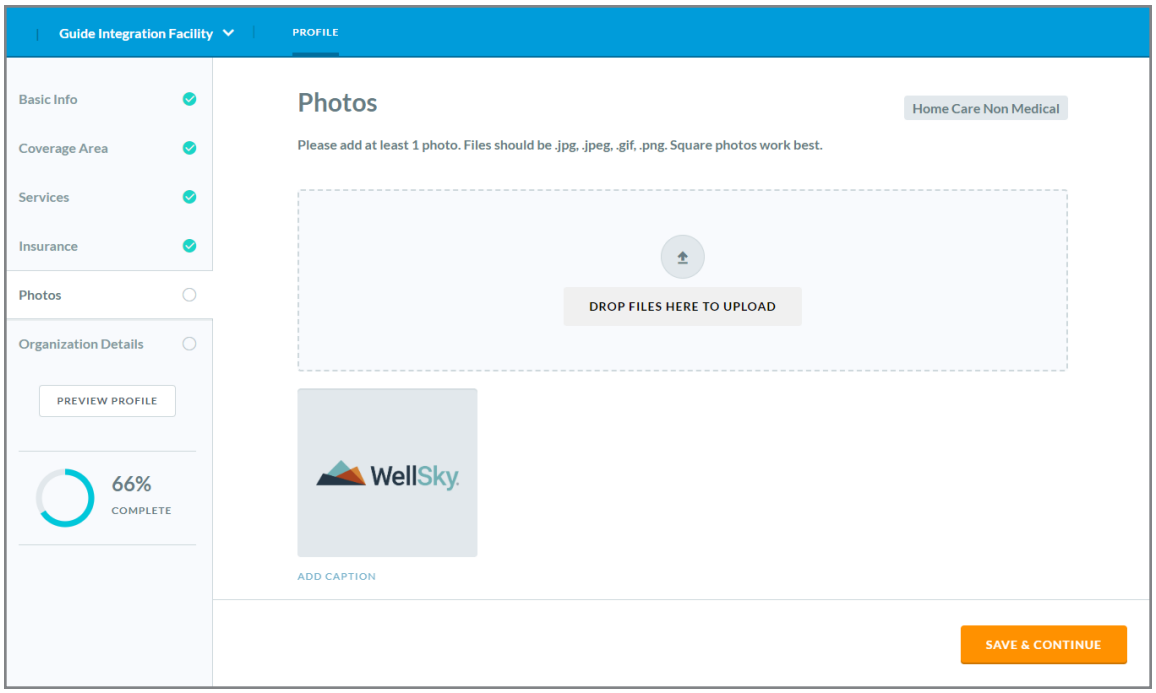
13. Click SAVE & CONTINUE.

Insurance



14. Perform the same steps as you did for the bedded facility.
15. Click SAVE & CONTINUE.

Photos

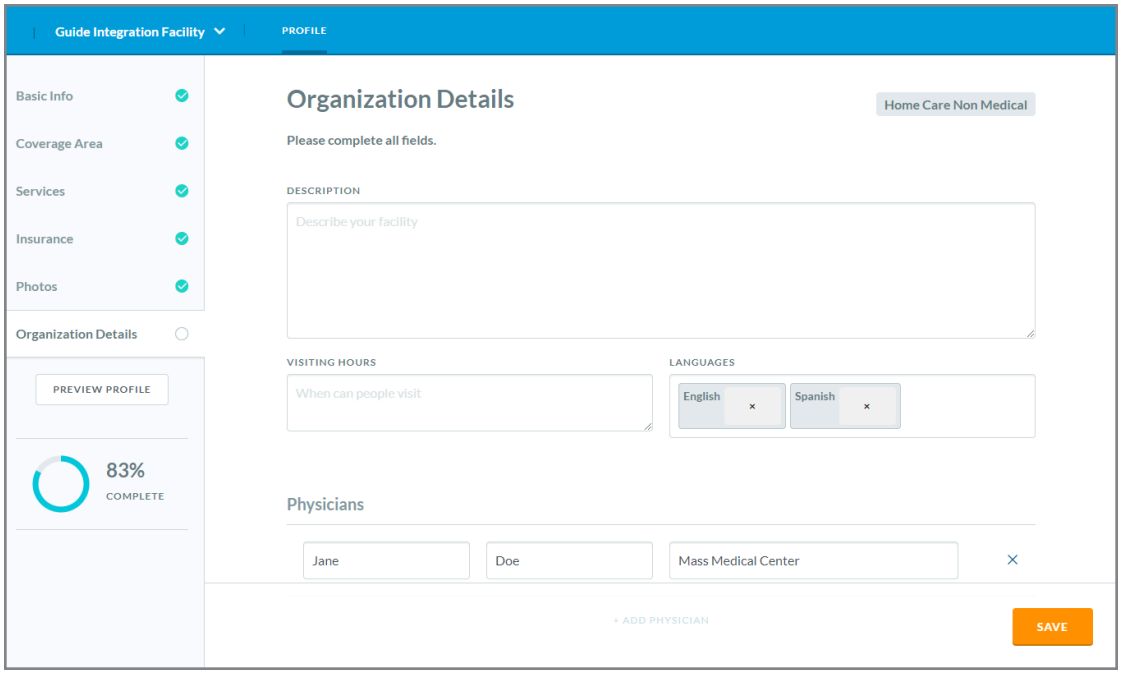


NOTE – We recommend choosing your **Featured Photo**, which is usually an **organization logo** for home health and hospice agencies. Hover over the photo and click **FEATURE THIS PHOTO**.

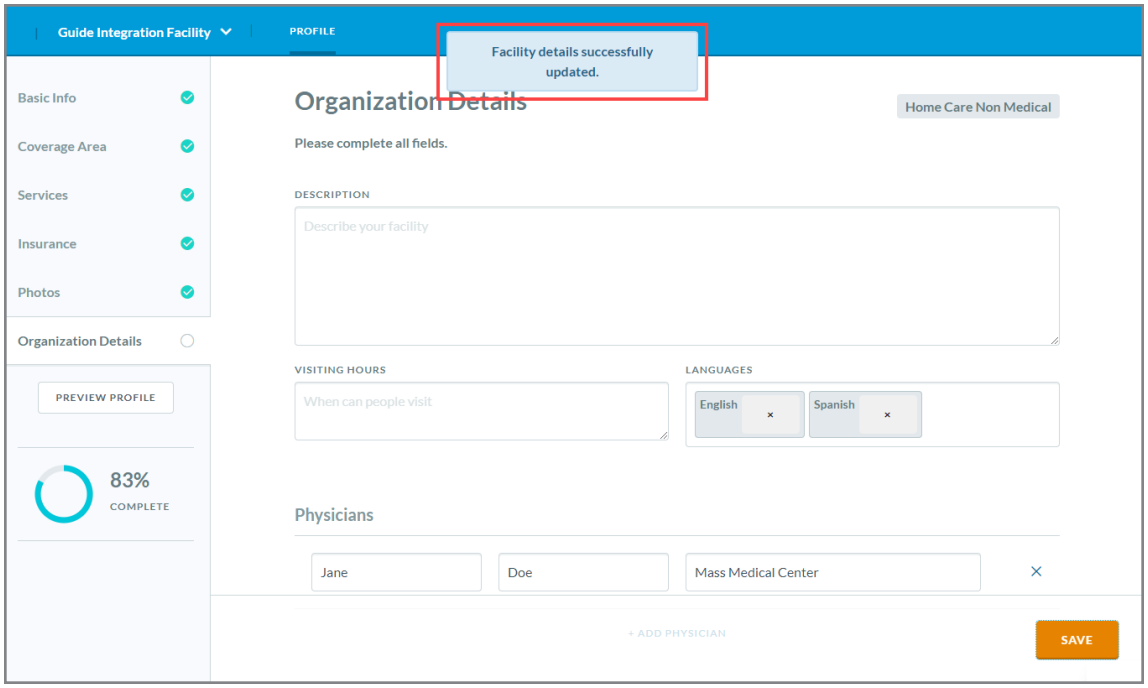


16. Perform the same steps as you did for the bedded facility.
17. Click SAVE & CONTINUE.

Organization Details



18. Complete **all fields** in this section. This is where you can make your facility stand out.
19. Add the physicians you have on staff along with their hospital affiliations.
20. Click SAVE. The section refreshes and displays the `Facility details successfully updated.` message at the top of the screen.



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6

Overview of the Internal Notes Tab

Introduction 112
Sending and Viewing Internal Notes 114

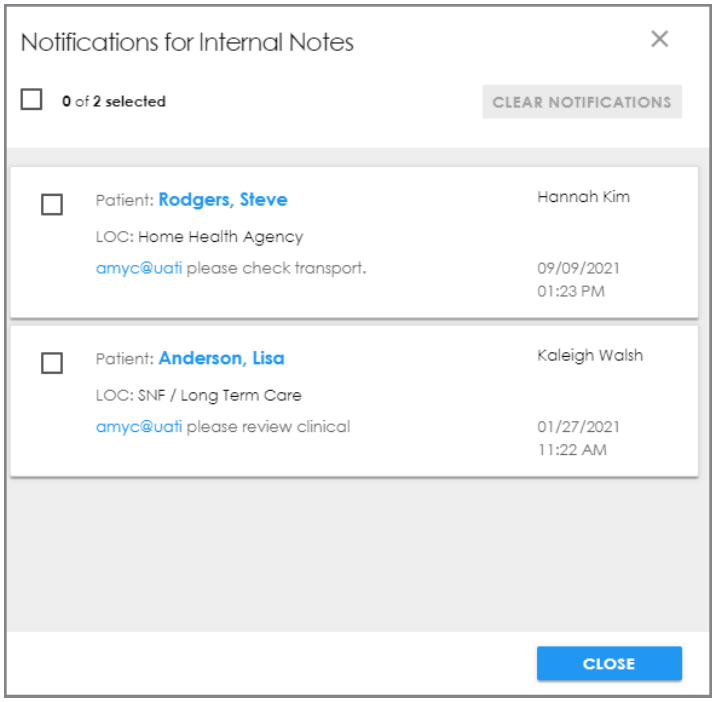
Introduction

This tab allows you to view a list of any unread Internal Notes and clear notifications.

Click the INTERNAL NOTES tab at the top of the **Dashboard** screen.

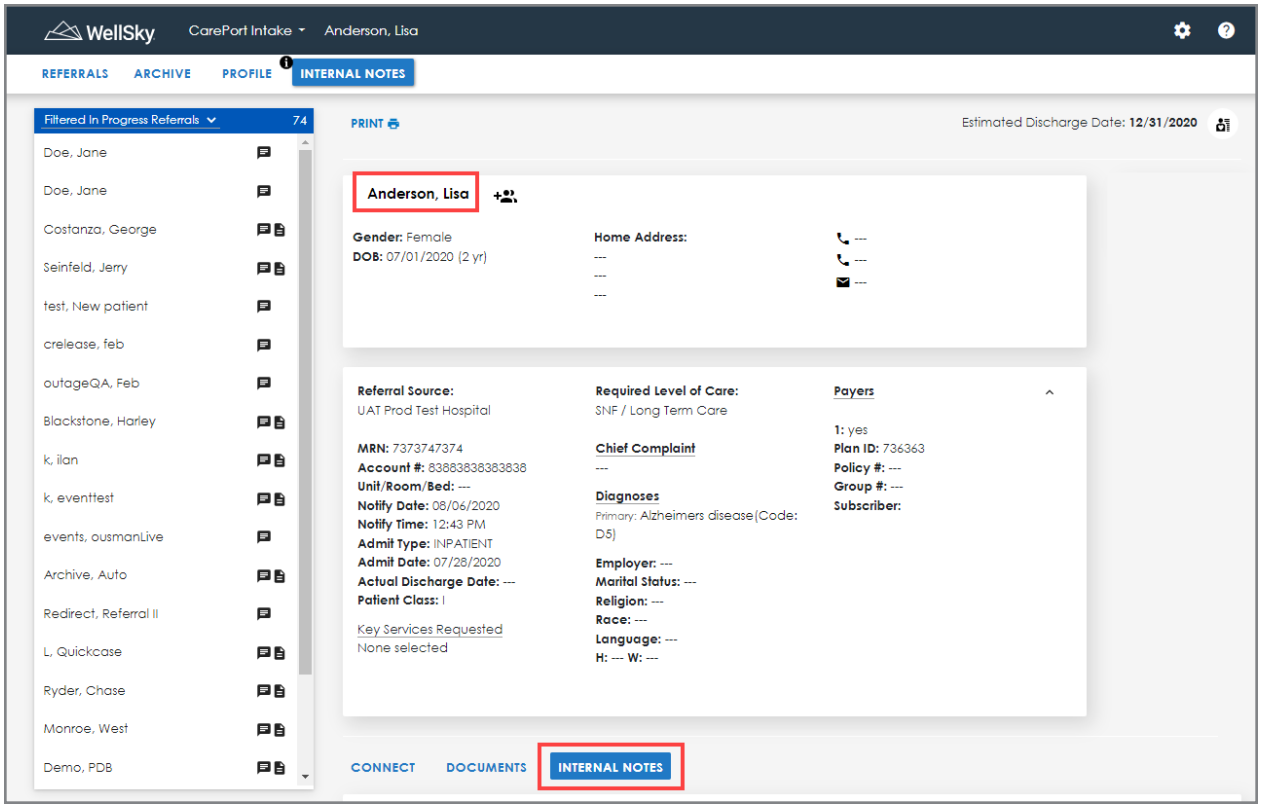


The **Notifications for Internal Notes** window displays.

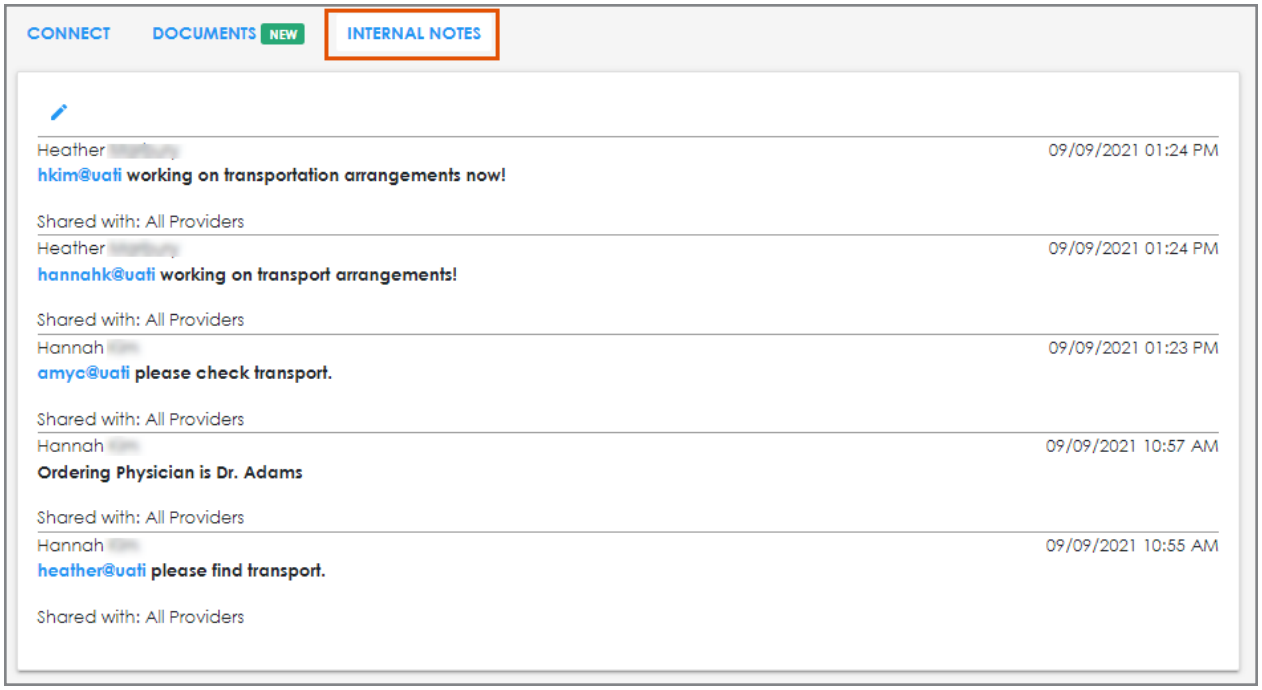


To...	Do this...
Clear the notification,	Select the checkbox to the left of the note and click CLEAR NOTIFICATIONS.
Open the note in the patient's **Patient Details** screen,	Click the patient's name.

The **Patient Details** screen for the patient opens.



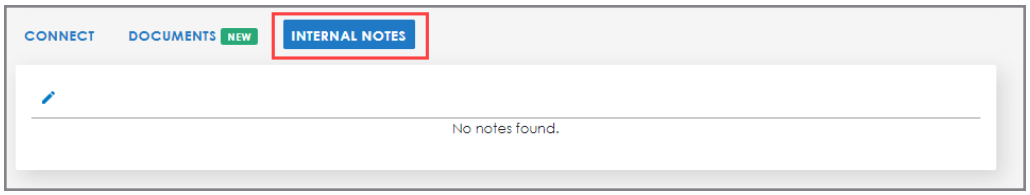
The INTERNAL NOTES tab at the bottom of the screen is auto selected and displays all correspondence.



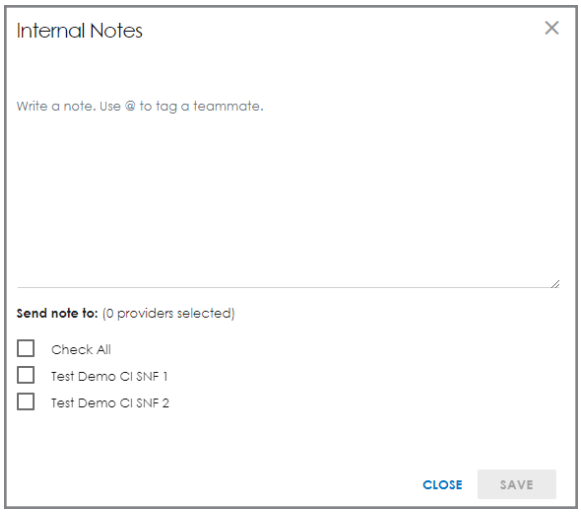
Sending and Viewing Internal Notes

This tab allows you to leave an internal note for colleagues regarding a specific referral and facility (in this example, a SNF).

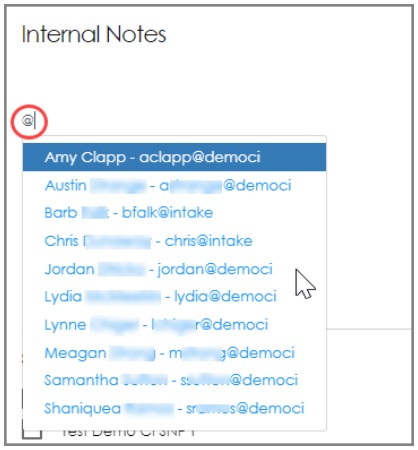
1. From the Patient Details window, scroll to the bottom and click INTERNAL NOTES. The following screen displays.



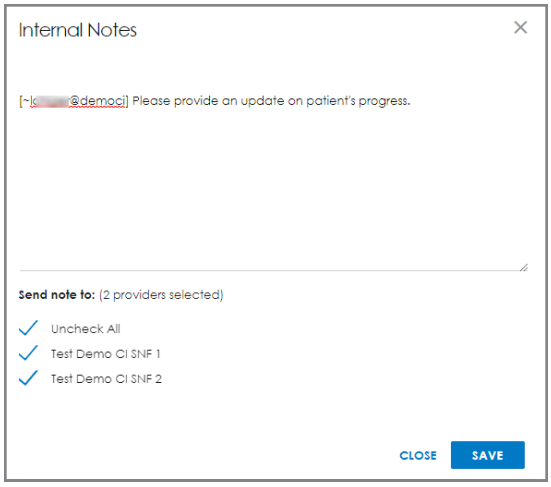
2. Click the **edit** icon. The **Internal Notes** window displays.



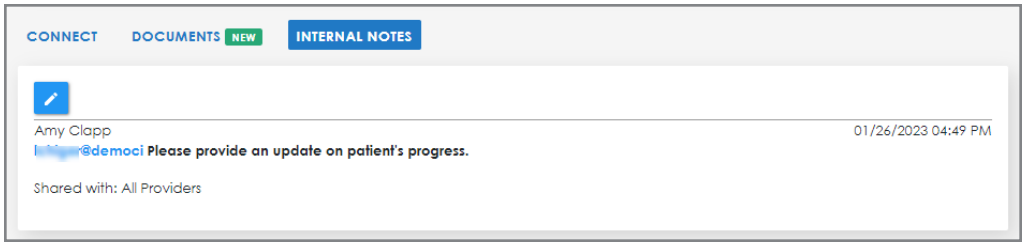
3. Tag one or more colleagues in the Internal Note by typing the **@** symbol by pressing the **[Shift]** key and the **[2]** key simultaneously to obtain a list of colleagues.



4. Select the desired colleague(s) and enter a **professional** note.



5. Click SAVE . The note displays in the INTERNAL NOTES window.

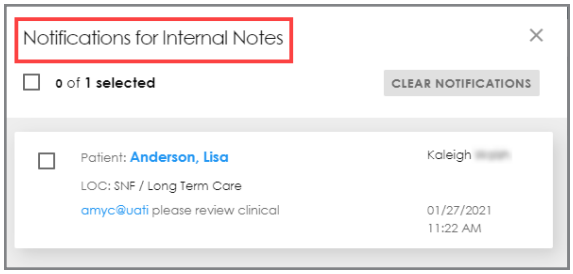


NOTE – Internal Notes are **not** sent to the referral source; however, they are part of the CarePort Intake patient's record. They are noted with your name, date, and time stamp and they are **discoverable**. All notes entered are tracked for audit purposes.

This displays as a new message on that colleague's dashboard and a NEW indicator displays to the right of the INTERNAL NOTES tab.



When clicked the **Notifications for Internal Notes** pop-up box displays.



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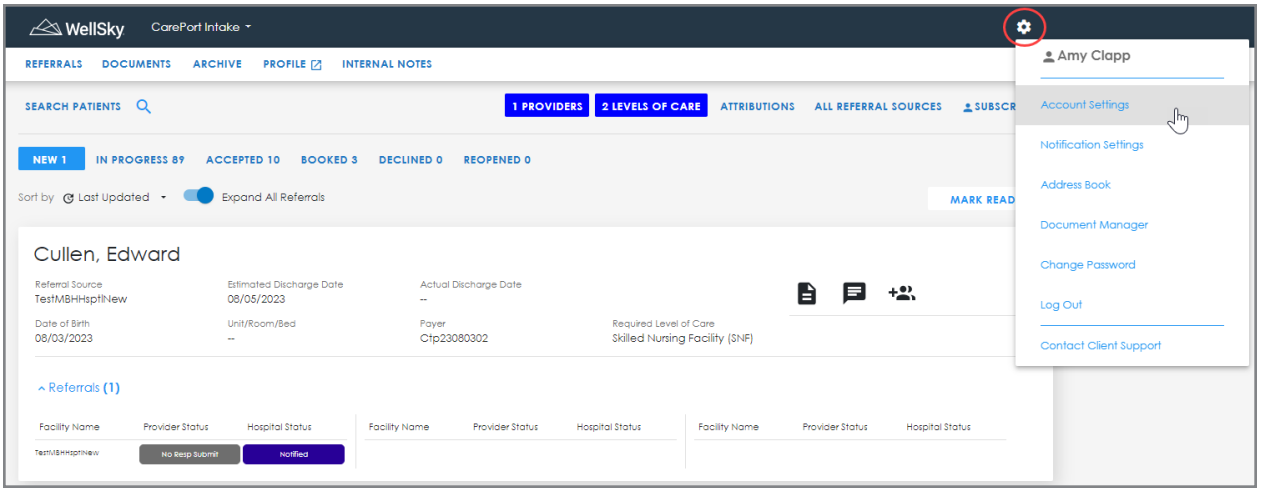
7

Account Settings

Modifying Account Settings 118
- Admin 118
- Account Settings 119
- Notification Settings 120
- Change Password 124
- Log Out 124
- Contacting Client Support 125

Modifying Account Settings

Clicking the **cog** icon in the top-right corner of the blue navigator bar allows you to perform any of the following tasks.

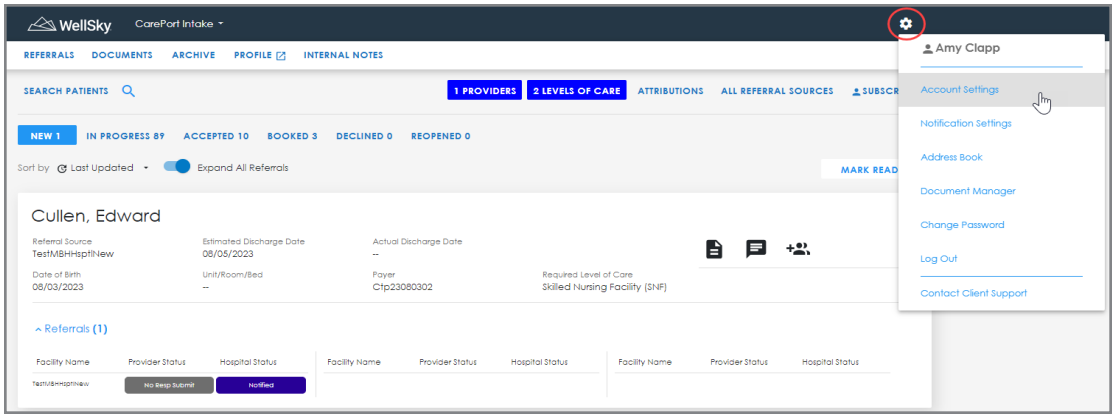


Admin

Only users who have administrative permissions have this option. If you are an Admin at your facility, then refer to the *WellSky CarePort Intake Administrator Guide*.

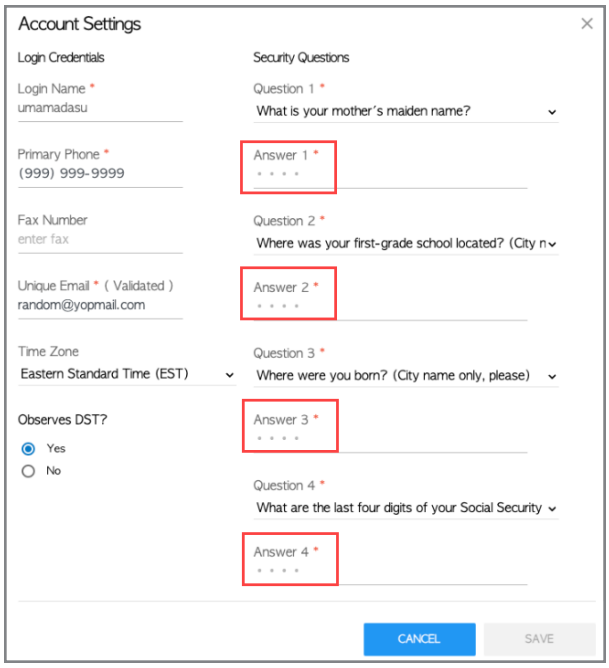
Account Settings

1. Select Account Settings to set or update your personal account settings.



The **Account Settings** window displays.

> **IMPORTANT –** With the **2025 February 26** release, WellSky is implementing security enhancements to the **Account Settings** screen by masking the answers to a user's security questions. When a new user first sets up their security questions and answers, the answers to their security questions will be visible until the user clicks SAVE.



2. Validate your **Unique Email** (facility email) address.

NOTE – If your login credentials are missing information or are not correct, then enter or update, as necessary.

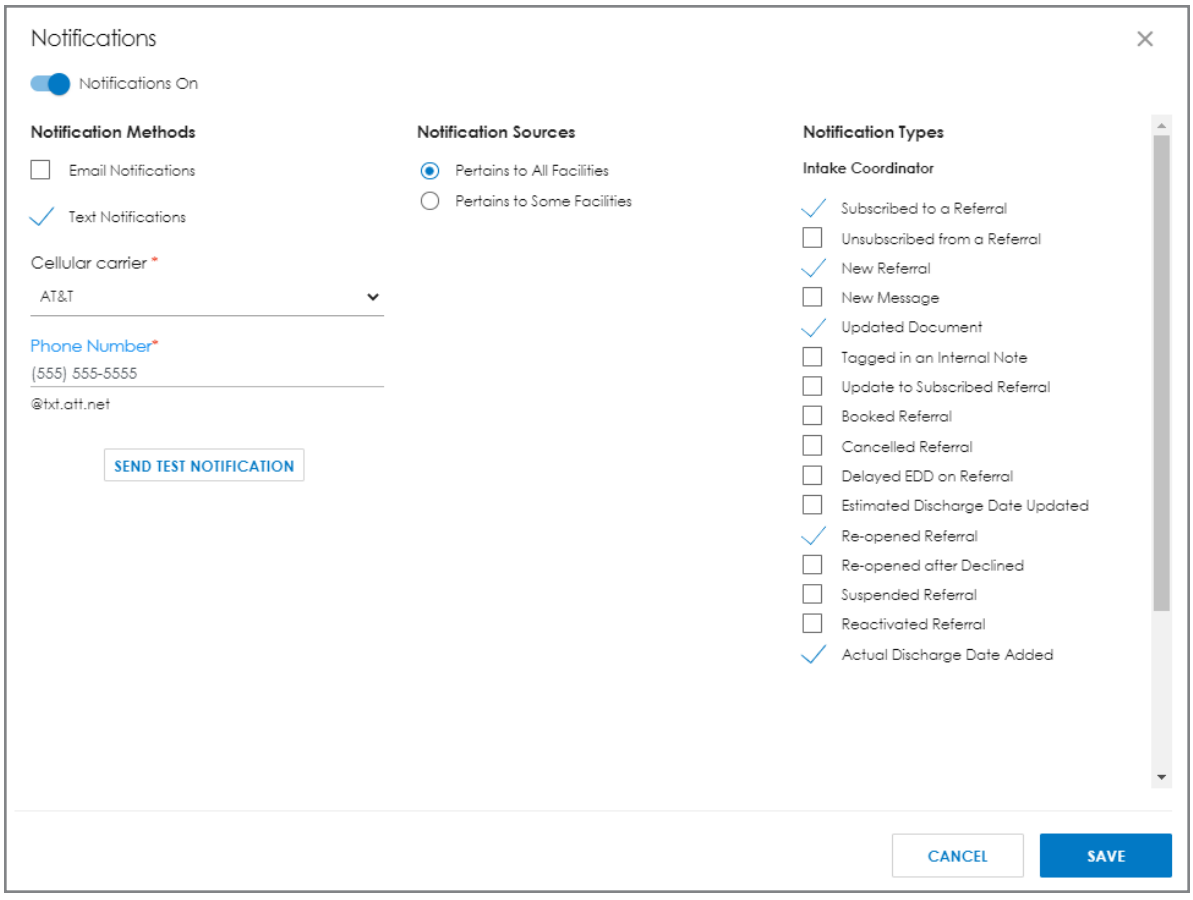
3. Select questions and provide responses to each **Security Question**.

IMPORTANT – All fields with a red asterisk (*) are required to click SAVE .

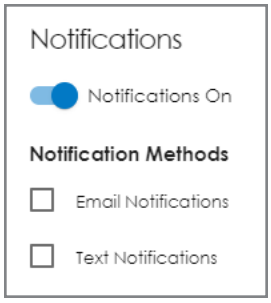
4. Click SAVE .

Notification Settings

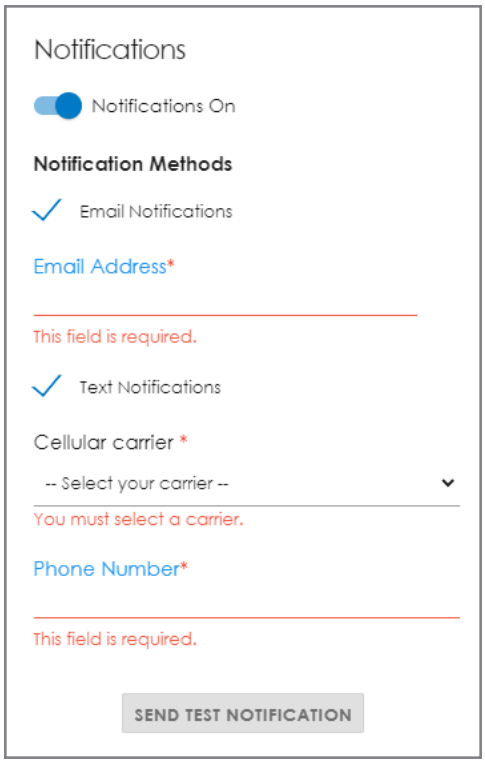
Select the methods, sources, and types of notifications you would like to receive and click SAVE .



Notification Methods



1. Turn on notifications by clicking the **toggle** icon.
2. Choose to receive notifications via a **facility-approved e-mail**, text, or both.



3. Enter information into the required fields with the red asterisks (*).

> **IMPORTANT –** You can only enter a **facility-approved** email address or cell phone.

4. Click SEND TEST NOTIFICATION to receive a confirmation e-mail or text.

Notification Sources

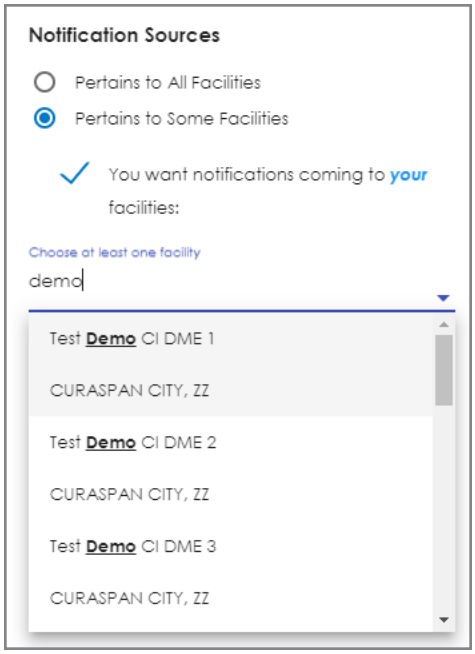
By default, the first radio button is selected to receive notifications from all sources to all post-acute care facilities you manage.



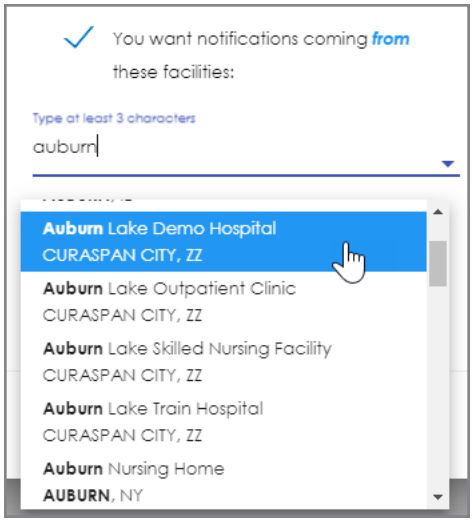
1. To specify which facilities you would like to receive notifications from, select the second radio button if you want to receive notifications pertaining to certain facilities.



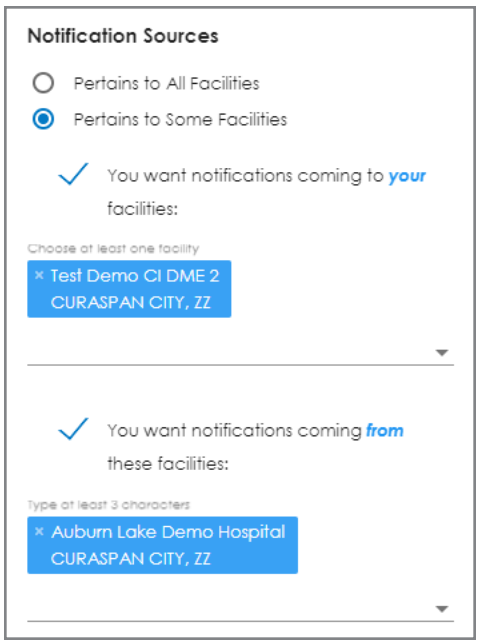
2. Select the checkbox to the left of You want notifications coming to your facilities.
3. Begin entering the name(s) of these facilities and select them to add.



4. If you want to receive notifications from certain acute facilities, then select the checkbox to the left of You want notifications coming from these facilities.

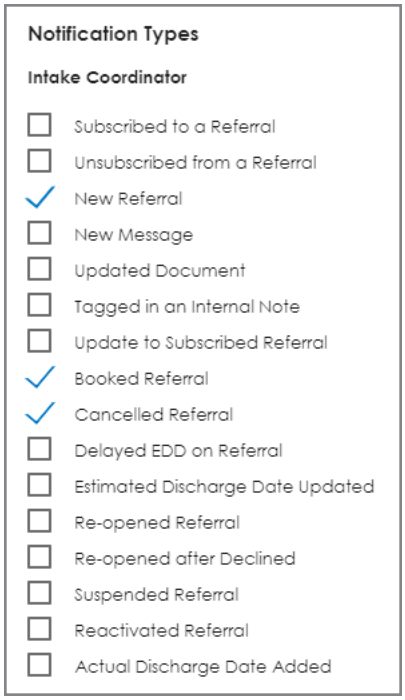


5. Enter at least three (3) characters of the facility name. Options display as you type.
6. Select the desired facility from the list.



Notification Types

1. Select the checkbox to the left of specific notification types you would like to receive. You may change them at any time.



2. Click SAVE to save your changes and exit.

Change Password

Select this option as necessary to change your login password.

Log Out

Select this option to log out of CarePort Intake.

Contacting Client Support

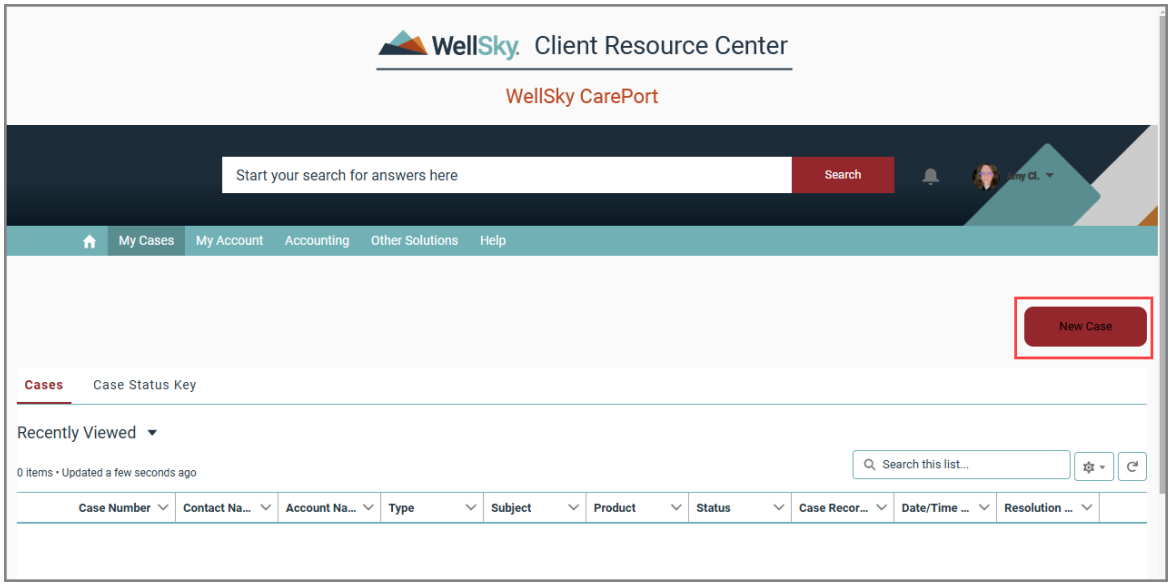
Our Client Support team is staffed with application experts who can assist you with the functionality of CarePort solutions. They are also knowledgeable about technical configurations. CarePort Client Support is available between 7 a.m. to 6 p.m. CST, Monday—Friday, excluding major holidays.

A support case can be opened with **Client Support** using any of the following three (3) methods:

1. From the WellSky Client Resource Center at https://well-sky.my.site.com/CarePort/s/.

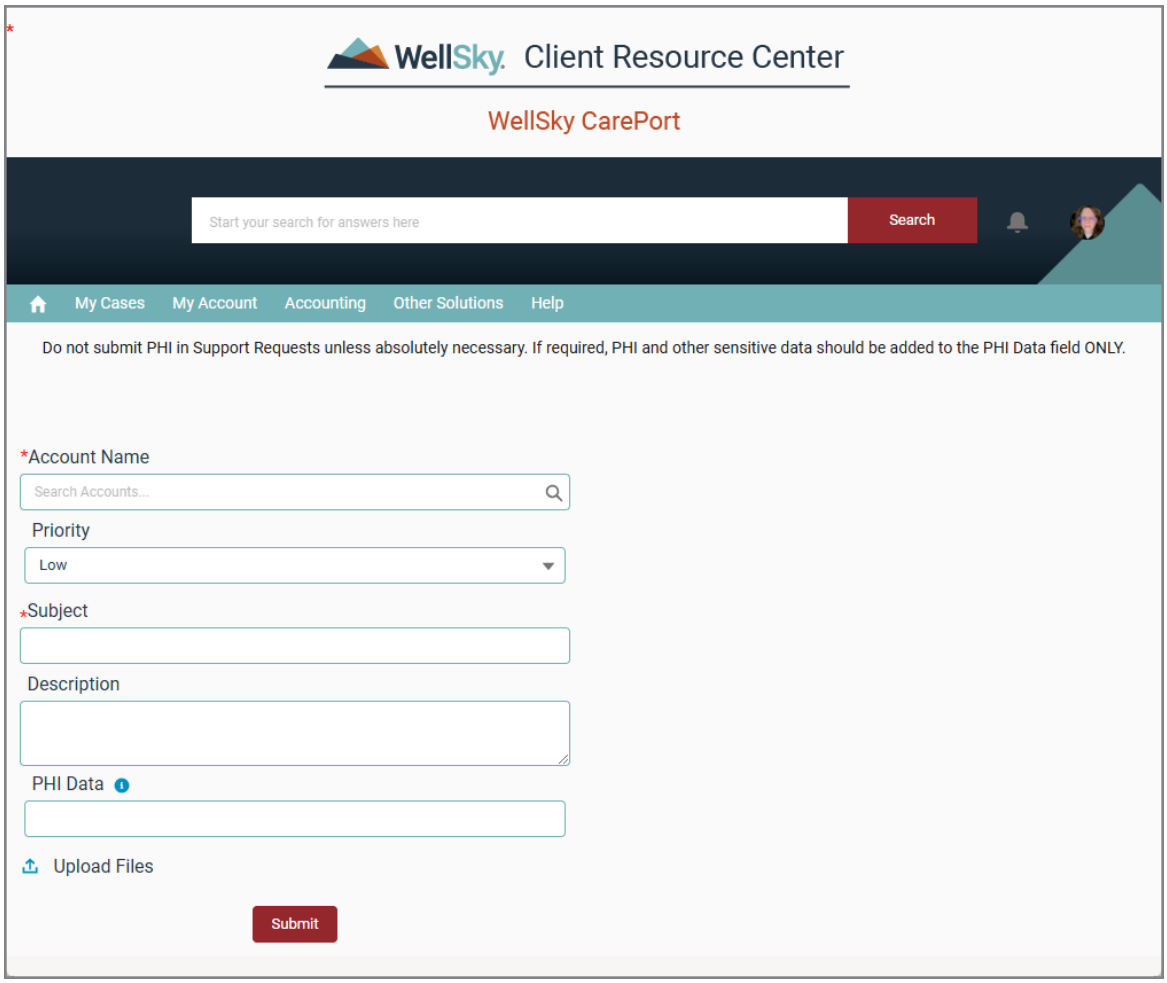


1. From the **Home** page, click **My Cases**. The screen displays any cases you may have submitted.

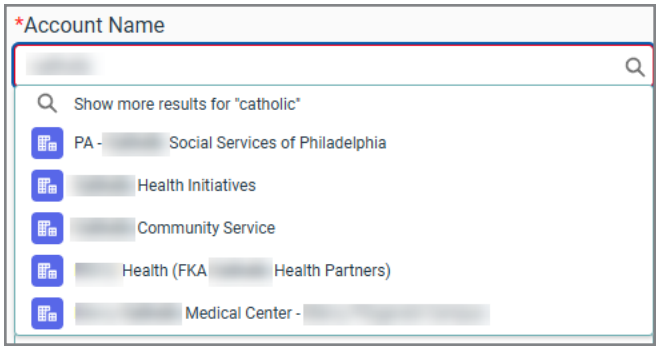


2. To submit a new case, click **New Case**.

Entry fields display.



3. Begin entering your **Account Name**. Suggestions appear as you type.

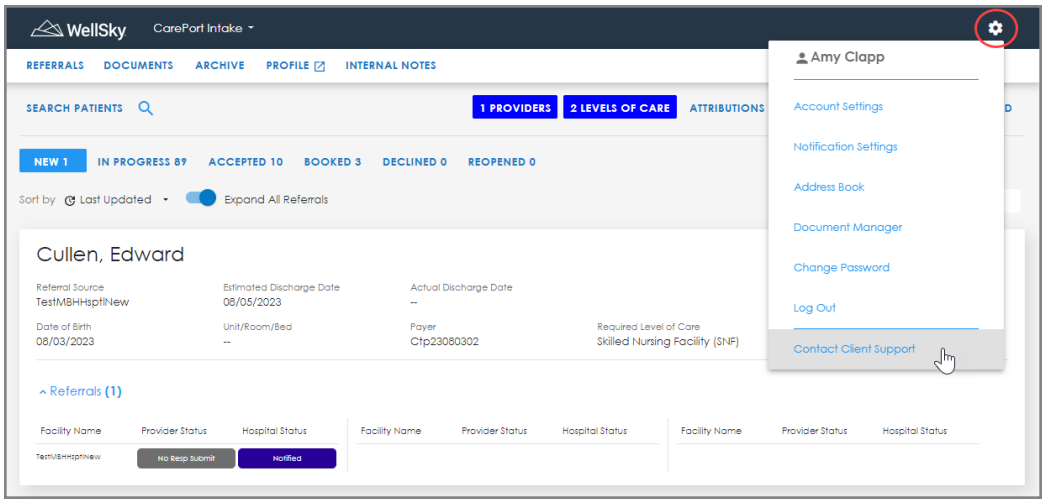


4. Select your account from the list.

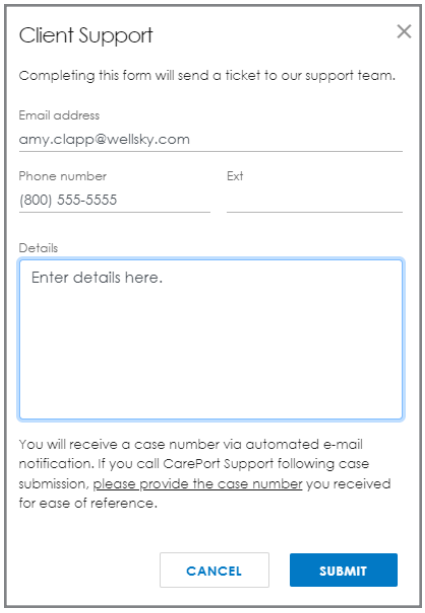
5. Select a **Priority**. The options are Low, Medium, High, and Critical.
6. Enter a **Subject** and a **Description** of your case.
7. Enter **PHI Data**.
8. **Upload Files**, if necessary.
9. Click **Submit**.

2. From the CarePort Intake application

1. Click the **cog** icon and select Contact Client Support.



The **Client Support**pop-up box displays.



2. Enter the **Details** of your question or issue and click SUBMIT .

NOTE – The nature and complexity of your inquiry will determine the time it takes to resolve your issue.

3. Via Telephone

If you wish to call Client Support, call (866) 790-8690 from 8 a.m. to 7 p.m. EST, Monday—Friday.

Our goal is to answer your call directly; however, if all agents are busy assisting other clients, you have the option to leave a voicemail. Messages are returned in 24 to 48 hours.

Once a support case has been created, you will receive an email notification acknowledging receipt and providing the support case number, which should be referenced in all further communication. After case submission, a support representative will be in contact to work with you through case resolution.

IMPORTANT – Please note that for security reasons WellSky Client Support is **not able** to unlock user accounts or reset passwords.

- Basic end users can reach out to their facility Admin User(s) for assistance.
- Admin users can refer to the *CarePort Discharge Admin User Guide*.

8

Using the CarePort Intake Mobile App

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Introduction

As a leader in post-acute care management, WellSky understands the importance of placing patients into their next level of care quickly, safely, and securely. Our innovative electronic referral platform, CarePort Intake, can help post-acute care clinicians do just that.

With many health care decisions being made outside of the facility, the ability to manage incoming and discharged patients 24/7 is critical.

The CarePort Intake mobile application (for iOS devices: iPhone and iPad) is available for download in the Apple App Store.

The CarePort Intake mobile application allows you to:

- Quickly track referral updates.
- Respond to referrals.
- Review patient information
- Communicate with referral sources.
- View documents.

The CarePort Intake mobile application is intuitive and easy to use. Those familiar with the web-based version of CarePort Intake will recognize the following features available in the mobile application.

Customize the dashboard to perform the following:

- View active referrals by referral status: New, In Progress, Accepted, Booked, or Declined.
- Filter by: Level of Care, Referral Source, or Provider.
- Sort by: Payer, Patient Name, Estimated Discharge Date, and more.

Requirements

There are two (2) requirements for using the CarePort Intake mobile application.

- User must have a verified email address.
- Notifications must be toggled to the on position in the desktop application.

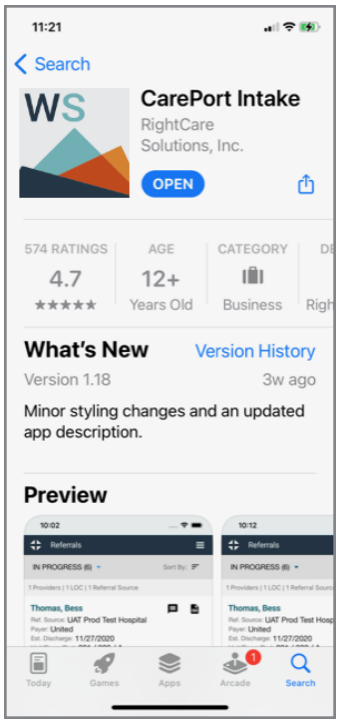
Downloading the Mobile Application

Following recommended security practices, Device Verification now exists to access the CarePort Intake Mobile App.

> NOTE – This process requires you to enter a **verification code**, which is sent to your unique email in the **Account Settings** in the desktop application.

The functionality involves the generation of the verification code, an ability to request a new verification.

1. Download the CarePort Intake app from the **Apple App Store**: CarePort Intake.
2. Launch the **App Store** on your iPhone or iPad.
3. In the search bar, enter **CarePort Intake** and locate the application. You will recognize the WellSky name and logo in the App Store.



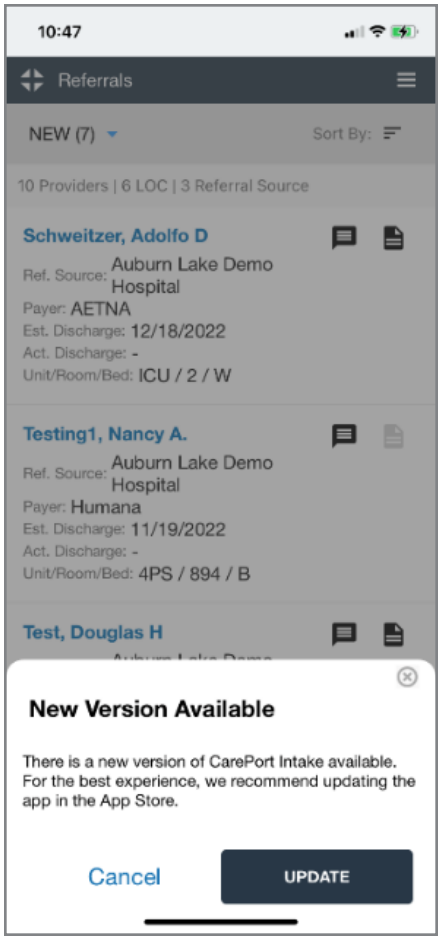
4. Tap **Get** to download the application.

> NOTE – You may be required to enter your Apple ID password to complete the download. There is no cost associated with downloading this application.

NOTE – If you previously downloaded the CarePort Intake app, UPDATE your app in the App Store to access the new dashboard functionality.

- Existing users of the CarePort Intake iOS mobile app who are **not** on the latest version (v1.18) will be prompted to update their mobile app before they can log in to the app.
- v1.8 is the **minimum** supported version of the CarePort Intake iOS mobile app so we can ensure all CarePort Intake mobile app users have access to the new referral dashboard.

TIP – The version update prompt directs users who have not done so already, to update their mobile app to the minimum supported version.
The 2023 January 25 release provides you with an update to the latest version, 1.18, which includes minor styling changes and an updated app description.



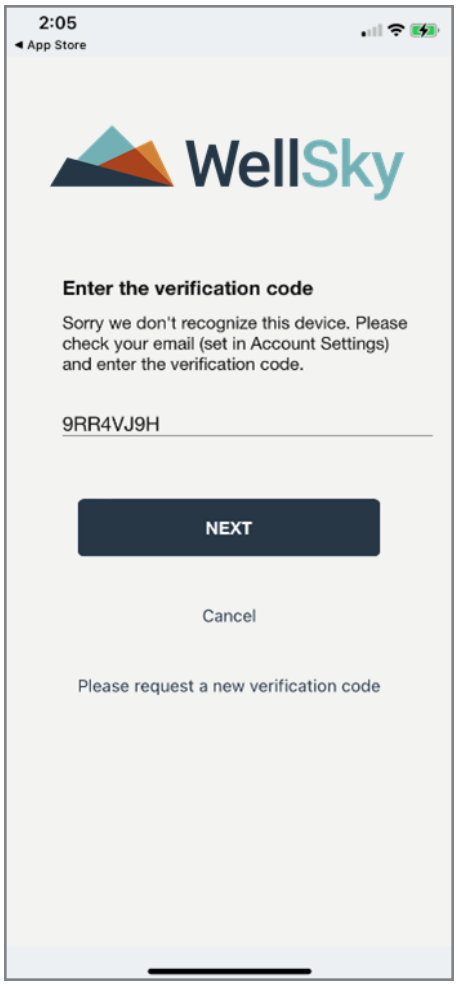
Logging into the CarePort Intake Mobile App

Following recommended security practices, Device Verification now exists to access the CarePort Intake Mobile App.

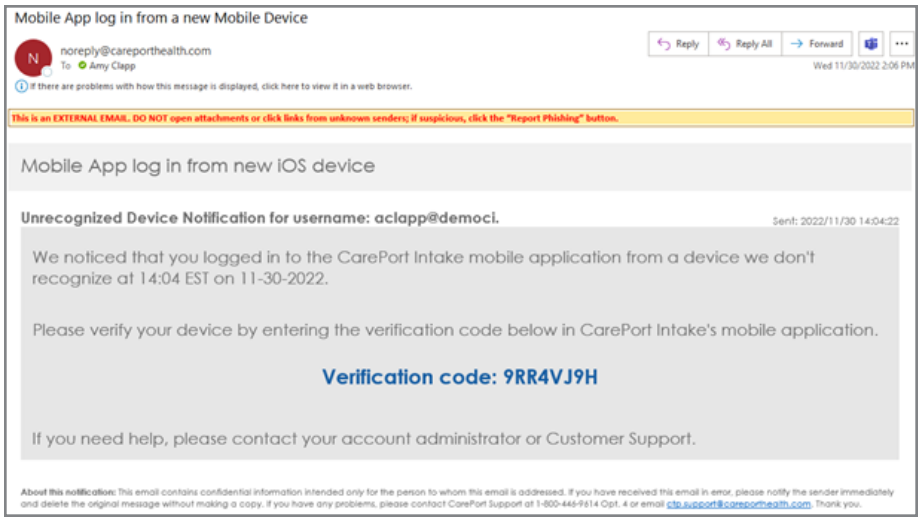
NOTE – This process requires you to enter a **verification code**, which is sent to your unique email in the **Account Settings** in the desktop application.

The functionality involves the generation of the verification code, an ability to request a new verification code, and an account lockout feature when you enter an incorrect code three (3) times.

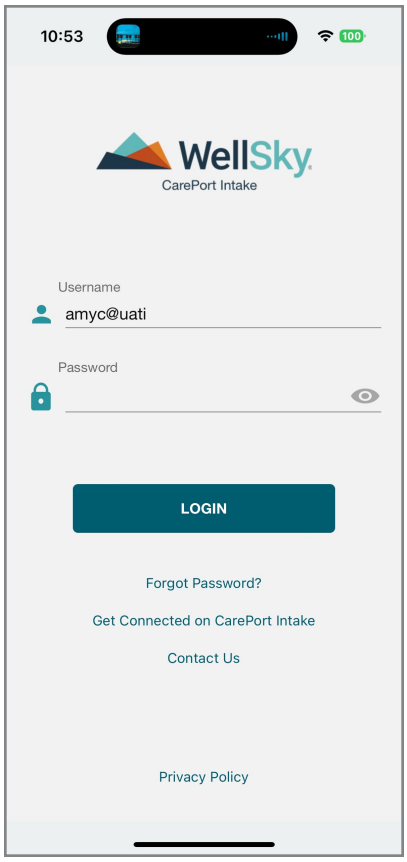
1. Log in with your CarePort Intake username and password. If logging into CarePort Intake mobile the first time, the following screen displays, asking you to enter a verification code.



CarePort Intake sent an email to the email address in your profile, which contains a verification code.

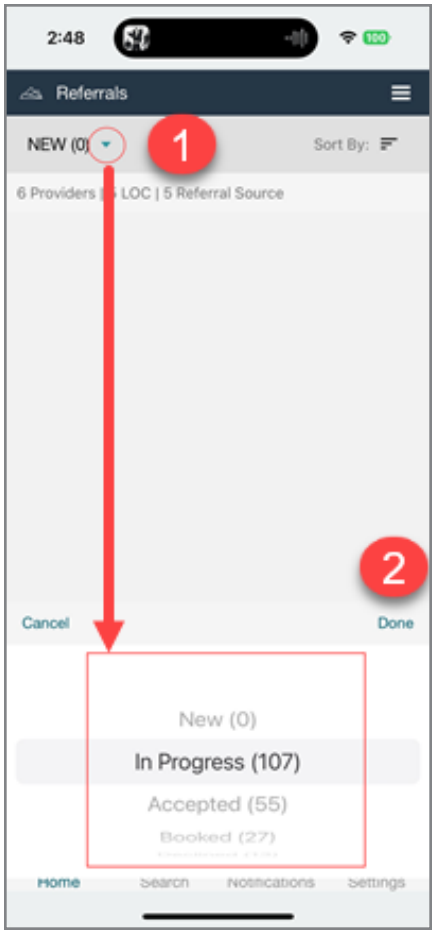


2. In the **Enter the verification code** field, enter the code provided in the email and tap **NEXT**.
3. Log in using your CarePort Intake username and password.



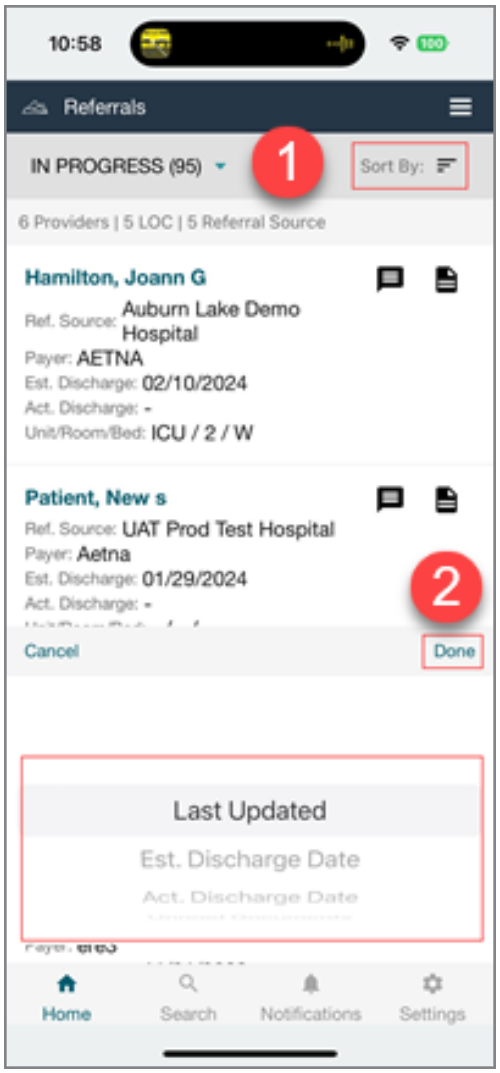
Viewing Referrals by Status

1. Click the **expand** icon. The **Status** filter options display.
2. Choose from one (1) of the following options:
   - New
   - In Progress
   - Accepted
   - Booked
   - Declined
   - Reopened
3. Click Done .



Sorting the Dashboard

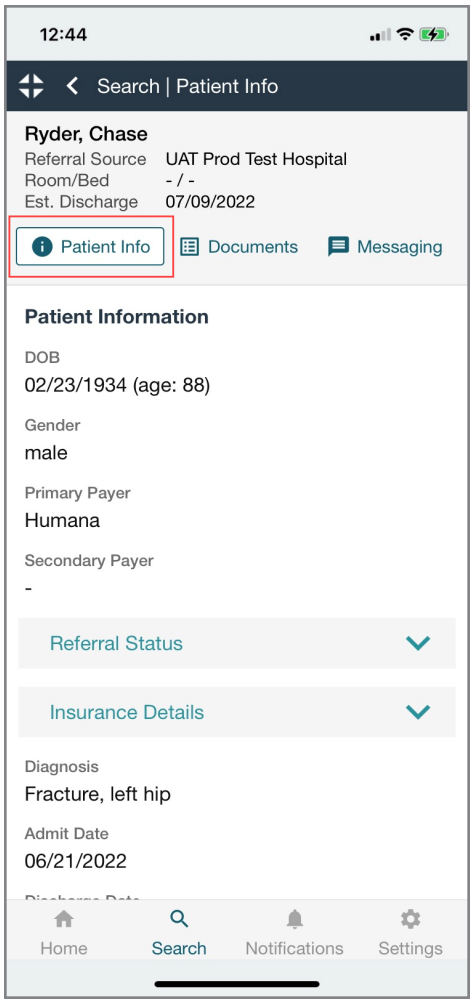
1. Tap **Sort By:** and choose any of the following options:
   - Last Updated
   - Est. Discharge Date
   - Actual Discharge Date
   - Unread Documents
   - Unread Messages
   - Alphabetical
   - Referral Source
   - Payer
   - Unit/Room/Bed
2. Click **Done** .



Searching for a Patient

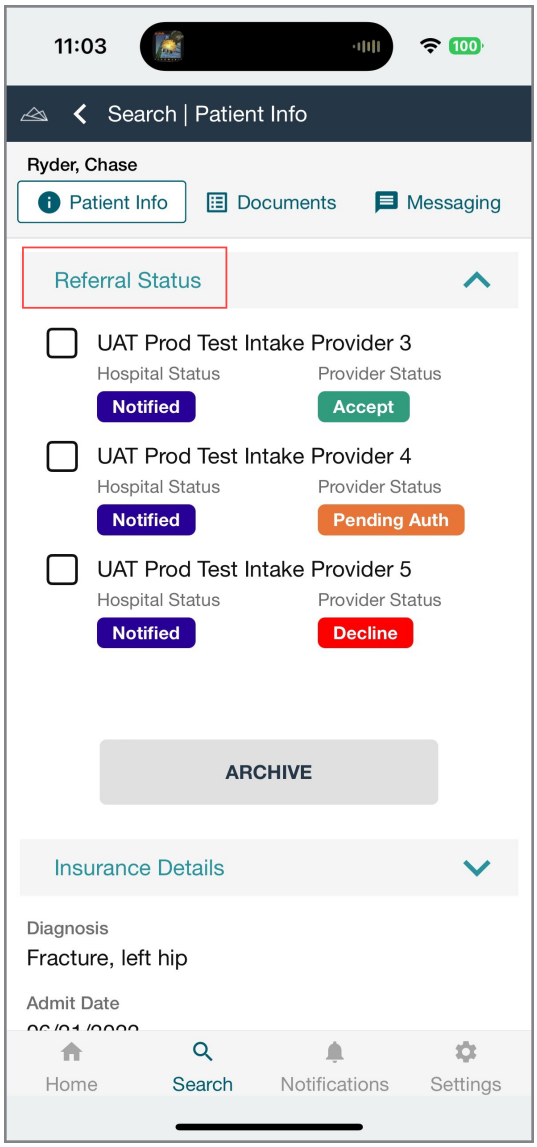
1. Tap Search in the bottom navigation bar.

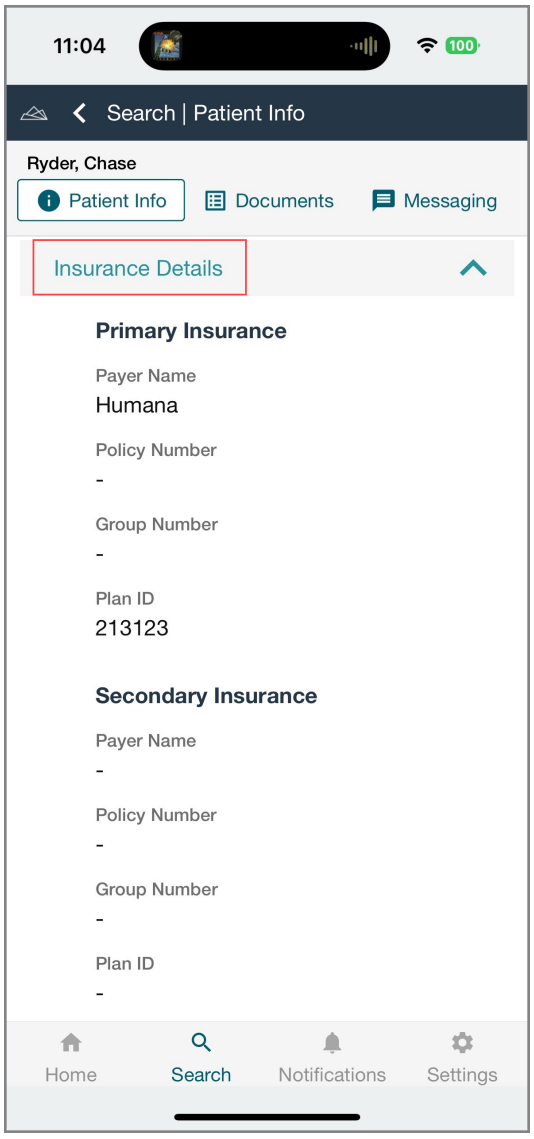




2. Enter the first or last name of the patient. A list of matching patients displays.
3. Tap the name of the patient you want. The **Patient Info** displays.

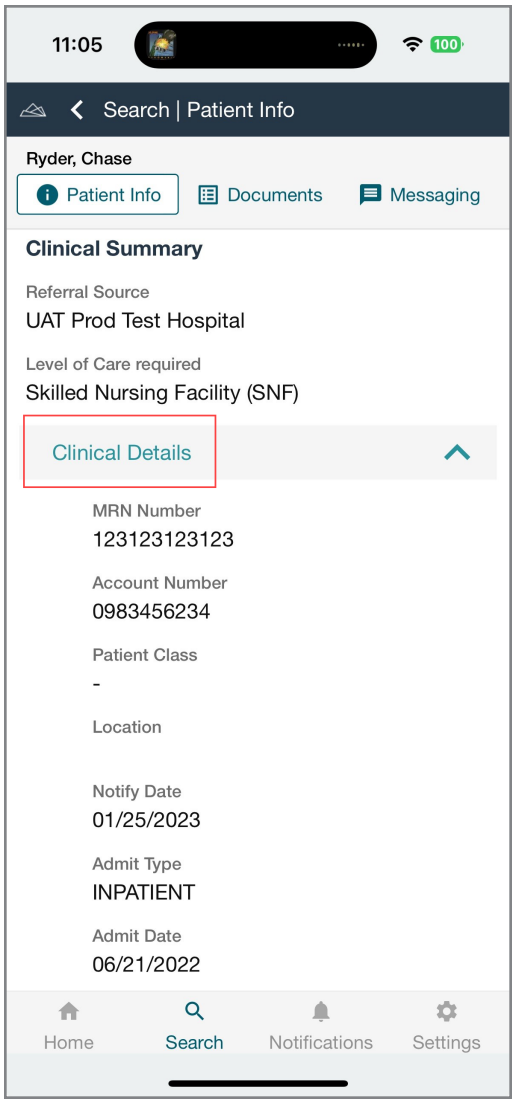
4. Click the **expand** icon to the right of Referral Status to view.





5. Click the **collapse** icon to close the section.
6. Click the **expand** icon to the right of Insurance Details to view.
7. Click the **collapse** icon to close the section.

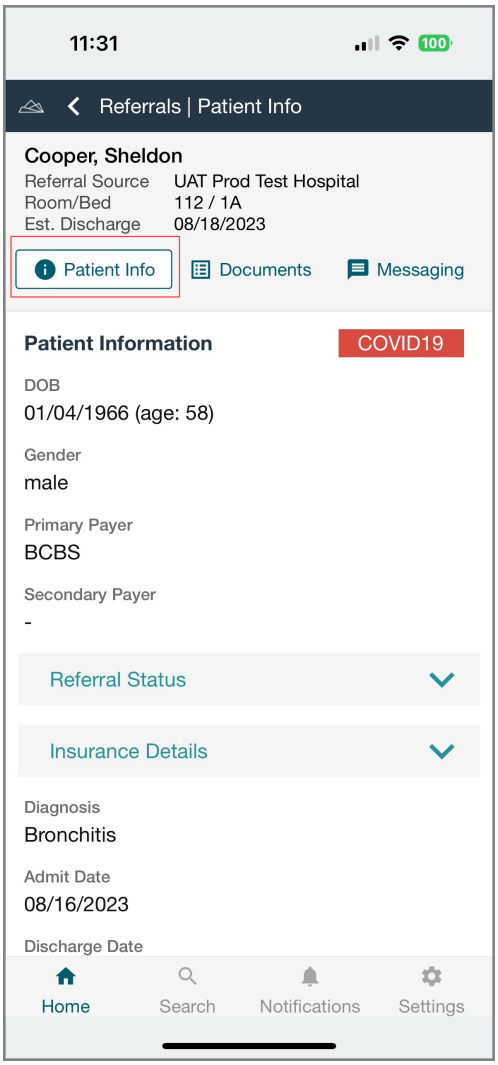
8. Click the **expand** icon to the right of Clinical Details to view.

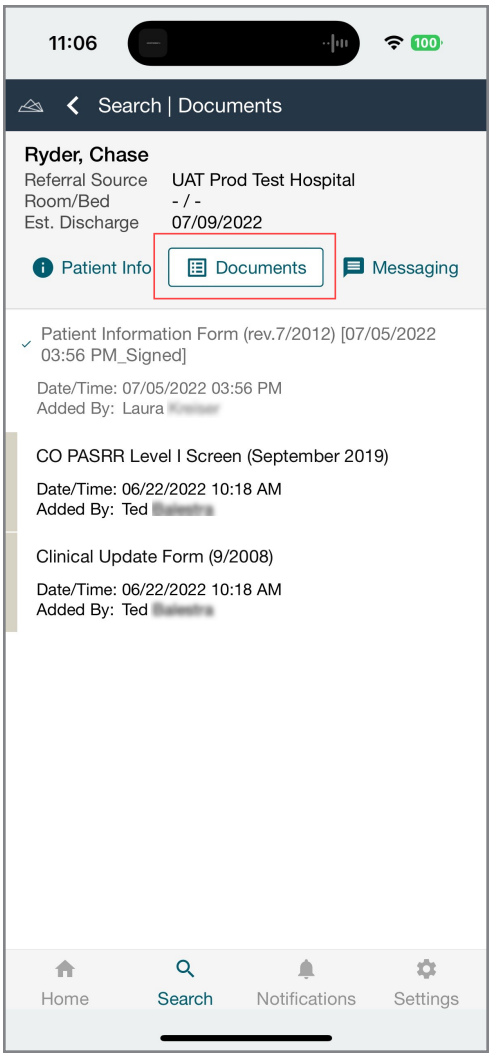


9. Click the **collapse** icon to close the section.

Reviewing a Referral

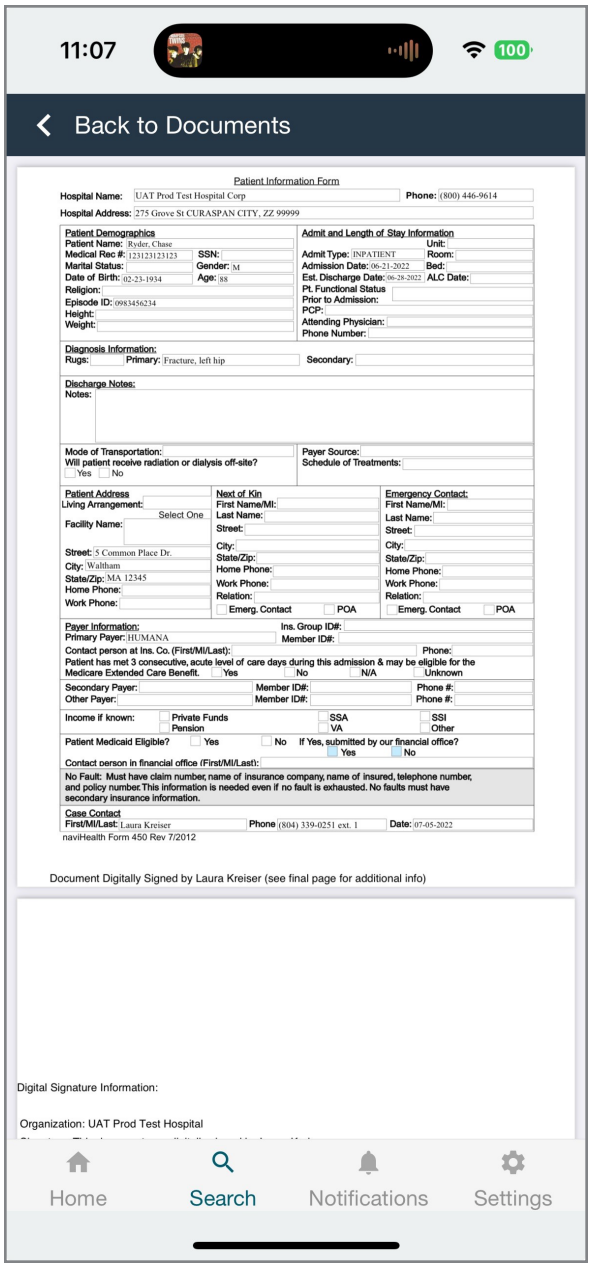
1. Tap the patient's name to review the referral. The Patient Info tab is selected by default.





2. Tap Documents . A list of documents attached to the referral displays.
3. Tap a document to review.

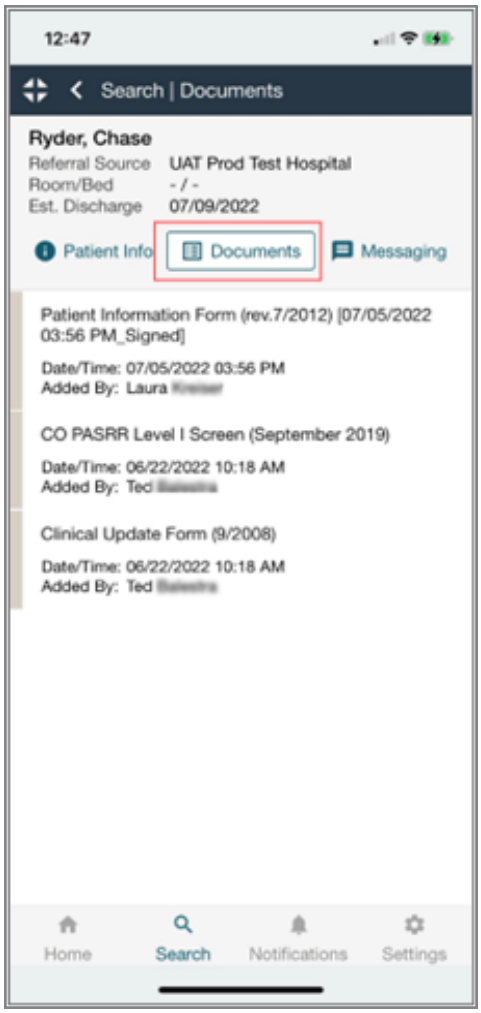
The document opens.



4. Tap **Back to Documents** to return to the list.

Viewing Documents

1. Tap Documents to display a list of the documents included with the referral.



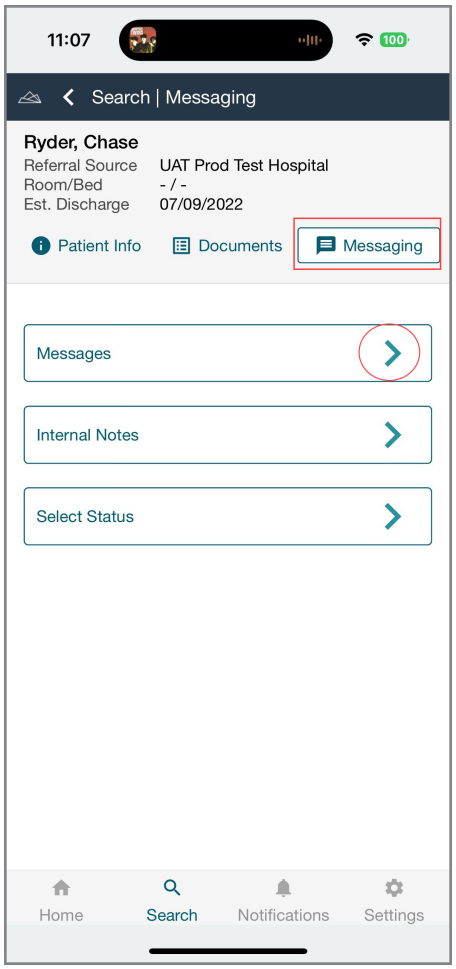


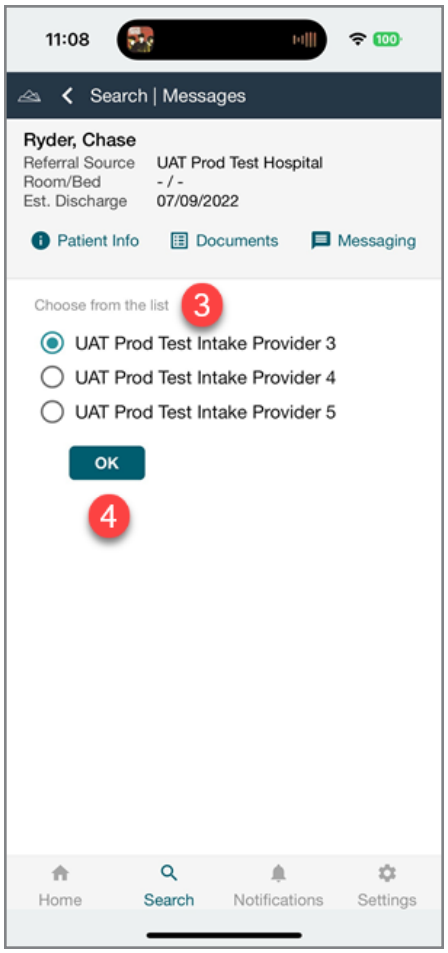
2. Tap the name of the document to review. The selected document displays.
3. Tap Back to Documents to return to the list of documents.

Viewing and Sending Messages

The Messaging tab allows you to send a message to the referral source and read any unread messages.

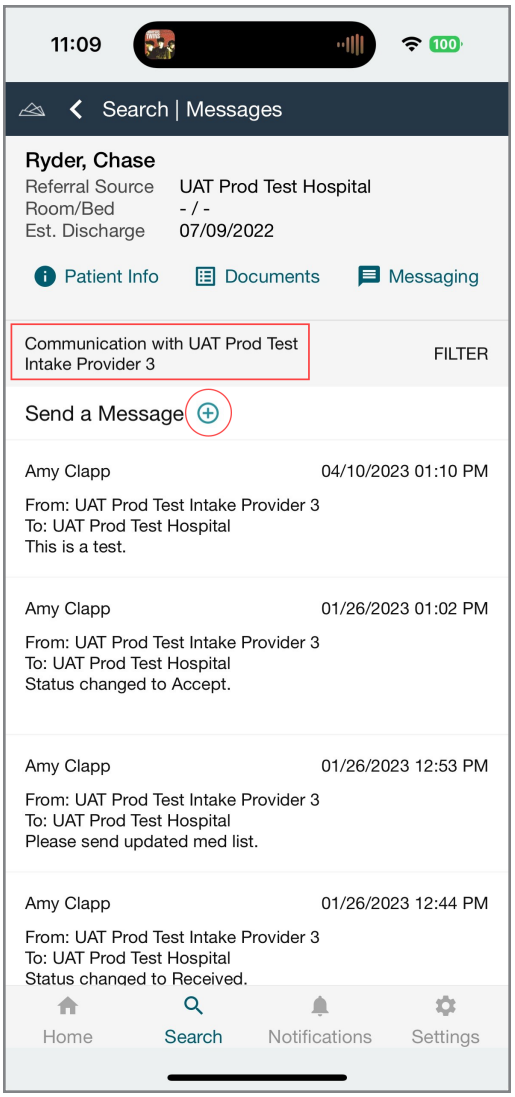
1. Tap Messaging.

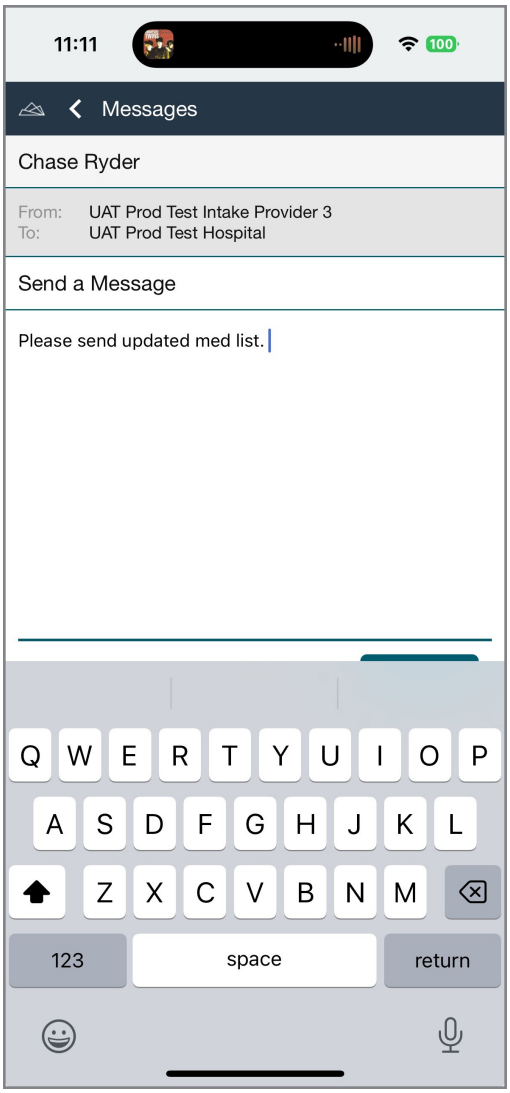




2. Tap the Messages option. If you have more than one (1) facility in your organization, then a list displays.
3. Select the facility from which you want the message to be sent.
4. Click OK.

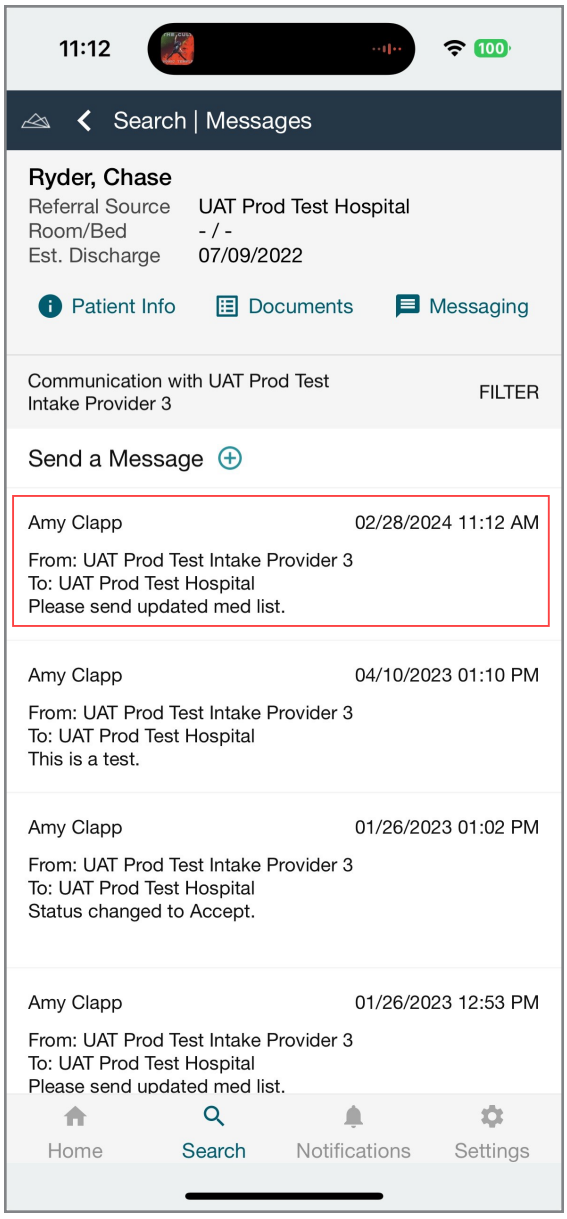
The **Messages** window opens.





5. Click the **plus** ⊕ icon to the right of **Send a Message**.
6. Enter your message in the text field.
7. Click SEND.

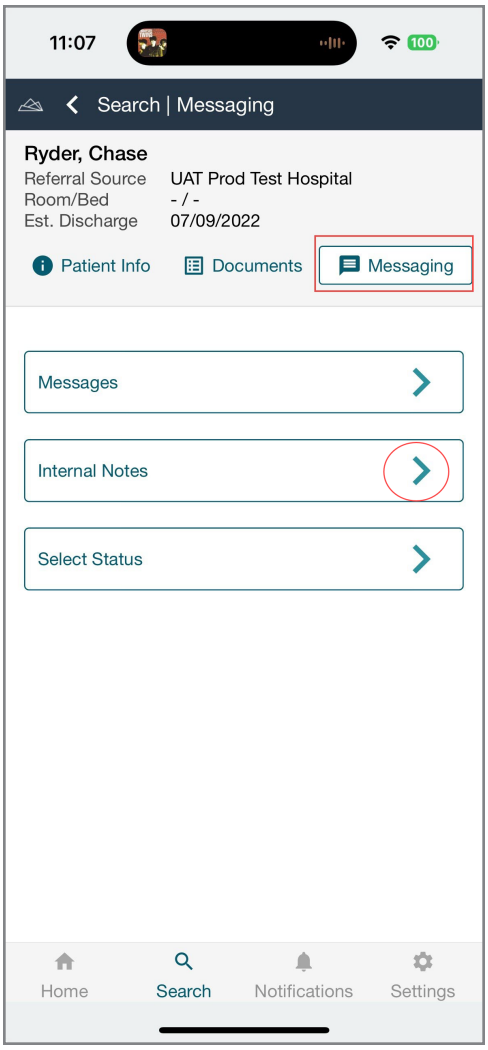
The new message displays.

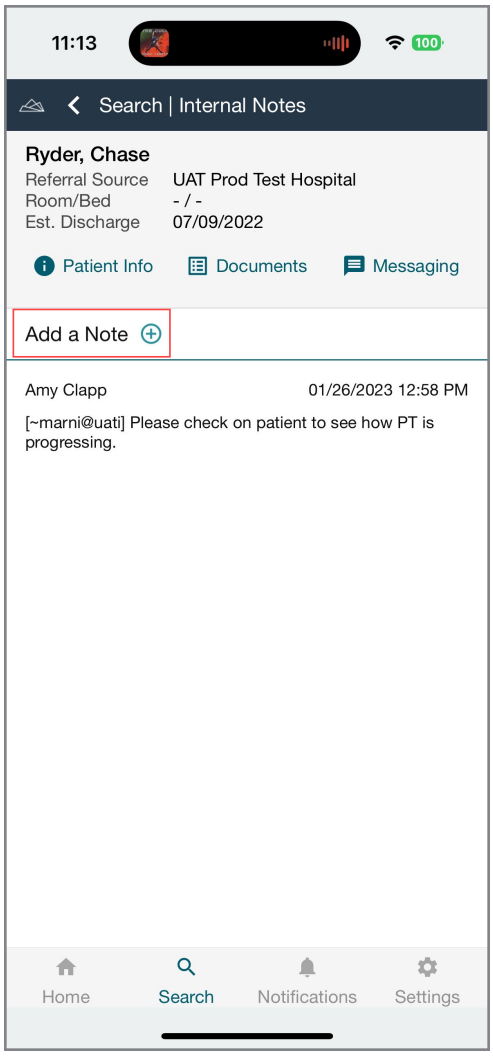


Viewing and Sending Internal Notes

Use the Internal Notes feature to send a note internally to your colleagues.

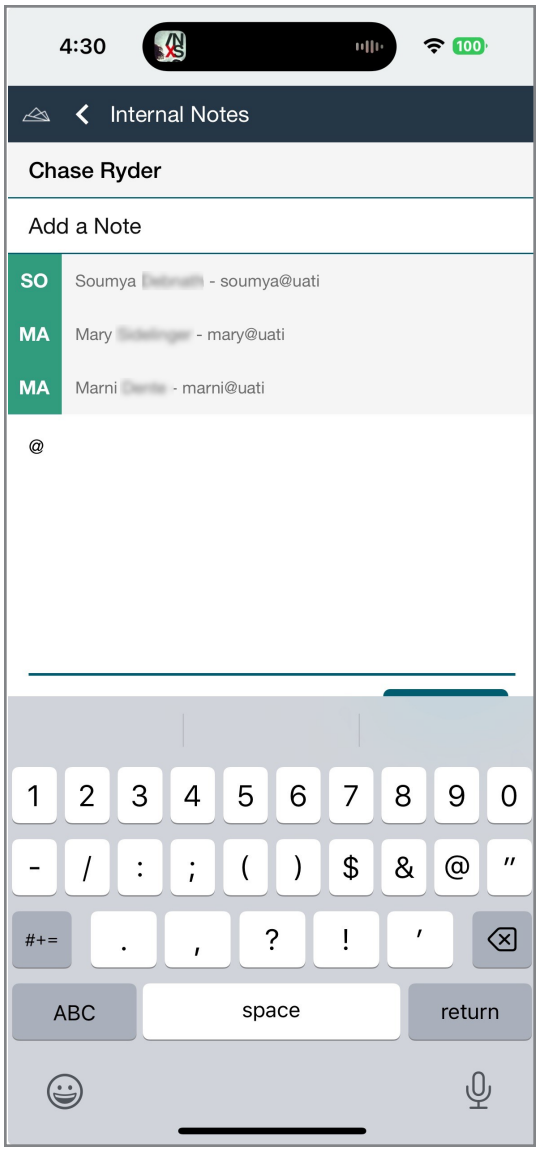
1. Tap Messaging. The **Messaging** screen displays.

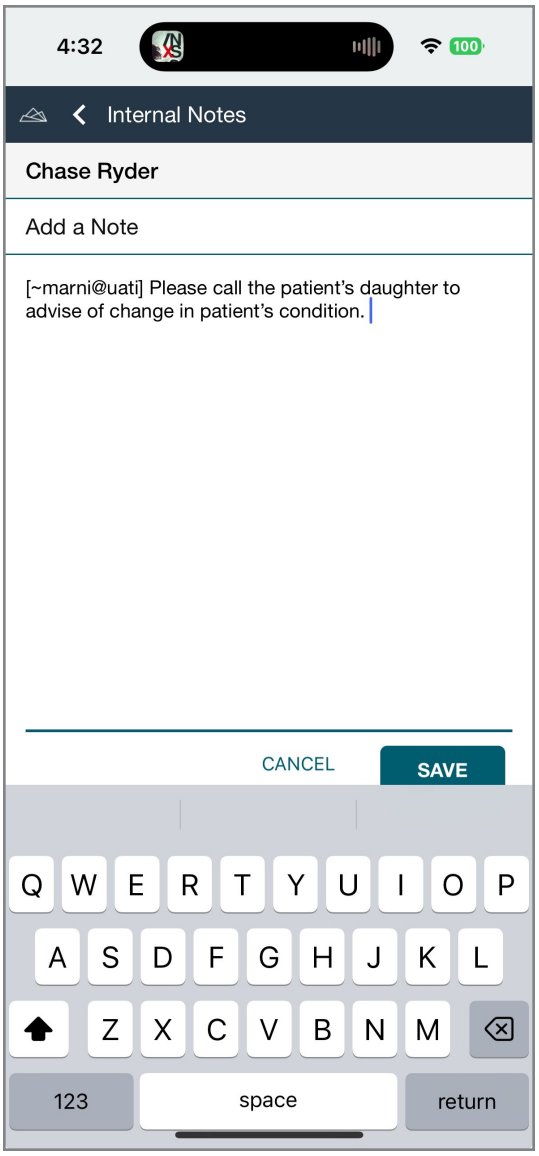




2. Tap the Internal Notes option. The **Internal Notes** window displays.
3. Tap the **plus** ⊕ icon to the right of **Add a Note**.
4. To send the message to a specific colleague, begin typing the **@** symbol.

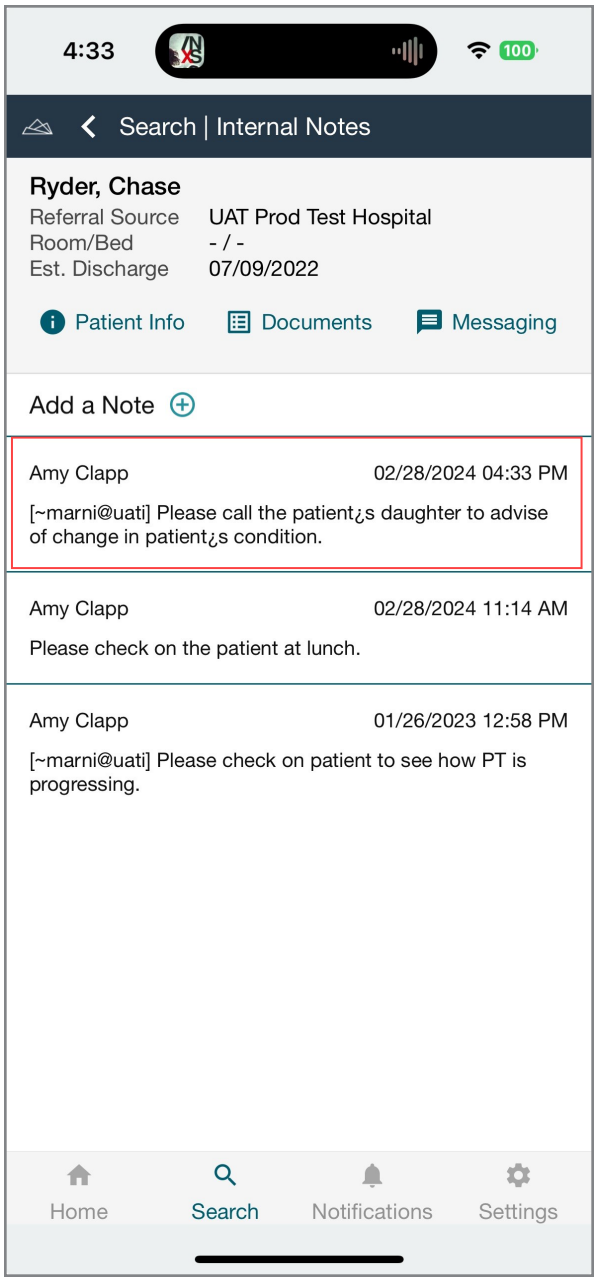
A list of colleague names displays.





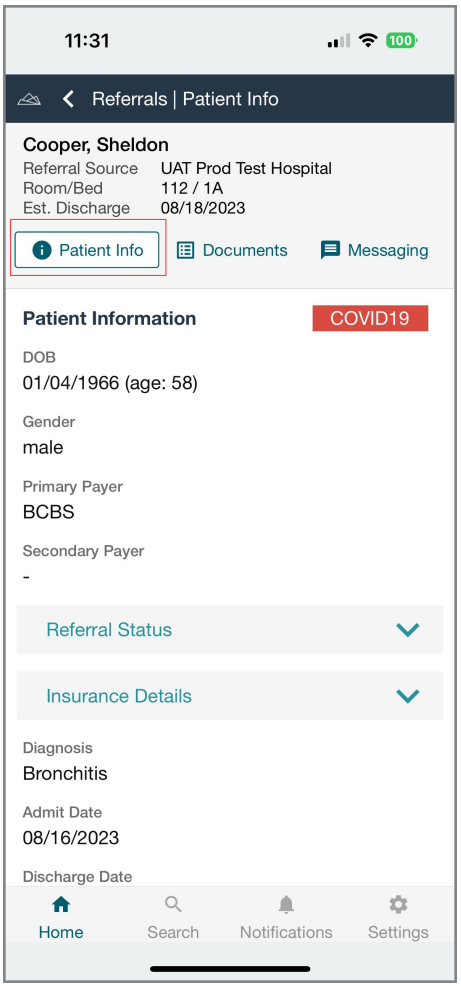
5. Select the desired colleague. A message window displays.
6. Type your message, and then tap SAVE .

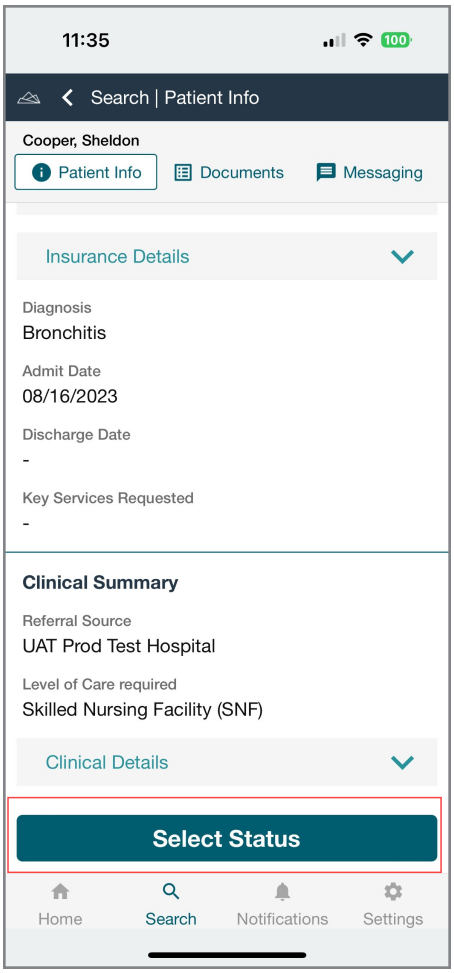
The message displays.



Sending an Accept Determination

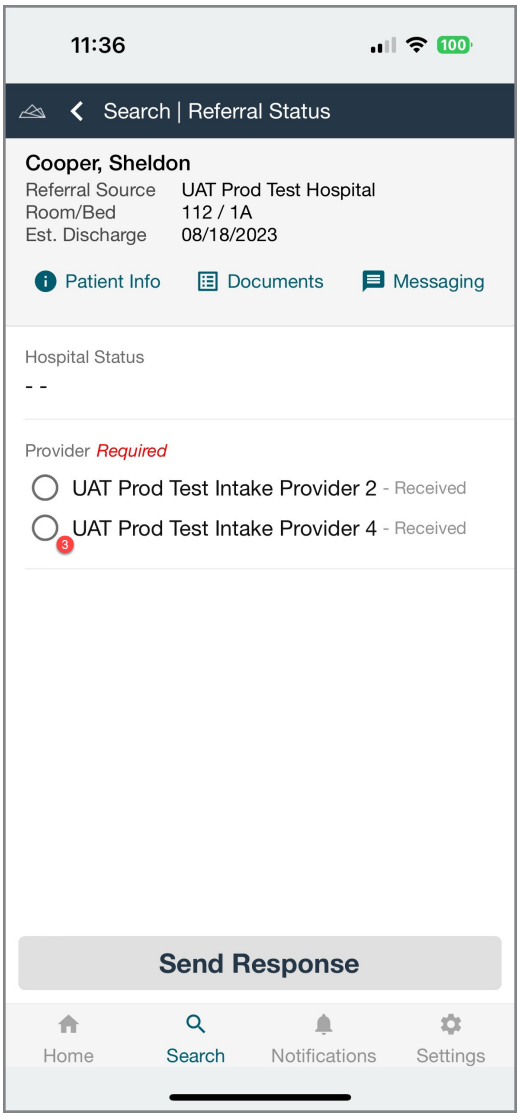
1. Tap the patient's name to respond to the referral. The Patient Info tab is selected by default.

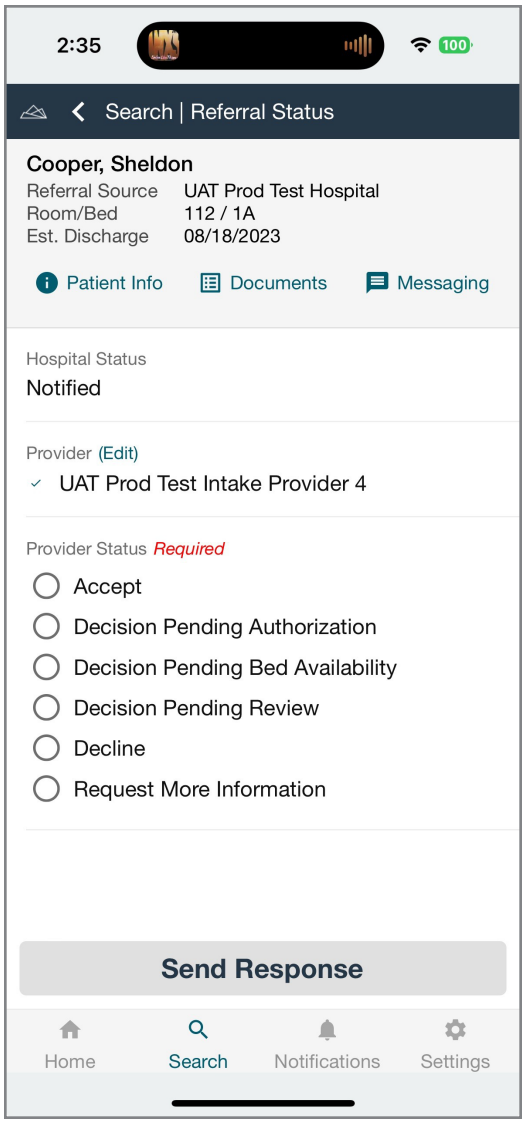




2. Scroll to the bottom and tap Select Status.

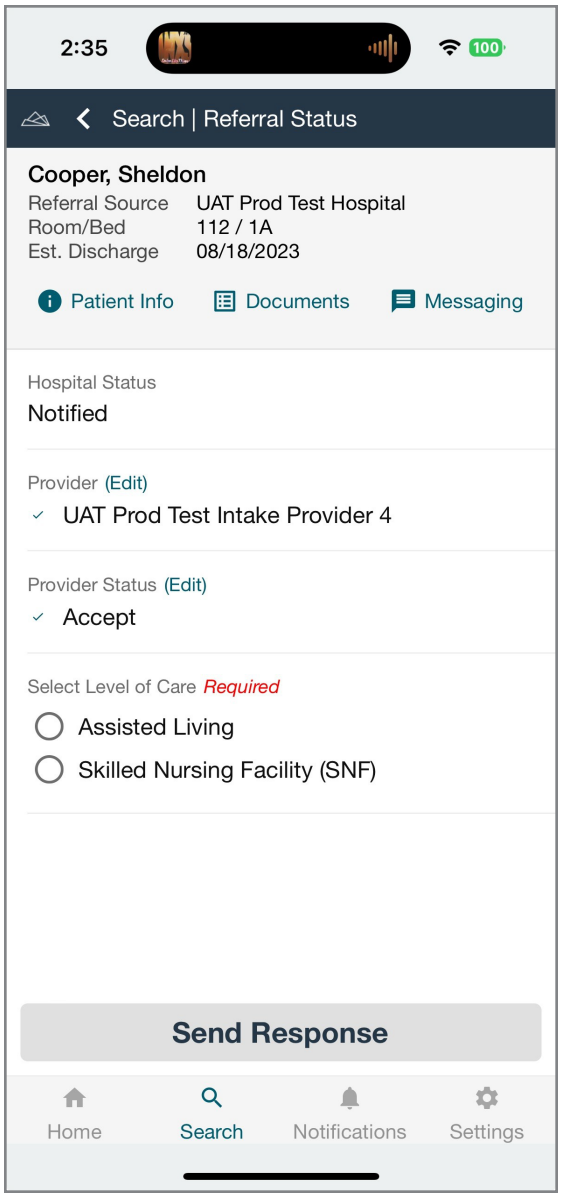
A list of providers in your organization who received the referral displays.

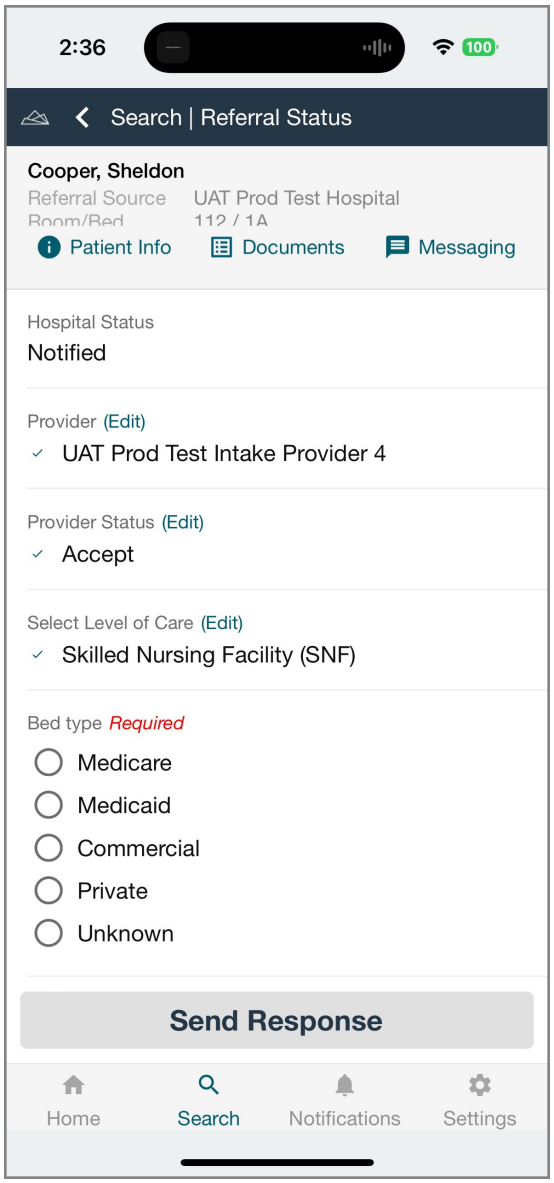




3. Select the appropriate provider.
4. Select the applicable **Provider Status**.

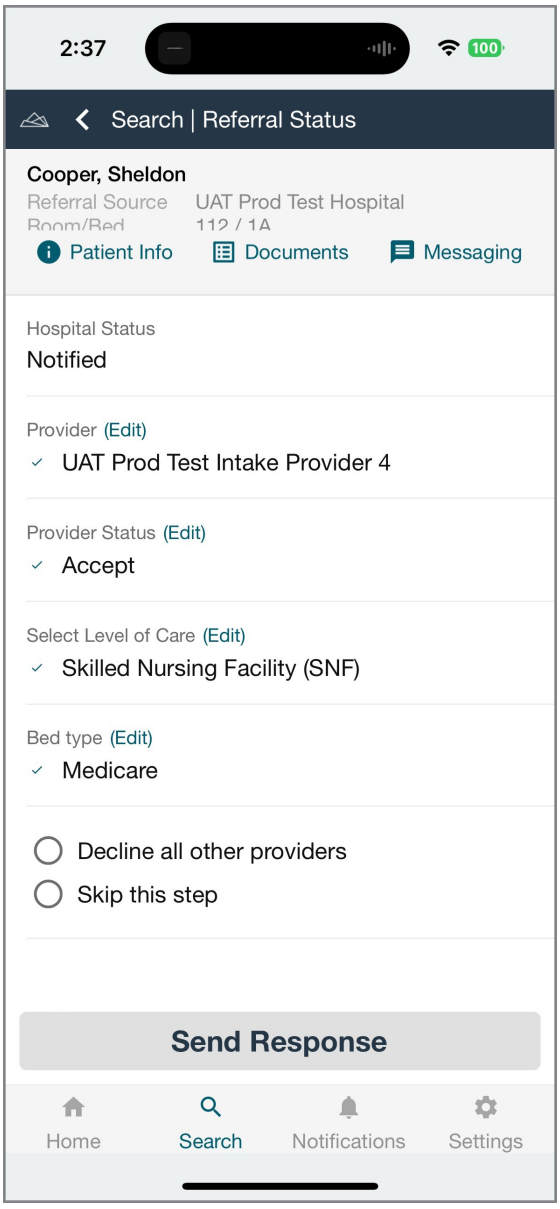
5. In this example, the **Accept** option was selected. Select the appropriate **Level of Care**.

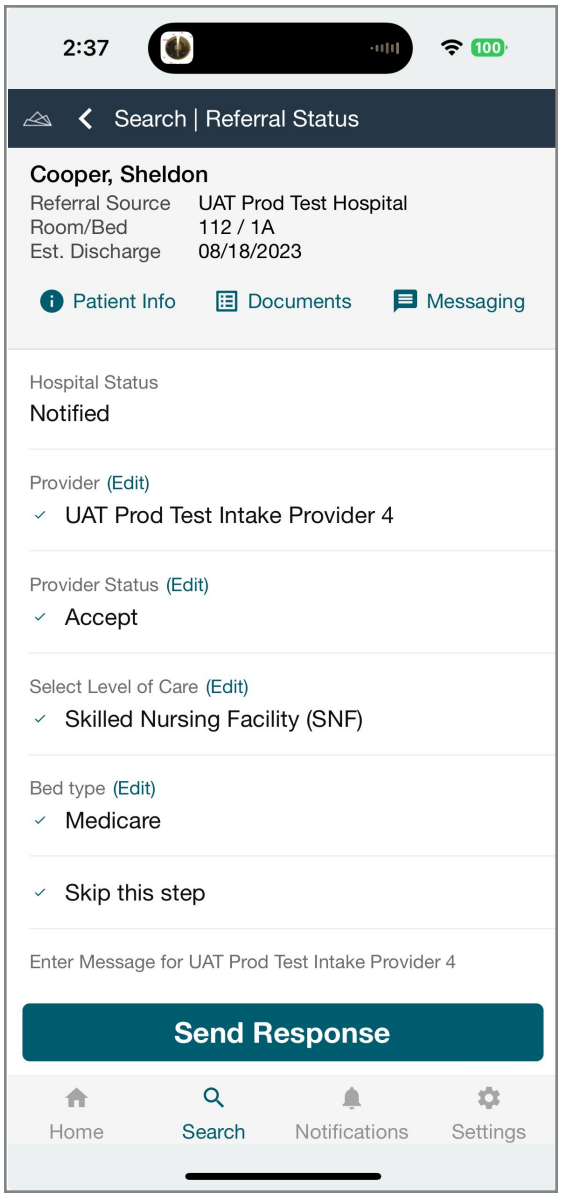




6. If the provider is a bedded facility, then select the **Bed type**.

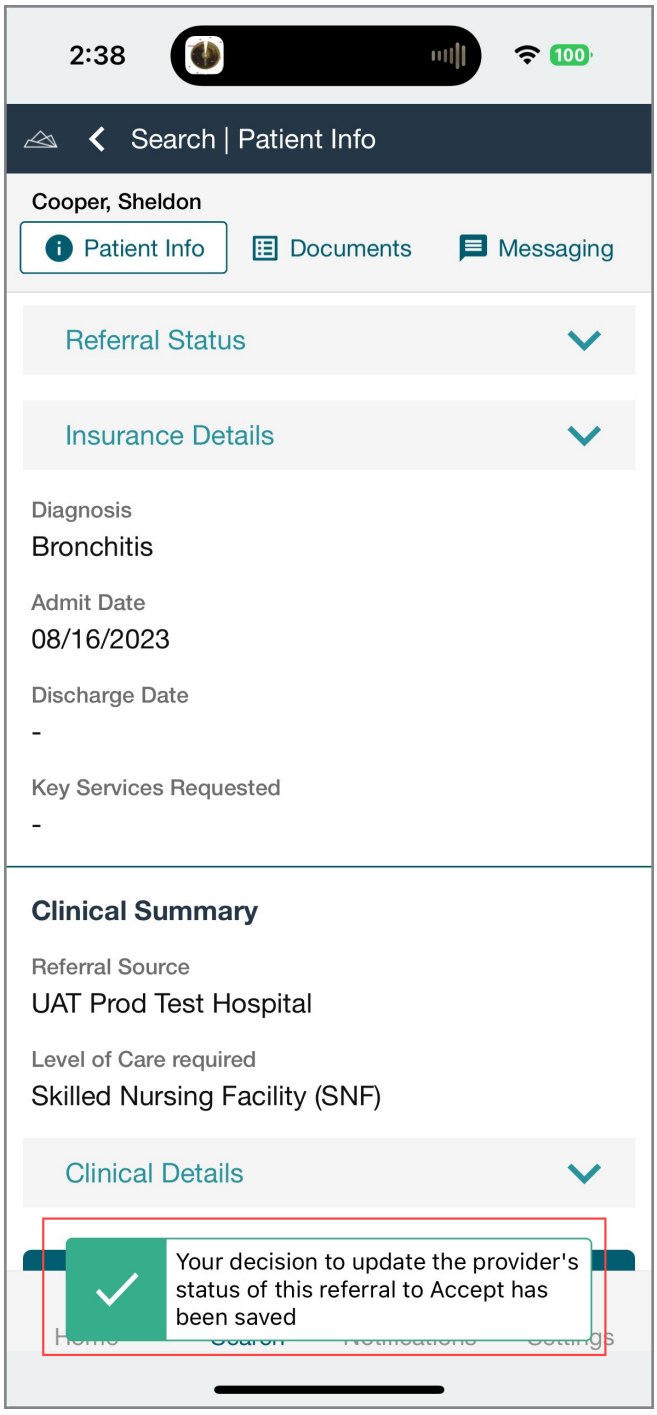
7. If you want to submit a declination for the remaining providers in your organization, then select **Decline all other providers**; otherwise, select **Skip this step**.





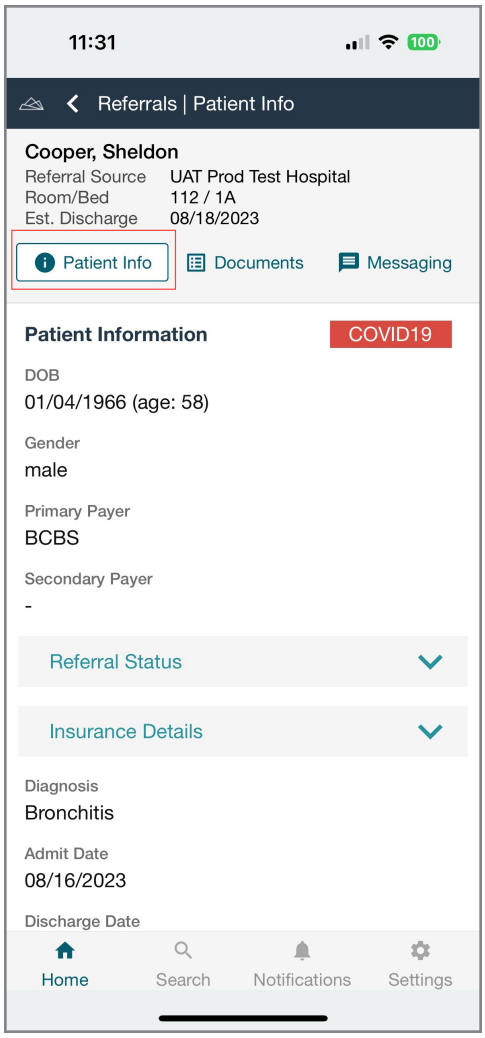
8. Tap **Send Response** to send the **Accept** status.

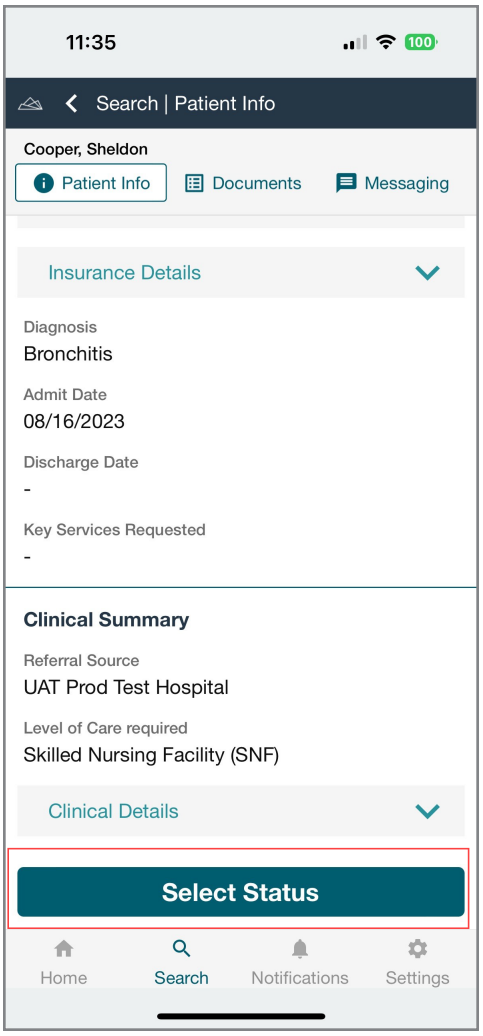
A confirmation message displays at the bottom of the window, indicating the provider's status successfully updated.



Sending a Decline Determination

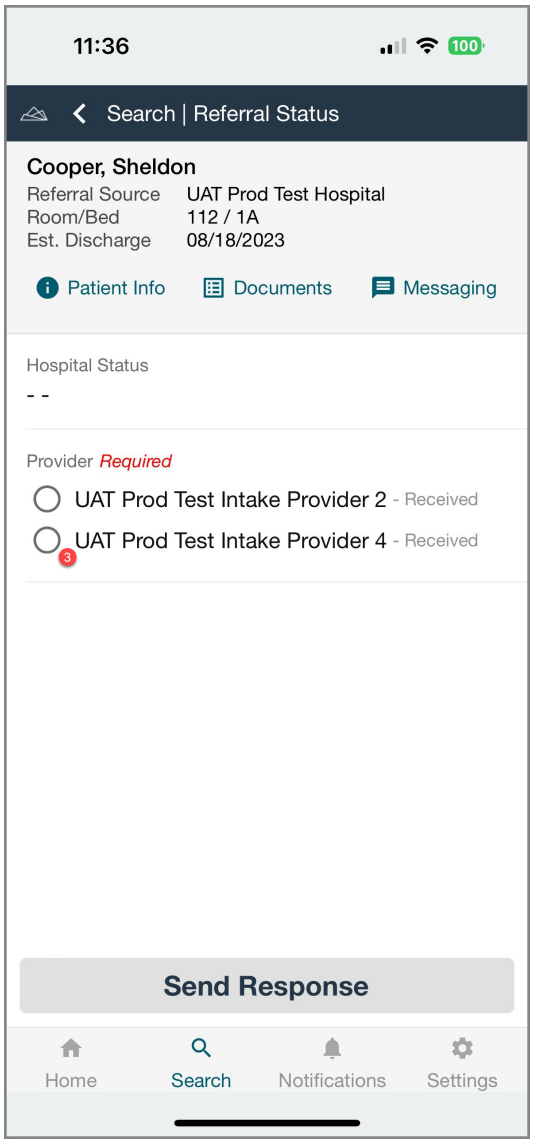
1. Tap the patient's name to respond to the referral. The Patient Info tab is selected by default.

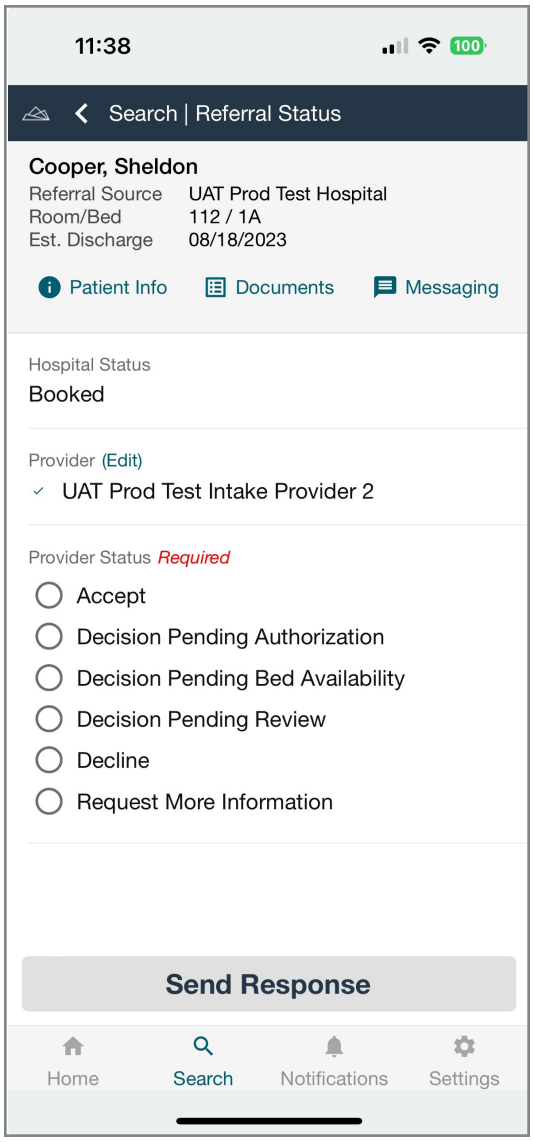




2. Scroll to the bottom and tap Select Status.

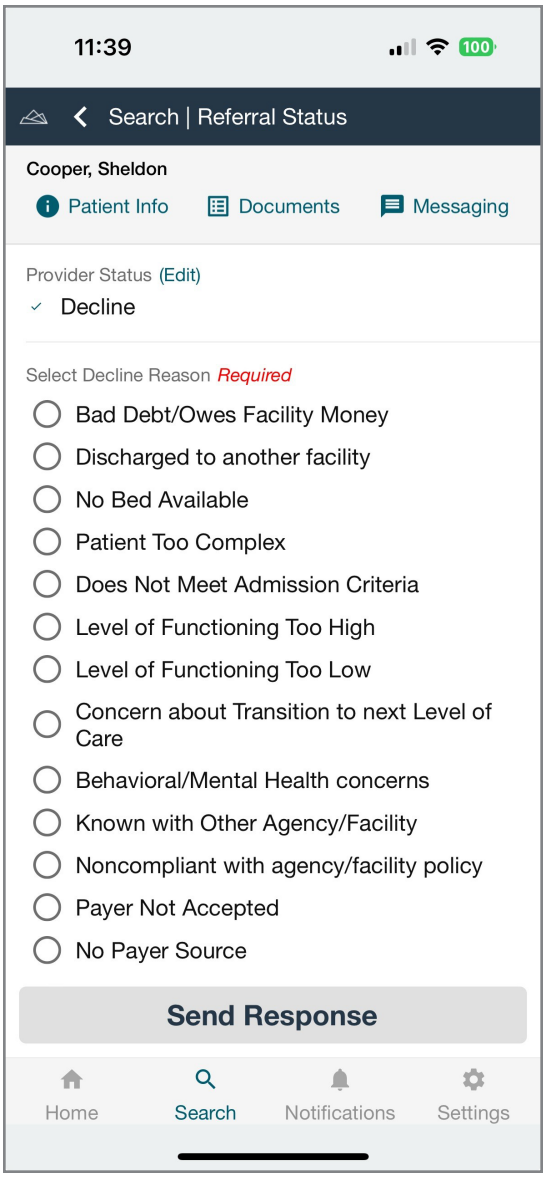
A list of providers in your organization who received the referral displays.

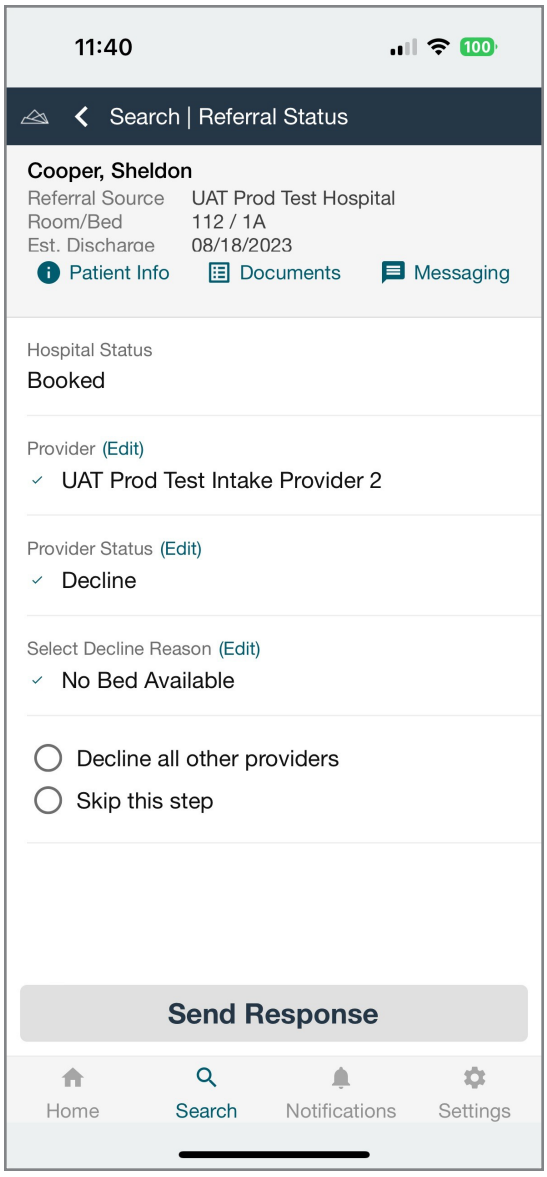




3. Select the appropriate provider.
4. Select the applicable Provider Status.

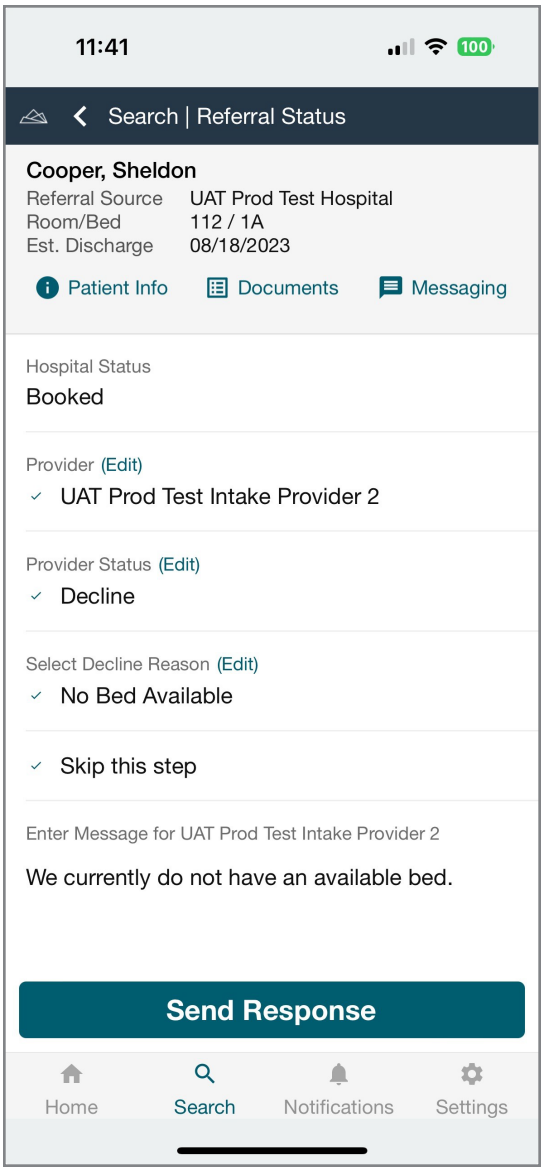
5. Select a **Decline Reason**. In this example, **Decline**was selected.

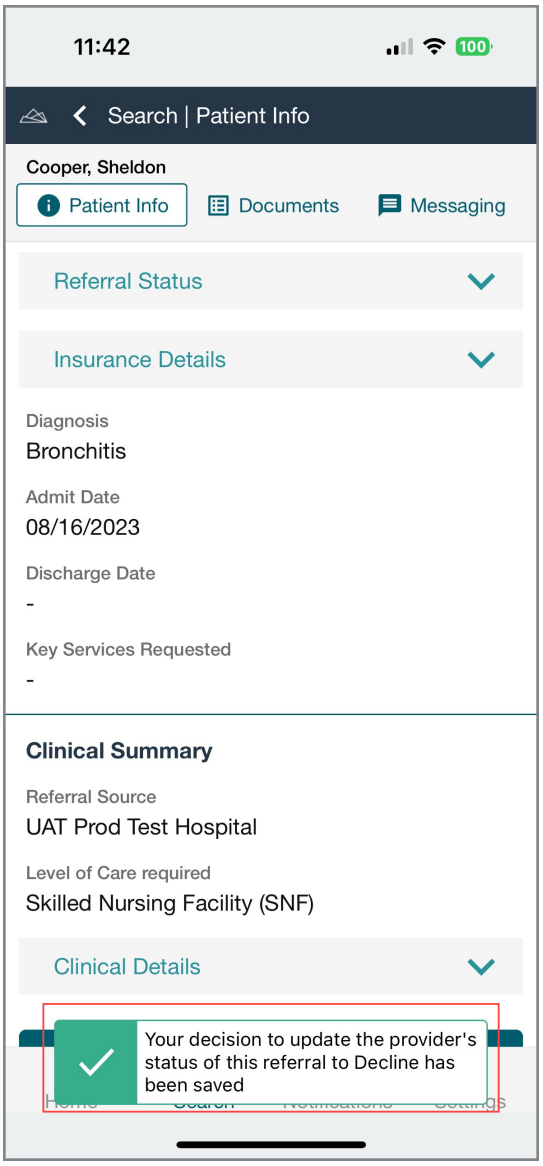




6. If you want to submit a declination for all the other providers in your organization, then select **Decline all other providers**; otherwise, select **Skip this step**.

7. If you want to include a message along with the declination, then enter it in the **Enter Message** section.



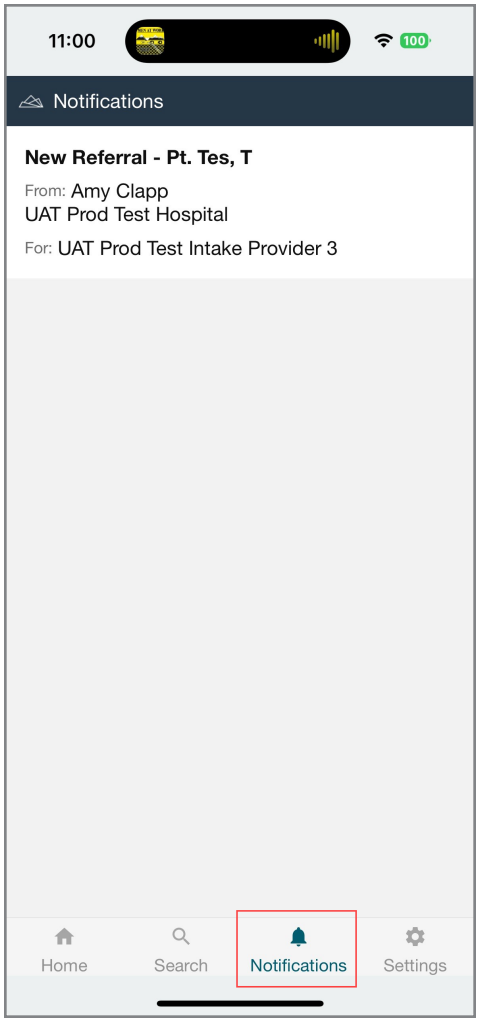


8. Tap **Send Response**. A message displays at the bottom indicating your decision has been saved.

Viewing Notifications

Since notifications are turned on in your **Settings** in the desktop application, they display in the mobile app.

1. Tap the Notifications tab in the bottom navigation bar.

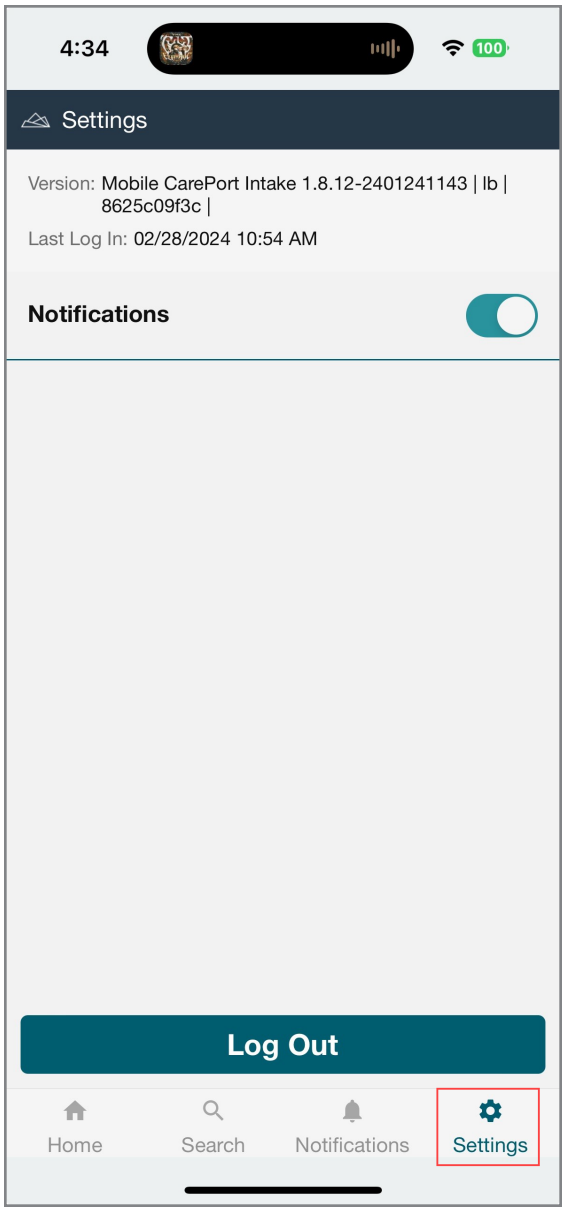


2. Tap a notification to open the referral.

> NOTE – Turn notifications on and off, as well as log out, by selecting the Settings tab in the bottom navigation bar.

Logging out of the CarePort Intake Mobile App

1. Tap Settings in the lower-left of the window.



2. Tap Log Out.

Frequently Asked Questions



What are the key functionality differences between CarePort Intake on a desktop or laptop computer versus the CarePort Intake mobile application?



While you can open and view documents in the app, the CarePort Intake mobile application does **not** support downloading or forwarding these documents due to security restrictions.



If I set dashboard filters in CarePort Intake on my desktop/web version, will those same filters be applied in the mobile app dashboard?



Yes. Dashboard filters are sticky between the web version of CarePort Intake and the CarePort Intake mobile application; therefore, any filters you set in the web version will automatically be set when you log in to the mobile app and vice versa.



Can I use the CarePort Intake mobile application on an iPad?



While you may download and utilize the CarePort Intake mobile application on an iPad, the application itself is optimized for the iPhone. We recommend using an iPhone for the best possible experience.



Can I use this on an Android or Google device?



No. The CarePort Intake mobile application is only available for Apple devices. CarePort, powered by WellSky will evaluate the need for a mobile application compatible with Android or Google devices later.



Can I log in to CarePort Intake via the internet from a mobile device?



CarePort does not officially support Mobile browsing. Certain functionality will be degraded if you access the web app version of CarePort Intake via a mobile device; however, CarePort Intake is fully functional on mobile devices when you use the iOS mobile app.



Will the CarePort Intake mobile application save my username and password?



No. You must enter your login credentials each time you want to access CarePort Intake.

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9

CarePort Intake Reports

Running CarePort Intake Reports 164
From Within CarePort Intake 164
When Logging Into CarePort Intake 164

Running CarePort Intake Reports

The CarePort Intake application does not have a **Reports** tab. However, accessing the **Reports** section can be performed two (2) ways.

> NOTE – Users need the **Reporting** license. Refer to the *WellSky CarePort Intake Administrator User Guide* for additional information.

From Within CarePort Intake

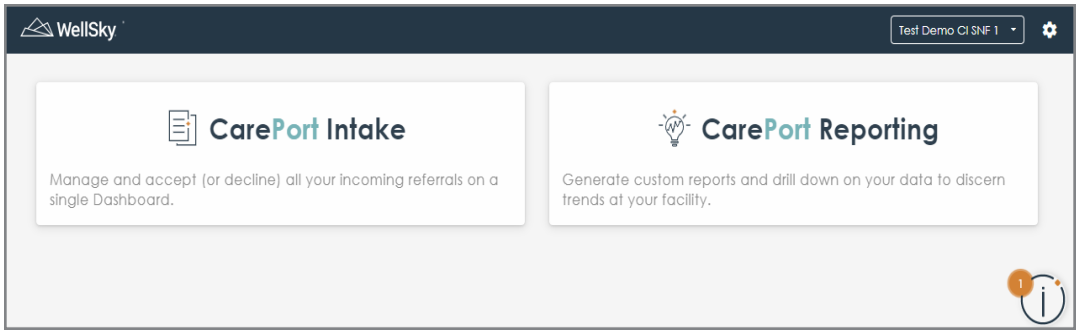
1. From the top-left corner, click **CarePort Intake**to the right of the WellSky logo.



2. Select **CarePort Reporting**.

When Logging Into CarePort Intake

1. Click the **CarePort Reporting** tile in the first window that displays.



2. Expand the **CarePort Intake Bundle** tab and select **Intake Referral**.

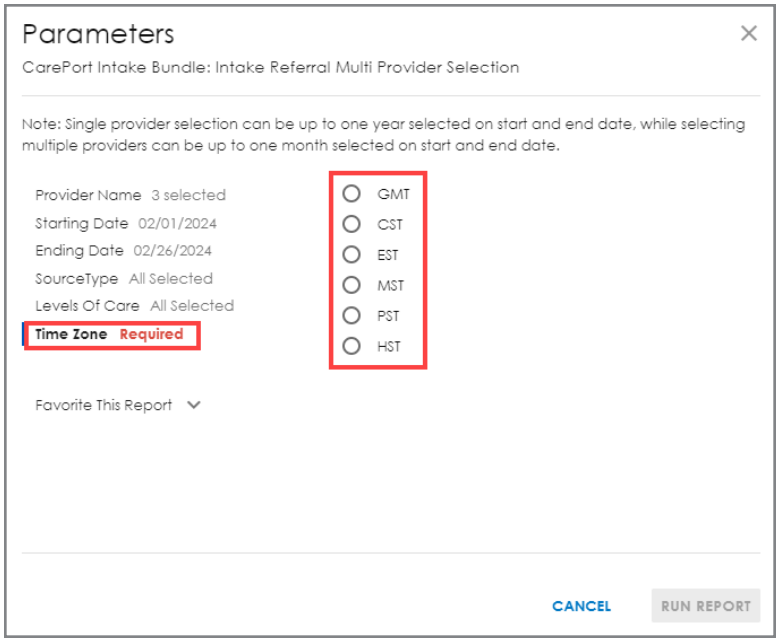


3. Choose between the two (2) selection options.

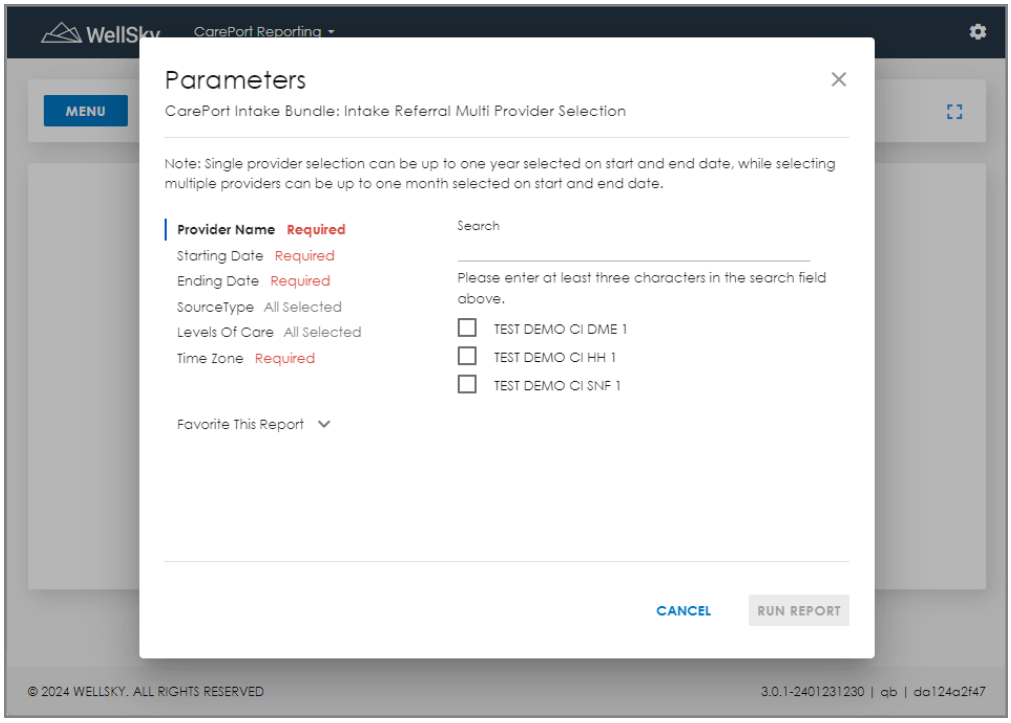


Multi Provider Selection

NOTE – The **2024 February 22** release added the **Time Zone** option to the **Parameters** window.

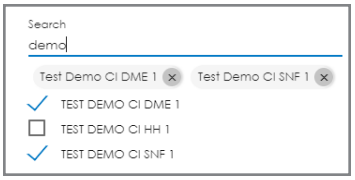


1. Select or enter search criteria in the **Parameters** window that displays.



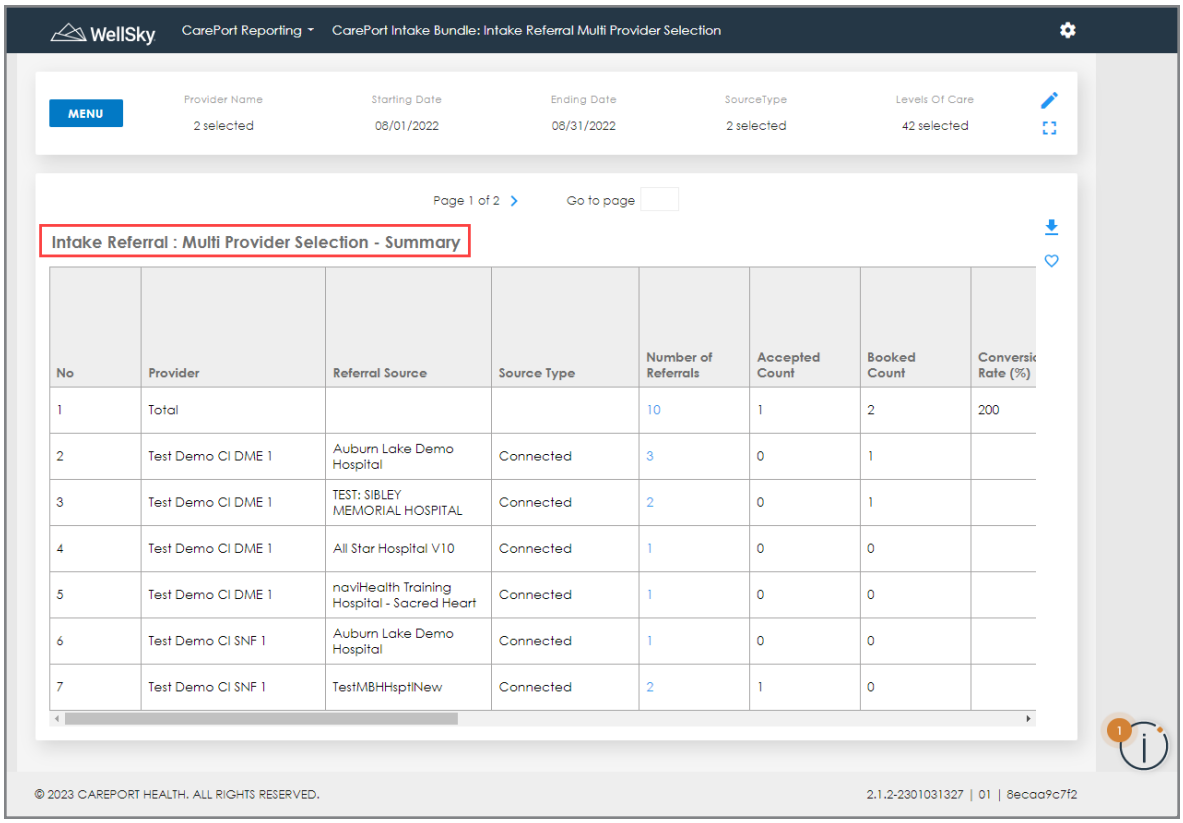
2. Select options for the **Multi Provider Selection**.

Table 9-1: Fields and Instructions for Selection

Field	Instructions
Provider Name Required	• Enter at least three (3) characters of a provider's name for which to search. Results display based on the entered criteria.  • Select the checkbox(es) for the facility(ies) you want to be part of your report.
Starting Date Required	Click the **calendar** icon and select a starting date from the interactive calendar that displays.
Ending Date Required	Once a **Start Date** is selected, enter an **Ending Date**.
Source Type All Selected	Click **Source Type**. The **SELECT ALL** checkbox is selected by default.

Field	Instructions
Levels of Care All Selected	Click **Levels of Care**. The **SELECT ALL** checkbox is selected by default.
Time Zone Required	Select the appropriate time zone for your facility.

3. Click RUN REPORT. The *Intake Referral: Multi Provider Selection – Summary* report displays.



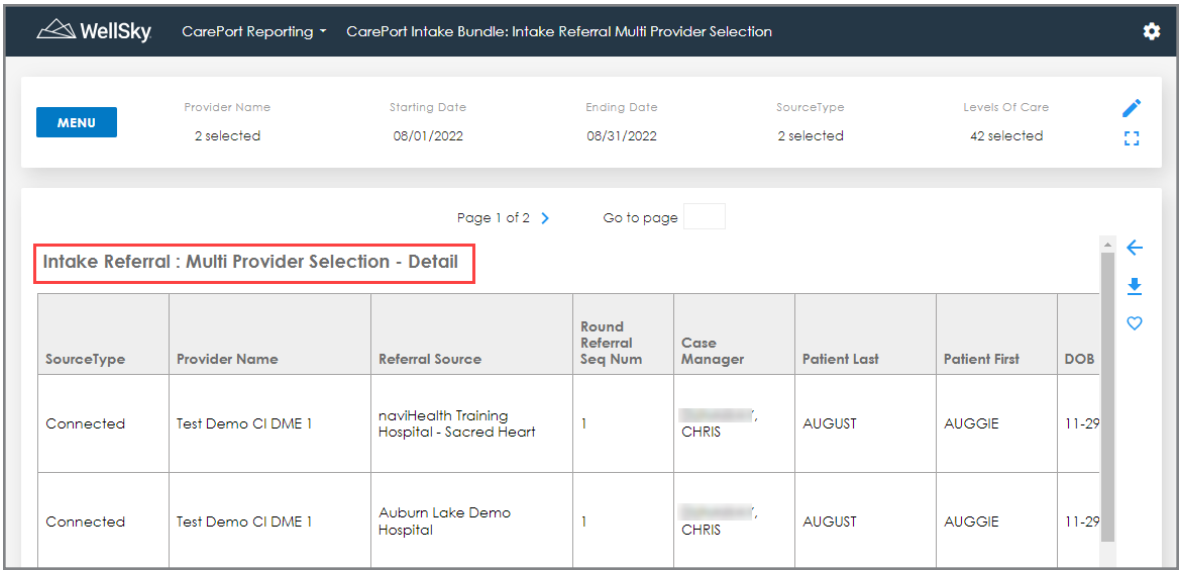
NOTE – There is only one (1) report (*Summary Report*) you can run. The *Summary Report* has two (2) new columns: **Provider** and **Source Type**.

View the Detail Report

To view the *Detail Report* for all referrals, click the number link in the **Number of Referrals** column in the **Total** row.

No	Provider	Referral Source	Source Type	Number of Referrals	Accepted Count	Booked Count	Conversi Rate (%)
1	Total			10	1	2	200
2	Test Demo CI DME 1	Auburn Lake Demo Hospital	Connected	3	0	1	
3	Test Demo CI DME 1	TEST: SIBLEY MEMORIAL HOSPITAL	Connected	2	0	1	
4	Test Demo CI DME 1	All Star Hospital V10	Connected	1	0	0	

The *Intake Referral: Multi Provider Selection – Detail Report* displays.



NOTE – The *Detail Report* has three (3) new columns: **Provider**, **Actual Discharge Date**, and **Round Referral Seq Number**.

The **Estimated Discharge Date** and the **Actual Discharge Date** are in GMT time zone. The number of rows may not match from the *Summary Report* to the *Detail Report* due to round level reporting.

NOTE – With the **2024 February 22** release, based on the **Time Zone** parameter selection, the **Date** columns in the *Patient Detail* reports will show the time zone selection in parentheses. For example, if **EST** is selected it will display (EST) in the column headers.

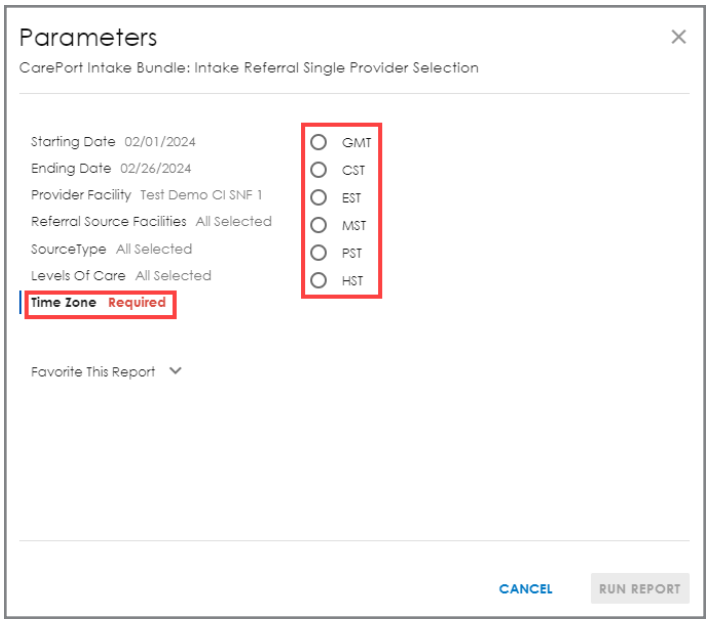
Key Service	Referral Open/Reopen Date (EST)	Estimated Discharge Date (EST)	Actual Discharge Date (EST)	Anticipated Start Of Care Date (EST)	Actual Start Of Care Date (EST)	Current Provider Status
	02/12/2024 13:09					NO_RESP_SUBMITTED

NOTE – The following three (3) new columns were added to the *Patient Detail Report* with the **2024 February 22** release:

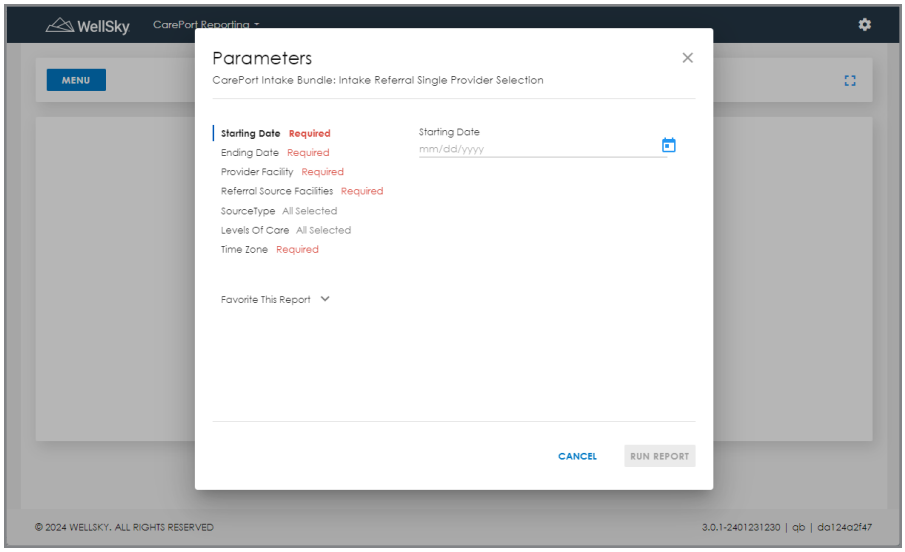
- Patient MRN
- Patient Account Number
- Patient Zip Code

Single Provider Selection

NOTE – The **2024 February 22** release added the **Time Zone** option to the **Parameters** window.



1. Select or enter search criteria in the **Parameters** window.



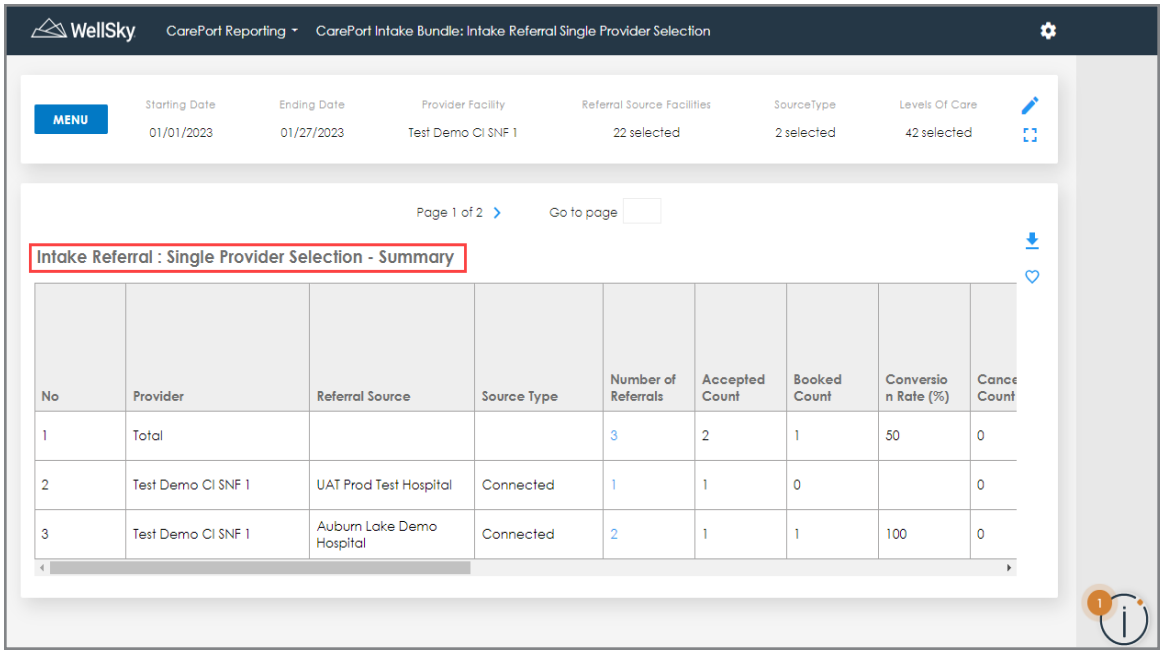
2. Select options for a **Single Provider Selection**.

Table 9-2: Fields and Instructions for Selection

Field	Instructions
Starting Date Required	Click the **calendar** icon and select a starting date.
Ending Date Required	Once a **Start Date** is selected, select an ending date.
Provider Facility Required	Select one (1) of the provider options.
Referral Source Facilities Required	Click **Referral Source Facilities** and select specific referral source facilities **or** select the **SELECT ALL** checkbox.
Source Type	Click **Source Type**. The **SELECT ALL** checkbox is selected by default. If desired, clear the **SELECT ALL** option and select either the **CURASPAN** or **MANUAL** options.
Levels of Care	Click **Levels of Care**. The **SELECT ALL** checkbox is selected by default. If desired, clear the **SELECT ALL** option and choose specific Levels of Care from the list that displays.
Time Zone Required	Select the appropriate time zone for your facility.

3. Click **RUN REPORT** located in the lower-right side of the window.

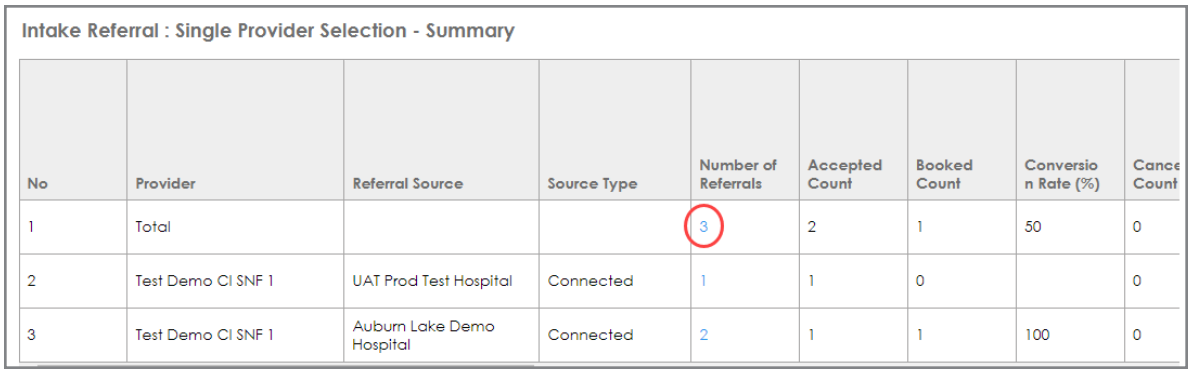
The *Intake Referral: Single Provider Selection – Summary Report* displays.



NOTE – There is only one (1) report (*Summary Report*) you can run in >CarePort Intake. The *Summary Report* has two (2) new columns: **Provider** and **Source Type**.

View the Detail Report

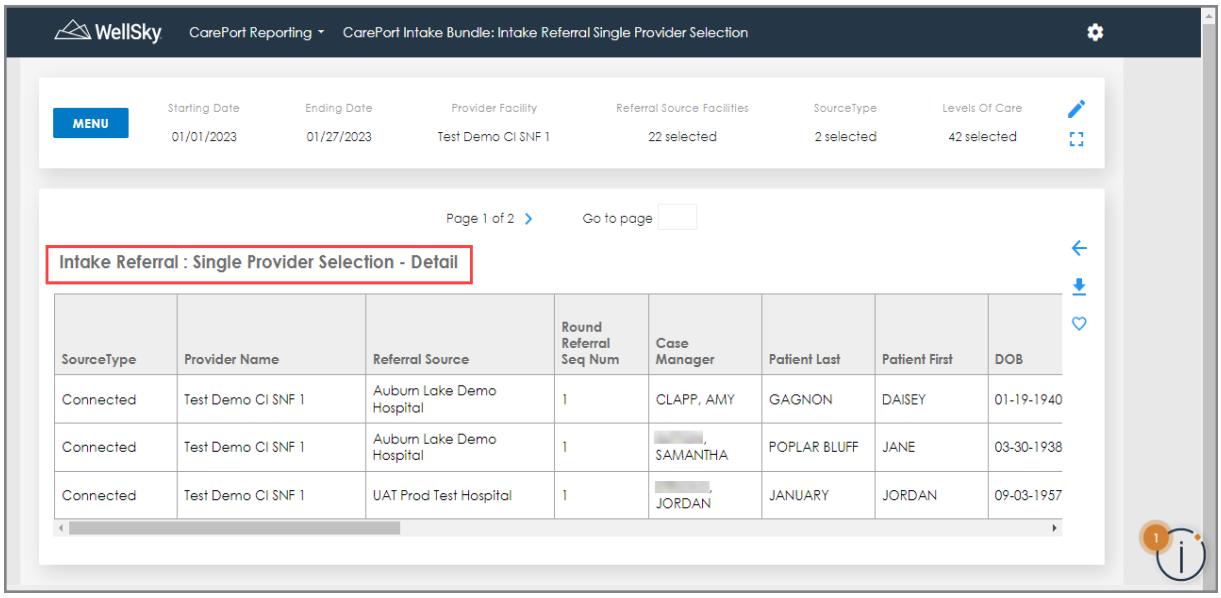
To view the *Detail Report* for all referrals, click the number link in the **Number of Referrals** column in the **Total** row.



Intake Referral : Single Provider Selection - Summary

No	Provider	Referral Source	Source Type	Number of Referrals	Accepted Count	Booked Count	Conversion Rate (%)	Cance Count
1	Total			3	2	1	50	0
2	Test Demo CI SNF 1	UAT Prod Test Hospital	Connected	1	1	0		0
3	Test Demo CI SNF 1	Auburn Lake Demo Hospital	Connected	2	1	1	100	0

The *Intake Referral: Single Provider Selection – Detail Report* displays.



WellSky CarePort Reporting CarePort Intake Bundle: Intake Referral Single Provider Selection

MENU

Starting Date	Ending Date	Provider Facility	Referral Source Facilities	SourceType	Levels Of Care
01/01/2023	01/27/2023	Test Demo CI SNF 1	22 selected	2 selected	42 selected

Page 1 of 2 Go to page

Intake Referral : Single Provider Selection - Detail

SourceType	Provider Name	Referral Source	Round Referral Seq Num	Case Manager	Patient Last	Patient First	DOB
Connected	Test Demo CI SNF 1	Auburn Lake Demo Hospital	1	CLAPP, AMY	GAGNON	DAISEY	01-19-1940
Connected	Test Demo CI SNF 1	Auburn Lake Demo Hospital	1	[redacted], SAMANTHA	POPLAR BLUFF	JANE	03-30-1938
Connected	Test Demo CI SNF 1	UAT Prod Test Hospital	1	[redacted], JORDAN	JANUARY	JORDAN	09-03-1957

> **NOTE –** The *Detail Report* has three (3) new columns: **Provider**, **Actual Discharge Date**, and **Round Referral Seq Number**.

The **Estimated Discharge Date** and the **Actual Discharge Date** are in GMT time zone. The number of rows may not match from the *Summary Report* to the *Detail Report* due to round level reporting.

NOTE – With the **2024 February 22** release, based on the **Time Zone** parameter selection, the **Date** columns in the *Patient Detail* reports display the time zone selection in parentheses. For example, if **EST** is selected it will display (EST) in the column headers.

Referral Open/Reopen Date (EST)	Estimated Discharge Date (EST)	Actual Discharge Date (EST)	Anticipated Start Of Care Date (EST)	Actual Start Of Care Date (EST)
01/5/2024 9:46	09/27/2023 8:00			

NOTE – The following three (3) new columns were added to the *Patient Detail Report* with the **2024 February 22** release:

- Patient MRN
- Patient Account Number
- Patient Zip Code

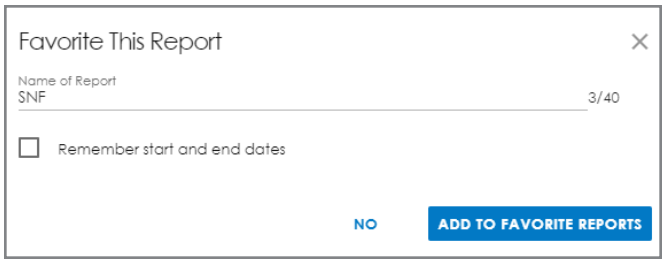
Patient MRN	Patient Account Number	Patient Zip Code
0192742	43329987	

Table 9-3: Understanding the Icons

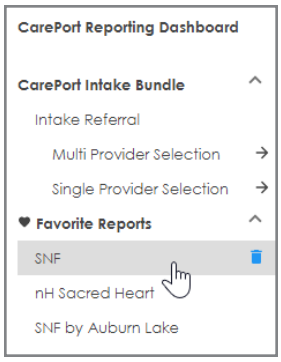
Icon	Description
	View in Full Screen.
	Exit Full Screen.
	Edit – The **Parameters** window displays for entering new criteria.
	Export – You are given the following three (3) options: Excel, CSV, and PDF.
	Favorite this Report – You can enter a name for the report, as well as electing to remember the start and end dates.

Favorite the Report

Click ADD TO FAVORITE REPORTS.

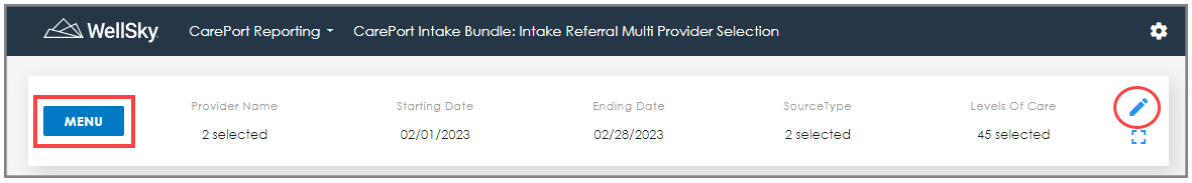


To remove the report from the **Favorites** section, click the **delete** icon.



Enter/Select Different Parameters

To enter or select different parameters after running the *Summary Report*, click the **edit** icon to redisplay the **Parameters** window again to enter different search criteria.



TIP – Clicking MENU performs the same action.

Review Results in a Report

- The column headings can be filtered and sorted.
- The **Summary** level report can be exported in Excel, CSV, and PDF.
- The **Detail** level report can be exported in Excel and CSV.
- You can toggle back and forth between **Summary** and **Detail** reports.
- Mark the report as a **Favorite** feature.
- A *Glossary* also displays.

10

Appendices

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Appendix A: Recasting

CarePort Discharge and CarePort Intake are now integrated into a one-user workflow to produce functionality for delegated entities such as payer navigators. Payer navigators who oversee the post-acute workflows for managed patients now have access to our growing network and referral management solutions.

The designated UM entity assumes full ownership over the benefits management and care coordination of their managed lives. A large benefit to recasting is that it alleviates this burden from care management teams and places the responsibility in the hands of the conveners who have been contracted by the health plans to manage their member's post-acute care.

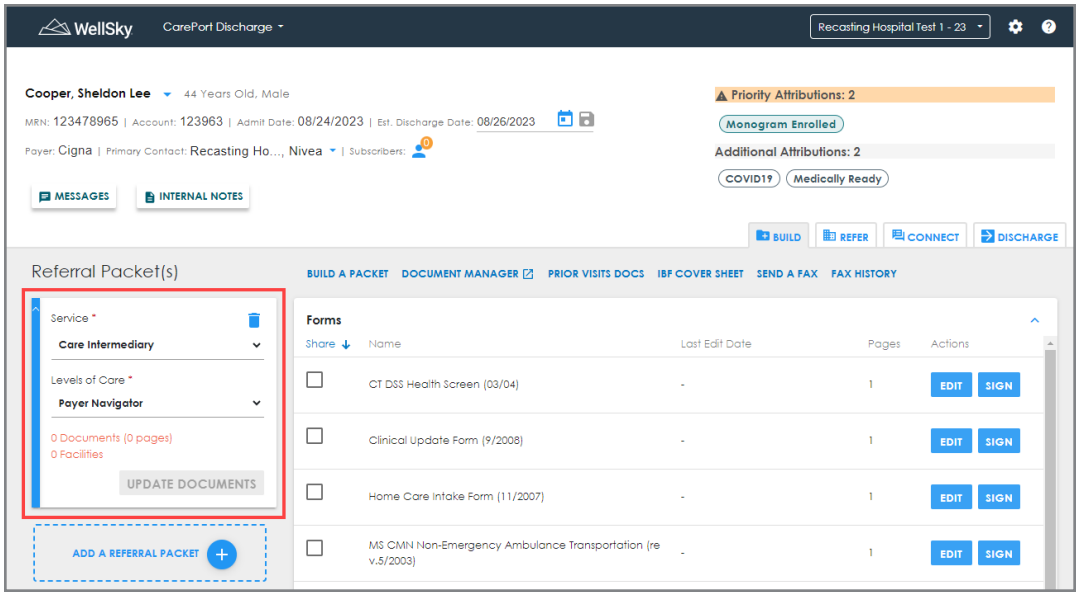
Benefits

- Steamlined Processes - Payer Navigators specialize in coordination and managing post-acute care services and have established networks and relationships with providers. This can streamline the process of accessing and coordinating care.
- Quality Assurance - These arrangements have protocols and systems in place to ensure the quality of care provided by post-acute providers.
- Care Coordination - Coordinating care across different providers and settings can be complex and challenging. Payer Navigators can take on this role, ensuring smooth transitions and communication, which can improve the overall patient experience and outcomes.
- Influence of Key Performance Indicators (KPIs) - efficient care coordination can positively impact several KPIs for hospitals, including:
  - Length of Stay
  - Readmission Rates
  - Patient Satisfaction
  - Care Quality and Outcomes
  - Cost Efficiency

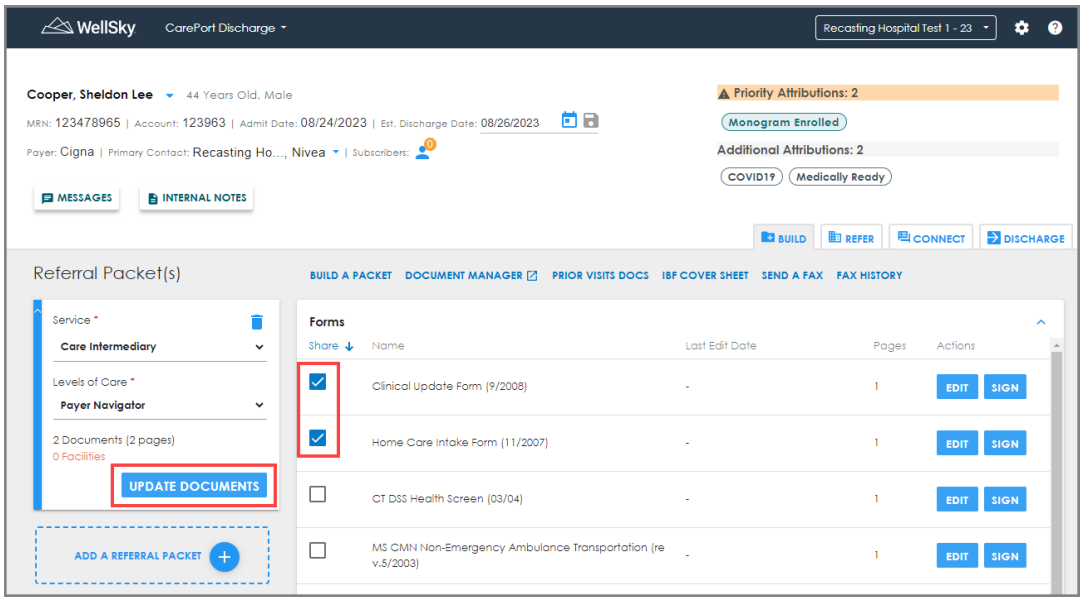
Source Hospital Steps - Discharge Planners

1. Create a referral to a **Care Intermediary** service type and a **Payer Navigator** level of care.

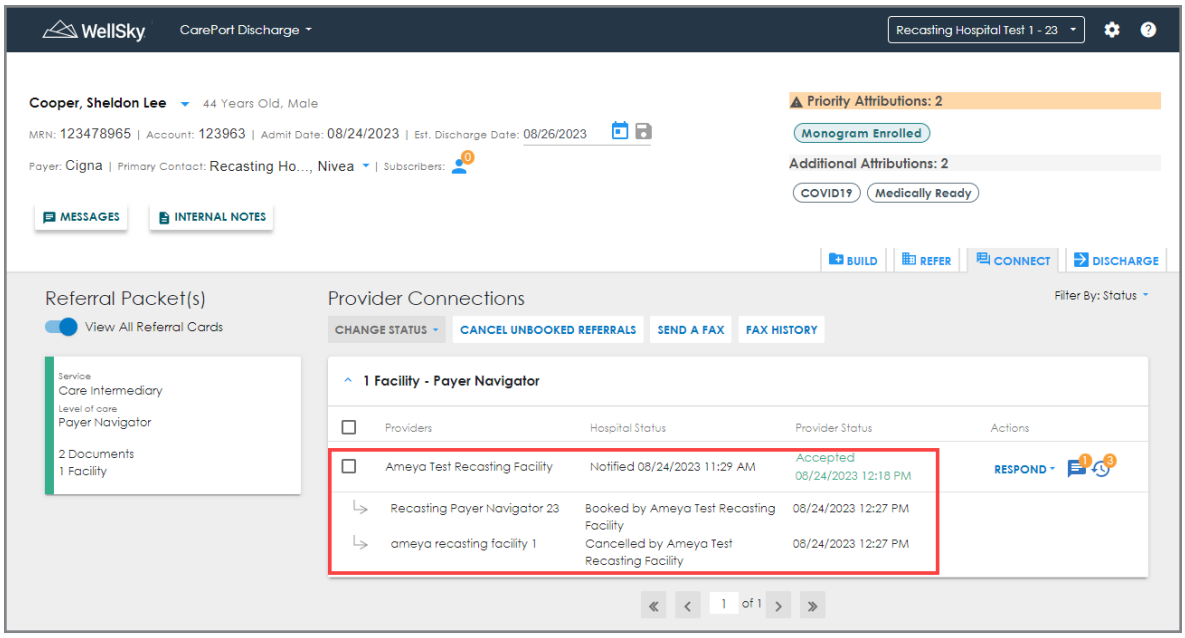
> TIP – The normal referral workflow remains unchanged, with the exception of **where** the referral packet is sent.



2. Select checkboxes to the left of the forms and documents you would like to attach to the referral and click UPDATE DOCUMENTS.



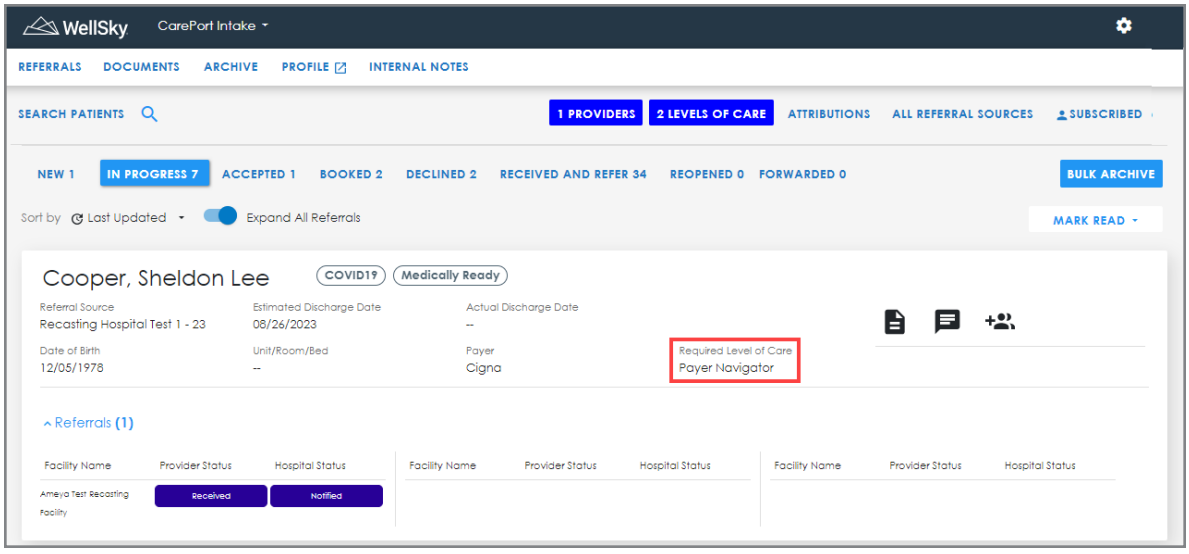
Once the Recasting user sets the **Provider Status** to **Received and Refer**, this update is transmitted back to the source hospital and is visible on the CONNECT screen in CarePort Discharge.



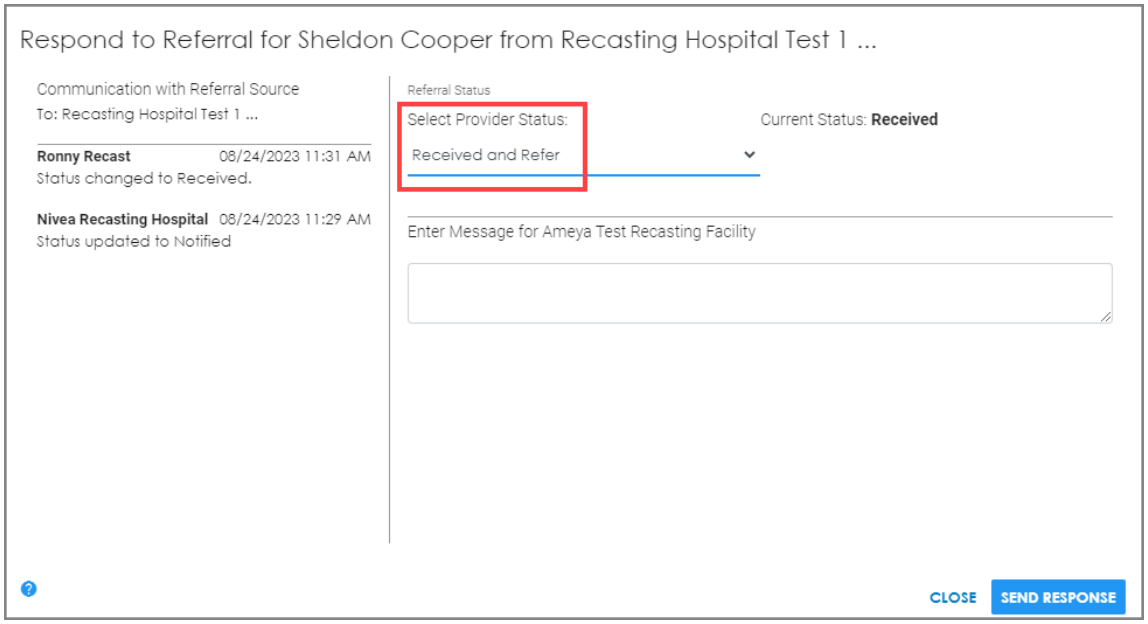
The hospital case manager is then able to discharge the patient to the listed booked facility.

Recasting User Steps in CarePort Intake

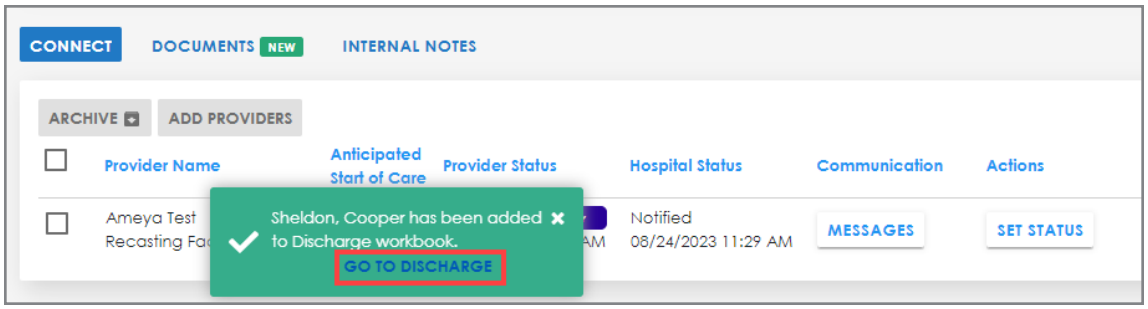
3. The Recasting user receives the initial referral from the source hospital in CarePort Intake.



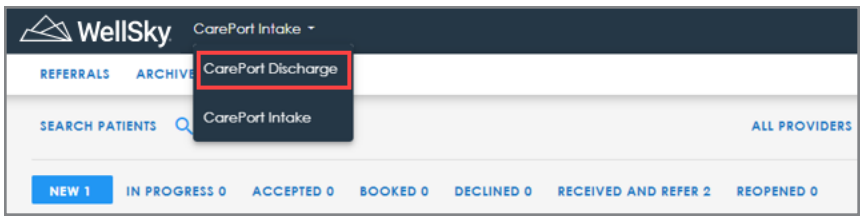
4. The Recasting user opens the referral and sets the **Provider Status** to **Received and Refer** and sends the response.



A green pop-up window opens and provides a GO TO DISCHARGE link.

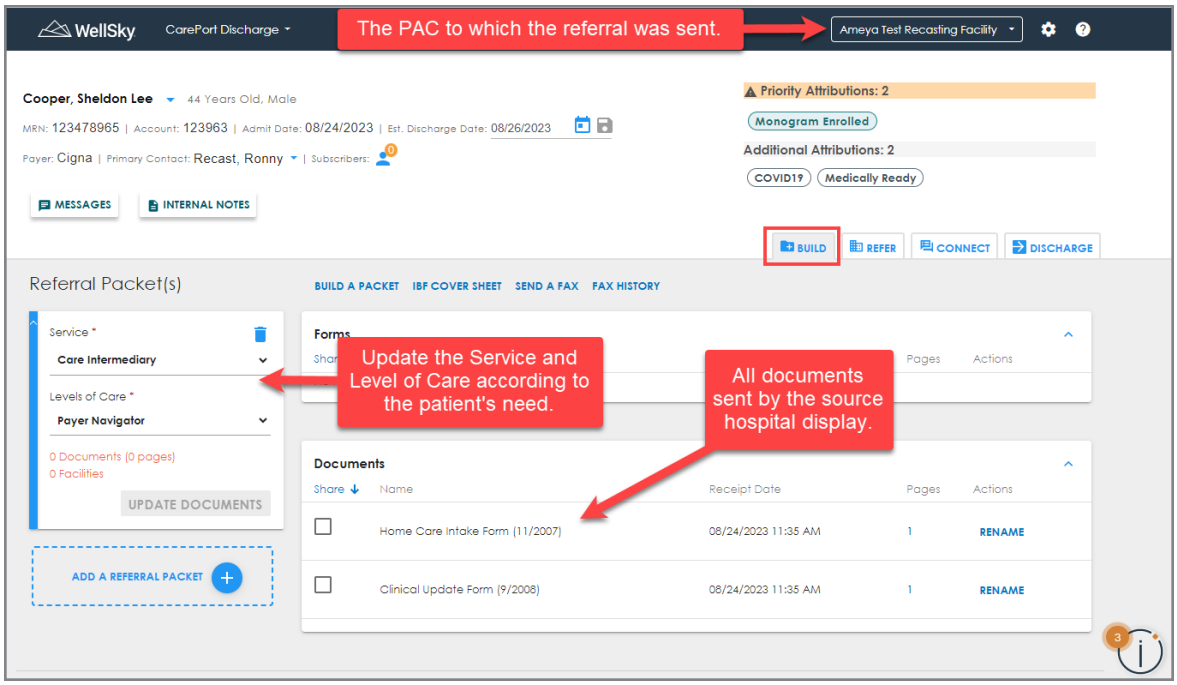


TIP – Recasting users can also access CarePort Discharge via the drop-down at the top of the screen.



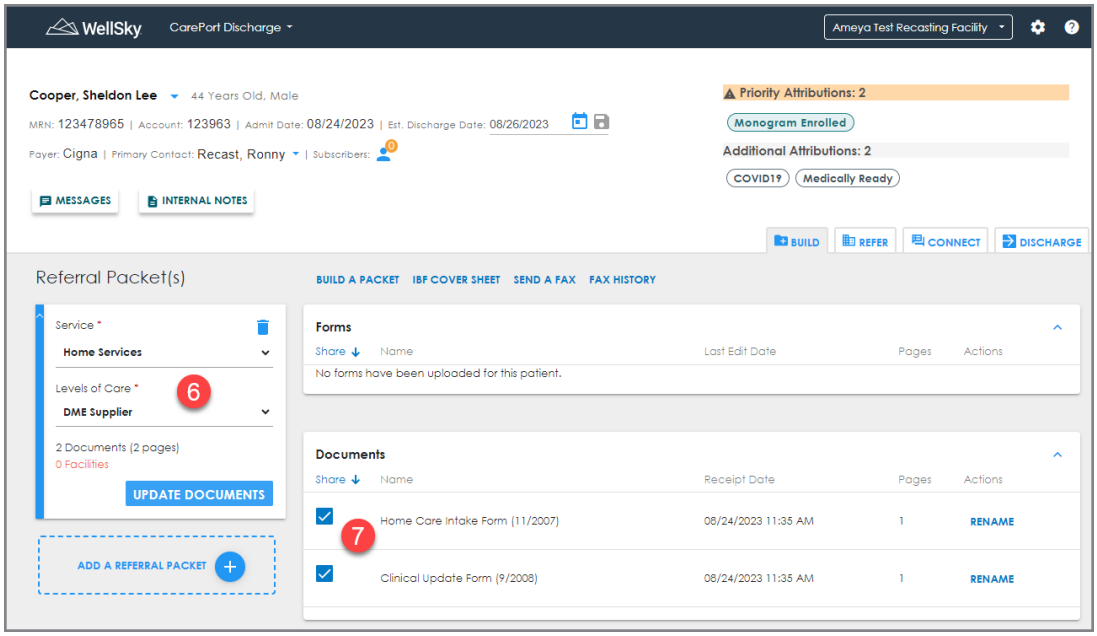
Recasting User Steps in CarePort Discharge

5. After clicking the GO TO DISCHARGE link, the Recasting user arrives on theBUILD screen in CarePort Discharge to continue the recasted referral process.



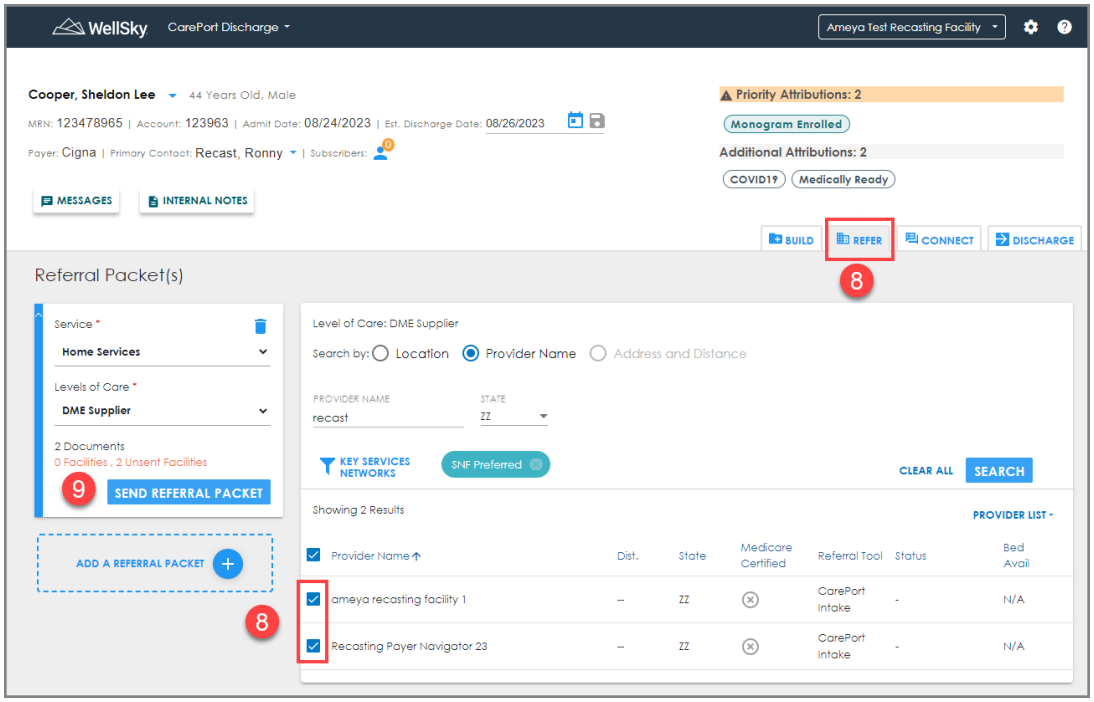
All documents sent by the source hospital are selected and display.

6. Update the **Service** and **Level of Care** appropriate for the patient.

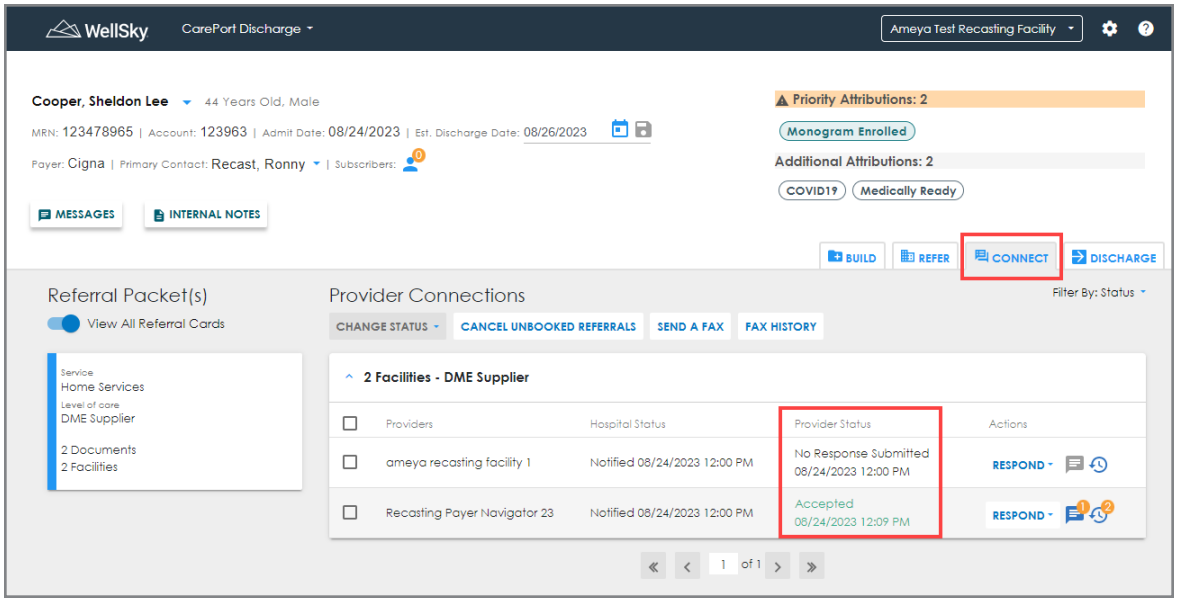


7. Select the documents added by the source hospital and any additional forms and documents to attach to the referral and click UPDATE DOCUMENTS .

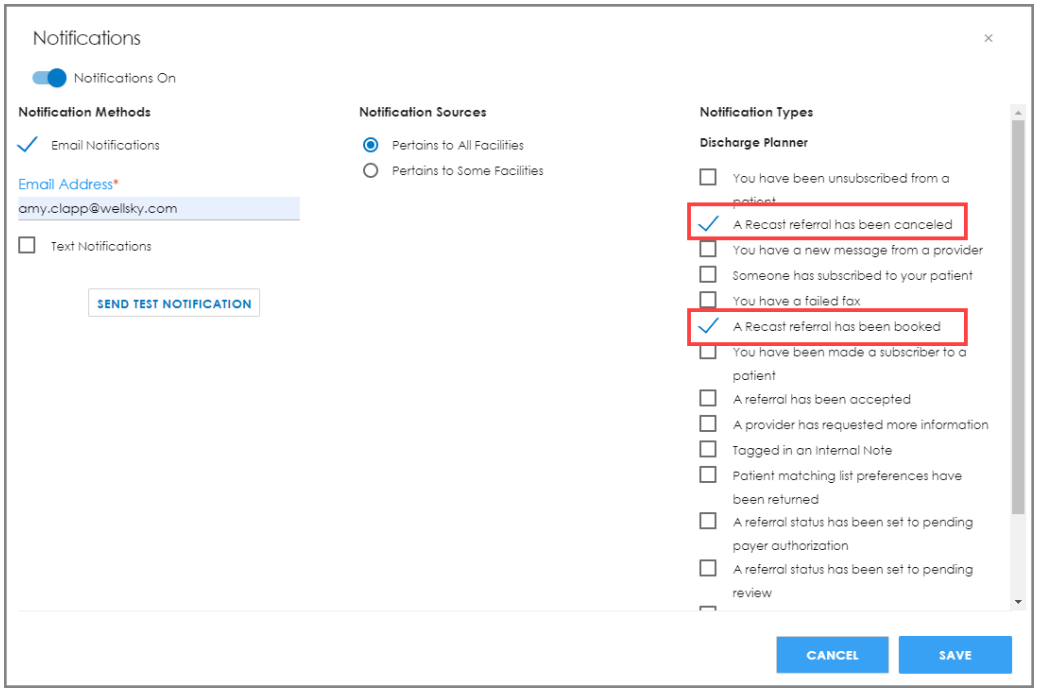
8. Access the REFER screen to search for and select post-acute care providers for which to send the updated referral .



9. Click SEND REFERRAL PACKET. Sent referrals and post-acute care responses can then be tracked and managed on the CONNECT screen.

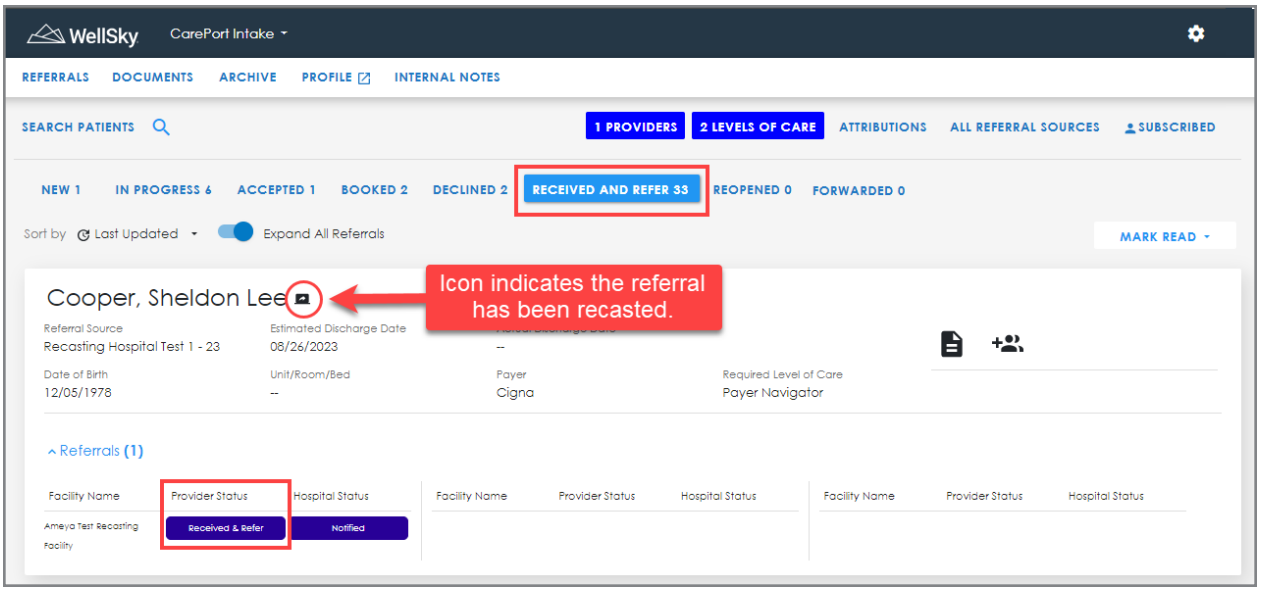


NOTE – The 2023 November 15 release enabled Recasting notifications for the source hospital. CarePort Discharge users who utilize the Recasting feature and sent a referral to an entity enabled with Recasting can now receive updates when those referrals have been booked or cancelled by a downstream intermediary.



CarePort Intake View

Once the **Received and Refer** status is set, patients can be viewed in the RECEIVED AND REFER tab on the CarePort Intake dashboard. The patient also has a **recast icon** to the right of their name, indicating the referral has been **recasted**.



Appendix B: Referral Redirect

Referral Redirect is a new feature in CarePort Intake that allows certain users' the ability to forward referrals to another location in their **non-bedded** post-acute care organization. This eliminates the need for users of CarePort Discharge to have to send an additional referral to a secondary location, which can significantly cut down on the time spent on the task.

Can't accept a patient at your location?

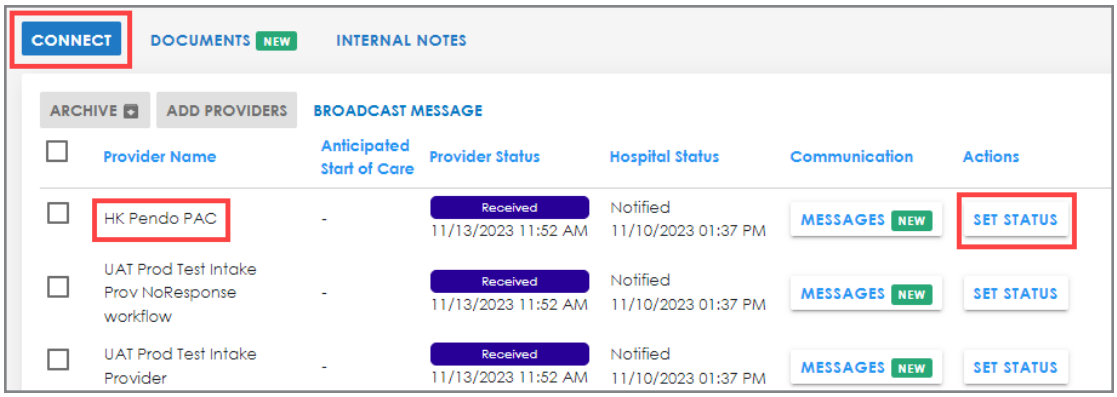
Instead of declining the referral and notifying the referral source to send the referral to another location, you can forward the referral to one (1) or more connected providers in your post-acute care organization.

The Referral Redirect feature can help:

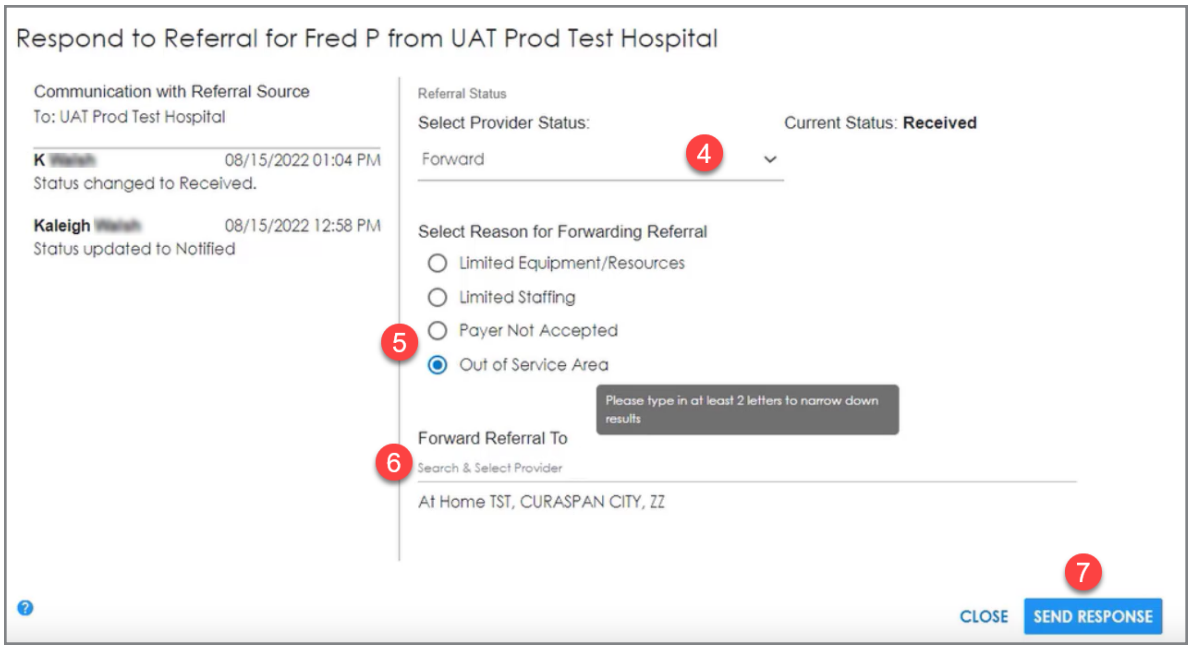
- Eliminate manual workflows by forwarding directly in CarePort Intake.
- Decrease the volume of declined referrals.
- Reduce the time spent going back and forth with the referral source.
- Place patients more quickly and efficiently.

Here's how it works.

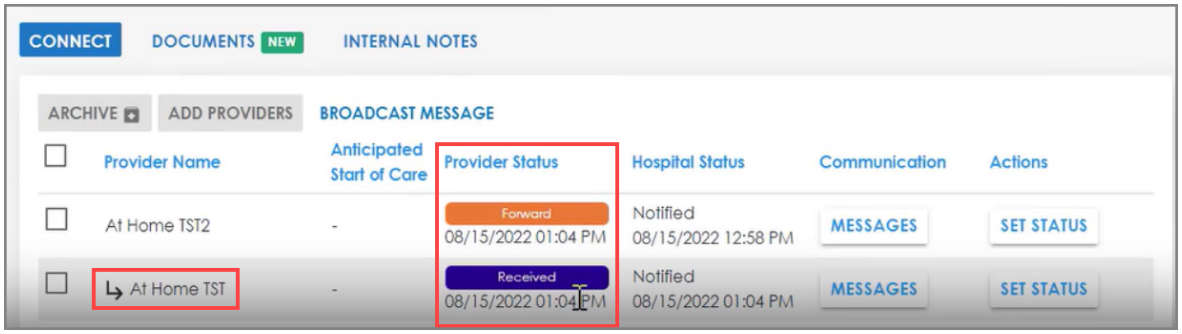
1. Within the **Workbook**, click REFERRALS and select either NEW or IN PROGRESS.
2. Click the patient's name for which you want to forward. The Patient Details window displays.
3. Scroll down to CONNECT and in the Actions column, click SET STATUS.



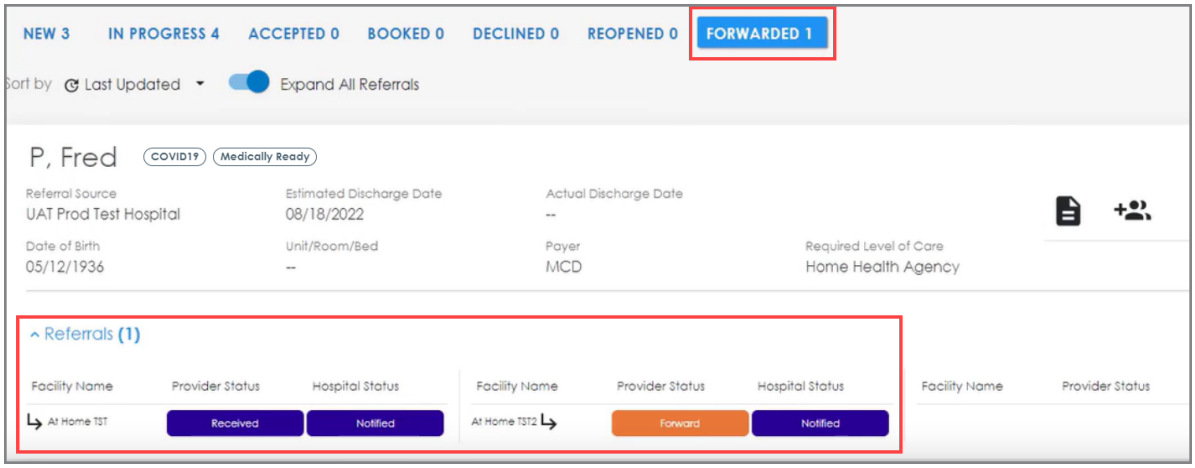
The **Respond to Referral for [patient name] from [referral source]** window displays.



4. Click the **expand** ⌄ icon and select **Forward**.
5. Select the radio button to the left of the reason for forwarding the referral.
6. Enter at least two (2) letters of the provider's name to search for a provider and select the post-acute care provider in your organization to which you want to forward the referral.
7. Click SEND RESPONSE. The Provider Status column displays which provider forwarded the referral and the provider to which the referral was sent.



This information can be viewed in the NEW and FORWARDED status tabs.



- After completing the referral redirect, your organization can track and capture forwarding count and reasons in the CarePort Intake Reporting Dashboard, providing insight into your organization's performance to help you make more informed decisions.
- Referral Redirect not only streamlines your workflows, but ensures the patient is getting the right care they need quickly and efficiently.

11

Glossary

– A –

ACHC - Accreditation Commission for Health Care

Provides accreditation for a variety of programs. Associated Levels of Care: Infusion and Infusion/Home

Acute Care

Care that is generally provided in an inpatient setting for a brief period of time to treat a certain illness or condition. NOTE: This type of care can include short-term hospital stays.

Acute Care / Pediatric

Care that is generally provided in an inpatient setting for a short period of time to treat a certain illness or condition specific to infants and children. NOTE: This type of care can include short-term hospital stays.

Acute Rehabilitation Facility (hospital or unit) (IRF)

Organization that is a free-standing rehabilitation hospital or a distinct rehabilitation unit in an acute care hospital. The organization must provide an intensive rehabilitation program to patients that are able to tolerate three (3) hours of intense rehabilitation services per day, who require more intense services that can be provided in a non-inpatient setting. NOTE: Also referred to as an Inpatient Rehab Facility (IRF).

Adolescent Services

Care for patients between the ages of 10-19.

Adult Services

Care for patients between the ages of 18 and 64. Associated Levels of Care: • Adult Care • Acute Rehabilitation Facility (hospital or unit) (IRF) • Psychiatric Hospital or Unit • Residential Care Homes • Substance Abuse

Alzheimer Program

Specializes in care of those with progressive degenerative brain disease that causes memory impairment and dementia. Associated Level of Care: Assisted Living

Alzheimer Unit/Facility

Secured facility or unit that specializes in care of those with progressive degenerative brain disease that causes memory impairment and dementia. Associated Level of Care: Residential Care Homes

Antepartum

The period before labor or childbirth. Associated Levels of Care: • Clinical Programs • Home Based Medical Care • Home Health Agency (HHA)

Anti-Microbial Therapy

Treatment of infectious disease. Associated Levels of Care: • Infusion • Infusion / Home

Assisted Living

A long-term living facility for Seniors that require some assistance with activities of daily living but do not provide skilled nursing care. Assisted Living facilities are licensed to accommodate more than 25 residents. Assisted Living facilities stress independence but 24-hour care is available. Facilities may offer services such as assistance with personal care, social services, activities, and housekeeping. • Amenities and recreational activities may vary among facilities but may include: • Barber/Beauty Services • Dining Hall • Library • Dancing • Movies, etc.

– B –

Bariatric Care

Branch of medicine specializing in the prevention and control of obesity and allied diseases. Associated Levels of Care: • Acute Care • Acute Care / Pediatric • Acute Rehabilitation Facility (hospital or unit) (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Behavioral Health

Services for people of all ages, that may include counseling, psychotherapy, psychiatric services, crisis intervention, intensive outpatient treatment, and support groups. Associated Level of Care: Residential Care Homes

Bereavement Support

Advice, guidance, support to help someone through a loss. Associated Level of Care: Hospice/Home

BiPap

Machine that helps people breathe easier by getting more air in to the lungs; typically treats obstructive sleep apnea. Associated Level of Care: DME Supplier

Burns

Specialized programs for patients requiring burn treatment. Associated Levels of Care: • Acute Care • Acute Care / Pediatric

– C –

Cancer Center

Facility that specializes in only cancer treatment, in an inpatient or clinic setting. Associated Levels of Care: • Acute Care • Acute Care / Pediatric

Cardiac

Programs for patients requiring cardiovascular treatment Associated Levels of Care: • Acute Care • Acute Care / Pediatric

Care Coordination

The planning of patient care among both the patient and other entities involved in a patient's care to ensure the best possible delivery of health care services. Associated Levels of Care: Home Care/Non-Medical

Chemotherapy

Treatment of disease by means of chemical substances or drugs. Associated Levels of Care: • Infusion • Infusion / Home

Clinical Programs

Medical, clinical, or social services programs to help people meet their health needs in a community setting.

Cognitive Therapy (for TBI)

Also known as Cognitive Rehabilitation Therapy; treatments meant to address cognitive problems that may result from a brain injury. Associated Level of Care: Long Term Care Hospital (LTCH)

Companion Services

Services provided to the Elderly or Disabled, to assist with meal preparation, light housekeeping, errands, shopping, and companionship. Associated Level of Care: Home Care/Non-Medical

COVID-Ready

A designated setting staffed with healthcare professionals that accepts and provides medical services/treatment for COVID-19 patients. Associated Levels of Care: All

CPAP

Acronym for Continuous Positive Airway Pressure; device; typically used for sleep apnea or in cases of respiratory failure. Associated Level of Care: DME Supplier

CPT Airway Clearing Vest

Device that provides automated chest percussion therapy to assist in airway clearance. Associated Level of Care: DME Supplier

– D –

Dementia Care

Specializes in care of those with progressive degenerative brain disease that causes memory impairment and dementia. Associated Level of Care: Residential Care Homes

Dialysis

Dialysis performed in a center or unit certified by Medicare to provide on-site, outpatient dialysis services.

Dialysis (off-site)

Cleansing the blood by passing it through a special machine; commonly referred to as hemodialysis, requires that the patient be transported to a dialysis center. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Dialysis (on-site)

Cleansing the blood by passing it through a special machine; commonly referred to as hemodialysis and provided at a dialysis center that does not require transportation of the patient; treatment is provided in the patient's permanent or temporary residence. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Dialysis / In SNF

Dialysis performed on site, in a licensed Skilled Nursing Facility.

DME Supplier

Licensed provider of durable medical equipment (DME) or supplies prescribed by a doctor or use by a patient at their place of residence such as: • Private home, • Assisted Living Facility • Nursing Facility

– E –

Eating Disorder Program

Designed to treat psychological disorders that cause a person to adopt abnormal or harmful eating habits. Associated Level of Care: Psychiatric Hospital or Unit

Enteral Nutrition Supplies/Pump

Liquid nourishment administered through a tube directly into the small intestine, bypassing the upper GI tract. Administered by use of a syringe, gravity, or pump. Associated Levels of Care: • Infusion • Infusion / Home • DME Supplier

– G –

Geriatric Services

Care for patients over the age of 65. Associated Levels of Care: • Acute Care • Acute Rehabilitation Facility (hospital or unit) (IRF) • Behavioral Health • Psychiatric Hospital or Unit • Residential Care Homes • Substance Abuse

– H –

Hemodialysis

A machine used to cleanse the blood. Can be carried out in a dialysis center or patient's residence. Associated Level of Care: Dialysis

Home Based Medical Care

Services provided either in the home or remotely, which are delivered by an MD, NP, PA, and interdisciplinary team and exceed the clinical capabilities of the services typically provided by traditional home health agencies.

Home Care / Non-Medical

Health care or supportive care provided in a patient's home by either a professional or informal caregiver. NOTE: Facilities under this level of care must be part of an organization that is a covered entity.

Home Health Agency (HHA)

Organization that provides skilled nursing and therapeutic services in the home by registered nurses under a physician's or registered nurse's supervision. A program which provides supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician or another community agency. Services include the following: • Home Health services • Volunteer support • Grief counseling • Pain management

Home Health Aides

A trained and certified healthcare worker who assists people who are chronically ill, disabled, cognitively impaired or of advanced age; may be in patients' home, residential facilities, day programs or institutions. Associated Levels of Care: • Home Care / Non-Medical • Hospice / Home

Home Hemodialysis

Cleansing the blood by passing it through a dialysis machine; a procedure carried out in a patient's residence. Associated Levels of Care: • Dialysis • Home Health Agency (HHA)

Home Oxygen

Oxygen available for home use when a patient's lungs cannot provide enough oxygen to their blood for the body to use. Associated Level of Care: DME Supplier

Hospice / Home

A program with provides supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician or another community agency. Services include the following: • Home Health services • Volunteer support • Grief counseling • Pain management

Hospice / Inpatient

Services for the terminally ill and their families provided in a free-standing hospice facility or inpatient unit that is owned and/or operated exclusively by a hospice company. Services include: • Personal care • Volunteer support • Grief counseling • Pain management

Hospice Care

A program which provides supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician or another community agency. Associated Level of Care: Residential Care Homes

Hydration Therapy

IV therapy which restores fluid and electrolyte balance in the body. Associated Levels of Care: • Infusion • Infusion / Home

– I –

Infusion

Organization that provides infusion services in an outpatient setting (Infusion Center of Infusion Suite), including the following: • Antimicrobial • Chemotherapy • Fluid • Parenteral nutrition • Other symptom-controlling prescriptions

Infusion / Home

Organization that provides infusion services in a home setting, which includes the following: • Antimicrobial • Chemotherapy • Fluid • Parenteral nutrition • Other symptom-controlling prescriptions

Infusion Therapy

The therapeutic introduction of fluid other than blood into a vein; including antimicrobial, chemotherapy, fluid, parenteral nutrition, or other symptom controlling prescriptions. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Infusion • Infusion / Home • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Inotropic Therapy

Intravenous medication used to manage and treat patient in end-stage heart failure. Associated Levels of Care: • Infusion • Infusion / Home

Inpatient Behavioral Health

Organizations that provide patients with 24-hour care in a safe and secure facility for their mental and behavioral health conditions. These facilities are licensed separately from psychiatric hospitals. EXAMPLES: Residential Treatment Facilities, Eating Disorder Treatment Centers, and Crisis Stabilization Units.

Inpatient Substance Abuse

Organizations that provide patients with 24-hour care for substance use disorders. These facilities are licensed separately from psychiatric hospitals.

Intermediate Care Facility (ICF)

Organization that provides health and rehabilitative services to individuals with intellectual disabilities and/or related conditions. These individuals would not require the level of care provided by a hospital or skilled facility. The organization may be free-standing, or a distinct unit co-located in a hospital or skilled nursing facility.

Isolation

Precautions taken to control the spread of an infectious process from an infected or colonized patient to susceptible persons. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

– L –

Level of Care

The primary medical service that a provider offers and is often determined by how the provider is Certified by CMS, and, in some instances, Medicaid.

Locked Unit

A secured protective environment which prevents a resident from leaving at will. Designed for patient safety. Associated Level of Care: Residential Care Homes

Long Term Care Hospital (LTCH)

Organization that provides healthcare services to patients with serious medical problems that require intense, special treatment for up to 25 days and who have a strong chance of improvement. Organization must also be licensed as an "acute care hospital" that can take patients directly from an emergency room or the community should their physician so order. NOTE: The organization may be free-standing, or a distinct unit located in another healthcare facility.

– M –

Medical / Psych

Programs for patient with medical and behavioral health diagnoses. Associated Level of Care: Psychiatric Hospital or Unit

Medication Monitoring

Monitored by nurse to ensure medications are being taken as prescribed. Measures levels of medicine in the blood to assure correct dosing. Associated Levels of Care: • Clinical Programs • Home Based Medical Care • Home Health Agency (HHA)

Medications

Pharmaceutical drugs intended for use in treatment and prevention of disease. Associated Level of Care: DME Supplier

– N –

Negative Pressure Wound Therapy

Therapy involving the controlled application of sub- atmospheric pressure to a wound using a therapy unit to intermittently or continuously convey negative pressure to a specialized wound dressing to help promote healing. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • DME Supplier • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Neurology

Specialty dealing with the nervous system and disorders affecting it. Associated Levels of Care: • Acute Care • Acute Care / Pediatric

Non-invasive positive pressure ventilation (NIPPV)

A device that allows the delivery of positive pressure ventilation without the use of an endotracheal tube. Associated Levels of Care: • DME Supplier • Home Health Agency (HHA)

Nurses Aides

Caregiver that assists patients of all ages in performing day-to-day tasks under the supervision of a Registered Nurse or Licensed Practical Nurse Associated Level of Care: Hospice / Home

Nutritional Therapy

Therapy to improve health and quality of life based on behavioral and lifestyle changes that impact long-term eating habits. Associated Level of Care: Infusion / Home

– O –

Obstetrics Care

Pregnancy Care that may include antepartum or postpartum intervention. Associated Levels of Care: • Clinical Programs • Home Based Medical Care • Home Health Agency (HHA)

Occupational Therapy

Treatment for patients to improve their independence with activities of daily living through rehabilitation, exercise, and the use of assistive devices. Associated Level of Care: Outpatient Clinic

Ostomy Supplies

Medical device, also known as a 'pouch' that collects waste from surgically created stoma.

Associated Level of Care: DME Supplier

Outpatient Clinic

Provides medical and other clinical services to outpatients who do not require inpatient care for such services. Patients who receive care in the outpatient setting can reside at home, in an Assisted Living Facility, or in a Skilled Nursing Facility, but who require the services offered in the outpatient setting. Examples include the following: • Wound Care • Rehabilitation • Diagnostic Centers, etc.

Oximetries

Procedure to measure oxygen saturation. Associated Level of Care: DME Supplier

– P –

Pain Management

Branch of medicine that focuses on easing suffering and improving quality of life of those living with pain. Associated Levels of Care: • Hospice / Home • Infusion • Infusion / Home

Palliative Care

Specialized medical care for people with serious illness with the goal to improve quality of life by managing/alleviating symptoms and stress of the serious illness. Associated Levels of Care: • Clinical Programs • Home Based Medical Care • Hospice / Home • Hospice / Inpatient • Residential Care Homes

Partial Hospitalization Program

A program consisting of outpatient psychiatric treatment during the daytime as an alternative to inpatient psychiatric care; patients need not stay overnight. Associated Levels of Care: • Behavioral Health • Substance Abuse

Payer Navigator

Insurers or delegated entities that play an active role in the authorization, coordination, and/or placement of post-acute services.

Pediatric Services

Care for patients under age 18. Associated Levels of Care: • Acute Care • Acute Rehabilitation Facility (hospital or unit) (IRF) • Assisted Living • Clinical Programs • Behavioral Health • Dialysis • DME Supplier • Home Based Medical Care • Home Care / Non-Medical • Home Health Agency (HHA) • Hospice / Home • Hospice / Inpatient • Infusion • Infusion / Home • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Outpatient Clinic • Psychiatric Hospital or Unit • Residential Care Homes • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Peritoneal Dialysis

Use of the patient's own body tissues inside the belly (peritoneal cavity) as a filter to remove different types of solutions, waste products and excess water from the body. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Dialysis • Home Health Agency (HHA) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Physical Therapy

Services for individuals to develop, maintain and restore maximum movement and functional ability. Associated Levels of Care: • Home Health Agency (HHA) • Outpatient Clinic

Placement Agency

Organizations that collaborate directly with patients and/or their families/caregivers to identify appropriate care settings by providing educational and referral services.

Postpartum

The period after childbirth. Associated Levels of Care: • Clinical Programs • Home Based Medical Care • Home Health Agency (HHA)

Psychiatric Care

A program for patients with various behavioral health diagnoses treated by professionals specializing in such conditions, either on an inpatient basis or clinic setting. Associated Levels of Care: • Assisted Living • Residential Care Homes

Psychiatric Hospital or Unit

An organization which provides inpatient psychiatric services for the diagnosis and treatment of mentally ill persons in a hospital or psychiatric facility. NOTE: The organization must be licensed as a psychiatric hospital or be a distinct psychiatric unit in an acute care hospital or critical access hospital.

Psychiatric Therapy

A program for patients with various behavioral-health diagnoses treated by professionals specializing in such conditions, either on an inpatient basis or in a clinic setting. Associated Level of Care: Behavioral Health

– R –

Remote Patient Monitoring

A system allowing for monitoring of a patient outside the clinical setting (e.g., at home) to gather data and provide necessary intervention, to prevent complications and to help the patient remain independent. Associated Level of Care: Home Care / Non-Medical

Residential Care Homes

A residential setting that provides a broad range of 24-hour care and/or supervisory services for individuals that cannot live alone but need less intensive care than that provided in other long-term care settings. The residence typically has limited licensed beds and rooms may be shared or private. In addition to room and board, residents may receive assistance with: • Personal care • Social services • Activities of daily living • Meals and laundry services

Respite Care

Provides relief for caregivers by providing temporary institutional care for elderly, sick, or disabled patients. Associated Level of Care: Assisted Living

– S –

Secure Unit

A specific unit in a facility in which a patient's movement is carefully monitored and controlled. Associated Level of Care: Psychiatric Hospital or Unit

Skilled Nursing Facility (SNF)

A facility that is staffed on a 24- hour basis by registered nurses who direct and provide care to people who can no longer care for themselves due to physical, emotional, or mental conditions. Patients admitted to this unit require ongoing care services, such as nursing, therapies, social services with a goal toward return to the community (private residence or other residence type of setting).

SNF/Chronic

Organization that provides 24-hour skilled nursing care for residents. The organization provides long-term services to patients with chronic conditions that often result in relatively long stays. NOTE: Long-term skilled and custodial services for patients with chronic conditions.

SNF/Long Term Care

Organization that provides 24-hour skilled nursing care for residents. The organization provides long-term services to patients with chronic conditions that often result in relatively long stays. NOTE: Long-term skilled and custodial services for patients with chronic conditions.

SNF/Rehab

Organization that provides 24-hour skilled nursing care for residents. The organization provides short-term services in which patients are

admitted for 'rehabilitation services' usually following a minimum of 3-day stay in an acute care hospital. NOTE: Short-term rehabilitative services ordered by a doctor and provided by licensed health professionals, usually following an acute hospitalization.

Social Services

Professional discipline that helps individuals and families cope with psychological, social, cultural, and medical issues resulting from illness. Associated Level of Care: Hospice / Home

Specialty Wound Care Supplies

Advanced wound care supplies that are needed for wounds that are difficult to heal. Associated Level of Care: DME Supplier

Speech Therapy

Treatment for the improvement or cure of communication disorders, including speech, language, and swallowing disorders. Associated Levels of Care: • Home Health Agency (HHA) • Outpatient Clinic

Substance Abuse

Organization that provides specialized programs in an outpatient setting for individuals with substance use disorders.

Substance Abuse Therapy

Programs for individuals with substance use disorders or behavioral health needs. Associated Level of Care: Psychiatric Hospital or Unit

Swing Bed / Hospital

A hospital participating in the Medicare swing-bed program. This program allows rural hospitals with fewer than 100 beds to provide skilled post- acute care services in acute care beds.

– T –

Telehealth

Provision of health-related care and services through electronic and/or telecommunication technologies. Associated Levels of Care: • Behavioral Health • DME Supplier • Home Based Medical Care • Home Health Agency (HHA) • Hospice / Home • Outpatient Clinic • Psychiatric Hospital or Unit • Substance Abuse

Telemonitoring

Remote monitoring of patients; common for those with hypertension or diabetes. Associated Levels of Care: • Clinical Programs • Home Based Medical Care • Home Health Agency (HHA)

Total Parenteral Nutrition (TPN)

Feeding a patient intravenously and bypassing the usual process of eating and digestion. Associated Levels of Care: • Acute Care • Acute Care / Pediatric • Acute Rehabilitation Facility (hospital or unit) (IRF) • Home Health Agency (HHA) • Hospice / Inpatient • Infusion • Infusion/ Home • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Long-term Care • SNF / Chronic • Swing Bed / Hospital

Trach Care (New Trach <= 30 Days)

Care provided after a tracheotomy has been performed which establishes an artificial airway by surgical incision into the trachea, for a trach that is new (less than 30 days). Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Hospice / Inpatient • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care

Trach Care (New Trach => 30 Days)

Care provided after a tracheotomy has been performed which establishes an artificial airway by surgical incision into the trachea, in which the

trach has been in for longer than 30 days. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Hospice / Inpatient • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long-term Care

Trauma

Specialized programs for patients requiring trauma treatment. Associated Levels of Care: • Acute Care • Acute Care / Pediatric

Tube Feedings

A way of getting liquid nutrition into the body by way of a flexible tube into the stomach Associated Level of Care: Infusion

– U –

Urological Supplies

Medical devices that help to drain the bladder due to incontinence, urinary retention, or other condition that prevents normal urinary function. Associated Level of Care: DME Supplier

– V –

Ventilator

A machine that helps move air into and out of the lungs, to support a patient who is physically unable to breath or has difficulty breathing. Associated Level of Care: DME Supplier

Ventilator Unit

A designated setting where respiratory therapists treat patients needing assistance with pulmonary ventilation; for patients not likely to be permanently weaned from respiratory support (see "Ventilator Weaning"). Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

Ventilator Weaning

A specialized unit or facility that manages patients who are vent-dependent and likely to regain respirations unsupported by mechanical devices. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

– W –

Wander Management System

Technology that allows residents of a facility to access safe areas of their environment while preventing them from wandering away to unsafe areas or leaving the facility. Associated Level of Care: Assisted Living

Wound Care

Provides advanced healing techniques, wound assessment, treatment, and coordination of care for individuals with hard-to-heal wounds. Associated Levels of Care: • Acute Rehabilitation Facility (hospital or unit) (IRF) • Clinical Programs • Home Based Medical Care • Home Health Agency (HHA) • Intermediate Care Facility (ICF) • Long Term Care Hospital (LTCH) • Skilled Nursing Facility (SNF) • SNF / Chronic • SNF / Long Term Care • SNF / Rehab • Swing Bed / Hospital

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