Supervising Provider Quick Reference Guide

This guide outlines exactly what happens when a Medicare beneficiary schedules an Initiating Visit with you — and what your role is throughout their ongoing care with Umbra.

---

1. How You'll Know a Patient Has Scheduled With You

When a patient books an **Initiating Visit** with you, you will get a few notifications, including:

1. An email from Umbra

We'll send a short message confirming you have a new patient.

2. The appointment appears on your Healthie calendar

You'll see it immediately in your upcoming appointments.

3. The appointment displays on your Healthie Home screen

It will show under *Appointments* when you log in.

4. You may receive a Healthie system notification

Depending on your settings, you may receive email, push, or in-app alerts from Healthie. You can change your settings by selecting the gear symbol in the upper right corner, and selecting Notifications.

5. The patient appears in your Clients list

You automatically gain access to their chart once the visit is booked.

This is your signal to begin preparing for the Initiating Visit.

---

2. Before the Initiating Visit

Ahead of the visit, please review what the patient has already shared:

- Completed intake forms (Healthie→Client→Charting→View Charting Notes) or (Healthie→Client→Charting→Forms→View Charting Forms)
- Any referral or onboarding notes (Healthie→Client→Quick Notes)
- Uploaded documents (Healthie→Client→Charting→Documents→View Client Documents)
- Your Initiating Visit Companion Guide (Healthie → Documents)

This review prepares you to establish medical necessity and determine eligibility for PIN/CHI services.

---

3. During the Initiating Visit

This visit determines whether the patient qualifies for Principal Illness Navigation (PIN) and/or Community Health Integration (CHI).

Healthie's **AI Scribe** will auto-generate a note for your review using:

Template 1A — Medicare Initiating Visit

During the visit, you will:

- Confirm clinical history and diagnoses
- Assess risks, barriers, social factors, and functional limitations
- Determine eligibility for PIN and/or CHI
- Establish goals, needs, and immediate recommendations
- Set the clinical foundation for ongoing care management

After the visit, the AI Scribe will create a note within 10-15 seconds after the appointment ends. You'll receive a notification titled: "Client Name has a generated charting note ready for review." Clicking this notification will take you directly to the note.

From here, you can click "Convert to chart note" to edit and then sign and lock your note.

---

4. After the Initiating Visit: Umbra Assigns an Advocate

Once your Initiating Visit note is finalized and if the patient needs PIN/CHI services:

✔️ Umbra assigns the patient to an Advocate

(Timeline: typically same day or next business day)

✔️ The Advocate reaches out to the patient within 1 business day

They introduce themselves and begin building rapport.

✔️ The Advocate schedules the In-Depth Assessment (if not already booked)

This 60-minute session is the foundation for PIN/CHI services.

✔️ The Advocate reviews your Template 1A note

This ensures alignment between medical findings and care management needs.

---

5. The Advocate's In-Depth Assessment & Initial Care Plan

The Advocate conducts the In-Depth Assessment. Healthie's AI Scribe auto-generates a draft charting note for the Advocate's review, using:

Template 2A — Medicare Assessment

During this session, the Advocate:

- Identifies patient needs, barriers, risks, and goals
- Reviews SDOH factors
- Establishes meeting frequency
- Schedules follow-up session/s

Next, the Advocate drafts the Medicare Care Plan (Template 2B)

Timeline:

1. Advocate finalizes Template 2A within **1 business day**
2. Advocate creates the Care Plan within **5 business days**
3. Advocate submits the Care Plan to you for review

This triggers your next required action, reviewing the Medicare Care Plan.

---

6. Provider Review of the Initial Medicare Care Plan

Once the Advocate completes their draft of the Medicare Care Plan, you will be notified. Once you receive that notification, you have **5 business days** to:

- Review the Advocate's Medicare Care Plan
- Confirm alignment with your clinical findings
- Validate interventions are medically appropriate and safe
- Ensure risk factors and goals are clearly documented
- Approve the plan *or* return it with comments

Your sign-off establishes the patient's official plan of care.

---

7. Ongoing Monthly Workflow (Provider + Advocate Partnership)

After the Medicare Care Plan is approved, ongoing coordination happens every month.

Advocate Responsibilities (Monthly)

1. Document All Work in Template 3A – Medicare Activity Log

Throughout the month, the Advocate:

- Meets with the patient as appropriate
- Performs care coordination and other PIN or CHI services
- Resolves barriers
- Tracks progress
- Uses AI Scribe for drafts and finalizes notes the **same day**

2. Compile the Monthly Care Plan Update

At the end of each month, the Advocate:

- Reviews their Activity Log
- Summarizes all work completed
- Describes progress toward goals
- Notes new or ongoing issues, risks, or barriers
- Recommends any needed adjustments to the Care Plan

3. Send the Monthly Care Plan Update to the Supervising Provider

This summary is sent through Healthie for your review and sign-off.

Supervising Provider Responsibilities (Monthly)

1. Review the Monthly Care Plan Update

Within **5 business days**, you will:

- Review the summary of the month's activity
- Confirm ongoing care is medically appropriate
- Identify any clinical issues needing follow-up
- Provide direction or adjustments as needed
- **Sign off** to complete the monthly cycle

2. Provide Clinical Oversight as Needed

Respond to:

- Advocate or Umbra team escalations
- Clinical questions
- New risks or concerns
- Requests for updated guidance

3. Track Any Provider-Led Time Separately

If you personally contact the patient, coordinate with clinicians, or perform direct service including any research or following up on a new diagnosis, document that time separately.

---

8. Billing & Payment

- Umbra handles all Medicare billing but we rely on your timely review and approval.
- Advocates track all billable minutes.
- Providers track (in minutes) and document only their own provider-led time.
- Payments are processed via **Bill.com** according to your Agreement.
    - You do not need to create and submit an invoice; we will process your payments based on the claims submitted to CMS and your patient supervision.
    - Advocates are paid based on their monthly Healthie timesheets (Template: ALT Medicare Advocate Time Tracking)

---

9. Support & Resources

Available in Healthie → **Documents**:

- Template 1A — Medicare Initiating Visit
- Template 2A — Medicare Assessment
- Template 2B — Medicare Care Plan
- Template 3A — Medicare Activity Log
- Provider Companion Guides

Umbra is here to support you. If you have questions, please send them to medicare@umbrahealthadvocacy.com.