The big picture: how a visit becomes a paycheck

Every caregiver punch flows through the same pipeline. Your job is to keep visits moving through it. When a visit stalls, it stalls at one of three gates:

Gate	What it is	What you do there
1. Call Dashboard	EVV punches the system couldn't match to a scheduled visit, or that failed verification.	Link the call to the right visit, or reject it if it can't be matched. Unresolved calls = unconfirmed visits.
2. Visit Maintenance	The working view of all visits: scheduled, in progress, completed, missing clock-ins, incomplete.	Fix visit-level problems: missing times, wrong service codes, missing duties, authorization mismatches.
3. Prebilling Review	The final quality gate. Visits with uncorrected problems are excluded from the Billing page.	Clear every prebilling hold. A visit stuck here is care your agency delivered but cannot invoice.

The one-sentence job description: every visit should end each day either confirmed (green), or actively being worked. Visits nobody is watching become billing write-offs at the end of the month.

Your daily rhythm

When	What to do
Morning (15 min)	Open **Visit > Call Dashboard > Call Maintenance**, search with blank filters to see everything held. Work newest first — yesterday's problems are easiest to fix while memories are fresh.
Midday (10 min)	Check **Visit > Visit Maintenance** filtered to today: Missing clock-in on morning visits usually means a caregiver no-show or app trouble. Call the caregiver now, not at 5 PM.
End of day (15 min)	Sweep today's completed visits for exceptions. Then check **Prebilling Review** and clear holds so the billing team never inherits a backlog.
Weekly (30 min)	Look for repeat offenders: the same caregiver failing GPS every Tuesday is a training conversation, not ten individual fixes. Review pink (unauthorized) visits on patient calendars before they pile up.

Fixing the most common exceptions

Most of what lands in the Call Dashboard falls into a handful of patterns. Each row below is a status you will actually see, what it usually means, and the standard fix.

What you see	What usually happened	The fix
Phone Number Not Found	Caregiver called (telephony EVV) from a number that isn't on the patient's profile — often a new cell phone or a relative's landline.	Verify with the caregiver where they called from. If legitimate, add the number to the patient profile; the status changes to **Issue Fixed: Linkable Call**, then click **Link**.
GPS from Unapproved Patient Address	Mobile punch came from a location that doesn't match the patient's address — community visit, new address, or a caregiver clocking from the wrong place.	Click the GPS icon to compare the EVV location with the patient address. Legitimate new address? Add it to the profile. Community visit? Confirm and link. Pattern of parking-lot punches? Coach the caregiver.
Potential In/Out Mistake	Caregiver clocked IN when they meant OUT (or vice versa).	Search the Call Dashboard for this status, find the call, and click the correct link (In or Out) in the Call Type field.
Missing clock-in or clock-out	Visit shows only one confirmed time, or none.	If the caregiver submitted a Time Correction from the app (orange time), review and approve/deny it. Otherwise confirm the real times with the caregiver and patient, enter them manually, and document per your agency policy.
Unmatched call (no visit)	A punch exists but no visit was scheduled — schedule was never entered, or the caregiver worked an unscheduled shift.	If the shift was legitimate, create/adjust the schedule and link the call. If it can't be matched to any real visit, **Reject** it — but note rejected calls can never be linked later.

Golden rule of corrections: the system records what happened; you record why. Every manual edit should be one your agency could comfortably explain in a state audit — real times, real reasons, documented. Never invent a punch to make a visit bill.

Prebilling holds: the last mile

Prebilling Review validates each confirmed visit against billing rules before it can be invoiced. Typical holds and fixes:

Hold	Cause	Fix
Unauthorized visit (pink on calendar)	No authorization covers the visit's date, service code, or hours.	Check the patient's authorization tab. Request/enter the correct auth, fix the service code, or adjust the schedule to match authorized hours.
Incomplete confirmation	Visit is missing a required element — duties, signature, or a confirmed time.	Return to Visit Maintenance, supply the missing piece, then re-check prebilling.
Overlapping visits	Two visits for the same caregiver (or patient) overlap in time.	Compare the schedules and confirmed times; correct whichever visit has the wrong times.

Prevent, don't just fix

Track which exceptions recur and close the loop with caregiver coaching: clock in at the patient's location, never skip a punch (Offline Mode always works), request time corrections same-day from the app. Ten minutes of coaching prevents hours of monthly cleanup — and protects your EVV compliance rate with the payer.