



CAREBRIDGE

Electronic Visit Verification (EVV)
North Carolina Integration Testing
Process Guide - Vendor Submitted ICNs



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The purpose of this document is to assist Third Party EVV Vendors who would like to supply invoice numbers to CareBridge to be included on 837 files generated by CareBridge. ICNs are ways to uniquely identify claims or claim lines on 837 files and enables vendors and/or providers to automatically post information received on 835s to their AR systems. Claim Level ICNs are included on the CLM01 Patient Control Number in the 837; Claim Line ICNs are included as a REF*6R Line Item Control Number

For this functionality to be enabled for a Vendor, they must complete configuration and test cases outlined below. The reason for this is to ensure that the vendor is submitting values in these fields in such a way that claims can be generated without issues. Vendors who are unable to follow the required logic will not be permitted to send ICNs from their system. CareBridge will generate ICN values within our system to ensure that there are no delays to claim generation or payment. This document is intended for Technical Teams who will be implementing the required ICN logic to conform to the CareBridge ICN specification.

In North Carolina, all claims generated by CareBridge for third-party vendors will be rolled into multi-line claims per week where a week is defined as running from Sunday-Saturday. Vendor submitted Claim Level ICNs will need to be aligned with that billing period. Claim line ICNs will be unique for each appointment. Vendors will be configured to send ICNs to CareBridge at either the claim level or both claim level and line level and must complete separate testing suites depending on which level they were configured.

Before you get started

In order to initiate the testing process, you will need to complete the following steps:

- Complete the standard testing process ([see Testing Process Guide](#)).
 - ICN Test Cases should be completed with a different member and authorization than was used to complete the standard testing process.
- Review the Vendor ICN Specification and confirm that your system will be able to meet these specs
- Complete the ICN specific Vendor Intake Form ([available here](#)) here to communicate any specific ICN related configurations.



Configuration	Description	Options	Use Case
Claim Level or Claim + Line Level Invoice Numbers	CareBridge is able to accept ICNs from vendors at either the claim level or Claim Line level. Claim Level ICNs utilize a single ICN for an entire claim Claim line ICNs utilize an ICN for each claim line.	1) Claim Level 2) Claim Level + Line Level	Claim Level ICN – Match appointments sent to CareBridge with Patient Control Number on 835 Line Level ICN – Match appointments sent to CareBridge with Line-Item Control Numbers on 835
Reuse ICNs	By default, CareBridge expects a unique ICN for each provider, member, authorization, payer, and billing period; however, it is possible for vendors to be configured to use the same ICN for multiple billing periods.	Enable ICN Reuse: Y/N	The same ICN will be used for multiple billing periods as defined by CareBridge. For example, vendor system uses the same ICN values for multiple weeks within a given month.
Default Second ICN field	By default, if a visit crosses midnight, and a second ICN is not included, CareBridge will trigger an error. It is possible to turn on functionality to assume that the second ICN field, if omitted, should mirror the first). This should only be used if the same ICN is used for a member regardless of the date or billing period.	Default Second ICN: Y/N	The same ICN will be used for a particular member/authorization for every billing period and vendor system is unable to generate an additional ICN on overnight visits.

General Testing Information

- If you have valid provider, member, and authorization data for Healthy Blue, you may use that data to complete test cases. If not, CareBridge will provide you test data to use for test cases.
- ICN Test Cases should be completed with a different member and authorization than was used to complete the standard testing process.
- It is required to use the same member, provider, authorization (procedure code/modifiers), and caregiver for all test cases (unless specified within a test case).
- Vendors should complete the Integration Testing Checklist throughout the course of testing.
 - Checklist can be found in Appendix A.
- Once testing has been completed, please email the completed testing checklist (in Appendix A) to CareBridge for validation.

evvintegration@carebridgehealth.com



- Once CareBridge has reviewed testing results/checklist and has determined that the requirements of the Technical Specifications have been met CareBridge will enable the vendor and associated agencies to submit EVV visit data with ICNs in the production environment. Prior to successful completion of this testing guide, vendor submitted ICNs will not be enabled and CareBridge will generate ICNs for any claimed visits.
- **Note:** specific times provided in test cases are given in **Local** time; however, as stated in the technical specification, DateTimes in the inbound data files must be converted to **UTC**.
- For a Test Case to pass, all Sub-Test Cases must be successfully passed.
- If visits are received that do not conform to the logic as described within the ICN specification, prebilling validation alerts will be triggered (e.g. if multiple distinct claim ICNs are received for the same member, authorization, provider, payer, and billing period, a conflicting ICN error will be generated).
- **Instructions in orange only apply to vendors using both claim level and Line level ICNs. They will need to also follow all instructions for claim level ICNs.**



Claim Level ICN Testing Reference Calendar

May-23						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
				Test Case 1 - 9am - 11 am ApptID 10 Field 101 = 1000		Test Case 5 - 1pm - 3pm ApptID 18 Field 101 = 1000
7	8	9	10	11	12	13
		Test Case 2a - 9am - 11 am Appt ID 11 Field 101 = 1001	Test Case 2b - 9am - 11 am Appt ID 13 Field 101 = 1001			
		Test Case 2a - 1pm - 3 pm Appt ID 12 Field 101 = 1001				
14	15	16	17	18	19	20
						Test Case 3 - 9pm - 11:59 pm 5/22/2021 Appt ID 14 Field 101 = 1002
21	22	23	24	25	26	27
Test Case 3 - 12am - 11:00 am 5/23/2021 Appt ID 14 Field 102 = 1003		Test Case 6 - 9am - 11 am ApptID 19 Field 101 = 1006				
28	29	30	31	1	2	3
			Test Case 4a - 9pm - 11 am Appt ID 16 Field 101 = 1004 Field 102 = 1005		Test Case 4b - 9pm - 11 am Appt ID 17 Field 101 = 1005	

Indicates Visits that span midnight



Claim + Claim Line Level ICN Testing Reference Calendar

May-23						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
				Test Case 1 - 9am - 11 am ApptID 10 Field 101 = 1000 Field 103 = 2000		Test Case 5 - 1pm - 3pm ApptID 18 Field 101 = 1000 Field 103 = 2010
7	8	9	10	11	12	13
		Test Case 2a - 9am - 11 am Appt ID 11 Field 101 = 1001 Field 103 = 2001	Test Case 2b - 9am - 11 am Appt ID 13 Field 101 = 1001 Field 103 = 2003			
		Test Case 2a - 1pm - 3 pm Appt ID 12 Field 101 = 1001 Field 103 = 2002				
14	15	16	17	18	19	20
						Test Case 3 - 9pm - 11:59 pm 5/22/2021 Appt ID 14 Field 101 = 1002 Field 103 = 2004
21	22	23	24	25	26	27
Test Case 3 - 12am - 11:00 am 5/23/2021 Appt ID 14 Field 102 = 1003 Field 104 = 2005		Test Case 6 - 9am - 11 am ApptID 19 Field 101 = 1006 Field 103 = 2011				
28	29	30	31	1	2	3
			Test Case 4a - 9pm - 11 am Appt ID 16 Field 101 = 1004 Field 102 = 1005 Field 103 = 2006 Field 104 = 2007		Test Case 4b - 9pm - 11 am Appt ID 17 Field 101 = 1005 Field 103 = 2008 Field 104 = 2009	

Indicates Visits that span midnight



Test Case 1 – Submit a Visit with an ICN

Purpose

To ensure that vendors can successfully submit ICNs for completed visits submitted to CareBridge for claim generation. The value included in field 1

Test Prerequisites

- Standard Test Cases Complete

Test Data Requirements

- ApptStartDateTime must be 9:00 am local time on May 4, 2023.
- ApptEndDateTime must be 11:00 am local time on May 4, 2023.
- CheckInDateTime must be 9:00 am local time on May 4, 2023.
- CheckOutDateTime must be 11:00 am local time on May 4, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”.
- Field 101 must be populated.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.
 - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
 - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
 - Claim1_InvoiceNumber should match the ICN submitted by the vendor



Test Case 2 – Claims with Multiple Appointments

Test Case 2a – Submit Multiple Visits on the Same Day

Purpose

Visits that occur on the same day, for the same provider, member, service, modifiers, and caregiver will be included as a single claim with a single Claim Level ICN.

This test demonstrates that vendors are able to submit the same Claim Level ICN for multiple visits on the same day.

Test Prerequisites

Test Case 1 must be complete

Test Data Requirements

Visit 1

- ApptStartDateTime must be 9:00 am local time on May 9, 2023.
- ApptEndDateTime must be 11:00 am local time on May 9, 2023.
- CheckInDateTime must be 9:00 am local time on May 9, 2023.
- CheckOutDateTime must be 11:00 am local time on May 9, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N".
- Field 101 must be populated.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Visit 2

- ApptStartDateTime must be 1:00 pm local time on May 9, 2023.
- ApptEndDateTime must be 3:00 pm local time on May 9, 2023.
- CheckInDateTime must be 1:00 pm local time on May 9, 2023.
- CheckOutDateTime must be 3:00 pm local time on May 9, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N".
- Field 101 must match the value of Field 101 in Visit 1.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.



2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.
 - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
 - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
 - Claim1_InvoiceNumber should match the ICN submitted by the vendor for both visits

Test Case 2b – Submit Visits on Different Days in the Same Week

Purpose

In North Carolina, visits in a week are claimed together. Visits that occur on different days within the same week, for the same provider, member, and authorization will be rolled up into a single claim with a single Claim Level ICN.

This test demonstrates that vendors are able to submit the same Claim Level ICN for multiple visits in the same week.

Test Prerequisites

- Test Case 2a must be complete –
 - The visit for Test Case 2b will be included on the same claim as the visit from Test Case 2a

Test Data Requirements

- ApptStartDateTime must be 9:00 am local time on May 10, 2023.
- ApptEndDateTime must be 11:00 am local time on May 10, 2023.
- CheckInDateTime must be 9:00 am local time on May 10, 2023.
- CheckOutDateTime must be 11:00 am local time on May 10, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”.
- Field 101 must be populated with the same value that was used in Test Case 2a.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.



3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Visit Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.
 - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
 - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
 - Claim1_InvoiceNumber should match the ICN submitted by the vendor for both visits in 2a



Test Case 3 – Submit an Overnight Visit with a Split Claim Level ICN

Purpose

If a visit crosses midnight between billing periods, distinct claim level ICNs must be provided for the component of the visit that occurs within each billing period.

Test Prerequisites

- Test Case 2 must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 pm local time on May 20, 2023.
- ApptEndDateTime must be 11:00 am local time on May 21, 2023.
- CheckInDateTime must be 9:00 pm local time on May 20, 2023.
- CheckOutDateTime must be 11:00 am local time on May 21, 2023.
- CheckInMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”.
- Field 101 must be populated
- Field 102 must be populated with a different value than field 101.

If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.
 - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
 - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
 - Claim1_InvoiceNumber should match the ICN used in field 101
 - Claim2_InvoiceNumber should match the ICN used in field 102



Test Case 4 – Combination of Split Visits with Other Visits

Test Case 4a – Split Claim Across Months

Purpose

If a visit crosses midnight across months, regardless of whether it splits across weekly billing periods, distinct claim level ICNs must be provided for the component of the visit that occurs within each billing month. Visits that have claims split across months will still be rolled up with other visits on either side of the month partition.

In the example below, any components of visits for the same provider, member, and authorization that occur between 12:00 am May 30, 2023 – 11:59 pm May 31, 2023 will be rolled into a single claim and any components of visits that occur between 12:00 am June 01, 2023 and 11:59 pm June 03, 2023 will be rolled into a single claim.

Test Prerequisites

- Test Case 3 must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 pm local time on May 31, 2023.
- ApptEndDateTime must be 11:00 am local time on June 1, 2023.
- CheckInDateTime must be 9:00 pm local time on May 31, 2023.
- CheckOutDateTime must be 11:00 am local time on June 1, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- Field 101 must be populated.
- Field 102 must be populated and will be used again in field 101 on Test Case 4b.

If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.



- BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
- BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
- Claim1_InvoiceNumber should match the ICN used in field 101
- Claim2_InvoiceNumber should match the ICN used in field 102

Test Case 4b – Submit an Overnight Visit with a Non-Split Claim Level ICN

Purpose

If a visit crosses midnight within a single billing period, only 1 claim level ICN should be provided. This visit will be claimed together with other visits in the same billing period.

Test Prerequisites

- Test Case 4a must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 pm local time on June 2, 2023.
- ApptEndDateTime must be 11:00 am local time on June 3, 2023.
- CheckInDateTime must be 9:00 pm local time on June 2, 2023.
- CheckOutDateTime must be 11:00 am local time on June 3, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”.
- Field 101 must be populated with a value that matches Field 102 in Test Case 4a.
- Field 102 must be null.

If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.



- BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
- BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
- Claim1_InvoiceNumber should match the ICN used in field 101. It should also match the Claim2_InvoiceNumber associated with Test Case 4a



Test Case 5 – Submit Visit that Adjusts a Previously Paid Claim

Purpose

If a visit occurs during a billing period, but is not included as part of the claim for that billing period when the claim is generated (e.g. if that visit had unresolved pre-billing rejections or that visit was not transmitted to CareBridge until after the claim was submitted), then the original claim must be corrected.

After the original claim reaches a terminal status, that claim can be modified by submitting visits with the same ICN as was used for the original claim.

Test Prerequisites

- Test Case 1 should be complete
- The claim for Test Case 1 should be in a terminal status.

Test Data Requirements

- ApptID should be distinct from Test Case 1.
- ApptStartDateTime must be 9:00 am local time on May 6, 2023.
- ApptEndDateTime must be 11:00 am local time on May 6, 2023.
- CheckInDateTime must be 9:00 am local time on May 6, 2023.
- CheckOutDateTime must be 11:00 am local time on May 6, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N".
- Field 101 must match the value used in Field 101 for Test Case 1.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.
 - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.



- BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
- Claim1_InvoiceNumber should match the value submitted by the vendor in field 101. It should also match the Claim1_InvoiceNumber that was previously sent in the Appointment Status Report for Test Case 1.



Test Case 6 – Submit a Visit with a Different Caregiver

Purpose

To ensure that vendors understand that distinct caregivers for same member, procedure code /modifiers, and billing period will not be included on the same claim. The value included in field 101 should be distinct from other visits in the same billing period for the same member, authorization, and provider.

Test Prerequisites

- Test Case 3 Complete

Test Data Requirements

- ApptID should be distinct from Test Case 3
- ApptStartDateTime must be 9:00 am local time on May 23, 2023.
- ApptEndDateTime must be 11:00 am local time on May 23, 2023.
- CheckInDateTime must be 9:00 am local time on May 23, 2023.
- CheckOutDateTime must be 11:00 am local time on May 23, 2023.
- CheckinMethod should be E, I, or F.
- CheckOutMethod must match CheckInMethod.
- CaregiverID must be a different value from CaregiverID used in Test Case 3
- ClaimAction must be “N”.
- Field 101 must be populated with a different value than was used in field 102 for Test Case 3.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
 - HasErrors should be false.
 - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
 - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
 - Claim1_InvoiceNumber should match the ICN submitted by the vendor

Appendix A

ONCE TESTING IS COMPLETE

Vendors should complete the Integration Testing Checklist throughout the course of testing. Once testing has been completed, please email the completed testing checklist to CareBridge for validation evvintegration@carebridgehealth.com. CareBridge will verify that all test cases were successfully passed and provide confirmation that the vendor is able to begin submitting production data. If any test cases had to be omitted due to vendor capabilities, they should provide a rationale for why that test case cannot be complete and (if necessary) a mitigation plan for provider agencies to ensure claims will not be impacted.

INTEGRATION TESTING CHECKLIST

Vendor Information		CareBridge Review		
Field	Value	Field	Value	
Vendor Name		Date of Final Review	Click or tap to enter a date.	
Development Environment Username		Production Enabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>Comments:</i>
Production Environment Username		Date Enabled	Click or tap to enter a date.	
Claim Level or Claim + Line Level		Configuration changes?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>Comments:</i>

TC#	TC File Name	Tested?		ApptID Used for Test Case	ClaimNumber(s) for Test Case	ClaimLineICN(s) (Only if using Claim Line ICNs)	Vendor Tester Initials	CB Initials	Date Reviewed	Pass?	
		Y	N							Y	N
1		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>