



# CAREBRIDGE

Iowa

Third-Party EVV Vendor  
Home Health 837i Claim Elements  
Testing Process Guide



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# INTRODUCTION TO 837I HOME HEALTH CLAIM ELEMENTS TESTING

## OVERVIEW

The purpose of this document is to assist Third-Party EVV Vendors in becoming acclimated with and successfully submitting the new 837i claim elements to CareBridge for purposes of claim generation. Once a test case is submitted, a response file should be generated between thirty minutes and one hour indicating all file or data level errors. This document is intended for Technical teams within Third-Party EVV Vendors who will be implementing the new home health claim elements requirements.

## BEFORE YOU GET STARTED

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

1. Complete the standard testing process. If you have not completed standard testing prior to the cutover date of the new claim elements fields (10/1/2024), then this additional testing is not necessary as it will be incorporated into standard testing.
2. Review the fields in the [CareBridge Iowa Technical Specification](#).
3. Review the [Home Health Claim Element Technical Details](#) document to better understand how these fields are used and how your system should be mapping/capturing this data.
4. Complete the [Claim Element Vendor Attestation form](#).

## GENERAL TESTING INFORMATION

- CareBridge will provide you with test data to use for test cases. Please reach out to [evintegration@carebridgehealth.com](mailto:evintegration@carebridgehealth.com) to request test data. Note, if you have previously been provided test data, CareBridge will need to modify the configurations for that test data to prepare it for testing the new home health claim elements.
- Unless specified in a specific test case, it is required to use the same provider for all test cases.
- Vendors should complete the Integration Testing Checklist throughout the course of testing.
  - The Checklist can be found in Appendix A. It is also available for download in Excel/PDF at
    - [Iowa: Third-Party EVV Vendor Home Health Claim Elements Testing Process Guide](#)
- Once testing has been completed, please email the completed testing checklist (in Appendix A) to CareBridge for validation.  
[evintegration@carebridgehealth.com](mailto:evintegration@carebridgehealth.com)
- Test Cases 1-8 can be completed as part of a single visit submission. If the visit includes all of the appropriate data elements, it will successfully pass all 8 test cases simultaneously.



## TEST CASE 1 – INCLUDE FACILITY TYPE ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes the FacilityType on a claimed visit.

### Test Prerequisites

- The Provider used for testing must be configured to manage facility type by their Third-Party Vendor

### Test Data Requirements

- FacilityType must be populated with a valid value as listed in the Technical Specification. This is the primary element being tested in this test case.
- ClaimAction should be “N”.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 2 – INCLUDE INITIAL CLAIM FREQUENCY CODE ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate an initial claim via CareBridge that includes the InitialClaimFrequency on a claimed visit.

### Test Prerequisites

- The Provider used for testing must be configured to manage Initial Claim Frequency by their Third-Party Vendor.

### Test Data Requirements

- InitialClaimFrequency must be populated with a valid value as listed in the Technical Specification. This is the primary element being tested in this test case.
- ClaimAction should be “N”.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- The ApptID submitted for this test case must not have been previously claimed. If this test case is attempted and a claim is generated without passing this test case. A new ApptID, member, and authorization should be used for resubmission to ensure that an initial claim is generated rather than a corrected claim.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
  - Confirm that the ClaimFrequencyCode listed in the Appointment Status Report matches what was sent in the inbound EVV Visit file
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 3 – INCLUDE ADMISSION DATE ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes Admission Date on a claimed visit.

### Test Prerequisites

- The Provider used for testing must be configured to manage Admission Date by their Third-Party Vendor.

### Test Data Requirements

- AdmissionDate must be populated with a valid value as listed in the Technical Specification. This is the primary element being tested in this test case.
  - Admission Date must be prior to the date of service submitted for the visit.
- ClaimAction should be "N".
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 4 – INCLUDE PATIENT STATUS ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes Patient Status Code on a claimed visit.

### Test Prerequisites

- The Provider used for testing must be configured to manage Patient Status by their Third-Party Vendor.

### Test Data Requirements

- PatientStatus must be populated with a valid value as defined by Iowa Medicaid. This is the primary element being tested in this test case.
- ClaimAction should be “N”.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 5 – INCLUDE ATTENDING PROVIDER ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes Attending Provider fields on a claimed visit.

### Test Prerequisites

- The Provider used for testing must be configured to manage Attending Provider by their Third-Party Vendor.

### Test Data Requirements

- The following fields are the primary fields being tested and must be included:
  - AttendingProviderName must be populated with a value.
  - AttendingProviderNPI must be populated with a valid NPI.
  - AttendingProviderTaxonomy must be populated with a value.
- ClaimAction should be "N".
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 6 – INCLUDE REFERRING PROVIDER ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes Referring Provider fields on a claimed visit.

### Test Prerequisites

- The Provider used for testing must be configured to manage Referring Provider by their Third-Party Vendor.

### Test Data Requirements

- The following fields are the primary fields being tested and must be included:
  - ReferringProviderName must be populated with a value.
  - ReferringProviderNPI must be populated with a valid NPI.
- ClaimAction should be “N”.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 7 – INCLUDE CONDITION CODE(S) ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes one or more condition codes on a claimed visit.

### Test Prerequisites

- None

### Test Data Requirements

- ConditionCode must be populated with a valid value or values as listed in the Technical Specification. This is the primary element being tested in this test case.
  - If multiple condition codes are provided, they must be sent as a tilde (~) delimited list.
- ClaimAction should be “N”.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## TEST CASE 8 – INCLUDE VALUE CODE ON A CLAIMED VISIT

### Purpose

- Ensure that the vendor is able to successfully generate a claim via CareBridge that includes Value Code on a claimed visit.

### Test Prerequisites

- None

### Test Data Requirements

- The following fields are the primary fields being tested and must be included:
  - ValueCode must be populated with a value.
  - ValueCodeAmount must be populated with a value.
- ClaimAction should be “N”.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.
- If using the same visit for more than one of Test Cases 1-8, the same ApptID should be used for all of the relevant test cases.

### 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.
- Vendor should confirm that the billed amount aligns with what they expected to be billed for that visit. If it does not, vendor should ensure that they are sending the unit rate in the Rate field.
- Vendor should confirm that they understand the other claim related fields in the Appointment Status Report (fields 51-64).



## APPENDIX A – TESTING CHECKLIST

### 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 [evintegration@carebridgehealth.com](mailto:evintegration@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.	
CB USE ONLY - Testing Query Version:		Configuration changes?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>Comments:</i>

TC#	TC File Name	Tested?		ApptID Used for Test Case	Vendor Tester Initials	CareBridge Reviewer 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"/>
7		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>