



CAREBRIDGE

Electronic Visit Verification (EVV) Arkansas Integration Guide and Technical Specifications



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SUMMARY OF CHANGES

- Naming Convention
 - Added CareBridge Response file names for test and prod (V5)
- Testing Instructions
 - File Validation Testing (V4)
 - Data Validation Testing -Staging (V4)
 - Data Validation Testing - Production (V4)
 - Claim Submitted via CareBridge (V4)
 - Integration “Go-Live” (V4)
- Appointments / Visits Data File Format
 - Field Requirements updates
 - 13 - CaregiverLicenseNumber [N] (V3)
 - 26 - CheckInStreetAddress2 [N] (V4)
 - 35 - CheckOutStreetAddress2 [N] (V4)
 - 52 - DiagnosisCode: Appts [N] (V4)
 - 56 - EarlyReason: [N] (V5)
 - 57 - EarlyAction: [N] (V5)
 - 58 - LateReason: [N] (V5)
 - 59 - LateAction: [N] (V5)
 - 60 - MissedReason: [N] (V5)
 - 61 - MissedAction: [N] (V5)
 - 62 - CarePlanTasksCompleted [N] (V4)
 - 63 - CarePlanTasksNotCompleted [N] (V4)
 - Field Description update
 - 7 - ProviderEIN: Max Length 9 (V4)
 - 18 - MemberMedicaidID: 10 digit, Numeric, Max Length 10 (V4)
 - 58 - LateReason: 7-29 minutes (V4)
 - 59 - LateAction: 7-29 minutes (V4)
 - 60 - MissedReason: 30 minutes (V4)
 - 61 - MissedAction: 30 minutes (V4)
 - 66 - ClaimAction: Claims Billed Externally-Not Via CareBridge (E) (V4)
 - Field Name updates
 - 101 - Claim Invoice Number 1 (V2)
 - 102 - Claim Invoice Number 2 (V2)
 - 103 - Invoice Line Item ID 1 (V2)
 - 104 - Invoice Line Item ID 2 (V2)
- MCROID Codes
 - Added CareSource MCROID (V6)
- Unit Definitions
 - Added Unit Definitions Section (V6)
- Pre-Billing Validation
 - This is a comprehensive list of CareBridge Pre-Billing validation responses – some may not be applicable to your specific integration. (V2, V3, V4)



- Removed Pre-Billing Validation list and provided link to location for full list (V6)
- Billing Frequency for Home Health providers will not be defaulted. Providers must set billing frequency prior to being able to bill through CareBridge. **(V8)**
 - Providers will have the ability to select their billing frequency. Options are:
 - Daily/Single DOS: nightly claim submission, as indicated by provider.
 - Weekly: Sunday - Saturday billing period; claim submission after the billing period, as indicated by provider. Claims split at month end.
 - Monthly: First – Last day of the month billing period; claim submission after the billing period, as indicated by provider.
- Added Attending Provider Fields – these fields are required for Home Health claimed visits **(V8)**:
 - AttendingProviderFirstName
 - AttendingProviderLastName
 - AttendingProviderNPI
- Authorization Issuance Types **(V8)**:
 - **Always**: CareSource/Summit always requires an authorization to perform the service.
 - **Sometimes**: CareSource/Summit only requires an authorization to perform the service in some situations. (ex. authorization is required for out-of-network provider, authorization is not required for initial # visits, etc.). CareBridge will accept visits for service that are sometimes authorized up until CareSource/Summit determines that the maximum visit threshold is reached, at which point in time, that authorization will be sent to CareBridge.
 - **Never**: *Not Applicable* – CareSource/Summit does not require or issue an authorization to perform the service.
- Added Specific Service Codes and Unit Definitions for Home Health (Summit and CareSource) **(V8)**
- Increase acceptable number of Diagnosis Codes to 23 for Home Health Services. **(V8)**
- Added VisitLocationType Field and corresponding Visit Location Table. **(V8.1)**



INTRODUCTION TO CAREBRIDGE INTEGRATION

OVERVIEW

Welcome! This Integration Guide is intended to help providers and EVV Vendors throughout the process of integrating with CareBridge to provide EVV data for the purposes of data aggregation. If at any point you have questions, our team here is here to help: evvintegration@carebridgehealth.com.

WHAT IS CAREBRIDGE?

CareBridge is a company formed to support care for people who receive Long-Term Services and Supports (LTSS). We offer LTSS solutions including an Electronic Visit Verification Platform that can be utilized via a mobile phone, GPS-enabled tablet, landline and web-based portal to record service delivery and facilitate day-to-day management of members' appointments. CareBridge also supports a wide array of EVV data aggregation solutions in which CareBridge builds an integration with a provider's EVV system, allowing provider agencies to keep their current EVV solution while still providing required data back to the health plan or state.

INTEGRATION OVERVIEW

CareBridge will engage providers that choose to integrate CareBridge's Platform with a 21st Century Cures Act compliant EVV solution. CareBridge's Platform supports data aggregation by way of accepting EVV Visit Data from third-party vendors and subsequently generating claims to be submitted to the clearinghouse and MCOs.

All EVV Visit and Claims data must ultimately be reflected in the CareBridge Platform for MCO receipt, payment, and monitoring.

The following is a description of the steps in the data aggregation process:

1. Appointments / Visits data file is placed in SFTP folder by provider and/or third-party vendor
2. CareBridge imports and processes Appointments / Visits file
3. CareBridge places response file in SFTP for review by provider and/or third-party vendor
 - a. Provider takes action on response errors and resubmits
4. CareBridge utilizes visits data to generate claims and submits to clearinghouse / MCOs
5. Providers can continue to receive claim remittances through previously established mechanisms (Availability)

Appointments / Visits data should be submitted to CareBridge at least once daily for all appointments / visits that have had incremental changes since last submission.



SFTP CONFIGURATION REQUIREMENTS

- CareBridge test environment: `sftp.dev.carebridgehealth.com`
- CareBridge production environment: `sftp.prn.carebridgehealth.com`
- Port: 22
- Login Credential: Vendor's public SSH key
- When transferring files via SFTP, select BINARY mode

SFTP FOLDER STRUCTURE

/input – Used to send files to CareBridge for import into the CareBridge system

/output – Used to retrieve Response Files from CareBridge

SFTP RETENTION POLICY

- Once files have been downloaded from /output, they should be deleted. If they are not deleted, they will be retained for 30 days
- Files will be deleted from /input upon load and processing by CareBridge

FILE FORMAT SPECIFICATIONS

- File type: CSV (pipe-delimited),
- Values can be enclosed with double quotes (and should be when a pipe could exist in the data)
- Headers should be included
- One row per appointment / visit
- All DateTime fields should be UTC with zero offset
- Visit data will be rejected if there is already an existing ApptID that has been claimed but has not yet reached a terminal status (Rejected, Paid, Denied)

NAMING CONVENTION

The general naming convention is as follows:

VISITS_AR_ProviderTaxID_YYYYMMDDHHMMSS.CSV

For Test Files, "TEST" will prepend the file name as follows:

TEST_VISITS_AR_ProviderTaxID_YYYYMMDDHHMMSS.CSV

CAREBRIDGE RESPONSE FILE

VISITS_AR_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

For Test Files, "TEST" will prepend the file name as follows:

TEST_VISITS_AR_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt



TESTING INSTRUCTIONS

Testing Overview

Vendors are required to complete testing scenarios in order to begin sending production data to CareBridge.

The goal of the testing process is to ensure that data is able to be successfully transmitted from Third-party vendors to CareBridge. CareBridge has created several test cases designed to ensure specific scenarios are understood and passed by vendors prior to production go-live.

The test cases are outlined in a separate document: **Arkansas - Third-Party EVV Vendor Integration Testing Process Guide**, available on the CareBridge EVV Data Integration web page: <http://evvintegration.carebridgehealth.com>, under **Additional Documents for Third-Party Vendors > Arkansas - Third-Party EVV Vendor Integration Testing Process Guide**.

Additionally, there are 3 different testing milestones summarized below:

- Connection Testing – Vendors credentials are working properly, and they are able to successfully connect to the SFTP site.
- File Validation Testing – Vendors are able to successfully send files in accordance with our file specifications.
- Data Validation Testing– Vendors are able to send records in accordance with our data specifications. A full list of CareBridge Pre-Billing Validations can be found under **Technical Specifications for Third-Party Vendors > Pre-Billing Validation Errors**

Initial Production Data Go-Live

Once a vendor has successfully completed the required test cases and is approved to send data to production, they can begin sending production appointment/visit data to the production environment.

CareBridge highly recommends that EVV Vendors follow the process outlined below:

- (1) Send a file in the production environment with actual visit/appointment data.
 - a. Only sending 1-5 rows of data initially.
 - b. Sending visit data with the *ClaimAction* field as null.
 - c. At least one row of data be visit data rather than appointment data.
- (2) Download the response file in the /output folder and review the pre-billing errors.
- (3) Update data to remedy those errors; email evvintegration@carebridgehealth.com with questions about specific errors.
- (4) Repeat steps 1-3 until you receive a response file with headers only. This means that there were no row level errors and the data was processed successfully.
- (5) Repeat steps 1-4 for each unique provider agency TIN for whom you provide EVV services.



Claim Submitted via CareBridge

Once a vendor is able to successfully send a file of appointment/visit data without errors on behalf of a provider, they can coordinate with the provider to submit their first claim.

- Re-send the visit data previously sent in Initial Production Data Go-Live with the *ClaimAction* field as 'N'. This will generate a claim for those visits.

Note: If visits sent in *Data Validation Testing – Production* included the *ClaimAction* field as 'N' rather than null, *Data Validation in Production* and *Claim Submitted via CareBridge* would be completed simultaneously.

Integration “Go-Live”

Once a vendor is able to successfully submit a claim via CareBridge, they can begin implementation of *Integration Go-Live* – submitting all claims via CareBridge.

This will require coordination between the vendor, the agency(ies) they support and CareBridge.

The process is as follows:

- (1) Direct providers using your system to the CareBridge Integration Document for Providers site. It contains instructions for their expectations and next steps.
- (2) Identify a go-live date with each agency to begin sending all data and communicate that date to CareBridge.
- (3) Develop a process with your agency for resolving response file errors on an ongoing basis.
 - It is up to vendors and their agencies whether response files will be passed to their agencies directly or incorporated into the Third-party EVV system's UI.
 - It is required that vendors leverage both the:
 1. The **Pre-Billing Validation Report** in addition to response files to ensure providers have the most up-to-date information regarding outstanding visit errors.
 2. The **Appointment Status Report** to ensure providers have accurate information regarding visit or claim status over time.

*The supplemental report specifications can be found on the CareBridge EVV Data Integration web page: <http://evvintegration.carebridgehealth.com>, under **Additional Documents for Third-Party Vendors**.*

- Integrating agencies will not be able to make updates to their data in the CareBridge EVV portal. Updated data should be sent via integration process.

DATA FIELD SPECIFICATIONS

CareBridge Response File Format

Field	Value	Description
ERROR_CODE	See sections below	The error code indicating the type of issue



ERROR_DESCRIPTION	See sections below	The description of the error code, this is dynamic based on the error
IS_FILE_ERROR	True or False	Indicates if the error is a file level error or row / field level error
ERROR_SEVERITY	ERROR or WARNING	Indicates the severity of the error
FILE_NAME	Name of the inbound file	Name of the file that was received by CareBridge

In addition to these 5 fields, the CareBridge response file will also contain each field included in the inbound data file for Third-Party EVV Vendor reference.

File Level Validation

Error Number	Description
F1001	Unknown file
F1002	Incorrect delimiter
F1003	Data cannot be parsed, it may be incomplete or invalid
F1004	File is a duplicate
F1005	File exceeds max allowed file size. (5 GB)

Appointments / Visits Data File Format

Field No	Field Name	Description	Data Type	Required for Scheduled Appointment	Required for Completed Visit	Example	Max Length
1	VendorName	Name of EVV vendor sending data	Alphanumeric	Y	Y	EVV Vendor	
2	TransactionID	Unique identifier for the transaction and should be unique in every file. It is only used for tracking and troubleshooting purposes	Alphanumeric	Y	Y	71256731	
3	TransactionDateTime	Time stamp associated with the visit data being sent to CareBridge	Datetime	Y	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
4	ProviderID	Unique identifier for the provider	Alphanumeric	Y	Y	43134	100
5	ProviderName	Name of provider	Alphanumeric	Y	Y	Home Health, LLC	255
6	ProviderNPI	NPI of provider	Numeric	Y (required unless the provider is atypical)	Y (required unless the provider is atypical)	1609927608	10
7	ProviderEIN	Tax ID or EIN of provider	Alphanumeric	Y	Y	208076837	9



8	ProviderMedicaidID	MedicaidID number for Provider	Alphanumeric	Y	Y	982123567	9
9	ApptID	Unique identifier for the visit, used to identify an appointment and should be consistent for every appointment update	Alphanumeric	Y	Y	1231248391	100
10	CaregiverFName	First name of caregiver who completed the visit	Alphanumeric	Y	Y	John	
11	CaregiverLName	Last name of caregiver who completed the visit	Alphanumeric	Y	Y	Smith	
12	CaregiverID	Unique ID Assigned to caregiver (Employee ID)	Alphanumeric	Y	Y	982123	
13	CaregiverLicenseNumber	License number for caregiver	Alphanumeric	N	N	22AA88888888	12
14	CaregiverMedicaidID*	MedicaidID number for caregiver	Alphanumeric	Y*	Y*	982123567	9
15	MemberFName	First name of member	Alphanumeric	Y	Y	Jane	
16	MemberLName	Last name of member	Alphanumeric	Y	Y	Johnson	
17	MemberDateOfBirth	Date of birth of member	Alphanumeric	N	N	YYYY-MM-DD	
18	MemberMedicaidID	Medicaid ID for member - 10 digits	Numeric	Y	Y	3627142405	10
19	MemberID	Member Subscriber ID	Alphanumeric	N	N	47138493	
20	ApptStartDateTime	Date / Time that the appointment was scheduled to begin (in UTC)	DateTime	Y	N	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
21	ApptEndDateTime	Date / Time that the appointment was scheduled to end (in UTC)	DateTime	Y	N	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
22	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N	C	
23	CheckInDateTime	Date / Time that the visit was checked into (in UTC)	Datetime	N	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	



24	CheckInMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
25	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y	926 Main St	
26	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	N	Suite B	
27	CheckInCity	City where check in occurred	Alphanumeric	N	Y	Nashville	
28	CheckInState	State where check in occurred	Alphanumeric	N	Y	TN	
29	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y	37206	
30	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	##.#####	
31	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	###.#####	
32	CheckOutDateTime	Date / Time that the visit was checked out of (in UTC)	Datetime	N	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
33	CheckOutMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
34	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y	926 Main St	
35	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	N	Suite B	
36	CheckOutCity	City where check out occurred	Alphanumeric	N	Y	Nashville	
37	CheckOutState	State where check out occurred	Alphanumeric	N	Y	TN	
38	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y	37206	
39	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	##.#####	
40	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	###.#####	
41	VisitLocationType	Self-reported visit location	Alphanumeric	N	Y If Home Health Service Code	(see Location Type Codes Table below)	



42	CheckinDistance	Distance from visit location (miles)	Decimal	N	Y	0.125	
43	CheckoutDistance	Distance from visit location (miles)	Decimal	N	Y	0.125	
44	CheckinLocationReason	Reason check in was outside of 1/8 mile geofence	Alphanumeric	N	Y if outside of geofence	See Check in/out Location Codes table below	
45	CheckoutLocationReason	Reason check out was outside of 1/8 mile geofence	Alphanumeric	N	Y if outside of geofence	See Check in/out Location Reasons Codes table below	
46	AuthRefNumber	Authorization Number as indicated by health plan	Alphanumeric	Y	Y (with exceptions outlined in the Prior Authorization Requirements Section)	1080421390	
47	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code)	Alphanumeric	Y	Y	S5125	
48	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	U5	
49	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	UA	
50	TimeZone	Time zone that the visit took place in	Alphanumeric	Y	Y	US/Eastern	
51	CheckInIVRPhoneNumber	Phone Number used to check in	Alphanumeric	N	Y if CheckInMethod = 55 I	+141566655	
52	CheckOutIVRPhoneNumber	Phone Number used to check out	Alphanumeric	N	Y if CheckOutMethod = 55 I	+141566655	
53	ApptNote	Free text note related to the visit	Alphanumeric	N	N	Scheduling related note	



54	DiagnosisCode	Tilde delimited list of ICD-10 Diagnosis code attributed to the visit. (Enter in the order that they are billed and primary dx should be the first listed.)	Alphanumeric	N	Y, up to 23 allowed for Home Health Services	I50.9~R68.8	
55	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	Y	See Member Attestation Codes table below	
56	Rate	Billed rate associated with the visit	Decimal	Y	Y	3.85	
57	ManualReason	Reason for manual entry associated with the visit	Alphanumeric	N	Y if CheckInMethod or CheckOutMethod = M	See Manual Reasons Codes table below	
58	EarlyReason	Reason the visit was early	Alphanumeric	N	N if check in occurred greater than 7 minutes before the scheduled start time	See Early Reasons Codes table below	
59	EarlyAction	Action taken due to visit being early	Alphanumeric	N	N if check in occurred greater than 7 minutes before the scheduled start time	See Early Actions Codes table below	
60	LateReason	Reason the visit was late	Alphanumeric	N	N if check in occurred between 7 and 29 minutes after the scheduled start time	See Late Reasons Codes table below	
61	LateAction	Action taken due to visit being late	Alphanumeric	N	N if check in occurred between 7 and 29 minutes after the scheduled start time	See Late Actions Codes table below	



62	MissedReason	Reason the visit was missed	Alphanumeric	N	N if check in occurred greater than 30 minutes after the scheduled start time	See Missed Reasons Codes table below	
63	MissedAction	Action taken due to the visit being missed	Alphanumeric	N	N if check in occurred greater than 30 minutes after the scheduled start time	See Missed Actions Codes table below	
64	CarePlanTasksCompleted	Tilda delimited list of tasks completed during the visit	Alphanumeric	N	N	Toileting~Bathing	
65	CarePlanTasksNotCompleted	Tilda delimited list of tasks not completed during the visit	Alphanumeric	N	N	Laundry~Trash Removal	
66	CaregiverSurveyQuestions	Tilda delimited list of survey questions presented to the caregiver	Alphanumeric	N	N	Has the member fallen since the last visit?~Is the member looking or acting different than they usually do?	
67	CaregiverSurveyResponses	Tilda delimited list of survey responses to questions presented to the caregiver in the same order as the questions listed in field 64	Alphanumeric	N	N	Yes~No	
68	ClaimAction	New Claim (N), Corrected Claim (C), Void (V), Claims Billed Externally-Not Via CareBridge (E)	Alphanumeric	N	Y	N	
69	MCOID	Identifies health plan the member is associated with	Alphanumeric	Y	Y	See MCROID table below	



70	AttendingProviderFirstName	First Name of Attending Provider that should be included on Claim	Alphanumeric	Y for Home Health Visits	Y for Home Health Visits	John	
71	AttendingProviderLastName	Last Name of Attending Provider that should be included on Claim	Alphanumeric	Y for Home Health Visits	Y for Home Health Visits	Smith	
72	AttendingProviderNPI	NPI of Attending Provider that should be included on Claim that is registered with AR DHS	Alphanumeric	Y for Home Health Visits	Y for Home Health Visits	1234567893	
101	Claim Invoice Number 1	Claim level invoice number in third-party system	<p>These fields can be used for reconciliation of the data sent to CareBridge.</p> <p>If you would like to use these fields, please contact the CareBridge Integration team at evvintegration@carebridgehealth.com</p>				
102	Claim Invoice Number 2	Claim level invoice number in third-party system					
103	Line Item Invoice Number 1	Unique identifier of the invoice line item in the third-party					
104	Line Item Invoice Number 2	Unique identifier of the invoice line item in the third-party system					

*For Home Health Services Caregivers must have a provider type of '21' for S9131 or '95' for T1021. For Personal Care Services Caregivers must have a provider type of '95' for T1019.



Personal Care Service Rate & Unit Definitions

Service Code	Modifier1	Unit Type	Unit Quantity
T1019		Minutes	15
T1019	U3	Minutes	15

Home Health Service Unit Definitions

Service Code	Modifier1	Auth Issuance Type	Unit Type	Unit Quantity
S9131		Always	Visit	1
S9131	UB	Always	Visit	1
T1021		Sometimes	Visit	1
T1021	TD	Sometimes	Visit	1
T1021	TE	Sometimes	Visit	1

Prior Authorization Requirements:

- **“Always”** authorized procedure codes in the tables above require the AuthRefNumber field to be populated for all visits.
- **“Sometimes”** authorized procedure codes will require the AuthRefNumber field to be populated if an authorization has been issued. If an authorization has not been issued, but a valid EVV Visit occurs for a member, this field should be left null.

Member Attestation Codes

Code	Description
MA1000	Complete
MA1005	Member Refused
MA1010	Member Unable
MA1015	No Signature (Other)

Manual Reasons Codes

Code	Description
MR1000	Caregiver error
MR1005	No access to application or IVR
MR1010	Technical error
MR1015	Duplicates/overlapping
MR1020	Forgot to clock in
MR1025	Missing/waiting for authorization
MR1050	Member Initiated



Check in/out Location Reason Codes

Code	Description
LOR1000	Address is incorrect
LOR1005	Temporary Location
LOR1010	Other

Early Reasons Codes

Code	Description
ER1000	Caregiver error
ER1005	Technical issue
ER1010	Member rescheduled

Early Reason Actions Taken Codes

Code	Description
EA1000	Rescheduled
EA1005	Back-up plan initiated
EA1010	Contacted service coordinator
EA1020	Caregiver checked in early

Late Reasons Codes

Code	Description
LR1000	Caregiver forgot to check in
LR1005	Technical issue
LR1010	Member would not allow staff to use device
LR1015	Member rescheduled

Late Reason Actions Taken Codes

Code	Description
LA1000	Rescheduled
LA1005	Back-up plan initiated
LA1010	Contacted service coordinator
LA1015	Contacted PASSE member services
LA1020	Caregiver checked in late



Missed Reasons Codes

Code	Description
MVR1000	Caregiver did not show up
MVR1005	Caregiver forgot to check in / out
MVR1010	Technical issue
MVR1015	Unplanned hospitalization
MVR1020	Authorization not in place at time of visit
MVR1025	Member or family refused service
MVR1030	Provider agency unable to staff
MVR1035	Member rescheduled

Missed Visit Actions Taken Codes

Code	Description
MVA1000	Rescheduled
MVA1005	Back-up plan initiated
MVA1010	Contacted service coordinator
MVA1015	Contacted PASSE member services
MVA1020	Service provided as scheduled

Visit Location Type Codes

Code	Description
1	Home
2	Community

MCOID Codes

Code	Description
AR_CAR	CareSource
AR_SCC	Summit Community Care Arkansas



Pre-Billing Validation

Pre-billing checks are performed in the CareBridge system to ensure that clean claims are generated. If validation errors are present in response files or appointment error files, they must be resolved by the agency or vendor prior to claim generation.

A full list of CareBridge Pre-Billing Validations can be found under Technical Specifications for Third-Party Vendors > [Pre-Billing Validations](#)