



# CAREBRIDGE

Tennessee

Third-Party EVV Vendor

Secondary Member Address & Phone Number  
Testing Process Guide



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## SUMMARY OF CHANGES

- Initial Version (**V1.0**)



## INTRODUCTION TO CAREBRIDGE INTEGRATION

### OVERVIEW

The purpose of this document is to assist Third Party EVV Vendors in becoming acclimated with and successfully submitting Secondary Member Address and Phone Number data to CareBridge. In order for a vendor to begin sending production data, they must successfully complete the required test cases. 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 file exchange process. The ability for Vendors to submit the Secondary Member Address and Phone Number records is optional. The alternative process for adding secondary member address and phone numbers into CareBridge is for provider to reach out directly to the respective MCO to submit secondary address and phone number records directly to CareBridge.

### BEFORE YOU GET STARTED

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

1. Complete the standard testing process.
2. Review the Tennessee Secondary Member Address and Phone Number Technical Specifications.
3. Email [evintegrations@carebridgehealth.com](mailto:evintegrations@carebridgehealth.com) to initiate the testing process.

#### Member Address

Vendors will be able to submit Secondary Member Address and Phone Number data to be added to the member's profile for an associated provider. This will add the address to the Member's profile for the purpose of data matching when submitting aggregate EVV visit data.

#### Member Phone Number

Vendors will be able to submit Secondary Member Address and Phone Number data to be added to the member's profile for an associated provider. This will add the address to the Member's profile for the purpose of data matching when submitting aggregate EVV visit data.

### GENERAL TESTING INFORMATION

- CareBridge will provide vendors test Provider and Member data to use for test cases.
- 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.  
[evintegration@carebridgehealth.com](mailto:evintegration@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 Secondary Member Address and Phone Number data to the production environment.



## TEST CASE 1A, 1B – SUBMIT NEW RECORDS

### Purpose

To ensure that vendors can successfully:

- Upload five Member Address records (Test Case 1a).
- Upload five Member Phone Number records (Test Case 1b).

### Test Prerequisites

- None

### Test Data Requirements

#### 1a

- Submit a Member Address file with 5 new addresses for 5 members
- All required fields indicated in the Field Required column of the Member Address File Format table must be included.

#### 1b

- Submit a Member Phone Number file with 5 new phone numbers for 5 members
- All required fields indicated in the Field Required column of the Member Phone Number Format table must be included.

### Action Taken

1. Submit a file for each Member record type
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. Correct and re-send the member's record until all prebilling validation errors are resolved.

### Expected Outcome (Vendor)

Vendor receives a response file with no prebilling validation errors corresponding to the member used for each test case.

There are a few common errors that may occur both during the testing process and once data is sent in production. Please see the guidance below for correcting these errors:

Error Code	Long Description	Matching Criteria	Solution
MAD2001 / MPN2001	Member address/phone number could not be matched to a provider.	1. ProviderEIN field matches a Tax ID we have received from the MCO	<ol style="list-style-type: none"> <li>1. Confirm the Tax ID has been correctly input into the appropriate field.</li> <li>2. Once in production, Providers can also utilize the CareBridge Provider Portal to view the data that has been received from the MCO and ensure accuracy.</li> </ol>



MAD2002 / MPN2002	Member address/phone number could not be matched to a member.	<ol style="list-style-type: none"><li>1. Provider matches</li><li>2. MemberMedicaidID matches the Medicaid ID received by the payer</li></ol>	<ol style="list-style-type: none"><li>1. Confirm the member Medicaid ID was input into the MemberMedicaidID field. This should be the actual medicaid ID rather than the MCO member ID.</li><li>2. Once in production, Providers can also utilize the CareBridge Provider Portal to view the data that has been received from the MCO and ensure accuracy.</li></ol>
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If the steps above have been attempted without success, please reach out the CareBridge integration team for additional assistance.



## TEST CASE 2A, 2B – DELETE AN EXISTING RECORD

### Purpose

Deleting a record will remove the record from the Provider Portal and it will no longer be a valid record for EVV matching purposes. The purpose of this test case is to ensure that vendors can successfully:

- Delete an existing Member Address record (Test Case 2a).
- Delete an existing Member Phone Number record (Test Case 2b).
- *To functionally update a Member Address or Phone Number record, it must first be deleted and then resubmitted with the updated information*

### Test Prerequisites

- Test 1a and 1b completed

### Test Data Requirements

#### 2a

- Vendor must use one of the same Member Address records that was used in test 1a.
- DeletedRecord must be Y.
- All required fields indicated in the Field Required column of the Member Address File Format table must be included.

#### 2b

- Vendor must use one of the same Member Phone Number records that was used in test 1b.
- DeletedRecord must be Y.
- All required fields indicated in the Field Required column of the Member Phone Number File Format table must be included.

### Action Taken

1. Update a previously sent Member Address to delete that record.
2. Update a previously sent Member Phone Number to delete that record.

### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the Member record.



## TEST CASE 3A, 3B – MARK AN EXISTING RECORD AS INACTIVE

### Purpose

When a record is marked as inactive, the associated record would be active from the date of original submission to the date of the inactive action received by CareBridge. If the record is resubmitted as an active record again at a later date, it will become an active record from the date of original submission. The purpose of this test case is to ensure that vendors can successfully:

- Mark an existing Member Address record as inactive (Test Case 3a).
- Mark an existing Member Phone Number record as inactive (Test Case 3b).

### Test Prerequisites

- Test 1a and 1b completed

### Test Data Requirements

#### 3a

- Vendor must use one of the same Member Address records that was used in Test Case 1a that was not used in Test Case 2a.
- InactiveRecord must be Y.
- All required fields indicated in the Field Required column of the Member Address File Format table must be included.

#### 3b

- Vendor must use one of the same Member Phone Number records that was used in Test Case 1b that was not used in Test Case 2b.
- InactiveRecord must be Y.
- All required fields indicated in the Field Required column of the Member Phone Number File Format table must be included.

### Action Taken

1. Update a previously sent Member Address to mark the record as inactive.
2. Update a previously sent Member Phone Number to mark the record as inactive.

### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the Member record.



## TEST CASE 4A, 4B – UPDATE A PREVIOUSLY INACTIVE RECORD AS ACTIVE

### Purpose

When a record is marked as inactive, the associated record would be active from the date of original submission to the date of the inactive action received by CareBridge. If the record is resubmitted as an active record again at a later date, it will become an active record from the date of original submission. The purpose of this test case is to ensure that vendors can successfully:

- Mark an existing inactive Member Address record as active (Test Case 4a).
- Mark an existing inactive Member Phone Number record as active (Test Case 4b).

### Test Prerequisites

- Test 3a and 3b completed

### Test Data Requirements

#### 4a

- Vendor must use the same Member Address record that was used in test 3a.
- The record must match the original data used in test case 1a.
- InactiveRecord must be null.
- All required fields indicated in the Field Required column of the Member Address File Format table must be included.

#### 4b

- Vendor must use the same Member Phone Number record that was used in Test Case 3b.
- The record must match the original data used in Test Case 1b.
- InactiveRecord must be null.
- All required fields indicated in the Field Required column of the Member Phone Number File Format table must be included.

### Action Taken

1. Update a previously inactive Member Address to active.
2. Update a previously inactive Member Phone Number to active.

### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the Member record.



## 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 [evvintegration@carebridgehealth.com](mailto: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.	
		Configuration changes?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>Comments:</i>

TC#	TC File Name	Tested?		MemberID Used for Test Case	Vendor Tester Initials	CareBridge Reviewer Initials	Date Reviewed	Pass?	
		Y	N					Y	N
1a		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
1b		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2a		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2b		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3a		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
3b		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4a		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
4b		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>