



# CAREBRIDGE

Tennessee

Third-Party EVV Vendor

Home Health Integration Testing Process Guide



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## SUMMARY OF CHANGES

- Test Case 11
  - Updated to require a Valid Revenue Code (V2.0)
- Test Case 14 added (V3.0)
- Updated for Home Health Requirements changes **(V5.0)**



## INTRODUCTION TO CAREBRIDGE INTEGRATION

### OVERVIEW

The purpose of this document is to assist Third Party EVV Vendors in becoming acclimated with and successfully submitting Home Health EVV aggregation visit data to CareBridge for purposes of claim generation. In order for a vendor to begin sending production data, they must successfully complete the required tests 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.

### BEFORE YOU GET STARTED

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

1. Complete the Third-Party EVV Vendor Intake Form:  
<http://evvintegrationform.carebridgehealth.com>
2. Review the CareBridge EVV Integration Guide and Technical Specifications for Tennessee:  
<http://evvintegration.carebridgehealth.com/>
3. Send a public key in OpenSSH format (follow instructions below)

#### **Public SSH Key Generation Process**

- i. Open Command Prompt in Windows or terminal for Mac/Linux
- ii. Type (or copy) the following:

```
ssh-keygen -t rsa -b 4096
```

- iii. Enter a file name (e.g. public-ssh-key-[organization name] )
- iv. (Optional) Enter a password
- v. (Optional) Re-enter password
- vi. Go to the file location where the key was saved and copy the public key. (This will generally be a .pub) file. Send the public key via email to [evvintegration@carebridgehealth.com](mailto:evvintegration@carebridgehealth.com).

**DO NOT send the private key.**

4. Receive SFTP credentials and connectivity instructions when the mailbox has been configured. This usually occurs within 5 business days.

Note: if you have previously completed the integration process in another state, you will not need to re-send a public key or receive new credentials, but you will still need to complete the vendor intake form and successfully complete test cases below.



### Billing Periods

Billing periods will need to be defined for each provider. The available options are as follows:

- Daily
- Weekly (defined as Sunday – Saturday)
- Monthly

Prior to completing test cases, Vendors will need to let CareBridge know which Billing Period(s) they will be testing with, so CareBridge can associate the test providers accordingly. Testing only needs to be completed using one billing period option. This information can be provided to [evvintegration@carebridgehealth.com](mailto:evvintegration@carebridgehealth.com).

### GENERAL TESTING INFORMATION

- CareBridge will provide test data to use for test cases.
- Unless specified in the specific test case, it is not required to use the same member, provider, and authorization information for all test cases, however it is recommended.
- 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](mailto: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 to the production environment.
- Prior to submission of EVV visit data in production for each provider, the provider or vendor must identify which of the billing period options will be utilized. Providers should reach out to [evvintegrationsupport@carebridgehealth.com](mailto:evvintegrationsupport@carebridgehealth.com)
- **Note:** Specific times provided in test case are given in **Local Time (US/Central)**; however, as stated in the technical specification, DateTimes in the inbound data files must be converted to **UTC**. In production, it is possible in TN for some visits to be in US/Central and some visits to be in US/Eastern.



## TEST CASE 1 – CONNECTION TESTING (DEV)

### Purpose

- To ensure the vendor has the ability to upload files to the dev SFTP site

### Test Prerequisites

Vendor credentials provided for the dev SFTP site

### Test Data Requirements

None

### Action Taken

1. Vendor connects to dev SFTP site
2. Vendor uploads a file including headers only to the dev SFTP site

### Expected Outcome

A response file containing headers only is uploaded to the /output folder of dev SFTP site

*Note: This should occur generally within 1 hour of uploading the file.  
Reach out to CareBridge if time delay greater than 3 hours.*



## TEST CASE 2 – CONNECTION TESTING (PRODUCTION)

### Purpose

- To ensure the vendor has the ability to upload files to the prd SFTP site

### Test Prerequisites

Vendor credentials provided for prd SFTP sites

### Test Data Requirements

None

### Action Taken

1. Vendor connects to prd SFTP site
2. Vendor uploads a file including headers only to the prd SFTP site

### Expected Outcome

A response file containing headers only is uploaded to the /output folder of prd SFTP site.

*Note: This should occur generally within 1 hour of uploading the file.  
Reach out to CareBridge if time delay greater than 3 hours.*



### TEST CASE 3 – SCHEDULED APPOINTMENT – **NOT REQUIRED FOR TN**

#### Purpose

Wellpoint and United Healthcare has requested that appointments be sent prior to scheduled visits. If a vendor is able to do so, they must complete this test case. If a vendor cannot send appointments prior to visits, this test case can be omitted.

#### Test Prerequisites

- Test 1 Complete

#### Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Central on March 6, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 6, 2025.
- All required fields indicated in the Scheduled Appointment column of the Appointments / Visits Data File Format table must be included.

#### Action Taken

1. Upload a file with a scheduled appointment to the dev SFTP site
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-submit file(s) using the same ApptID until all prebilling validation errors are resolved.

#### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the ApptID used for the scheduled appointment.

*(If response file includes VCR2012, VCR2013, or VCR2023 errors, see note in the section for Test Case 4).*





## TEST CASE 4A, 4B – SUBMIT COMPLETED VISIT (EVV, IVR)

### Purpose

To ensure that vendors can successfully send completed visits with at least one of the two compliant methods. If the vendor intends to send data using multiple methods, they must complete a test case for each method. Note: if not using all CheckInMethod/CheckOutMethods, you do not need to complete all three test cases below.

### Test Prerequisites

- Test 1 Complete

### Test Data Requirements

#### 4a

- ApptStartDateTime must be 9:00 am US/Central on March 6, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 6, 2025.
- CheckInDateTime must be 9:00 am US/Central on March 6, 2025.
- CheckOutDateTime must be 11:00 am US/Central on March 6, 2025.
- If vendor system is unable to submit visits in the past for E or I visit types, vendor may use the date that the visit is submitted to CareBridge as the check-in date, but they still must ensure that CheckInDateTime is 9:00 am US/Central and CheckOutDateTime is 11:00 am US/Central.
- CheckInMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

#### 4b

- ApptID must be different from Test Case 4a
- ApptStartDateTime must be 9:00 am US/Central on March 7, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 7, 2025.
- CheckInDateTime must be 9:00 am US/Central on March 7, 2025.
- CheckOutDateTime must be 11:00 am US/Central on March 7, 2025.
- CheckInMethod should be E or I, but different from the method used in 4a.
- Rate must be included.
- If vendor system is unable to submit visits in the past for E or I visit types, vendor may do one of the following:
  - Use the date that the visit is submitted to CareBridge as the check-in date and submit test 4b on a different day than test 4a or
  - Use the date that the visit is submitted to CareBridge as the check-in date and submit the visit for a different member/authorization than test 4a (to avoid potential overlapping visits)
    - In either case they should ensure the CheckInDateTime is 9:00 am US/Central and CheckOutDateTime is 11:00 am US/Central.
- CheckOutMethod must match CheckInMethod.



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

#### Action Taken

1. Submit a completed visit for each compliant CheckInMethod/CheckOutMethod you intend to use in production (E or I)
  - a. The CheckInMethod/CheckOutMethod for the two test sub-cases can be completed in any order.
  - b. One file can be used to complete both sub-tests.
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 ApptID until all prebilling validation errors are resolved.

#### Expected Outcome (Vendor)

Vendor receives a response file with no prebilling validation errors corresponding to the ApptID 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
VCR2023	Provider is not associated to the visit	<ol style="list-style-type: none"> <li>1. ProviderEIN field matches a Tax ID we have received from the MCO</li> <li>2. ProviderNPI or matches the NPI we have received from the MCO.</li> </ol>	<ol style="list-style-type: none"> <li>1. Confirm the Tax ID and NPI have been correctly input into the appropriate fields.</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>
VCR2013	Member is not associated to the visit	<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>
VCR2012	Visit is not associated to an authorization	<ol style="list-style-type: none"> <li>1. Provider Matches</li> <li>2. Member Matches</li> <li>3. AuthRefNumber matches authorization number received from MCO</li> <li>4. ServiceCode matches the authorization received from MCO</li> <li>5. Modifier 1 and Modifier 2 match authorization received from MCO (if applicable)</li> </ol>	<ol style="list-style-type: none"> <li>1. Confirm that the appointment does not have an unresolved VCR2013 or VCR2023 error.</li> <li>2. Confirm AuthRefNumber, ServiceCode, Modifier 1, and Modifier 2 values have been correctly input into the appropriate fields.</li> <li>3. 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>

If the steps above have been attempted without success, please reach out the CareBridge integration team for additional assistance.



## TEST CASE 5 – UPDATE COMPLETED VISIT TO MANUALLY COMPLETED VISIT

### Purpose

To ensure that vendors can successfully:

- Update a previously sent visit (Test Case 5).
- Send a manually completed visit (Test Case 5).

### Test Prerequisites

- Test 4 completed

### Test Data Requirements

- Vendor must use the same ApptID as was used in test 4a.
- ApptStartDateTime must be 9:00 am US/Central on March 6, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 6, 2025.
- CheckInDateTime must be 9:30 am US/Central on March 6, 2025.
- CheckOutDateTime must be 11:30 am US/Central on March 6, 2025.
- CheckinMethod must be M.
- CheckOutMethod must be M.
- ManualReason must contain a valid Manual Reason Code.
- Rate must be included.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Submit a completed visit using a previously used ApptID that has a manual check in method and a checkin time that would be considered late.
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 ApptID until all prebilling validation errors are resolved.

### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the ApptID (warnings are allowable).



## TEST CASE 6 – SUBMIT LATE COMPLETED VISIT - **OPTIONAL**

### Purpose

To ensure that vendors can successfully:

- Indicate a late reason if a visit occurs outside of the allowable time frame

*Note: If a visit is initially submitted with CheckinMethod/CheckoutMethod E or I as a late visit, and is subsequently updated via manual entry to be within the allowable timeframe, it would still be considered a late visit.*

### Test Prerequisites

- Test 4 completed

### Test Data Requirements

- ApptID must not match any previously sent ApptIDs.
- ApptStartDateTime must be 9:00 am US/Central on March 8, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 8, 2025.
- CheckInDateTime must be 10:30 am US/Central on March 8, 2025.
- CheckOutDateTime must be 12:30 pm US/Central on March 8, 2025.
- CheckinMethod must be E or I.
- CheckoutMethod must be E or I.
- Rate must be included.
- If completing Test Case 6, LateReason and LateAction must contain valid Late Reason and Late Action Codes; however, visits missing these codes will generate warnings in response files that would not block claim generation, and therefore Test Case 6 is optional.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Submit a completed visit using a previously used ApptID that has a manual check in method and a checkin time that would be considered late.
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 ApptID until all prebilling validation errors are resolved.

### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the ApptID (warnings are allowable).



## TEST CASE 7 – SUBMIT MISSED COMPLETED VISIT - **OPTIONAL**

### Purpose

To ensure that vendors can successfully send:

- A missed completed visit.
- Indicate a missed reason/action if a visit occurs outside of the allowable time frame. Missed reasons/actions are not required for billing but will generate a warning in response files.

A missed visit can occur even if that visit has been completed, if the CheckInDateTime is equal to or greater than three hours after the ApptStartDateTime.

### Test Prerequisites

- Test 1 Complete

### Test Data Requirements

- ApptID must not match any previously sent ApptIDs.
- ApptStartDateTime must be 9:00 am US/Central on March 10, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 10, 2025.
- CheckInDateTime must be 1:00 pm US/Central on March 10, 2025.
- CheckOutDateTime must be 3:00 pm US/Central on March 10, 2025.
- Rate must be included
- MissedReason and MissedAction must contain valid Missed Reason and Missed Action Codes.

### Action Taken

1. Submit a completed visit with a new ApptID with a visit start time that would be considered missed.
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 ApptID until all prebilling validation errors are resolved.

### 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 a status of "missed\_completed".



## TEST CASE 8 – SUBMIT EARLY VISIT – **NOT REQUIRED FOR TN**

### Purpose

To ensure that vendors can successfully send:

- An early completed visit
- Indicate an early reason/action if a visit occurs outside of the allowable time frame.  
*If vendor system does not allow for early visits to occur, this test can be omitted.*

### Test Prerequisites

- Test 1 Complete

### Test Data Requirements

- ApptID must not match any previously sent ApptIDs.
- ApptStartDateTime must be 9:00 am US/Central on March 11, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 11, 2025.
- CheckInDateTime must be 7:00 am US/Central on March 11, 2025.
- CheckOutDateTime must be 9:00 am US/Central on March 11, 2025.
- EarlyReason and EarlyAction must contain valid Early Reason and Early Action Codes.

### Action Taken

1. Submit a completed visit with a new ApptID with a visit start time that would be considered early.
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 ApptID until all prebilling validation errors are resolved.

### Expected Outcome

Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.



## TEST CASE 9 – CANCEL A VISIT

### Purpose

To ensure that vendors can successfully:

- Cancel a visit.

*For all intents and purposes, cancelling a visit serves the function of deleting that visit.*

### Test Prerequisites

- Test Case 1 Complete

### Test Data Requirements

#### If Test Case 7 was completed:

- The visit data and ApptID can match Test Case 7, but must also include the following:
  - ApptCancelled must be "C".

#### If Test Case 7 was not completed:

- A new ApptID should be sent, and subsequently updated to be cancelled.

##### Initial Visit Data

- ApptID must not match any previously sent ApptIDs.
- ApptStartDateTime must be 9:00 am US/Central on March 13, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 13, 2025.
- CheckInDateTime must be 9:00 am US/Central on March 13, 2025.
- CheckOutDateTime must be 11:00 am US/Central on March 13, 2025.
- Rate must be included.
- ApptCancelled must be null

##### Updated Visit Data

- ApptID must match initially submitted ApptID for this test case.
- ApptStartDateTime must be 9:00 am US/Central on March 13, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 13, 2025.
- CheckInDateTime must be 9:00 am US/Central on March 13, 2025.
- CheckOutDateTime must be 11:00 am US/Central on March 13, 2025.
- Rate must be included.
- ApptCancelled must be "C"

### Action Taken

1. Update a previously sent ApptID to cancel that appointment.

### Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that ApptID in the Appointment Status Report with a status of "cancelled".



## TEST CASE 10 – OVERLAPPING VISITS

### Purpose

**Wellpoint, BlueCare, and UnitedHealthcare do not allow multiple caregivers to provide service for the same member at the same time for Phase I Procedure Codes. WellPoint, BlueCare, and UnitedHealthcare have a 7-minute allowance for Phase I Procedure Codes and no restrictions for Phase II Procedure Code. This test case will serve the following purposes:**

- Ensure the vendor understands what causes overlapping visits.
- **Note: Overlapping Visits have an allowable threshold of 7 minutes for Phase I Procedure Codes. In other words, the two visits must overlap by more than 7 minutes in order to generate an overlapping visit alert.**

### Test Prerequisites

- Test 1 Complete.

### Test Data Requirements

**Two ApptIDs are necessary for this test case:**

#### ApptID 1

- ApptStartDateTime must be 9:00 am US/Central on March 12, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 12, 2025.
- CheckInDateTime must be 9:00 am US/Central on March 12, 2025.
- CheckOutDateTime must be 11:07 am US/Central on March 12, 2025.
- ApptID must not match any previously sent ApptIDs.
- CheckinMethod and CheckOutMethod must be E or I.
- ServiceCode must be T1000.
- Rate must be included.

#### ApptID 2

- ApptStartDateTime must be 11:00 am US/Central on March 12, 2025.
- ApptEndDateTime must be 1:00 pm US/Central on March 12, 2025.
- CheckInDateTime must be 10:55 am US/Central on March 12, 2025.
- CheckOutDateTime must be 1:00 pm US/Central on March 12, 2025.
- CheckinMethod and CheckOutMethod must be E or I.
- ServiceCode must be T1000.
- ApptID must not match any previously sent ApptIDs including ApptID 1 above.
- CaregiverID should be distinct from CaregiverID in ApptID 1
- The member, provider, and authorization information must match ApptID 1.

### Action Taken

1. Submit two completed visits with overlapping timeframes.
2. Retrieve response file from output folder and confirm that there is a VCR2025 error present.





#### Expected Outcome

- Vendor receives a response file with a VCR2025 alert



## TEST CASE 11 – SUBMIT A CLAIM

### Purpose

**837 files for Wellpoint, BlueCare, and UnitedHealthcare members must be generated via CareBridge. CareBridge will use EVV visit Check-In/Check-Out data to generate claims and pass them to the appropriate clearinghouse. This test case will serve the following purposes:**

- Ensure that the vendor is able to successfully generate a claim via CareBridge.
- Ensure that the vendor understands where they can view claimed amount, claim status, and claim numbers to surface that information to providers.

Once in production, it is recommended that visits are submitted without the ClaimAction field initially so that errors are resolved and then re-submitted with ClaimAction N to create claims.

### Test Prerequisites

- Test Case 5 Complete.

### Test Data Requirements

- The visit data and ApptID must match Test Case 5 but must also include the following:
  - ClaimAction must be “N” (New).
  - RevenueCode must be populated with a valid value.
  - Rate must be included
    - **Note: The Rate field should correspond to the Units of Measure outlined in the Technical Specifications for each Service Code. (e.g. if the unit of measure is hours, the rate should be hourly. If the unit of measure is per 15 minutes, the rate should be per 15 minutes).**
- Alternatively, a new ApptID can be used to complete this test case. If using a new ApptID it should meet the following criteria:
  - ApptID must not match any previously used ApptID.
  - The member and authorization information should be distinct from previously sent test cases.
  - ApptStartDateTime must be 9:30 am US/Central on March 6, 2025.
  - ApptEndDateTime must be 11:30 am US/Central on March 6, 2025.
  - CheckInDateTime must be 9:30 am US/Central on March 6, 2025.
  - CheckOutDateTime must be 11:30 am US/Central on March 6, 2025.
  - CheckinMethod must be E, I, or M.
  - CheckoutMethod must be E, I, or M.
  - If CheckinMethod M, ManualReason must contain a valid Manual Reason Code.
  - ClaimAction should be “N”
  - RevenueCode must be populated with a valid value.
  - DiagnosisCode must be populated with a valid value.
  - Rate must be included.
  - AttendingProviderFirstName must be populated with a valid value.
  - AttendingProviderLastName must be populated with a valid value.
  - AttendingProviderNPI must be populated with a valid 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 (8 units).
  - 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 appropriate 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 12 – CORRECT A CLAIM

### Purpose

- Ensure that the vendor is able to successfully correct a claim via CareBridge. This is necessary any time the billed amount or billed units changes for a claim.

### Test Prerequisites

- Test Case 11 Complete
- The claim generated in Test Case 11 must be in a paid status – this can be determined using the Appointment Status Report.
- Vendor will need to wait one day between completing Test Case 11 and Test Case 12

### Test Data Requirements

- The visit data and ApptID must match Test Case 11 except for the following:
  - CheckOutDateTime must be 1:30 pm US/Central on March 6, 2025.
  - CheckinMethod must be M.
  - CheckOutMethod must be M.
  - ManualReason must contain a valid Manual Reason Code.

### Action Taken

1. Update a previously sent visit with a new CheckOutDateTime to generate a corrected 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, instead of the hourly rate.
- Vendor should confirm that they understand the other claim related fields in the appointment status report (fields 51-64).



## TEST CASE 13 – VOID A CLAIM

### Purpose

- Ensure that the vendor is able to successfully void a claim via CareBridge.

### Test Prerequisites

- Test Case 12 Complete
- The claim generated in Test Case 12 must be in a terminal status (paid or denied) – this can be determined using the Appointment Status Report. If a vendor attempts to submit a voided claim prior to the initial claim reaching a terminal status, that visit will be put in an on\_hold claim status.
- Vendor will need to wait one day between completing Test Case 12 and Test Case 13

### Test Data Requirements

- The visit data and ApptID must match Test Case 12 except for the following:
  - ClaimAction must be "V".

### Action Taken

1. Update a previously sent visit to void the claim corresponding to that visit.
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 visit 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:
  - Claim1\_status should be voided.



## TEST CASE 14 – COMPLETE A VISIT FOR A “SOMETIMES” AUTHORIZED SERVICE

### Purpose

Some Home Health Procedure Codes can be completed without CareBridge receiving a prior authorization from the MCO. In these cases, visits for these services should leave the AuthRefNumer field null. For sometimes authorized procedures, if an authorization exists, then the AuthRefNumber field should be populated.

To ensure that vendors can successfully:

- Send visit data for a service that is defined as “sometimes” authorized where there is no authorization for that member.

### Test Prerequisites

- Test 4 completed

### Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Central on March 23, 2025.
- ApptEndDateTime must be 11:00 am US/Central on March 23, 2025.
- CheckInDateTime must be 9:00 am US/Central on March 23, 2025.
- CheckOutDateTime must be 11:00 am US/Central on March 23, 2025.
- CheckinMethod must be E, I, or M.
- CheckOutMethod must be E, I, or M.
- If CheckinMethod/CheckoutMethod is M, ManualReason must contain a valid Manual Reason Code as defined in our technical specifications.
- AuthRefNumber must be null.
- ServiceCode must correspond to a sometimes authorized ServiceCode (see CareBridge Integration Technical Specifications for additional details)
- The member utilized for this test case must be a member that does NOT have an authorization for that service code.
- ClaimAction must be null.
- All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Submit a completed visit for a “sometimes” authorized procedure code.
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 ApptID until all prebilling validation errors are resolved.

### Expected Outcome

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



## 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"/> Comments:
Production Environment Username		Date Enabled	Click or tap to enter a date.
		Configuration changes?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:

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"/>
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"/>
4c		<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"/>
9		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>



## APPENDIX B – ALTERNATIVE TESTING PROCESS

- Vendors that have previously completed the test cases outlined above in another state may request an abbreviated testing process. This request can be made via email to [evvintegration@carebridgehealth.com](mailto:evvintegration@carebridgehealth.com). If approved, only the following test cases will be required:
  - Test Case 1 – Connection Testing (Dev)
  - Test Case 2 – Connection Testing (Production)
  - Test Case 4a – Submit a Completed Visit
  - Test Case 5 – Update Completed Visit to Manually Completed Visit
  - Test Case 11 – Submit a Claim
  - Any test cases that were previously omitted from prior testing must be completed.