# Electronic Visit Verification File Specification: Visit Interface

**Electronic Visit Verification Project**
**February 26, 2020**

# Welcome

- HMOs, MCOs, IRIS FEAs
- Sandata team (EVV vendor)
- Wisconsin Department of Health Services team
- DXC team

If you have questions throughout the presentation, please email the questions to dhsevv@dhs.wisconsin.gov.
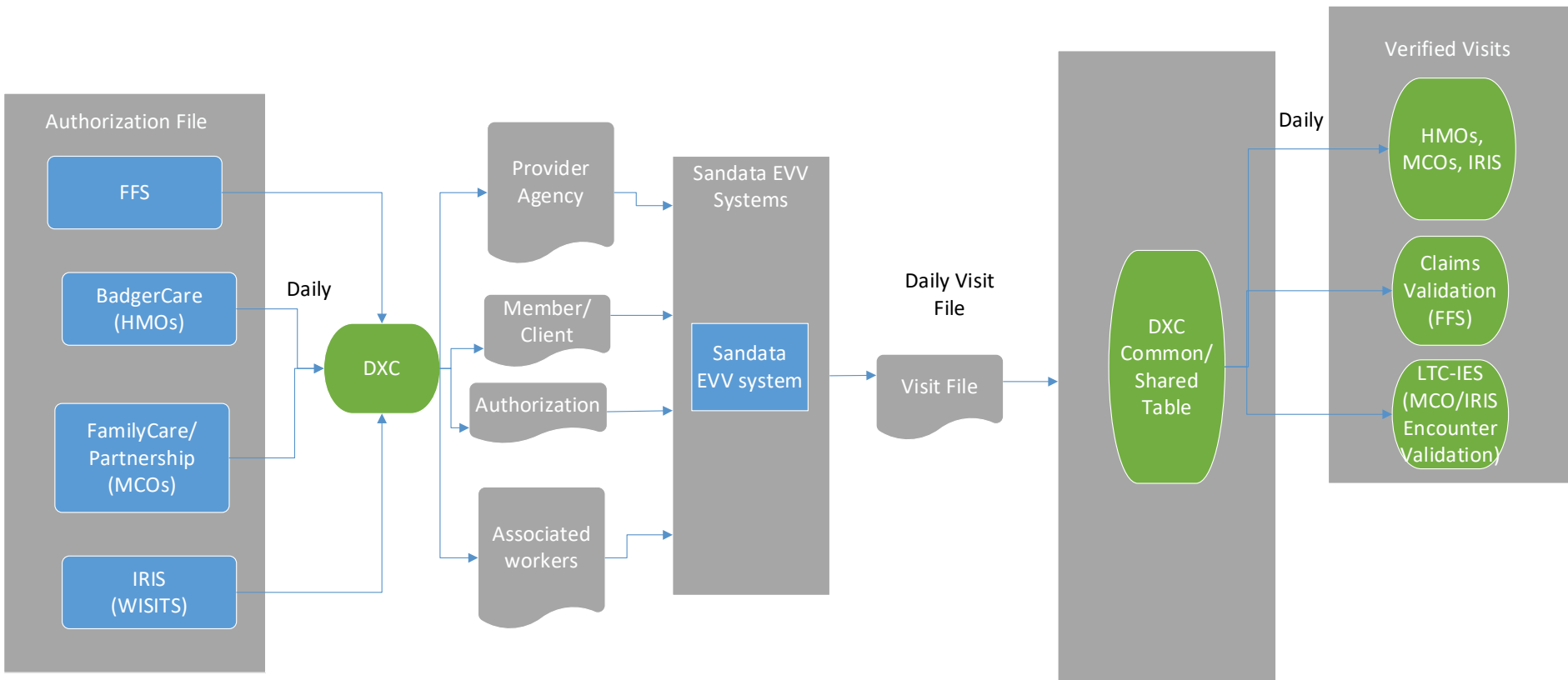
# Agenda

- Welcome

- Electronic Visit Verification (EVV) Visit Interface

- HMOs, MCOs, and IRIS FEAs—Visit Interface

- File Processing

- Header, Detail, and Trailer Records

- Q & A from Last Discussion

- Authorization File Testing Next Steps

If you have questions throughout the presentation, please email the questions to dhsevv@dhs.wisconsin.gov.

# EVV System Solution Diagram

# EVV Visit Interface

- Our discussion today is to talk about the visit file that is sent to the MCOs, HMOs, and IRIS FEAs.

- We will review this visit specification by going through its main points and then later go over next steps.

If you have questions throughout the presentation, please email the questions to dhsevv@dhs.wisconsin.gov.

# EVV Visit Interface File Use

- Program Payers (HMOs, MCOs, IRIS FEAs) will be expected to utilize the Visit Interface file to ensure:
  - The procedure code in the EVV visit file was approved for the member
  - Each detail on the claim has a matching EVV record

- Additional Notes:
  - Encounters without a valid EVV record may be excluded in future rate-setting development
  - The Visit Interface file contains more information than is needed for the outlined uses.  Program payers can use the additional fields for their own data analysis needs.

# HMOs, MCOs, and IRIS FEAs—Visit Interface

**Data File Definition Overview**

- This specification defines the structure of the EVV visit file sent to HMOs, MCOs, IRIS FEAs by DXC for all related visit data.

- File is delivered via Secure File Transfer Protocol (SFTP).

- This is the same SFTP that is used for the EVV Authorization file for a given program payer.

- DXC will setup the SFTP accounts with the IRIS FEAs for EVV. IRIS FEAs do not send an authorization file.

# HMOs, MCOs, and IRIS FEAs—Visit Interface (Cont.)

**Data File Definition Overview (Cont.)**

- File processing occurs daily, including weekends and holidays.

- DXC only sends one visit file per day.

- If DXC does not deliver the visit file on a particular day, the next file delivered will include all records since the previous delivery.

# HMOs, MCOs, and IRIS FEAs—Visit Interface (Cont.)

**Data File Definition Overview (Cont.)**

- Program Payers should remove their visit file from the SFTP account once it is read.

- Files remaining in the SFTP account are removed by DXC after 14 days on a rolling basis and are not available to the program payer.

- Do not send response files to DXC as DXC does not process response files.

# File Processing

**File Format**

- Each line in the file represents a single visit record, with fields separated by the pipe "|" delimiter character.

- Each record will contain the number of fields defined by the record specification.

- Files do not contain a column (field names) header row. The structure and order of fields is determined by the record specification.

# File Processing (Cont.)

**File Format (Cont.)**

- Fields with no data are accounted for with the pipe delimiter.

- Spaces are considered part of a field and should not be ignored.

- The last field in each record will not be followed by a pipe delimiter.

# File Processing (Cont.)

**File Format (Cont.)**

Example of delimited fields:

John|Smith|100 N Main Street, Apt 1|555–555–5555|City|State

Greg|Jones|123 Green Ave.| |City|State

Note: Phone number was not supplied but is accounted for with delimiters.

# File Processing (Cont.)

**Record Types**

- Each file can contain three distinct record types:
  – Header
  – Detail
  – Trailer

- The file will contain exactly one:
  – Header record will be the first record in the file.
  – Trailer record will be the last record in the file.

# File Processing (Cont.)

**Record Types (Cont.)**

- The number of detail records will reconcile with the count of detail records indicated in the trailer record detail record count.

- A value of "0" will be in this field when there are no detail records.

# File Processing (Cont.)

**Valid Characters**

- Only printable ASCII characters will be in the file; ASCII codes 0–31 are specifically excluded, with the exception of a carriage return and line feed at the end of each line.

- HTML-reserved characters (ampersands, tildes, asterisks) will also be excluded.

# File Processing (Cont.)

**Valid Characters (Cont.)**

- Fields, such as character strings, will not be surrounded by quotes. Number and string types are presented in the same manner.

- Fields will not contain line feeds or carriage returns.

# File Processing (Cont.)

**Field Data Types**

- In the following record layout documentation, the **Type** specified for each field is either alphanumeric (AN) or numeric (N).

- Fields specified as numeric will be initialized as a valid number with a decimal point if applicable.

- Alphanumeric data in zip codes, procedure codes, etc., will be properly submitted; leading zeros are significant characters.

# File Processing (Cont.)

**Special Values**

- In the following record layout documentation, the **Special Values** column specifies limits on the values that may be placed in the field.

- For certain fields, a Code description table may be available later as part of implementation.

# File Processing (Cont.)

**File Name Format**

WIEVV_VD_iiiiiiii _e_YYYYMMDD.txt

Where:

iiiiiiii = Program Payer ID (Payer Identifier in Header Record)

e = environment indicator (P = prod, T = test)

YYYYMMDD = date of the file (year, month, and day)

# File Processing (Cont.)

**Visit Data File Assumptions**

- The file only contains verified visit information and does not include incomplete visits.

- The file contains a single instance of a given visit.

- Only the most recent version of the visit is sent.

- The visit file has incremental records where only new or updated visits are sent.

# File Processing (Cont.)

**Visit Data File Assumptions (Cont.)**

- If a visit changes, then it will be resent with updates using the Visit Change indicator "Y."

- If a visit is sent in error (mistake) or cancelled, then it will be resent as cancelled using the Visit Cancelled Indicator "Y".

- A single visit record is made of three parts:
  - First set of fields for the visit summary.
  - Second set of fields for the Call In detail that starts the visit.
  - Third set of fields for the Call Out detail that ends the visit.

# Header Record

| # | Field Name | Type | Length | Special Values | Comments |
|---|---|---|---|---|---|
| 01 | Record Type | AN | 3 | HDR | **This field identifies the record type (header record).** |
| 02 | Control Number | AN | 20 | | **This is a unique "file identifier" that identifies this particular file and matches the Control Number in the Trailer Record. This Control Number is generated by DXC.** |
| 03 | Payer Identifier | AN | 8 | | **This is a unique identifier for the program payer. This constant value is provided to each program payer by DHS.** |
| 04 | Creation Date | N | 8 | | **The creation date is in YYYYMMDD format.** |
| 05 | Creation Time | N | 6 | | **The creation time is in HHMMSS (24 hour) format.** |

# Detail Record

| # | Field Name | Type | Length | Special Values | Comments |
|---|---|---|---|---|---|
| 01 | Record Type | AN | 3 | DTL | **This field identifies the record type (detail record).** |
| 02 | Record Number | N | 10 | | **The record number starts at 1 and moves by increments of 1.** |
| 03 | Provider ID | AN | 10 | | **This is the Provider ID of the provider agency associated with the visit.** |
| 04 | Member ID | AN | 10 | | **This is the Medicaid ID of the member associated with the visit.** |
| 05 | Worker ID | AN | 9 | | **This is the Worker ID (assigned in the ForwardHealth Portal) that was logged with the visit and will be the worker that performed the visit.** |
| 06 | Visit Key | AN | 50 | | **The visit key uniquely identifies a visit and will never change, even when visit information is updated.** |
| 07 | Visit Other ID | AN | 50 | | **This is the visit identifier in the external Alt EVV system, if any.** |
| 08 | Visit Cancelled Indicator | AN | 1 | Y/N | **When a previously sent visit has been cancelled or invalidated, this indicator is sent as "Y."** |
| 09 | Procedure Code | AN | 5 | T1019, T1020, S5125, S5126 | **A HCPCS Code denotes a service(s) was performed during the visit.** |
| 10 | Call In Date Time - Central Time | N | 14 | YYYYMMDDHHMMSS | **This is the date and Central Time of the actual Call In (Visit Start).** |
| 11 | Call Out Date Time – Central Time | N | 14 | YYYYMMDDHHMMSS | This is the date and Central Time of the actual Call Out (Visit End). |

# Detail Record (Cont.)

| # | Field Name | Type | Length | Special Values | Comments |
|---|---|---|---|---|---|
| 12 | Actual Duration | N | 10 | | **This is the actual visit duration (Call Out – Call In) in Minutes.** |
| 13 | Adjusted Beginning Date Time | N | 14 | YYYYMMDDHHMMSS | **This is the adjusted date and Central Time if it was entered/adjusted manually.** |
| 14 | Adj End Date Time | N | 14 | YYYYMMDDHHMMSS | **This is an adjusted out date and Central Time if entered/adjusted manually.** |
| 15 | Adj Duration | N | 10 | | **This is the adjusted visit duration (Adjusted Call Out - Adjusted Call In) in minutes.** |
| 16 | Memo | AN | 1024 | | **This is the free-form memo field from Sandata EVV or third party system.** |
| 17 | Client Verified Times | AN | 1 | Y/N | **This field indicates whether or not the client verified the times of service.** |
| 18 | Client Verified Service | AN | 1 | Y/N | **This field indicates whether or not the client verified the service.** |
| 19 | Client Verified Tasks | AN | 1 | Y/N | **This field indicates whether or not the client verified the tasks.** |
| 20 | Client Signature Available | AN | 1 | Y/N | **This field indicates whether or not the client's signature was captured.** |
| 21 | Visit Status | AN | 1 | A = Active, I = Inactive | **This is the status of the visit as calculated by the Aggregator. Default is "A" for Active.** |
| 22 | Group Code | AN | 6 | | **This identifier shows that the visit was part of a group visit.** |
| 23 | Visit Change Indicator | AN | 1 | Y/N | **This indicates whether or not the visit has been adjusted following initial visit capture.** |
| 24 | Call Date Time – Call In | N | 14 | YYYYMMDDHHMMSS | This is the call log date and Central Time. |

# Detail Record (Cont.)

| # | Field Name | Type | Length | Special Values | Comments |
|---|------------|------|--------|----------------|----------|
| 25 | Call Type – Call In | AN | 20 | TELEPHONY, MOBILE, FVV, MANUAL, OTHER | **This field identifies the type of device used to create the visit.** |
| 26 | Client Identifier On Call – Call In | AN | 10 | | **This is the client ID entered or selected on Sandata EVV Event.** |
| 27 | Mobile Login – Call In | AN | 64 | | **This is the log in for GPS device.** |
| 28 | Visit Notes – Call In | AN | 4000 | | **These are the visit notes entered during the visit by the worker.** |
| 29 | Call Latitude – Call In | N | 11,6 | XXXXXXXXXX.YYYYYY | **This is the GPS latitude recorded during a call event.** |
| 30 | Call Longitude – Call In | N | 11,6 | XXXXXXXXXX.YYYYYY | **This is the GPS longitude recorded during a call event.** |
| 31 | Originating Phone Number – Call In | AN | 10 | | **This is the originating phone number for telephony.** |
| 32 | Record Updated By – Call In | AN | 100 | | **This is the user ID or system ID that was used in making the updated change.** |
| 33 | Record Update Date Time – Call In | N | 14 | YYYYMMDDHHMMSS | **If the visit was entered manually, this is the date and Central Time of the entry.** |
| 34 | Group Code – Call In | AN | 6 | | **This is the identifier of a visit that was part of a group visit.** |

# Detail Record (Cont.)

| # | Field Name | Type | Length | Special Values | Comments |
|---|------------|------|--------|----------------|----------|
| 35 | Call Date Time – Call Out | N | 14 | YYYYMMDDHHMMSS | **This is the call log date and Central Time.** |
| 36 | Call Type – Call Out | AN | 20 | TELEPHONY, MOBILE, FVV, MANUAL, OTHER | **This is the type of visit collection device used to create the visit record.** |
| 37 | Client Identifier On Call – Call Out | AN | 10 | | **This is the client ID entered or selected on the Sandata EVV event.** |
| 38 | Mobile Login – Call Out | AN | 64 | | **This is the log in for a GPS device.** |
| 39 | Visit Notes – Call Out | AN | 4000 | | **These are the visit notes entered during the visit by the worker.** |
| 40 | Call Latitude – Call Out | N | 11,6 | XXXXXXXXXX.YYYYYY | **This is the GPS latitude recorded during the call event.** |
| 41 | Call Longitude – Call Out | N | 11,6 | XXXXXXXXXX.YYYYYY | **This is the GPS longitude recorded during the call event.** |
| 42 | Originating Phone Number – Call Out | AN | 10 | | **This is the originating phone number for telephony.** |
| 43 | Record Updated By – Call Out | AN | 100 | | **This is the identifier of the user, system, or process that made the change.** |
| 44 | Record Update Date Time – Call Out | N | 14 | YYYYMMDDHHMMSS | **If the visit was entered manually, this is the date and Central Time of the entry.** |
| 45 | Group Code – Call Out | AN | 6 | | **This visit was part of a group visit.** |

# Trailer Record

| # | Field Name | Type | Length | Special Values | Comments |
|---|---|---|---|---|---|
| 01 | Record Type | AN | 3 | TLR | **This identifies the record type (trailer record).** |
| 02 | Detail Record Count | N | 10 | | **This is the count of detail records between the Header and the Trailer excluding the Header and Trailer record.** |
| 03 | Control Number | AN | 20 | | **This is the unique "file identifier" that identifies this particular file and matches the Control Number in the Header Record.** |

# Header, Detail, and Trailer Record Examples

- The following pipe-delimited example of a completed visit file with one detail record.

# Header, Detail, and Trailer Record Examples (Cont.)

**Header**

HDR|control_number|payer_id|20201002|150100

**Detail**

DTL|1|provider_id|member_id|worker_id|visit_key|visit_other_id|visit_cancelled_indicator|procedure_code|call_in_date_time_ct|call_out_date_time_ct|actual_duration|adj_begin_date_time|adj_end_date_time|adj_duration|memo|N|N|N|N|A|group_code|N|call_date_time_call_in|call_type_call_in|client_identifier_on_call_call_in|mobile_login_call_in|visit_notes_call_in|call_latitude_call_in|call_longitude_call_in|originating_phone_number_call_in|record_updated_by_call_in|record_update_date_time_call_in|group_code_call_in|call_date_time_call_out|call_type_call_out|client_identifier_on_call_call_out|mobile_login_call_out|visit_notes_call_out|call_latitude_call_out|call_longitude_call_out|originating_phone_number_call_out|record_updated_by_call_out|record_update_date_time_call_out|group_code_call_out

**Trailer**

TLR|1|control_number

# Q & A – **Authorization Follow Up**

**Question:** In the EVV Authorization Response File - Error Record Layout document, we only see information related to the field's format and layout. But there's no naming format of the error response file?

**Answer:** The response file's naming format for EVV Authorizations will be the name of the submission file with the .log extension.

Example:
Submitted File: WIEVV_ 9999999_T_20200228.txt
Response File: WIEVV_ 9999999_T_20200228.log

# Q & A - Sending the File to DXC

**Question:** Will the Program Payers receive the visit file directly from Sandata or DXC?  What is the frequency and the timeline of the visit files?  Is it a full file or incremental?

**Answer:**
- The visit files will be sent directly from DXC to the Program Payer's SFTP account.  This is the same SFTP account that the Program Payer will use for sending their EVV authorizations.

- Visit files will be sent daily by DXC and will be available in the Program Payer SFTP by 10am.  Verified visits will be available to the Program Payer within 2-3 calendar days from visit capture.

- The visit file has incremental records where only new or updated changes to the visits are sent.

# Q & A - **Sending the File to DXC**

**Question:** After Sandata sends the visit information to DXC, does DXC later modify this information before it's then sent to the Program Payer?

**Answer:** DXC does not modify the visit information.  DXC will only distribute valid visit data to the Program Payers.

**Question:** For those provider agencies who are using their own EVV system, what controls are in place to ensure the Sandata information is sent timely and has the appropriate quality checks to support EVV validation from the Alt EVV Vendor to Sandata?

**Answer:** Alternate EVV systems must comply with the Wisconsin technical specifications and business requirements.  All Alt EVV data is subject to the same data validations as data captured within the Sandata System.  The data validations will be documented in the forthcoming Alt EVV Specification.

# Q & A - **File Format and Processing**

**Question:** If the Program Payer has a problem processing the visit file, will they be able to send a response file listing the errors?

**Answer:**
- Per the Program Payer Visit File specification (page 1), Program Payers should not send a response file to DXC. DXC will not process response files.
- An EVV contact center will be established to address any processing issues.

# Q & A - **File Format and Processing**

**Question:** What is the expected usage of the Memo and Visit Change Indicator fields on the visit file?

**Answer:**
- The Memo is a free-form notes field that is typically blank. The provider agency, worker, or vendor will put information in here for their own internal purpose.  The field shouldn't be used in the process to match a visit to a claim.

- The Visit Change Indicator field is used when the visit record changes, after the visit record has been sent to the Program Payer. Any subsequent updates to this record from DXC to the Program Payer will have the visit change indicator equal Y (Yes).

# Q & A - **File Format and Processing**

**Question:** How will **HMOs** associate a claim with a verified EVV visit when submitting an encounter record? When will steps for this process be documented?

**Answer:** HMOs will receive verified visits from the EVV Visit File.  HMOs should use the same criteria that DMS will use to validate encounters subject to EVV.  Validation criteria will include:
- Provider Agency MA_ID
- Member MA_ID
- Dates of Services
- Procedure Code
- Units of Service

DMS is working on documentation to share the MMIS EVV editing functionality with the HMOs.  Encounters for services requiring EVV are not expected to be submitted any differently than they are currently.

# Q & A - **File Format and Processing**

**Question:** How will **MCOs and IRIS FEAs** associate a claim with a verified EVV visit when submitting Encounter records? When will steps for this process be documented?

**Answer:** MCOs and IRIS FEAs will receive verified visits from the EVV Visit File to validate against claims. Applicable visit key(s) will need to be included on each Encounter record. DMS will use the visit key(s) submitted on each Encounter record to match with our own EVV visit file using the following criteria:

- Provider Agency MA_ID
- Member/Participant MA_ID
- Dates of Services
- Service Procedure Code

For service dates spanning 2 or more days on one record a visit key covering each day of service on the record must be submitted.

# Q & A - File Format and Processing

**Question:** What data can the provider agency change on an existing visit record?

**Answer:** Be prepared for any visit data to be changed. All data that is changed is required to be acknowledged as changed by the provider agency, and will show as changed in the record by the Visit Change Indicator field set to Y (Yes). The Program Payer can access the original visit and details about the changes in the Sandata Jurisdictional View Portal.

# Q & A - File Format and Processing

**Question:** What is the window that visit data may be changed by the provider agency which would impact/adjust paid or denied status of claims?

**Answer:** The Sandata system does not place a timeline for which the provider must make their visit changes. Changes can be made at any time. Requirements or limitations to timeframes would have to be a business requirement of the Program Payer with their provider agencies.

# Q & A - File Format and Processing

**Question:** Are Program Payers expected to adjust or deny claims if a visit is sent in error or cancelled?

**Answer:** It is not the expectation of DMS for Program Payers to adjust/deny claims if the visit is sent in error or cancelled.  That is a decision for the Program Payer.

**Question:** Will Program Payers be required to pend claims for a period of time waiting for the EVV information to be submitted?

**Answer:** That is a decision for the Program Payers.  DMS will recycle "pend" FFS claims for 24 hours prior to processing if there isn't any matching EVV data.

# Q & A - File Format and Processing

**Question:** Encounters without a valid EVV record may be excluded in future rate setting development. How is this identified?

**Answer:** HMO encounters without a valid EVV record will be denied. MCO and IRIS FEA encounters without a valid "Visit Key" will be flagged.

**Question:** Will there be partial payment of claims when the Program Payer has only received visits to partially satisfy the claim?

**Answer:** DHS will cut-back HMO Program Payer encounters where there is not sufficient EVV units to cover the units billed. HMO encounters will be cut-back to the EVV units available. This only applies to HMO encounters.

# Q & A - **File Format and Processing**

**Question:** Will provider agencies be submitting claims where a service line will cover a date span (i.e. 1 week) or will provider agencies be required to submit 1 service line for each visit?

**Answer:** Claims and Program Payer encounters for services requiring EVV are not expected to be submitted any differently than they are currently. EVV data will be matched to the claims/encounter(s).

The only difference is that MCOs and IRIS FEAs will need to submit the EVV "Visit Key(s)" on Encounter records.

# Q & A - **File Format and Processing**

**Question:** Some Program Payers, have seen issues in other markets on claims matching where the claim is received before the applicable visit record, because the provider agency did not make needed changes in time.  This causes the denial of claims and provider agency abrasion.

**Answer:** Provider agencies should not submit claims for payment before their EVV visits are verified.  After "hard launch", FFS claims that are received without matching EVV data will be denied.  Program Payers will need to educate their provider agency network on their expectations.

# Q & A - Overall Authorization and Visit Data

**Question:** Will there be training materials for staff and provider agencies to leverage at some point?

**Answer:** Yes, there will be training materials for staff and provider agencies. Trainings will be available as live webinars, recorded webinars, and in-person training sessions. All training materials will also be available online in the future.

**Question:** Do Program Payers have to use a special device or any other different technology to accommodate this new process? Like for providing authorizations?

**Answer:** Program Payers will have access to the Sandata Jurisdictional Portal to view EVV visit information for their provider agencies. Training will be available to Program Payers for using their Sandata Jurisdictional Portal.

Program Payers will be required to submit an authorization file as established in the Authorization Specification and receive a Visit File as established in the EVV Visit File Specification.

# Q & A - Testing With Program Payers

**Question:** Development and internal testing is to be completed for Payers by the end of March 2020. Testing with DXC is to start May 4, 2020. Is there expected activity in the April timeframe?

**Answer:** There are no expected activities in April other than preparing for the testing of interfaces in May. In our meeting at the end of March, DXC will discuss everything that must be ready to support testing efforts in May.

**Question:** Can you please confirm the timeline for testing the authorization file as well as the timeline for testing the Electronic Visit Verification file? Also, is the testing with DXC for both of these files expected to be completed in tandem or one at a time?

**Answer:** Both files will be tested in tandem in May and June. DXC will be discussing this at the testing meeting at the end of March.

# Program Payer File Testing Next Steps

# Testing Next Steps

- On March 31, 2020, the Division of Medicaid Services and DXC will hold a testing meeting to:
  - Define exact timeframes for testing with each program payer.
  - Define testing scenario and test case expectations.
  - Review overall testing process (communications, tracking, reporting).

- Program payers should have their own development and unit testing for the EVV Program Payer Authorization File completed by the end of March 2020.

# Testing Next Steps (Cont.)

- Testing with DXC starts May 4, 2020, for both program payer authorization and visit files.

- All program payers should be prepared to start testing with DXC on May 4, 2020.

- Questions may be emailed to dhsevv@dhs.wisconsin.gov.