

October 22, 2019

# Electronic Visit Verification File Specification: Authorization Interface

Electronic Visit Verification Project—Follow Up Discussion  
10/24/2019



# Agenda

- Welcome
- HMOs and Managed Care Organizations (MCOs) — Authorization Interface
- EVV Authorization Summary
- File Processing
- Header, Detail, and Trailer Records
- Q & A from Last Discussion
- Timeline

# Welcome

- HMOs/MCOs
- Sandata team (EVV vendor)
- Wisconsin Department of Health Services (DHS) team
- DXC team



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# EVV Authorization Summary

- Our discussion today is a follow-up from the Authorization Specification presentation that was done in the third week of September.
- We will review this Authorization Specification by going through its main points and then making sure in the end to go over those questions that were asked previous to today's meeting with answers.
- If you have questions throughout the presentation, please email the questions to [dhsevv@dhs.wisconsin.gov](mailto:dhsevv@dhs.wisconsin.gov).

# HMOs/MCOs—Authorization Interface

## Data File Definition Overview

- This specification defines the structure of the files sent to DXC by HMOs/MCOs for all related service authorization data and overrides any previous specifications and discussions.
- The file will be delivered via Secure File Transfer Protocol (SFTP).
- Details of the SFTP server connection processing will be discussed and tested during implementation.

# HMOs/MCOs—Authorization Interface (Cont.)

## Data File Definition Overview (Cont.)

- File processing will occur daily, including weekends and holidays.
- DXC recommends sending one file per day; sending multiple files in a day with the same date will overwrite the previous file.
- If a file is missed for that day's run, the file can be processed the next day.
- The Authorization Data File should contain a single instance of each authorization; only the most recent version should be sent.

# HMOs/MCOs—Authorization Interface (Cont.)

## Data File Definition Overview (Cont.)

- The file is retrieved and validated by DXC. Authorization data is loaded into the appropriate tables, and a Response file for the HMO/MCO is produced.
- The Program Payers may need to correct the file and resend it, depending on the errors that occurred.
- After the load to the DXC system, the authorization data is available to the EVV processes.



# File Processing

## File Format

- Each line in the file represents a single authorization record, with fields separated by the pipe "|" delimiter character.
- Each record should contain the correct number of fields, per the record specification.
- A column (field names) header row is not allowed. The structure and order of fields is determined by the record specification.
- Fields with no data must be accounted for with the delimiter.



# File Processing (Cont.)

## File Format (Cont.)

- Spaces are considered part of a field and should not be ignored. The last field in each record must not be followed by a pipe.

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 contains three distinct record types: Header, Detail, and Trailer.
- The file must contain exactly one:
  - Header record that must be the first record in the file.
  - Trailer record that must be the last record in the file.
- The number of Detail records must reconcile with the count of detail records indicated in the Trailer record Detail Record Count. Enter a “0” value in a field with no Detail records.

# File Processing (Cont.)

## Valid Characters

- Only printable ASCII characters are allowed. ASCII codes 0–31 are specifically prohibited, with the exception of a carriage return and line feed at the end of each line. HTML-reserved characters (ampersands, tildes, asterisks) are prohibited.
- Fields, such as character strings, should not be surrounded by quotes. Number and string types are presented in the same manner.
- Fields should 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 must be initialized as a valid number with a decimal point if applicable.
- Care must be taken to properly submit alphanumeric data in zip codes, procedure codes, etc., because leading zeros are significant characters.



# File Processing (Cont.)

## Required Fields

- In the following record layout documentation, the **Req** column specifies the requirement levels for each field.
- Fields specified as “R” are required and “O” are optional.



# File Processing (Cont.)

## Allowable Field Values

- In the following record layout documentation, the **Allowable Values** column specifies limits on the values that may be placed in the field.
- In some cases, this column will contain a reference to a values table in the database.
- In other cases, a list of valid values or even a single valid value is provided.

# File Processing (Cont.)

## File Name Format

WIEVV\_iiiiiii\_e\_YYYYMMDD.txt

Where:

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

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

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

Note: Any additional files sent on the same day will overwrite the previous file. After a file is processed, it will be moved to another folder for archiving.



# File Processing (Cont.)

## Authorization Data File Assumptions

- The file should only contain approved or voided authorizations, and does not include those that are “pending.”
- The file contains a single instance of a given authorization.
- Only the most recent version of the authorization should be sent.





# File Processing (Cont.)

## Authorization Data File Assumptions (Cont.)

- The initial Authorization file should include all applicable authorizations (Full File) with service codes of: T1019, T1020, S5125, or S5126, and that have an end date greater than or equal to today's date.
- Subsequent Authorization files will include incremental records, where only new or updated Authorizations should be sent.

# File Processing (Cont.)

## Authorization Data File Assumptions (Cont.)

- If an authorization was sent in error (mistake) or cancelled, then it will need to be resent as voided, using the Authorization Status of “V.”
- If an approved authorization needs to be changed, resend it with the updated value(s).
- When resending, ensure the Authorization Number field value is the same as the original.

# Header Record

#	Field Name	Req EVV	Type	Length	Allowable Values	Comments
01	Record Type	R	AN	3	HDR	Identifies the record type (header record).
02	Control Number	R	AN	20		Unique 'file identifier' which identifies this particular file, and must match the Control Number in the Trailer Record. This Control Number is generated by the program payer.
03	Payer Identifier	R	AN	8		Unique identifier for the program payer. This constant value will be provided to each program payer by DHS.
04	Creation Date	R	N	8		YYYYMMDD – Must not be > than today's date
05	Creation Time	R	N	6		HHMMSS – 24HR format

# Detail Record

#	Field Name	Req	Type	Length	Allowable Values	Comments
<b>EVV</b>						
01	Record Type	R	AN	3	DTL	Identifies the record type (detail record).
02	Record Number	R	N	10		Start at 1 increment by 1. Must be unique in the file, and count each individual authorization in the file.
03	Member ID	R	AN	10		The member's Medicaid ID Number.
04	Billing Provider ID	R	AN	10	MA ID	The Billing Provider Agency Medicaid ID or Unique ID assigned from DXC Provider Enumeration process.
05	Authorization Number	R	AN	30		The Authorization Number assigned by the program payer.
06	Authorization Status	R	AN	1	A, V	The Status of the authorization. Initially, only approved authorizations will be sent.
<b>Each instance represents a line item detail for the authorization</b>						
07	Service Code	R	AN	5	T1019, T1020, S5125, S5126	The HCPCS procedure being authorized.
08	Modifier 1	O	AN	2		Modifier 1
09	Modifier 2	O	AN	2		Modifier 2
10	Modifier 3	O	AN	2		Modifier 3
11	Modifier 4	O	AN	2		Modifier 4
12	Authorized Effective Date	R	N	8		Authorized effective date for the service code in YYYYMMDD format.
13	Authorized End Date	O	N	8		Authorized end date for the service code in YYYYMMDD format.

# Trailer Record

#	Field Name	Req EVV	Type	Length	Allowable Values	Comments
01	Record Type	R	AN	3	TLR	Identifies the record type (detail record).
02	Detail Record Count	R	N	10		Count of detail records between the Header and the Trailer excluding the Header and Trailer record.
03	Control Number	R	AN	20		Unique 'file identifier' which identifies this particular file, and must match the Control Number in the Header Record.

## Header, Detail, and Trailer Record Example

The pipe-delimited example of a complete file below (Header, Detail, and Trailer) has two detail records, and the second detail record has two line items for the same authorization:

```
HDR|control_number|payer_id|20201001|170100
```

```
DTL|1|member_id|provider_id|authorization_number|A|T1019|||  
||20201003|20201130
```

```
DTL|2|member_id|provider_id|authorization_number|A|T1019|||  
||20201005|20201231|S5125|||||20201001|20201130
```

```
TLR|2|control_number
```



# Q & A

## Sending the File to DXC

**Question:** Should Program Payers send files directly to DXC or DHS? What time do the files need to be delivered to DXC?

**Answer:** Files are sent directly to the DXC SFTP account that is designated for the Program Payer. DXC will need the Authorization files by 6 p.m.

# Q & A (Cont.)

## Sending the File to DXC (Cont.)

**Question:** What happens if the HMO/MCO cannot send a daily file (due to a system failure or network issue for example)? Should the HMO/MCO accumulate files from previous runs? Based on the dated stamp on the file, is only one file allowed per day?

### Answer

- If there is an issue where a file cannot be sent, send the file later once the HMO/MCO is able. Be sure to include any Authorizations that would have been missed from the previous run.
- DXC recommends sending one file per day. The file's naming convention includes the date: "WIEVV\_iiiiiii\_e\_YYYYMMDD.txt." Sending multiple files in a day with the same date will overwrite the previous; however, sending multiple files that have **different dates** will be processed in the order in which it was received, starting at 6 p.m.



# Q & A (Cont.)

## File Format and Processing

**Question:** In the Sandata Specification there's a field Authorization Reference Number, but in the DXC Specification there's a field Authorization Number. Why is there a difference?

**Answer:** The Sandata Specification was a general document used to begin discussing the Authorization Specification. The DXC Authorization File Specification is the Wisconsin-specific file layout for Wisconsin's EVV program. The latest DXC Specification defines the file and overrides any previous specifications and discussions.

# Q & A (Cont.)

## File Format and Processing (Cont.)

**Question:** Are all contents within the file Pipe Delimited (Header, Detail, and Trailer)? If only incremental files are sent daily, how is the file formatted if there are no new or changed authorizations that day?

**Answer:** All contents within file are Pipe Delimited. If there are no new or changed authorizations, the file will be sent with no detail records and a record count of zero.

Example of no Detail records and the Trailer record has a “0” value for the Detail Record Count:

```
HDR|control_number|payer_id|20201001|170100
```

```
TLR|0|control_number
```

# Q & A (Cont.)

## File Format and Processing (Cont.)

**Question:** What does a file with Detail records look like?

**Answer:**

HDR|control\_number|payer\_id|20201001|170100

DTL|1|member\_id|provider\_id|authorization\_number|A|T1019||||2020100  
3|20201130

DTL|2|member\_id|provider\_id|authorization\_number|A|T1019||||2020100  
5|20201231|S5125||||20201001|20201130

TLR|2|control\_number

Note: Second detail record has two line items for the same authorization.

# Q & A (Cont.)

## File Format and Processing (Cont.)

**Question:** Does every Authorization require an end date?

**Answer:** No, the Authorization End Date field is optional.

**Question:** Several HMO/MCOs asked for clarification of the Billing Provider ID field. Is it the Medicaid Provider ID, National Provider Identifier, or something else?

**Answer:** It is the Medicaid Billing Provider ID (MA ID).

# Q & A (Cont.)

## File Format and Processing (Cont.)

**Question:** Are approved and voided authorizations the only types of authorizations to be sent? What happens when the Authorization record changes, like the Authorization Effective Date?

**Answer:** The Authorization Specification and presentation address this question:

- The file should only contain approved or voided authorizations, and does not include those that are “pending.”
- If an authorization was sent in error (mistake) or cancelled, then it will need to be resent as voided, using the Authorization Status of “V.”
- If an approved authorization needs to be changed, resend it with the updated value(s). When resending, ensure the Authorization Number field value is the same as the original.



# Q & A (Cont.)

## File Format and Processing (Cont.)

**Question:** Is Control Number just a sequence number? Do all the Program Payers sending files to DXC have to use the same control number for that day?

**Answer:** No, the Control Number is a unique “file identifier” that identifies this particular file, and must match the Control Number in the Trailer Record. This Control Number is generated by the Program Payer.



# Q & A (Cont.)

## File Format and Processing (Cont.)

**Question:** If a member disenrolls from the Program Payer, is there an expectation that the HMO/MCO will have to void or end date the authorization? If the member switches providers within the HMO/MCO, will a new authorization need to be sent **or** would the existing authorization be updated?

**Answer:** This depends on how the Program Payer handles changes when dis-enrolling members or switching providers. The HMO/MCO should send New/Updated/Void record(s) that reflect the actual change(s) from the HMO/MCO's system.

# Q & A (Cont.)

## Response File Error Handling

**Question:** Will there be a Response (confirmation) file from DXC? What is the expected timing of the Response file?

**Answer:** Per the EVV Authorization Response File–Error Record Layout:

- There will always be a Response File from DXC after the Authorization File has been received.
- The Response File will indicate any validation errors found during processing of the EVV Authorization File.
- Authorizations with Errors are not loaded into the system and will need the record corrected as quickly as possible.



# Q & A (Cont.)

## Response File Error Handling (Cont.)

**Question:** Will the Response file be positive reporting, listing both successes and error failures? Can we see an example of the Response file format with sample data populated?

**Answer:** Per EVV Authorization Response File—Error Record Layout:

Example of a Response File with error, pipe-delimited:

```
YYYYMMDD|payer_id|auth_num|mem_id|T1019|||||error description
```

Response File successfully processing all records: “File processed successfully, no errors this run.”



# Q & A (Cont.)

## Overall Authorization and Visit Data

**Question:** When can we expect the full finalized specification requirements for the Service Authorization file?

**Answer:** After this presentation, the EVV Authorization File Specification, EVV Authorization Response File Layout, and the related EVV Authorization Error Reasons documents will be delivered to the Program Payers.



# Q & A (Cont.)

## Overall Authorization and Visit Data (Cont.)

**Question:** When will we receive the specifications for the EVV visit data file? With respect to claims processing and payment, what is the expectation on HMOs/MCOs based on the EVV visit data?

**Answer:** The details of the Visit Information and what it should be used for will be a later discussion that will occur sometime in January 2020.



# Q & A (Cont.)

## Testing With Program Payers

**Question:** Will there be an opportunity to test authorization files? If so, when do you expect testing to begin?

**Answer:** Further discussion for development and testing timelines will be provided at the end of the presentation. Communications about the testing process will start in January 2020.



# Timeline

- Program Payers should have their own Development and Unit Testing for the EVV Authorization process completed by end of March 2020.
- Information about when System Testing for the Authorization File between DXC and Program Payers will be announced January 2020.
- Discussions about the Visit Information will begin January 2020.

Please email questions to [dhsevv@dhs.wisconsin.gov](mailto:dhsevv@dhs.wisconsin.gov).