

EVV – Authorization File Specification

Overview

1. This specification defines the structure of the files sent to DXC by program payers (i.e. HMO's, MCO's, IRIS.) for authorization data for Electronic Visit Verification (EVV).
2. The file will be delivered via Secure File Transfer Protocol (SFTP). Details of the SFTP server connection processing to be discussed and tested in technical design and implementation.
3. The processing of the file will occur daily, including weekends, regardless of holidays. Only one file per day will be processed, any additional files sent within the same day will overwrite the previous file. If a file is missed for that day's run, the file can be processed later the next day.
4. The file should contain a single instance of each authorization. Only the most recent version of the authorization should be sent.
5. The file is retrieved by DXC, validated, loaded to the DXC database, and a response file is produced for the program payer. If errors occur, the program payers may need to correct the file and resend it, depending on the errors that occurred.

Questions related to this specification may be sent to dhsevv@dhs.wisconsin.gov.

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General Information

File Format

- Each line represents a single authorization record, with fields separated by with the pipe "|" delimiter character.
- Each authorization record must contain the correct number of fields, per the record specification. Fields with no data must be accounted for with the delimiter. 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: 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.

- A column header row is not allowed. The structure and order of fields is determined by the record specification.

Record Types

- Each file contains three distinct record types: Header, Detail and Trailer.
- The file must contain exactly one Header record and it must be the first record in the file.
- The file must contain exactly one Trailer record and it 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. If no Detail records, then the value of '0' may be in that field.

Valid Characters

- Only printable ASCII characters are allowed. ASCII codes 0 through 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 and asterisks and < and > symbols) 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.

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Field Data Types

- In the record layout documentation that follows, 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 in such fields leading zeros are significant characters.

Required Fields

In the record layout documentation that follows, the *Req* column specifies the requirement levels for each field. Fields specified as 'R' are required and 'O' are optional.

Allowable Field Values

In the record layout documentation that follows, 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 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.

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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.
- At implementation, an initial load of all applicable (Full File) authorizations will be done including any of the following codes: T1019, T1020, S5125, or S5126, and that have an end date greater than or equal to today's date. Subsequently, data will be sent incrementally, where only new or updated Authorizations should be sent.
- 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	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 – Creation time in 24HR format

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DETAIL RECORD

#	Field Name	Req	Type	Length	Allowable Values	Comments
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.
Each instance represents a line item detail for the authorization						
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.

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TRAILER RECORD

	Field Name	Req	Type	Length	Allowable Values	Comments
01	Record Type	R	AN	3	TLR	Identifies the record type (trailer 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.

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Header, Detail, and Trailer Record Examples

Below the pipe delimited example of a complete file (Header, Detail, and Trailer) has two detail records and the 2nd 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
```

This example has no detail records for the day (nothing to report). Note the Trailer record has a “0” value for the Detail Record Count:

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

```
TLR|0|control_number
```