

EVV – Authorization File Specification

Overview

- This specification defines the structure of the files sent to Gainwell Technologies by program payers (for example, HMOs, managed care organizations, IRIS (Include, Respect, I Self-Direct)) for authorization data for Electronic Visit Verification (EVV).
- The file will be delivered via Secure File Transfer Protocol (SFTP) to our Managed File Transfer (MFT) system. Details of the SFTP server connection processing will be discussed and tested in technical design and implementation.
- 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.
- The file should contain a single instance of each authorization. Only the most recent version of the authorization should be sent.
- The file is retrieved by Gainwell Technologies, validated, loaded to the Gainwell Technologies 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 vedshmosupport@wisconsin.gov.

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General Information

File Format

- Each line represents a single authorization record, with fields separated by 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 there are 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, 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

<Folder>-DMS-EVV_WI_AUTH_<Payer ID>-D-<Date/Time>.txt

Where:

Folder: Code assigned to Program Payer

Payer ID: Program Payer ID (Payer Identifier in Header Record)

Date/Time: In the format YYYYMMDD_HHMMSS_MMM (date_time_milliseconds)

Note: Any additional files sent with the same name will overwrite the previous file.

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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.
- For PCS implementation, an initial load of all applicable (Full File) authorizations was 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.
- For HHCS implementation, an initial load of all applicable (Full File) authorizations will be done including any of the following codes: 92507, 97139, 97799, 99504, 99600, S9123, S9124, T1001, T1021, T1502, and PCS code 99509, 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.
- Provider agencies experience exceptions collecting EVV when a member or participant has overlapping authorizations for the same service from multiple payers. To prevent these issues for provider agencies, DHS is updating the EVV Authorization File Specification document to provide an *Authorized End Date* when applicable.
 - Member Disenrollment - The Authorized End Date field should be populated when the payer has a disenrollment date for a member with authorized services that require EVV. When this occurs, a payer may choose to either:
 - Update the end date of the authorization in their internal system and update the authorization file sent to DHS with the corresponding Authorized End Date field value; or
 - Make no change to the authorization end date in their internal system, but update the authorization sent to DHS with the Authorized End Date field value as the member's disenrollment date.
 - EVV Service No Longer Authorized - Payers should update the authorization file sent to DHS with the corresponding Authorized End Date field value when a current member is no longer authorized for the EVV service.
- Wisconsin Billing Provider Medicaid ID is the preferred provider identifier for authorization records. NPI is an optional provider identifier and can be submitted along with the Billing Provider Medicaid ID on an authorization record. It is possible to submit only the NPI as the provider identifier, however submissions with only an NPI will be rejected if that NPI is used by more than one EVV provider enrollment.

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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 ForwardHealth Provider Enumeration
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		Payers can either: - End-date authorizations in their system and send that date in the Authorized End Date field - Utilize the Authorized End Date field to send the member's disenrollment date Authorized End Date must be in YYYYMMDD format.
14	Billing NPI ID	O	AN	10	NPI	The Billing NPI ID unique identification number for the health care provider.

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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 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|npi_id

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

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