

# IHCP *bulletin*

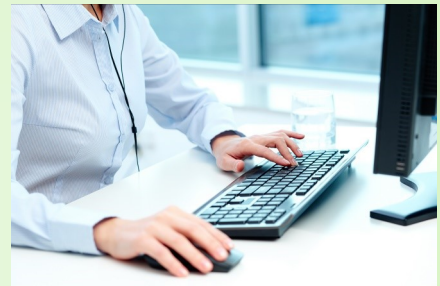
INDIANA HEALTH COVERAGE PROGRAMS    BT201910    FEBRUARY 21, 2019

## IHCP provides alternate EVV solution details

As announced in *Indiana Health Coverage Programs (IHCP) Bulletins* [BT201750](#) and [BT201820](#), the 21<sup>st</sup> Century Cures Act directs states to require providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered. The implementation date for requiring use of an EVV system for personal care services is January 1, 2020. The implementation date for requiring use of an EVV system for home health services is January 1, 2023. The IHCP is allowing providers to choose between using the Sandata system or an alternate EVV solution. This bulletin supplies details for providers choosing to use an alternate EVV solution.

### Updating contact information

Providers that will be affected by the EVV requirement will need to ensure that their contact information (telephone numbers and email addresses) is up to date. See the [Quick Reference Guide for Provider Healthcare Portal: Updating Contact Information](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers) for instructions on how to update contact information. Providers should make updates as soon as possible to receive vital information on the EVV process.



### Process for interfacing with Sandata EVV Aggregator

Many vendors already have an interface established with Sandata, but they will still need to actively ensure that the data they are sending over the interface matches what is required by the state of Indiana.

Providers using an alternate EVV vendor will need to start the process for having their vendor interface with the Sandata EVV Aggregator system by sending an email to the FSSA EVV email address at [EVV@fssa.IN.gov](mailto:EVV@fssa.IN.gov) listing the following details:

- Subject: Request for EVV Vendor Certification [Vendor Name]
- Provider name
- Provider contact name and email address
- Vendor name
- Vendor contact name and email address

An overview of this process is as follows:

- The provider sends an email to [EVV@fssa.IN.gov](mailto:EVV@fssa.IN.gov) and requests testing credentials on behalf of the provider's alternate EVV vendor.
- The FSSA forwards the email request to DXC Technology to begin the process of creating appropriate testing credentials for the vendor. DXC will forward the email to Sandata, so this email also serves as notification to Sandata regarding the intent to have the interface developed.

- Prior to testing the interface, the alternate EVV vendor should complete the development and internal testing processes based on the specifications provided for the IHCP EVV program. *Note: These specifications will be added to the EVV website in the near future and sent to the vendor listed in the email to FSSA.*
- After the request is made to begin testing, Sandata supplies the vendor with guidance on the testing process.
  - For testing purposes, the vendor sends completed visit information at least daily to the Sandata Aggregator.
  - As visit data is received, Sandata verifies that visit data passes all IHCP rules and will work with the vendor to resolve any issues.

The vendor will supply all visit changes along with the final completed visit details. As part of the future claim adjudication process, EVV data will need to be available to the Core Medicaid Management Information System (CoreMMIS) and meet all Indiana-specified rules for the IHCP to pay a claim. Visits are considered to be complete after the vendor supplies all required information for the visit and remediates all visit exceptions.

**Data requirements for the alternate EVV vendor to use**

Vendors that will send data to Sandata are required to use an expected set of data.

The following rules apply to information received through the Sandata application programming interface (API):

- One set of interfaces is required per provider, which is determined by their IHCP Provider ID in CoreMMIS.
- Three independent types of data will be provided through the alternate EVV interface:
  - Client (member) information
  - Employee (provider’s field staff) information
  - Visit information
- Each type of data will be sent individually, but can be delivered through the same single connection.
- For all issues that result in a rejection, it is expected that the issue will be resolved in the alternate EVV data collection system and the information subsequently retransmitted.



**Expected values specific to Indiana**

Any providers intending to use the third-party interface will be expected to supply their vendor with the following data to meet the interface requirements.

**Header Data**

The header data element will be required as part of the header information provided for all three types of data transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.

*Table 1 – Alternate EVV API header details*

Column name	Description	Maximum length	Type	Expected values
ProviderQualifier (required)	Identifier being sent as the unique identifier for the provider. Values: Sandata ID, National Provider Identifier (NPI), API, Medicaid ID, Tax ID, Taxonomy, Legacy, Other	20	String	IHCP Provider ID
ProviderID (required)	Unique identifier for the agency	50	String	10 characters based on assigned state identifier or 9 digits + 1 alpha character

**Client Data**

The client data is the patient (member) information from the provider.

*Table 2 – Alternate EVV API client details*

Column name	Description	Maximum length	Type	Expected values
ClientID (required)	ID assigned to a member, if a value is assigned by another system. Note that this value can be automatically assigned by Sandata EVV system.	10	String	IHCP Member ID
ClientFirstName [PatientFirstName] (required)	Member's first name	30	String	System-defined
ClientMiddleInitial	Member's middle initial	1	String	System-defined
ClientLastName [PatientLastName] (required)	Member's last name	30	String	System-defined
ClientQualifier (required)	Value being sent to uniquely identify the member. Values: ClientSSN, ClientOtherID, ClientCustomID.	20	String	Only required if IHCP Member ID is not provided
ClientIdentifier [PatientOtherID] (required)	Payer-assigned member identifier that is identified by ClientQualifier. If member information is received from the payer, this information will be used to link the received third-party EVV information with the payer information provided.	64	String	Based on the value in ClientQualifier
MissingMedicaidID	Indicator that a patient is a newborn. If this value is provided, the IHCP Member ID will be ignored and will be valid as null. Values: True or False	5	String	True or False
ClientMedicaidID	Unique ID provided by the IHCP to the member	64	String	12-digit IHCP Member ID
SequenceID (required)	The third-party visit sequence ID to which the change applied	16	Number	System-defined
ClientCustomID	Additional member user-defined ID. Commonly used to customize the built-in member ID within the system. Must be provided if billing is in scope. May be equal to another ID provided.	24	String	System-defined
ClientOtherID	Additional member user-defined ID. Commonly used to store member's ID from another system. This value is used to match the member to an existing record during import. During implementation, it will be determined if this value or the ClientSSN will be used for matching.	24	String	System-defined
ClientSSN	Member's Social Security number. If this value is left empty, the ClientOtherID must be populated. Not required if ClientOtherID sent. Numbers only, no dashes and leading zeroes must be included. May be required if needed for billing. Format - #####.	9	String	SSN or blank
ClientTimeZone [PatientTimeZone] (required)	Member's primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	System-defined

**Employee Data**

This data is the provider employee information.

*Table 3 – Alternate EVV API Employee Details*

Column name	Description	Maximum length	Type	Expected values
EmployeeQualifier (required)	Value being sent to uniquely identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID	20	String	EmployeeRegID or EmployeeCustomID depending on available information. One of these IDs must be provided and must be unique for the provider.
EmployeeIdentifier [StaffID] (required)	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received third-party EVV information with the payer information provided and should be defined as the same value.	9	String	System-defined
EmployeeOtherID [StaffOtherID]	Unique employee identifier in the external system, if any	64	String	System-defined
SequenceID (required)	The third-party visit sequence ID to which the change applied	16	Number	System-defined
EmployeeSSN [StaffSSN] (required)	Employee Social Security number. Employee SSN may be required depending on the program rules. Note that the employee identifier is required to define uniqueness, because the SSN may not be unique for this program.	9	String	Must provide 4 zeros followed by the last 5 digits of the employee's SSN.
EmployeeLastName [StaffLastName] (required)	Employee's last name	30	String	System-defined
EmployeeFirstName [StaffFirstName] (required)	Employee's first name	30	String	System-defined
EmployeeEmail [StaffEmail] (required)	Employee's email address	64	String	System-defined
EmployeeManagerEmail	Email address of the employee's manager	64	String	System-defined
EmployeeAPI	Employee's alternate provider identifier or Medicaid ID	23	String	System-defined
EmployeePosition [StaffPosition]	Values for payer/State programs to be determined during implementation. Duplicate line as many times as necessary for the number of positions held.	3	String	System-defined

**Visit Information Data**

This data is the visit information for provider visits.

*Table 4 – Alternate EVV API Visit Details*

Column name	Description	Maximum length	Type	Expected values
VisitOtherID (required)	Visit identifier in the external system	50	String	System-defined
SequenceID (required)	The third-party visit sequence ID to which the change applied	16	Number	System-defined
EmployeeQualifier (required)	Value being sent to uniquely identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID	20	String	EmployeeRegID or EmployeeCustomID depending on available information. One ID must be provided and must be unique for the provider.
EmployeeIdentifier [StaffID] (required)	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received third-party EVV information with the payer information provided and should be defined as the same value.	9	String	System-defined
EmployeeOtherID [StaffOtherID]	Unique employee identifier in the external system, if any.	64	String	System-defined
GroupCode	This visit was part of a group visit. Group code is used to reassemble all members of the group.	6	String	System-defined
ClientIDQualifier (required)	Value being sent to uniquely identify the member. Values: ClientID, ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the payer if a client feed is provided by the payer.	20	String	System-defined
ClientID (required)	Assigned client_id. If a value is assigned by another system. Note that this value can be automatically assigned by Sandata EVV system.	10	String	IHCP Member ID
ClientOtherID [PatientOtherID]	Additional member user-defined ID. Commonly used to store member's ID from another system. This value is used to match the member to an existing record during import. During implementation, it will be determined if this value or the ClientSSN will be used for matching.	24	String	System-defined
VisitCancelledIndicator (required)	True or False – allows a visit to be cancelled or deleted based on defined rules.	5	String	True or False
PayerID (required)	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	INFSSA
PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation.	9	String	System-defined

Table 4 – Alternate EVV API Visit Details (Continued)

Column name	Description	Maximum length	Type	Expected values
ProcedureCode (required)	This code is the billable procedure code that would be mapped to the associated service.	5	String	See <a href="#">Procedure codes and modifiers</a> section
Modifier 1	Modifier for the Healthcare Common Procedure Coding System (HCPCS) code for the 837 electronic transaction. Up to four of these modifiers are allowed.	2	String	See <a href="#">Procedure codes and modifiers</a> section
Modifier 2	Modifier for the HCPCS code for the 837 electronic transaction. Up to four of these modifiers are allowed.	2	String	See <a href="#">Procedure codes and modifiers</a> section
Modifier 3	Modifier for the HCPCS code for the 837 electronic transaction. Up to four of these modifiers are allowed.	2	String	See <a href="#">Procedure codes and modifiers</a> section
Modifier 4	Modifier for the HCPCS code for the 837 electronic transaction. Up to four of these modifiers are allowed.	2	String	See <a href="#">Procedure codes and modifiers</a> section
VisitTimeZone [TimeZone] (required)	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Should be provided if the visit is occurring in a time zone other than that of the member.	64	String	System-defined
ScheduleStartTime [StartTime]	Activity/schedule start date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date.	20	Date Time	System-defined
ScheduleEndTime [EndTime]	Activity/schedule end date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date.	20	Date Time	System-defined
AdjInDateTime	Adjusted in date/time if entered manually. Otherwise, the actual date/time received.	20	Date Time	System-defined
AdjOutDateTime	Adjusted out date/time if entered manually. Otherwise, the actual date/time received.	20	Date Time	System-defined
BillVisit	True or False. If the visit is going to be billed, should be sent as Y. Otherwise, N.	5	String	True or False
HoursToBill	Hours that are going to be billed	99.999	Decimal	System-defined
HoursToPay	If payroll is in scope for the payer program, the hours to pay	99.999	Decimal	System-defined
Memo [VisitMemo]	Associated free-form text	512	String	System-defined
ClientVerifiedTimes [MemberVerifiedTimes]	True or False	5	String	True or False
ClientVerifiedTasks	True or False	5	String	True or False
ClientVerifiedService [MemberVerifiedService]	True or False	5	String	True or False

*Table 4 – Alternate EVV API Visit Details (Continued)*

Column name	Description	Maximum length	Type	Expected values
ClientSignatureAvailable [MemberSignatureAvailable]	True or False The actual signature will not be transferred. The originating system will be considered the system of record.	5	String	True or False
ClientVoiceRecording [MemberVoiceRecording]	True or False The actual voice recording will not be transferred. The originating system will be considered the system of record.	5	String	True or False

**Procedure codes and modifiers**

Procedure codes and modifiers that the IHCP uses for columns ProcedureCode and Modifier1-4 can be found in the *Service Codes That Require Electronic Visit Verification*, accessible from the [Codes Sets](http://in.gov/medicaid/codes-sets) page at in.gov/medicaid/providers.

**Tasks**

Tasks are a specific description used by Sandata to describe an activity performed in the home. The following list provides the breakdown of those tasks determined by the state of Indiana to be noted when performed. Providers should translate corresponding events in their system to match tasks shown in Table 2. The Task ID column will use the following table as reference.



*Table 2 – Tasks*

Task ID	Task Description
01	Bath - Bed/sponge bath
02	Bath - Shower/tub
03	Dress - Assist with dressing
04	Hygiene - Hair care/clean
05	Hygiene - Mouth care
06	Hygiene - Nail care
07	IADLs - Meal prep
08	IADLs - Light house clean
09	IADLs - Laundry
10	IADLs - Errands
11	IADLs - Medication reminders
12	Mobility - Ambulation
13	Mobility - In/out bed
14	Mobility - Transfer
15	Toilet - Bathroom
16	Toilet - Bedside commode
17	Toilet - Urinal/bedpan
18	Toilet - Incontinence

## Exceptions

Exceptions occur when a required item is not present or does not match one of the expected results. An example would be a service location outside one of the addresses on file for services, or the inability to list a member signature. When those expected sets of data are not received, the provider must list the exception in question and acknowledge it. The acknowledgment means that there is a valid reason why the exception occurred. The following table details the exceptions available.

*Table 3 – Exceptions*

Exception ID	Exception	Setting	Parameter
39	Member signature exception	Acknowledge	N/A
25	GPS distance exception	Acknowledge	5,280 feet
40	Service verification exception	Acknowledge	N/A
15	Unmatched Member ID/phone	Acknowledge	N/A
28	Visit verification exception	Acknowledge	N/A

## Reason codes

In the event that an exception occurs for the visit, providers need to supply a reason for that exception in the visit changes data transfer using the reason codes in Table 4. The data formats for visit changes will be outlined in the full specifications for data transfer posted to the EVV website and sent to vendors when the interface setup begins.

*Table 4 – Reason codes*

Reason code	Reason code description	Note required?
10	Caregiver error	No
20	Member unavailable	No
30	Mobile device issue	No
40	Telephony issue	No
50	Member refused verification	Yes
60	Service outside the home	No
99	Other	Yes

If your reason code requires a note, providers can use the ChangeReasonMemo field in the visit changes data transfer. This field has a 256-character length available.

## Transmission frequency

For optimal system performance, Sandata recommends that visits should be sent in near real time. It is expected that information is sent as it is added, changed, or deleted in the alternate EVV data collection system at least once per day; however, more frequent submission will benefit both the State and the provider.

Note that rejection responses will be delivered on a separate API call that is initiated by the vendor – in near real time.



**For more information**

Additional information can be found on the [Electronic Visit Verification](#) web page or the [Electronic Visit Verification FAQs](#) document at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). General questions or concerns about the EVV Program can be sent via email to [EVV@fssa.in.gov](mailto:EVV@fssa.in.gov).

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