



**Department
of Health**

Electronic Visit Verification (EVV)

Technical Assistance Call

December 2020

Housekeeping



All attendees will be on mute throughout the presentation



Please send all questions to EVVHelp@health.ny.gov

Today's call

- Introduction/Updates – Kiera Bentley
- Review of ICD – CSRA Team
- API Demo – CSRA Team
- Open Q & A – Dan Hallenbeck/ EVV Team
- Next Steps

Updates

- Production API – went live on December 10th
 - Thank you those who have submitted data!
 - <https://developer.emedny.io/>
 - All valid submitters are welcome to begin submitting

***December 31st, 2020 - Final Date for Providers to Implement EVV for Medicaid Personal Care Services (PCS)**

- **Artifacts are still available for review**
 - EVV Technical User Guide
 - eMedNY.org
 - EVV Interface Control Document
 - eMedNY.org and <https://www.health.ny.gov/evv>

December 2020

EVV Attestation Form – Providers must submit their Attestation Form

How to get there:

- Go to www.emedny.org
- Click on **Electronic Visit Verification (EVV)** on the right hand side of the main page.

The screenshot shows the eMedNY website interface. The top navigation bar includes links for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. A central banner features the text 'COVID-19 Provisional Temporary PROVIDER ENROLLMENT ENROLL NOW'. Below this is a large image of a scientist using a microscope with the text 'welcome to eMedNY'. On the right side, there is a vertical menu with buttons for 'Login ePACES', 'Login eXchange', 'Login PTAR', 'Provider Portal', and 'Electronic Visit Verification (EVV)'. The 'Electronic Visit Verification (EVV)' button is circled in red. At the bottom, there are buttons for 'NEW MEDICARE', 'MEDICAID MANAGED CARE NETWORK', 'PTAR', and 'REVALIDATION'.

EVV Record Submission

- Submitters will be able to submit multiple EVV records per submission.
- An EVV Submitter acting as an EVV proxy (Managed Care Organization, Verification Organization, Aggregator, Vendor, etc.) will be able to submit for multiple providers which can include multiple EVV records per provider per submission.
- Error handling will be able to accept successful rows and reject only bad rows (with an appropriate reject reason). **Rejected records should be reviewed for accuracy by the EVV Submitter.**
- The service will identify previously accepted records and reject duplicated data with an appropriate reject reason.

Rejection reason codes and descriptions can be found in the EVV Technical User Guide on eMedNY.org

HTTP Operations

The Electronic Visit Verification (EVV) Data API service will leverage the HTTP Methods POST, PUT, DELETE, and GET.

- **POST** – This operation is used for submitting one or many EVV records.
- **PUT** – This operation is used for submitting only one EVV record or updating an existing EVV record.
- **DELETE** – This operation is used to delete an EVV record.
- **GET** – This operation is used to retrieve an EVV record.

If you face issues with the interface, contact the eMedNY Call Center at (800) 343-9000.

EVV Request Data Model

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Visit Object						
transactionId	string		Min: 1 Max: 150		Yes	Unique transaction ID per visit generated by the EVV system when the EVV record is generated. Transaction ID must not be generated outside the EVV system including during submission. The recommendation would be to use a UUID/GUID Compliant ID if available.
memberId	string		8		Yes	Medicaid Id for the recipient receiving the service. A unique identifier assigned to each Medicaid Member by the Welfare Management System (WMS) or NYSoH. It serves to identify the medical data pertaining to the individual as the unique permanent identifier. Must pass Client ID Check Digit. Client ID must exist on eMedNY.
dateOfBirth	date-only			YYYY-MM-DD	Yes	Date of Birth of the recipient receiving the service. Cannot be greater than the current date (future date). Must match the date of birth on eMedNY.

EVV Request Data Model (cont'd)

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Visit Object						
providerName	string		Max: 35		No	<p>Provider Name is the name of a provider of Medicaid services as used on official State records. Provider Name should match the name used on Medicaid claims and encounters. This represents the name of the Billing Provider.</p>
nationalProviderId	string		10		Situational	<p>National Provider Identifier (NPI) is the nationally recognized provider identifier assigned by the Center for Medicare & Medicaid Services (CMS). The NPI, if populated, should match what is on the claim or encounter that corresponds to the service. Required if MMIS Identifier is not present. Must Pass NPI Billing Check Digit. When NPI and Provider ID are both present, they must be a valid combination in eMedNY. This represents the NPI of the Billing Provider.</p>

EVV Request Data Model (cont'd)

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Visit Object						
providerId	string		8		Situational	<p>MMIS Identifier is a unique number generated by the eMedNY system and assigned to each provider enrolled to provide services to Members of the Medicaid program. This number is the primary method of identifying a provider. The MMIS ID, if populated, should match what is on the claim or encounter that corresponds to the service.</p> <p>Required if National Provider Identifier (NPI) is not present. Must pass MMIS Billing Check Digit. Must be active on Date of Service. When NPI and Provider ID are both present, they must be a valid combination in eMedNY. This represents the MMIS ID of the Billing Provider.</p>
taxPayerId	string		9		Yes	<p>Federal Employer Identification Number (FEIN). This represents the TaxPayer ID of the Billing Provider.</p>
providerAddress	Address				No	<p>Providers most current street address, city, state and zip code. This represents the address of the Billing Provider.</p>

EVV Request Data Model (cont'd)

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Visit Object						
providerRateCode	string		4		Situational	Rate Code specifies a medical service or product that utilizes a rate reimbursement technique processed by the eMedNY system. All Institutional claims are paid by rate code and they include: Clinic, Managed Care, Inpatient, ICF/DD, Child Care, Home Health and Nursing Home claims. Required if Procedure Code is not present. Must be a valid rate code. Applicable billing codes can be found at https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/app_billing_codes.htm
procedureCode	string		Min: 5 Max: 5		Situational	Procedure Code for the service rendered to the recipient by the provider. Required if Rate Code is not present. Must be a valid (HCPCS) procedure code. Applicable billing codes can be found at https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/app_billing_codes.htm

EVV Request Data Model (cont'd)

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Visit Object						
procedureModCode	array		2		No	Two character number modifying the procedure code for the service rendered to the recipient by the provider. Must be a valid modifier, up to 4 occurrences.
serviceStartDateTime	datetime-only			YYYY-MM-DDThh:mm:ss	Yes	Begin date/time of the service received by the recipient. Must be a valid date/time. Cannot be greater than the current date (future date). Timestamp is EST.
serviceEndDateTime	datetime-only			YYYY-MM-DDThh:mm:ss	Yes	End date/time of the service received by the recipient. Must be a valid date/time. Must be greater than Begin date/time. Cannot be greater than the current date (future date). Timestamp is EST.
serviceStartLocation	string		Min: 4 Max: 9		Yes	Service start location describes the place where the visit began at the service start time. (Home, Community) Must be a valid service start location.

EVV Request Data Model (cont'd)

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Visit Object						
serviceEndLocation	string		Min: 4 Max: 9		Yes	Service end location describes the place where the visit concluded at the service end time. (Home, Community) Must be a valid service end location.
serviceProviderFirstName	string		Min: 1 Max: 35		Yes	First name of the servicing worker. This should match employment records maintained by the billing provider. This represents the first name of the caregiver providing the service.
serviceProviderLastName	string		Min: 1 Max: 60		Yes	Last name of the servicing worker. This should match employment records maintained by the billing provider. This represents the last name of the caregiver providing the service.
serviceProviderPhoneNumber	string		10	9999999999	No	Phone number of the servicing worker. This represents the phone number of the caregiver providing the service.
caregiverId	string		Min: 1 Max: 128		Yes	The Caregiver ID is the ID used to uniquely identify the person providing the service within the Provider's EVV System and/or solution.

EVV Request Data Model (cont'd)

Property	Type	Data Element Number	Length	Format	Required	Description/Validation
Address Object						
address1	string		Max: 40		Yes	Building Number or Street Line 1
address2	string		Max: 40		No	Building Number or Street Line 2
city	string		Max: 25		Yes	City
state	string		Max: 2		Yes	State
zip	string		Min: 5 Max:9	99999 or 999999999	Yes	Zip Code
Submitter ID						
submitterId	string		8		Yes	The organization submitting the EVV transactions on behalf of the Provider. The Submitter ID will be in the URI and is not required as a payload, since it will be same for a given submitter. This is also in line with the REST Design and allows us to apply security rules based on the submitter.

The EVV Interface Control Document can be found on eMedNY.org and <https://www.health.ny.gov/evv>

Question and Answer

- We will try to answer as many questions within the given timeframe
- If your question is not answered, please send it to EVVHelp@health.ny.gov
- To ask a question, please type question in the Chat Box
 - Please do not repeat your questions, we will do our best to get to as many as possible

Next Steps

- Register to submit Production Data
 - Submit data!
- Upcoming Technical Assistance Calls
 - December 29th – 2:00 – 3:00 PM
- December 31st, 2020 - **Final Date for Providers to Implement EVV for Medicaid Personal Care Services (PCS)**

EVV Implementation Questions and Resources



EVV Help Mailbox

- EVVHelp@health.ny.gov

NYS EVV Listserv Email

- listserv@listserv.health.state.ny.us

Please include the following in your email sign-up request:
SUBSCRIBE EVV-L YourFirstName YourLastName



Website Resources

NYS DOH EVV Website

- <https://www.health.ny.gov/evv>