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Homecare Provider Integration Visit Import Guide (v5)

June 2024

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130 West 42nd Street, 2nd Floor, New York, NY 10036
Part number: Homecare EDI Import Interface Guide (v5)

Document Revision History

Date	Description of Revision
02/16/2021	Initial version of the document
03/01/2021	Updates to the Service Location field
3/31/2021	Added Sample CSV File
04/21/2021	Defined User Field 1 and 2; Clock In/Out Call Type Updated max character limit to Schedule ID to 30 characters.
05/11/2021	Updated description for the following fields: • Medicaid ID • Office NPI • Schedule ID • Service Location • Invoice Number • User Fields 1 & 2 (updated to Situational from Required)
06/18/2021	Updates to the *Visit Edit Reason Code* and *Visit Edit Action Taken Code* fields
06/30/2021	Updates to the Sample Template
09/01/2021	Update to Invoice Number and TPL Billing fields.
10/05/2021	Update to Submission Type and Clock In/Out Phone Number fields.
01/26/2022	Update to Diagnosis Code field.
02/23/2022	Update to Invoice Number field.
03/07/2022	Update to Caregiver License Number and Caregiver Registry ID fields.
03/30/2022	Update to Caregiver License Number and Caregiver Registry ID fields.
04/18/2022	Update to Member ID and Primary Payer Program Name fields.
05/24/2022	Updated description for the following fields: • User Field 1 & 2. • Schedule In/Out Times • Visit In/Out Times • EVV In/Out Times • EDI Rates (Total Billed Amount, Units Billed, and Billed Rate)
06/29/2022	Update to Caregiver SSN field.
11/21/2022	• Process update, see 'File Format Errors' on page 8. Update to *Units Billed* field.
01/25/2023	• Defined User Field 4; Patient Admission ID.
04/03/2023	Defined User Field 5, Condition Codes. Updated description for the following fields: • Schedule Start Time • Schedule End Time • Diagnosis Code
06/15/2023	Update to Diagnosis Code field, diagnosis examples updated.
07/28/2023	Updated EDI Support contact information.
09/19/2023	Revised the description for the "Clock-Out EVV Other Info" and "Submission Type" fields.
11/06/2023	Updated the Missed Visit Field Description and Introduced 'File Submission Schedule Guidelines' Table.
12/04/2023	Updated Office NPI field to Optional from Situational, and description.

Date	Description of Revision
04/05/2024	Update to TPL billing fields to support Primary and Secondary Payer.
05/22/2024	Update to User Field 3 description, 'HHAX Unique Office ID'
06/24/2024	Update to User Field 6, defined Federal Employees Program.

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Introduction

The **HHAeXchange (HHAX) Homecare Import Interface Guide** provides guidance and instructions in preparing files for *importing* from an SFTP system or directly into the HHAX system. Herein users find the various interface templates indicating required fields and proper format for a successful import.

This guide is updated on an ongoing basis as system capacities are implemented and additional functionality becomes available.

Audience

This guide is intended for System Users responsible in the EDI importing process at a Client Agency.

EDI Assistance

If additional assistance is needed, please submit a ticket to the Provider EDI Integrations team via the Client Support Portal. Cases are escalated to the EDI Production Support queue. An available Support Team Members will contact you directly to assist.

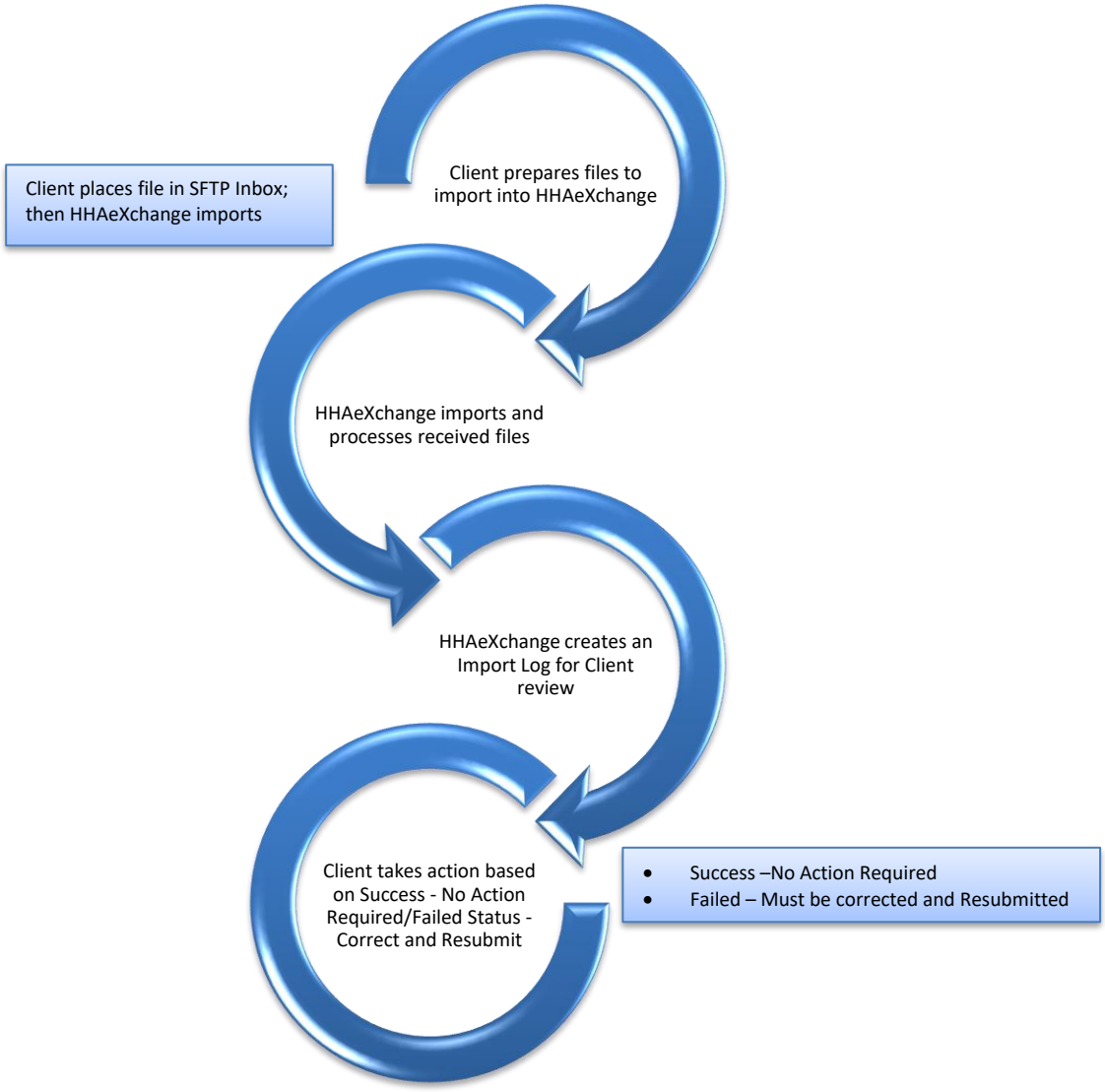
Understanding the EDI Process

What is EDI?

Electronic Data Interchange (EDI) is the electronic interchange of business information using a standardized format; a process which allows one company to send information to another company electronically rather than with paper. Business entities conducting business electronically are called trading partners.

Import Process Flow

Client Agencies place a file in the SFTP Inbox to interchange data with HHAX. The image below illustrates the high-level process flow currently in place.



EDI Process Flow

SFTP & File Requirements

Users need a Secure FTP client software to access their HHAX SFTP account. Any standard SFTP client software should be able to connect to the HHAX SFTP (such as *Filezilla*, *CuteFTP*, and *WINSCP*).

HHAX provides SFTP credentials once an Agency has validated their file format.

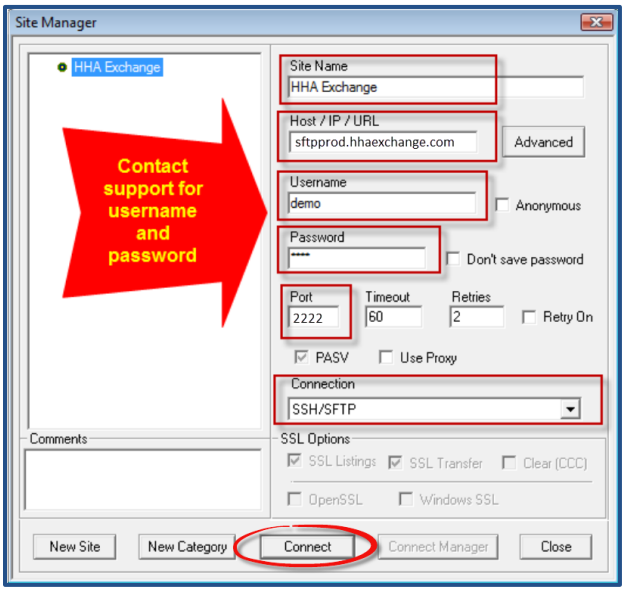
DISCLAIMER

HHAeXchange does not endorse or technically support any particular 3rd Party software. Some examples and images used within this document are exclusively for demonstration purposes.

SFTP Client Configuration Requirements

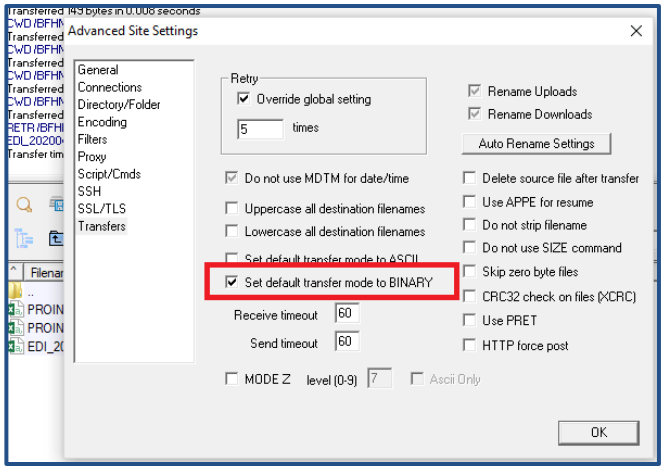
The image to the right illustrates the configuration requirements to connect to the SFTP location.

- HOST/IP/URL: **sftpprod.hhaexchange.com**
- Username: **Enter the Username received from HHAeXchange**
- Password: **Enter the password received from HHAeXchange**
- Port: **2222**
- Connection: **SSH/SFTP**



SFTP Configuration Settings (Sample SFTP Application)

When transferring files via SFTP, select the **BINARY mode** in your FTP client application (sample from sample SFTP application shown to right).



Binary Mode in Advanced Settings (Sample)

SFTP Folder Structure

Folders are used to organize the files exchanged through SFTP as follows:

- **Inbox** – Used to *import* a file into HHAX. Users can place files into the Inbox folder for automated import into the HHAX system.
- **Outbox** –For imports, the **Response File** for each import is placed in the Outbox in a subfolder (after processing) where users can view successful/unsuccessful files.

SFTP Retention Policy

The following guidelines address how long files are retained by HHAX before removal from the HHAX SFTP server.

- Files in Inbox folders are retained until successfully processed and moved to the *Processed* folder.
- All files size **50 MEGABYTES** or larger in the *Processed*, *Saved*, or *Outbox* SFTP folders are retained for **3 days**.
- All other files in the *Processed*, *Saved*, or *Outbox* SFTP folders are retained for **15 days**.

Interface Summary

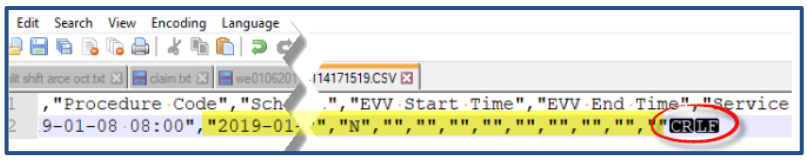
The following table contains a brief description as well as direction and location of each Import interface.

Integration Guide			
Interface File	**Direction**	**SFTP Folder**	**Description**
Visit Import	Import	Inbox	Creates/Updates imported information
Response File	Response	Outbox\ResponseFiles	Folder to hold Response Files for processed files

File Format

File Format	
File Type	CSV
Text Qualifier	Double Quotes
Headers are included?	Yes
Delimiter for end of row	CRLF (Carriage Return/Line Feed)

A tabbed text editor application (such as Notepad ++) visually organizes information allowing users to view data as well as hidden formats (such as double quotes and CRLF) to easily identify and correct errors.



Tabbed Text Editor Application (editor sample)

HHAX Homecare Import Interface File Information File Name and Frequency			
Interface	**SFTP Location**	**File Name**	**Frequency (SFTP Import Only)**
Visit Import	Inbox	VISITS_AgencyTaxID_YYYYMMDDHHMMSS.CSV	As/when desired by Client

Note: *To minimize errors and ensure system processes are running efficiently, HHAX requests for Agencies to upload the entire file (ALL records starting from go-live date) only on the initial load (first time). Thereafter, all future import files should only contain incremental changes.*

Response File Format

File Format	
Status Code	Status code indicating record status.
Import Status	The description of the status code.

Note: *The Response File contains each field in the Visit Import specs, along with the two additional fields noted above.*

File Submission Schedule Guidelines

The table below outlines guidelines for establishing an effective file submission schedule, considering variables such as file size and the unique record count per file. To ensure efficient processing, it is recommended to maintain a file size of fewer than 2000 records per file. These recommendations are applicable to the total number of records submitted within a single day.

Count of Records per File	Approx Processing Time	Recommended Time
0 – 1,000	1 hour	Before 2am for non-UPR Before 2am for UPR
1,000 – 3,000	1 hour - 2.5 hours	Before 1am for non-UPR Before 1am for UPR
3,000 – 5,000	2.5 hours - 7 hours	Before 8am for non-UPR Before 7am for UPR
5,000 – 10,000	7 hours - 15 hours	Before 5 am for non-UPR Before 4 am for UPR
10,000 – 20,000	> 20 hours	Before 8 am for non-UPR Before 7 am for UPR
20,000 – 40,000	> 48 hours	Before 3 am for non-UPR Before 2 am for UPR
40,000+	> 54 - 65 hours	Before 3 am for non-UPR Before 2 am for UPR

*Note: for both UPR and non-UPR, e-billing export processing runs daily at 4am EST.

Required Components for Successful Import

The below-listed components are required when importing files to HHAX. Although these components are the essential requirements, there are some variations depending on the type of data Users are exporting/importing. This section covers each of the required components with the necessary tools and information to assist with the data interchange process.

- Naming Convention and File Extension (.csv)
- Required Fields must be completed
- File Format Template

Visit Naming Convention & File Extension

The table below indicates the File type and the File Name (as per naming convention) for files imported by HHAX. This naming convention is applicable to all import files, as noted in the table below.

Naming Convention Requirements	
File Type	**File Name**
Visit Import	VISITS_AgencyTaxID_YYYYMMDDHHMMSS.CSV

To elaborate, the following example explains the naming convention:

If Tax ID is “987654321” and the file is generated on 07/31/2018 at 8:00 AM, the file name is:

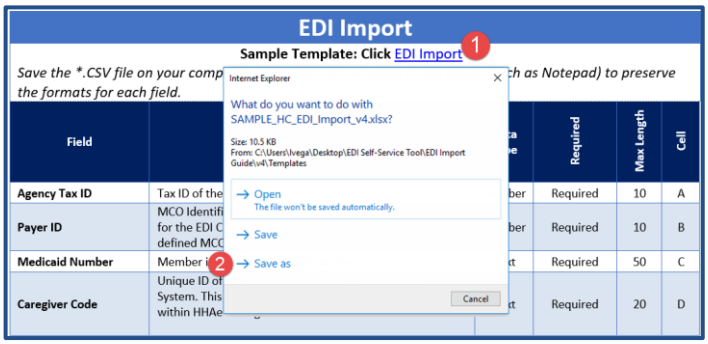
File Name: **VISITS_987654321_20180731080000.CSV**
VISITS = Hardcoded
987654321 = Agency Tax ID
20180731 = Date in YYYYMMDD format
080000 = Time Stamp in HHMMSS format

All files must be saved as a **“.csv”** (extension) file. The system is not able to process or convert any other type of data file.

Saving Sample Templates to a Workstation

By default, these files open in Excel, which may alter the format of certain fields. To maintain the integrity of the sample templates and formats, HHAX strongly recommends that these templates be saved on a User's workstation first using the following steps:

Step	Action
1	Click on the desired Template link.
2	Select **Save As** and save as a *.csv file onto the workstation when prompted by the system.
3	To open the file from the workstation, select **Open With** and select a tabbed text editor (such as Notepad ++). This preserves the formats for each field.



Response File Naming Convention & File Extension

The table below indicates the File type and the File Name (as per naming convention) for files processed by HHAX. This naming convention is applicable to all processed files, as noted in the table below.

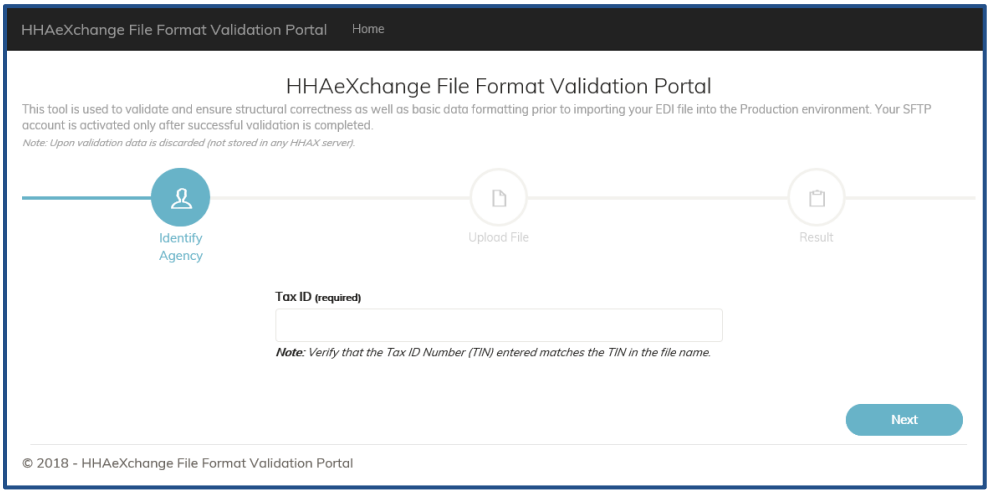
Response File Naming Convention	
File Type	**File Name**
Visit Import Log	VISITS_AgencyTaxID_YYYYMMDDHHMMSS_Log.CSV

File Name: **VISITS_987654321_20180731080000_Log.CSV**

VISITS = Hardcoded
987654321 = Agency Tax ID
20180731 = Date in YYYYMMDD format
080000 = Time Stamp in HHMMSS format
Log = Hardcoded

Validating the File Format

Upon creating an import file, navigate to the HHAX File Format Validation Portal (https://edi.hhaexchange.com/) to validate and ensure the structural correctness and formatting requirements. For instructions, refer to the EDI File Format Validation Portal Job Aid.



File Format Errors

Import files that do not meet formatting requirements are moved to the SFTP Outbox, Failed subfolder. HHAX strongly recommends daily/weekly monitoring to prevent disruptions in data upload. The File Validator Tool can be used to correct file formatting errors.

The Provider File Validation Errors Job Aid can also be referenced to resolve common file formatting errors, refer to the Provider File Validation Errors Job Aid.

For additional support, please contact HHAX Technical Support with the file name and subject, '*File Processing Error*'.

EDI Import Interface - Required Fields and Formats

Refer to the ***Required Fields by Import File Type*** section in the applicable (regional) *EDI Code Table Guide* for the set of required fields for each of the above-listed import file types.

EDI Import

Refer to the layout below when creating the EDI Import file. Please contact HHAX Technical Support to obtain a copy of the *EDI Code Table Guide,* specific your Payer(s). This guide contains valid values for certain EDI import fields as indicated below.

^Optional: *These fields may be used by the State when evaluating compliance with the 21st Century Cures Act (Cures Act) regulations. The Cures Act mandates that states require EVV use for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS) for in-home visits by a provider. For further information, please consult with your states' specific compliance requirements regarding the Cures Act.*

EVV Visit Import

Sample Template: Click EDI Import

*Save the *.CSV file on your computer, and Open the file using a text editor (such as Notepad) to preserve the formats for each field. Refer to the Saving Sample Templates to a Workstation section.*

Field	Description	Data Type	Required	Max Length	Cell
Agency Tax ID	Tax ID of the Agency	Numeric	Required	10	A
Office NPI	Agency Office NPI **Required When:** if service code does not require an authorization and is configured for auto-placement. Refer to the EDI Code Table Guide for your specific Payer(s). • The NPI should match the NPI assigned to the member office loaded in HHAeXchange. If the incorrect NPI, this could result in an error. Note, this field is an optional field and can be left blank.	Numeric	Situational	20	B
Payer ID	Unique MCO/Payer Identifier. Refer to the values defined in the EDI Code Table Guide.	Numeric	Required	10	C
Medicaid Number	Member identifier - Medicaid Number Format should be alphanumeric with no special characters.	Text	Situational	50	D
Member First Name	First name of member.	Text	Optional	50	E
Member Last Name	Last name of member.	Text	Optional	50	F
Member ID	Unique member ID in agency system. **Required when**: If not using Medicaid Number Possible values: • HHAeXchange Unique ID • Admission ID • MR Number	Text	Situational	50	G
Caregiver Code	Unique ID of the Caregiver in Agency's Management System. This value is mapped to Alt Caregiver Code field within HHAX. The predefined value "TEMP" can be included to indicate that there is no Caregiver currently assigned to a schedule. This is allowed only if the visit is not yet verified.	Text	Required	20	H
Caregiver Registry ID	Unique employee (Caregiver) registered ID with the State. Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).	Text	Optional	20	I

EVV Visit Import					
Caregiver License Number	Caregiver State registered license number. **Required when**: If visit is confirmed or billed. Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).	Text	Situational	20	J
Caregiver First Name	Caregiver's First Name **Required when:** If the visit is confirmed or billed status. **Situational when:** The visit is in a scheduled status, a predefined value "TEMP" can be included to indicate that there is no Caregiver currently assigned to a schedule. This is allowed only if the visit is not yet verified.	Text	Situational	50	K
Caregiver Last Name	Caregiver's Last Name **Required when:** If the visit is confirmed or billed status. **Situational when:** The visit is in a scheduled status, a predefined value "TEMP" can be included to indicate that there is no Caregiver currently assigned to a schedule. This is allowed only if the visit is not yet verified.	Text	Situational	50	L
Caregiver Gender	Possible Values: **M** (Male), **F** (Female), or **U** (Undefined). If the value is not provided, then "M" is considered the **Gender** when creating a Caregiver. HHAX recommends sending data in this field. • If the value is not provided, then the existing value of **Gender** is not removed if the Caregiver already exists in HHAX. • If the value is provided, then the Caregiver **Gender** is overwritten in HHAX.	Text	Optional	1	M
Caregiver Date of Birth	Format: YYYY-MM-DD If the value is not provided, then '1901-01-01' is loaded into this field in Caregiver Profile when creating a Caregiver. • If the value is not provided, then the existing value of Date of Birth is not removed if the Caregiver already exists in HHAX. • If the value is not empty, then the Caregiver Date of Birth is overwritten in HHAX.	Date	Optional	10	N
Caregiver SSN	Social Security Number **Required when:** If the visit is confirmed or billed status. • Format: XXX-XX-XXXX; OR • Format: 000-0X-XXXX if providing the last 5 digits of the caregiver SSN. **Note**: if you're unable to send the caregiver SSN please submit a ticket to the Provider EDI Integrations team via the Client Support Portal for further guidance.	Text	Situational	11	O
Caregiver Email	Employee (Caregiver) Email **Note:** If blank, then HHAX sends default value of missingemail@altevv.ddd.	Text	Optional	100	P
Schedule ID	Unique Schedule ID in Agency's Management System. The Schedule ID should be unique per Member, DOS, Procedure Code and Shift. If the visit crosses multiple calendar days, a unique Schedule ID per calendar day is required.	Text	Required	30	Q
Visit ID	Unique Visit ID in Agency's Management System.	Text	Optional	50	R

EVV Visit Import					
Procedure Code	Billing Service Code If the schedule already exists in HHAX, then the Billing Service Code is overwritten (*if visit is not billed in HHAX*). Refer to the values defined in the EDI Code Table Guide.	Text	Required	50	S
Diagnosis Code	Patient diagnosis code(s) attributed to the visit. **Required when:** If visit is confirmed or billed. **Format**: Pipe (|) separated list of the DX codes; for example: F84.0|B19.10|M87.059. • Field must be alpha numeric and contain up to 3-7 characters (including the decimal), special characters are not allowed. • Up to 26 Diagnosis Codes can be passed for a single record. • Field must contain valid/billable codes. If invalid codes are received, the sender is responsible for corrections. Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).	Text	Situational	208	T
Schedule Start Time	Schedule Start Time - YYYY-MM-DD HH:MM as per Agency's Timezone, time must be in military time. If the schedule already exists in HHAX, then the Schedule Start Time is overwritten (*if visit is not billed in HHAX*). • Schedules are required to create visit in HHAX. • For unscheduled visits, send actuals recorded for the visit Schedule Start/End Times. • If the schedule already exists in HHAX, then the Schedule End Time is overwritten (*if visit is not billed in HHAX*). Note: if schedule hours are less than billed hours, the lesser will be billed. To avoid billing errors, send actuals recorded for the visit Schedule Start/End Times.	Date /Time	Required	16	U
Schedule End Time	Schedule End Time - YYYY-MM-DD HH:MM as per Agency's Timezone, time must be in military time. • Schedules are required to create visit in HHAX. • For unscheduled visits, send actuals recorded for the visit Schedule Start/End Times. • If the schedule already exists in HHAX, then the Schedule End Time is overwritten (*if visit is not billed in HHAX*). Note: if schedule hours are less than billed hours, the lesser will be billed. To avoid billing errors, send actuals recorded for the visit Schedule Start/End Times.	Date /Time	Required	16	V
Visit Start Time	**Required when:** When "Visit End Time" OR "EVV End Time" is provided. Visit Start Time - YYYY-MM-DD HH:MM as per Agency's Timezone, time must be in military time. • If Visit Start/End Time and EVV Start/End Time do not match, visit is considered manually confirmed/adjusted and visit edits are required. • If a value is provided, then the schedule is confirmed with the start time provided. This field should have a value if the "EVV Start Time" is provided.	Date /Time	Situational	16	W

EVV Visit Import					
	• If the value is not provided, then the existing value of Visit Start Time in HHAX is removed.				
Visit End Time	**Required when:** When "EVV End Time" is provided. Visit End Time - YYYY-MM-DD HH:MM as per Agency's Timezone, time must be in military time. • If Visit Start/End Time and EVV Start/End Time do not match, visit is considered manually confirmed/adjusted and visit edits are required. • If a value is provided, then the Schedule is confirmed with the End Time provided. • If the value is not provided, then the existing value of Visit End Time in HHAX is removed.	Date /Time	Situational	16	X
EVV Start Time	EVV Time recorded if visit is confirmed via EVV. Format: YYYY-MM-DD HH:MM as per Agency's Timezone, time must be in military time. **Required when:** If visit is confirmed or billed. • If a value is provided, then the Visit Start Time is marked as confirmed via EVV; otherwise, it is considered manually confirmed and Visit Edit Reason Code/ Visit Edit Action Taken become required. • If the value is not provided, then the existing value of EVV Start Time in HHAX is removed.	Date / Time	Situational	16	Y
EVV End Time	EVV Time recorded if visit is confirmed via EVV. Format: YYYY-MM-DD HH:MM as per Agency's Timezone, time must be in military time. **Required when:** If visit is confirmed or billed. • If value is provided, then the Visit End Time is marked as confirmed via EVV; otherwise, it is considered manually confirmed and Visit Edit Reason Code/ Visit Edit Action Taken become required. • If the value is not provided, then the existing value of EVV End Time in HHAX is removed.	Date /Time	Situational	16	Z
Clock-In Service Location Address Line 1	Member Street Address **Required when:** If visit is confirmed or billed. Not required when visit is only scheduled. • If the value is not provided, then the existing Service Location value in HHAX is removed.	Text	Situational	100	AA
Clock-In Service Location Address Line 2	Additional Member Street Address	Text	Optional	50	AB
Clock-In Service Location City	City	Text	Situational	50	AC
Clock-In Service Location State	State abbreviation	Text	Situational	2	AD
Clock-In Service Location Zip Code	Zip Code (5 or 9-digit format i.e., 12345). Format: 99999 OR 999999999	Text	Situational	9	AE
Clock-In Service Location Type	Possible values: **Home** or **Community** **Required when**: if visit is confirmed or billed. Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).	Text	Situational	9	AF

EVV Visit Import					
Clock-Out Service Location Address Line 1	Member Street Address **Required when:** If visit is confirmed or billed. Not required when visit is only scheduled. If the value is not provided, then the existing Service Location value in HHAX is removed.	Text	Situational	100	AG
Clock-Out Service Location Address Line 2	Additional Member Street Address	Text	Optional	50	AH
Clock-Out Service Location City	City	Text	Situational	50	AI
Clock-Out Service Location State	State abbreviation	Text	Situational	2	AJ
Clock-Out Service Location Zip Code	Zip Code (5 or 9-digit format i.e., 12345). Format: 99999 OR 999999999	Text	Situational	9	AK
Clock-Out Service Location Type	Possible values: **Home** or **Community** **Required when**: if visit is confirmed or billed. Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).	Text	Situational	9	AL
Duties	Pipe (|) separated list of the duties; for example: 016|021|023|027 Duty codes can be prefixed by an asterisk ("*") to indicate task was attempted but refused by Member. e.g. 016|*021|023 Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s)..	Text	Optional	1000	AM
Clock-In Phone Number	**Format:** XXXXXXXXXX **Required When:** Caller ID - If Visit Start Time is confirmed by IVR **Note:** field should be left blank if valid phone number was not captured. • If a value is provided, then it is considered an IVR confirmation, and this Phone Number is imported into HHAX. • If the value is not provided, then the existing value of Clock-In Phone Number in HHAX is removed.	Numeric	Situational	10	AN
Clock-In Latitude	Latitude - If Visit Start Time is confirmed by GPS • If a value is provided, then it is considered a GPS confirmation and the Latitude is imported into HHAX. • If the value is not provided, then the existing value of Clock-In Latitude in HHAX is removed.	Text	Situational	50	AO
Clock-In Longitude	Longitude - If Visit Start Time is confirmed by GPS • If a value is provided, then it is considered a GPS confirmation and the Latitude is imported into HHAX. • If the value is not provided, then the existing value of Clock-In Longitude in HHAX is removed.	Text	Situational	50	AP
Clock-In EVV Other Info	Possible Value: **FOB** • If Visit Start Time is confirmed by fixed ID device gathered at checkout. • If the value is not provided, then the existing value of Clock-In EVV Other Info in HHAX is removed.	Text	Situational	25	AQ
Clock-Out Phone Number	**Format:** XXXXXXXXXX **Required When:** Caller ID - If Visit End Time is confirmed by IVR.	Numeric	Situational	10	AR

EVV Visit Import

	Note: field should be left blank if valid phone number was not captured. • If a value is provided, then it is considered an IVR confirmation, and this Phone Number is imported into HHAX. • If the value is not provided, then the existing value of Clock-Out Phone Number in HHAX is removed.				
Clock-Out Latitude	Latitude - If Visit End Time is confirmed by GPS • If a value is provided, then it is considered a GPS confirmation and the Latitude is imported into HHAX. • If the value is not provided, then the existing value of Clock-Out Latitude in HHAX is removed.	Text	Situational	50	AS
Clock-Out Longitude	Longitude - If Visit End Time is confirmed by GPS • If a value is provided, then it is considered a GPS confirmation and the Latitude is imported into HHAX. • If the value is not provided, then the existing value of Clock-Out Longitude in HHAX is removed.	Text	Situational	50	AT
Clock-Out EVV Other Info	Possible Value: **FOB** • If Visit Start Time is confirmed by fixed ID device gathered at checkout. • If the value is not provided, then the existing value of Clock-Out EVV Other Info in HHAX is removed.	Text	Situational	25	AU
Invoice Number	Invoice Number in Agency's Management System. **Required when:** If visit is billed. Visits must be invoiced in accordance with Payer specific billing requirements noted in the Payer Companion Guide. • If a value is provided, then it is considered a Billed Visit in the Agency Management System. This invoice number is imported into HHAX and the visit is billed in HHAX via the overnight process. • If the value is empty, then the visit is not billed in HHAeXchange. ***Note:*** *This field is exported on the 837 in the CLM line and returned in the 835 CLP line.*	Text	Situational	20	AV
Visit Edit Reason Code	**Required when:** If visit is manually edited. If the value is not provided, then the existing value of Reason in HHAX is not removed. Visit Edit Reason Code will be required if EVV and Visit Start/End Times are different than EVV Start/End Times. Refer to the values defined in the EDI Code Table Guide.	Numeric	Situational	3	AW
Visit Edit Action Taken	**Required when:** If visit is manually edited. If the value is not provided, then the existing value of Action Taken in HHAX is not removed. Visit Edit Action Taken Code will be required if EVV and Visit Start/End Times are different than EVV Start/End Times.	Numeric	Situational	2	AX

EVV Visit Import

	Refer to the values defined in the EDI Code Table Guide.				
Visit Edit Made By	**Required when:** If a visit is manually edited. Visit edits require the unique identifier of the user, system, or process that made the edit to the visit. ***Note:*** *If blank, then HHAX sends default value of "Agency User".*	Text	Situational	100	AY
Notes	Free Text Notes - Data in this field is imported as Visit Notes. If the value is not provided, then the existing value of Notes in HHAX is not removed. A Note may be required by the Payer when Missed Visit = "Y". Refer to the EDI Code Table Guide (Missed Visit Code Tables section) for further details.	Text	Optional	1000	AZ
Is Deletion	Possible Values: **Y** (Yes) or **N** (No) A null value is considered as "N". Ignored if the Visit is confirmed and claim is billed. • If the value is "Y", then the Visit is deleted from HHAX if not billed. • Visit is identified based on Schedule ID and Medicaid Number.	Text	Optional	1	BA
Invoice Line-Item ID	Unique identifier of the invoice line item in the 3rd party system. ***Note:*** *This field should be left blank unless vendor is specifically requested by HHAX to provide this information.*	Text	Optional	30	BB
Total Billed Amount	Billed amount in Agency's Management System. **Required when:** If visit is sent as original, adjusted, or voided. • To avoid billing errors, visits must be billed in accordance with Payer specific billing requirements noted in the Payer Companion Guide. • If value is not provided, rates can be managed in provider portal.	Numeric	Situational	9	BC
Units Billed	Units billed in Agency's Management System. **Required when:** If visit is sent as original, adjusted, or voided. ***Note:*** *This field must contain whole unit values, cannot contain decimals.* • To avoid billing errors, visits must be billed in accordance with Payer specific billing requirements noted in the Payer Companion Guide. • If value is not provided, rates can be managed in provider portal.	Numeric	Situational	2	BD
Billed Rate	Hourly contractual or employee bill rate. **Required when:** If visit is sent as original, adjusted, or voided. • If value is not provided, rates can be managed in provider portal.	Numeric	Situational	9	BE

EVV Visit Import					
Submission Type	Possible Values: **Original**, **Adjustment,** or **Void** **Required when:** • **Original:** If hours or billed amount needs to be adjusted/corrected and claim has not been paid. • **Adjustment:** If hours or billed amount needs to be adjusted/corrected. • **Void:** If visit needs to be deleted/reversed. ***Note: "Is Deletion"*** *should be set to 'Y' if a visit is voided or if the visit needs to be excluded from a claim when sent as an adjustment.*	Text	Situational	20	BF
TRN Number	**Required when:** If visit is adjusted or voided. TRN is not required if claim is billed as Original.	Text	Situational	20	BG
Enable Secondary Billing	Possible Values: **Y/N** Checkbox to enable secondary billing. **Required when:** If secondary billing is enabled.	Text	Optional	1	BH
Other Subscriber ID	**Required when:** If secondary billing is 'Y'.	Text	Situational	80	BI
Primary Payer ID	Unique MCO/Payer Identifier. **Required when:** If secondary billing is 'Y'	Text	Situational	161	BJ
Primary Payer Name	**Required when**: If secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Text	Situational	121	BK
Relationship to Insured	**Required when:** If secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2. Possible Values: • **01** (Spouse) • **18** (Self) • **19** (Child) • **G8** (Other)	Text	Situational	5	BL
Primary Payer Policy or Group number	**Required when:** If secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Text	Situational	101	BM
Primary Payer Program Name	Primary and Secondary Payer Name **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Text	Optional	161	BN
Plan Type	**Required when**: If secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2. Possible Values: • **BL** (Blue Cross/Blue Shield) • **CH** (Champus) • **CI** (Commercial Insurance Co.) • **MB** (Medicare Part B) • **MC** (Medicaid)	Text	Situational	5	BO
Total Paid Amount	Total Paid Amount in EOB from primary Payer. **Required when**: if secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	Situational	19	BP
Total Paid Units	***Reserved for Future Use*** Total Paid Units in EOB from primary Payer. **Required when**: if secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	Situational	23	BQ
Paid Date	Paid Date in EOB from primary Payer.	Date	Situational	19	BR

EVV Visit Import

	Required when: if secondary billing is 'Y' **Format:** Pipe (|) as a separator for entries related to both Payer 1 and Payer 2. Example: YYYY-MM-DD.				
Deductible	Deductible in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BS
Coinsurance	Coinsurance in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BT
Copay	Copay in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BU
Contracted Adjustments	Contracted Adjustments in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BV
Not Medically Necessary	Not Medically Necessary in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BW
Non-Covered Charges	Non-Covered Charges in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BX
Max Benefit Exhausted	Max Benefit Exhausted in EOB from primary Payer if available. Pipe (|) as a separator for entries related to both Payer 1 and Payer 2.	Numeric	*Situational (see notes below)	19	BY
Missed Visit	Possible Values: **Y** (Yes) or **N** (No) A null value is considered as "N". • If "Y", then the visit is marked as a 'Missed' Visit. • If "N", then the Missed Visit is removed from HHAX if visit was previously marked as missed and schedule reappears (if the visit is not yet billed in HHAX). If the visit is already billed in HHAX, then this flag is ignored. • If billing for Travel Time (TT), Missed Visit flag is required.	Text	Situational	1	BZ
Missed Visit Reason Code	**Required when:** When Missed Visit = "Y" If the value is not provided, then the existing value of Reason in HHAX is not removed. • Refer to the values defined in the EDI Code Table Guide.	Numeric	Situational	3	CA
Missed Visit Action Taken Code	**Required when:** When Missed Visit = "Y" If the value is not provided, then the existing value of Action Taken in HHAX is not removed. Refer to the values defined in the EDI Code Table Guide.	Numeric	Situational	2	CB
Missed Visit Notes	Notes.	Text	Situational	1000	CC
Travel Time Request Hours	Format: HH:MM	Numeric	Optional	5	CD
Travel Time Comments	Notes.	Text	Optional	500	CE
Cancel Travel Time Request	Possible Values: **Y** (Yes) or **N** (No)	Text	Optional	1	CF

EVV Visit Import					
Timesheet Required	Possible Values: **Y** (Yes) or **N** (No) A null value is considered as "N". • If the value is "Y", then the Duty Sheet is marked as Timesheet Required. • If the value is not provided, then the existing value of Timesheet Required in HHAX is removed.	Text	Optional	1	CG
Timesheet Approved	Possible Values: **Y** (Yes) or **N** (No) A null value is considered as "N". • If the value is "Y", then the Duty Sheet is marked as Timesheet Approved. • If the value is not provided, then the existing value of Timesheet Approved in HHAX is removed.	Text	Optional	1	CH
User Field 1	Clock- In Call Type **Required when:** if visit is confirmed or billed. Possible Values: • **Telephony** • **Mobile** • **FOB** • **Manual**	Text	Situational	9	CI
User Field 2	Clock- Out Call Type **Required when:** if visit is confirmed or billed. Possible Values: • **Telephony** • **Mobile** • **FOB** • **Manual**	Text	Situational	9	CJ
User Field 3	HHAX Unique Office ID **Required When:** If the service code allows for auto-placement and multiple offices share the same office NPI, a unique office ID is required. Note: The Office ID in HHAX can be found under Admin > Office Setup	Text	Situational	8	CK
User Field 4	Patient Admission ID **Required when**: a member is dually enrolled with a health plan and has multiple accounts in HHAX.	Text	Optional	50	CL
User Field 5	Condition Codes **Required when:** If visit is adjusted or voided. Field is not required for all Payer(s). Refer to the EDI Code Table Guide for your specific Payer(s).	Text	Optional	2	CM
User Field 6	Claim Filing Code **Required when**: if secondary billing is 'Y' Pipe (|) as a separator for entries related to both Payer 1 and Payer 2. Possible Values: **11** - Other Non-Federal Programs **12** - Preferred Provider Organization (PPO) **13** - Point of Service (POS) **14** - Exclusive Provider Organization (EPO) **15** - Indemnity Insurance **16** - Health Maintenance Organization (HMO) Medicare Risk **17** - Dental Maintenance Organization **AM** - Automobile Medical **BL** - Blue Cross/Blue Shield	Text	Situational	5	CN

EVV Visit Import					
	CH – Champus **CI** - Commercial Insurance Co. **DS** – Disability **FI** - Federal Employees Program **HM** - Health Maintenance Organization **LM** - Liability Medical **MA** - Medicare Part A **MB** - Medicare Part B **MC** – Medicaid **OF** - Other Federal Programs **TV** - Title V **VA** - Veterans Affairs Plan **WC** - Workers' Compensation Health Claim				
User Field 7	Other Payer Paid Amount **Required when**: if secondary billing enabled for Payer 2.	Numeric	Situational	9	CO
User Field 8	Field in layout for future use Always empty	Text	Optional	500	CP
User Field 9	Field in layout for future use Always empty	Text	Optional	500	CQ
User Field 10	Field in layout for future use Always empty	Text	Optional	500	CR

Notes:

- ***Optional*** *fields are not required.* ***Situational*** *fields are dependent on other fields and may be required according to the information in another field. For example, if a* ***Missed Visit*** *is marked as* ***Y****, then the Situational fields* ***Missed Visit Reason Code*** *and* ***Missed Visit Action Taken Code*** *are required.*
- *The last row is considered the latest data and is reflected in HHAX as such. This means values received in the latest record overrides the data in HHAX.*
- *The* ***Schedule Start Time*** *and* ***Schedule End Time*** *is updated with* ***Visit Start Time*** *and* ***Visit End Time*** *values if those fields have data in the file.*
- ***Visit Edit Reason Code*** *and* ***Visit Edit Action Taken*** *is required if visit is manually adjusted or if visit is missing EVV required fields. Note: if not provided, visit record will be rejected.*
- ***Clock-In Service Location*** *and* ***Clock-Out Service Location*** *is required if visit is confirmed or billed. Note: if not provided, visit record will be rejected.*
- *If* ***Visit Start Time*** *and* ***Visit End Time*** *is adjusted, then* ***Schedule Start Time*** *and* ***Schedule End Time*** *should be adjusted to avoid overlapping visits.*

Notes for columns ***BS to BY***: • *Situational: Total for these fields must add up to total billed amount if provided.