

PA Missed Visits Info Import

This interface must be used in conjunction with the [Homecare Provider Integration Import Guide \(PA\)](#) interface and only applies if the Visit(s) have been marked as “Missed”. In addition, please follow the naming convention, as follows:

Naming Convention Requirements	
File Type	File Name
EDI Import – PA Missed Visit	EDI_AgencyTaxID_PAMissedVisit_YYYYMMDDHHMMSS.CSV

If Tax ID is “9876543210” and the file is generated on 07/31/2019 at 8:00 AM, the file name is:

File Name: **EDI_9876543210_PAMissedVisit_2019073190000.CSV**

EDI = Hardcoded

9876543210 = Agency Tax ID

PAMissedVisit = Hardcoded

20190731 = 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.

PA Missed Visit Import						
<p>Sample Template: Click PA Missed Visit Import</p> <p>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.</p>						
Field	Description	Data Type	Required	Max Length	Cell	
Agency Tax ID	Tax ID of the Agency	Number	Required	10	A	
Payer ID	Unique MCO/Payer Identifier. <ul style="list-style-type: none"> Refer to the values defined in the EDI Code Table Guide. 	Number	Required	10	B	
Medicaid Number	Member identifier - Medicaid Number	Text	Required	50	C	
Schedule ID	Unique Schedule ID in Agency’s Management System.	Text	Required	50	D	
Health and/or Safety Risk?	Was the Missed Visit a result of an incident health/safety risk? Possible Values: Y (Yes) or N (No)	Text	Required	1	E	
Entered in EIM?	Possible Values: Y (Yes) or N (No)	Text	Required	1	F	
EIM #	EIM incident number, if not applicable enter N/A	Text	Required	50	G	
Missed Visit Reason Code	Refer to the values defined in the EDI Code Table Guide.	Number	Required	3	H	
Missed Visit Action Taken Code	Refer to the values defined in the EDI Code Table Guide.	Number	Required	2	I	
Notes	Free Text Notes - Data in this field is imported as Visit Notes. <ul style="list-style-type: none"> If the value is empty, then the existing value of Notes in HHAeXchange is not removed. 	Text	Optional	500	J	

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Field	Description	Data Type	Required	Max Length	Cell	
	<ul style="list-style-type: none"> A Note may be required by the Payer. Refer to the EDI Code Table Guide (Missed Visit Code Tables section) for further details. 					
User Field 1	Provider MAID Number Format: ##### <ul style="list-style-type: none"> First 9 digits: Providers 9-digit Medicaid ID number Last 4 digits: Service Location Code 	Text	Required	13	K	
User Field 2	Field in layout for future use (Always empty)	Text	Optional	500	L	
User Field 3	Field in layout for future use (Always empty)	Text	Optional	500	M	
User Field 4	Field in layout for future use (Always empty)	Text	Optional	500	N	
User Field 5	Field in layout for future use (Always empty)	Text	Optional	500	O	