

[Kiera Bentley] So that is just a little message letting everyone know that this meeting is being recorded. It is our goal to get the recordings of these calls up on the EVV website. Before we get started, I just wanted to briefly review a few housekeeping items. Aman, if you could go to the next slide. Due to the amount of attendees that we have registered for this call, we did choose to place all attendees on mute throughout the presentation. We know everybody is home in their home offices, and our goal is to try to limit any background noise. But we do encourage you to send any questions or comments that you may have to the evvhelp@health.ny.gov. We are monitoring this mailbox and we are using the information and the comments and the questions coming into this mailbox to help us structure the agenda for future calls. So Aman, if you could just go forward to the next slide.

My name is Kiera Bentley and I will be facilitating today's discussion. I'll start off today's discussion by giving us a brief overview of what we covered on the April 20th call. From there I will kick it over to Daniel Hallenbeck, who is our New York State Department of Health Medicaid Data Warehouse Director, and he will spend a few minutes briefly touching upon the questions that we have received into the EVV mailbox to date.

From there he'll be providing us with our technical updates today. Our technical update will mostly focus on review of the draft Interface Control Documents. And he will also briefly touch upon the high-level timeline that we previously discussed in April. I'll wrap up the conversation today by going over the next steps, and the items that we would like you guys to be looking out for over the next several weeks. Aman do you mind going to the next slide? Thank you to all of us, to all of you who were able to join us on April 20th. We appreciated it, the amount of individuals who were able to call in and spend a few moments with us.

As you guys know we are committed to providing bi-weekly, bi-weekly technical assistance calls so we can ensure you have the information you need to successfully implement your EVV systems. So, in the April call we discussed New York State's decision to implement the choice model, which is adopted from the provider choice model, which is outlined by CMS' guidance. If you'd like more information on this decision you can visit our DOH EVV

website. The link to this website is going, is at the end of this presentation, and was also at the end of the presentation that was presented in April.

We also reviewed the EVV resources that have been posted to the EVV website. You should feel free to go out to the EVV website and take a second to look at and review those resources. Dan stepped us through a high-level timeline, and he reviewed the submission interface requirements and the submission data details.

Please note that the PowerPoint presentation from the April 20th meeting has been posted to the EVV website, and we will be posting all of the presentations from these technical assistance calls to the EVV website going forward. Eventually, we will have recordings of these presentations posted to the website for your convenience as well. So, Daniel I'm going to kick off, or hand this over to you, so you can provide us with a technical update.

[Daniel Hallenbeck] Thank you Kiera. Can everyone hear me? Thank you all for attending if your question is at the mailbox. They're really important for finalizing the details for submitting data as we continue to develop the aggregator with our partners at eMedNY. We're continuing to review the questions and think many of them will be covered in the draft ICD review that I will go over in a moment. In future calls we plan on reviewing the answers to some of your questions, as well as opening up the chat so that there can be some more real-time discussions. Aman, if you could give me control, I will present the ICD, and my intention is to do a general high-level overview of the details, of what an ICD is, why it's used and some of the information that's contained therein. And I imagine that it will be the source for additional questions and as well as suggestions from the community and we look forward to reviewing that way and working on coming up with a finalized Interface Control Document at the end of May. Let me know what I can take control. I have control and I will share the ICD.

[Aman] Dan, you are the presenter now.

[Daniel Hallenbeck] Thank you very much Aman. So, an Interface Control Document, I'm not sure if everyone's familiar with them

or used them before, is used to describe the interconnection between two systems. In this case the one system is the New York State Electronic Visit Verification system, that will receive information from submitters, and on the other side it's the submitters. And so if I go down to the, it contains information, actually I'll go over the table of contents just for a moment, that discussed, describes the, sorry, the, you have an introduction and some front matter, and then it goes and describes the general interface requirements. Then some detailed information and then there's some appendices that contain even more detailed information.

It says here in the purpose for the interfacing tool document it is to define the interface for submitter to submit, and you know it's worth noting, and we received some questions in the mailbox about this exact topic that there are, you know, if there's more than one kind of submitter. So, a submitter could be a provider, a submitter could be an MCO, a submitter could be a vendor, like a VO for example. And you know it's our hope that people are using MCOs or VOs for this purpose, that they would continue to use those solutions.

I'm going to continue down to section 5 where the detail really starts, and I will sort of begin to do the overview. The eMedNY, EVV interface is internet-facing RESTful API. Now we imagine most EVV vendors will be able to use a RESTful API, so that's what we went with. But if there is overwhelming desire from the vendor community for an additional interface like a SFTP, we would certainly entertain that. Please feel free to submit those requests to the mailbox.

So, the EVV submitters will initiate a request and via HTTP over the RESTful API, are described and both parties will be using JSON documents, or http URIs, as specified in the standard REST design best practices. To section 5.3, we cover the data transfer and here we've got an image describing the inner connection. In section 5.4, we describe that the EVV submitters will submit that request over https, and sorry, the information will be sent by the submitter, and if it doesn't pass validation, the record will be rejected.

So, this is really important to note, and there is going to be additional information down below to describe the reasons why a transaction could be rejected, and the error code. And it's important that, you know, when we're doing our testing, that we

are, everyone's mindful of any sort of edits that they should do up front to make sure that the data that's being submitted to us will be accepted. I think it will make it for a much smoother process. And to that end mentioning testing and rejection and such, we are looking for some organizations to act as early adopters, so that they could begin to test early and help us with the beta testing of this solution.

Moving down to section 5.5 which covers security and Integrity, the EVV interface will contain both protected health information as well as PII. A security approach falls into two areas, so encryption and authentication authorization. The EVV service will utilize HTTPS and Secure Socket Layer or SSL encryption, and TLS version 1.2.

The service will never keep API keys for authentication or authorization to enforce identity verification and service authorization. The eMedNY operations team will provide this info for both the test and prod systems at the time of onboarding. So, from a service level agreement perspective, what this section really is describing, is the amount of up time that you can expect, how quickly the transactions will return, as well as if there's any throttling in their quality of service. In the case of this interface, we're looking at an up time of 99.98 percent during non, you know, planned outage periods. And the transaction should come back less than 10 seconds on average. And the team's currently thinking that we'll allow up to five connections, and throttle any connections, any concurrent connections thereafter.

There will be a support number for the command center in the event of a production error, and any non-production or test site errors that you're experiencing please work with the onboarding team for getting those resolved.

Section 6 describes detailed interface requirements, including information about APIs and VAPis, and endpoints for production and test. Here you can see the production and point here is the test endpoint. It also covers information about the message format to be used to secure HTTP, HTTP status codes like most of you should be familiar but if you're not, that's common status code for successful http messages 200 and 400 is an error. And then the message definition for requests and response.

Some of this I'm not going to go into detail because it's fairly standard and we should be able to look at it for reference. The

next section I'm going to spend a little bit more time on which is the data assembly characteristics, which really covers the, the payload for both the request and response. In the case of the requests, the information, you know, is described here in table one. We've got all the required and situational, were not required fields that we're currently asking for. We had a couple of questions on this topic as well, so I just wanted to answer them generally.

From an identifier, for a provider you know, we were asked whether or not the NPI or the MMIS ID should be used. That if there was more than one MMIS which one of them should they use. The answer is they should use whatever ID is associated with getting paid for claims. And that should be at a record level. If there's any more questions feel free to submit them to the mailbox and we're happy to evaluate them all.

Please review when you get a moment. We're going to publish this later next week the draft, first draft. Please review this and any sort of commentary on, any fields that were making mandatory that you don't have, let us know. We've done some consultations via a variety of outreaches, to try to just make sure that the data that we're requesting everyone should have, but it's important that if there's something that we've missed that you bring it up, and we'd really appreciate that.

With that I think that the rest of the document really covers the response topography of the error codes. I think I'm going to take it back and go over the high-level timeline. So, Aman, if you could take back control and bring us the high-level timeline, that would be really helpful. Thank you, Aman.

So not very much has changed from a high-level timeline perspective, with the exception that we have defined the biweekly meetings that we're going to be having as part of the Statewide aggregator technical collaboration calls. You know we are looking to publish the draft by sometime next week of the ICD and the final publication we're looking, or the final Interface Control Document, we're looking for it to be published at the end of May.

Once we've agreed on the Interface Control Document, we'll move into the implementation technical assistance calls. And the goal there really is going to be to assist your organization's with onboarding for interfacing with the eMEDNY system, and making sure that you're able to test, and that you're able to submit

information successfully. With our goal for testing to begin in October. Any organizations, I think we mentioned it last week or a couple of weeks ago, that is not, does not currently have an identified solution, you know as we're looking to test in October should begin to finalizing those plans and make sure that whatever is selected is in accordance with the Cures Act, and the information that we provided here.

So, all of this leads up to the planned production date for the solution which is December 31st, that we can be in compliance with the requirements of the Cures Act. And over you Kiera. Thank you all for your time.

[Kiera Bentley] Great. Thank you. So as Daniel just reviewed, the ICD contains a lot of technical detail and we are going to get that ice draft, ICD posted to the website so that you can review it and work with your vendors and formulate any questions that you may have and send to the EVV Help Mailbox. So those questions will really assist us in ensuring that you guys have the information that you need. Upcoming, we're doing our best to get a survey out to you guys, we hope to have that out shortly. So, the survey will be sent out through the EVV and the EMedNy listservs. We will announce once that survey is posted and if you happen to not be on any of those listservs you certainly can email the evvhelp@health.ny.gov mailbox for a link to that survey.

We're looking for a little bit more detail and see what your technical solution will be and we are also looking for individuals to participate in pilot testing as Dan previously mentioned. So, continue to check the EVV for updates. Updates are being made to that website frequently. We will also be publishing frequently asked questions so that you can reference them. We have upcoming technical assistance calls scheduled, biweekly. May 19th is our next technical assistance call followed by June 2nd and June 16th. We will do our best to schedule these calls a month or two in advance so that you have the schedule. The schedule has also been posted to the website for your reference. Aman, if you would just flip to the next slide. So here are just the resources that you have available to you. We will leave the slide up for a few minutes after we close down the discussion for today. Please know that it is our goal in the future to have a live question-and-answer period. But we

feel that the more technical specifications that we can provide for you to review, the better information we will get through that live Q and A. So, we hope everybody has a wonderful afternoon and everyone is staying safe. Please reach out to the EVVHelp Mailbox if you have any additional questions. Thank you everyone.