Q&A from EHR Support Desk – October 2024

Additional Resources:

File Testing and Certification (FTC) Environment Help section (must be logged in): https://ftc.vaei.casetivity.com/pages/Help

• Contains EMR File Testing and Certification Guide, EMR File Testing Scenarios, EMR File Upload Instructions, EMR Troubleshooting, Entity Dependencies, EMR Entity Match and Update Logic, EMR Contact Notes guide, and XML schemas.

ITCVA Website's TRAC-IT Documents section: https://www.itcva.online/tracit-documents

• Contains the Data Dictionary, XML Schema, XML Input File (sample), EMR Response Schema.

ITCVA Website's TRAC-IT Webinars section: https://www.itcva.online/trac-it-webinars

Contains EMR Upload Demos, EMR Office Hours recordings, and past Q&A documents

Q&A:

1. I received an EMR response with a warning to provide reason for late start of services. I'm curious about why this is a conditional field when the information is part of our Federal Compliance Indicators.

This field is conditional because it is not a required field when uploading a note; it is only used if a service plan is late. The warning is returned to you as a prompt to check the timeliness and send a reason for late on the service plan. Since not every service plan requires a timeliness reason, the field is conditionally required.

2. Would it be possible to send assigned service providers through the IFSP addendum?

Since there is not a separate Addendum entity stored in TRAC-IT, uploading a clinician's email on the service plan on the IFSP achieves the same result as completing the 'Assign IFSP Services' task in TRAC-IT. To assign an IFSP service to a specific clinician via EMR, you would include the login for the clinician as part of the ServicePlan entity on the IFSP.

3. I received this error: "Only attendees, primary setting, service plans, outcomes and goals are accepted for IFSP Reviews." Can you please explain it?

Only attendees, primary setting, service plans, outcomes and goals are accepted for IFSP Reviews. You would not need to send the IFSP assessment section or any of the text fields you would send as part of the full Initial or Annual IFSP when you are sending a review.

4. When documentation is already submitted on the portal, and already billed to the payer, but a correction is needed to the claim and an addendum is needed within the form, how would you expect corrections to be submitted to Trac-IT?

When a contact note is successfully created after an EMR import, in the XML response file that is returned to you there is a progress note ID and service log ID provided for the contact note. One progress note can have multiple service logs within it in TRAC-IT, so both IDs are important.

If you retain the progress note and service log IDs for the contact note within your EHR, then when updates are needed, you can re-import the contact note with both IDs included (the XML field name is "id" on both the progressNote and serviceLog entities). When the IDs are present, TRAC-IT will look for the matching contact note to apply the updates to. If the IDs are not included, a new contact note would be created.

5. Can you explain the field toolsOther on the assessment?

If you upload "other" in the tools field, it is required to enter the other assessment tools utilized as a string in the toolsOther field to document the other tools used to assess the child.

6. Can you please explain this error: "Email address did not match to an existing user who has access to the enrollment."

This error occurs when the user associated with the email address does not have access to the enrollment. This occurs when the Provider Agency is not added as an active provider for the child. Currently, the Add Provider task must be used to grant a Provider Agency access to an enrollment. This task and flow are part of the overall case security in TRAC-IT, helping to ensure that only those who should have access can view and add information to an enrollment.

7. I received this error: "visitTime is required," can you please explain?

One of the visitTime values in the progress note and service log upload is missing the time. The visitTime format is 2024-10-02T09:00:00.

8. We also have one telehealth service, but we did not report it under the Methodcode, is this no longer a required field?

The field noteMethodCode is not required on the ServiceLog entity. It is recommended to use the noteMethodCode field to indicate how a service is delivered rather than using the field <telehealth>in the ProgressNote entity.

9. Can you explain the firstIFSPMeetingDate field?

The field firstlfspMeetingDate should contain the date of the initial IFSP meeting, whether sending an Initial or Annual IFSP. This is important because the date sent may play a role in additional validations later.

10. I received this error: "First eligibility will be initial. Any eligibility determination that is sent as part of an Annual IFSP should be sent as Annual. Eligibility Determinations not part of initial eligibility determination or an annual IFSP should be sent as Interim."

This error was triggered because the system does not recognize that the IFSP sent in your file is an Annual IFSP, so it is suggesting a different evalutionTypeCode such as INTERIM.

11. "One or more service plans are missing from the previous IFSP" is another error we received. Can you please explain?

Service plans carry over from the previous IFSP, so it is important to send all existing service plans on the current IFSP. Since service plans match on Entitled Service (serviceTypeCode), Group/Individual (intensityCode), and Method (method), if these fields match on a current service, then the record will be updated. If any of those fields are different, then a new service will be created.

12. We are seeking clarification for one item in the data dictionary, what is expected to be sent in the "otherFamily" field on the intake?

This field can contain any additional information gathered during the intake visit. Anything sent in that field in EMR will appear under "Other Information" in the Intake entity.