Alternate EVV Interface Specification v1.6

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Version History

Name	Title	Changes	Date
Adrienne Goodwin	Technical Account Manager	V1.0 Document creation	5.27.2022
Adrienne Goodwin	Technical Account Manager	V1.1 Edit to CaregiverID segment "First 2 letters of last name + last 5 of SSN"	8.19.2022
Adrienne Goodwin	Technical Account Manager	V1.1 Edit to Appendix 2 Services + Modifiers to reflect deletions, additions, and modifications to existing services	9.2.2022
Adrienne Goodwin	Technical Account Manager	V1.1 Added Version History tab	9.12.2022
Adrienne Goodwin	Technical Account Manager	V1.2 added accepted special characters information to ClientFirstName, and ClientLastName validation fields in ClientGeneral Segment	10.4.2022
Adrienne Goodwin	Technical Account Manager	V1.2 Clarified format in validation rules column for mulitple fields	10.05.2022
Adrienne Goodwin	Technical Account Manager	V1.2 Updated EmployeeIdentifier Expected Value and Validation Rule fields to First 3 letters of last name + last 4 of SSN as a unique identifier in EmployeeGeneral and VisitGeneral segments	10.05.2022
Adrienne Goodwin	Technical Account Manager	V1.2 Updated ClientOtherID field to be a required field with MID value in both ClientGeneral and VisitGeneral segments and updated the descriptions for both	10.05.2022
Adrienne Goodwin	Technical Account Manager	V1.2 Added EmployeeSSN field as a required field in EmployeeGeneral segment	10.05.2022
Adrienne Goodwin	Technical Account Manager	V1.2 Updated multiple fields in the Required (Y/N) column to read as conditional rather than "No"	10.05.2022
Adrienne Goodwin	Technical Account Manager	V1.2 Updated MCD ID to MCDID in all coorosponding fields in the Expected Value column	10.05.2022
Adrienne Goodwin	Technical Account Manager	V1.3 Updated EmployeeEmail field as a required field. Added DEFH to appendix 1. Added DEFH, DEHHO, and DEACDE services to appendix 2.	01.23.2023
Adrienne Goodwin	Technical Account Manager	V1.4 Updated services list to remove TU modifiers and add services per CR-462740	04.20.2023
Adrienne Goodwin	Technical Account Manager	V1.5 Updated verbiage on Provider Identifier to (MCDID = 9 digits). Added that the validation rule is Max Length, FORMAT = #########	06.01.2023
Adrienne Goodwin	Technical Account Manager	V1.6 Updated verbiage on GroupCode Description	6.29.2023

Alternate EVV Vendor Data Transmission Interface

This interface supplies the delivery mechanisms and the data layout / structure necessary to provide externally sourced EVV data to the Sandata systems for processing.

Base Version	7.15

Alternate EVV Vendor Interface Transmission Guidelines

File Format	*JSON*
File Delimiter	*not applicable*
Headers	*not applicable*
File Extension	*not applicable*
File Encryption	*Delivery to occur over secure HTTPS connection*
Control File	*not applicable*
RESTful API Endpoint(s)	*Client: UAT: https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1* *Employee: UAT: https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1* *Visit: UAT: https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1* *Client: Prod: https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1* *Employee: Prod: https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1* *Visit:Prod: https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1*
Payload Compression	*No compression of data during delivery*
Delivery Mechanism	*Via RESTful API call*
Delivery Frequency	*No less frequent than Daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at vendor's discretion.*
File Delivery Notes	

Client Data Endpoint

This endpoint receives information regarding the individual member / beneficiary (known here as the 'Client') that receives care as part of the visit. Please note- the Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Client'.

Element	Description	Expected Value	Validation Rule	Required (Y/N)
ProviderIdentification	*Required. This element is the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.*		**[Segment Required]**	
ProviderQualifier	Unique identifier for the provider as determined by the program definition.	"MedicaidID"	String match = "MedicaidID"	Yes
ProviderID	Unique identifier for the agency.	MCDID = 9 digits.	Max Length 10 FORMAT = ##########	Yes
ClientGeneralInformation	*Required data in the body of the transmission. Additional fields may be required depending on the program; fields below may be ignored if a Payer Client feed is implemented.*		**[Segment Required]**	
ClientQualifier	Describes what type of identifier is being sent to identify the client.	"ClientMedicaidID"	String Match = "ClientMedicaidID"	Yes
ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same value as the ClientMedicaidID. An additional state client Identifier should be provided in the ClientAltMedicaidID.	MID - (DE medicaid ID) format = 10 digits with leading zeros	FORMAT = ##########	Yes
ClientFirstName	Client's First Name.	Client's First Name	Max Length 30 Only the following special characters allowed -Space -Hyphen -Apostrophe	Yes
ClientMiddleInitial	Client's Middle Initial	Client's Middle Initial	Max Length 1 Can be NULL No Special Characters	No
ClientLastName	Client's Last Name.	Client's Last Name	Max Length 30 Only the following special characters allowed -Space -Hyphen -Apostrophe	Yes
ClientMedicaidID	Unique ID provided by the State Medicaid program to the client. This identifier will be used for visit submission and must match the value submitted as the Client Identifier above.	MID - (DE medicaid ID) format = 10 digits with leading zeros	FORMAT = ##########	Yes
ClientAltMedicaidID	Additional identifier for client as provided by the State Medicaid programs to the client. This value will not be associated with visit submission for the client visits.	Can be NULL	Can be NULL	No
SequenceID	The Third Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure order of the client data updates.	Third Party EVV Vendor Visit Sequence ID	Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters	Yes
ClientOtherID	Unique ID provided by the State Medicaid program to the client. This identifier will be used for visit submission and must match the value submitted as the Client Identifier above.	MID - (DE medicaid ID) format = 10 digits with leading zeros	FORMAT = ##########	Yes
ClientTimezone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values.	US/Eastern - See Appendix A6	String match = See Appendix	Yes
ClientAddress	*At least one record for each client is required for the program.*		**[Segment Required]**	

Element	Description	Expected Value	Validation Rule	Required (Y/N)
ClientAddressType	Values: Home, Business, Other. Note that multiple of the same type can be provided.	"Home"| "Business" | "Other"	String match = "Home"| "Business" | "Other"	Yes
ClientAddressIsPrimary	A value of true indicates the client address record is the primary address. A false value indicates that this is an additional address for the client.	"true" | "false"	String match = "true" | "false"	Yes
ClientAddressLine1	Street address line 1 associated with this client's address. PO Box may impact GPS reporting.	Address Line 1	Max Length 30 Special Characters _ . ' - # , / space supported	Yes
ClientAddressLine2	Street address line 2 associated with this address.	Address Line 2	Max Length 30 Can be NULL Special Characters _ . ' - # , / space supported	No
ClientCounty	County associated with this address	County	Max Length 25 Can be NULL Special Characters . ' - space supported	No
ClientCity	City associated with this address.	City	Max Length 30 Special Characters . - space supported	Yes
ClientState	State associated with this address. Two character standard abbreviations. Please see the appendix for acceptable values.	State abbreviation - See Appendix A8	FORMAT = 2 char standard US state abbreviation	Yes
ClientZip	Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros.	Zip Code	FORMAT = ######### Rules: This is the full nine digits of the zip code for a business mailing zip code. If the +4 cannot be provided, please send '0000'.	Yes
ClientPhone	*Optional segment. Provides the phone numbers associated with the client receiving care. Multiple phone numbers can be supplied for a client, each in its own segment.*		[Segment Optional]	**If it is decided that the segment is not being used then no field is required. If information within the segment is decided to be used then follow what is needed in the required column.**
ClientPhoneType	Location value for the phone number is this segment: Home, Mobile, Business and Other. Note that multiple of the same type can be provided.	"Home" | "Mobile" | "Business" | "Other"	String match = "Home" | "Mobile" | "Business" | "Other" Permitted values	Yes
ClientPhone	Client phone number including area code. (no country code, no dashes and no parentheses)	Client Phone Number	FORMAT = #########	Yes
ClientPayerInformation	*This segment is only required for programs where members/clients and their association to the associated programs and services is not provided by the payer.*		[Segment Optional]	**If it is decided that the segment is not being used then no field is required. If information within the segment is decided to be used then follow what is needed in the required column.**
PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	Payer column - See Appendix A1	See Payer + Programs Appendix A1	Yes
PayerProgram	If applicable, the program to which this visit belongs	Program code column - See Appendix A1	See Payer + Programs Appendix A1	Yes
ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	HCPCS code column - See Appendix A2	See Services + Modifiers Appendix A2	Yes
Modifier1	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 1 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
Modifier2	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 2 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
Modifier3	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 3 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
Modifier4	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 4 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
ClientPayerID	Unique identifier sent by the payer.	Payer's Identifier for the Client	Max Length 20 Can be NULL No Special Characters	No
ClientStatus	The client's current status. Provide the 2 digit code including the 0. Available values: 02 = Active 04 = Inactive	"02" | "04"	String match = "02" | "04"	No
EffectiveStartDate	The effective start date for the client payer information.	Effective Start Date for the Client	Max Length 10 FORMAT = YYYY-MM-DD	Yes
EffectiveEndDate	The effective end date for the client payer information.	Effective End Date for the Client	Max Length 10 Can be NULL FORMAT = YYYY-MM-DD	No

Employee Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit. Please note- the Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Employee'.

Element	Description	Expected Value	Validation Rule	Required (Y/N)

Element	Description	Expected Value	Validation Rule	Required (Y/N)
ProviderIdentification	*Required. This element is part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.*		[Segment Required]	
ProviderQualifier	Identifier being sent as the unique identifier for the provider.	"MedicaidID"	String match = "MedicaidID"	Yes
ProviderID	Unique identifier for the agency.	MCDID = 9 digits.	Max Length 10 FORMAT = ##########	Yes
EmployeeGeneralInformation	*Required data in the body of the transmission. This segment provides the basic information about the employee.*		[Segment Required]	
EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	"EmployeeCustomID"	String match = "EmployeeCustomID"	Yes
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission. For employees with 2 character last names please provide 2 characters of last name + 0 + last 4 of SSN.	First 3 letters of last name + last 4 of SSN as a unique identifier	Max Length 9 FORMAT = ABC####	Yes
EmployeeOtherID	Unique employee identifier in the external system.	Other Employee Identifier	Max Length 64 Can be NULL No Special Characters	No
SequenceID	The Third Party EVV visit sequence ID to which the change applied	Third Party EVV Visit Sequence ID	Max Length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)	Yes
EmployeeLastName	Employee's Last Name	Employee's Last Name	Max Length 30 Special Characters . ' - space supported	Yes
EmployeeFirstName	Employee's First Name	Employee's First Name	Max Length 30 Special Characters . ' - space supported	Yes
EmployeeEndDate	Employee's HR recorded end date.	Employee End Date	FORMAT = YYYY-MM-DD Can be NULL	No
EmployeeEmail	Employee's Email Address	Employee Email	FORMAT = jdoe@email.com	Yes
EmployeeSSN	Employee Social Security Number will be sent with 5 zeros + the last 4 digits of the employee SSN. Do not send full SSN in this element.	Last 4 digits of Employee SSN	FORMAT = 000001234	Yes

Visit Data Endpoint

This endpoint receives the information regarding the EVV visits themselves- including all individual components of the visit, and corrections / changes to the visits over time. Please Note: The visit information must be loaded AFTER the client and the employee associated with the visit have been loaded, or else the visit record will error out.

Element	Description	Expected Value	Validation Rule	Required (Y/N)
ProviderIdentification	*Required. This element is part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.*		[Segment Required]	
ProviderQualifier	Identifier being sent as the unique identifier for the provider.	"MedicaidID"	String match = "MedicaidID"	
ProviderID	Unique identifier for the agency.	MCDID = 9 digits.	Max Length 10 FORMAT = ##########	
VisitGeneralInformation	*This segment provides the base data regarding an EVV visit. If a visit is changed (corrections, alterations, updates) over time, the same visit may be delivered multiple times, each sharing the same VisitKey, but each change represented with a different Sequence ID- ascending over time- to allow the state's Aggregator system to keep the changes ordered appropriately. Each update to a visit should also be accompanied by a Visit Change segment.*		[Segment Required]	
VisitOtherID	Visit identifier in the external system	Visit Identifier	Max Length 50 No Special Characters	Yes
SequenceID	The Third Party EVV visit sequence ID to which the change applied	Third Party EVV Visit Sequence ID	Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters	Yes
EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	"EmployeeCustomID"	String match = "EmployeeCustomID"	Yes
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This information will be used to link the received Third Party EVV Employee information with the Visit information and should be the same value as the EmployeeIdentifier submitted in the Employee transmission.	First 3 letters of last name + last 4 of SSN as a unique identifier	Max Length 9 FORMAT = ABC####	Yes
EmployeeOtherID	Unique employee identifier in the external system, if any.	Provider Employee Identifier	Max Length 64 Can be NULL FORMAT = #########	No
GroupCode	Group visits are visits where a single caregiver that provides services to multiple clients during the same time span. If this visit was part of a group visit, the Group Code is used to reassemble all members of the group. This impacts state reporting and analytics for overlapping visits.	Group Code	Max Length 6 Can be NULL No Special Characters	No
ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	"ClientMedicaidID"	String match = "ClientMedicaidID"	Yes

Element	Description	Expected Value	Validation Rule	Required (Y/N)
ClientID	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value must be the same value used as the ClientMedicaidID in the Client transmission.	MID - (DE medicaid ID) format = 10 digits with leading zeros	FORMAT = ##########	Yes
ClientOtherID	Unique ID provided by the State Medicaid program to the client. This identifier will be used for visit submission and must match the value submitted as the Client Identifier above.	MID - (DE medicaid ID) format = 10 digits with leading zeros	FORMAT = ##########	Yes
VisitCancelledIndicator	true/false – Set to false as the default. Set to true if a future scheduled visit previously sent and accepted with no call in or call out is to be cancelled / deleted. Only applicable to future schedules only and scheduling is not in scope for this program.	"false"	String match = "true"	"false"	Yes
PayerID	Sandata EVV assigned ID for the payer.	Payer column - See Appendix A1	See Payer + Programs Appendix A1	Yes
PayerProgram	If applicable, the program to which this visit belongs.	Program code column - See Appendix A1	See Payer + Programs Appendix A1	Yes
ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	HCPCS code column - See Appendix A2	See Services + Modifiers Appendix A2	Yes
Modifier1	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 1 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
Modifier2	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 2 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
Modifier3	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 3 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
Modifier4	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix.	Modifier 4 column - See Appendix A2	See Services + Modifiers Appendix A2 Can be NULL	Conditional
VisitTimezone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Should be provided if the visit is occurring in a time zone other than that of the client. Please see the appendix for acceptable values.	US/Eastern See Appendix A6	String match = See Appendix A6	Yes
AdjInDateTime	Adjusted visit call in date/time if electronically collected call time has been adjusted manually. This value does not substitute for the Call segment and will set Cures Act exceptions for missing call in/call out on the visit if no call segment provided for visit. Add visit changes segment when submitting adjusted times.	Adjusted In Date and Time	Can be NULL FORMAT = YYYY-MM-DDTHH:MM:SSZ	No
AdjOutDateTime	Adjusted visit call out date/time if electronically collected call time has been adjusted manually. This value does not substitute for the Call segment and will set Cures Act exceptions for missing call in/call out on the visit if no call segment provided for visit. Add visit changes segment when submitting adjusted times.	Adjusted Out Date and Time	Can be NULL FORMAT = YYYY-MM-DDTHH:MM:SSZ	No
BillVisit	True is the expected value for all visits. False would be set if the visit is not to be considered for claims validation and reporting. False will also set the status of the visit to Omit.	"true"	String match = "true"	"false"	Yes
Memo	Associated free form text.	Memo	Max Length 512 Can be NULL Special Characters _ . ' - . space supported	No
ScheduleStartTime	Activity / Schedule start date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date. Schedules are required in all cases. Lack of a schedule is on an exception basis.	Schedule Start Date and Time for Service	Can be NULL FORMAT = YYYY-MM-DDTHH:MM:SSZ	No
ScheduleEndTime	Activity / Schedule end date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date. Schedules are required in all cases. Lack of schedule is on an exception basis.	Schedule End Date and Time for Service.	Can be NULL FORMAT = YYYY-MM-DDTHH:MM:SSZ	No
Reschedule	Indicator if schedule is a "reschedule"	"true"	"false"	Max Length 5 Can be NULL	No
Calls	Call segments are needed on the initial visit submission and if not provided can set an exception on the visit in the aggregator. If there is a change to the visit then this call segment does not need to be sent and adjusted times can be included in the parent visit element. Calls include any type of clock in or clock out depending on system capabilities. Note that some vendor systems may not record some visit activity as calls. These calls are considered to be manually entered and should have a calls segment submitted. This is an OPTIONAL segment only when visit data is being adjusted.		[Segment Optional]	If it is decided that the segment is not being used then no field is required. If information within the segment is decided to be used then follow what is needed in the required column.
CallExternalID	Call identifier in the external system	Call Identifier	Max Length 16 No Special Characters	Yes
CallDateTime	Event date time. Must be to the second.	Call Date and Time	FORMAT = YYYY-MM-DDTHH:MM:SSZ	Yes

Element	Description	Expected Value	Validation Rule	Required (Y/N)
CallAssignment	This call segment information reference values: Time In, Time Out, Other	"Time In" | "Time Out" | "Other"	String match = "Time In" | "Time Out" | "Other"	Yes
GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	Group Code	Max Length 6 Can be NULL No Special Characters	No
CallType	The type of device used to create the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of fixed verification device. Visit Changes segment required for CallType = Manual	"Telephony" | "Mobile" | "FVV" | "Manual" | "Other"	String match = Telephony | Mobile | FVV | Manual | Other	Yes
ProcedureCode	This is the billable procedure code which would be mapped to the associated service per the program definition.	HCPCS code column - See Appendix A2	See Services + Modifiers Appendix A2	Yes
ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	Third Party EVV Client Identifier on Call	Max Length 10 No Special Characters	Yes
MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	Mobile Login	Max Length 64 Can be NULL if not a Mobile CallType No Special Characters	Conditional
CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile	Lattitude	Decimal with sign if negative 2 primary.15 digit precision Can be NULL if not a Mobile CallType Decimal format with (-)XX . XXXXXXXXXXXXXXX	Conditional
CallLongitude	GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15 digit precision. Required for CallType = Mobile.	Longitude	Decimal with sign if negative 3 primary.15 digit precision Can be NULL if not a Mobile CallType Decimal format with (-)XXX . XXXXXXXXXXXXXXX digits	Conditional
TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	Telephony Pin	Max Length 9 Can be NULL if not a Telephony CallType No Special Characters	Conditional
OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	Originating Phone Number	Max Length 10 Can be NULL if not a Telephony CallType No Special Characters	Conditional
VisitLocationType	Specific values to be provided based on the program. Values include: 1 = Home, 2 = Community	"1" | "2"	String match = "1" | "2" Can be NULL	No
VisitChanges	Conditional segment provided when a visit has been manually entered, altered or updated in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change, and supply the reason code for why it occurred. When VisitChanges segment is used, the visit is considered Manually verified.		[Segment Conditional]	
SequenceID	The Third Party EVV visit sequence ID to which the change applied	Third Party EVV Visit Sequence ID	Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters	Yes
ChangeMadeBy	The unique identifier of the user, system or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	Unique Identifier of Change Agent	Max Length 64 No Special Characters	Yes
ChangeDateTime	Date and time when change is made. At least to the second.	Date and Time When Change is Made	FORMAT = YYYY-MM-DDTHH:MM:SSZ	Yes
GroupCode	Group visits are visits where a single caregiver that provides services to multiple clients during the same time span. If this visit was part of a group visit, the Group Code is used to reassemble all members of the group. This impacts state reporting and analytics for overlapping visits. Contact the Jurisdictional Entity for a GroupCode.	Group Code	Max Length 6 Can be NULL No Special Characters	No
ReasonCode	Reason Code associated with the change.	Reason Code column	See Reason codes tab Can be NULL	No
ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	See Note Required? Column	Max Length 256 Can be NULL No Special Characters	Conditional
Tasks	Conditional segment. This segment contains the non-service specific details regarding activities the caregiver performed during the visit. These detailed activities are known as 'Tasks' and often align to the care plan designed for the individual receiving care. .		[Segment Optional]	If it is decided that the segment is not being used then no field is required. If information within the segment is decided to be used then follow what is needed in the required column.
TaskID	TaskID, this TaskID must map to the Task IDs used for the agency in the Sandata system	See Appendix A5	Max Length 4	Yes
TaskReading	Task reading	Reading associated with the task if appliciable	Max Length 10 Can be NULL	No
TaskRefused	True if the task referenced was refused by client. False if task performed by caregiver.	"true" | "false"	Max Length 5 Can be NULL	No

Appendix 1: Payers + Programs

Payer ID	Department Program Name	Program ID	Program Type
DEDMMA	Division of Medicaid and Medical Assistance (DMMA)	DDDS	Lifespan Waiver (1959 c) (Self Directed)
DEDMMA	Division of Medicaid and Medical Assistance (DMMA)	PRMISE	Promoting Optimal Mental Health for individuals through Supports and Empowerment (PROMISE)
DEDMMA	Division of Medicaid and Medical Assistance (DMMA)	DSHP	Diamond State Health Plan
DEDMMA	Division of Medicaid and Medical Assistance (DMMA)	DSHPP	Diamond State Health Plan Plus - Self Directed services are available in this program
DEACDE	AmeriHealth Caritas	PRMISE	Promoting Optimal Mental Health for individuals through Supports and Empowerment (PROMISE)
DEACDE	AmeriHealth Caritas	DSHP	Diamond State Health Plan
DEACDE	AmeriHealth Caritas	DSHPP	Diamond State Health Plan Plus - Self Directed services are available in this program
DEHHO	Highmark	PRMISE	Promoting Optimal Mental Health for individuals through Supports and Empowerment (PROMISE)
DEHHO	Highmark	DSHP	Diamond State Health Plan
DEHHO	Highmark	DSHPP	Diamond State Health Plan Plus - Self Directed services are available in this program
DEFH	First Health	DSHP	Diamond State Health Plan
DEFH	First Health	DSHPP	Diamond State Health Plan Plus - Self Directed services are available in this program

Appendix 2: Services + Modifiers

Payer	Program	HCPCS Code	Revenue Code	Modifier 1	Modifier 2	Selection for Mobile/SMC and EVV Service Descriptions (*)
DEACDE	DSHP	S5130				ACDE Homemaker
DEACDE	DSHPP	G0151				ACDE Physical Therapy
DEACDE	DSHPP	G0152				ACDE Occupational Therapy
DEACDE	DSHPP	G0156		U2		ACDE Home Health Aide
DEACDE	DSHPP	G0299				ACDE Home Health Nursing RN
DEACDE	DSHPP	G0300				ACDE Home Health Nursing LPN
DEACDE	DSHPP	S9123				ACDE Private Duty Nursing RN
DEACDE	DSHPP	S9124				ACDE Private Duty Nursing LPN
DEACDE	DSHP	G0151	422			ACDE Physical Therapy
DEACDE	DSHP	G0152	432			ACDE Occupational Therapy
DEACDE	DSHP	G0153	442			ACDE Speech Therapy
DEACDE	DSHP	G0156	572	U2		ACDE Home Health Aide
DEACDE	DSHP	G0299	552			ACDE Home Health Nursing - RN
DEACDE	DSHP	G0300	552			ACDE Home Health Nursing - LPN
DEACDE	DSHPP	G0157				ACDE PT assistant services
DEACDE	DSHPP	G0158				ACDE OT assistant services
DEACDE	DSHPP	G0159				ACDE PT services - maintenance program
DEACDE	DSHPP	G0160				ACDE OT services - maintenance program
DEACDE	DSHPP	G0161				ACDE SLP services - maintenance program
DEACDE	DSHPP	G0493				ACDE HH Nursing, assess and observe - RN
DEACDE	DSHPP	G0494				ACDE HH Nursing, assess and observe - LPN
DEACDE	DSHPP	G0495				ACDE HH Nursing, train and educate - RN
DEACDE	DSHPP	G0496				ACDE HH Nursing, train and educate - LPN
DEACDE	DSHPP	S5120				ACDE Chore - Diamond State Plan Plus
DEACDE	DSHPP	S5130				ACDE Homemaker
DEACDE	DSHPP	S5135				ACDE Companion
DEACDE	DSHP	G0156				ACDE Home Health Aide
DEACDE	DSHP	S5130		U2		ACDE Self-Directed Attendant Care
DEACDE	DSHPP	S5130				ACDE Attendant Care – Self-Directed
DEACDE	DSHPP	S5130		U2		ACDE Attendant Care – Self-Directed
DEACDE	DSHPP	S5150				ACDE Respite - Diamond State Plan Plus
DEACDE	DSHPP	S5150		U2		ACDE Respite - Diamond State Plan Plus
DEACDE	DSHP	S9123				ACDE PDN Indep Nurse - RN State Plan
DEACDE	DSHP	S9123		U2		ACDE PDN Indep Nurse - RN State Plan
DEACDE	DSHP	S9123		U3		ACDE PDN Indep Nurse - RN State Plan
DEACDE	DSHP	S9123		U4		ACDE PDN Indep Nurse - RN State Plan

Payer	Program	HCPCS Code	Revenue Code	Modifier 1	Modifier 2	Selection for Mobile/SMC and EVV Service Descriptions (*)
DEACDE	DSHP	S9124				ACDE PDN Indep Nurse - LPN State Plan
DEACDE	DSHP	S9124		U2		ACDE PDN Indep Nurse - LPN State Plan
DEACDE	DSHP	S9124		U3		ACDE PDN Indep Nurse - LPN State Plan
DEACDE	DSHP	S9124		U4		ACDE PDN Indep Nurse - LPN State Plan
DEDMMA	DDDS	T1005		U1		Respite - PASA agency
DEDMMA	DDDS	T1005		PC		Respite - HH agency
DEDMMA	DDDS	T1005		U2		Respite - Self-Directed
DEDMMA	DDDS	T1019		U1		Waiver PC - PASA Agency Lifespan
DEDMMA	DDDS	T1019		PC		Waiver PC - HH
DEDMMA	DDDS	T1019		U2		Waiver PC - Self-Directed
DEDMMA	DDDS	T2013				Supported Living
DEDMMA	DSHP	G0151	422			Physical Therapy
DEDMMA	DSHP	G0152	432			Occupational Therapy
DEDMMA	DSHP	G0153	442			Speech Therapy
DEDMMA	DSHP	G0156	572			Home Health Aide
DEDMMA	DSHP	G0299	552			Home Health Nursing - RN
DEDMMA	DSHP	G0300	552			Home Health Nursing - LPN
DEDMMA	DSHP	S9123				Private Duty/Indep Nursing - RN State Plan
DEDMMA	DSHP	S9124				Private Duty/Indep Nursing - LPN State Plan
DEDMMA	DSHP	T1000				Private Duty Nursing
DEDMMA	PRMISE	S5120				Chore - PROMISE
DEDMMA	PRMISE	S5150				Respite - PROMISE
DEDMMA	PRMISE	S9123				Private Duty/Indep Nursing - RN PROMISE
DEDMMA	PRMISE	S9124				Private Duty/Indep Nursing - LPN PROMISE
DEDMMA	PRMISE	T1019				Waiver PC - PROMISE
DEDMMA	PRMISE	T1019		U1		Waiver PC - PASA Agency PROMISE
DEDMMA	PRMISE	T2013		SE		Habilitation, educational, waiver
DEDMMA	DSHP	S9123		U2		Private Duty/Indep Nursing - RN State Plan
DEDMMA	DSHP	S9124		U2		Private Duty/Indep Nursing - LPN State Plan
DEFH	DSHP	G0151				DEFH Physical Therapy
DEFH	DSHP	G0152				DEFH Occupational Therapy
DEFH	DSHP	G0153				DEFH Speech Therapy
DEFH	DSHP	G0156		U2		DEFH Home Health Aide
DEFH	DSHP	G0299				DEFH Home Health Nursing (RN)
DEFH	DSHP	G0300				DEFH Home Health Nursing (LPN)
DEFH	DSHP	S5130				DEFH Homemaker

Payer	Program	HCPCS Code	Revenue Code	Modifier 1	Modifier 2	Selection for Mobile/SMC and EVV Service Descriptions (*)
DEFH	DSHPP	G0151				DEFH Physical Therapy
DEFH	DSHPP	G0152				DEFH Occupational Therapy
DEFH	DSHPP	G0156		U2		DEFH Home Health Aide
DEFH	DSHPP	G0157				DEFH Home Health Care PT Assistant
DEFH	DSHPP	G0158				DEFH Home Health Care OT
DEFH	DSHPP	G0159				DEFH Home Health Care PT Maintenance
DEFH	DSHPP	G0160				DEFH Home Health Care OT Maintenance
DEFH	DSHPP	G0299				DEFH Home Health Nursing (RN)
DEFH	DSHPP	G0300				DEFH Home Health Nursing (LPN)
DEFH	DSHPP	G0493				DEFH HH Nurse -Assess and Observe (RN)
DEFH	DSHPP	G0494				DEFH HH Nurse - Assess, Observe (LPN)
DEFH	DSHPP	G0495				DEFH HH Nurse -Train, Educate (RN)
DEFH	DSHPP	G0496				DEFH HH Nurse – Train, Educate (LPN)
DEFH	DSHPP	S5120				DEFH Chore
DEFH	DSHPP	S5130				DEFH Self-Directed Attendant Care
DEFH	DSHPP	S5135				DEFH Adult Companion care
DEFH	DSHPP	S9124				DEFH Private Duty Nursing (LPN)
DEFH	DSHP	S5130		U2		DEFH Self-Directed Attendant Care
DEFH	DSHPP	S5130		U2		DEFH Homemaker
DEFH	DSHPP	S5150				DEFH Respite
DEFH	DSHPP	S5150		U2		DEFH Respite
DEFH	DSHP	S9123				DEFH PD Independent Nursing (RN) - State Plan
DEFH	DSHP	S9123		U2		DEFH PD Independent Nursing (RN) - State Plan
DEFH	DSHP	S9123		U3		DEFH PD Independent Nursing (RN) - State Plan
DEFH	DSHP	S9123		U4		DEFH PD Independent Nursing (RN) - State Plan
DEFH	DSHPP	S9123				DEFH PD Independent Nursing (RN) - State Plan Plus
DEFH	DSHPP	S9123		U2		DEFH PD Independent Nursing (RN) - State Plan Plus
DEFH	DSHPP	S9123		U3		DEFH PD Independent Nursing (RN) - State Plan Plus
DEFH	DSHPP	S9123		U4		DEFH PD Independent Nursing (RN) - State Plan Plus
DEFH	DSHP	S9124				DEFH PD Independent Nursing (LPN)
DEFH	DSHP	S9124		U2		DEFH PD Independent Nursing (LPN)
DEFH	DSHP	S9124		U3		DEFH PD Independent Nursing (LPN)
DEFH	DSHP	S9124		U4		DEFH PD Independent Nursing (LPN)
DEFH	DSHPP	S9124		U2		DEFH PD Independent Nursing (LPN)
DEHHO	DSHPP	S9123				HHO Private Duty Nursing RN
DEHHO	DSHPP	S9124				HHO Private Duty Nursing LPN

Payer	Program	HCPCS Code	Revenue Code	Modifier 1	Modifier 2	Selection for Mobile/SMC and EVV Service Descriptions (*)
DEHHO	DSHPP	T1019				HHO IDD - State Plan Plus
DEHHO	DSHP	G0151	422			HHO Physical Therapy
DEHHO	DSHP	G0152	432			HHO Occupational Therapy
DEHHO	DSHP	G0153	442			HHO Speech Therapy
DEHHO	DSHP	G0156	572	U2		HHO Home Health Aide
DEHHO	DSHP	G0299	552			HHO Home Health Nursing - RN
DEHHO	DSHP	G0300	552			HHO Home Health Nursing - LPN
DEHHO	DSHP	T1000				HHO PDN
DEHHO	DSHPP	G0157				HHO PT assistant services
DEHHO	DSHPP	G0158				HHO OT assistant services
DEHHO	DSHPP	G0159				HHO PT services - maintenance program
DEHHO	DSHPP	G0160				HHO OT services - maintenance program
DEHHO	DSHPP	G0161				HHO SLP services - maintenance program
DEHHO	DSHPP	G0493				HHO HH Nursing, assess and observe - RN
DEHHO	DSHPP	G0494				HHO HH Nursing, assess and observe - LPN
DEHHO	DSHPP	G0495				HHO HH Nursing, train and educate - RN
DEHHO	DSHPP	G0496				HHO HH Nursing, train and educate - LPN
DEHHO	DSHPP	S5120				HHO Chore - Diamond State Plan Plus
DEHHO	DSHPP	S5125				HHO Attendant
DEHHO	DSHPP	S5130				HHO Homemaker
DEHHO	DSHPP	S5135				HHO Companion
DEHHO	DSHPP	T1005				HHO Respite care services 15 min
DEHHO	DSHPP	S5130		U2		HHO Attendant Care – Self-Directed
DEHHO	DSHPP	S5150				HHO Respite - Diamond State Plan Plus
DEHHO	DSHPP	S5150		U2		HHO Respite - Diamond State Plan Plus
DEHHO	DSHP	S9123				HHO PDN Indep Nurse - RN State Plan
DEHHO	DSHP	S9123		U2		HHO PDN Indep Nurse - RN State Plan
DEHHO	DSHP	S9123		U3		HHO PDN Indep Nurse - RN State Plan
DEHHO	DSHP	S9123		U4		HHO PDN Indep Nurse - RN State Plan
DEHHO	DSHP	S9124				HHO PDN Indep Nurse - LPN State Plan
DEHHO	DSHP	S9124		U2		HHO PDN Indep Nurse - LPN State Plan
DEHHO	DSHP	S9124		U3		HHO PDN Indep Nurse - LPN State Plan
DEHHO	DSHP	S9124		U4		HHO PDN Indep Nurse - LPN State Plan

Appendix 3: Exception Codes

Exception Code	Exception	Fix or Acknowledge
0	Unknown Client	FIX
1	Unknown Employee	FIX
34	Unauthorized/Invalid Service	FIX
23	Missing Service	FIX
2	Visits Without Any Calls	FIX
3	Visits Without In-Call	FIX
4	Visits Without Out-Call	FIX

Appendix 4: Reason Codes

Reason Code	Reason	Note Required?
100	Member No Show	No
110	Member Unavailable	No
120	Member Refused Verification	No
130	Member Refused Service	No
140	Member Incapable, Designee Unavailable	No
150	Caregiver Failed to Call In - Verified Services Were Delivered	No
160	Caregiver Failed to Call Out - Verified Services Were Delivered	No
170	Caregiver Failed to Call In and Out - Verified Services Were Delivered	No
180	Caregiver Called Using an Alternate Phone	No
190	Caregiver Change	No
200	Mobile App Issue/Inoperable	No
210	Telephony Issue/Inoperable	No
230	Service Outside the Home	No
240	Unsafe Environment	YES
999	Other	YES

Appendix 5: Task List

Task ID	Task Description
100	Lifting/Transferring
110	Bathing
120	Grooming
130	Toileting
140	Dressing/Undressing
150	Mobility
160	Housekeeping
170	Meal Preparation
180	Support with medications
190	Laundry
200	Assistance with feeding
210	Skin care
220	Shopping
230	Chores
240	Errands

Appendix 6: Valid Timezones

Time Zone Code	Daylight Savings Time Observed?
US/Alaska	Active
US/Aleutian	Active
US/Arizona	Inactive
US/Central	Active
US/East-Indiana	Active
US/Pacific	Active
US/Hawaii	Inactive
US/Indiana-Starke	Active
US/Michigan	Active
US/Mountain	Active
US/Eastern	Active
US/Samoa	Inactive
America/Indiana/Indianapolis	Active
America/Indiana/Knox	Active
America/Indiana/Marengo	Active
America/Indiana/Petersburg	Active
America/Indiana/Vevay	Active
America/Indiana/Vincennes	Active
America/Puerto Rico	Active
Canada/Atlantic	Active
Canada/Central	Active
Canada/East-Saskatchewan	Inactive
Canada/Eastern	Active
Canada/Mountain	Active
Canada/Newfoundland	Active
Canada/Pacific	Active
Canada/Saskatchewan	Active
Canada/Yukon	Active

Appendix 7: Valid Languages

Valid Language Preference
English
Spanish

Appendix 8: US State Abbreviations

US State	State Abbreviation	US State	State Abbreviation
Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		
Montana	MT		

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