



HI-Med-QUEST Third Party EVV Addendum v1.6

Addendum to Third Party Alternate EVV System Specification v7.6

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Pamela Brooks	Product Delivery Owner	V1.6 Updated Visit Tasks segment name => Tasks	11.08.2020



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1 Overview

The Third Party AltEVV interface is intended for Third Party EVV Vendors to provide program visit data to the Sandata Aggregator. This includes clients, employees, visits, and their associated calls as well as the ability to send data related to visit modifications. Visits are considered to be completed when all required information has been supplied for the visit and all visit exceptions have been remediated. Sandata will verify that visits received pass all program edit rules on receipt. Note that the expectation is that all visit changes will be supplied along with the final completed visit.

The addendum to the generic specification is intended to document the full file layout and attributes that have values specific to your program. All expected values, formatting and validation rules should be identified for each element, where applicable.

Complete Third Party AltEVV interface transmission guidelines may be found in the generic specification provided during Implementation.

1.1 Intended Audience

The intended audience of this document is:

- Project Management and Technical teams at Sandata.
- Project Management and Technical teams at HI-Med-QUEST who will be implementing this interface.

1.2 AltEVV API Transmission Guidelines

- File Format: JSON
- Delivery: via RESTful API
- Headers: Required using the “Column Name” below

1.3 Program Specific Assumptions & Business Policies

This interface, for HI-Med-QUEST, is intended for Third Party EVV Vendors to provide program visit data to the Sandata Aggregator. Visits are considered to be completed when all required information has been supplied for the visit and all visit exceptions have been remediated. Sandata will verify that visits received pass all HI-Med-QUEST edit rules on receipt. Note that the expectation is that all visit changes will be supplied along with the final completed visit.

- Scope of Data: Completed visits only
- Frequency: Daily

2 Data File Layout

The following tables reflect all required fields in the Third Party Alternative EVV System Specification. This document may be distributed to all providers and used as a guide in order to ensure data consistency across the network. This will also allow Sandata to properly read all incoming files and process the data accordingly.

Required Segment Definitions:

- Data segments may be required or optional. When sending data included in a particular segment, all required fields must be provided.
- If a data segment is optional and will not be sent, you may disregard all data fields including those that are required. The concept of required fields only applies when any given data segment is being sent to Sandata.

Required Field Definitions:

- Required – data element *must* be provided on the import file, otherwise, the record will be rejected.
- Optional – vendor may choose to send data element or not. If an optional field is being sent, ensure it is included in the header record. Record will not be rejected if this field is null.
- Conditional – specific scenarios exist where this field is required, other scenarios exist where this field may not apply and should not be sent. Conditional rules (or scenarios) will be detailed in the field description.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
Provider Identification: Required. Note that this element will be required as 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.						
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider.	20	String	Yes	"MedicaidID"
2	ProviderID	Unique identifier for the agency.	64	String	Yes	6 DIGIT STRING Zero padded on left to get to appropriate length. This is the Hawaii Provider ID
Client General Information: Additional fields may be required depending on the program; fields below may be ignored if a Payer Client feed is implemented.						
1	ClientID	Assigned client_id. If a value is assigned by another system. Note that this value can be automatically assigned by Sandata EVV. Note that	10	String	Optional	DO NOT PROVIDE

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		this value may be used as the client identifier for telephony and MVV when Client ID entry is applicable.				
2	ClientFirstName	Client's First Name.	30	String	Yes	LIVE DATA
3	ClientMiddleInitial	Client's Middle Initial	1	String	Optional	LIVE DATA
4	ClientLastName	Client's Last Name.	30	String	Yes	LIVE DATA
5	ClientQualifier	Value being sent to unique identify the client. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	"ClientCustomID "
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	FORMAT: ##### RULES: Client Medicaid ID. Must be 10 digits; including leading zeros. HAWAII ID.
7	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier. If client information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided.	64	String	n/a	DO NOT PROVIDE
8	MissingMedicaidID	Indicator that a patient is a newborn. If this value is provided, ClientMedicaidID will be ignored and will be valid as null.	5	String	Optional	"False"
9	SequenceID	The Third Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
10	ClientCustomID	Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. May be equal to another ID provided.	24	String	Required for HI	FORMAT: ##### RULES: Client Medicaid ID. Must be 10 digits; including leading zeros. HAWAII ID.
11	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. This value is used to match the client to an existing record during import.	24	String	Optional	Send the primary key from the Alt EVV System.
12	ClientSSN	Client's social security number. If the field is left empty, ClientOtherID	9	String	Conditional	DO NOT PROVIDE

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		must be populated. Not required if ClientOtherID sent. Numbers only, no dashes and leading zeros must be included. May be required if needed for billing. Format #####				
13	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.	64	String	Yes	"US/Hawaii" Refer to Appendix 6 for additional valid values
14	Coordinator	The staff member assigned to the client in a specific agency as the coordinator for an employee.	3	String	Optional	LIVE DATA
15	ProviderAssentContPlan	Indicator to capture provider's assent that the member's contingency plan provided will be reviewed with the member every 90 days and documentation will be provided.	5	Boolean	Required	Yes No Default = No
Client Payer Information: 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. DO NOT PROVIDE						
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	DO NOT PROVIDE
2	PayerProgram	If applicable, the program to which this visit belongs	9	String	Yes	DO NOT PROVIDE
3	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	DO NOT PROVIDE
4	ClientPayerID	Unique identifier sent by the payer.	20	String	Optional	DO NOT PROVIDE
5	ClientEligibilityDateBegin	Client eligibility begin date. This field is optional if ClientStatus is sent.	10	Date	Conditional	DO NOT PROVIDE
6	ClientEligibilityDateEnd	Client eligibility end date. This field is optional if ClientStatus is sent.	10	Date	Conditional	DO NOT PROVIDE
7	ClientStatus	The client's current status. Provide the 2 digit code including the 0. Available values:	2	String	Conditional	DO NOT PROVIDE

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		02 = Active 04 = Inactive This field is optional if ClientEligibilityDateBegin or ClientEligibilityDateEnd is sent.				
8	EffectiveStartDate	The effective start date for the client payer information.	10	Date	Yes	DO NOT PROVIDE
9	EffectiveEndDate	The effective end date for the client payer information.	10	Date	Optional	DO NOT PROVIDE
Client Address: At least one record for each client is required for the program. The primary address is being provided by the state of Hawaii.						
1	ClientAddressType	Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	Home Business Other
2	ClientAddressIsPrimary	One address must be designated as primary. Values: true/false	5	String	Yes	"False"
3	ClientAddressLine1	Street Address Line 1 associated with this address. PO Box may not be acceptable for Billing and PO Box will not function correctly for MVV.	30	String	Yes	LIVE DATA
4	ClientAddressLine2	Street address line 2 associated with this address.	30	String	Optional	LIVE DATA
5	ClientCounty	County associated with this address	25	String	Required for HI	See Appendix 8 for valid values
6	ClientCity	City associated with this address.	30	String	Yes	LIVE DATA
7	ClientState	State associated with this address. Two Character standard abbreviation.	2	String	Yes	Format: 2 char standard US state abbreviation
8	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.	9	String	Yes	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'.
9	ClientAddressLongitude	Calculated for each address.	20	Decimal	Optional	LIVE DATA
10	ClientAddressLatitude	Calculated for each address.	19	Decimal	Optional	LIVE DATA
Client Phone: This is an OPTIONAL segment. The primary address is being provided by the State of Hawaii.						
1	ClientPhoneType	Values: Home, Mobile, Business and Other. Note that multiple of the	12	String	Optional	Home Mobile Business Other

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		same type can be provided. Default to Other if not available.				
2	ClientPhone	Client phone number.	10	String	Yes	FORMAT: #####
Client Designee: provide if applicable for the client and in the absence of a payer client feed. This is an OPTIONAL segment. If provided, all required fields must be included.						
1	ClientDesigneeFirstName	First Name of the Client Designee.	30	String	Yes	LIVE DATA
2	ClientDesigneeLastName	Last Name of the Client Designee.	30	String	Yes	LIVE DATA
3	ClientDesigneeEmail	Email address of the Client Designee.	50	String	Yes	FORMAT: xxx@yyv.zzz RULES: @ and extension (.zzz) are required to validate email address.
4	ClientDesigneeStatus	Status of the Client Designee pertaining to Sandata system access. If the ClientDesigneeStatus is sent, ClientDesigneeStartDate and ClientDesigneeEndDate are not required. (Provide the 2-digit code including the 0) Sandata System can either populate the start or end date based on the date of receipt of the status or the source system can send the activation and termination date. (Please note Activation and termination dates cannot be backdated or future dated) Available Values: 02 = Active, 04 = Inactive.	2	String	Conditional	02 04
5	ClientDesigneeStartDate	The date Client Designee was assigned. Future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required.	10	Date	Conditional	FORMAT: YYYY-MM-DD
6	ClientDesigneeEndDate	The date Client Designee was terminated. Future date and Back date is not acceptable. If the	10	Date	Conditional	FORMAT: YYYY-MM-DD

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		ClientDesigneeEndDate is sent, ClientDesigneeStatus is not required.				
7	ClientDesigneeRelationship	Relationship of the Designee to the client	30	String	Optional	Mother Father Spouse Partner Sibling Grandparent Other Relative Legal Guardian Court Appointed Rep Other
Responsible Party: Provide if applicable for the client and in the absence of a payer client feed. DO NOT PROVIDE						
1	ClientContactType	Client contact type	12	String	Optional	DO NOT PROVIDE
2	ClientContactFirstName	Client contact first name. Entered by provider agency.	30	String	Optional	DO NOT PROVIDE
3	ClientContactLastName	Client contact last name. Entered by provider agency.	30	String	Optional	DO NOT PROVIDE
4	ClientContactPhoneType	Client contact's phone type.	12	String	Optional	DO NOT PROVIDE
5	ClientContactPhone	Client contact home phone number. Entered by provider agency. Format #####	10	String	Optional	DO NOT PROVIDE
6	ClientContactEmailAddress	Client Contact's email address. Required if this client will be authorized to login to the client portal as the client's authorized representative and approve timesheets on behalf of the client.	64	String	Optional	DO NOT PROVIDE
7	ClientContactAddressLine1	Client contact's street address, line 1	30	String	Optional	DO NOT PROVIDE
8	ClientContactAddressLine2	Client contact's street address, line 2	30	String	Optional	DO NOT PROVIDE
9	ClientContactCity	Client contact's city	30	String	Optional	DO NOT PROVIDE
10	ClientContactState	Client contact's state. Two character standard abbreviation.	2	String	Optional	DO NOT PROVIDE
11	ClientContactZip	Client contact's zip code. 9 digit primary address zip code. If additional 4 digits are not known, provide zeros. Format #####	9	String	Optional	DO NOT PROVIDE
Employee General Information: This is a REQUIRED segment. Note that employees are not provided by the State of Hawaii and must be included.						
1	EmployeeQualifier	Value being sent to unique identify the employee.	20	String	Yes	"EmployeeSSN"

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
2	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	Format: ##### (FULL SSN)
3	EmployeeOtherID	Unique employee identifier in the external system.	64	String	Optional	Format: ##### (FULL SSN)
4	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
5	EmployeeSSN	Employee Social Security Number. Employee SSN may be required depending on the program rules.	9	String	Yes	Format: ##### FULL SSN, not masked
6	EmployeeLastName	Employee's Last Name	30	String	Yes	LIVE DATA
7	EmployeeFirstName	Employee's First Name	30	String	Yes	LIVE DATA
8	EmployeeEmail	Employee's Email Address	64	String	Yes	Format: xxx@xxx.xxx Validation Rules: @ and extension (.xxx) are required to validate an address.
9	EmployeeManagerEmail	Email of the employee's manager	64	String	Optional	Format: xxx@xxx.xxx Validation Rules: @ and extension (.xxx) are required to validate an address.
10	EmployeeAPI	Employee client's alternate provider identifier or Medicaid ID	25	String	Optional	DO NOT PROVIDE
11	EmployeePosition	Values for payer/state programs to be determined during implementation. If multiple positions, send primary.	3	String	Optional	DO NOT PROVIDE
12	EmployeeHireDate	Employee's date of hire.	10	Date	Optional	Format: YYYY-MM-DD
13	EmployeeEndDate	Employee's HR recorded end date.	10	Date	Optional	Format: YYYY-MM-DD
Schedule Information: Schedule information for the member. This links to the member and employee, and may be submitted without visit data. This is an optional segment.						
1	ClientIDQualifier	Value being sent to unique identify the client. Values: ClientID, ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the	20	String	Yes	ClientCustomID

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		Payer if a client/member feed is provided by a payer.				
2	ClientID	This must be all digits. The client id is the unique identifier for the patient / client / individual. This can be used to tie the individual to an existing scheduling system OR if the provider does not have an appropriate value any unique number can be used for the client. This number will be required for entry into the call-in system (telephony, MVV, etc.) system for multi-client cases and when using the FVVD.	10	String	Yes	FORMAT: ##### RULES: Client Medicaid ID. Must be 10 digits; including leading zeros.
3	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	EmployeeSSN
4	EmployeeID	Unique identifier for the employee in the source system.	9	String	Yes	FORMAT: ##### EMPLOYEE SSN
5	ScheduleID	Unique Identifier for the schedule record from the source system. Used to update the schedule in subsequent transfers.	40	String	Yes	LIVE DATA
6	ScheduleStartTime	Activity / Schedule start date and time.		DateTime	Yes	FORMAT: YYYY-MM-DDTHH:MM:SSZ
7	ScheduleEndTime	Activity / Schedule end date and time.		DateTime	Yes	FORMAT: YYYY-MM-DDTHH:MM:SSZ
8	ScheduledDuration	Duration of activity / scheduled visit. This is difference between the scheduled start time and scheduled end time. Provided in minutes.		Decimal	Optional	LIVE DATA
9	Discipline	Category of Service provided by the Employee.	17	String	Optional	LIVE DATA
10	Service	Service description	15	String	Condiitional	See Appendix 2 for valid values
11	ProcedureCode	This is the billable procedure code. For most programs, it is the HCPCS code.	5	String	Optional	See Appendix 2 for valid values

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
12	ProcCodeQualifier	The procedure code qualifier used in the 837. Most frequent value: 'ZZ'.	2	String	Optional	LIVE DATA
13	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 for valid values
14	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 for valid values
15	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 for valid values
16	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 for valid values
17	ClientTimeZone	Client's primary time zone. To be provided if time zones could vary within a given account's territory. Please see the appendix for acceptable values.	64	String	Optional	See Appendix 6 for valid values
18	ClientStatus	The client's current status. Provide the 2-digit code including the 0. Available values: 02 = Active, 04 = Inactive.	2	String	Optional	02 04
19	ContingencyPlan	Indicator of member's contingency plan selected by member. Valid values include (CODE should be sent only): CODE- Description CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours CP04 - Next Scheduled Visit CP05 - Non-Paid Caregiver	64	String	Yes	CP01 CP02 CP03 CP04 CP05

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
20	Reschedule	Indicator if schedule is a "reschedule"	5	Boolean	Optional	Yes No
Visit General Information: This is a REQUIRED segment.						
1	VisitOtherID	Visit identifier in the external system	50	String	Yes	LIVE DATA
2	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
3	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	"EmployeeSSN"
4	EmployeeOtherID	Unique employee identifier in the external system, if any.	64	String	Optional	Format: #####
5	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	Format: #####
6	GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	Optional	LIVE DATA
7	ClientIDQualifier	Value being sent to unique identify the client. Values: ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	"ClientCustomID"
8	ClientID	Identifier used in the client element.	64	String	Yes	FORMAT: ##### RULES: Client Medicaid ID. Must be 10 digits; including leading zeros. HAWAII ID.
9	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. This value is used to match the client to an existing record during import.	24	String	Optional	FORMAT: ##### RULES: Client Medicaid ID. Must be 10 digits; including leading zeros. HAWAII ID.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
10	VisitCancelledIndicator	True/false – allows a visit to be cancelled / deleted based on defined rules.	5	String	Yes	True False
11	PayerID	Sandata EVV assigned ID for the payer.	64	String	Yes	See Appendix 1 PayerID column
12	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	See Appendix 1 ProgramID column
13	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2 HCPCS column
14	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	See Appendix 2 Modifier columns
15	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	See Appendix 2 Modifier columns
16	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	See Appendix 2 Modifier columns
17	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	See Appendix 2 Modifier columns
18	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.	64	String	Yes	“US/Hawaii” See Appendix 6 for list of other valid values
19	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.	20	DateTime	Optional	FORMAT: YYYY-MM-DDTHH:MM:SSZ
20	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.	20	DateTime	Optional	FORMAT: YYYY-MM-DDTHH:MM:SSZ

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
21	ContingencyPlan	Indicator of member's contingency plan selected by member. Valid values include: CODE Description CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours CP04 - Next Scheduled Visit CP05 - Non-Paid Caregiver	64	String	Yes	CP01 CP02 CP03 CP04 CP05
22	Reschedule	Indicator if schedule is a "reschedule"	5	Boolean	Optional	Yes No Default = No
23	AdjinDateTime	Adjusted in date/time if entered manually. Otherwise the actual date/time received.	20	DateTime	Optional	FORMAT: YYYY-MM-DDTHH:MM:SSZ
24	AdjOutDateTime	Adjusted out date/time if entered manually. Otherwise the actual date/time received.	20	DateTime	Optional	FORMAT: YYYY-MM-DDTHH:MM:SSZ
25	BillVisit	True/False.	5	String	Optional	True False
26	HoursToBill	Hours that are going to be billed.	99.999	Decimal	Optional	LIVE DATA
27	HoursToPay	If payroll is in scope for the payer program, the hours to pay.	99.999	Decimal	Optional	LIVE DATA
28	Memo	Associated free form text	512	String	Optional	LIVE DATA
29	ClientVerifiedTimes	True/False	5	String	Optional	True False
30	ClientVerifiedTasks	True/False	5	String	Optional	True False
31	ClientVerifiedService	True/False	5	String	Optional	True False
32	ClientSignatureAvailable	The actual signature will not be transferred. The originating system	5	String	Optional	True False

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		will be considered the system of record.				
33	ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record.	5	String	Optional	True False
<p>Calls: If calls are not provided, adjusted times must 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. If this is the case, the call element can be omitted. Sandata will treat visit information without calls as manually entered. This is an OPTIONAL segment.</p>						
1	CallExternalID	Call identifier in the external system	16	String	Yes	LIVE DATA
2	CallDateTime	Event date time. Must be at least to the second.	20	Date Time	Yes	FORMAT: YYYY-MM-DDTHH:MM:SSZ
3	CallAssignment	Values: Time In, Time Out, Other	10	String	Yes	Time In Time Out Other
4	GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	Optional	LIVE DATA
5	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.	20	String	Yes	Telephony Mobile FVV Manual Other
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Optional	See Appendix 2 HCPCS column
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional	LIVE DATA
8	MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	64	String	Conditional	LIVE DATA
9	CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile	19	Decimal	Optional	LIVE DATA
10	CallLongitude	GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15 digit precision. Required for CallType = Mobile.	20	Decimal	Optional	LIVE DATA

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
11	Location	Specific values to be provided based on the program.	25	String	Optional	DO NOT PROVIDE
12	TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	9	String	Conditional	LIVE DATA
13	OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	FORMAT: #####
Visit Exception Acknowledgement: This is an OPTIONAL segment. If provided, all required fields must be included						
1	ExceptionID	ID for the exception being acknowledged.	2	String	Required	See Appendix 5 ExceptionCode column
2	ExceptionAcknowledged	True/False	5	String	Optional	True False
Visit Changes: This is an OPTIONAL segment. If provided, all required fields must be included						
1	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	String	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
2	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.	64	String	Yes	LIVE DATA
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	Date Time	Yes	FORMAT: YYYY-MM-DDTHH:MM:SSZ
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	LIVE DATA
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See Appendix 3 ReasonCode column
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	256	String	Conditional	See Appendix 3 NoteRequired? Column
7	ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	Optional	See Appendix 4 Resolution Code column

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
Tasks: This is an OPTIONAL segment. If provided, all required fields must be included.						
1	TaskID	TaskID, this TaskID must map to the Task IDs used for the agency in the Sandata system	4	String	Yes	See Appendix 7 Task ID column for specific values
2	TaskReading	Task reading	6	String	Optional	DO NOT PROVIDE
3	TaskRefused	True, False	5	String	Optional	True False
4	TaskUnit	Task unit	8	String	Optional	DO NOT PROVIDE

Appendices

1 Payers & Programs

Payer Name	Payer ID	Program ID	Program Name	Covered Services
Aloha Care	HI_AC	AGYP	PCS and HHCS	QI/Agency Services - Professional Claims
Aloha Care	HI_AC	AGYI	PCS and HHCS	QI/Agency Services - Institutional Claims
Aloha Care	HI_AC	SD	PCS and HHCS	QI/Agency Services
Kaiser	HI_KP	AGYP	PCS and HHCS	QI/Agency Services - Professional Claims
Kaiser	HI_KP	AGYI	PCS and HHCS	QI/Agency Services - Institutional Claims
Kaiser	HI_KP	SD	PCS and HHCS	QI/Agency Services
HMSA	HI_HMSA	AGYP	PCS and HHCS	QI/Agency Services - Professional Claims
HMSA	HI_HMSA	AGYI	PCS and HHCS	QI/Agency Services - Institutional Claims
HMSA	HI_HMSA	SD	PCS and HHCS	QI/Agency Services
Ohana / Wellcare	HI_OHANA	AGYP	PCS and HHCS	QI/Agency Services - Professional Claims
Ohana / Wellcare	HI_OHANA	AGYI	PCS and HHCS	QI/Agency Services - Institutional Claims
Ohana / Wellcare	HI_OHANA	SD	PCS and HHCS	QI/Agency Services
United Health Care	HI_UHC	AGYP	PCS and HHCS	QI/Agency Services - Professional Claims
United Health Care	HI_UHC	AGYI	PCS and HHCS	QI/Agency Services - Institutional Claims
United Health Care	HI_UHC	SD	PCS and HHCS	QI/Agency Services
SHOTT / Koan	HI_SHOTT	AGYP	HHCS	Organ transplant pre/post care - Professional Claims
SHOTT / Koan	HI_SHOTT	AGYI	HHCS	Organ transplant pre/post care - Institutional Claims
FFS / DoH - DDD	HI_DDD	CD	PCS	DDD services
FFS / DoH - DDD	HI_DDD	AGYP	PCS	DDD services - Professional Claims
FFS / DoH - DDD	HI_DDD	AGYI	PCS	DDD services - Institutional Claims

2 Services & Modifiers

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5130					PAI CHORE
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5130	UN				PAI CHORE CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5130	U5				PAI CHORE SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5130	UA				PAI CHORE AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5130	UN	U5			PAI CHORE CPL SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5130	UN	UA			PAI CHORE CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5135					PAI COMP
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5135	U5				PAI COMP SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5135	UA				PAI COMP AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9122	U2				PAII
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9122	UN	U2			PAII CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9122	U5	U2			PAII SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9122	UA	U2			PAII AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9122	UN	U5	U2		PAII CPL SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9122	UN	UA	U2		PAII CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U2				PDN RN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	UN	U2			PDN RN CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U5	U2			PDN RN SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	UA	U2			PDN RN AR

PayerID	ProgramID	HCPSC	Mod1	Mod2	Mod3	Mod4	Description
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	UN	U5	U2		PDN RN CPL SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	UN	UA	U2		PDN RN CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U3	U2			PDN RN SV
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U3	U5	U2		PDN RN SV SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U3	UA	U2		PDN RN SV AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U4	U2			PDN RN ND
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U4	U5	U2		PDN RN ND SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9123	U4	UA	U2		PDN RN ND AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9124	U2				PDN LPN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9124	UN	U2			PDN LPN CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9124	U5	U2			PDN LPN SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9124	UA	U2			PDN LPN AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9124	UN	U5	U2		PDN LPN CPL SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S9124	UN	UA	U2		PDN LPN CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125					ATTND US
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	U5				ATTND US SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	UA				ATTND US AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	TD				ATTND RN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	TD	U5			ATTND RN SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	TD	UA			ATTND RN AR

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	TE				ATTND LPN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	TE	U5			ATTND LPN SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5125	TE	UA			ATTND LPN AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5150					RESPITE US
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5150	UN				RESPITE US CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5150	U5				RESPITE US SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5150	UA				RESPITE US AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5150	UN	U5			RESPITE US CPL SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	S5150	UN	UA			RESPITE US CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TD				RESPITE RN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TD	UN			RESPITE RN CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TD	U5			RESPITE RN SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TD	UA			RESPITE RN AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TD	UN	U5		RESPITE RN CPL SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TD	UN	UA		RESPITE RN CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TE				RESPITE LPN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TE	UN			RESPITE LPN CPL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TE	U5			RESPITE LPN SR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TE	UA			RESPITE LPN AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TE	UN	U5		RESPITE LPN CPL SR

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYP	T1005	TE	UN	UA		RESPITE LPN CPL AR
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0151	U6				HH PT
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0152	U6				HH OT
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0153	U6				HH SLP
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0155	U6				HH SW
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0156	U6				HHA
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0157	U6				HH PT ASSISTANT
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0158	U6				HH OT ASSISTANT
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0159	U6				HH PT MAINT PRG
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0160	U6				HH OT MAINT PRG
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0161	U6				HH SLP MAINT PRG
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0299	U6				HH RN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0300	U6				HH LPN
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0493	U6				HH RN OBS/ASSESS
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0494	U6				HH LPN OBS/ASSESS
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0495	U6				HH RN TRAIN/EDU
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	G0496	U6				HH LPN TRAIN/EDU
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	S5180	U6				HH RT IN EVAL
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	S5181	U6				HH RT
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	S9128	U6				ST IN THE HOME

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	S9129	U6				OT IN THE HOME
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	AGYI	S9131	U6				PT IN THE HOME
HI_DDD	AGYP	99509	U6				BI PAB 1:1
HI_DDD	AGYP	99509	UN				BI PAB 1:2
HI_DDD	AGYP	99509	UP				BI PAB 1:3
HI_DDD	AGYP	99509	U7				BI PAB 2:1
HI_DDD	AGYP	99509	U4				BI PAB 3:1
HI_DDD	AGYP	99509	HM				BI PAB, RBT 1:1
HI_DDD	AGYP	99509	U9				BI PAB, RBT 2:1
HI_DDD	AGYP	99509	UD				BI PAB, RBT 3:1
HI_DDD	AGYP	S5120	U2				Chore
HI_DDD	AGYP	S5120	U1				BI Chore
HI_DDD	AGYP	S5125	U6				PAB 1:1
HI_DDD	AGYP	S5125	UN				PAB 1:2
HI_DDD	AGYP	S5125	UP				PAB 1:3
HI_DDD	AGYP	S5125	U7				PAB 2:1
HI_DDD	AGYP	S5125	U4				PAB 3:1
HI_DDD	AGYP	S5125	HM				PAB, RBT 1:1
HI_DDD	AGYP	S5125	U9				PAB, RBT 2:1
HI_DDD	AGYP	S5125	UD				PAB, RBT 3:1

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_DDD	AGYP	S5150					RESPITE US
HI_DDD	AGYP	S5150	UN				RESPITE US CPL
HI_DDD	AGYP	S5150	UP				Respite 1:3
HI_DDD	AGYP	T1000	U5				PDN, RN 1:1
HI_DDD	AGYP	T1000	U1				BI PDN, RN 1:1
HI_DDD	AGYP	T1000	U6				PDN, RN 1:2
HI_DDD	AGYP	T1000	U2				BI PDN, RN 1:2
HI_DDD	AGYP	T1000	U7				PDN, LPN 1:1
HI_DDD	AGYP	T1000	U3				BI PDN, LPN 1:1
HI_DDD	AGYP	T1000	U8				PDN, LPN 1:2
HI_DDD	AGYP	T1000	U4				BI PDN, LPN 1:2
HI_DDD	AGYP	T1002	22				Respite Daily 1:1
HI_DDD	AGYP	T1002	U8				Respite, RN 1:1
HI_DDD	AGYP	T1002	U2				BI Respite, RN 1:1
HI_DDD	AGYP	T1002	U9				Respite, RN 1:2
HI_DDD	AGYP	T1002	U3				BI Respite, RN 1:2
HI_DDD	AGYP	T1002	UA				Respite, RN 1:3
HI_DDD	AGYP	T1002	U4				BI Respite, RN 1:3
HI_DDD	AGYP	T1002	UB				Respite, LPN 1:1
HI_DDD	AGYP	T1002	U5				BI Respite, LPN 1:1

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_DDD	AGYP	T1002	UC				Respite, LPN 1:2
HI_DDD	AGYP	T1002	U6				BI Respite, LPN 1:2
HI_DDD	AGYP	T1002	UD				Respite, LPN 1:3
HI_DDD	AGYP	T1002	U7				BI Respite, LPN 1:3
HI_DDD	AGYP	T1005	U1				BI Respite 1:1
HI_DDD	AGYP	T1005	UN				BI Respite 1:2
HI_DDD	AGYP	T1005	UP				BI Respite 1:3
HI_DDD	AGYP	T1019	U6				PAB Level 1, 1:1
HI_DDD	AGYP	T1019	U7				PAB Level 1, 2:1
HI_DDD	AGYP	T1019	U8				PAB Level 1, 3:1
HI_DDD	AGYP	T1019	U9				PAB Level 1, 4:1
HI_DDD	AGYP	T1019	UA				PAB Level 2, 1:1
HI_DDD	AGYP	T1019	UB				PAB Level 2, 2:1
HI_DDD	AGYP	T1019	UC				PAB Level 2, 3:1
HI_DDD	AGYP	T1019	UD				PAB Level 2, 4:1
HI_DDD	AGYP	T1019	U2				PAB Level 3, 1:1
HI_DDD	AGYP	T1019	U3				PAB Level 3, 2:1
HI_DDD	AGYP	T1019	U4				PAB Level 3, 3:1
HI_DDD	AGYP	T1019	U5				PAB Level 3, 4:1
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	SD	S5130	U1				SD PAI CHORE

PayerID	ProgramID	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	SD	S5135	U1				SD PAI COMP
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	SD	S9122	U1	U2			SD PAII
HI_AC, HI_KP, HI_HMSA, HI_OHANA, HI_UHC	SD	S9122	U1	U4	U2		SD PAII ND
HI_DDD	CD	99509	U1				BI CD, PAB 1:1
HI_DDD	CD	99509	51				BI CD, PAB 1:2
HI_DDD	CD	S5120	U4				CD, Chore
HI_DDD	CD	S5120	U3				BI CD, Chore
HI_DDD	CD	S5125	U1				CD, PAB 1:1
HI_DDD	CD	S5125	51				CD, PAB 1:2
HI_DDD	CD	S5150	UA				CD, Respite 1:1
HI_DDD	CD	S5150	UB				CD, Respite 1:2
HI_DDD	CD	T1005	UA				BI CD, Respite 1:1
HI_DDD	CD	T1005	UB				BI CD, Respite 1:2

3 Reason Codes

Reason Code	Description	Note Required?
1	Member No Show	YES
2	Member Unavailable	YES
3	Member Refused Verification	YES
4	Member Refused Service	YES
5	Member Incapable, Designee Unavailable	No
6	Caregiver Failed to Call In - Verified Services Were Delivered	No
7	Caregiver Failed to Call Out - Verified Services Were Delivered	No
8	Caregiver Failed to Call In and Out - Verified Services Were Delivered	No
9	Caregiver Called Using an Alternate Phone	YES
10	Caregiver Change	No
11	Mobile App Issue/Inoperable	No
12	Telephony Issue/Inoperable	No
13	FVV Issue/Inoperable	No
14	Service Outside the Home	YES
15	Unsafe Environment	YES
16	Other	YES
17	Caregiver No Show	No

4 Resolution Codes

Resolution Code ID	Description
1	Written Documentation Maintained
2	Reschedule within 2 Hours
3	Reschedule within 24 Hours
4	Reschedule within 48 Hours
5	Next Scheduled Visit
6	Non-Paid Caregiver

5 Exceptions

Exception Code	Exception Name	Description
0	Unknown Clients	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.
1	Unknown Employees	(Telephonic only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded).
34	Invalid Service	Exception when the service selected for a visit is not valid for the program / recipient of care.
23	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.
3	Visits Without In-Calls	Exception thrown when a visit is recorded without an "in" call that began the visit.
4	Visits Without Out Calls	Exception thrown when a visit is recorded without an "out" call that completed the visit.
15	Unmatched Client ID / Phone	(Telephonic only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system.
26	Employee Speaker Verification	(Telephonic only) Only used when the Employee Speaker Verification feature is enabled. This exception indicates that the speaker verification evaluation did not match the voice making the call with a known caregiver in the EVV account that the phone number is associated with.
40	Service Verification Exception	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the client indicates that the SERVICE RECORDED in the EVV visit does not reflect the actual activity performed during that visit.
28	Visit Verification Exception	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the client indicates that the DURATION of the EVV visit does not reflect the amount of time that care was actually provided for.
39	Client Signature Exception	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the visit does not have a signature or client voice recording captured at the time of service.

21	No Show	(Scheduling only) This exception occurs when a visit has been scheduled, but no calls have been received for that visit.
5	Unscheduled Visit	(Scheduling only) This occurs when a visit is started or completed without a schedule in place for that member+service+caregiver.
18	Late In Call	(Scheduling only) This occurs when the start of a visit is received and recorded as having begun AFTER the scheduled start time for that visit.
19	Early Out Call	(Scheduling only) This occurs when the end of visit is received and recorded as having ended PRIOR to the scheduled end time for that visit.
20	Short Visit	(Scheduling only) This occurs when the total duration of a visit is LESS than the scheduled length of time expected for the visit.
8	Actual Hours more than Scheduled Hours	(Scheduling only) This occurs when the actual hours for the visit exceed the total scheduled hours for the associated visit in the schedule.

6 Time Zones

Time Zone Code	Daylight Savings Time Observed?
US/Alaska	Active
US/Aleutian	Active
US/Arizona	Inactive
US/Central	Active
US/East-Indiana	Active
US/Eastern	Active
US/Hawaii	Inactive
US/Indiana-Starke	Active
US/Michigan	Active
US/Mountain	Active

Time Zone Code	Daylight Savings Time Observed?
US/Pacific	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

7 Tasks

Task ID	Description
0100	Temperature
0105	Pulse
0110	Respiration
0115	Blood pressure
0120	Oxygen Saturation
0125	Height/Weight
0200	Clean Bathroom
0205	Clean Kitchen

Task ID	Description
0210	Clean Bedroom
0215	Change Linen
0220	Make bed
0225	Empty Trash
0230	Laundry - Washing
0235	Laundry - Drying
0240	Laundry - Ironing
0245	Laundry - Mending
0250	Shopping/Errands
0255	Transportation/Escort
0260	Meal Preparation
0300	Prepare/Serve Meal(s)
0305	Assist/Feed
0310	Record Oral Intake
0315	Bed Bath
0320	Shower
0325	Shampoo
0330	Dressing - Upper Body
0335	Dressing - Lower Body
0340	Grooming - Oral Care
0345	Grooming - Shave
0350	Brush Hair
0355	Comb Hair
0360	Nail Care
0365	Foot Care
0370	Toileting
0375	Bed Mobility/Transfers
0377	Manual WC Mobility

Task ID	Description
0380	Medication Assistance
0385	Medication Reminder
0450	Record Tube Feeding Intake
0455	Tube Feeding
0460	G-Tube Care
0465	Check Skin for Hydration
0500	Check Oxygen
0505	Oral Suctioning
0510	Suctioning (non-oral)
0515	Neb/Aerosol Treatment
0520	Check Humidifier
0525	Check Apnea Monitor
0530	Check Pulse Oximeter
0535	Tracheostomy Care
0540	Ventilator Care
0545	Check Ventilator Settings
0550	Check Oxygen Concentrator
0555	Check Resuscit/Ambu Bag
0560	Chest Physiotherapy
0565	Cough Stimulator
0600	Decubitus Care
0605	Dressing (Wound)
0610	Dressing Change - Clean
0615	Dressing Change - Sterile
0700	Administer Medication(s)
0705	Update Medication List
0710	Blood Glucose Monitoring
0800	Diaper Change/Skin Care

Task ID	Description
0805	Bedpan
0810	Urinal
0815	Commode
0820	Toilet
0825	Urinary Catheterization
0830	Catheter Care
0835	Catheter Irrigation
0840	Condom Care
0845	Empty Urine Drainage Bag
0850	Record Urine Output
0855	Drain urine bag 1/2 full
0860	Check for Bowel Movement
0865	Digital Stimulation
0870	Suppository
0875	Enema
0880	Fleets Enema
0900	Turn/Reposition
0905	Transfer(s)
0910	Up in Chair
0915	Manual Wheelchair
0920	Front Wheeled Walker
0925	Transfer - Patient Lift
0930	Walk
0935	Exercise
0940	Safety Belt w/ Mobility
0945	Check Side Rails
0955	Habilitation

8 County

County ID	County Name
01	Oahu
04	Kauai
05	Hawaii
07	Maui
08	Molokai
09	Lanai
31	Out of State

9 Abbreviations

Abbreviation	Name
ANI	Automatic Number Identification
BYOD	Bring Your Own Device
CDS	Consumer Directed Services
EVV	Electronic Visit Verification
FI	Fiscal Intermediary
GPS	Global Positioning System
IVR	Interactive Voice Response – the underlying system used for telephony
MVV	Mobile Visit Verification
PA	Prior Authorization
PIN	Personal Identity Number
SMC	Sandata Mobile Connect
SSN	Social Security Number
TVV	Telephonic Visit Verification

10 Terminology

Sandata Terminology	Other Possible References
Agency	Agency Provider Provider Account Billing Agency
Authorization	Service Plan Prior Auth
Client	Individual Patient Member Recipient Beneficiary
Contract	Program Program Code
Employee	Caregiver Admin Home Health Aide Consumer Directed Worker Staff Worker Individual Provider Scheduler
HCPCS	Bill Code Procedure Code Service Code
Payer	Admission Insurance Company Contract Managed Care Organization (MCO) State
Provider	Agency Third Party Administrator (TPA)

11 Technical Companion and Examples

This appendix serves as additional technical documentation for the use of the Sandata OpenEVV Alt-EVV APIs.

API Location

The RESTful APIs can be reached at the following locations:

Production:

<https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1>

<https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1>

<https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1>

UAT:

<https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1>

<https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1>

<https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1>

The endpoints accept JSON data and support the HTTP POST method.

Authentication Header

The API endpoints utilize Basic Authentication. Therefore, a valid “Authorization” header must be sent with each request. This header is simply a Base 64 encoded representation of the username and password in the format “username:password”.

The credentials are determined and distributed during implementation.

An example header for “user@example.com” with password “secret” would be:

Authorization: Basic dXNlckBleGFtcGxlMnVbTpozZWNyZXQ=

Account Header

In addition to the “Authorization” header, a header denoting the callers EVV “Account” must be sent. The credentials provided are specific to an account, and all data sent must also correspond to that account, or the request will be rejected.

An example of this header would be:

Account: 12345

Alternatively, for MCO customers and other vendors sending data on behalf of multiple EVV accounts, the “EntityGuid” header is used. This ID will be provided by Sandata during implementation.

An example of this header would be:

EntityGuid: 12345

Content-Type Header

As with all RESTful API requests, the “Content-Type” header should also be included:

Content-Type: application/json

Workflow

Interacting with the APIs is a two-step process:

Step 1 – Send a POST request with the data to the API

Step 2 – Utilize the “Status” API to check that processing completed successfully

Details are as follows:

The first step is to POST the data being sent to the URLs mentioned above in the “API Location” section. When data is sent, the Sandata system will validate the input meets the business requirements, process the data, and return a response.

The response sends back some key pieces of information. This includes any errors that may have been flagged, as well as a UUID, generated by Sandata, which uniquely identifies the request. See example responses below in the “Sample Response” section.

After this response is sent, the Sandata system begins processing the data into the system. Since the initial POST has already received a response, callers must use a second endpoint to check on the status of their request.

To this end, each API is accompanied by an additional endpoint for checking status. This endpoint is reached simply by appending “/status” to the URLs in the “API Location” section above. Calls to this endpoint must utilize the HTTP GET method and send in the UUID that is returned in the response to the POST call.

An example GET request for status for clients, would be sent as follows:

<https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1/status?uuid=8d7c31f7-4a09-41a9-8edd-f9819def58f1>

Sample data can be found below.

In summary, the caller would POST data to the API, receive a response with a UUID, then utilize the “status” endpoint via GET in order to determining if processing was completed and successful.

Sample POST Data

Below find sample POST bodies for each entity, as well as sample responses in both successful and unsuccessful situations. Note that, based on implementation, not all fields are required to be present. In addition, certain implementations may include custom fields that are not represented in the samples. Please refer to the addendum for a full set of fields and their details.

JSON Employee

```
[{
  "ProviderIdentification": {
    "ProviderQualifier": "SandataID",
    "ProviderID": "123456"
  },
  "EmployeeQualifier": "EmployeeSSN",
  "EmployeeIdentifier": "999999999",
  "EmployeeOtherID": "2222",
  "SequenceID": 99811930002,
  "EmployeeSSN": "999999999",
  "EmployeeLastName": "Employee",
  "EmployeeFirstName": "Test",
  "EmployeeEmail": "dummy@sandata.com",
  "EmployeeManagerEmail": "dummymanager@sandata.com",
  "EmployeeAPI": "111111111",
  "EmployeePosition": "RN"
}]
```

JSON Client

```
[{
  "ProviderIdentification": {
    "ProviderQualifier": "SandataID",
```

```
        "ProviderID": "123456"
    },
    "ClientID": "96641",
    "ClientFirstName": "Test",
    "ClientMiddleInitial": "T",
    "ClientLastName": "Client",
    "ClientQualifier": "ClientSSN",
    "ClientMedicaidID": "999999999",
    "ClientIdentifier": "999999999",
    "MissingMedicaidID": "False",
    "SequenceID": 99811930002,
    "ClientCustomID": "111111111",
    "ClientOtherID": "2222",
    "ClientSSN": "999999999",
    "ClientTimezone": "US/Eastern",
    "Coordinator": "123",
    "ClientPayerInformation": [{
        "PayerID": "57",
        "PayerProgram": "123",
        "ProcedureCode": "123",
        "ClientPayerID": "987654321",
        "ClientEligibilityDateBegin": "2019-01-01",
        "ClientEligibilityDateEnd": "2020-01-01",
        "ClientStatus": "02",
```

```
        "EffectiveStartDate": "2019-01-01",
        "EffectiveEndDate": "2020-01-01"
    }],
    "ClientAddress": [{
        "ClientAddressType": "Home",
        "ClientAddressIsPrimary": true,
        "ClientAddressLine1": "36 West 5th Street",
        "ClientAddressLine2": "10th Floor",
        "ClientCounty": "Kings",
        "ClientCity": "Manhattan",
        "ClientState": "NY",
        "ClientZip": "10017",
        "ClientAddressLongitude": -73.4228741,
        "ClientAddressLatitude": 40.7431032
    }],
    "ClientPhone": [{
        "ClientPhoneType": "Home",
        "ClientPhone": "1234567890"
    }],
    "ClientDesignee": [{
        "ClientDesigneeFirstName": "",
        "ClientDesigneeLastName": "",
        "ClientDesigneeEmail": "",
        "ClientDesigneeStatus": ""
    }]
```

```
        "ClientDesigneeStartDate": "",
        "ClientDesigneeEndDate": "",
        "ClientDesigneeRelationship": ""
    ]
    "ClientResponsibleParty": [{
        "ClientContactType": "Other",
        "ClientContactFirstName": "Test",
        "ClientContactLastName": "Respparty",
        "ClientContactPhoneType": "Mobile",
        "ClientContactPhone": "3478788467",
        "ClientContactEmailAddress": "dummy@sandata.com",
        "ClientContactAddressLine1": "2727 East 29th Street",
        "ClientContactAddressLine2": "Apt 8I",
        "ClientContactCity": "Brooklyn",
        "ClientContactState": "NY",
        "ClientContactZip": "11229"
    ]
}]
```

JSON Visit

```
[{
    "ProviderIdentification": {
        "ProviderID": "123456",
```

```
        "ProviderQualifier": "SandataID"
    },
    "VisitOtherID": "123456789",
    "SequenceID": 111,
    "EmployeeQualifier": "EmployeeSSN",
    "EmployeeOtherID": "999999999",
    "EmployeeIdentifier": "999999999",
    "GroupCode": null,
    "ClientIDQualifier": "ClientMedicaidID",
    "ClientID": "111111111",
    "ClientOtherID": "111111111",
    "VisitCancelledIndicator": false,
    "PayerID": "999",
    "PayerProgram": "PRG",
    "ProcedureCode": "T1000",
    "Modifier1": null,
    "Modifier2": null,
    "Modifier3": null,
    "Modifier4": null,
    "VisitTimeZone": "US/Eastern",
    "ScheduleStartTime": "2019-07-28T16:02:26Z",
    "ScheduleEndTime": "2019-07-28T20:02:26Z",
    "AdjInDateTime": "2019-07-28T15:02:26Z",
    "AdjOutDateTime": "2019-07-28T19:02:26Z",
```



```
"BillVisit": true,
"HoursToBill": 10,
"HoursToPay": 10,
"Memo": "This is a memo!",
"ClientVerifiedTimes": true,
"ClientVerifiedTasks": true,
"ClientVerifiedService": true,
"ClientSignatureAvailable": true,
"ClientVoiceRecording": true,
"Calls": [{
  "CallExternalID": "123456789",
  "CallDateTime": "2019-07-28T16:02:26Z",
  "CallAssignment": "Time In",
  "GroupCode": null,
  "CallType": "Other",

  "ProcedureCode": "T1000",
  "ClientIdentifierOnCall": "111111111",
  "MobileLogin": null,
  "CallLatitude": 40.34455,
  "CallLongitude": -21.99383,
  "Location": "123",
  "TelephonyPIN": 999999999,
  "OriginatingPhoneNumber": "9997779999"
```

```
    }],  
    "VisitExceptionAcknowledgement": [{  
        "ExceptionID": "15",  
        "ExceptionAcknowledged": false  
    }],  
    "VisitChanges": [{  
        "SequenceID": "110",  
        "ChangeMadeBy": "dummy@sandata.com",  
        "ChangeDateTime": "2019-07-25T18:45:00Z",  
        "GroupCode": null,  
        "ReasonCode": "7227",  
        "ChangeReasonMemo": "Change Reason Memo 999",  
        "ResolutionCode": "A"  
    }],  
    "VisitTasks": [{  
        "TaskID": "321",  
        "TaskReading": "98.6",  
        "TaskRefused": false  
    }]  
}]
```

Sample Responses

See some sample responses below. Note that the samples are provided for employee, but the same pattern is followed for both client and visit.

Employee POST (Successful)

```
{
  "id": "7f6dcd1a-ec5e-4efd-a2d4-1049756016a5",
  "status": "SUCCESS",
  "messageSummary": "The result for the input UUID is not ready yet. Please try again.",
  "data": {
    "uuid": "7f6dcd1a-ec5e-4efd-a2d4-1049756016a5",
    "account": "12345",
    "message": "The result for the input UUID is not ready yet. Please try again.",
    "reason": "Transaction Received."
  }
}
```

Employee POST (Validation Error)

```
{
  "id": "ea76e9a1-9b29-4f3d-af1c-6b573eb29b76",
  "status": "FAILED",
  "messageSummary": "[1] Records uploaded, please check errors/warnings and try again.",
  "data": [
    {
      "ProviderIdentification": {
```

```
"ProviderID": "123456",
"ProviderQualifier": "SandataID",
"ErrorCode": null,
"ErrorMessage": null
},
"EmployeeIdentifier": "999999999",
"EmployeeOtherID": "2222",
"SequenceID": 99811930002,
"EmployeeQualifier": "EmployeeSSN",
"EmployeeSSN": "999999999",
"EmployeeLastName": "Employee",
"EmployeeFirstName": "Test",
"EmployeeEmail": "dummy@sandata.com",
"EmployeeManagerEmail": "dummymanager@sandata.com",
"EmployeeAPI": "111111111",
"EmployeePosition": "AKN",
"ErrorCode": null,
"ErrorMessage": "ERROR: The EmployeePosition expected format is not correct. The record should satisfy this regular
expression ['HHA|HCA|RN|LPN|PCA']. Invalid Value='AKN'. The record is being rejected."
}
]
}
```

Employee GET (Status)

A sample response to a status GET request that has finished processing is:

```
{
  "id": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
  "status": "SUCCESS",
  "messageSummary": "All records updated successfully.",
  "data": {
    "uuid": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
    "account": null,
    "message": "All records updated successfully.",
    "reason": "Transaction Received."
  }
}
```

If the request is not yet finished being processed, the “messageSummary” will be “The result for the input UUID is not ready yet. Please try again.”

```
{
  "id": "873a1d97-0681-402e-8268-b6cad8f2b4b7",
  "status": "SUCCESS",
  "messageSummary": "The result for the input UUID is not ready yet. Please try again.",
  "data": {
    "uuid": "873a1d97-0681-402e-8268-b6cad8f2b4b7",
```

```
    "account": "12345",
    "message": "The result for the input UUID is not ready yet. Please try again.",
    "reason": "Transaction Received."
  }
}
```

If the request was processed but failed business rules, an example status would be:

```
{
  "id": "e5de964b-9803-4051-b89b-8a89926e4983",
  "status": "SUCCESS",
  "messageSummary": "[2] Records uploaded, please check errors/warnings and try again.",
  "data": [
    {
      "ProviderIdentification": {
        "ProviderID": "123456",
        "ProviderQualifier": "SandataID",
        "ErrorCode": null,
        "ErrorMessage": null
      },
      "EmployeeIdentifier": "999999999",
      "EmployeeOtherID": "2222",
      "SequenceID": 99811930002,
      "EmployeeQualifier": "EmployeeSSN",
    }
  ]
}
```

```
"EmployeeSSN": "999999999",  
"EmployeeLastName": "Employee",  
"EmployeeFirstName": "Test",  
"EmployeeEmail": "dummy@sandata.com",  
"EmployeeManagerEmail": "dummymanager@sandata.com",  
"EmployeeAPI": "111111111",  
"EmployeePosition": "RN",  
"ErrorCode": "-709",  
"ErrorMessage": "Version number is duplicated or older than current"  
}  
]  
}
```