

State Of Vermont Third Party Alternate EVV Addendum v2.4

Sandata Technologies, LLC 270 Duffy Avenue Unit 226A Hicksville, NY 11801 VTAltEVV@sandata.com



Version History

| Name | Changes | Date | Version |
|--------------|--|------------|---------|
| Sandata Team | Initial Version – Home Health Expansion | 08/01/2022 | |
| Sandata Team | Edits, Updates, Clarifications | 08/15/2022 | |
| Sandata Team | Updates to Services | 08/29/2022 | |
| Sandata Team | CFC T2025 moderate needs. Not in scope | 10/04/2022 | 2.2 |
| Sandata Team | Description change on G0156 | 10/04/2022 | 2.2 |
| Sandata Team | EmployeeOtherID optional | 10/04/2022 | 2.2 |
| Sandata Team | ClientAddressLongitude optional | 10/04/2022 | 2.2 |
| Sandata Team | ClientAddressLatitude optional | 10/04/2022 | 2.2 |
| Sandata Team | BillVisit optional | 10/04/2022 | 2.2 |
| Sandata Team | ResolutionCode optional | 10/04/2022 | 2.2 |
| Sandata Team | ChangeReasonMemo conditional | 10/04/2022 | 2.2 |
| Sandata Team | Visit ExceptionAcknowledgement: Optional ExceptionID Required ExceptionAcknowledged Optional | 10/04/2022 | 2.2 |
| Eamon Sheehy | Added programs and services per VT DVHA DDSD Expansion Change Request. | 1/29/2024 | 2.3 |
| Eamon Sheehy | Added legend to define specific fields per request from VT - GWT | 2/9/2024 | 2.4 |



Legend

Fields marked in Orange are segment headers. They will note in the description if Optional or Required or not to be provided.

Fields marked in Blue are element names. They will note in the description if Optional or Required and details such as field type and length.

Fields marked in Grey and Greyed Out are elements that exist but for this program we will not be checking that data and ask that you exclude them from your calls.

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 7.14

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 |
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| 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. |

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 segment. 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 | | |
| ProviderIdentification | be rejected. | | [Required] |
| ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "MedicaidID" | String match = "MedicaidID" Max length 20 Required |
| ProviderID | Unique identifier for the agency. | Medicaid ID; exactly 7 chars Alpha/Numberic | Medicaid ID; exactly 7 chars Alpha/Numberic Max length 64 [Required] |
| Client General Information | Required data in the body of the transmission. Additional fields may be required depending on the program; fields | | [Required] |



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| below may be ignored if a Payer Client feed is implemented. | | |
| Describes what type of identifier is being sent to identify the client. | "ClientCustomID" | String match = " ClientCustomID " Max length 20 |
| Unique client identifier used by the state to reference the member data across all Medicaid activities. | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros Max length 64 |
| Client's First Name. | Client's First Name | Max Length 30 Special Characters . ' - spac supported |
| Client's Middle Initial | Client's Middle Initial | Max Length 1 Can be NULL No Special Characters |
| Client's Last Name. | Client's Last Name | Max Length 30 Special Characters . ' - spac supported |
| Unique ID provided by the State Medicaid program to the client. | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros Max length 64 |
| Indicator that a patient is a newborn. Program requires a Client to have a Medicaid number so this field will always be True. | "False" | String match = "False" Can be NULL Max length 5 |
| 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 Visit Sequence ID | Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters |
| Additional client user-defined ID. This value is used to match the client to an existing record during import. | Client Medicaid ID Length between 1 and 9 Numeric Only | Client Medicaid ID Length between 1 and 9 Numeric Only |
| | Describes what type of identifier is being sent to identify the client. Unique client identifier used by the state to reference the member data across all Medicaid activities. Client's First Name. Client's Middle Initial Client's Last Name. Unique ID provided by the State Medicaid program to the client. Indicator that a patient is a newborn. Program requires a Client to have a Medicaid number so this field will always be True. The Third Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure order of the client data updates. Additional client user-defined ID. This value is used to match the client to an | Describes what type of identifier is being sent to identify the client. Unique client identifier used by the state to reference the member data across all Medicaid activities. Client's First Name. Client's First Name. Client's First Name Client's Middle Initial Client's Last Name. Client's Last Name The Third Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure order of the client data updates. Additional client user-defined ID. This value is used to match the client to an Client Medicaid ID Length between 1 and 9 Third Party EVV Visit Sequence ID. Client Medicaid ID Length between 1 and 9 Client Medicaid ID Length between 1 and 9 |



| ClientAddressType | Values: Home, Business, Other. Note that multiple of the same type can be | "Home" "Business" "Other" | String match = "Home" "Business" "Other" |
|------------------------|---|--|---|
| ClientAddress | Required segment. At least one record for each client is required for the program. | | [Required] |
| 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. | DO NOT PROVIDE | DO NOT PROVIDE String match = Yes No Can be NULL Default = No |
| ClientSSN | Client's social security number. If the field is left empty, ClientOtherID 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 ######### | DO NOT PROVIDE | DO NOT PROVIDE; value will be stored if provided |
| | This is a value auto-assigned by internal process within EAS. DO NOT PROVIDE | DO NOT PROVIDE | DO NOT PROVIDE; value provided will be utilized ar client record will be invalic |
| ClientCustomID | Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. May be equal to another ID provided. | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros Max length 24 |
| ClientBirthDate | Client's Date of Birth. Format YYYY-MM- DD (zero filled). e.g. 1985-06-01 | Client Birth Date | FORMAT: YYYY-MM-DD Can be NULL |
| Coordinator | The staff member assigned to the client in a specific agency as the coordinator for an employee. | Coordinator Identifier | Max Length 3 Can be NULL No Special Characters |
| ClientTimeZone | Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the Appendix 5 for acceptable values. | "US/Eastern" | String match = "US/Easter Max length 64 |
| | | No leading Zeros | No leading Zeros Max length 24 Can be NULL |
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| provided. Default to Other if not available. | | Max length 12 |
| One address must be designated as primary by sending True. Additional addresses will be False. Values: True/False | String match = "True" "False" | String match = "True" "False" Max length 5 |
| Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting. | Address Line 1 | Max Length 30 Special Characters <under score> . ' - # , / space supported</under |
| Street address line 2 associated with this address. | Address Line 2 | Max Length 30 Can be NULL Special Characters <under score=""> . ' - # , / space supported</under> |
| County associated with this address | County | Max Length 25 Can be NULL Special Characters . ' - space supported |
| City associated with this address. | City | Max Length 30 Special Characters space supported |
| State associated with this address. Two character standard abbreviation referenced in Appendix 6. | State | Format: 2 char standard US state abbreviation Max length 2 |
| Zip Code associated with this address. 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'. Max length 9 |
| Calculated for each address. | | Max length 20 Can be NULL |
| Calculated for each address. | | Max length 9 Can be NULL |
| | One address must be designated as primary by sending True. Additional addresses will be False. Values: True/False Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting. Street address line 2 associated with this address. County associated with this address City associated with this address. State associated with this address. Two character standard abbreviation referenced in Appendix 6. Zip Code associated with this address. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros. Calculated for each address. | available. One address must be designated as primary by sending True. Additional addresses will be False. Values: True/False Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting. Street address line 2 associated with this address Line 1 County associated with this address County City associated with this address. City State associated with this address. Two character standard abbreviation referenced in Appendix 6. Zip Code associated with this address. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros. Calculated for each address. |



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| 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. | | [Optional] |
| ClientPhoneType | Values: Home, Mobile, Business and Other. Note that multiple of the same type can be provided. Default to Other if not available. | "Home" "Mobile" "Business" "Other" | String match = "Home" "Mobile" "Business" "Other" Permitted values Can be NULL Max length 9 |
| ClientPhone | Client phone number including area code. (No country code, no dashes and no parentheses) | Client Phone Number | FORMAT: ######### Max length 10 |
| ClientPayerInformation | DO NOT PROVIDE this segment. | Supplied here for legacy / multi- state vendor interfaces. Does not need to be provided for this program. | [DO NOT PROVIDE] |
| | Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process. | DO NOT PROVIDE | DO NOT PROVIDE |
| | If applicable, the program to which this visit belongs | DO NOT PROVIDE | DO NOT PROVIDE |
| | This is the billable procedure code which would be mapped to the associated service. | DO NOT PROVIDE | DO NOT PROVIDE |
| | 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. | DO NOT PROVIDE | DO NOT PROVIDE |
| | 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. | DO NOT PROVIDE | DO NOT PROVIDE |



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| | 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. | DO NOT PROVIDE | DO NOT PROVIDE |
| | 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. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Unique identifier sent by the payer. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client eligibility begin date. This field is optional if ClientStatus is sent. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client eligibility end date. This field is optional if ClientStatus is sent. | DO NOT PROVIDE | DO NOT PROVIDE |
| | The client's current status. Provide the 2 digit code including the 0. Available values: 02 = Active 04 = Inactive This field is optional if ClientEligibilityDateBegin or ClientEligibilityDateEnd is sent. | DO NOT PROVIDE | DO NOT PROVIDE |
| | The effective start date for the client payer information. | DO NOT PROVIDE | DO NOT PROVIDE |
| | The effective end date for the client payer information. | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientDesignee | DO NOT PROVIDE: 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. | | [DO NOT PROVIDE] |
| ClientDesigneeFirstName | First Name of the Client Designee. | DO NOT PROVIDE | DO NOT PROVIDE |



| ClientDesigneeLastName | Last Name of the Client Designee. | DO NOT PROVIDE | DO NOT PROVIDE |
|----------------------------|---|----------------|------------------|
| ClientDesigneeEmail | Email address of the Client Designee. | DO NOT PROVIDE | DO NOT PROVIDE |
| 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. | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientDesigneeStartDate | The date Client Designee was assigned. Future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required. | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientDesigneeEndDate | The date Client Designee was terminated. Future date and Back date is not acceptable. If the ClientDesigneeEndDate is sent, ClientDesigneeStatus is not required. | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientDesigneeRelationship | Relationship of the Designee to the client | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientResponsibleParty | Provide if applicable for the client and in the absence of a payer client feed. | | [DO NOT PROVIDE] |
| ClientContactType | Client contact type | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientContactFirstName | Client contact first name. Entered by provider agency. | DO NOT PROVIDE | DO NOT PROVIDE |



| | Client contact last name. Entered by provider agency. | DO NOT PROVIDE | DO NOT PROVIDE |
|------------------|--|----------------|----------------|
| | Client contact's phone type. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client contact home phone number. Entered by provider agency. Format ######### | DO NOT PROVIDE | DO NOT PROVIDE |
| | 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. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client contact's street address, line 1 | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client contact's street address, line 2 | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client contact's city | DO NOT PROVIDE | DO NOT PROVIDE |
| | Client contact's state. Two character standard abbreviation. | DO NOT PROVIDE | DO NOT PROVIDE |
| ClientContactZip | Client contact's zip code. 9 digit primary address zip code. If additional 4 digits are not known, provide zeros. Format ######### | DO NOT PROVIDE | DO NOT PROVIDE |

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 |
|------------------------------|--|---|--|
| ProviderIdentification | Required segment. 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. | | [Required] |
| ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "MedicaidID" | String match = "MedicaidID" |
| ProviderID | Unique identifier for the agency. | Medicaid ID; exactly 7 chars Alpha/Numberic | Medicaid ID; exactly 7 chars Alpha/Numberic |
| Employee General Information | Required data in the body of the transmission. This segment provides the basic information about the employee. Value being sent to uniquely identify the | | <i>[Required]</i> String match = |
| EmployeeQualifier | employee. | "EmployeeCustomID" | "EmployeeCustomID" Max length 20 |
| Employeeldentifier | Employee identifier identified by EmployeeQualifier. | Unique unchanging value for each employee. Must match data supplied in visit records. | Unique unchanging value for each employee. Must match data supplied in visit records. Max length 64 |
| EmployeeOtherID | Unique employee identifier in the external system. | Vendor Employee Identifier | DO NOT PROVIDE |
| 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) |



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| EmployeeLastName | Employee's last name | Employee's Last Name | Max Length 30 Special Characters . ' - space supported |
| EmployeeFirstName | Employee's first name | Employee's First Name | Max Length 30 Special Characters . ' - space supported |
| EmployeeEmail | Employee's email address | Employee's Email Address | Max Length 64 Can be NULL FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address. |
| EmployeeEndDate | Employee's HR recorded end date. | Employee End Date | FORMAT: YYYY-MM-DD Can be NULL |
| | | Email of the Employee's Manager | DO NOT PROVIDE |
| | Employee Social Security Number. Employee SSN may be required depending on the program rules. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Employee client's alternate provider identifier or Medicaid ID | DO NOT PROVIDE | DO NOT PROVIDE |
| | Values for payer/state programs to be determined during implementation. If multiple positions, send primary. | DO NOT PROVIDE | DO NOT PROVIDE |
| | Employee's date of hire. | DO NOT PROVIDE | DO NOT PROVIDE |



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.

Historical visits can be transmitted for up to 3 years in the past.

| Visit Data Endpoint | |
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| Element | Description | Expected Value | Validation Rule |
|---------------------------|---|---|--|
| ProviderIdentification | Required segment. Note that this element vinformation provided for all three types of tracompared to the connection being used with transmission is appropriate. If this match call will be rejected. | ansmissions. This information will be in the interface to ensure that the | [Required] |
| ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "MedicaidID" | String match = "MedicaidID" |
| ProviderID | Unique identifier for the agency. | Medicaid ID; exactly 7 chars Alpha/Numberic | Medicaid ID; exactly 7 chars Alpha/Numberic |
| Visit General Information | Required data in the body of the transmission. 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. | | [Required] |
| VisitOtherID | Visit identifier in the external system | Visit Identifier | Max Length 50 Special Character <under score=""> supported</under> |
| 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 |
| EmployeeQualifier | Value being sent to uniquely identify the employee. Values: EmployeeSSN, EmployeeCustomID. | "EmployeeCustomID" | String match = "EmployeeCustomID" Max length 20 |
| EmployeeOtherID | Unique employee identifier in the external system, if any. | Vendor Identifier | Unique unchanging value for each employee. Must match data supplied in visit records. Max length 64 |



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| | | | [DO NOT PROVIDE] |
| Employeeldentifier | 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. | Unique unchanging value for each employee. Must match data supplied in visit records. | Unique unchanging value for each employee. Must match data supplied in visit records. Max length 64 |
| GroupCode | This visit was part of a group visit. Group Code is used to reassemble all members of the group. | Group Code | Max Length 6 Can be NULL Special Character <underscore> supported</underscore> |
| ClientIDQualifier | Describes what type of identifier is being sent to identify the client. | "ClientCustomID" | String match = " ClientCustomID " Max length 20 |
| ClientID | Unique client identifier used by the state to reference the member data across all Medicaid activities. | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros Max length 64 |
| ClientOtherID | Additional client user-defined ID. This value is used to match the client to an existing record during import. | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros | Client Medicaid ID Length between 1 and 9 Numeric Only No leading Zeros Max length 24 Can be NULL |
| VisitCancelledIndicator | True/False – Set to False as the default. Set to True if a visit with no call in or call out is to be cancelled / deleted (scheduling only) | "False" | String match = "True" "False" Max length 5 |
| PayerID | Sandata EVV assigned ID for the payer. | Payer column - Appendix | See Payer + Programs Appendix Max length 64 |
| PayerProgram | If applicable, the program to which this visit belongs. | Program code column - Appendix | See Payer + Programs tab Max length 9 |
| | | | |



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| ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | HCPCS code column - Appendix | See Services + Modifiers tab Max length 5 |
| Modifier1 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 1 column - Appendix | See Services + Modifiers tab Can be NULL Max length 2 |
| Modifier2 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 2 column- Appendix | See Services + Modifiers tab Can be NULL Max length 2 |
| Modifier3 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 3 column- Appendix | See Services + Modifiers tab Can be NULL Max length 2 |
| Modifier4 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 4 column- Appendix | See Services + Modifiers tab Can be NULL Max length 2 |
| 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. | "US/Eastern" | String match = "US/Eastern" Max length 64 |
| AdjInDateTime | Adjusted in date/time if entered manually. Otherwise the actual date/time received. | Adjusted In Date/Time | Max Length 20 Can be NULL FORMAT: YYYY-MM- DDTHH:MM:SSZ |
| AdjOutDateTime | Adjusted out date/time if entered manually. Otherwise the actual date/time received. | Adjusted Out Date/Time | Max Length 20 Can be NULL FORMAT: YYYY-MM- DDTHH:MM:SSZ |
| BillVisit | True for all visits in this program. False is only sent if the visit is not to be considered for claims validation and set to omit status. | "True" | String match = "True" Max length 5 Can be NULL |
| Memo | Associated free form text. MO DSS requires that a memo be submitted for all visits that are performed for the DDD program. | Memo | Max Length 1024 Can be NULL Special Characters <under score=""> . ' - , space supported</under> |



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| ClientVerifiedTimes | If the client did verify times in EVV Vendor system set this value to True. If the client did not verify times in EVV Vendor system set this value to False. | "True" "False" | String match = "True" "False" Can be NULL Max length 5 |
| ClientVerifiedTasks | If the client did verify tasks performed in EVV Vendor system set this value to True. If the client did not verify tasks performed in EVV Vendor system set this value to False. | "True" "False" | String match = "True" "False" Can be NULL Max length 5 |
| ClientVerifiedService | If the client did verify service performed in EVV Vendor system set this value to True. If the client did not verify service performed in EVV Vendor system set this value to False. | "True" "False" | String match = "True" "False" Can be NULL Max length 5 |
| ClientSignatureAvailable | The actual signature will not be transferred. The originating system will be considered the system of record. If the client signature is captured in EVV Vendor system set this value to True. If the client signature is not captured in EVV Vendor system set this value to False. | "True" "False" | String match = "True" "False" Can be NULL Max length 5 |
| ClientVoiceRecording | The actual voice recording will not be transferred. The originating system will be considered the system of record. If the client voice recording is captured in EVV Vendor system set this value to True. If the client voice recording is not captured in EVV Vendor system set this value to False. | "True" "False" | String match = "True" "False" Can be NULL Max length 5 |
| 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. | Optional Data Field | Max Length 20 Can be NULL FORMAT: YYYY-MM- DDTHH:MM:SSZ |



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| 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. | Optional Data Field | Max Length 20 Can be NULL FORMAT: YYYY-MM- DDTHH:MM:SSZ |
| 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 | DO NOT PROVIDE | DO NOT PROVIDE |
| | Indicator if schedule is a "reschedule" | DO NOT PROVIDE | DO NOT PROVIDE |
| | Hours that are going to be billed. | DO NOT PROVIDE | DO NOT PROVIDE |
| | If payroll is in scope for the payer program, the hours to pay. | DO NOT PROVIDE | DO NOT PROVIDE |
| Calls | Required segment. If calls are not provided, a parent visit element. Calls include any type of system capabilities. Note that some vendor activity as calls. If this is the case, the call element visit information without calls as manusegment. | of clock in or clock out depending on systems may not record some visit ement can be omitted. Sandata will | [Required] |
| CallExternalID | Call identifier in the external system | Call Identifier | Max Length 16 |
| | | | No Special Characters |
| CallDateTime | Event date time. Must be to the second. | Call Date Time | Max length 20 FORMAT: YYYY-MM- DDTHH:MM:SSZ |



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| GroupCode | This visit was part of a group visit. Group Code is used to reassemble all members of the group. | Group Code | Max Length 6 Can be NULL Special Character <under score> supported</under |
| 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 visit verification device. Visit Changes segment is required for CallType = Manual. | "Telephony" "Mobile" "FVV" "Manual" "Other" | String match = Telephony Mobile FVV Manual Other Max length 20 |
| ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | HCPCS code column - Appendix | See Services + Modifiers tab Max length 5 |
| 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 Special Character <under score> supported Conditional</under |
| MobileLogin | Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile. | Mobile Login | Max Length 64 Conditional No Special Characters |
| 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 Decimal format with (-)XX . XXXXXXXXXXXXXXXX digits |
| 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 Decimal format with (-)XXX XXXXXXXXXXXXXXXXXXXXX digits |
| TelephonyPIN | PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony. | Telephony PIN | Max Length 10 Can be NULL Numbers only |



| | | | Get more right from the |
|------------------------|--|---|---|
| OriginatingPhoneNumber | Originating phone number for telephony. Required if CallType = Telephony. | Originating Phone Number | Max Length 10 Can be NULL No Special Characters |
| Location | Specific values to be provided based on the program. | DO NOT PROVIDE | Can be NULL |
| VisitChanges | Optional segment. This segment is provided wentered, altered, or updated in the source system should reflect the updated information, while segment should record the details around the code for why it occurred. It will not be supplied first time), but MUST be delivered for any made an existing visit. If provided, all required field. | tem. The Visit General segment this associated Visit Change It change, and supply the reason ed for new visits (delivered for the nual calls, updates or alterations to | [Optional] |
| 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 [Required] |
| 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 [Required] |
| ChangeDateTime | Date and time when change is made. At least to the second. | Date and Time When Change is Made | Max length 20 FORMAT: YYYY-MM- DDTHH:MM:SSZ Numbers only; no other characters [Required] |
| GroupCode | This visit was part of a group visit. GroupCode is used to reassemble all members of the group. | Group Code | Max Length 6 Can be NULL Special Character <under score=""> supported</under> |
| ReasonCode | Reason Code associated with the change. Required if CallType = Manual. | Reason Code column - Appendix | See Reason codes – Appendix [Required] |



| ChangeReasonMemo | Reason/Description of the change being made if entered. Required for some reason codes. | Note if Indicated in Required? Column | Max Length 1024 Can be NULL No Special Characters |
|-------------------------------|--|---|---|
| ResolutionCode | Resolution codes, if selected. Resolution Codes are specific to the program. | | Max length 4 Can be NULL |
| Tasks | DO NOT PROVIDE. This optional segment codetails regarding activites the caregiver perforactivities are known as 'Tasks' and often align individual recieiving care. Please refer to the semioral Modifier Appendix to determine if one or more visit. Please reference the task id that is associated as the composition of t | rmed during the visit. These detailed to the care plan designed for the service task required in the Service + re tasks must be submitted with this | [DO NOT PROVIDE] |
| | | | |
| | | | Max Length 6 Can be NULL No Special Characters |
| | | | String match = "True" "False" Can be NULL |
| VisitExceptionAcknowledgement | Provided for a visit when it has corrections, alterations, or updates that caused exceptions, which have been acknowledged by the provider agency. Every exception that is acknowledgeable (versus exceptions that require a fix- or alteration of the visit data) must have an acknowledgement for the visit to be fully verified and compliant with the EVV program's rules. | This is an OPTIONAL segment- it will not be supplied for new visits (delivered for the first time), but MUST be delivered for any updates or alterations to an existing visit where an acknowledgeable exception has been resolved. If provided, all required fields must be included | [Required] |



| ExceptionID | ID for the exception being acknowledged. | Exceptions Code Column – Appendix | See Exceptions codes – Appendix |
|-----------------------|--|--------------------------------------|---|
| ExceptionAcknowledged | True/False | "True" "False" | String match = "True" "False" Can be NULL |

Appendix

Appendix 1: Payers + Programs

| Payer ID | Program/Waiver Name | Program ID | Programs & Waivers Covered |
|----------|-----------------------------------|------------|---|
| DVHA | Choices for Care | CFC | LTSS for adults with disabilities and older adults |
| DVHA | Home Health Care Services | HHCS | Home Health Care Services Included in program |
| DVHA | Developmental Disability Services | DSWAIV | Services, support, and supervision for individuals up to 24 hours a day 7 days a week |



Appendix 2: Payers + Programs + Service Codes + Modifiers



| | | | | | ost many many the start |
|-------|---------|---------------|------------|-------------|---|
| Payer | Program | HCPCS Code | Modifier 1 | Modifier 2 | Service Description |
| DVHA | CFC | S5130 | 95 | Wiodiller Z | Homemaker |
| DVHA | CFC | S5135 | 73 | • | Companion Care (073) |
| DVHA | CFC | T1005 | 73 | | Respite Care (073) |
| DVHA | CFC | T1019 | 72 | · | Personal Care (072) |
| , | ······ | | | 20 | |
| DVHA | CFC | T2025 | 71 | 30 | Moderate Needs |
| DVHA | HHCS | G0151 | | | Physical Therapy |
| DVHA | HHCS | G0152 | | | Occupational Therapy |
| DVHA | HHCS | G0153 | | | Speech Therapy |
| DVHA | HHCS | G0299 | | | Skilled Nursing (RN) |
| DVHA | HHCS | G0300 | - | • | Skilled Nursing (LPN) |
| DVHA | HHCS | G0156 | | | Home Health -Home Health Aide |
| DVHA | DSWAIV | S5135 | U1 | | Supervised Living - 1:1 Staffing |
| DVHA | DSWAIV | S5135 | U2 | | Supervised Living - 2:1 Staffing (two staff: one person) |
| DVHA | DSWAIV | S5135 | UN | | Supervised Living - Two people served |
| DVHA | DSWAIV | T2017 | U1 | | In-Home Hourly/Shared Living Support - 1:1 Staffing |
| DVHA | DSWAIV | T2017 | U2 | | In-Home Hourly/Shared Living Support - 2:1 Staffing (2 staff: 1 person) |
| DVHA | DSWAIV | T2017 | UN | | In-Home Hourly/Shared Living Support- 2 People served |
| DVHA | DSWAIV | S5150 | U1 | | Hourly Respite - 1:1 Staffing |
| DVHA | DSWAIV | S5150 | U2 | • | Hourly Respite - 2:1 Staffing (two staff: one person) |
| DVHA | DSWAIV | S5150 | UN | | Hourly Respite - Two people served |
| DVHA | DSWAIV | S5150 | UP | | Hourly Respite - Three people served |
| DVHA | DSWAIV | S5151 | U1 | | Daily Respite - 1:1 Staffing |
| DVHA | DSWAIV | S5151 | U2 | | Daily Respite - 2:1 Staffing (two staff: one person) |
| DVHA | DSWAIV | S5151 | UN | | Daily Respite - Two people served |
| | | | | | |



Appendix 3: Reason Codes

| Reason Code | Reason | Note Required? |
|-------------|-----------------------------|----------------|
| 01 | Caregiver Error | NO |
| 02 | Member Unavailable | NO |
| 03 | Mobile App Issue/Inoperable | NO |
| 04 | Telephony Issue/Inoperable | NO |
| 05 | Member Refused Verification | YES |
| 06 | Service Outside the Home | NO |
| 99 | Other | YES |

Appendix 4: Exception Codes

| Task ID | Task Description | Туре |
|---------|-----------------------------|------|
| 00 | Unknown Client | FIX |
| 01 | Unknown Employee | FIX |
| 34 | Invalid Service | FIX |
| 23 | Missing Service | FIX |
| 03 | Visits Without In-Calls | FIX |
| 04 | Visits Without Out-Calls | FIX |
| 15 | Unmatched Client ID / Phone | ACK |

Appendix 5: Resolution Codes



| Resolution Code ID | Description |
|--------------------|----------------------------------|
| Α | Written Documentation Maintained |

Appendix 6: Valid 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 |
| 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 |



Appendix 7: US State Abbreviations

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