

Commonwealth of Massachusetts
Alternate EVV Vendor Specification
Version 1.7

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Version History

Name	Title	Version	Changes	Date
F. Simpkins	Original Version	V1.0	Original Version	03/20/2024
F. Simpkins	Alternate EVV Vendor Specification	V1.1	Edited Footer, Edited "ProviderID", Edited "ClientCustomID", Edited "ClientIdentifier", "ClientMedicaidID", Added "ClientMedicaidID"	04/03/2024
F. Simpkins	Alternate EVV Vendor Specification	V1.2	Edited "ClientOtherID" to be optional, Added clarification for "ClientVerifiedTimes", "ClientVerifiedService", "ClientSignatureAvailable", and "ClientVoiceRecording"	04/22/2024
F. Simpkins	Alternate EVV Vendor Specification	V1.3	Edited "ClientID" in Visit General section to match what is in "ClientIdentifier" field in Client Section and removed "ClientID" in Client Section	04/25/2024
F. Simpkins	Alternate EVV Vendor Specification	V1.4	Edited Version History to add additional detail.	05/22/2024
F. Simpkins	Alternate EVV Vendor Specification	V1.5	<p>Updated Program Code labeled "HCOI" to "HCPB"</p> <p>Updated Program Description from "Home Care/ Over Income" to "Home Care / Percent Based"</p> <p>Edited the following fields to provide further clarification:</p> <p>Client "ProviderQualifier", "ProviderID", "ClientQualifier", "ClientIdentifier", "ClientMedicaidID", "ClientAltMedicaidID", "MissingMedicaidID", "ClientCustomID"</p> <p>Visit "ClientID", "ClientMedicaidID", "ClientVerifiedTimes", "ClientVerifiedService", "ClientSignatureAvailable", "ClientVoiceRecording", "BypassReason", "GroupCode", "ProcedureCode", "ChangeReasonMemo"</p>	06/28/2024
F. Simpkins	Alternate EVV Vendor Specification	V1.6	<p>Updated Exception Code for "Missing Payer" Exception.</p> <p>Updated Addition of PCA Program Code to Service T1019.</p> <p>Removed capitalization on ClientTimezone.</p> <p>Updated Description of 'Short Visit' exception.</p> <p>Removed Expected Values in the descriptions for the different values in the JSON not in use throughout.</p>	07/23/2024

F. Simpkins	Alternate EVV Vendor Specification	V1.7	Removed a duplicate entry for T1019 in list of services	08/15/2024
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For additional detail, please refer to the accompanying document 'Requirement Specification for Receipt of Alternate Electronic Visit Verification Systems Data (alt EVV) version 7.18.

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1 OVERVIEW

This specification is intended to document the requirements for using the Sandata Alternate EVV Interface (part of the Open EVV Series of Interface) for receiving information from 3rd party EVV Vendors into the Sandata Aggregator. This interface is also referred to as the Alternate EVV Data Interface or 'alt EVV'. An Alternate EVV Data Collection System will build one data pipe to the Aggregator and send synchronous data 'packages' per defined provider agency.

This interface includes 3 types of data: Visits, the Clients associated with those visits, and the Employees associated with those visits.

For additional information, please refer to the accompanying general specification. This document includes sample JSON for reference.

2 INTENDED AUDIENCE

The intended audience of this document is:

- Project Management and Technical teams at Sandata, and
- Project Management and Technical teams at designated Providers/Vendors who will be implementing this interface.

3 VENDOR TESTING

Vendors and Providers using a 3rd Party EVV system must utilize the Sandata EVV Vendor Self-Registration portal. This will allow you to register for testing for the selected state and proceed through the various test cases. All vendor products must go through testing at least once for each program.

Requirements for utilizing the portal:

- You must be a known vendor to Sandata.
- At least one provider must have identified your product as their intended EVV collection system for the program.

The portal can be found at <https://evv-registration.sandata.com/vendor-registration>.

4 TRANSMISSION INFORMATION

4.1 TRANSMISSION FREQUENCY

For optimal system performance, it is recommended that visits should be sent in near real time. It is expected that information is sent as it is added/changed/deleted in the Alternate EVV Data Collection.

System Note: Rejection responses will be delivered on a separate API call that is initiated by the third party—in near real time.

4.2 TRANSMISSION LIMITS

A single transaction may contain from 1 to 5,000 records. A single record set would include all associated elements. If the group size exceeds the maximum limit for the group, the complete group will be rejected.

During peak loads, records received may be queued and processed as resources permit. Other transactions received for the Provider ID will be queued behind these until they are processed since they are processed in the order received.

Expected result of queued data is...Error Message: “The result for the input UUID is not ready yet. Please try again.”

Expected vendor action: Wait 5 minutes before attempting the GET status response.

4.3 FILE DETAILS

File Format	JSON (JavaScript Object Notation)
File Encryption	Delivery to occur over secure HTTPS connection
	Testing (testing is available through the Sandata Vendor Self Registration Portal):
	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
RESTful API Endpoint(s)	Visit: UAT: https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1

Production:

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

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

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

Payload Compression

No compression of data during delivery

Delivery Mechanism

Via RESTful API call

Delivery Frequency

No less frequent than daily (time decided by each vendor supplying the EVV data). Can be multiple times per day at the vendor's discretion. Please note that all visits should be provided including those that are not complete or having exceptions.

4.4 DATA TYPE FORMAT DETAILS

The user will send information in a JSON format. JSON allows multiple child entities for a parent.

The format of the information sent must match exactly the format defined below and must be sent via the web service. We support only three data types during transmission: string, number, and Boolean. The specification uses more traditional data types to ensure that data is received in the expected formats and appropriate record level editing can be incorporated. Except where numeric, the assumed JSON format is string. The data type provided in the specification is based on the following field definitions.

Note that the format is case sensitive. All field names must be provided in EXACTLY the casing used in the definitions below. Sandata utilizes RESTful services with JSON formatting.

Table 1: Data Type Basics

Data Type	Description	Example
DateTime	The date and time are represented as a string with the following format: YYYY-MM-DDTHH:MM:SSZ All times will be provided in UTC (Coordinated Universal Time ¹).	2016-12-20T16:10:28Z
Date (Only Date)	The data is represented as a string with the following format: YYYY-MM-DD	2016-12-20
Timezone	All time for tracking visits will be in UTC. The time zone name expected in each transaction is the actual time zone where the event took place. i.e., US/Eastern.	See the Appendix for the Time Zone list. These are the values supported by Sandata EVV and the Sandata Aggregator.
String	A string is a row of zero or more characters that can include letters, numbers, or other types of characters as a unit, not an array of single characters. (e.g., plain text).	This is a string of characters. Some string fields limit the special characters that can be received.
Integer	An integer is a numeric value without a decimal. Integers are whole numbers and can be positive or negative.	52110 (positive) -87721 (negative)
Decimal	A floating-point number is referred to as a decimal. Can be positive or negative.	8221.231 (positive) -71.214 (negative)
Boolean	A logic predicate indicator that can be either true or false.	true false

4.5 REJECTED RECORD PROCESS

When records are received, Sandata will return for each group a transaction ID and an ACK (acknowledgment of receipt). This transaction ID can be queried by the caller for status of the records in the transaction. This process will allow the provider/vendor to “GET status” on any of the records that may have been rejected. The example below is shown for an employee record.

¹ The UTC Standard is based on the GMT time zone.

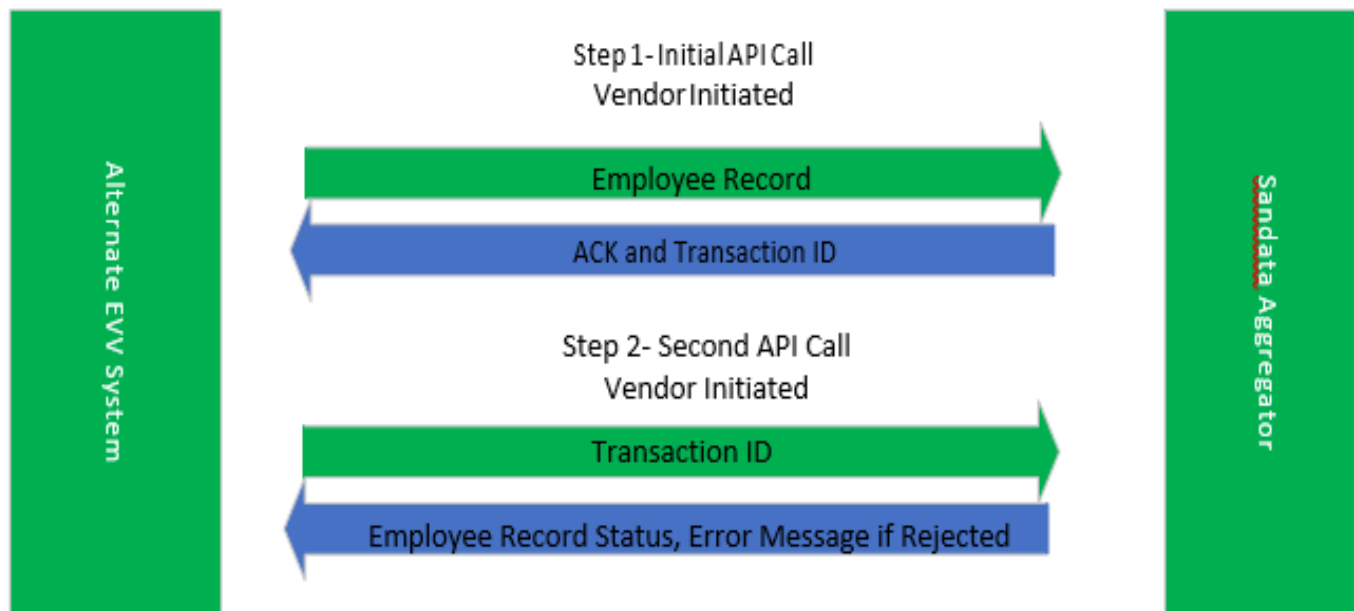


Figure 1: Transmission Process

4.6 NEW RECORD AND UPDATES

New records and updates for previously sent data should be provided via the clients, employees, or visits interfaces ('data packages'). If a set of records is sent (client, employee, or visit), all associated elements should be sent. Partial updates will be rejected. An update that deletes a record will, in most cases, not actually remove information since Sandata will not physically delete information. The deleted record/s will no longer be visible on the application. However, the record history will maintain the original data received.

4.7 TRANSMISSION METHOD

Sandata supports an SOA architecture. Sandata will provide an API for 3rd party vendors or agency's internal IT organizations to utilize. Sandata can provide sample JSON format information, as well as the WADL to those parties developing the interface. This specification will include the REST endpoints needed to request status on record acceptance /rejection.

4.8 RULES

The following rules apply to information received through this interface. For all rules that result in a rejection, it is expected that the issue will be resolved in the Alternate Data Collection System and the information subsequently retransmitted.

There is one set of Interfaces per Sandata Provider Agency and program.

There will be 3 independent types of data provided through the Alternate EVV interface.

- Clients
- Employees (Field Staff)
- Visit Information

Each will be sent individually but can be delivered through the same single connection.

THE ALTERNATE DATA COLLECTION SYSTEM WILL BE RESPONSIBLE FOR:

- Visit transmittals: Visits should be transmitted in near real time. Actual payer frequency requirements may vary. Note that rejection responses will be delivered as separate API calls initiated by the third party. Information should be sent for only those records that are added, changed, or deleted. This is an incremental interface. Records which have not changed should not be resent.
- Complete transmissions:
 - When sending a client, all applicable elements and sub elements must be sent during each transmission.
 - When sending an employee, all applicable elements and sub elements must be sent during each transmission.
 - When sending a visit, all applicable elements and sub elements must be sent during each transmission.
- Call matching: Calls received regardless of the collection method used by the Alternate Data Collection System are received together as part of a complete visit by the Aggregator, per the specification. Sandata will not attempt to match or rematch the visits received.
- Data quality: All data will be accepted from third party data “as is,” including any calculated fields.
- Latitude and longitude must be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device.
- Assigning sequence numbers: For each of the 3 types of records (client, employee, visit), the Alternate Data Collection System will be responsible for assigning sequence numbers for each interface to ensure that updates are applied in the appropriate sequence. If a record is rejected, an incremented sequence is expected on the next transmission of that record set. Sequence numbers are per unique record (client, employee, visit) and record set (modifications to the same client, employee, visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time that same client is sent, the sequence would be set to 2, etc.
- Ability to correct defined exceptions: Exceptions must be corrected using the standard set of reason codes provided by Payer/State. Some of the defined reason codes require additional text to provide additional information; this information must also be sent as part of this interface.
- Change log transmission: Changes made to all visit information must be fully logged, and the log information must be transmitted as part of the visit record, as applicable. The log must be completed in the VisitChanges segment.

- Standard date/time format: All dates and times provided must be sent in UTC (Coordinated Universal Time) format which uses GMT.

GENERAL PROCESSING RULES:

- If a record is received and any required data is missing, malformed, or incomplete as defined in the specification, the record will be rejected or set to default values in accordance with the detailed specifications.
- If an optional field is provided with an invalid value (one not listed in this specification), the field will be set to the default value, null and/or rejected depending on the field, unless otherwise specified in this specification.
- If text (string) field length is longer (>/greater than) than the maximum allowed for that field value, unless otherwise noted, the field will be truncated to the maximum length specified for that field.
- Any record without a sequence number will be rejected. Sequence numbers are per unique record (client, employee, visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time the same client is sent, the sequence would be set to 2, etc.
- Records will be processed in the order received using the assigned sequence number.
- If the record is received with a sequential number that is less than the one already processed, the data will be rejected with error “Version number is duplicated or older than current.” The vendor must correct the SequenceID and resend the data.
- Header information as determined for the payer and program must be included in each transmission for each record (client, employee, visit), otherwise the entire collection of records will be rejected.

STANDARD CLIENT RULES:

The following represents a subset of the requirements for client information. Please see the Field Information section of this document for all applicable rules.

- If the client does not include at least 1 complete address (address line 1, city, state, zip code) the client will be rejected.
- If the client does not include the defined unique identifier, the client will be rejected.
- If the client does not include first name, last name and time zone, the client will be rejected.

STANDARD EMPLOYEE RULES:

The following represents a subset of the requirements for employee information. Please see the Field Information section of this document for all applicable rules.

- If SequenceID and Staff ID are not provided, the employee will be rejected.
- If an employee’s first name and last name are not provided, the employee will be rejected.

STANDARD VISIT RULES:

- Clients and Employees must be sent before visits, to ensure they exist in the Sandata system at the time of visit receipt. If the client and employee have not been received in the Sandata system, the visit will be rejected.
- No Client Provided - To allow the Aggregator to determine if the visit is for a Payer/State client, the visit must include a client. If a visit does not include a client, the complete visit will be rejected.
- Invalid/Unknown Client Provided - To allow the Aggregator to determine if the visit is for a Payer/State Client, the visit must include a valid client associated with the payer. If a visit includes a client that is unknown to Sandata (has not been received and accepted), the complete visit record will be rejected.
- No Employee Provided / Invalid or Unknown Employee Provided - If a visit does not include an employee (visit record send without an employee associated), The visit will be rejected as 'Worker not found'. The data will not process with an 'Unknown Employee' exception in Aggregator.
- The Alternate EVV system is expected to be able to handle a visit that crosses calendar days.
- A visit can only be cancelled if it does not have any calls associated with it or any adjusted times (generally a scheduled visit) and the schedule has not yet started. If a visit has calls but is being cancelled in the source EVV system, the "Bill Visit" indicator should be set to False to indicate that the visit should be disregarded for billing purposes. The visit status will be set to Omit by the Aggregator.
- The following rules apply to the dates and times provided for the visit.

Date and Time Exists for the Following				Rule
Call In	Call Out	Adjusted In	Adjusted Out	
x	x			Call Out must be > Call In Otherwise record rejected.
Superseded by Adj. In	Superseded by Adj. Out	x	x	Adj. Out must be > Adj. In Otherwise record rejected.
x	Superseded by Adj. Out		x	Adj. Out must be > Call In Otherwise record rejected.

Date and Time Exists for the Following				Rule
Call In	Call Out	Adjusted In	Adjusted Out	
Superseded by Adj. In	x	x		Call Out must be > Adj. In Otherwise record rejected.

Figure 2: Call and Adjusted Time Precedence

Upon receipt, Sandata will calculate all configured Payer/Program exceptions and apply those exceptions as applicable.

It is assumed that there are some exceptions that cannot be “fixed” in the Alternate Data Collection System by their nature. They are configured for the Payer/State program as requiring acknowledgement by the system user. One of the included visit elements provides the ability for the user to send their acknowledgement. These exceptions require attestation that the exception has been reviewed/acknowledged in the system along with the appropriate reason code and attestation that appropriate documentation exists. Exceptions are specific to a given Payer/Program and will be noted in the associated appendix.

Upon receipt, Sandata will calculate and apply visit status as defined for the Payer/Program.

The Alternate Data Collection System will be expected to send a reason code and optionally the defined resolution code if it applies to the payer. Based on the definitions of the reason codes, some reason codes require additional information explaining the change. If additional information is required, the alternate data collection system must collect the information and include it when transmitting the visit to Sandata.

4.9 SEQUENCING

The SequenceID on all three types of records (clients, employees, visits) should be independent per record and should be incremented each time any record is sent. The Sequence ID will be used to ensure that a record is processed only once and that the most current information is used for reporting and claims processing. In the event a visit update is not accepted (rejected), the SequenceID on that transmission should not be reused. The next update should increment to the next number in the sequence. Failure to do so will cause the new record to be rejected as a duplicate.

Sequence Rules:

- If the latest SequenceID is greater than the highest value previously received, the record set will not be rejected. For example, if the latest SequenceID = 5, and the previous SequenceID = 4, the new record is accepted and displayed.
- If the latest SequenceID is less than the value previously received, and the record has not yet been processed, it will not be applied. For example, if the latest SequenceID = 8, and the previous SequenceID = 10 Record was accepted, the record sent with SequenceID 10 will be considered the current record.

- If the Sequence ID is equal to a value previously received, it will be rejected. i.e., latest SequenceID = 15, previous SequenceID = 15 Record rejected.
- Gaps in sequence will be allowed.

Please Note:

For those agencies that wish to use the Alternate EVV interface, and would prefer to use timestamps as the sequence number in their deliveries, the Sandata system can accept the timestamp value as the sequence number, under two conditions:

1. The timestamp value provided must contain only numbers, and no other symbols (i.e. “/”, “-”, and “:” characters removed)
2. The timestamp value provided must be formatted as YYYYMMDDHHMMSS. For example:



4.10 MESSAGE ACKNOWLEDGEMENT (ACK) AND TRANSACTION ID

Table 2: Message Acknowledgement with Transaction ID

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency.	10	String
2	ProviderID	Unique identifier for the agency.	64	String
3	TransactionID	Unique identifier for the request generated by the payer.	50	String
4	Reason	Default and only value provided: "Transaction Received"	250	String

4.11 RESPONSE FOR RECORD STATUS

Table 3: Response for Record Status

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency.	10	String
2	ProviderID	Unique identifier for the agency.	64	String
3	RecordType	Type of record that was rejected. Values: Client, Employee, Visit	10	String
4	RecordOtherID	Value of the record identifier	50	String
5	Reason	Default and only value provided: "Transaction Received"	250	String

5 EVV - ELEMENTS

As part of the implementation process, required fields may be adjusted and the available fields may be increased or reduced based on the program specifics. If you are sending fields which are not required, unless specifically noted, Sandata will accept and display these values.

Conditional means if it is present then it is required.

For each of the 3 endpoints, the Provider Identification segment is required.

Values shown in quotes in the Expected Value column indicate that this is a literal value where the word in quotes should be provided.

Information which is specific to Massachusetts is highlighted in blue.

5.1 PROVIDER INFORMATION (ALL ENDPOINTS)

This segment needs to be provided for all 3 endpoints to identify the provider for whom the information is being provided.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
Segment - ProviderIdentification - Required for the Client, Employee and Visit Endpoints						
1	ProviderQualifier	Unique identifier for the provider as determined by the program definition.	20	String	Yes	Send the literal value 'Other'.
2	ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	50	String	Yes	Should be the 9-Digit Identifier for the Provider This is the first 9 digits of the MA known PIDSL.

5.2 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 be rejected due to “Client not found”.

For the Massachusetts program, it is expected that all clients will be sourced from the State MMIS system. When this record is received, the matching record in the MMIS system will be located using the ClientIdentifier (MID or EOE ID) plus the client’s date of birth. If a match record is not found in the State system, the record will be rejected along with any associated visits to be received.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
ClientGeneralInformation - Required						
1	ClientQualifier	Value being sent to uniquely identify the client. Should be the same as the value sent by the Payer if a client is provided by the Payer	64	String	Yes	<p>“ClientMedicaidID” when client has a Medicaid ID.</p> <p>“ClientCustomID” when client does not have a Medicaid ID.</p>
2	ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities.	30	String	Yes	<p>Use either the MID 12 Character Numeric</p> <p>Always 12 (no trimming of leading anything) or the EOE ID (Consumer ID, 10-12 digits) in this field.</p>
3	ClientFirstName	Client’s First Name.	30	String	Yes	<p>Only the following special character will be accepted:</p> <ul style="list-style-type: none"> Alpha Letters Hyphens Periods Apostrophe <p>All other special characters will be rejected.</p>
4	ClientMiddleInitial	Client’s Middle Initial.	1	String	No	Client’s Middle Initial (Values A-Z)

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
5	ClientLastName	Client's Last Name.	30	String	Yes	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Conditional	MID 12 digits when client has Medicaid ID. If client does not have a Medicaid ID, must be null. Do not use EOEID or Consumer ID in this field. - Conditional - Required unless there is no MID. Do not provide if sending "ClientCustomID" .
7	ClientAltMedicaidID	Alternate ID used for purposes of receiving Medicaid benefits	15	String	No	Do Not Provide
8	MissingMedicaidID	Indicator that a patient is a newborn.	5	String	No	Do Not Provide Note that this functionality is not used in Massachusetts.
9	SequenceID	The Third-Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure the order of the client data updates.	16	Integer	Yes	Third-Party EVV Vendor Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
10	ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import.	24	String	No	Primary Client Key from the EVV Vendor System (No Special Characters).

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
11	ClientTimezone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	String match = See the Time Zone List in the Appendix. For Massachusetts, this value will be US/Eastern in most cases.
12	ClientCustomID	Secondary identifier for the client.	24	String	Conditional	If a client does not have a Medicaid ID, must be EOE (Consumer ID) 10-12 digits. If client does have a Medicaid ID, this must be null. Conditional - Required if Client does not have a Medicaid ID but does have a Consumer ID from EOE. Do not provide if sending "MedicaidID"
13	ClientSSN	Client's social security number.	9	Integer	No	Do Not Provide
14	Coordinator	The staff member is assigned to the client in a specific agency as the coordinator for an employee.	3	String	No	Do Not Provide
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	No	Do Not Provide
16	ClientBirthDate	Client's Date of Birth.	10	Date	Yes	Example:2024-03-20 Format: YYYY-MM-DD This value is required for the Massachusetts program.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
Segment - ClientAddress - Optional						
Optional segment. The primary address for each client will be provided by the State MMIS system. Additional addresses can be provided.						
1	ClientAddressType	This field designates the client address type. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	"Home" "Business" "Other"
2	ClientAddressesIsPrimary	One address must be designated as primary by sending true. Additional addresses will be false.	5	String	Yes	"true" / "false" For Massachusetts, this will always be "false". The primary address will be sourced from the State MMIS system.
3	ClientAddressLine1	Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting.	30	String	Yes	Address Line 1
4	ClientAddressLine2	Street address line 2 associated with this address.	30	String	No	Address Line 2
5	ClientCounty	County associated with this address.	25	String	No	County
6	ClientCity	City associated with this address.	30	String	Yes	City
7	ClientState	State associated with this address.	2	String	Yes	Two-character standard state abbreviation. (Must be capitalized)
8	ClientZip	Zip Code associated with this address. If additional 4 digits are not known, provide zeros.	9	String	Yes	Zip Code Format: #####
9	ClientAddressLongitude	Sandata will calculate this value for each address.	19	Decimal	No	Do Not Provide
10	ClientAddressLatitude	Sandata will calculate this value for each address.	20	Decimal	No	Do Not Provide

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
Segment - ClientPayerInformation - Optional						
This segment is used to create manual authorizations.						
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	PayerID is the code that correlates to the Payer. See Appendix 6.1 Payers.
2	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	PayerProgram is the code assigned for each of the programs which are part of this program. See Appendix 6.2 for Programs. Note that the program must be valid for the payer.
3	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	ProcedureCode is the HCPCS code assigned. See Appendix 6.3 for ProcedureCodes. Note that the ProcedureCode must be valid for the Payer and Program.
4	Modifier1	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix 6.3. Value must match distinct values from reference tables. Should be "NULL" if nothing is provided.
5	Modifier2	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix 6.3. Value must match distinct values from reference tables. Should be "NULL" if nothing is provided.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
6	Modifier3	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Do Not Provide Not in use for the Massachusetts program.
7	Modifier4	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Do Not Provide Not in use for the Massachusetts program.
8	ClientPayerID	Unique identifier sent by the payer.	20	String	No	Max Length 20 Can be NULL. No Special Characters
9	ClientStatus	The client's status. Provide the 2-digit code including the 0.	2	String	Yes	String match = "02" "04" Available values: 02 = Active 04 = Inactive
10	EffectiveStartDate	The effective start date for the client payer associated information.	10	Date	Yes	Date Format: YYYY-MM-DD
11	EffectiveEndDate	The effective end date for the client payer information.	10	Date	No	Date Format: YYYY-MM-DD
12	ClientEligibilityDateBegin	Client eligibility begin date. This field is optional if ClientStatus is sent.	10	Date	No	DO NOT PROVIDE
13	ClientEligibilityDateEnd	Client eligibility end date. This field is optional if ClientStatus is sent.	10	Date	No	DO NOT PROVIDE
14	JurisdictionID	Group level identifier within a payer.	10	String	No	DO NOT PROVIDE

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
ClientPhone - Optional						
The client's primary phone number will be provided by the State MMIS system. This is for additional phone numbers for the client. The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	ClientPhoneType	This is the client phone type. Note that multiple of the same type can be provided.	12	String	Yes	"Home" "Mobile" "Business" "Other"
2	ClientPhone	Client phone number including area code.	10	String	Yes	Client Phone Number Format: #####
Segment - ClientDesignee - Do Not Provide for Massachusetts program.						
Provide if applicable for the Client. The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	ClientDesigneeFirstName	First Name of the Client Designee. Characters allowed: A-Z ' . - space	30	String	Yes	DO NOT PROVIDE
2	ClientDesigneeLastName	Last Name of the Client Designee. Characters allowed: A-Z ' . - space	30	String	Yes	DO NOT PROVIDE
3	ClientDesigneeEmail	Email address of the Client Designee.	50	String	Yes	DO NOT PROVIDE
4	ClientDesigneeStatus	Status of the Client Designee pertaining to Sandata system access. If the ClientDesigneeStatus is sent, ClientDesigneeStartDate and ClientDesigneeEndDate are not required.	2	String	Conditional	DO NOT PROVIDE

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
5	ClientDesigneeStartDate	The date Client Designee was assigned. Future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required.		Date	Conditional	DO NOT PROVIDE
6	ClientDesigneeEndDate	The date Client Designee was terminated. Future date and Back date are not acceptable. If the ClientDesigneeEndDate is sent, ClientDesigneeStatus is not required.		Date	No	DO NOT PROVIDE
7	ClientDesigneeRelationship	Relationship of the Designee to the Client	30	String	No	DO NOT PROVIDE

Responsible Party – Do Not Provide for Massachusetts Program

Provide if applicable for the Client and in the absence of a Payer member feed.

1	ClientContactType	Client Contact Type. Values: Child, Friend, Other, Parent, Sibling, Spouse.	12	String	Yes	DO NOT PROVIDE
2	ClientContactFirstName	Client Contact First Name. Entered by provider agency. Characters allowed: A-Z ' . - space	30	String	Yes	DO NOT PROVIDE
3	ClientContactLastName	Client Contact Last Name. Entered by provider agency. Characters allowed: A-Z ' . - space	30	String	Yes	DO NOT PROVIDE
4	ClientContactPhoneType	Client Contact's Phone Type. Values: Business, Home, Mobile, Other.	12	String	No	DO NOT PROVIDE

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
5	ClientContactPhone	Client Contact Home Phone Number. Entered by provider agency. Format #####-####.	10	String	No	DO NOT PROVIDE
6	ClientContactEmailAddresses	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	Conditional	DO NOT PROVIDE
7	ClientContactAddressLine1	Client Contact's Street Address, Line 1. Characters allowed: Alphanumeric _ ' - # , / space	30	String	No	DO NOT PROVIDE
8	ClientContactAddressLine2	Client Contact's Street Address, Line 2. Characters allowed: Alphanumeric _ ' - # , / space	30	String	No	DO NOT PROVIDE
9	ClientContactCity	Client Contact's City. Characters allowed: A-Z . - space	30	String	No	DO NOT PROVIDE
10	ClientContactState	Client Contact's State. Two Character standard abbreviation. Capitals only.	2	String	No	DO NOT PROVIDE
11	ClientContactZip	Client Contact's Zip Code. 9-digit primary address zip code. If additional 4 digits is not known, provide zeros. Format #####-####.	9	String	No	DO NOT PROVIDE

5.3 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 be rejected due to 'Worker not found'.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
EmployeeGeneralInformation - Required						
Required data in the body of the transmission. This segment provides the basic information about the employee.						
1	EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	Value: "EmployeeCustomID"
2	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission.	9	String	Yes	Please provide a unique system identifier for the employee.
3	EmployeeOtherID	Unique employee identifier in the external system. This value is used to identify the employee when an updated record is received.	64	String	No	Vendor Supplied value based on Vendor's solutions. Unique ID for each employee.
4	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
5	EmployeeSSN	Employee Social Security Number.	9	String	No	Massachusetts is not requesting the provision of the Employee's SSN.
6	EmployeeLastName	Employee's last name.	30	String	Yes	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
7	EmployeeFirstName	Employee's first name.	30	String	Yes	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
8	EmployeeEmail	Employee's email address.	64	String	No	Employee's Email Address Format: "@" and extension (.xxx) are required to validate as an email address
9	EmployeeManagerEmail	Email of the employee's manager.	64	String		DO NOT PROVIDE
10	EmployeeHireDate	Employee's Date of Hire.	10	Date		DO NOT PROVIDE
11	EmployeeEndDate	Employee's HR recorded end date.	10	Date		DO NOT PROVIDE
12	EmployeeAPI	Employee client's alternate provider identifier or Medicaid ID.	25	String		DO NOT PROVIDE
13	EmployeePosition	Values for payer/state programs to be determined during implementation. If multiple positions, send primary.	3	String		DO NOT PROVIDE

5.4 VISIT DATA ENDPOINT

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

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
VisitGeneralInformation - Required						
Required 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 'VisitOtherID' , 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 requires a 'VisitChanges' segment.						
1	VisitOtherID	Unique Visit identifier in the external system.	50	String	Yes	Visit Identifier No special characters
2	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	Third-Party EVV Visit Sequence ID If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
3	EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee. This should be the same as the value sent in the Employee Data Endpoint.	20	String	Yes	"EmployeeCustomID"
4	EmployeeOtherID	Unique employee identifier in the external system. The EmployeeOtherID format must be consistent in both the EmployeeGeneral and VisitGeneral segments.	64	String	No	Vendor Supplied value based on Vendor's solutions. Unique ID for each employee.
5	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Employee transmission.	9	String	Yes	Please provide a unique system identifier for the employee.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
6	GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	No	Max Length 6 Can be NULL No Special Characters
7	ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	20	String	Yes	Either "ClientMedicaidID" or "ClientCustomID"
8	ClientID	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	"ClientMedicaidID" when client has a Medicaid ID. "ClientCustomID" when client does not have a Medicaid ID.
9	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Conditional	MID 12 Character Numeric Always 12 (no trimming of leading anything) Do not use EOE A ID or Consumer ID in this field. - Conditional - Required unless there is no MID. Do not provide if sending "ClientCustomID".
10	ClientCustomID	Alternate ID used for purposes of receiving Medicaid benefits	64	String	Conditional	If a client does not have a Medicaid ID, must be EOE A (Consumer ID) 10-12 digits. If client does have a Medicaid ID, this must be null. Conditional - Required if Client does not have a Medicaid ID but does have a Consumer ID from EOE A. Do not provide if sending "MedicaidID".

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
11	ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import.	24	String	No	Primary Client Key from the EVV Vendor System (No Special Characters).
12	VisitCancelledIndicator	Set to false as the default. Set to true if a future scheduled visit previously sent and accepted with no "CallIn", "CallOut" or "Adjusted" times to be cancelled / deleted. Can only be applicable to future schedules.	5	String	Yes	"true" "false" Can only be true or false.
13	PayerID	Sandata EVV assigned ID for the payer.	64	String	Yes	PayerID is the code that correlates to the Payer. See Appendix 6.1 Payers.
14	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	PayerProgram is the code assigned for each of the programs which are part of this program. See Appendix 6.2 for Programs. Note that the program must be valid for the payer.
15	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	ProcedureCode is the HCPCS code assigned. See Appendix 6.3 for ProcedureCodes. Note that the ProcedureCode must be valid for the Payer and Program.
16	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix 6.3. Value must match distinct values from reference tables. Should be "NULL" if nothing is provided.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
17	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix 6.3. Value must match distinct values from reference tables. Should be "NULL" if nothing is provided.
18	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Do Not Provide Not in use for the Massachusetts program.
19	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Do Not Provide Not in use for the Massachusetts program.
20	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	String match = See the Time Zone List in the Appendix. For Massachusetts, this value will be US/Eastern in most cases.
21	AdjInDateTime	Adjusted in date/time required only if manually adjusted. The VisitChanges segment is required if adjusted times are being sent.	20	DateTime	Conditional	Adjusted In Date and Time Format: YYYY-MM-DDTHH:MM:SSZ

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
22	AdjOutDateTime	Adjusted out date/time required only if manually adjusted. The VisitChanges segment is required if adjusted times are being sent.	20	DateTime	Conditional	Adjusted Out Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
23	BillVisit	True for all visits to be billed. False is only sent if the visit is not to be considered for claims validation and set to omit status.	5	String	Yes	"true" "false"
24	Memo	Associated free form text.	1024	String	No	
25	ClientVerifiedTimes	If the client verified the start and end 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.	5	String	Yes	"true" "false", if false, then a value for "BypassReason" must be sent
26	ClientVerifiedTasks	If the client verified 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.	5	String		"true" "false" DO NOT PROVIDE
27	ClientVerifiedService	If the client verified the 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.	5	String	Yes	"true" "false", if false, then a value for "BypassReason" must be sent

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
28	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.	5	String	Yes	"true" "false", if false, then a value for "BypassReason" must be sent
29	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.	5	String	Yes	"true" "false", if false, then a value for "BypassReason" must be sent
30	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 optional.	20	DateTime	No	Format: YYYY-MM-DDTHH:MM:SSZ
31	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 optional.	20	DateTime	No	Format: YYYY-MM-DDTHH:MM:SSZ

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
32	ContingencyPlan	Indicator of member's contingency plan selected by member. Valid values include (CODE should be sent only): CODE- DescriptionCP01 - Reschedule within 2 HoursCP02 - Reschedule within 24 HoursCP03 - Reschedule within 48 HoursCP04 - Next Scheduled VisitCP05 - Non-Paid Caregiver	64	String	No	Do Not Provide
33	Reschedule	Indicator if schedule is a "reschedule".	5	Boolean	No	Do Not Provide
34	HoursToBill	Hours that are going to be billed. Maximum 25.00 (25 hours). Sandata will calculate this value based on the adjusted and/or call times.		Decimal	No	Do Not Provide
35	HoursToPay	If payroll is in scope for the payer program, the hours to pay. Maximum 25.00 (25 hours).		Decimal	No	Do Not Provide
36	BypassReason	The reason selected by the employee for the signature not being collected.	4	String	Conditional	If any Client Verification field is false, this field is required to be a code in the Bypass Reason Appendix.

Segment - Calls - Conditional

CallAssignment providing both "Time In" and "Time Out" are expected with the first instance of every visit, representing visit as captured. These segment details cannot be changed after submitting. Time corrections must be in the Adjusted time fields. Note there are conditional fields, which are required when CallType is "Mobile" or "Telephony". CallType "Manual" requires VisitChanges segment be included.

1	CallExternalID	Call identifier in the external system.	16	String	Yes	Call Identifier
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#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
2	CallDateTime	Event date time. Must be to the second.	20	DateTime	Yes	Call Date Time Format: YYYY-MM-DDTHH:MM:SSZ
3	CallAssignment	This identifies the call assignment type.	10	String	Yes	"Time In" "Time Out"
4	GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	No	Do Not Provide
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 visit verification device. VisitChanges segment is required for CallType = Manual.	20	String	Yes	"Telephony" "Mobile" "FVV" "Manual"
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service. Provide if captured as part of the transaction.	5	String	Conditional	ProcedureCode is the HCPCS code assigned. See Appendix 6.3 for ProcedureCodes. Note that the ProcedureCode must be valid for the Payer and Program.
7	ClientIdentifierOnCall	Client identifier that was entered on the call.	10	String	Yes	MedicaidID (10-digit ID) Format: #####

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
8	MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	64	String	Conditional	Mobile Login of employee
9	CallLatitude	GPS latitude recorded during the call. Latitude has a range of -90 to 90 with a 15-digit precision. Required for CallType = Mobile.	19	Decimal	Conditional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXXXXXX digits
10	CallLongitude	GPS longitude recorded during the call. Longitude has a range of -180 to 180 with a 15-digit precision. Required for CallType = Mobile	20	Decimal	Conditional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with (-)XXX.XXXXXXXXXXXXXXXXXX digits
11	TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	9	Integer	Conditional	Telephony PIN Numbers only
12	OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	Originating Phone Number No Special Characters
13	Location	Specific values to be provided based on the program.	25	String	Yes	"Home" or "Community"
14	VisitLocationType	Self-Reported visit location REQUIRED for all call types. Value to be sent should be "1" or "2" 1=Home, 2=Community	25	String	Yes	"1" "2"

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
Segment - VisitChanges – Conditional						
Conditional segment provided when a visit has been manually entered, adjusted, or updated in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change and supply the reason code for why it occurred. The fields in this segment marked as required “Yes” are only needed when this segment is sent.						
1	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	String	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other 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	Unique Identifier of Change Agent Required – Username or User Identifier who completed the change to the visit information (Audit).
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	DateTime	Yes	Date and Time When Change was Made. Format: YYYY-MM-DDTHH:MM:SSZ
4	GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	No	Do Not Provide
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See the Reason Code Listing in the Appendix for values.

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required if reason code is set to require a change memo.	256	String	Conditional	See the Reason Code Listing Table in the Appendix for which Reason Codes are required for.
7	ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	No	Do Not Provide. Not in use for Massachusetts.

Segment - VisitExceptionAcknowledgement - Conditional

Conditional segment 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. The fields in this segment marked as required "Yes" are only needed when this segment is sent. This segment should be accompanied by a VisitChanges segment.

1	ExceptionID	ID for the exception being acknowledged.	2	String	Yes	See the Exceptions list in the Appendix for values specific to this program.
2	ExceptionAcknowledged	True to acknowledge exceptions that are indicated as acknowledgeable only. False by default. This segment is required to clear an acknowledgeable exception.	5	String	Yes	"true" or "false"

Segment - VisitTasks - Do Not Provide

Tasks are not in use for the Massachusetts program.

1	TaskID	Task id, this task id must map to the Task IDs used for the agency in the Sandata system.	4	String		DO NOT PROVIDE
2	TaskReading	Task reading	10	String		DO NOT PROVIDE

#	Element	Description	Max Length	Type	Required?	Expected Value and Rules
3	TaskRefused	Indicator denoting if the client refused the specific task. True/False	5	Boolean		DO NOT PROVIDE

6 MASSACHUSETTS PROGRAM APPENDICES

The following appendices are specific to the Massachusetts program. These values may change over time.

6.1 PAYERS

Table 4: Payers

PayerID	Payer Name
MAAAS	AgeSpan
MAANC	Aging Services of North Central Massachusetts
MABHP	Be Healthy Partnership Plan
MABFH	Berkshire Fallon Health Collaborative
MAABS	Boston Senior Home Care
MAABE	Bristol Elder Services, Inc.
MAACB	Central Boston Elder Services
MAACE	Coastline Elderly Services, Inc.
MACCA	Commonwealth Care Alliance One Care
MASCC	Commonwealth Care Alliance SCO
MABNH	East Boston Neighborhood Health WellSense Alliance
MAAEB	Elder Services of Berkshire County, Inc.
MAAEC	Elder Services of Cape Cod and the Islands, Inc.
MAAEW	Elder Services of Worcester Area, Inc.
MAAET	ETHOS
MAELD	Executive Office of Elder Affairs (EOEA)
MAFAC	Fallon 365 Care
MAFAH	Fallon Health – Atrius Health Care Collaborative
MASFA	Fallon Navicare SCO
MAAGL	Greater Lynn Senior Services, Inc.
MAAGS	Greater Springfield Senior Services, Inc.
MAAHE	HESSCO Elder Services
MAAHV	Highland Valley Elder Services, Inc.

PayerID	Payer Name
MAALP	LifePath, Inc.
MAWGB	Mass General Brigham Health Plan with Mass General Brigham ACO
MAHEA	MassHealth
MAAMS	Minuteman Senior Services
MAAMV	Mystic Valley Elder Services, Inc.
MAAOC	Old Colony Elder Services, Inc.
MASW	Senior Whole Health SCO
MAASE	SeniorCare, Inc.
MAASC	Somerville/Cambridge Elder Services, Inc.
MAASS	South Shore Elder Services, Inc.
MAASP	Springwell, Inc.
MSSTV	Tri-Valley, Inc.
MATHU	Tufts Health One Care
MASTF	Tufts Health Plan SCO
MATFT	Tufts Health Together
MATCH	Tufts Health Together with Cambridge Health Alliance (CHA)
MATUM	Tufts Health Together with UMass Memorial Health
MAUCT	UnitedHealthcare Connected for One Care
MASTU	UnitedHealthcare SCO
MAWBI	WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
MAWBC	WellSense Boston Children's ACO
MAWCR	WellSense Care Alliance
MAWCA	WellSense Community Alliance
MAWEM	WellSense Essential MCO
MAWMA	WellSense Mercy Alliance
MASHN	Wellsense SCO
MAWSA	WellSense Signature Alliance
MAWSC	WellSense Southcoast Alliance
MAAWM	WestMass Elder Care, Inc.

6.2 PROGRAMS

Table 5: Programs

PayerProgram	Program Name
SDABI	Acquired Brain Injury - Self-Directed Only
ABI-MFP	Acquired Brain Injury and Moving Forward Plan
Choices	Choices Waiver
ECOP	Enhanced Community Options Program (ECOP) / Non-Waiver
GAFC	Group Adult Foster Care
HCPB	Home care / Percent Based
HCBNW	Home Care Basic / Non-Waiver
HCBW	Home Care Basic / Waiver
HH	Home Health
SDMFP	Moving Forward Plan - Self-Directed Only
PCA	Personal Care Attendant Program - Self-Directed Only
ROI	Respite / Over Income
SCCCA	SCO Commonwealth Care Alliance ASAP
SCFAL	SCO Fallon Navicare ASAP
SCSWH	SCO Senior Whole Health ASAP
SCTUF	SCO Tufts ASAP
SCUNI	SCO United ASAP
SCBMC	SCO Wellsense ASAP

6.3 PROCEDURE CODES (HCPCS CODES)

Table 6: Procedure Code Listing

PayerID	PayerProgram	ProcedureCode	Modifier1	Modifier2	Description
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	T1503			Administration of Medication Other than Oral and/or Injectable
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	T1502			Admin of Oral, Intramuscular, Subcutaneous Med
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	T1502	GT		Telehealth-Admin of Oral Med
MAHEA, MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAE, MAEB, MAEC, MAEAW, MAAGL, MAEAT, MAAGS, MAEHE, MAEHV, MAALP, MAAMS, MAAMV, MAEAO, MAEAE, MAASC, MAASS, MAASP, MSSTV, MAAWM	PCA, ABI-MFP, Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI, SDMFP, SDABI	T1019			Personal Care, 15 Min.
MAHEA	ABI-MFP	T1004			ABI-MFP - Supportive Home Care Aide, 15 min.
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAE, MAEB, MAEC,	Choices, HCBW, ECOP, HCPB, HCBNW, ROI,	S9129	UB		Home Safety/Independence Evaluation by an OT

PayerID	PayerProgram	ProcedureCode	Modifier1	Modifier2	Description
MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI				
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	S5135	UB		Companion, 15 min.
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	S5135	UB	U1	TeleHealth - Companion, 15 min.
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	S5130	UB		Homemaker, 15 min.
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	S5125	UB		Supportive Home Care Aide, 15 min.
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	GAFC	H0043			GAFC - Per Diem Visit

PayerID	PayerProgram	ProcedureCode	Modifier1	Modifier2	Description
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0493			HH - RN Observation and Assessment Visit HH ADL Only
ABI & MFP: MAHEA,HH: MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	ABI-MFP, HH	G0300			Direct Skilled Nursing Services of an LPN
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	G0300	UB		Complex Care Training and Oversight by an LPN
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0300	GT		Telehealth-Direct Skilled Nursing Services of an LPN
ABI & MFP: MAHEA,HH: MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	ABI-MFP, HH	G0299			Direct Skilled Nursing Services of an RN
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, SCSWH, SCTUF, SCUNI	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	G0299	UB		Complex Care Training and Oversight by an RN

PayerID	PayerProgram	ProcedureCode	Modifier1	Modifier2	Description
MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM					
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0299	GT		Telehealth-Direct Skilled Nursing Services of an RN
MAHEA, MAELD MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH, ABI-MFP, Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	G0156			Services of HH Aide in Home Health Setting
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0156	UD		HH - HH Aide ADL Only Support in Home Health Setting
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0153			Speech Language Pathologist in Home Health Setting
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0152			Occupational Therapist in Home Health Setting
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	G0151			Physical Therapist in Home Health Setting

PayerID	PayerProgram	ProcedureCode	Modifier1	Modifier2	Description
MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU					
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	99509			Emergency PCA by Home Health Agency
MAHEA	ABI-MFP	S9129			ABI-MFP - Occupational Therapy
MAHEA	ABI-MFP	S9131			ABI-MFP - Physical Therapy
MAHEA	ABI-MFP	S9128			ABI-MFP - Speech Therapy
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	T1503			Administration of Medication Other than Oral and/or Injectable
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	T1502			Admin of Oral, Intramuscular, Subcutaneous Med
MAHEA, MAFAH, MABFH, MAFAC, MABHP, MAWBI, MAWCA, MAWBC, MABNH, MAWMA, MAWSA, MAWSC, MAWCR, MAWGB, MATCH, MATUM, MAWEM, MATFT, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU	HH	T1502	GT		Telehealth-Admin of Oral Med
MAHEA	ABI-MFP	T1004			ABI-MFP - Supportive Home Care Aide, 15 min.

PayerID	PayerProgram	ProcedureCode	Modifier1	Modifier2	Description
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	S9129	UB		Home Safety/Independence Evaluation by an OT
MAELD, MACCA, MATHU, MAUCT, MASHN, MASCC, MASFA, MASW, MASTF, MASTU, MAAAS, MAANC, MAABS, MAABE, MAACB, MAACE, MAAEB, MAAEC, MAAEW, MAAGL, MAAET, MAAGS, MAAHE, MAAHV, MAALP, MAAMS, MAAMV, MAAOC, MAASE, MAASC, MAASS, MAASP, MSSTV, MAAWM	Choices, HCBW, ECOP, HCPB, HCBNW, ROI, SCBMC, SCCCA, SCFAL, SCSWH, SCTUF, SCUNI	S5135	UB		Companion, 15 min.

6.4 REASON CODE LISTING

Table 7: Reason Code Listing

Reason Code	Description	Memo Required
100	Employee did not check in/out	NO
110	Mobile device not available	NO
120	Emergency	NO
130	Member considerations	NO
140	Technology Issue / EVV System Unavailable	NO
150	Member ID was not available or incorrect	NO
160	Employee ID was not available or incorrect	NO
170	Service was incorrect	NO
180	Location was incorrect	NO
190	Services provided without Authorization	NO
200	Group Visit	NO
210	Overnight Visit	NO
220	Other	YES

6.5 BYPASS REASONS - MEMBER DID NOT PROVIDE SIGNATURE

Table 8: Bypass Reasons

BypassReason	Description
1100	Member Refused Verification
1110	Member Unable to Verify
1120	Employee did not request verification
1130	Other

6.6 EXCEPTIONS FOR THE MASSACHUSETTS PROGRAM

When sending updates/changes to a visit, a reason code is required along with the VisitChanges segment.

Table 9: Program Exceptions

Exception Code	Exception Name	Description	Acknowledge / Fix
0	Unknown Client	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.	Fix: Resubmit visit. Visit will be rejected without a Client.
1	Unknown Employee	Exception for a visit that was performed by an employee that is not yet entered or not found in the EVV system.	Fix: Resubmit visit. Visit will be rejected without an Employee.
14	Missing Payer	The payer on the visit could not be determined.	Fix: Resubmit corrected visit with a payer.
23	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.	Fix: Resubmit corrected visit with a service.
42	Missing Location	A value of Home/Community has not been applied to the visit	Acknowledge: this exception must be acknowledged using the VisitExceptionAcknowledgement segment.
2	Visits Without Any Calls	Exception thrown when a visit is recorded without an "in" call and without an "out" call for the visit.	Fix: The user(s) must provide adjusted times for the visit assuming the visit was completed before the visit was sent.
3	Visits Without In-Call	Exception thrown when a visit is recorded without an "in" call that began the visit.	Fix: The user(s) must provide adjusted times for the visit assuming the visit was completed before the visit was sent.
4	Visits Without Out Call	Exception thrown when a visit is recorded without an "out" call that completed the visit.	Fix: The user(s) must provide adjusted times for the visit assuming the visit was completed before the visit was sent.
20	Short Visit	(Scheduling Only) Calculated for any visit where the length of the visit is less than the scheduled duration by more than a tolerance.	Fix or Acknowledge: Acknowledge or provide adjusted times. If the exception is being acknowledged, submit the VisitExceptionAcknowledgement segment.

Exception Code	Exception Name	Description	Acknowledge / Fix
		<i>Will not be calculated without a schedule.</i>	
8	Actual Hours more than Scheduled Hours	<i>(Scheduling only) This occurs when the actual hours for the visit exceed the total scheduled hours for the associated visit in the schedule.</i>	Acknowledge the exception by submitting the VisitExceptionAcknowledgement segment.

6.7 TIME ZONE LIST

This is the list of supported time zones. If your area is not covered by this list, please contact Sandata support to get additional time zone values that we accept. Please note that the value sent must exactly match the value and case shown.

Table 10: Accepted Time Zone Values

Text Value	Daylight Saving
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

Text Value	Daylight Saving
America/Indiana/Petersburg	Active
America/Indiana/Vevay	Active
America/Indiana/Vincennes	Active

6.8 ACRONYMS

Table 11: Acronyms

Acronym	Definition
ACK	Acknowledge
AKA	Also Known As
Alt EVV	Alternate EVV System
API	Application Programming Interface
EVV	Electronic Visit Verification
GMT	Greenwich Mean Time (GMT)
HCPCS	Healthcare Common Procedure Coding System
JSON	JavaScript Object Notation
PIDSL	Massachusetts Provider Identifier
REST	Representational State Transfer
RESTful	REST API, Restful API – API that conforms to the design principles of the REST Architectural Style
SOA	Service Oriented Architecture
TBD	To Be Determined
UTC	Coordinated Universal Time
UUID	Universally Unique Identifier
WADL	Web Application Description Language

6.9 TERMINOLOGY

Table 12: 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
Payer	Admission Insurance Company Contract Managed Care Organization (MCO) State
Provider	Agency Third-Party Administrator (TPA)