

Arizona AHCCCS

Alternate EVV Vendor Specification v2.1

Sandata Technologies, LLC

220 Duffy Ave. Unit 266A

Hicksville NY 11801

Version History

Version	Name	Title	Changes	Date
V1.0	Pamela Brooks	Product Delivery Owner	Initial Draft	08.08.2019
V1.0a	Pamela Brooks	Product Delivery Owner	Update based on changes to the business rules	11.15.2019
V1.0b	Pamela Brooks	Product Delivery Owner	Updated Appendix 1 and 2; document cleanup	12.09.2019
V1.0c	Pamela Brooks	Product Delivery Owner	Updated based upon feedback in reviews w/of 12/09	12.16.2019
V1.0d	Pamela Brooks	Product Delivery Owner	Final updates based on approved Member, Provider, Auth interfaces	01.06.2020
V1.0e	Pamela Brooks	Product Delivery Owner	Removed Exception 19 "Visit Without Calls"	01.08.2020
V1.1	Pamela Brooks	Product Delivery Owner	Added Contingency Plan reason/resolution codes; new field ProviderAssentContPlan	01.16.2020
V1.2	Pamela Brooks	Product Delivery Owner	Updated Exception Table / Exception IDs	01.22.2020
V1.3	Pamela Brooks	Product Delivery Owner	Removed leading zeros from Reason Codes and Resolution Codes Removed "same day" from 24 hour resolution code Added ContingencyPlan to VisitGeneral segment	01.23.2020
V1.3a	Pamela Brooks	Product Delivery Owner	Updated task table	02.05.2020
V1.4	Pamela Brooks	Product Delivery Owner	Changed valid values for ContingencyPlan from text to codes	02.06.2020
V1.5	Pamela Brooks	Product Delivery Owner	Updated Appendix 2 with missing service codes Removed all segments and fields marked as DO NOT PROVIDE Renumbered fields as needed Changed Designee segment to OPTIONAL Updated Task IDS in Appendix to 4 digits	03.02.2020
V1.6	Ruth Sewell	Implementation Director	Cosmetic updates based on feedback from AHCCCS	04.30.2020
V1.7	Ruth Sewell	Implementation Director	Removed T2016 and T2021 from services list to align with workbook.	05.18.2020
V1.8	Ruth Sewell	Implementation Director	Updated version in header and footer to align with most recent, added service code S5125 U7 back to services list.	06.01.2020
V1.9	Pamela Brooks	Product Delivery Owner	Added new Schedule segment Changed EmployeeEmail from required to optional Updated description for ProviderAssentContPlan to review with member 'annually' (this was previously set to every 90 days)	09.25.2020
V1.10	Pamela Brooks	Product Delivery Owner	Updated ContingencyPlan default values in Appendix 2 Added 3 new reason codes to Appendix 3 Added 1 new resolution code to Appendix 6 Changed ClientID from Optional to DO NOT PROVIDE Changed segment name from Visit Tasks => Tasks	11.02.2020
V1.11	Tessie Austin	Technical Account Manager	Renumbered Appendices to align document Added 1 new ContingencyPlan value to specifications Added 3 new reason codes to Reason Code Appendix Changed all reason note field requirements to "No" Removed "Written Documentation Maintained" resolution code from Resolution Code Appendix Added 1 new resolution code to Resolution Code Appendix Added new services and modifiers to Services & Modifiers Appendix	12.15.2021

V1.12	Tessie Austin	Technical Account Manager	Added exception information and threshold information for specific exceptions	01.27.2022
V1.13	Tessie Austin	Technical Account Manager	Updated information on descriptions and expected values Added new service codes that will be updated in future release Removed Short Visit Exception	07.27.2022
V1.14	Tessie Austin	Technical Account Manager	Updated formatting Added service codes that will be added for hard claims edits Aligned information to AZ EVV Policy documents Removed Schedule Segment per AZ EVV Policy Guidelines Removed "H2014" service codes and modifiers	09.19.2022
V1.15	Tessie Austin	Technical Account Manager	Removed "MissingMedicaidID" (Marked as DO NOT PROVIDE)	11.04.2022
V2.0	Bruce Gennari / Judy Ross	Customer Success Manager / Customer Success	Clarified scheduling directions. Updates to 4.1 Rules paragraph regarding exception handling. Added XREF segment for Live-In Caregiver – <u>note that this segment is required for Live-In scenarios.</u> Added Rest Endpoints for UAT and Production for XREF. Separated XREF to clarify that it is a separate end point.	05.15.2025
V2.1	Lorelei Shannon	Technical writer	Updated UAT and Prod endpoint URLs in the 1EVV Vendor Interface Transmission Guidelines section.	08/15/2025

This document and the information contained herein are confidential to and the property of Sandata Technologies, LLC. Unauthorized access, copying and replication are prohibited. This document must not be copied in whole or part by any means, without the written authorization of Sandata Technologies, LLC. This document should be used only for the intended purpose.

Contents

1	EVV Vendor Interface Transmission Guidelines	6
2	Overview	7
2.1	Intended Audience.....	7
2.2	Transmission Frequency	7
2.3	Transmission Limits	7
2.4	Data Type Format Details	7
3	Rejected Record Process	9
3.1	New Record and Updates.....	9
4	Transmission Method.....	9
4.1	Rules.....	9
5	Sequencing.....	13
6	Message Acknowledgement (ACK) and Transaction ID	14
7	Response for Record Status	14
8	AZ AHCCCS Specific Requirements	15
8.1	Client Data Endpoint	15
8.2	Employee Data Endpoint	18
8.3	Visit Data Endpoint.....	19
8.4	XREF Data Endpoint.....	25
9.1	Payers & Programs	28
9.1.1	HCPCS Procedure Codes.....	29
9.2.1	Resolution Codes	35
9.3	Exceptions.....	36
9.4	Tasks	38
9.5	Acronyms & Definitions.....	39
9.6	Terminology	39
9.7	Field Level Errors	40
9.8	Time Zone List.....	41

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

1 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 XREF UAT: https://uat-api.sandata.com/interfaces/intake/clients/rest/api/xref/v1.0 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 XREF Prod: https://api.sandata.com/interfaces/intake/clients/rest/api/xref/v1.0
Payload Compression	No compression of data during delivery
Delivery Mechanism	Via RESTful API call
Delivery Frequency	No less frequent than daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at the vendor's discretion.

2 Overview

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

2.1 Intended Audience

The intended audience of this document is:

Project Management and Technical teams at Sandata.

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

2.2 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.

2.3 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 must be processed in the proper order.

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.

2.4 Data Type Format Details

The user will send information in JSON or XML format. JSON and XML allow multiple "child" entities for a parent.

The format of the information sent must match exactly the format defined below and must be sent via web service using JSON or XML. Ultimately, we support only three data types during transmission: string, number, and Boolean. The specification uses more additional 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

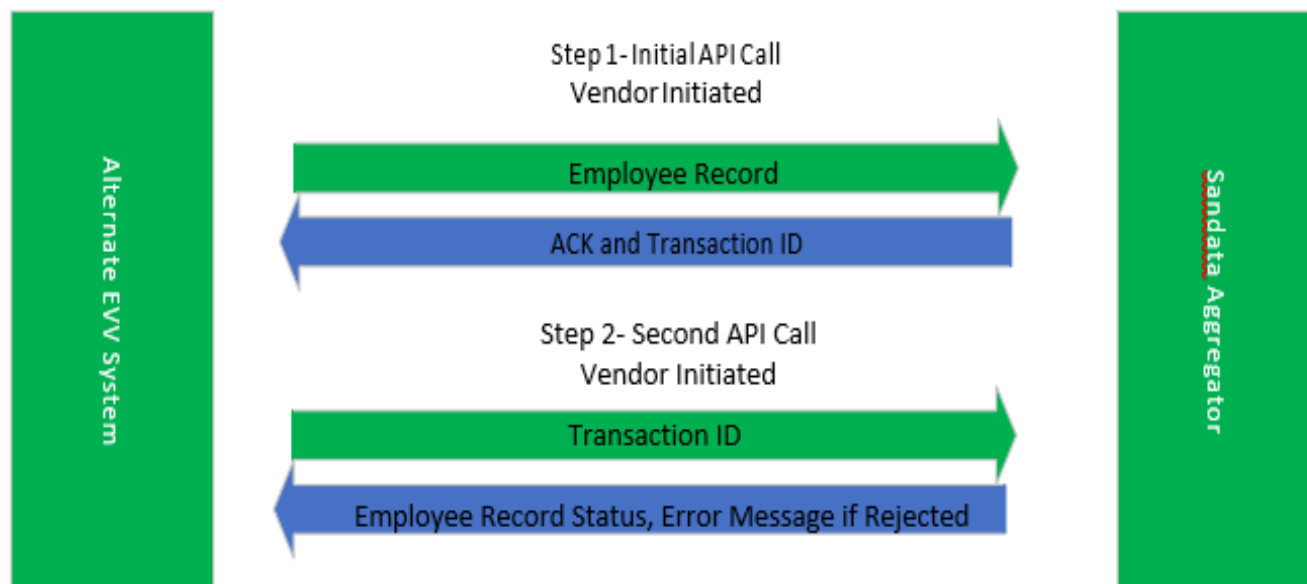
and XML format should be string. The data type provided in the specification is based on the following field definitions.

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

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. If time is not material, it will be provided as is expected.	2016-12-20T16:10:28Z
Date (Only Date)	The data is represented as a string with the following format: YYYY-MM-DD Date only will be sent in UTC format.	2016-12-20
Timezone	All time for tracking visits will be in UTC. All time zone values will be derived from the Internet Assigned Numbers Authority (IANA) time zone database, which contains data that represents the history of local time for locations around the globe. It is updated periodically to reflect changes made by political bodies to time zone boundaries, UTC offsets, and daylight-saving rules. The time zone name expected in each transaction is the actual time zone where the event took place. i.e., US/Eastern.	A complete list of time zones can be found at: https://www.iana.org/time-zones See Appendix for the list of time zones.
Data Type	Description	Example
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"
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

3 Rejected Record Process

When records are received, Sandata will return against 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 for an employee record.



3.1 New Record and Updates

New records and updates for previously sent data should be provided via clients, employees, visits interfaces ('data packages'). If a set of records is sent (either client, employee, or visit), all associated applicable elements should be sent. Partial updates will be rejected. An update that deletes a record will 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 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 will provide sample JSON format information (Java equivalent to XML), as well as the WADL (JSON equivalent of the WSDL) to those parties developing the interface. This specification will include the rest endpoints needed to request status on record acceptance /rejection.

4.1 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 State ID.

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 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 into 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: Alternate EVV Data Collection Systems are responsible for providing latitude and longitude on all client addresses provided. 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 in 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, 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.

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.

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 employee first name and last name are not provided, the employee will be rejected.

VISIT RULES:

Clients and Employees must be sent before visits, to ensure they exist in the Sandata system at the time of visit receipt.

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. 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.
Superseded by Adj. In	x	x		Call Out must be > Adj. In Otherwise record rejected.

Upon receipt, Sandata will calculate all configured Payer/Program exceptions and apply those exceptions as applicable. For those exceptions that may be recalculated over the life of the visit, these exceptions will be calculated as appropriate.

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/resolution codes and attestation that appropriate documentation exists. Exceptions are specific to a given Payer/Program and will be noted in the associated appendix.

In alignment with AHCCCS policy, providers must ensure that all visit maintenance and exception documentation is fully captured, including the entire lifecycle of a record—manual or adjusted data elements leading to the verified status. Alternate EVV Vendors must submit updates each time a visit is edited (unless auto-verified) to remain compliant with AHCCCS policy. Exceptions remain specific to a given Payer/Program and will be detailed 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. AHCCCS has provided guidance on documentation compliance for exceptions in the [Visit Maintenance and Documentation FAQ](#).

5 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. i.e. latest SequenceID = 5, previous SequenceID = 4 Record accepted and latest record is displayed.
- If the latest SequenceID is less than the value previously received, and the record has not yet been processed, it will be accepted and recorded as historical information. i.e. latest SequenceID = 8, previous SequenceID = 10 Record accepted and latest record is still SequenceID = 10.
- 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:*



6 Message Acknowledgement (ACK) and 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

7 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

8 AZ AHCCCS Specific Requirements

This interface, for AZ AHCCCS, is intended for Third-Party EVV Vendors to provide completed visits on at least a daily basis to the Sandata Aggregator. Visits are completed when all required information has been supplied for the visit and all visit exceptions have been remediated. Sandata will verify that visits received pass all AZ AHCCCS edit rules on receipt. Note that the expectation is that all visit changes will be supplied along with the final completed visit.

EVV- Element- Activity

The following element includes the schedule information for the client. This includes both the client and employee information. Both client and employee must exist in the system for a schedule to be successfully uploaded or it must be part of the same transaction set.

Note: Conditional means if it is present then it is required.

Index	Element	Description	Max Length	Type	Required?	Expected Value
8.1 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".						
ProviderIdentification - Required						
1	ProviderQualifier	Unique identifier for the provider as determined by the program definition.	20	String	Yes	"MedicaidID"
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	6 character string ProviderID Format: ##### May be left padded with zeros
ClientGeneralInformation - Required						
1	ClientID	Assigned client_id	Do Not Provide	Do Not Provide	Do Not Provide	Do Not Provide – Sandata Assigned
2	ClientFirstName	Client's First Name.	30	String	Yes	Client's First Name (See Field Level Errors in Appendix 9.7)
3	ClientMiddleInitial	Client's Middle Initial.	1	String	Optional	Client's Middle Initial
4	ClientLastName	Client's Last Name.	30	String	Yes	Client's Last Name (See Field Level Errors in Appendix 9.7)
5	ClientQualifier	Value being sent uniquely identify the client	20	String	Yes	"ClientCustomID"
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	Format: A#####

Index	Element	Description	Max Length	Type	Required?	Expected Value
						(9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
7	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier	64	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
8	MissingMedicaidID	Indicator that a patient is a newborn. If this value is provided, ClientMedicaidID will be ignored and will be valid as null.	Do Not Provide	Do Not Provide	Do Not Provide	Do Not Provide
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. For HHA System users, the value is the system-generated key.	16	Integer	Yes	Third-Party EVV Vendor Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
10	ClientCustomID	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same as the ClientIdentifier.	24	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
11	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. Used to match client to an existing record during import.	24	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
12	ClientTimezone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	See Appendix 9.8 for Time Zone Values
13	Coordinator	The staff member assigned to the client in a specific agency as the coordinator for an employee.	3	String	Optional	"###"
14	ProviderAssentContPlan	Indicator to capture provider's attestation that the member's contingency plan provided will be reviewed with the member annually and documentation will be provided.	5	Boolean	Yes	Yes No Default = No Please refer to the AHCCCS Alternate EVV Vendor Interface Policy Crosswalk for specific attestation.
ClientAddress - Required						
Required segment. At least one record for each client is required for the program. Multiple addresses are accepted with different address types.						
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	ClientAddressIsPrimary	One address must be designated as primary by sending true. Additional addresses will be false.	5	String	Yes	"true" "false"

Index	Element	Description	Max Length	Type	Required?	Expected Value
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	Optional	Address Line 2
5	ClientCounty	County associated with this address.	25	String	Optional	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	Calculated for each address.	20	Decimal	Optional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with (-) XXX.XXXXXXXXXXXXXXX digits
10	ClientAddressLatitude	Calculated for each address.	19	Decimal	Optional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXXX digits
ClientPhone - Conditional						
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: #####
ClientDesignee - Optional						
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.	30	String	Yes	Designee's First Name
2	ClientDesigneeLastName	Last Name of the Client Designee.	30	String	Yes	Designee's Last Name

Index	Element	Description	Max Length	Type	Required?	Expected Value
3	ClientDesigneeEmail	Email address of the Client Designee.	50	String	Yes	Format: xxx@yyy.zzz Note: @ and extension (.zzz) are required to validate email address.
4	ClientDesigneeStatus	Status of the Client Designee pertaining to Sandata system access. If the ClientDesigneeStatus is sent, ClientDesigneeStartDate and ClientDesigneeEndDate are not required. (Provide the 2-digit code including the 0) Sandata System can either populate the start or end date based on the date of receipt of the status or the source system can send the activation and termination date.	2	String	Conditional	"02" "04" Available Values: 02 = Active, 04 = Inactive. (Please note Activation and termination dates cannot be backdated or future dated)
5	ClientDesigneeStartDate	The date Client Designee was assigned. Future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required.	10	Date	Conditional	Format: YYYY-MM-DD
6	ClientDesigneeEndDate	The date Client Designee was terminated. Future date and Back date is not acceptable. If the ClientDesigneeEndDate is sent, ClientDesigneeStatus is not required.	10	Date	Conditional	Format: YYYY-MM-DD
7	ClientDesigneeRelationship	Relationship of the Designee to the client	30	String	Optional	"Mother" "Father" "Spouse" "Partner" "Sibling" "Grandparent" "Other" "Relative" "Legal Guardian" "Court Appointed Rep" "Other"

8.2 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'.

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	"EmployeeSSN" (See Field Level Errors in Appendix 9.7)
2	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	Full SSN – Format: #####

Index	Element	Description	Max Length	Type	Required?	Expected Value
3	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.
4	EmployeeSSN	Employee Social Security Number.	9	String	Yes	Format: #####
5	EmployeeLastName	Employee's last name.	30	String	Yes	Employee's Last Name (See Field Level Errors in Appendix 9.7)
6	EmployeeFirstName	Employee's first name.	30	String	Yes	Employee's First Name (See Field Level Errors in Appendix 9.7)
7	EmployeeEmail	Employee's email address.	64	String	Optional	Employee's Email Address Format: "@" and extension (.xxx) are required to validate as an email address
8	EmployeeHireDate	Employee's Date of Hire.	10	Date	Optional	Hire Date Format: YYYY-MM-DD
9	EmployeeEndDate	Employee's HR recorded end date.	10	Date	Optional	Hire Date Format: YYYY-MM-DD

8.3 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.

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.*

Schedule information can be sent without calls (note: send no more than two weeks in advance), however, when sending a visit to match, ensure the VisitOtherID matches the original Schedule.

1	VisitOtherID	Visit identifier in the external system.	50	String	Yes	Visit Identifier
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.	20	String	Yes	"EmployeeSSN"
4	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	Format: ##### Full EmployeeSSN

Index	Element	Description	Max Length	Type	Required?	Expected Value
5	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	GroupCode
6	ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	20	String	Yes	"ClientCustomID"
7	ClientID	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
8	ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import. RULE: Provide this value if also included in the Client_General segment.	24	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
9	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.
10	PayerID	Sandata EVV assigned ID for the payer.	64	String	Yes	See Appendix 9.1 PayerID column
11	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	See Appendix 9.1 ProgramID column
12	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	HCPCS Code as listed. See Appendix 9.1.1
13	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. 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. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
14	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. 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. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1

Index	Element	Description	Max Length	Type	Required?	Expected Value
15	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. 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. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
16	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. 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. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
17	VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	See Appendix 9.8 for Time Zone Values
18	ScheduleStartTime	Activity/Schedule start date and time. Note: Schedules are required in all cases. Lack of a schedule is on an exception basis. <i>Reference AZ EVV Business Rules for policy requirements</i>	20	DateTime	Required	FORMAT: YYYY-MM-DDTHH:MM:SSZ MUST send an exception code when "NULL" is sent in ScheduleStartTime. See Appendix 9.3 for Exceptions
19	ScheduleEndTime	Activity/Schedule end date and time. Note: Schedules are required in all cases. Lack of a schedule is on an exception basis. <i>Reference AZ EVV Business Rules for policy requirements</i>	20	DateTime	Required	FORMAT: YYYY-MM-DDTHH:MM:SSZ MUST send an exception code when "NULL" is sent in ScheduleEndTime. See Appendix 9.3 for Exceptions
20	Contingency Plan	Indicator of member's contingency plan selected by member. Valid values include: CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours	64	String	Optional	CP01 CP02 CP03 CP04 CP05

Index	Element	Description	Max Length	Type	Required?	Expected Value
		CP04 - Next Scheduled Visit CP05 - Non-Paid Caregiver				
21	Reschedule	Indicator if schedule is a "reschedule"	5	Boolean	Optional	"Yes" "No" If left blank, defaults to "No"
22	AdjInDateTime	Adjusted in date/time if entered manually. Otherwise, the actual date/time received. The VisitChanges segment is required when this is sent.	20	DateTime	Optional	Adjusted In Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
23	AdjOutDateTime	Adjusted out date/time if entered manually. Otherwise, the actual date/time received. The VisitChanges segment is required when this is sent.	20	DateTime	Optional	Adjusted Out Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
24	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. If no value is sent, this defaults to "false"	5	String	Optional	"true" "false"
25	HoursToBill	Hours that are going to be billed.	99.999	Decimal	Optional	Actual hours in decimal
26	HoursToPay	If payroll is in scope for the payer program, the hours to pay.	99.999	Decimal	Optional	Actual hours in decimal
27	Memo	Associated free form text.	512	String	Optional	May be required based on AZ EVV Business Rules for Exceptions
28	ClientVerifiedTimes	ClientVerifiedTimes, ClientVerifiedTasks, ClientVerifiedService - all three fields work together in the Sandata system and generate an exception if the client validation and signature are not captured at the time of visit. The agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends.	5	String	Optional	"true" "false"
29	ClientVerifiedTasks	ClientVerifiedTimes, ClientVerifiedTasks, ClientVerifiedService - all three fields work together in the Sandata system and generate an exception if the client validation and signature are not captured at the time of visit. The agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is	5	String	Optional	"true" "false"

Index	Element	Description	Max Length	Type	Required?	Expected Value
		not available at the time the visit ends.				
30	ClientVerifiedService	ClientVerifiedTimes, ClientVerifiedTasks, ClientVerifiedService - all three fields work together in the Sandata system and generate an exception if the client validation and signature are not captured at the time of visit. The agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends.	5	String	Optional	"true" "false"
31	ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record.	5	String	Optional	"true" "false"
32	ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record.	5	String	Optional	"true" "false"
Calls – Conditional						
Conditional segment if calls are not provided, adjusted times must be included in the parent visit element. Visit first instance expected to include calls with actual captured clock in and clock out, with appropriate CallType. All time adjustments must be in the adjusted time fields, in the parent visit. Note that some vendor systems may not record some visit activity as calls. If this is the case, the call element can be omitted. Sandata will treat visit information without calls as manually entered. The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	CallExternalID	Call identifier in the external system.	16	String	Yes	Call Identifier
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" "Other"
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	GroupCode
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. NOTE: VisitChanges segment is required for CallType = Manual or Other	20	String	Yes	"Telephony" "Mobile" "FVV" "Manual" "Other"
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	HCPSC Code See Appendix 9.1.1
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional	Format: #####

Index	Element	Description	Max Length	Type	Required?	Expected Value
8	MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	64	String	Conditional	Mobile Login Only special characters allowed are "@" and "." Example: XXXXXXX@XXXX.XXX
9	CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15-digit precision. Required for CallType = Mobile	19	Decimal	Conditional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXXX digits
10	CallLongitude	GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15-digit precision. Required for CallType = Mobile	20	Decimal	Conditional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with (-)XXX.XXXXXXXXXXXXXXX digits
11	Location	Location of the visit	25	String	Optional	This is a free text field. Characters allowed: Alphanumeric _ . ' - # , / space
12	TelephonyPIN	Identification for the employee using telephony. Required if CallType = Telephony.	9	Integer	Conditional	Telephony PIN Numbers only
13	OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	Originating Phone Number Format: ##### No Special Characters
14	VisitLocationType	Self-Reported visit location for all call types. 1=Home, 2=Community	2	String	Optional	"1" "2"
VisitExceptionAcknowledgement – Conditional						
Conditional segment provided for a visit when it has corrections, alterations, or updates in the source system 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.						
** Reference AZ EVV Business Rules for policy requirements for memos **						
1	ExceptionID	ID for the exception being acknowledged.	2	String	Yes	See Appendix 9.3 for values
2	ExceptionAcknowledged	True to acknowledge exceptions that are indicated as acknowledgeable only. False by default.	5	String	Yes	"true" or "false"
VisitChanges – Conditional						
Conditional segment provided when a visit has been manually entered, adjusted, or updated (this includes visits with exceptions) in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change and supply the reason code for why it occurred. When the VisitChanges segment is used, the visit is considered Manually Verified. 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.

Index	Element	Description	Max Length	Type	Required?	Expected Value
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 is Made Format: YYYY-MM-DDTHH:MM:SSZ
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	Group Code
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See Appendix 9.2 Reason Code Column Format: ##
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes and CallType "Manual" or "Other" or if "Adjusted" times are included.	256	String	Conditional	See Appendix 9.2 Note Required column to determine if required
7	ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	Optional	See Appendix 9.2.1 Resolution Code ID Column

Tasks– Conditional

If you wish to match tasks from the original system to those allowed from the Task Appendix you can transfer those using this section. This is an OPTIONAL segment. The fields in this segment marked as required "Yes" are only needed when this segment is sent.

1	TaskID	TaskID must map to Task ID's used for the agency in the Sandata System	4	String	Yes	See Appendix 9.4 - Task ID column
2	TaskRefused	True if task refused, False if not refused	5	String	Optional	"true" or "false"

8.4 XREF Data Endpoint

This endpoint receives the cross-reference information which allows for live-in functionality. Each client with an approved live-in employee needs a record for the combination of client and employee as well as each payer/program/service impacted.

The Cross Reference (XRef) allows the agency to associate clients with the employees who provide the service.

1	ClientIDQualifier	Value being sent to unique identify the client. Values: ClientID, ClientSSN; ClientOtherID, ClientCustomID, ClientMedicaidID. This should be the same as the value used by the Payer.	20	String	Conditional	"ClientCustomID"
2	ClientID	Identifier used in the client element.	10	String	Yes	Format: A#####

Index	Element	Description	Max Length	Type	Required?	Expected Value
						(9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9) "EmployeeSSN"
3	EmployeeQualifier	Value sent to uniquely identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	
4	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received third-party EVV information with the payer information provided and should be defined as the same value.	64	String	Yes	Full SSN – Format: #####
5	XRefStartDate	Date when the relationship began. If this value is not provided it will be assumed to be the date the record is received.		Date	Yes	YYYY-MM-DD
6	XRefEndDate	Date when the relationship ended. If this value is not provided, it will be assumed to be ongoing.		Date	No	YYYY-MM-DD
7	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	See Appendix 9.1 PayerID column
8	PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation	9	String	Yes	See Appendix 9.1 ProgramID column
9	ProcedureCode	This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.	5	String	Yes	HCPCS Code See Appendix 9.1.1
10	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	2	String	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1

Index	Element	Description	Max Length	Type	Required?	Expected Value
		modifier values in the order specifically listed in the appendix.				
11	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	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
12	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	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
13	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	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
14	LivIn	Does the direct care worker live with the individual receiving the service.	5	Boolean	No	Yes No
15	Relationship	Used to classify the family member relationship to the client.	64	String	No	Spouse Adult children/Stepchildren Son-in-law /Daughter-in-law Grandchildren Siblings/Step siblings Parents/Adoptive Parents/Legal Guardians Stepparents Grandparents Mother-in-law/Father-in-law Brother-in-law/Sister-in-law Other

Appendices

9.1 Payers & Programs

PayerID	Payer Program	Payer Name	ProgramID
AZCCCS	1115 Waiver	AHCCCS	AHCCCS
AZDDD	1115 Waiver	AZ-DDD	AHCCCS
AZACH	1115 Waiver	Arizona Complete Health	AHCCCS
AZBUFC	1115 Waiver	Banner- University Family Care	AHCCCS
AZCHP	1115 Waiver	Care1st Health Plan	AHCCCS
AZMCC	1115 Waiver	Magellan Complete Care	AHCCCS
AZMYC	1115 Waiver	Mercy Care	AHCCCS
AZSHC	1115 Waiver	Steward Health Choice Arizona	AHCCCS
AZUCP	1115 Waiver	UnitedHealthcare Community Plan	AHCCCS
AZCDMP	1115 Waiver	Dental and Medical Plan	AHCCCS

9.1.1 HCPCS Procedure Codes

Payers, Program, Services, & Modifiers:

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Contingency Plan Default Value	Claims Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0151					[G0151]: Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0152					[G0152]: Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0153					[G0153]: Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0299					[G0299]: Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0299	UN				[G0299]: Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes; Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0299	UP				[G0299]: Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes; Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0300					[G0300]: Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0300	UN				[G0300]: Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes; Two patients served	CP01	Rule 1

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Contingency Plan Default Value	Claims Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0300	UP				[G0300]: Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes; Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7	U4			[S5125]: Attendant care services; per 15 minutes; Agency with Choice; Family member or non-spouse not residing at home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7	U5			[S5125]: Attendant care services; per 15 minutes; Agency with Choice; Family member or non-spouse residing in member's home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7	U3			[S5125]: Attendant care services; per 15 minutes; Agency with Choice; Spouse - limit to 160 units per week	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125					[S5125]: Attendant care services; per 15 minutes	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	UN				[S5125]: Attendant care services; per 15 minutes; Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	UP				[S5125]: Attendant care services; per 15 minutes; Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U2				[S5125]: Attendant care services; per 15 minutes; Unskilled Self-directed care	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U3				[S5125]: Attendant care services; per 15 minutes; Spouse - limit to 160 units per week	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U4				[S5125]: Attendant care services; per 15 minutes; Family member or non-spouse not residing at home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U5				[S5125]: Attendant care services; per 15 minutes; Family member or non-spouse residing in member's home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U6				[S5125]: Attendant care services; per 15 minutes; Skilled Self-directed care	CP01	Rule 1

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Contingency Plan Default Value	Claims Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7				[S5125]: Attendant care services; per 15 minutes; Agency with Choice	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5130					[S5130]: Homemaker service, nos; per 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5130	U7				[S5130]: Homemaker service, nos; per 15 minutes; Agency with Choice	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5135					[S5135]: Companion care, adult (e.g. iadl/adl); per 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5136					[S5136]: Companion Care, adult, per diem	CP01	Rule 2
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150					[S5150]: Unskilled respite care, not hospice; per 15 minutes	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	HQ				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Group setting	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	UN				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Two patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	UP				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Three patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	UQ				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Four patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	US				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Six or more patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U3				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Spouse - limit to 160 units per week	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U4				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Family member or non-spouse not residing at home	CP02	Rule 1

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Contingency Plan Default Value	Claims Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U5				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Family member or non-spouse residing in member's home	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U7				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Agency with Choice	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U7				[S5151]: Unskilled respite care, not hospice; per diem; Agency with Choice	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151					[S5151]: Unskilled respite care, not hospice; per diem	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UN				[S5151]: Unskilled respite care, not hospice; per diem; Two patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UP				[S5151]: Unskilled respite care, not hospice; per diem; Three patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UQ				[S5151]: Unskilled respite care, not hospice; per diem; Four patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UR				[S5151]: Unskilled respite care, not hospice; per diem; Five patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	US				[S5151]: Unskilled respite care, not hospice; per diem; Six or more patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U3				[S5151]: Unskilled respite care, not hospice; per diem; Spouse - limit to 160 units per week	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U4				[S5151]: Unskilled respite care, not hospice; per diem; Family member or non-spouse not residing at home	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U5				[S5151]: Unskilled respite care, not hospice; per diem; Family member or non-spouse residing in member's home	CP02	Rule 4

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Contingency Plan Default Value	Claims Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5181					[S5181]: Home health respiratory, nos, per diem	CP01	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123					[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UN				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UP				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UF				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Services provided, Morning	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UG				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Services provided, Afternoon	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9124					[S9124]: Nursing care, in the home; by licensed practical nurse, per hour	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9124	UN				[S9124]: Nursing care, in the home; by licensed practical nurse, per hour; Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9124	UP				[S9124]: Nursing care, in the home; by licensed practical nurse, per hour; Three patients served	CP01	Rule 1

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Contingency Plan Default Value	Claims Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9128					[S9128]: Speech therapy, in the home, per diem	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9129					[S9129]: Occupational therapy, in the home, per diem	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9131					[S9131]: Physical therapy; in the home, per diem	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1019	U7				[T1019]: Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant); Agency with Choice	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1019					[T1019]: Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1021					[T1021]: Services performed by a home health aide or certified nurse assistant, per visit	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	U7				[T2017]: Habilitation, residential, waiver; 15 minutes; Agency with Choice	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017					[T2017]: Habilitation, residential, waiver; 15 minutes	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	UP				[T2017]: Habilitation, residential, waiver; 15 minutes; Three patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	UN				[T2017]: Habilitation, residential, waiver; 15 minutes; Two patients served	CP02	Rule 1

Reason Codes

Reason Code	Description	Memo Required
1	Caregiver Error	No
2	Member/Designee Unavailable to Verify	No
3	Mobile Device Issue	No
4	Telephony Issue	No
5	Member/Designee Refused Verification	No
6	Unsafe Environment	No
7	Member Refused Service	No
8	Member No Show	No
9	Other	No
10	Caregiver No Show	No
11	Clinical Need	No
12	Live In/Onsite Caregiver	No
13	Member Preference	No

9.2.1 Resolution Codes

Resolution Code ID	Description
2	Reschedule within 2 Hours
3	Reschedule within 24 Hours
4	Reschedule within 48 Hours
5	Next Scheduled Visit
6	Non-Paid Caregiver
7	Non-EVV Service Provided
8	Contacted Case Manager and/or Reconvened Treatment/Planning Team
DAF	Designee Attestation on File
TSF	Timesheet with Signature on File
None	None

9.3 Exceptions

Any visit changes and exception acknowledgement should reference these valid exception values when submitting data above. When visits are sent to Sandata via the Alt-EVV API, the Sandata system will calculate “exceptions” based on the incoming data. Business rules are applied to the visit based on the configuration for the program. These rules may trigger visits to be flagged with exceptions, denoting business rules that are not being met. Visits with exceptions will not be “Approved” or “Verified”, and thus may be excluded from additional processing, such as claims validation or data exports. Users of the Alt-EVV API have the opportunity to “Acknowledge” certain exceptions. This tells the Sandata system that the exception has been handled in the source system. Thus, the visit can be treated as “Approved” or “Verified”, so long as all calculated exceptions are marked as “Acknowledged”.

Exception Code	Acknowledge/Fix	Exception Name	Description
0	Fix: Resubmit visit	Unknown Client	Exception for a visit that was performed for a recipient of care that is not yet entered or not found in the EVV system. Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
1	Fix: Resubmit visit	Unknown Employee	(Telephony only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded). Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
3	Fix: Resubmit visit	Visits Without In-Calls	Exception thrown when a visit is recorded without an "in" call that began the visit. Note: All visits will require the Call segment to be provided.
4	Fix: Resubmit visit	Visits Without Out-Calls	Exception thrown when a visit is recorded without an "out" call that completed the visit. Note: All visits will require the Call segment to be provided.
5	Acknowledgeable	Unscheduled Visits	(Scheduling only) This occurs when a visit is started or completed without a schedule in place for that member+service+caregiver.
15	Acknowledgeable	Unmatched Client ID/Phone	(Telephonic only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system. This exception is directly related to the

Exception Code	Acknowledge/Fix	Exception Name	Description
			OriginatingPhoneNumber field in the Calls segment.
18	Acknowledgeable	Late In Call	(Scheduling only) This occurs when the start of a visit is received and recorded as having begun over 60 minutes AFTER the scheduled start time for that visit.
21	Acknowledgeable	No Show	(Scheduling only) This exception occurs when a visit has been scheduled, but no calls have been received for that visit.
23	Fix: Resubmit visit	Missing Service	Exception when the service provided during a visit is not recorded or present in the system. Note: Visit data will reject if the inbound service (ProcedureCode) does not match a record defined in the specification Appendix.
26	Acknowledgeable	Employee Speaker Verification	(Telephonic only) Only used when the Employee Speaker Verification feature is enabled. This exception indicates that the speaker verification evaluation did not match the voice making the call with a known caregiver in the EVV account that the phone number is associated with.
28	Acknowledgeable	Visit Verification Exception	Exception occurs when the program has the 'client verification of the visit' enabled and is triggered when the client indicates that the DURATION of the EVV visit does not reflect the amount of time that care was actually provided for. This exception is directly related to the ClientVerifiedTimes field in the Visit General segment. If ClientVerifiedTimes is marked FALSE, this exception will be triggered.
34	Fix: Resubmit visit	Invalid Service	Exception when the service selected for a visit is not valid for the program / recipient of care.
39	Acknowledgeable	Client Signature Verification	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the visit does not have a signature or client voice recording captured at the time of service. . This exception is directly related to the ClientVoiceRecording and the

Exception Code	Acknowledge/Fix	Exception Name	Description
			ClientSignatureAvailable fields in the Visit General segment. If both fields are FALSE, this exception will be triggered.
40	Acknowledgeable	Service Verification Exception	Exception occurs when the program has the 'client verification of the visit' enabled and is triggered when the client indicates that the SERVICE RECORDED in the EVV visit does not reflect the actual activity performed during that visit. This exception is directly related to the ClientVerifiedService field in the Visit General segment. If ClientVerifiedService is marked FALSE, this exception will be triggered.

9.4 Tasks

TaskID	Task Description
110	Shopping
120	Meal/Snack Preparation and Clean Up
130	Errand
140	Medical Appointment
150	Self-Administration of Medication
160	Bathing
170	Eating
180	Assisting with Mail
190	Dressing and Grooming
200	Housekeeping - Bedroom
210	Housekeeping - Bathroom
220	Housekeeping - Kitchen
230	Housekeeping – Common Living Areas
240	Laundry
250	General Supervision
260	Turning, Positioning or Transferring
270	Toileting
280	Cognitive/Academic
290	Communication
300	Continence Support and Hygiene(bowel, bladder, catheter)
310	Emergency and Safety Skills
320	Health/Medical
330	Independent Living Skills
340	Leisure Time Recreation Skills
350	Medication Administration

360	Mobility
370	Personal Health Care
380	Range of motion/exercise
390	Sensorimotor
400	Socialization
410	Vital Signs

9.5 Acronyms & Definitions

Abbreviation	Name
AKA	Also Known As
API	Application Programming Interface
GMT	Greenwich Mean Time
HTTP	Hyper Text Transfer Protocol
TBD	To Be Determined
UTC	Universal Time Coordinated

9.6 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
HCPCS	Healthcare Common Procedure Coding System
Payer	Admission Insurance Company Contract Managed Care Organization (MCO) State
Provider	Agency Third-Party Administrator (TPA)

9.7 Field Level Errors

Section	Field Name	Description
Client General	ClientFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Client General	ClientLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Client General	ClientQualifier	The value is the actual string value "ClientQualifier" and is required to be mixed case.
Employee General	EmployeeLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeQualifier	The value is the actual string value "EmployeeQualifier" and is required to be mixed case.

9.8 Time Zone List

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

Text Value
US/Alaska
US/Aleutian
US/Arizona
US/Central
US/East-Indiana
US/Eastern
US/Hawaii
US/Indiana-Starke
US/Michigan
US/Mountain
US/Pacific
US/Samoa
America/Indiana/Indianapolis
America/Indiana/Knox
America/Indiana/Marengo
America/Indiana/Petersburg
America/Indiana/Vevay
America/Indiana/Vincennes
America/Puerto_Rico
Canada/Atlantic
Canada/Central
Canada/East-Saskatchewan
Canada/Eastern
Canada/Mountain
Canada/Newfoundland
Canada/Pacific
Canada/Saskatchewan
Canada/Yukon