

# RI-EOHHS Third Party EVV Addendum v1.8

# Addendum to Third Party Alternate EVV System Specification v7.6

Sandata Technologies, LLC 26 Harbor Park Dr.

Port Washington, NY 11050

Toll Free: 800-544-7263

Tel: 516-484-4400 Fax: 516-484-0679

Email: info@sandata.com Web: www.sandata.com



#### **Version Update**

Name	Title	Changes	Date
Pamela Brooks	Product Management	Initial Draft	05.22.2019
Pamela Brooks	Product Management	Update addendum template; remove 4 service codes	08.22.2019
Pamela Brooks	Product Management	Updated task table	09.26.2019
Pamela Brooks	Product Management	Update payerID to RI Medicaid; services description	10.10.2019
		updates to include modifiers; removed resolution code	
		from VM	
Pamela Brooks	Product Management	Added new service codes	10.12.2019
Pamela Brooks	Product Management	Updated EmployeeEmail = Optional	11.05.2019
Pamela Brooks	Product Management	Updated masking for EmployeeSSN from 5 leading zeros	03.17.2020
		to 4 leading zeros	
Pamela Brooks	Product Management	v1.5: Update ProviderID from Medicaid ID to NPI	05.05.2020
		Updated Appendix 2	
Pamela Brooks	Product Management	V1.6: Updated ClientCustomID => MCO Unique ID	06.24.2020
		Updated ClientOtherID => Required field	
Pamela Brooks	Product Management	V1.6: Updated Visit Tasks segment name => Tasks;	07.24.2020
		updated taskIDs to 4 digit in Appendix 6	
Pamela Brooks	Product Management	V1.6: Updated new RI Medicaid Admission Types per	07.30.2020
		DXC CR in Appendix 1	
Pamela Brooks	Product Management	V1.7: Added to Appendix 4 three new Exception Codes:	09.18.2020
		28 Visit Verification; 39 Client Signature; and 40 Service	
		Verification exceptions	
Pamela Brooks	Product Management	V1.8: Added program MB1 to Appendix 1	06.29.2021

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 intended purpose only.



## Table of Contents

1 Ove	erview4
1.1	
1.2	2 AltEVV Interface Transmission Guidelines
1.3	Program Specific Assumptions & Business Policies
	Data File Layout
Appe	ndices15
1	Payers & Programs
2	Services & Modifiers
3	Reason Codes18
4 E	exceptions
5	Time Zones
6	Tasks
7	Abbreviations24
8	Terminology
9	Technical Companion and Examples



#### 1 Overview

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

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

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

#### 1.1 Intended Audience

The intended audience of this document is:

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

#### 1.2 AltEVV Interface Transmission Guidelines

File Format: JSON

Headers: Required using the "Column Name" below

File Delivery: via RESTful API

#### 1.3 Program Specific Assumptions & Business Policies

Scope of Data: Completed visits on a daily basis



## 2 Data File Layout

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

Note that this element will be required as part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected. As part of the implementation process, required fields may be adjusted and the available fields may be reduced based on the program specifics.

Index	Element [Column Name]	Description	Max Length	Туре	Required?	Expected Value(s) Format / Validation Rules
Provider Id	dentification: Required.		ECHE			Torride / Validation Naies
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider. Values: SandataID, NPI, API, MedicaidID, TaxID, Taxonomy, Legacy, Other.	20	String	Yes	Other
2	ProviderID	Unique identifier for the agency.	64	String	Yes	NPI
Client Gen	eral Information: Additional	fields may be required depending on the program	; fields belo	w may be ig	nored if a Paye	er Client feed is implemented.
1	ClientID	Assigned client_id. If a value is assigned by another system. Note that this value can be automatically assigned by Sandata EVV. Note that this value may be used as the client identifier for telephony and MVV when Client ID entry is applicable.	10	String	Optional	SANDATA ASSIGNED
2	ClientFirstName	Client's First Name.	30	String	Yes	LIVE DATA
3	ClientMiddleInitial	Client's Middle Initial	1	String	Optional	LIVE DATA
4	ClientLastName	Client's Last Name.	30	String	Yes	LIVE DATA
5	ClientQualifier	Value being sent to unique identify the client. Values: ClientSSN, ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	ClientOtherID
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	MedicaidID 10 DIGITS



Index	Element	Description	Max	Type	Required?	Expected Value(s)
	[Column Name]		Length			Format / Validation Rules
7	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier. If client information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided.	64	String	Yes	MedicaidID 10 DIGITS
8	MissingMedicaidID	Indicator that a patient is a newborn. If this value is provided, ClientMedicaidID will be ignored and will be valid as null.	5	String	Optional	True   False
9	SequenceID	The Third Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
10	ClientCustomID	Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. Must be provided if billing is in scope. May be equal to another ID provided.	24	String	Conditional	MCO Unique ID — will be sent if available.
11	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. This value is used to match the client to an existing record during import. During implementation it will be determined if this value or the ClientSSN will be used for matching.	24	String	Yes	MedicaidID 10 DIGITS
12	ClientSSN	Client's social security number. If the field is left empty, ClientOtherID must be populated. Not required if ClientOtherID sent. Numbers only, no dashes and leading zeros must be included. May be required if needed for billing. Format ####################################	9	String	Conditional	DO NOT PROVIDE
13	ClientTimeZone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values.	64	String	Yes	See Appendix 5
14	Coordinator	The staff member assigned to the client in a specific agency as the coordinator for an employee.	3	String	Optional	LIVE DATA

Client Payer Information: This segment is only required for programs where members/clients and their association to the associated programs and services is not provided by the payer.



Index	Element	Description	Max	Type	Required?	Expected Value(s)
	[Column Name]		Length			Format / Validation Rules
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	See Appendix 1 PayerID column
2	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 1 ProgramID column
3	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2 HCPCS column
4	ClientPayerID	Unique identifier sent by the payer.	20	String	Optional	LIVE DATA
5	ClientEligibilityDateBegin	Client eligibility begin date. This field is optional if ClientStatus is sent.	10	Date	Conditional	FORMAT: YYYY-MM-DD
6	ClientEligibilityDateEnd	Client eligibility end date. This field is optional if ClientStatus is sent.	10	Date	Conditional	FORMAT: YYYY-MM-DD
7	ClientStatus	The client's current status. Provide the 2 digit code including the 0. Available values:  02 = Active  04 = Inactive  This field is optional if  ClientEligibilityDateBegin or  ClientEligibilityDateEnd is sent.	2	String	Conditional	02   04
8	EffectiveStartDate	The effective start date for the client payer information.	10	Date	Yes	FORMAT: YYYY-MM-DD
9	EffectiveEndDate	The effective end date for the client payer information.	10	Date	Optional	FORMAT: YYYY-MM-DD
	ress: At least one record for each will be regarded as secondary	ch client is required if GPS validation is required based on program rules.	I for the pro	gram. If an a	address is prov	ided via a payer feed, this address
1	ClientAddressType	Values: Home, Business, Other. Note that multiple of the same type can be provided.  Default to Other if not available.	12	String	Yes	Home  Business   Other
2	ClientAddressIsPrimary	One address must be designated as primary.  Values: true/false	5	String	Yes	True   False
3	ClientAddressLine1	Street Address Line 1 associated with this address. PO Box may not be acceptable for Billing and PO Box will not function correctly for MVV.	30	String	Yes	LIVE DATA
4	ClientAddressLine2	Street address line 2 associated with this	30	String	Optional	LIVE DATA
		address.				
5	ClientCounty	County associated with this address	25	String	Optional	LIVE DATA



Index	Element	Description	Max	Туре	Required?	Expected Value(s)
mack	[Column Name]	Bescription	Length	1,400	ricquireu.	Format / Validation Rules
7	ClientState	State associated with this address. Two Character standard abbreviation.	2	String	Yes	Format: 2 char standard state abbreviation
8	ClientZip	Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros. Format #########.	9	String	Yes	Format: ######### Rules: This is the full nine digits of the zip code for a business mailing zip code. If the +4 cannot be provided, please send '0000'.
9	ClientAddressLongitude	Calculated for each address.	20	Decimal	Optional	LIVE DATA
10	ClientAddressLatitude	Calculated for each address.	19	Decimal	Optional	LIVE DATA
Client Phor	ne: Optional.					
1	ClientPhoneType	Values: Home, Mobile, Business and Other.  Note that multiple of the same type can be provided.  Default to Other if not available.	12	String	Optional	Home   Mobile   Business   Other
2	ClientPhone	Client phone number. Format ####################################	10	String	Optional	FORMAT: #########
Client Desig	gnee: provide if applicable for t	he client and in the absence of a payer client fe	ed. Option	al. DO NOT F	PROVIDE	
1	ClientDesigneeFirstName	First Name of the Client Designee.	30	String	Yes	DO NOT PROVIDE
2	ClientDesigneeLastName	Last Name of the Client Designee.	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.  (Provide the 2-digit code including the 0)	2	String	Conditional	DO NOT PROVIDE
		Sandata System can either populate the start or end date based on the date of receipt of the status or the source system can send the activation and termination date.				
		(Please note Activation and termination dates cannot be backdated or future dated) Available Values:				
		02 = Active,				



Index	Element	Description	Max	Type	Required?	Expected Value(s)
	[Column Name]		Length			Format / Validation Rules
		04 = Inactive.				
5	ClientDesigneeStartDate	The date Client Designee was assigned. Future	10	Date	Conditional	DO NOT PROVIDE
		date is not acceptable. If the				
		ClientDesigneeStartDate is sent,				
		ClientDesigneeStatus is not required.				
6	ClientDesigneeEndDate	The date Client Designee was terminated.	10	Date	Conditional	DO NOT PROVIDE
		Future date and Back date is not acceptable. If				
		the ClientDesigneeEndDate is sent,				
		ClientDesigneeStatus is not required.				
7	ClientDesigneeRelationship	Relationship of the Designee to the client	30	String	Optional	DO NOT PROVIDE
Responsibl	e Party: Provide if applicable for	the client and in the absence of a payer client	feed. Optio	nal. DO NO	T PROVIDE	
1	ClientContactType	Client contact type	12	String	Optional	DO NOT PROVIDE
2	ClientContactFirstName	Client contact first name. Entered by provider	30	String	Optional	DO NOT PROVIDE
		agency.				
3	ClientContactLastName	Client contact last name. Entered by provider	30	String	Optional	DO NOT PROVIDE
		agency.				
4	ClientContactPhoneType	Client contact's phone type.	12	String	Optional	DO NOT PROVIDE
5	ClientContactPhone	Client contact home phone number. Entered	10	String	Optional	DO NOT PROVIDE
		by provider agency. Format #########				
6	ClientContactEmailAddress	Client Contact's email address. Required if this	64	String	Optional	DO NOT PROVIDE
		client will be authorized to login to the client				
		portal as the client's authorized				
		representative and approve timesheets on				
		behalf of the client.				
				0. 1		
7	ClientContactAddressLine1	Client contact's street address, line 1	30	String	Optional	DO NOT PROVIDE
8	ClientContactAddressLine2	Client contact's street address, line 2	30	String	Optional	DO NOT PROVIDE
9	ClientContactCity	Client contact's city	30	String	Optional	DO NOT PROVIDE
10	ClientContactState	Client contact's state. Two character standard abbreviation.	2	String	Optional	DO NOT PROVIDE
11	ClientContactZip	Client contact's zip code. 9 digit primary	9	String	Optional	DO NOT PROVIDE
	·	address zip code. If additional 4 digits are not			·	
		known, provide zeros. Format ########				
Employee (	General Information: Optional –	will be sent if available				
1	EmployeeQualifier	Value being sent to unique identify the	20	String	Yes	EmployeeSSN
		employee. Values: EmployeeSSN,		_		
		EmployeeRegID, EmployeeCustomID.				
2	Employeeldentifier	Employee identifier identified by	9	String	Yes	FORMAT: ########
		EmployeeQualifier. If employee information				



Index	Element	Description	Max	Туре	Required?	Expected Value(s)
	[Column Name]		Length	7,60		Format / Validation Rules
		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.				
3	EmployeeOtherID	Unique employee identifier in the external system.	64	String	Optional	FORMAT: 00000####
4	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
5	EmployeeSSN	Employee Social Security Number. Employee SSN may be required depending on the program rules. Format - #########.	9	String	Yes	FORMAT: ######### 4 leading zeros to mask + last 5 of SSN (e.g. 0000xxxxx)
6	EmployeeLastName	Employee's Last Name	30	String	Yes	LIVE DATA
7	EmployeeFirstName	Employee's First Name	30	String	Yes	LIVE DATA
8	EmployeeEmail	Employee's Email Address	64	String	Optional	Format: xxx@xxx.xxx  Validation Rules: @ and extension (.xxx) are required to validate an address. Sandata validates for .com, .net and .org.
9	EmployeeManagerEmail	Email of the employee's manager	64	String	Optional	Format: xxx@xxx.xxx  Validation Rules: @ and extension (.xxx) are required to validate an address. Sandata validates for .com, .net and .org.
10	EmployeeAPI	Employee client's alternate provider identifier or Medicaid ID	25	String	Optional	FORMAT:
11	EmployeePosition	Values for payer/state programs to be determined during implementation. If multiple positions, send primary.	3	String	Optional	LIVE DATA
Visit Gener	ral Information: Required.					
1	VisitOtherID	Visit identifier in the external system	50	String	Yes	LIVE DATA
2	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
3	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	EmployeeSSN



Index	Element	Description	Max	Type	Required?	Expected Value(s)
	[Column Name]		Length			Format / Validation Rules
4	EmployeeOtherID	Unique employee identifier in the external system, if any.	64	String	Optional	FORMAT: #########
5	Employeeldentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	FORMAT: #########
6	GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	Optional	LIVE DATA
7	ClientIDQualifier	Value being sent to unique identify the client. Values: ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	ClientOtherID
8	ClientID	Identifier used in the client element.	64	String	Yes	FORMAT: MedicaidID 10 DIGITS
9	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. This value is used to match the client to an existing record during import.	24	String	Optional	FORMAT: MedicaidID 10 DIGITS  – will be sent if available
10	VisitCancelledIndicator	True/false – allows a visit to be cancelled / deleted based on defined rules.	5	String	Yes	True   False
11	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	See Appendix 1 PayerID column
12	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 1 ProgramID column
13	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2 HCPCS column
14	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 Modifier columns
15	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 Modifier columns



Index	Element	Description	Max	Туре	Required?	Expected Value(s)
macx	[Column Name]	Description	Length	1,750	riequirea.	Format / Validation Rules
16	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 Modifier columns
17	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Optional	See Appendix 2 Modifier columns
18	VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values. Should be provided if the visit is occurring in a time zone other than that of the client.	64	String	Yes	See Appendix 5 TimeZoneCode column
19	ScheduleStartTime	Activity / Schedule start date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date	20	DateTime	Optional	FORMAT: YYYY-MM- DDTHH:MM:SSZ – will be sent if available
20	ScheduleEndTime	Activity / Schedule end date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date	20	DateTime	Optional	FORMAT: YYYY-MM- DDTHH:MM:SSZ – will be sent if available
21	AdjinDateTime	Adjusted in date/time if entered manually. Otherwise the actual date/time received.	20	DateTime	Optional	FORMAT: YYYY-MM- DDTHH:MM:SSZ – will be sent if available
22	AdjOutDateTime	Adjusted out date/time if entered manually. Otherwise the actual date/time received.	20	DateTime	Optional	FORMAT: YYYY-MM- DDTHH:MM:SSZ – will be sent if available
23	BillVisit	True/False. If the visit is going to be billed, should be sent as Y. Otherwise N.	5	String	Optional	True   False
24	HoursToBill	Hours that are going to be billed.	99.999	Decimal	Optional	LIVE DATA
25	HoursToPay	If payroll is in scope for the payer program, the hours to pay.	99.999	Decimal	Optional	LIVE DATA
26	Memo	Associated free form text	512	String	Optional	LIVE DATA
27	ClientVerifiedTimes	True/False	5	String	Optional	True   False- will be sent if available
28	ClientVerifiedTasks	True/False	5	String	Optional	True   False- will be sent if available
39	ClientVerifiedService	True/False	5	String	Optional	True   False– will be sent if available



Index	Element	Description	Max	Type	Required?	Expected Value(s)
IIIUCA	[Column Name]	Description	Length	Турс	nequireu:	Format / Validation Rules
30	ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record. True/False	5	String	Optional	True   False
31	ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record. True/False	5	String	Optional	True   False
Calls: If cal	lls are not provided, adjusted ti	mes must be included in the parent visit eleme	ent. Calls in	nclude any ty	pe of clock in	or clock out depending on system
capabilities	s. Note that some vendor syste	ms may not record some visit activity as calls. I	f this is the	case, the cal	l element can	be omitted. Sandata will treat visi
•	n without calls as manually ento					
1	CallExternalID	Call identifier in the external system	16	String	Yes	LIVE DATA
2	CallDateTime	Event date time. Must be at least to the second.	20	Date Time	Yes	FORMAT: YYYY-MM- DDTHH:MM:SSZ
3	CallAssignment	Values: Time In, Time Out, Other	10	String	Yes	Time In   Time Out   Other
4	GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	Optional	LIVE DATA
5	CallType	The type of device used to create the event. Values: Telephony, Mobile, FVV, Manual, Other. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of Fixed verification device.	20	String	Yes	Telephony   Mobile   FVV   Manual   Other
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String		See Appendix 2 HCPCS column
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional; see description in spec	FORMAT:
8	MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	64	String	Conditional	LIVE DATA
9	CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile	19	Decimal	Conditional	LIVE DATA
10	CallLongitude	GPS longitude recorded during event.  Longitude has a range of -180 to 180 with a 15 digit precision. Required for CallType = Mobile.	20	Decimal	Conditional	LIVE DATA



Index	Element	Description	Max	Type	Required?	Expected Value(s)
	[Column Name]		Length			Format / Validation Rules
11	Location	Specific values to be provided based on the program.	25	String	Optional	LIVE DATA
12	TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	10	String	Conditional	LIVE DATA
13	OriginatingPhoneNumber	Originating phone number for telephony.  Required if CallType = Telephony.	10	String	Conditional	FORMAT: #########
Visit Excep	tion Acknowledgement: Option	al.				
1	ExceptionID	ID for the exception being acknowledged. Exact values for exceptions implemented are based on program rules.	2	String	Required	See Appendix 4 ExceptionCode column
2	ExceptionAcknowledged	True/False	5	String	Optional	True   False
Visit Chang	ges: Optional.					
1	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	String	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
2	ChangeMadeBy	The unique identifier of the user, system or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	64	String	Yes	LIVE DATA
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	Date Time	Yes	FORMAT: YYYY-MM- DDTHH:MM:SSZ
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	LIVE DATA
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See Appendix 3 ReasonCode column
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	256	String	Conditional	See Appendix 3 NoteRequired? Column
7	ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	Optional	DO NOT PROVIDE NOT APPLICABLE TO THIS PROGR
Tasks: Opt	ional – Tasks will be sent if avail	able.				
1	TaskID	TaskID, this taskID must map to the Task IDs used for the agency in the Sandata system	4	String	Yes	See Appendix 7 Task ID column for specific values
2	TaskReading	Task reading	6	String	Optional	LIVE DATA
3	TaskRefused	True, False	5	String	Optional	True   False
4	TaskUnit	Task unit	8	String	Optional	LIVE DATA



# Appendices

## 1 Payers & Programs

ID	Payer ID	Program ID	Description
1	RI Medicaid	MD1	DEA Community Home Care Program
2	RI Medicaid	MD3	DEA Co Pay Level 1
3	RI Medicaid	MD4	DEA Co Pay Level 2
4	RI Medicaid	MC1	CORE
5	RI Medicaid	MP1	PREVENTIVE
6	RI Medicaid	MB3	HCBS
7	RI Medicaid	MH1	Habilitation
8	RI_TUFTS	RTH	Tufts Health Plan
9	RI_UNITED	RUH	United Healthcare
10	RI_NHP	RNH	Neighborhood Health Plan
11	RI Medicaid	MP2	PREVENTIVE Services (Personal Care and Homemaker)
12	RI Medicaid	MD2	Personal Choice Services (Personal Care and Homemaker)
13	RI Medicaid	MB1	Behavioral Health Program

#### 2 Services & Modifiers

Payer	Program	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
RI MEDICAID	ALL	S5125	U1				Combined Homemaker & Personal Care U1
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	U1	UJ			Combined Homemaker & Personal Care U1 UJ
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	U1	UH			Combined Homemaker & Personal Care U1 UH



Payer	Program	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
RI_TUFTS	Program	псрсз	IVIOUI	IVIOUZ	IVIOUS	10104	Description
RI_UNITED							
RI_NHP							
	A 1 1	CE 1 2 E	114	TV			Combined Homemaker & Personal Care U1 TV
RI MEDICAID	ALL	S5125	U1	IV			Combined Homemaker & Personal Care U1 1V
RI_TUFTS							
RI_UNITED							
RI_NHP	A	65405	114	110			
RI MEDICAID	ALL	S5125	U1	U9			Combined Homemaker & Personal Care U1 U9
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	U1	UJ	U9		Combined Homemaker & Personal Care U1 UJ U9
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	U1	UH	U9		Combined Homemaker & Personal Care U1 UH U9
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	U1	TV	U9		Combined Homemaker & Personal Care U1 TV U9
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125					Personal Care
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	UJ				Personal Care UJ
RI_TUFTS							
RI_UNITED							
RI_NHP							
RI MEDICAID	ALL	S5125	UH				Personal Care UH
RI_TUFTS							
RI_UNITED							



RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_UNITED RI_UNITED RI_UNITED RI_UNITED RI_UNITED RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_NHP RI MEDICAID ALL SS125 TV U9 Personal Care TV U9	
RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP	
RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP	
RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP	
RI MEDICAID RI_TUFTS RI_UNITED RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP RI_TUFTS RI_UNITED RI_NHP	
RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP	
RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP	
RI_NHP  RI_MEDICAID RI_TUFTS RI_UNITED RI_NHP  RI_MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP  RI_NHP	
RI MEDICAID RI_TUFTS RI_UNITED RI_NHP RI MEDICAID RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_TUFTS RI_UNITED RI_NHP RI_TUFTS RI_UNITED RI_NHP	
RI_TUFTS RI_UNITED RI_NHP  RI MEDICAID RI_TUFTS RI_UNITED RI_UNITED RI_NHP  RI_NHP  RI_UNITED RI_NHP	
RI_UNITED RI_NHP  RI MEDICAID ALL S5125 UH U9 RI_TUFTS RI_UNITED RI_NHP  RI_NHP	
RI_NHP  RI MEDICAID  RI_TUFTS  RI_UNITED  RI_NHP	
RI MEDICAID ALL S5125 UH U9 Personal Care UH U9 RI_TUFTS RI_UNITED RI_NHP	
RI_TUFTS RI_UNITED RI_NHP	
RI_UNITED RI_NHP	
RI_NHP	
_	
RI MEDICAID ALL S5125 TV U9 Personal Care TV U9	
RI_TUFTS	
RI_UNITED	
RI_NHP	
RI MEDICAID ALL S5130 Homemaker	
RI_TUFTS	
RI_UNITED	
RI_NHP	
RI MEDICAID ALL S5130 TE Homemaker – LPN TE	
RI_TUFTS	
RI_UNITED	
RI_NHP	
RI_UNITED All S9122 Home Health Aide (HHA)	



#### 3 Reason Codes

Reason Code	Description	Note Required?
1	Client Cancel	No
2	Staff Cancel	No
3	Scheduling Error	No
4	Removed from home by family	No
5	Patient expired	No
6	Frequency orders changed	No
7	Patient in hospital	No
8	MD appt - not home	No
9	No answer to locked door	No
10	No call - No show	No
11	No orders - not billable	No
12	Duplicate Entry	No
13	Adj made, rebill to other Payor	No
14	Patient DC	No
15	Patient changed insurance	No
16	Patient/caregiver refused	No
30	Other	Yes

## 4 Exceptions

Exception Code	Exception Name	Description
02	Visit Without Any Calls	Exception thrown when a visit is recorded without an 'in' and without an 'out' call.
03	No In Call	Exception thrown when a visit is recorded without an "in" call that began the visit.



		To the second se
04	No Out Call	Exception thrown when a visit is recorded without an "out" call that completed the visit.
05	Unscheduled Event	Exception for a visit that was performed for a client that is not scheduled or not found in the EVV system.
00	Unknown Client	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.
01	Unknown Staff	(Telephonic only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded).
15	Unmatched Client	Exception for a visit that was performed for a client that does not match the scheduled client found in the EVV system.
25	GPS Distance	(Mobile only) Exception that occurs when the GPS coordinates recorded for a visit are outside the parameterized tolerance (in feet) from a known address for the member / recipient in the EVV system.
28	Visit Verification Exception	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the client indicates that the DURATION of the EVV visit does not reflect the amount of time that care was actually provided for.
39	Client Signature Exception	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the visit does not have a signature or client voice recording captured at the time of service.
40	Service Verification Exception	Exception occurs when the program has the 'client verification of the visit' enabled, and is triggered when the client indicates that the SERVICE RECORDED in the EVV visit does not reflect the actual activity performed during that visit.



## 5 Time Zones

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



#### 6 Tasks

Task ID	Category	Description
0010		Medications-infusion
0011		Injection
0012	Toileting/Elimination	Catheter care
0013	Toileting/Elimination	Empty colostomy bag
0014	Personal Care	Skin Care/Protocol
0015		Monitor Skin Condition
0016		Apply hot application
0017		Therapeutic Support
0018		Tracheostomy care
0019		Wound care
0020		Assist Tube Feeding
0021		Assist with Ambulation/Mobility/Transfer
0022		Assist clean/dressing change
0023		Active Range Of Motion
0024		Apply cold application
0025		Urine test
0026		Diet Monitoring
0027	Personal Care	Oral Care
0028		Bathing
0031		Grooming
0032		Assist with Toileting
0034	Mobility	Turning and Positioning
0035	Nutrition	Feeding
0036	Support/Hmkr Services	Light housekeeping
0037	Nutrition	Meal Preparation
0038		Nail care
0039		Specimen Collection
0040		Mental Health
0079	Support/Hmkr Services	Make Bed
0081	Support/Hmkr Services	Grocery Shopping / Errands
0082	Support/Hmkr Services	Laundry
0083	Support/Hmkr Services	Accompany to MD Clinic
0084	Support/Hmkr Services	Accompany to other Location
0085		Skin Care or Protocol with necrotic tissue



Task ID         Category         Description           0086         Skin Care or Protocol infected and draining           0099         FVVD Installation           0114         Toileting/Elimination         Incontinent Care           0115         Toileting/Elimination         Urinary drainage bag care           0116         Toileting/Elimination         Other Toileting / Elimination           0127         Toileting/Elimination         Other Toileting / Elimination           0128         Nutrition         Fluids Encoraged/Offered           0128         Nutrition         Fluids Encoraged/Offered           0129         Nutrition         Other Nutrition           0130         Mobility         Passive and Active Range of Motion Exercises           0131         Mobility         Exercises           0132         Mobility         Exercises           0133         Mobility         Assist with Ambulation           0136         Mobility         Assist with Ambulation           0137         Mobility         Assist with Ambulation           0139         Mobility         Assist with Ambulation           0140         Personal Care         Hair Care           0141         Personal Care         Nale Care / No Cutting — clean and fi			
0099         FVVD Installation           0114         Toileting/Elimination         Toileting           0115         Toileting/Elimination         Incontinent Care           0116         Toileting/Elimination         Urinary drainage bag care           0117         Toileting/Elimination         Other Toileting / Elimination           0125         Patient refused Personal Care           0126         Nutrition         Fluids Restricted           0128         Nutrition         Fluids Encouraged/Offered           0129         Nutrition         Other Nutrition           0130         Mobility         Passive and Active Range of Motion Exercises           0131         Mobility         Exercises           0132         Mobility         Bed rest maintained           0133         Mobility         Assist with Ambulation           0136         Mobility         Assist with Transfer           0139         Mobility         Other Mobility           0140         Personal Care         Shave           0141         Personal Care         Hair Care           0142         Personal Care         Dress Complete / Assist / Partial Assist           0144         Personal Care         Dress Complete / Assist / Partial Assist	Task ID	Category	Description
0114         Toileting/Elimination         Toileting           0115         Toileting/Elimination         Incontinent Care           0116         Toileting/Elimination         Urinary drainage bag care           0117         Toileting/Elimination         Other Toileting / Elimination           0125         Patient refused Personal Care           0126         Nutrition         Fluids Restricted           0128         Nutrition         Fluids Encouraged/Offered           0129         Nutrition         Other Nutrition           0130         Mobility         Passive and Active Range of Motion Exercises           0131         Mobility         Exercises           0132         Mobility         Assist with ambulation           0133         Mobility         Assist with Ambulation           0136         Mobility         Assist with Ambulation           0139         Mobility         Assist with Ambulation           0140         Personal Care         Shave           0141         Personal Care         Hair Care           0142         Personal Care         Hair Care           0143         Personal Care         Dress Complete / Assist / Partial Assist           0144         Personal Care         Aids Applied	0086		Skin Care or Protocol infected and draining
0115         Tolleting/Elimination         Incontinent Care           0116         Tolleting/Elimination         Urinary drainage bag care           0117         Tolleting/Elimination         Other Tolleting / Elimination           0125         Patient refused Personal Care           0126         Nutrition         Fluids Restricted           0128         Nutrition         Pluids Encouraged/Offered           0129         Nutrition         Other Nutrition           0130         Mobility         Passive and Active Range of Motion Exercises           0131         Mobility         Exercises           0132         Mobility         Bed rest maintained           0133         Mobility         Assist with Ambulation           0136         Mobility         Assist with Transfer           0139         Mobility         Other Mobility           0140         Personal Care         Shave           0141         Personal Care         Nali Care / No Cutting clean and file hands or toes           0142         Personal Care         Nali Care / No Cutting clean and file hands or toes           0143         Personal Care         Nali Care / No Cutting clean and file hands or toes           0144         Personal Care         Aids Applied <tr< td=""><td>0099</td><td></td><td>FVVD Installation</td></tr<>	0099		FVVD Installation
0116         Tolleting/Elimination         Urinary drainage bag care           0117         Tolleting/Elimination         Other Tolleting/Elimination           0125         Patient refused Personal Care           0126         Nutrition         Fluids Restricted           0128         Nutrition         Other Nutrition           0129         Nutrition         Other Nutrition           0130         Mobility         Passive and Active Range of Motion Exercises           0131         Mobility         Exercises           0132         Mobility         Bed rest maintained           0133         Mobility         Assist with Ambulation           0136         Mobility         Assist with Transfer           0140         Personal Care         Shave           0141         Personal Care         Hair Care           0141         Personal Care         Hair Care           0142         Personal Care         Nail Care / No Cutting clean and file hands or toes           0143         Personal Care         Dress Complete / Assist / Partial Assist           0144         Personal Care         Aids Applied           0145         Personal Care         Bed bath           0146         Personal Care         Shower	0114	Toileting/Elimination	Toileting
0117     Toileting/Elimination     Other Toileting / Elimination       0125     Patient refused Personal Care       0126     Nutrition     Fluids Encouraged/Offered       0128     Nutrition     Other Nutrition       0129     Nutrition     Other Nutrition       0130     Mobility     Passive and Active Range of Motion Exercises       0131     Mobility     Exercises       0132     Mobility     Bed rest maintained       0133     Mobility     Assist with Ambulation       0136     Mobility     Assist with Transfer       0139     Mobility     Other Mobility       0140     Personal Care     Shave       0141     Personal Care     Hair Care       0142     Personal Care     Nail Care / No Cutting clean and file hands or toes       0143     Personal Care     Dress Complete / Assist / Partial Assist       0144     Personal Care     Dress Complete / Assist / Partial Assist       0144     Personal Care     Bed bath       0145     Personal Care     Bed bath       0146     Personal Care     Shower       0147     Personal Care     Shower       0148     Personal Care     Shower       0150     Personal Care     Other Personal Care       0151     P	0115	Toileting/Elimination	Incontinent Care
0125     Patient refused Personal Care       0126     Nutrition     Fluids Restricted       0129     Nutrition     Other Nutrition       0130     Mobility     Passive and Active Range of Motion Exercises       0131     Mobility     Exercises       0132     Mobility     Bed rest maintained       0133     Mobility     Assist with Ambulation       0136     Mobility     Assist with Transfer       0139     Mobility     Other Mobility       0140     Personal Care     Shave       0141     Personal Care     Hair Care       0142     Personal Care     Nail Care / No Cutting clean and file hands or toes       0143     Personal Care     Dress Complete / Assist / Partial Assist       0144     Personal Care     Aids Applied       0145     Personal Care     Bed bath       0146     Personal Care     Bed bath       0147     Personal Care     Shower       0148     Personal Care     Sponge       0149     Personal Care     Sponge       0150     Personal Care     Other Personal Care       0151     Precautions     All Applicable Precautions Maintained       0152     Precautions     Oz Precautions Followed       0153     Precautions     Stan	0116	Toileting/Elimination	Urinary drainage bag care
0126     Nutrition     Fluids Encouraged/Offered       0128     Nutrition     Other Nutrition       0130     Mobility     Passive and Active Range of Motion Exercises       0131     Mobility     Exercises       0132     Mobility     Bed rest maintained       0133     Mobility     Assist with Ambulation       0136     Mobility     Assist with Transfer       0139     Mobility     Other Mobility       0140     Personal Care     Shave       0141     Personal Care     Hair Care       0142     Personal Care     Nail Care / No Cutting clean and file hands or toes       0143     Personal Care     Aids Applied       0144     Personal Care     Aids Applied       0145     Personal Care     Aids Applied       0146     Personal Care     Bed bath       0147     Personal Care     Tub bath       0148     Personal Care     Shower       0149     Personal Care     Shampoo       0150     Personal Care     Shampoo       0151     Precautions     Transmission based precautions followed       0152     Precautions     Transmission based precautions followed       0153     Precautions     Standard Precautions       0156     Precautions	0117	Toileting/Elimination	Other Toileting / Elimination
0128         Nutrition         Fluids Encouraged/Offered           0129         Nutrition         Other Nutrition           0130         Mobility         Passive and Active Range of Motion Exercises           0131         Mobility         Exercises           0132         Mobility         Bed rest maintained           0133         Mobility         Assist with Ambulation           0136         Mobility         Assist with Transfer           0139         Mobility         Other Mobility           0140         Personal Care         Shave           0141         Personal Care         Hair Care           0142         Personal Care         Nal Care / No Cutting clean and file hands or toes           0143         Personal Care         Nal Care / No Cutting clean and file hands or toes           0144         Personal Care         Dress Complete / Assist / Partial Assist           0144         Personal Care         Aids Applied           0145         Personal Care         Bed bath           0146         Personal Care         Tub bath           0147         Personal Care         Shower           0148         Personal Care         Shampoo           0150         Personal Care         Other Personal Ca	0125		Patient refused Personal Care
0129     Nutrition     Other Nutrition       0130     Mobility     Passive and Active Range of Motion Exercises       0131     Mobility     Exercises       0132     Mobility     Bed rest maintained       0133     Mobility     Assist with Ambulation       0136     Mobility     Assist with Transfer       0140     Personal Care     Shave       0141     Personal Care     Hair Care       0142     Personal Care     Nail Care / No Cutting clean and file hands or toes       0143     Personal Care     Dress Complete / Assist / Partial Assist       0144     Personal Care     Aids Applied       0145     Personal Care     Bed bath       0146     Personal Care     Bed bath       0147     Personal Care     Shower       0148     Personal Care     Shower       0149     Personal Care     Shampoo       0150     Personal Care     Other Personal Care       0151     Precautions     All Applicable Precautions Maintained       0152     Precautions     Transmission based precautions followed       0153     Precautions     Standard Precautions       0154     Precautions     Standard Precautions       0155     Precautions     Choking Precautions       0	0126	Nutrition	Fluids Restricted
0130MobilityPassive and Active Range of Motion Exercises0131MobilityExercises0132MobilityBed rest maintained0133MobilityAssist with Ambulation0136MobilityAssist with Transfer0139MobilityOther Mobility0140Personal CareShave0141Personal CareHair Care0142Personal CareNail Care / No Cutting — clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareBed bath0147Personal CareShower0148Personal CareShower0149Personal CareShampoo0150Personal CareShampoo0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsAll Applicable Precautions followed0153PrecautionsStandard Precautions0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsSledeling Precautions	0128	Nutrition	Fluids Encouraged/Offered
0131     Mobility     Exercises       0132     Mobility     Bed rest maintained       0133     Mobility     Assist with Ambulation       0136     Mobility     Assist with Transfer       0139     Mobility     Other Mobility       0140     Personal Care     Shave       0141     Personal Care     Hair Care       0142     Personal Care     Nail Care / No Cutting clean and file hands or toes       0143     Personal Care     Dress Complete / Assist / Partial Assist       0144     Personal Care     Aids Applied       0145     Personal Care     Bed bath       0146     Personal Care     But have       0147     Personal Care     Shower       0148     Personal Care     Sponge       0149     Personal Care     Shampoo       0150     Personal Care     Other Personal Care       0151     Precautions     All Applicable Precautions Maintained       0152     Precautions     Transmission based precautions followed       0153     Precautions     Standard Precautions       0154     Precautions     Standard Precautions       0155     Precautions     Fall Precautions       0156     Precautions     Choking Precautions       0157     Precaution	0129	Nutrition	Other Nutrition
0132MobilityBed rest maintained0133MobilityAssist with Ambulation0136MobilityAssist with Transfer0139MobilityOther Mobility0140Personal CareShave0141Personal CareHair Care0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSelzure Precautions0158PrecautionsBleeding Precautions	0130	Mobility	Passive and Active Range of Motion Exercises
0133MobilityAssist with Ambulation0136MobilityAssist with Transfer0139MobilityOther Mobility0140Personal CareShave0141Personal CareHair Care0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsSeizure Precautions	0131	Mobility	Exercises
0136MobilityAssist with Transfer0139MobilityOther Mobility0140Personal CareShave0141Personal CareHair Care0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareBed bath0147Personal CareShower0148Personal CareShower0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0132	Mobility	Bed rest maintained
0139MobilityOther Mobility0140Personal CareShave0141Personal CareHair Care0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsSleeding Precautions	0133	Mobility	Assist with Ambulation
0140Personal CareShave0141Personal CareHair Care0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0136	Mobility	Assist with Transfer
0141Personal CareHair Care0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0139	Mobility	Other Mobility
0142Personal CareNail Care / No Cutting clean and file hands or toes0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0140	Personal Care	Shave
0143Personal CareDress Complete / Assist / Partial Assist0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0141	Personal Care	Hair Care
0144Personal CareAids Applied0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0142	Personal Care	Nail Care / No Cutting clean and file hands or toes
0145Personal CareBed bath0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153Precautions02 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0143	Personal Care	Dress Complete / Assist / Partial Assist
0146Personal CareTub bath0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0144	Personal Care	Aids Applied
0147Personal CareShower0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0145	Personal Care	Bed bath
0148Personal CareSponge0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0146	Personal Care	Tub bath
0149Personal CareShampoo0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0147	Personal Care	Shower
0150Personal CareOther Personal Care0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0148	Personal Care	Sponge
0151PrecautionsAll Applicable Precautions Maintained0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0149	Personal Care	Shampoo
0152PrecautionsTransmission based precautions followed0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0150	Personal Care	Other Personal Care
0153PrecautionsO2 Precautions Followed0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0151	Precautions	All Applicable Precautions Maintained
0154PrecautionsStandard Precautions0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0152	Precautions	Transmission based precautions followed
0155PrecautionsFall Precautions0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0153	Precautions	O2 Precautions Followed
0156PrecautionsChoking Precautions0157PrecautionsSeizure Precautions0158PrecautionsBleeding Precautions	0154	Precautions	Standard Precautions
0157     Precautions     Seizure Precautions       0158     Precautions     Bleeding Precautions	0155	Precautions	Fall Precautions
0158 Precautions Bleeding Precautions	0156	Precautions	Choking Precautions
·	0157	Precautions	Seizure Precautions
0159 Precautions Other Precautions	0158	Precautions	Bleeding Precautions
	0159	Precautions	Other Precautions



Task ID	Category	Description
0160	Special Tasks	Assist with Medication Reminder (Self-Administered)
0161	Special Tasks	Assist with Self-Administered Medicines
0162	Special Tasks	Record I & O
0163	Special Tasks	Emergency Call Systems checked - Ensure plugged in and client wearing
0164	Special Tasks	Vital sign: Temp
0165	Special Tasks	Vital Sign: B/P
0166	Special Tasks	Vital Sign: Pulse
0167	Special Tasks	Vital Sign: Respiration
0168	Special Tasks	Vital Sign: Weight
0169	Special Tasks	Other Special Task
0180	Support/Hmkr Services	Grocery shop
0185	Support/Hmkr Services	Empty Trash
0186	Support/Hmkr Services	Change Linens



#### 7 Abbreviations

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



## 8 Terminology

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



#### 9 Technical Companion and Examples

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

#### **API Location**

The RESTful APIs can be reached at the following locations:

**Production:** 

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

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

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

UAT:

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

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

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

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

#### **Authentication Header**

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

The credentials are determined and distributed during implementation.



An example header for "user@example.com" with password "secret" would be:
Authorization: Basic dXNlckBleGFtcGxlLmNvbTpzZWNyZXQ=
Account Header
In addition to the "Authorization" header, a header denoting the callers EVV "Account" must be sent. The credentials provided are specific to an account, and all data sent must also correspond to that account, or the request will be rejected.
An example of this header would be:
Account: 12345
Alternatively, for MCO customers and other vendors sending data on behalf of multiple EVV accounts, the "EntityGuid" header is used. This ID will be provided by Sandata during implementation.
An example of this header would be:
EntityGuid: 12345



As with all RESTful API requests, the "Content-Type" header should also be included:
Content-Type: application/json
Workflow
Interacting with the APIs is a two-step process:
Step 1 – Send a POST request with the data to the API
Step 2 – Utilize the "Status" API to check that processing completed successfully
Details are as follows:
The first step is to POST the data being sent to the URLs mentioned above in the "API Location" section. When data is sent, the Sandata system will validate the input meets the business requirements, process the data, and return a response.
The response sends back some key pieces of information. This includes any errors that may have been flagged, as well as a UUID, generated by Sandata, which uniquely identifies the request. See example responses below in the "Sample Response" section.



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

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

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

 $\underline{https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1/status?\underline{uuid=8d7c31f7-4a09-41a9-8edd}-f9819def58f1}$ 

Sample data can be found below.

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

#### **Sample POST Data**

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

JSON Employee



```
[{
       "ProviderIdentification": {
              "ProviderQualifier": "SandataID",
              "ProviderID": "123456"
       },
       "EmployeeQualifier": "EmployeeSSN",
       "EmployeeIdentifier": "999999999",
       "EmployeeOtherID": "2222",
       "SequenceID": 99811930002,
       "EmployeeSSN": "99999999",
       "EmployeeLastName": "Employee",
       "EmployeeFirstName": "Test",
       "EmployeeEmail": "dummy@sandata.com",
       "EmployeeManagerEmail": "dummymanager@sandata.com",
       "EmployeeAPI": "111111111",
       "EmployeePosition": "RN"
}]
JSON Client
[{
       "ProviderIdentification": {
              "ProviderQualifier": "SandataID",
```



```
"ProviderID": "123456"
},
"ClientID": "96641",
"ClientFirstName": "Test",
"ClientMiddleInitial": "T",
"ClientLastName": "Client",
"ClientQualifier": "ClientSSN",
"ClientMedicaidID": "999999999",
"ClientIdentifier": "99999999",
"MissingMedicaidID": "False",
"SequenceID": 99811930002,
"ClientCustomID": "111111111",
"ClientOtherID": "2222",
"ClientSSN": "999999999",
"ClientTimezone": "US/Eastern",
"Coordinator": "123",
"ClientPayerInformation": [{
       "PayerID": "57",
       "PayerProgram": "123",
       "ProcedureCode": "123",
       "ClientPayerID": "987654321",
       "ClientEligibilityDateBegin": "2019-01-01",
       "ClientEligibilityDateEnd": "2020-01-01",
       "ClientStatus": "02",
```



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



```
"ClientDesigneeStartDate": "",
              "ClientDesigneeEndDate": "",
              "ClientDesigneeRelationship": ""
       }]
       "ClientResponsibleParty": [{
              "ClientContactType": "Other",
              "ClientContactFirstName": "Test",
              "ClientContactLastName": "Respparty",
              "ClientContactPhoneType": "Mobile",
              "ClientContactPhone": "3478788467",
              "ClientContactEmailAddress": "dummy@sandata.com",
              "ClientContactAddressLine1": "2727 East 29th Street",
              "ClientContactAddressLine2": "Apt 8I",
              "ClientContactCity": "Brooklyn",
              "ClientContactState": "NY",
              "ClientContactZip": "11229"
       }]
}]
JSON Visit
[{
       "ProviderIdentification": {
              "ProviderID": "123456",
```



```
"ProviderQualifier": "SandataID"
},
"VisitOtherID": "123456789",
"SequenceID": 111,
"EmployeeQualifier": "EmployeeSSN",
"EmployeeOtherID": "99999999",
"EmployeeIdentifier": "99999999",
"GroupCode": null,
"ClientIDQualifier": "ClientMedicaidID",
"ClientID": "111111111",
"ClientOtherID": "111111111",
"VisitCancelledIndicator": false,
"PayerID": "999",
"PayerProgram": "PRG",
"ProcedureCode": "T1000",
"Modifier1": null,
"Modifier2": null,
"Modifier3": null,
"Modifier4": null,
"VisitTimeZone": "US/Eastern",
"ScheduleStartTime": "2019-07-28T16:02:26Z",
"ScheduleEndTime": "2019-07-28T20:02:26Z",
"AdjInDateTime": "2019-07-28T15:02:26Z",
"AdjOutDateTime": "2019-07-28T19:02:26Z",
```



```
"BillVisit": true,
"HoursToBill": 10,
"HoursToPay": 10,
"Memo": "This is a memo!",
"ClientVerifiedTimes": true,
"ClientVerifiedTasks": true,
"ClientVerifiedService": true,
"ClientSignatureAvailable": true,
"ClientVoiceRecording": true,
"Calls": [{
       "CallExternalID": "123456789",
       "CallDateTime": "2019-07-28T16:02:26Z",
       "CallAssignment": "Time In",
       "GroupCode": null,
       "CallType": "Other",
       "ProcedureCode": "T1000",
       "ClientIdentifierOnCall": "111111111",
       "MobileLogin": null,
       "CallLatitude": 40.34455,
       "CallLongitude": -21.99383,
       "Location": "123",
       "TelephonyPIN": 999999999,
       "OriginatingPhoneNumber": "9997779999"
```



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

#### Sample Responses

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



```
Employee POST (Successful)
{
  "id": "7f6dcd1a-ec5e-4efd-a2d4-1049756016a5",
  "status": "SUCCESS",
  "messageSummary": "The result for the input UUID is not ready yet. Please try again.",
  "data": {
    "uuid": "7f6dcd1a-ec5e-4efd-a2d4-1049756016a5",
    "account": "12345",
    "message": "The result for the input UUID is not ready yet. Please try again.",
    "reason": "Transaction Received."
  }
}
Employee POST (Validation Error)
  "id": "ea76e9a1-9b29-4f3d-af1c-6b573eb29b76",
  "status": "FAILED",
  "messageSummary": "[1] Records uploaded, please check errors/warnings and try again.",
  "data": [
      "ProviderIdentification": {
```



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

Employee GET (Status)

}



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

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

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

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



```
"account": "12345",
              "message": "The result for the input UUID is not ready yet. Please try again.",
              "reason": "Transaction Received."
}
If the request was processed but failed business rules, an example status would be:
  "id": "e5de964b-9803-4051-b89b-8a89926e4983",
  "status": "SUCCESS",
  "messageSummary": "[2] Records uploaded, please check errors/warnings and try again.",
  "data": [
      "ProviderIdentification": {
        "ProviderID": "123456",
        "ProviderQualifier": "SandataID",
        "ErrorCode": null,
        "ErrorMessage": null
      },
      "EmployeeIdentifier": "999999999",
      "EmployeeOtherID": "2222",
      "SequenceID": 99811930002,
      "EmployeeQualifier": "EmployeeSSN",
```



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