



RI-EOHHS Alterate EVV SPECIFICATION

For Receipt of Alternate Electronic Visit Verification

Part of the Open EVV Series
of Interfaces

Version 4.1

Sandata

Proprietary and Confidential.

Copyright © 2022 Sandata Technologies, LLC. All rights reserved.

Version History

| Version | Name | Title | Changes | Date |
|---------|---------------|---------------------------|--|----------|
| 1.0 | Ford Simpkins | Technical Account Manager | Initial Version - Consolidated Specification | 6/18/22 |
| 2 | Ford Simpkins | Technical Account Manager | Edited format for overall readability | 7/1/22 |
| 3 | Ford Simpkins | Technical Account Manager | Updated "EmployeeIdentifier" field to clarify expected values format. Updated the "State" Field to clarify the expected value format. Updated the "EmployeeEmail" field to clarify expected value format. Memo field was updated from 512 characters to 1024 | 7/1/22 |
| 3.1 | Ford Simpkins | Technical Account Manager | Updated "ScheduleStartTime" and "ScheduleEndTime" fields to clarify expected values format. Updated the "ClientSSN" Field to clarify that it should not be sent. Updated the "EmployeeSSN" fields to clarify the expected value format. | 7/13/22 |
| 3.2 | Ford Simpkins | Technical Account Manager | Updated Title Page, Header, and Footer | 7/13/22 |
| 3.3 | Ford Simpkins | Technical Account Manager | Updated Service List, Header, and Footer | 7/24/22 |
| 3.4 | Ford Simpkins | Technical Account Manager | Removed language around "VisitLocationType". Added Service G0156 | 8/4/22 |
| 3.5 | Ford Simpkins | Technical Account Manager | Added Payer RI_TUFTS and program RT1 to applicable Service codes G0151-G0157. Removed L and R from Service Code T1000 for RI Medicaid. Added Service 99503 to payer RI_UNITED-I and program RUI. | 8/22/22 |
| 3.6 | Ford Simpkins | Technical Account Manager | Edited Employee ID Field in Visit General section to be more descriptive. | 10/18/22 |
| 3.7 | Ford Simpkins | Technical Account Manager | Edited Client Other ID and Client Qualifier Fields in Client General section. | 2/9/23 |
| 3.8 | Ford Simpkins | Technical Account Manager | Added M10 Program for RI Medicaid Payer Added HH1 Program for RI Medicaid I Payer. Adjusted exception values to be 2 digit. | 5/30/23 |
| 3.9 | Ford Simpkins | Technical Account Manager | Added Important note Section | 11/10/23 |
| 4 | Ford Simpkins | Technical Account Manager | Edited Exceptions table | 11/29/23 |
| 4 | Ford Simpkins | Technical Account Manager | Added M10 Program for RI Medicaid Payer Service T1000 | 2/2/24 |

EVV Vendor Data Transmission Interface

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

Base Version 7.14

EVV Vendor Interface Transmission Guidelines

| | |
|-------------------------|--|
| File Format | JSON |
| File Delimiter | not applicable |
| Headers | not applicable |
| File Extension | not applicable |
| File Encryption | Delivery to occur over secure HTTPS connection |
| Control File | not applicable |
| RESTful API Endpoint(s) | See Appendix 8 |
| 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 vendor's discretion. |

File Delivery Notes

Overview

This specification is intended to document the requirements for using the Sandata Real Time Interface (part of the Open EVV Series of Interface) for receiving information from 3rd party EVV Vendors into the Sandata Aggregator. This interface is also referred to as the Alternate EVV Data Interface 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.

Intended Audience

The intended audience of this document is:

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

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.

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.

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 |

Important Notes

It is expected that the vendor system will capture GPS coordinates for the member and visit. Then a visit shall not be verified within the vendor system when the distance between the two points is greater than 500 feet until the agency has acknowledged that they know about this distance gap and can provide written documentation to RIEOHHS upon request.

| Client Data Endpoint | | This endpoint receives information regarding the individual member / beneficiary (known here as the 'Client') that receives care as part of the visit. Please note- the Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Client'. Client Other ID should be ONLY the Client Medicaid ID. If this value is not the Client Medicaid ID it may impact claims payment. | | |
|--|---------------------|---|--|--|
| Index | Element | Description | Expected Value | Validation Rule |
| Provider Identification - Required | | | | |
| 1 | ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "Other" | String match = "Other" |
| 2 | ProviderID | Unique identifier for the agency. | NPI | NPI; exactly 10 digits |
| Index | Element | Description | Expected Value | Validation Rule |
| Client General Information - Required | | | | |
| 1 | ClientQualifier | Describes what type of identifier is being sent to identify the client. Should be the same as the value used by the Payer if a client feed is provided by the payer | "ClientOtherID" | String match = "ClientOtherID". Value must be Client Medicaid ID in the "Client Other" ID. |
| 2 | 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. | "Medicaid ID" | String match = "Medicaid ID"; exactly 10 digits including leading 0s |
| 3 | ClientFirstName | Client's First Name. | Client's First Name | Max Length 30 Special Characters . ' - space supported |
| 4 | ClientMiddleInitial | Client's Middle Initial | Client's Middle Initial | Max Length 1 Can be NULL No Special Characters |
| 5 | ClientLastName | Client's Last Name. | Client's Last Name | Max Length 30 Special Characters . ' - space supported |
| 6 | ClientMedicaidID | Unique ID provided by the State Medicaid program to the client. | RI Medicaid ID | RI Medicaid ID; exactly 10 digits including leading 0s |
| 7 | MissingMedicaidID | Indicator that a patient is a newborn. Program requires a Client to have a medicaid number so this field will always be true. | "false" | String match = "false" Can be NULL |
| 8 | SequenceID | The Third Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure order of the client data updates. | Third Party EVV Visit Sequence ID | Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters |
| 9 | ClientOtherID | This value should be ONLY the Client Medicaid ID. If this value is not the Client Medicaid ID it may impact claims payment. | Primary Client Key from the Alt EVV System | FORMAT: MedicaidID 10 DIGITS No Special Characters This value is also used for claims matching. |
| 10 | ClientTimeZone | Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the Appendix 5 for acceptable values. | "US/Eastern" | String match = "US/Eastern" |
| 11 | Coordinator | The staff member assigned to the client in a specific agency as the coordinator for an employee. | Coordinator Identifier | Max Length 3 Can be NULL No Special Characters |
| 12 | ClientID | This is a value auto-assigned by internal process. DO NOT PROVIDE | DO NOT PROVIDE | DO NOT PROVIDE; values provided will be utilized and client record will be invalid |
| 13 | ClientCustomID | Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. May be equal to another ID provided. Must be provided if billing is in scope. | MCO Unique ID | MCO Unique ID Can be NULL - will be sent if available. Max Length 24 No Special Characters |
| 14 | ClientSSN | Client's social security number. If the field is left empty, ClientOtherID must be populated. Not required if ClientOtherID sent. DO NOT PROVIDE. | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|--|------------------------|---|----------------|-----------------|
| Client General Information - Required | | | | |
| 1 | ProviderAssentContPlan | DO NOT PROVIDE. Indicator to capture provider's assent that the member's contingency plan provided will be reviewed with the member every 90 days and documentation will be provided. | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|----------------------------------|------------------------|--|-------------------------------|---|
| Client Address - Required | | | | |
| 1 | ClientAddressType | Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available. | "Home" "Business" "Other" | String match = "Home" "Business" "Other" |
| 2 | ClientAddressIsPrimary | One address must be designated as primary by sending true. Additional addresses will be false. Values: true/false | "false" | String match = "true" "false" |
| 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. | Address Line 1 | Max Length 30 Special Characters <under score> . ' - # , / space supported |
| 4 | ClientAddressLine2 | Street address line 2 associated with this address. | Address Line 2 | Max Length 30 Can be NULL Special Characters <under score> . ' - # , / space supported |
| 5 | ClientCounty | County associated with this address | County | Max Length 25 Can be NULL Special Characters . ' - space supported |
| 6 | ClientCity | City associated with this address. | City | Max Length 30 Special Characters . - space supported |
| 7 | ClientState | State associated with this address. Two character standard abbreviation referenced in Appendix 6. | State | Format: 2 char standard US state abbreviation |
| 8 | ClientZip | Zip Code associated with this address. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros. | Zip Code | Format: ##### Rules: This is the full nine digits of the zip code for a business mailing zip code. If the +4 cannot be provided, please send '0000'. |
| 9 | ClientAddressLongitude | Calculated for each address. | DO NOT PROVIDE | DO NOT PROVIDE |
| 10 | ClientAddressLatitude | Calculated for each address. | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|--------------------------------|-----------------|---|--|--|
| Client Phone - 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. | "Home" "Mobile" "Business" "Other" | String match = "Home" "Mobile" "Business" "Other" Permitted values Can be NULL |
| 2 | ClientPhone | Client phone number including area code. (no country code, no dashes and no parentheses) | Client Phone Number | FORMAT: ##### |

| Index | Element | Description | Expected Value | Validation Rule |
|--|----------------------------|---|----------------------------------|--|
| Client Payer Information - Required | | | | |
| 1 | PayerID | Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process. | See Appendix 1 PayerID column | MAX Length = 64 String Value |
| 2 | PayerProgram | If applicable, the program to which this visit belongs | See Appendix 1 Program ID column | MAX Length = 9 String Value |
| 3 | ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | See Appendix 2 HCPS column | MAX Length = 5 String Value |
| 4 | Modifier1 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod1 column | MAX Length = 10 String Value CAN BE NULL |
| 5 | Modifier2 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod2 column | MAX Length = 10 String Value CAN BE NULL |
| 6 | Modifier3 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod3 column | MAX Length = 10 String Value CAN BE NULL |
| 7 | Modifier4 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod4 column | MAX Length = 10 String Value CAN BE NULL |
| 8 | ClientPayerID | Unique identifier sent by the payer. | | LIVE DATA CAN BE NULL |
| 9 | ClientEligibilityDateBegin | Client eligibility begin date. This field is optional if ClientStatus is sent. | | FORMAT: YYYY-MM-DD CAN BE NULL |
| 10 | ClientEligibilityDateEnd | Client eligibility end date. This field is optional if ClientStatus is sent. | | FORMAT: YYYY-MM-DD CAN BE NULL |
| 11 | 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. | | 02 04 |
| 12 | EffectiveStartDate | The effective start date for the client payer information. | | FORMAT: YYYY-MM-DD |
| 13 | EffectiveEndDate | The effective end date for the client payer information. | | FORMAT: YYYY-MM-DD CAN BE NULL |

| Index | Element | Description | Expected Value | Validation Rule |
|---|-------------------------|---|----------------|-----------------|
| Client Designee - DO NOT PROVIDE | | | | |
| 1 | ClientDesigneeFirstName | First Name of the Client Designee. | DO NOT PROVIDE | DO NOT PROVIDE |
| 2 | ClientDesigneeLastName | Last Name of the Client Designee. | DO NOT PROVIDE | DO NOT PROVIDE |
| 3 | ClientDesigneeEmail | Email address of the Client Designee. | DO NOT PROVIDE | 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) Sandata System can either populate the start or end date based on the date of receipt of the status or the source system can send the activation and termination date. (Please note Activation and termination dates cannot be backdated or future dated) Available Values: 02 = Active, 04 = Inactive. | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|---|----------------------------|---|----------------|-----------------|
| Client Designee - DO NOT PROVIDE | | | | |
| 5 | ClientDesigneeStartDate | The date Client Designee was assigned. Future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required. | DO NOT PROVIDE | DO NOT PROVIDE |
| 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. | DO NOT PROVIDE | DO NOT PROVIDE |
| 7 | ClientDesigneeRelationship | Relationship of the Designee to the client | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|---|---------------------------|--|----------------|-----------------|
| Responsible Party - DO NOT PROVIDE | | | | |
| 1 | ClientContactType | Client contact type | DO NOT PROVIDE | DO NOT PROVIDE |
| 2 | ClientContactFirstName | Client contact first name. Entered by provider agency. | DO NOT PROVIDE | DO NOT PROVIDE |
| 3 | ClientContactLastName | Client contact last name. Entered by provider agency. | DO NOT PROVIDE | DO NOT PROVIDE |
| 4 | ClientContactPhoneType | Client contact's phone type. | DO NOT PROVIDE | DO NOT PROVIDE |
| 5 | ClientContactPhone | Client contact home phone number. Entered by provider agency. Format ##### | DO NOT PROVIDE | DO NOT PROVIDE |
| 6 | ClientContactEmailAddress | Client Contact's email address. Required if this client will be authorized to login to the client portal as the client's authorized representative and approve timesheets on behalf of the client. | DO NOT PROVIDE | DO NOT PROVIDE |
| 7 | ClientContactAddressLine1 | Client contact's street address, line 1 | DO NOT PROVIDE | DO NOT PROVIDE |
| 8 | ClientContactAddressLine2 | Client contact's street address, line 2 | DO NOT PROVIDE | DO NOT PROVIDE |
| 9 | ClientContactCity | Client contact's city | DO NOT PROVIDE | DO NOT PROVIDE |
| 10 | ClientContactState | Client contact's state. Two character standard abbreviation. | DO NOT PROVIDE | DO NOT PROVIDE |
| 11 | ClientContactZip | Client contact's zip code. 9 digit primary address zip code. If additional 4 digits are not known, provide zeros. Format ##### | DO NOT PROVIDE | DO NOT PROVIDE |

Employee Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit.
Please note- the Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Employee'.

| Index | Element | Description | Expected Value | Validation Rule |
|---|-------------------|--|----------------|------------------------|
| Provider Identification - Required | | | | |
| 1 | ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "Other" | String match = "Other" |
| 2 | ProviderID | Unique identifier for the agency. | NPI | NPI; exactly 10 digits |

| Index | Element | Description | Expected Value | Validation Rule |
|--|--------------------|--|-----------------------------------|--|
| Employee General Information - Required | | | | |
| 1 | EmployeeQualifier | Value being sent to uniquely identify the employee. | "EmployeeSSN" | String match = "EmployeeSSN" |
| 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. | EmployeeSSN | 9 DIGITS NO DASHES FORMAT: 0000##### 4 leading zeros to mask + last 5 of SSN (e.g. 0000xxxxx) |
| 3 | EmployeeOtherID | Unique employee identifier in the external system. | Vendor Employee Identifier | Max Length 64 Can be NULL Format:##### |
| 4 | SequenceID | The Third Party EVV visit sequence ID to which the change applied | Third Party EVV Visit Sequence ID | Max Length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters) |
| 5 | EmployeeLastName | Employee's last name | Employee's Last Name | Max Length 30 Special Characters . ' - space supported |
| 6 | EmployeeFirstName | Employee's first name | Employee's First Name | Max Length 30 Special Characters . ' - space supported |

| Index | Element | Description | Expected Value | Validation Rule |
|--|----------------------|--|---------------------------------|--|
| Employee General Information - Required | | | | |
| 7 | EmployeeEmail | Employee's email address | Employee's Email Address | Max Length 64 Can be NULL FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address. |
| 8 | EmployeeManagerEmail | Email of the employee's manager | Email of the Employee's Manager | Max Length 64 Can be NULL FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address. |
| 9 | EmployeeEndDate | Employee's HR recorded end date. | Employee End Date | FORMAT: YYYY-MM-DD Can be NULL |
| 10 | EmployeeSSN | Employee Social Security Number. Employee SSN may be required depending on the program rules. | Employee SSN | 9 DIGITS NO DASHES FORMAT: 0000##### 4 leading zeros to mask + last 5 of SSN (e.g. 0000xxxxx) |
| 11 | EmployeeAPI | Employee client's alternate provider identifier or Medicaid ID | DO NOT PROVIDE | DO NOT PROVIDE |
| 12 | EmployeePosition | Values for payer/state programs to be determined during implementation. If multiple positions, send primary. | DO NOT PROVIDE | DO NOT PROVIDE |
| 13 | EmployeeHireDate | Employee's date of hire. | DO NOT PROVIDE | DO NOT PROVIDE |

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

Visit Data Endpoint

| Index | Element | Description | Expected Value | Validation Rule |
|---|-------------------------|--|-----------------------------------|--|
| Provider Identification - Required | | | | |
| 1 | ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "Other" | String match = "Other" |
| 2 | ProviderID | Unique identifier for the agency. | NPI | NPI; exactly 10 digits |
| Visit General Information - Required | | | | |
| 1 | VisitOtherID | Visit identifier in the external system | Visit Identifier | Max Length 50 Special Character <under score> supported |
| 2 | SequenceID | The Third Party EVV visit sequence ID to which the change applied | Third Party EVV Visit Sequence ID | Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters |
| 3 | EmployeeQualifier | Value being sent to uniquely identify the employee. | "EmployeeSSN" | String match = "EmployeeSSN" |
| 4 | EmployeeOtherID | Unique employee identifier in the external system, if any. | Vendor Identifier | Max Length 64 Can be NULL Format:##### |
| 5 | EmployeeIdentifier | Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value. | EmployeeSSN | 9 DIGITS NO DASHES FORMAT: 0000##### 4 leading zeros to mask + last 5 of SSN (e.g. 0000xxxxx) |
| 6 | GroupCode | This visit was part of a group visit. Group Code is used to reassemble all members of the group. | Group Code | Max Length 6 Can be NULL Special Character <under score> supported |
| 7 | ClientIDQualifier | Describes what type of identifier is being sent to identify the client. | "ClientOtherID" | String match = "ClientOtherID" |
| 8 | ClientID | Identifier used in the client element. | Medicaid ID | FORMAT: MedicaidID 10 DIGITS |
| 9 | ClientOtherID | Additional client user-defined ID. This value is used to match the client to an existing record during import. | Vendor System Client ID | FORMAT: MedicaidID 10 DIGITS No Special Characters |
| 10 | VisitCancelledIndicator | true/false - Set to false as the default. Set to true if a visit with no call in or call out is to be cancelled / deleted | "false" | String match = "true" "false" |
| 11 | PayerID | Sandata EVV assigned ID for the payer. | See Appendix 1 PayerID column | See Appendix 1 PayerID column |
| 12 | PayerProgram | If applicable, the program to which this visit belongs. | See Appendix 1 Program ID column | See Appendix 1 ProgramID column |
| 13 | ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | See Appendix 2 HCPCS column | See Appendix 2 HCPCS column |
| 14 | Modifier1 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod1 column | See Appendix 2 Modifier columns |
| 15 | Modifier2 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod2 column | See Appendix 2 Modifier columns |
| 16 | Modifier3 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod3 column | See Appendix 2 Modifier columns |
| 17 | Modifier4 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | See Appendix 2 Mod4 column | See Appendix 2 Modifier columns |
| 18 | VisitTimeZone | Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Should be provided if the visit is occurring in a time zone other than that of the client. | "US/Eastern" | See Appendix 5 TimeZoneCode column |
| 19 | AdjInDateTime | Adjusted in date/time if entered manually. Otherwise the actual date/time received. VisitChanges segment required | Adjusted In Date/Time | Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ |
| 20 | AdjOutDateTime | Adjusted out date/time if entered manually. Otherwise the actual date/time received. VisitChanges segment required | Adjusted Out Date/Time | Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ |

| Index | Element | Description | Expected Value | Validation Rule |
|---|--------------------------|--|---|---|
| Visit General Information - Required | | | | |
| 21 | BillVisit | True for all visits in this program. false is only sent if the visit is not to be considered for claims validation and set to omit status. | "true" | String match = "true" |
| 22 | Memo | Associated free form text. | Memo | Max Length 512 Can be NULL Special Characters <under score> . ' - , space supported |
| 23 | ClientVerifiedTimes | If the client did verify times in EVV Vendor system set this value to true. If the client did not verify times in EVV Vendor system set this value to false. | "true" "false" | String match = "true" "false" Can be NULL -will be entered if available |
| 24 | ClientVerifiedTasks | If the client did verify tasks performed in EVV Vendor system set this value to true. If the client did not verify tasks performed in EVV Vendor system set this value to false. | "true" "false" | String match = "true" "false" Can be NULL |
| 25 | ClientVerifiedService | If the client did verify service performed in EVV Vendor system set this value to true. If the client did not verify service performed in EVV Vendor system set this value to false. | "true" "false" | String match = "true" "false" Can be NULL -will be entered if available |
| 26 | ClientSignatureAvailable | The actual signature will not be transferred. The originating system will be considered the system of record. If the client signature is captured in EVV Vendor system set this value to true. If the client signature is not captured in EVV Vendor system set this value to false. | "true" "false" | String match = "true" "false" Can be NULL -will be entered if available |
| 27 | ClientVoiceRecording | The actual voice recording will not be transferred. The originating system will be considered the system of record. If the client voice recording is captured in EVV Vendor system set this value to true. If the client voice recording is not captured in EVV Vendor system set this value to false. | "true" "false" | String match = "true" "false" Can be NULL -will be entered if available |
| 28 | ScheduleStartTime | Activity / Schedule start date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date. Schedules are required in all cases. Lack of a schedule is on an exception basis. | Length: 20 Characters | FORMAT: YYYY-MM-DDTHH:MM:SSZ - will be sent if available |
| 29 | ScheduleEndTime | Activity / Schedule end date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date. Schedules are required in all cases. Lack of schedule is on an exception basis. | Length: 20 Characters | FORMAT: YYYY-MM-DDTHH:MM:SSZ - will be sent if available |
| 30 | ContingencyPlan | Indicator of member's contingency plan selected by member. Valid values include (CODE should be sent only): CODE- Description CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours CP04 - Next Scheduled Visit CP05 - Non-Paid Caregiver | DO NOT PROVIDE | DO NOT PROVIDE |
| 31 | Reschedule | Indicator if schedule is a "reschedule" | DO NOT PROVIDE | DO NOT PROVIDE |
| 32 | HoursToBill | Hours that are going to be billed. | DO NOT PROVIDE | DO NOT PROVIDE |
| 33 | HoursToPay | If payroll is in scope for the payer program, the hours to pay. | DO NOT PROVIDE | DO NOT PROVIDE |
| 1 | CallExternalID | Call identifier in the external system | Call Identifier | Max Length 16 No Special Characters |
| 2 | CallDateTime | Event date time. Must be to the second. | Call Date Time | Max length 20 FORMAT: YYYYMMDDHHMMSS Numbers only; no other characters |
| 3 | CallAssignment | Values: Time In, Time Out, Other | "Time In" "Time Out" "Other" | String match = "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. | Group Code | Max Length 6 Can be NULL Special Character <under score> supported |
| 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. Visit Changes segment is required for CallType = Manual. | "Telephony" "Mobile" "FVV" "Manual" | String match = Telephony Mobile FVV Manual Other |

| Index | Element | Description | Expected Value | Validation Rule |
|-------------------------|------------------------|--|---|---|
| Calls - Required | | | | |
| 6 | ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | See Appendix 2 HCPCS column | See Appendix 2 HCPCS column |
| 7 | ClientIdentifierOnCall | If a client identifier was entered on the call, this value should be provided. | Third Party EVV Client Identifier on Call | Max Length 10 Special Character <under score> supported |
| 8 | MobileLogin | Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile. | Mobile Login | Max Length 64 Can be NULL No Special Characters Required if Call type = "Mobile" |
| 9 | CallLatitude | GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile | Latitude | Decimal with sign if negative 2 primary.15 digit precision Can be NULL Decimal format with (-)XXX . XXXXXXXXXXXXXXXX digits Required if Call type = "Mobile" |
| 10 | CallLongitude | GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15 digit precision. Required for CallType = Mobile. | Longitude | Decimal with sign if negative 3 primary.15 digit precision Can be NULL Decimal format with (-)XXX . XXXXXXXXXXXXXXXX digits Required if Call type = "Mobile" |
| 11 | TelephonyPIN | PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony. | Telephony PIN | Max Length 9 Can be NULL Numbers only Required if Call Type = "Telephony" |
| 12 | OriginatingPhoneNumber | Originating phone number for telephony. Required if CallType = Telephony. | Originating Phone Number | Max Length 10 Can be NULL No Special Characters Required if Call Type = "Telephony" |
| 13 | Location | Specific values to be provided based on the program. | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|---------------------------------|----------------|---|-----------------------------------|--|
| Visit Changes - Required | | | | |
| 1 | SequenceID | The Third Party EVV visit sequence ID to which the change applied | Third Party EVV Visit Sequence ID | Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters |
| 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. | Unique Identifier of Change Agent | Max Length 64 No Special Characters |
| 3 | ChangeDateTime | Date and time when change is made. At least to the second. | Date and Time When Change is Made | Max length 20 FORMAT: YYYYMMDDHHMMSS Numbers only; no other characters |

| Index | Element | Description | Expected Value | Validation Rule |
|---------------------------------|------------------|---|--|--|
| Visit Changes - Required | | | | |
| 4 | GroupCode | This visit was part of a group visit. GroupCode is used to reassemble all members of the group. | Group Code | Max Length 6 Can be NULL Special Character <under score> supported |
| 5 | ReasonCode | Reason Code associated with the change. Required if visit is edited. | | See Appendix 3 ReasonCode column |
| 6 | ChangeReasonMemo | Reason/Description of the change being made if entered. Required for some reason codes. | Note must be sent if indicated in "Required?" column in Appendix 3 | See Appendix 3 NoteRequired? Column Max Length 256 CAN BE NULL |
| 7 | ResolutionCode | Resolution codes, if selected. Resolution Codes are specific to the program. | DO NOT PROVIDE | DO NOT PROVIDE |

| Index | Element | Description | Expected Value | Validation Rule |
|-------------------------|-------------|---|------------------|--|
| Tasks - Optional | | | | |
| 1 | TaskID | TaskID, this TaskID must map to the Task IDs used for the agency in the Sandata system. Please refer to the service task required in the Service + Modifier Appendix to determine if one or more tasks must be submitted with this visit. Please reference the task id that is associated with the service in the Task List Appendix. | See Appendix 6 | See Appendix 6 Task ID column for specific values |
| 2 | TaskReading | Task reading recorded during the service. | | Max Length 6 Can be NULL No Special Characters |
| 3 | TaskRefused | true, false | "true" "false" | String match = "true" "false" Can be NULL |

| Index | Element | Description | Expected Value | Validation Rule |
|--|-----------------------|--|-------------------------------------|--|
| Visit Exception Acknowledgement - Conditional | | | | |
| 1 | ExceptionID | ID for the exception being acknowledged. | See Appendix 4 ExceptionCode column | Max Length2 See Appendix 4 ExceptionCode column |
| 2 | ExceptionAcknowledged | true/false | "true" "false" | String match = "true" "false" Can be NULL |

RI-EOHHS Alt EVV Specification Appendices

Appendix 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 Medicaid | MP2 | PREVENTIVE Services (Personal Care and Homemaker) |
| 9 | RI Medicaid | MD2 | Personal Choice Services (Personal Care and Homemaker) |
| 10 | RI Medicaid | MB1 | Behavioral Health Program |
| 11 | RI Medicaid | MD5 | DEA Co Pay Level 3 |
| 12 | RI Medicaid | M10 | MCC010 |
| 13 | RI_TUFTS | RTH | Tufts Health Plan |
| 14 | RI_TUFTS-I | RTI | RI Tufts HH Program |
| 15 | RI_UNITED | RUH | United Healthcare |
| 16 | RI_UNITED-I | RUI | RI United HH Program |
| 17 | RI_NHP | RNH | Neighborhood Health Plan |
| 18 | RI Medicaid-I | MD1 | DEA Community Home Care Program |
| 19 | RI Medicaid-I | MD3 | DEA Co Pay Level 1 |
| 20 | RI Medicaid-I | MD4 | DEA Co Pay Level 2 |
| 21 | RI Medicaid-I | MC1 | CORE |
| 22 | RI Medicaid-I | MP1 | PREVENTIVE |
| 23 | RI Medicaid-I | MB3 | HCBS |
| 24 | RI Medicaid-I | MH1 | Habilitation |
| 25 | RI Medicaid-I | MP2 | PREVENTIVE Services (Personal Care and Homemaker) |
| 26 | RI Medicaid-I | MD2 | Personal Choice Services (Personal Care and Homemaker) |
| 27 | RI Medicaid-I | MB1 | Behavioral Health Program |
| 28 | RI Medicaid-I | MD5 | DEA Co Pay Level 3 |
| 29 | RI Medicaid-I | HH1 | RI Medicaid Home Health Services |

Appendix 2

Services & Modifiers

| Payer | Program | HCPCS | Mod1 | Mod2 | Mod3 | Mod4 | Description |
|--|---|-------|------|------|------|------|---|
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | | | | Combined Homemaker & Personal Care U1 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | UJ | | | Combined Homemaker & Personal Care U1 UJ |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | UH | | | Combined Homemaker & Personal Care U1 UH |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | TV | | | Combined Homemaker & Personal Care U1 TV |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | U9 | | | Combined Homemaker & Personal Care U1 U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | UJ | U9 | | Combined Homemaker & Personal Care U1 UJ U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | UH | U9 | | Combined Homemaker & Personal Care U1 UH U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U1 | TV | U9 | | Combined Homemaker & Personal Care U1 TV U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | | | | | Personal Care |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | UJ | | | | Personal Care UJ |

RI-EOHHS Alt EVV Specification Appendices

| Payer | Program | HCPCS | Mod1 | Mod2 | Mod3 | Mod4 | Description |
|--|---|-------|------|------|------|------|--------------------------|
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | UH | | | | Personal Care UH |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | TV | | | | Personal Care TV |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | U9 | | | | Personal Care U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | UJ | U9 | | | Personal Care UJ U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | UH | U9 | | | Personal Care UH U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5125 | TV | U9 | | | Personal Care TV U9 |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5130 | | | | | Homemaker |
| RI MEDICAID, RI_TUFTS, RI_UNITED, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | S5130 | TE | | | | Homemaker – LPN TE |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | TE | | | | Private Duty Nursing LPN |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | TE | UH | | | Private Duty Nursing LPN |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | TE | UJ | | | Private Duty Nursing LPN |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | TE | TV | | | Private Duty Nursing LPN |
| RI Medicaid, RI_UNITED-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | | | | | Private Duty Nursing |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | UH | | | | Private Duty Nursing |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | UJ | | | | Private Duty Nursing |
| RI Medicaid | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, M10, RTH, RUH, RNH | T1000 | TV | | | | Private Duty Nursing |
| RI_UNITED, RI Medicaid-I | RUH, MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | S9122 | | | | | Home Health Aide (HHA) |
| RI_TUFTS-I | RTI | 99501 | | | | | Newborn HH |
| RI_UNITED-I | RUI | 99503 | | | | | HH ET RN |
| RI_UNITED-I | RUI | 99505 | | | | | HH ET RN |
| RI Medicaid-I, RI_TUFTS-I, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1, RTI, RNH | G0151 | | | | | PT in Home |
| RI Medicaid-I, RI_TUFTS-I, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1, RTI, RNH | G0152 | | | | | OT in Home |
| RI Medicaid-I, RI_TUFTS-I, RI_NHP | B1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1, RTI, RNH | G0153 | | | | | ST in Home |
| RI_NHP | RNH | G0154 | | | | | Skilled Nursing |
| RI Medicaid-I, RI_TUFTS-I, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, RTI, RNH, HH1 | G0155 | | | | | SW in Home |
| RI_NHP, RI_TUFTS-I | RNH, RTI | G0156 | | | | | HH Hosp in Home |
| RI_TUFTS-I | RTI | G0157 | | | | | PT Asst in Home |
| RI_TUFTS-I | RTI | G0158 | | | | | OT Asst in Home |
| RI_NHP | RNH | G0159 | | | | | PT Safety |

RI-EOHHS Alt EVV Specification Appendices

| Payer | Program | HCPCS | Mod1 | Mod2 | Mod3 | Mod4 | Description |
|-----------------------------------|--|-------|------|------|------|------|-------------------------|
| RI_NHP | RNH | G0160 | | | | | Wound Care |
| RI_NHP | RNH | G0161 | | | | | ST Safety |
| RI_TUFTS-I | RTI | G0162 | | | | | RN Plan Eval |
| RI Medicaid-I, RI_TUFTS-I, RI_NHP | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, RTI, RNH, HH1 | G0299 | | | | | Skilled Nursing RN |
| RI_NHP, RI_TUFTS-I | RNH, RTI | G0300 | | | | | Skilled Nursing LPN |
| RI_TUFTS-I | RTI | G0493 | | | | | RN Eval |
| RI_TUFTS-I | RTI | G0494 | | | | | LPN Eval |
| RI_TUFTS-I | RTI | G2168 | | | | | PT Safety |
| RI_TUFTS-I | RTI | G2169 | | | | | OT Safety |
| RI_NHP, RI_UNITED-I | RNH, RUI | S9123 | | | | | RN Nurse Services |
| RI_NHP, RI_UNITED-I | RNH, RUI | S9124 | | | | | LPN Nurse Services |
| RI_NHP, RI_UNITED-I | RNH, RUI | S9127 | | | | | Home Health SW |
| RI_NHP, RI_UNITED-I | RNH, RUI | S9128 | | | | | Home Health ST |
| RI_NHP, RI_UNITED-I | RNH, RUI | S9129 | | | | | Home Health OT |
| RI_NHP, RI_UNITED-I | RNH, RUI | S9131 | | | | | Home health PT |
| RI_UNITED-I | RUI | S9470 | | | | | Diet Counsel |
| RI_UNITED-I | RUI | S9474 | | | | | HH ET RN |
| RI Medicaid-I, RI_TUFTS-I | B1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1, RTI, RNH | T1001 | | | | | Nurse Eval |
| RI_NHP, RI_TUFTS-I | RNH, RTI | T1002 | | | | | RN Nurse Svcs |
| RI_NHP, RI_TUFTS-I | RNH, RTI | T1003 | | | | | LPN Nurse Svcs |
| RI_NHP | RNH | T1030 | | | | | RN Nurse Svcs Per Diem |
| RI_NHP | RNH | T1031 | | | | | LPN Nurse Svcs Per Diem |
| RI_TUFTS-I | RTI | T1502 | | | | | Med Admin Inject |
| RI_TUFTS-I | RTI | T1503 | | | | | Med Admin Other |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | T2017 | | | | | Habilitation |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | T2019 | | | | | Habilitation PC |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | T2042 | | | | | Routine Hospice |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | T2043 | | | | | Continuous Hospice |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | X0043 | | | | | HH Nurs Thrpy |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | 99502 | | | | | Newborn HH |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | 99502 | TD | | | | Newborn HH TD |
| RI Medicaid-I | MB1, MB3, MC1, MD1, MD2, MD3, MD4, MD5, MH1, MP1, MP2, HH1 | 99502 | TD | | | | Newborn HH TD |

RI-EOHHS Alt EVV Specification Appendices

Appendix 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 |

Appendix 4

Exceptions

| Exception Code | Exception Name | Description | FIX/ACKNOWLEDGE |
|----------------|--------------------------------|---|-----------------|
| 02 | Visit Without Any Calls | Exception thrown when a visit is recorded without an 'in' and without an 'out' call. | FIX |
| 03 | No In Call | Exception thrown when a visit is recorded without an "in" call that began the visit. | FIX |
| 04 | No Out Call | Exception thrown when a visit is recorded without an "out" call that completed the visit. | FIX |
| 05 | Unscheduled Event | Exception for a visit that was performed for a client that is not scheduled or not found in the EVV system. | ACKNOWLEDGE |
| 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. | FIX |
| 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). | FIX |
| 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. | FIX |
| 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 | N/A |
| 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. | N/A |
| 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. | N/A |

Appendix 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 |

RI-EOHHS Alt EVV Specification Appendices

Appendix 6

Tasks

| Task ID | Category | Description |
|---------|-----------------------|---|
| 10 | | Medications-infusion |
| 11 | | Injection |
| 12 | Toileting/Elimination | Catheter care |
| 13 | Toileting/Elimination | Empty colostomy bag |
| 14 | Personal Care | Skin Care/Protocol |
| 15 | | Monitor Skin Condition |
| 16 | | Apply hot application |
| 17 | | Therapeutic Support |
| 18 | | Tracheostomy care |
| 19 | | Wound care |
| 20 | | Assist Tube Feeding |
| 21 | | Assist with Ambulation/Mobility/Transfer |
| 22 | | Assist clean/dressing change |
| 23 | | Active Range Of Motion |
| 24 | | Apply cold application |
| 25 | | Urine test |
| 26 | | Diet Monitoring |
| 27 | Personal Care | Oral Care |
| 28 | | Bathing |
| 31 | | Grooming |
| 32 | | Assist with Toileting |
| 34 | Mobility | Turning and Positioning |
| 35 | Nutrition | Feeding |
| 36 | Support/Hmkr Services | Light housekeeping |
| 37 | Nutrition | Meal Preparation |
| 38 | | Nail care |
| 39 | | Specimen Collection |
| 40 | | Mental Health |
| 79 | Support/Hmkr Services | Make Bed |
| 81 | Support/Hmkr Services | Grocery Shopping / Errands |
| 82 | Support/Hmkr Services | Laundry |
| 83 | Support/Hmkr Services | Accompany to MD Clinic |
| 84 | Support/Hmkr Services | Accompany to other Location |
| 85 | | Skin Care or Protocol with necrotic tissue |
| 86 | | Skin Care or Protocol infected and draining |
| 99 | | FVVD Installation |
| 114 | Toileting/Elimination | Toileting |
| 115 | Toileting/Elimination | Incontinent Care |
| 116 | Toileting/Elimination | Urinary drainage bag care |
| 117 | Toileting/Elimination | Other Toileting / Elimination |
| 125 | | Patient refused Personal Care |
| 126 | Nutrition | Fluids Restricted |
| 128 | Nutrition | Fluids Encouraged/Offered |
| 129 | Nutrition | Other Nutrition |
| 130 | Mobility | Passive and Active Range of Motion Exercises |
| 131 | Mobility | Exercises |
| 132 | Mobility | Bed rest maintained |
| 133 | Mobility | Assist with Ambulation |
| 136 | Mobility | Assist with Transfer |
| 139 | Mobility | Other Mobility |
| 140 | Personal Care | Shave |
| 141 | Personal Care | Hair Care |
| 142 | Personal Care | Nail Care / No Cutting --- clean and file hands or toes |
| 143 | Personal Care | Dress Complete / Assist / Partial Assist |
| 144 | Personal Care | Aids Applied |
| 145 | Personal Care | Bed bath |
| 146 | Personal Care | Tub bath |
| 147 | Personal Care | Shower |
| 148 | Personal Care | Sponge |
| 149 | Personal Care | Shampoo |

RI-EOHHS Alt EVV Specification Appendices

| Task ID | Category | Description |
|---------|-----------------------|---|
| 150 | Personal Care | Other Personal Care |
| 151 | Precautions | All Applicable Precautions Maintained |
| 152 | Precautions | Transmission based precautions followed |
| 153 | Precautions | O2 Precautions Followed |
| 154 | Precautions | Standard Precautions |
| 155 | Precautions | Fall Precautions |
| 156 | Precautions | Choking Precautions |
| 157 | Precautions | Seizure Precautions |
| 158 | Precautions | Bleeding Precautions |
| 159 | Precautions | Other Precautions |
| 160 | Special Tasks | Assist with Medication Reminder (Self-Administered) |
| 161 | Special Tasks | Assist with Self-Administered Medicines |
| 162 | Special Tasks | Record I & O |
| 163 | Special Tasks | Emergency Call Systems checked - Ensure plugged in and client wearing |
| 164 | Special Tasks | Vital sign: Temp |
| 165 | Special Tasks | Vital Sign: B/P |
| 166 | Special Tasks | Vital Sign: Pulse |
| 167 | Special Tasks | Vital Sign: Respiration |
| 168 | Special Tasks | Vital Sign: Weight |
| 169 | Special Tasks | Other Special Task |
| 180 | Support/Hmkr Services | Grocery shop |
| 185 | Support/Hmkr Services | Empty Trash |
| 186 | Support/Hmkr Services | Change Linens |

Appendix 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 |

Appendix 8

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 dXNlckBleGZtcGxLmNvbTpzZWZlZXQ=

Account Header

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

An example of this header would be:

Account: 12345

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

An example of this header would be:

EntityGuid: 12345

Content-Type Header

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

Content-Type: application/json

Workflow

Interacting with the APIs is a two-step process:

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

Step 2 - Utilize the "Status" API to check that processing completed successfully

Details are as follows:

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

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

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

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

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

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

Sample data can be found below.

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

Sample POST Data

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

JSON Employee

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

RI-EOHHS Alt EVV Specification Appendices

JSON Client

```
[[
  "ProviderIdentification": {
    "ProviderQualifier": "SandataID",
    "ProviderID": "123456"
  },
  "ClientID": "96641",
  "ClientFirstName": "Test",
  "ClientMiddleInitial": "T",
  "ClientLastName": "Client",
  "ClientQualifier": "ClientSSN",
  "ClientMedicaidID": "999999999",
  "ClientIdentifier": "999999999",
  "MissingMedicaidID": "False",
  "SequenceID": "99811930002",
  "ClientCustomID": "111111111",
  "ClientOtherID": "2222",
  "ClientSSN": "999999999",
  "ClientTimezone": "US/Eastern",
  "Coordinator": "123",
  "ClientPayerInformation": [{
    "PayerID": "57",
    "PayerProgram": "123",
    "ProcedureCode": "123",
    "ClientPayerID": "987654321",
    "ClientEligibilityDateBegin": "2019-01-01",
    "ClientEligibilityDateEnd": "2020-01-01",
    "ClientStatus": "02",
    "EffectiveStartDate": "2019-01-01",
    "EffectiveEndDate": "2020-01-01"
  }],
  "ClientAddress": [{
    "ClientAddressType": "Home",
    "ClientAddressIsPrimary": true,
    "ClientAddressLine1": "36 West 5th Street",
    "ClientAddressLine2": "10th Floor",
    "ClientCounty": "Kings",
    "ClientCity": "Manhattan",
    "ClientState": "NY",
    "ClientZip": "10017",
    "ClientAddressLongitude": "-73.4228741",
    "ClientAddressLatitude": "40.7431032"
  }],
  "ClientPhone": [{
    "ClientPhoneType": "Home",
    "ClientPhone": "1234567890"
  }],
  "ClientDesignee": [{
    "ClientDesigneeFirstName": "",
    "ClientDesigneeLastName": "",
    "ClientDesigneeEmail": "",
    "ClientDesigneeStatus": "",
    "ClientDesigneeStartDate": "",
    "ClientDesigneeEndDate": "",
    "ClientDesigneeRelationship": ""
  }],
  "ClientResponsibleParty": [{
    "ClientContactType": "Other",
    "ClientContactFirstName": "Test",
    "ClientContactLastName": "Respparty",
    "ClientContactPhoneType": "Mobile",
    "ClientContactPhone": "3478788467",
    "ClientContactEmailAddress": "dummy@sandata.com",
    "ClientContactAddressLine1": "2727 East 29th Street",
    "ClientContactAddressLine2": "Apt 8I",
    "ClientContactCity": "Brooklyn",
    "ClientContactState": "NY",
    "ClientContactZip": "11229"
  }],
  "ClientResponsibleParty": []
]]
```

JSON Visit

```
[[
  "ProviderIdentification": {
    "ProviderID": "123456",
    "ProviderQualifier": "SandataID"
  },
  "VisitOtherID": "123456789",
  "SequenceID": "111",
  "EmployeeQualifier": "EmployeeSSN",
  "EmployeeOtherID": "999999999",
  "EmployeeIdentifier": "999999999",
  "GroupCode": null,
  "ClientIDQualifier": "ClientMedicaidID",
  "ClientID": "111111111",
  "ClientOtherID": "111111111",
  "VisitCancelledIndicator": false,
  "PayerID": "999",
  "PayerProgram": "PRG",
  "ProcedureCode": "T1000",
  "Modifier1": null,
  "Modifier2": null,
  "Modifier3": null,
  "Modifier4": null,
  "VisitTimezone": "US/Eastern",
  "ScheduleStartTime": "2019-07-28T16:02:26Z",
  "ScheduleEndTime": "2019-07-28T20:02:26Z",
  "AdjInDateTime": "2019-07-28T15:02:26Z",
  "AdjOutDateTime": "2019-07-28T19:02:26Z",
  "BillVisit": true,
  "HoursToBill": 10,
  "HoursToPay": 10,
  "Memo": "This is a memo!",
]]
```

RI-EOHHS Alt EVV Specification Appendices

```
"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."
  }
}
```

RI-EOHHS Alt EVV Specification Appendices

```
"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"
    }
  ]
}
```