



Alternate Electronic Visit Verification (EVV) Data Collection Systems

Interface Specifications

Created for: Ohio Department of Medicaid (ODM)

Version 3.7

Sandata

August 24, 2022
Sandata Technologies, LLC
sandata.com

Table of Contents

- 0
- Alternate Electronic Visit Verification (EVV) Data Collection Systems 0
- Revision History 3
- Alternate Data Collection Systems 4
 - Introduction 4
 - Processing Information 4
 - The Alternate Data Collection System Will Be Responsible For: 4
 - General Processing Rules 6
 - Individual Rules 6
 - Direct Care Worker Rules 7
 - Visit Rules 7
 - Sequencing 9
 - Transmission Frequency 10
 - Transmission Limits 10
 - Rejected Record Process 11
 - New Records and Updates 11
 - Transmission Method 12
 - Format 12
 - Format Detail 12
 - Field Information 13
 - Provider Identification 13
 - Individual General Information 14
 - Individual Payer Information 15
 - Individual Address 16
 - Individual Phone 17
 - Responsible Party/Designated Signer 17
 - DCW (Direct Care Worker) General Information 18
 - Visit General Information 18
 - Calls 21
 - Visit Changes 22
 - Message Acknowledgment (ACK) and Transaction ID 23
 - Response for Records Status 24
- Appendix A - JSON Sample – Individual 24
- Appendix B - JSON Sample – Direct Care Worker 25
- Appendix C - JSON Sample – Visit 25
- Appendix D - JSON Sample – Message Acknowledgment (ACK) and Transaction ID.... 26

Appendix E - JSON Sample – Records Status 27

Appendix F –Group of Records 27

Appendix G – Covered Programs and Services 29

Appendix H – Reason Codes..... 34

Appendix I – Exceptions 34

Appendix J – Time Zones 35

Revision History

Version	Changes Made	Date
3.6	<ul style="list-style-type: none"> • Reformatting document with new template • Clarification of rejection rules, expectations for field values, and default values for fields • Clarification in descriptions of fields, to better understand what each field represents • Removed text regarding acknowledgeable exceptions • Updated visit rules to remove rule regarding verification exceptions and unmatched client/phone id exception • Updated data types documented as “numeric” to say “integer” or “decimal” • Updated text in Calls segment • Removed Visit Exception Acknowledgements Section including the text and field table • Changed member verification fields, member signature and member voice recording to optional • Updated all JSON file examples • Updated Covered Programs and Services tables in Appendix G. Includes addition of new Ohio payers, programs and services. • Added Reason Code table (Appendix H) • Added Exception table (Appendix I) • Added Time Zones (Appendix J) 	05.27.22
3.7	<ul style="list-style-type: none"> • Rejection Rules revised for the fields PayerClientIdentifier, StaffEmail, ClientPayerID, OriginatingPhoneNumber, ReasonCode and PatientMedicaidID in visit segment. • Additional note added to Appendix G for DODD HPC service. • Revised error in text under Processing Information (second paragraph). 	08.24.22

Alternate Data Collection Systems

This is the interface engine that collects Staff, Patient, and Visit data from third party (non-Sandata) EVV systems and feeds into the Aggregator. This API provides an open specification for all software providers to integrate with the Aggregator and make the claims adjudication process seamless.

Introduction

This Alternate EVV Data Collection document is based on a standard Sandata Technologies specification. This document has been customized for the Ohio Department of Medicaid (ODM) EVV program. Fields that are not required for the ODM program have been removed. For clarification purposes, an Alternate Data Collection System will build one data pipe to the Aggregator and send synchronous data 'packages' per Medicaid Provider ID. Within this document, when a reference is made to an interface per Medicaid Provider ID, this refers to the transmission of a 'data package' per Medicaid Provider ID.

This is the interface (data pipe) needed for Alternate Data Collection Systems to provide data to the Aggregator. This interface includes individuals, direct care workers, visits, and their associated calls and modifications. Fields required by ODM have been noted.

For specific lists of program elements including reason codes and exception codes, please refer to the Appendix.

Processing Information

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

There is one set of Interfaces per Medicaid Provider ID. If an agency has more than one assigned Medicaid Provider ID, this would be considered multiple interfaces.

There will be three (3) independent types of data provided through the Alternate EVV interface: Individuals (referred to as "Patients" in the Alt EVV interface); Direct Care Workers (referred to as "Staff" in the Alt EVV Interface); Visit Information. Each will be sent individually but can be delivered through the same single connection (or "pipe").

The Alternate Data Collection System Will Be Responsible For:

Visit transmittals. Visits should be transmitted every 24 hours but can be sent in near real time. Note that rejection responses will be delivered as separate API calls initiated by the third party.

Information should be sent for only those records that are added, changed, or deleted. This is considered to be an incremental interface. Records which have not changed should not be resent.

Complete transmissions

When sending an individual, all applicable elements and sub elements must be sent during each transmission.

When sending a direct care worker, all applicable elements and sub elements must be sent during each transmission.

When sending a visit, all applicable elements and sub elements must be sent during each transmission.

Call matching

Calls received--regardless of the collection method used by the Alternate Data Collection System--are matched together into a complete visit by the Aggregator, per the specification.

Data quality

Call and visit data will be accepted from third party data "as is," including any calculated fields.

Latitude and Longitude

Alternate Data Collection Systems are responsible for providing latitude and longitude on at least one individual's address provided. Latitude and longitude must be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device.

Assigning sequence numbers

For each of the three (3) types of records (individual, employee, visit), the Alternate Data Collection System will be responsible for assigning sequence numbers for each interface to ensure that updates are applied in the appropriate sequence. If a record is rejected, an incremented sequence is expected on the next transmission of that record set. Sequence numbers are per unique record (individual, direct care worker, visit) and record set (modifications to the same individual, direct care worker, visit). For example, the first time a particular individual is sent, the sequence would be set to 1. The second time that same individual is sent, the sequence would be set to 2, etc.

Having the ability to correct defined exceptions

Exceptions must be corrected using the standard set of reason codes provided by ODM (Appendix H). Some of the defined reason codes require additional text to provide additional information; this information must also be sent as part of this interface.

Change log transmission

Changes made to all visit information must be fully logged, and the log information must be transmitted as part of the visit record, as applicable.

Using standard date/time format

All dates and times provided must be sent in UTC (Coordinated Universal Time) format.

General Processing Rules

If a record is received and any required data is missing, malformed, or incomplete as defined in the specification, the record will be rejected or set to default values in accordance with the detailed specifications.

If an optional field is provided with an invalid value (one not listed in this specification), the field will be set to null and/or rejected, unless otherwise specified in this specification.

If text (string) field length is longer (>/greater than) than the maximum allowed for that field value, unless otherwise noted, the field will be truncated to the maximum length specified for that field.

Any record without a sequence number will be rejected. Sequence numbers are per unique record (individual, direct care worker, visit). For example, the first time a particular individual is sent, the sequence would be set to 1. The second time the same individual is sent, the sequence would be set to 2, etc.

Records will be processed in the order received using the assigned sequence number.

If a record that has been received has a sequential number that is less than the one already processed, it **WILL BE PROCESSED**, but will be logged as “received” and inserted into history. It will not be considered to be the current record.

Header information: BusinessEntityID and BusinessEntityMedicaidIdentifier must be included in each transmission for each record (individual, direct care worker, visit), otherwise the entire collection of records will be rejected.

Individual Rules

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

If the Individual does not include at least one (1) address with a latitude and longitude, the Individual will be rejected.

If the Individual does not include a Patient Other ID (external ID) and Sequence ID, the individual will be rejected.

If the individual does not include first name, last name and time zone, the individual will be rejected.

If the 'IsPatientNewborn' indicator is on, the 'PatientMedicaidID' for the individual will be optional. It is expected that a new record will be provided once the 'PatientMedicaidID' is provided.

If the individual is being provided services by ODA ONLY, the 'ClientMedicaidID' will always be optional assuming the PIMS ID is provided in the 'PayerClientIdentifier' Client field.

Within the interface, the system can provide the date when the newly provided Medicaid ID should have been effective allowing back-dating. Note that if this date is prior to any claims validation activity using the Client's Medicaid ID, the starting date for the new 'PatientMedicaidID' will be the day after the last claim was validated.

In the rare case where the 'PatientMedicaidID' changes, the system can support both the old and new values. If this is provided, it will be saved in addition to the first value provided and Claims Validation will utilize both values.

If the individual is receiving services through ODA and a 'PayerClientIdentifier' is provided in the 'Individual Payer Information' segment, the 'PatientMedicaidID' will be optional.

Direct Care Worker Rules

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

The direct care worker's (DCW) 9-digit social security number is required. If this value is not provided, the DCW will be rejected.

If a required data element is not provided, the record will be rejected. These elements are defined in the field definition section below.

Visit Rules

No Individual Provided - To allow the Aggregator to determine if the visit is for an ODM Individual, the visit must include an individual. If a visit does not include an individual, the complete visit will be rejected.

Invalid/Unknown Individual Provided - If a visit includes an individual that is unknown to Sandata (has not been received and accepted), the complete visit record will be rejected. This is rejected as an error. If a visit does not include an individual (visit record sent without a patient), the visit will be accepted

and the 'Unknown Client' exception will be calculated and applied. This is accepted but raises an exception.

No Direct Care Worker Provided / Invalid or Unknown DCW Provided - If a visit does not include a direct care worker (visit record send without a staff), the visit will be accepted and the 'Unknown Staff' exception will be calculated and applied. This is accepted but raises an exception. If a visit includes a direct care worker that is unknown to Sandata (has not been received and accepted), the complete visit record will be rejected.

The Alternate EVV system is expected to be able to handle a visit that crosses calendar days.

A visit can only be cancelled if it does not have any calls associated with it or any adjusted times. If a visit has these elements, the "Bill Visit" indicator should be set to False to indicate that the visit does not require any further processing. The visit status will be set to Omit by the Aggregator.

The interface must provide the payer, program and service for each applicable item or the record will be rejected. This is to ensure that the item is part of the Ohio ODM program.

The following rules apply to the dates and times provided for the visit:

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

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

Please refer to Appendix I for the most up-to-date listing of exceptions.

If the Alternate System collects digital signature and/or voice recording, the Alternate Data Collection System it will not send the actual digital signature and/or voice recording to Sandata. The agency must

maintain this information and be able to provide it to the appropriate State entities or resources upon request.

Visits can be submitted to the Aggregator at any time and should be submitted every 24 hours. Based on ODM rules for the EVV program, a visit is considered to be ready for submission for billing when all of the following conditions have been met.

- The individual for the visit is identified and is valid for that provider.
- The worker for the visit is identified and is valid for that provider.
- The visit must have an identified call in or an adjusted in time (AdjInDateTime).
- The visit must have an identified call out or an adjusted out time (AdjOutDateTime)
- The visit must have a valid Payer – Program – Service combination. Note that EVV does not validate if this is authorized for the individual, only that it is valid for an ODM program.

Upon receipt, Sandata will calculate and apply visit status as defined for the ODM program.

The Alternate Data Collection System will be expected to send a reason code and attestation that proper documentation exists for any manual entry or edit with each change sent. Based on the definitions of the reason codes, some reason codes require additional information explaining the change. If additional information is required, the alternate data collection system must collect the information and include it when transmitting the visit to Sandata. (Note: Sandata uses a resolution code to collect an attestation that appropriate documentation supporting a manual entry or edit exists.)

Sequencing

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

Sequence Rules:

- If the latest SequenceID is greater than the highest value previously received, the record set will not be rejected. i.e. latest SequenceID = 5, previous SequenceID = 4 → Record accepted and latest record is displayed.

- If the latest SequenceID is less than the value previously received, and the record has not yet been processed, it will be accepted and recorded as historical information. i.e. latest SequenceID = 8, previous SequenceID = 10 → Record accepted and latest record is still SequenceID = 10.
- If the Sequence ID is equal to a value previously received, it will be rejected. i.e. latest SequenceID = 15, previous SequenceID = 15 → Record rejected.
- Gaps in sequence will be allowed.

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

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

Timestamp Value	Formatted as Sequence Number (YYYY+MM+DD+HH+MI+SS)
April 6, 2017 3:23:15pm	20170406152315
	Year Month Day Hour (24) Minute Second

Transmission Frequency

Visits should be transmitted every 24 hours but can be sent in near real time. It is expected that information is sent as it is added/changed/deleted in the Alternate Data Collection System. Note that 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. The maximum allowable number of transactions per hour for each Agency Provider Account per Medicaid Provider ID is 500 for visits, 100 for individuals, and 100 for direct care workers. A single record set would include all associated elements.

Record Type	Max Records/Transaction	Transactions/Hour	Maximum Records/Hour
Visits	5,000	500	2,500,000

Direct Care Workers	5,000	100	500,000
Individuals	5,000	100	500,000

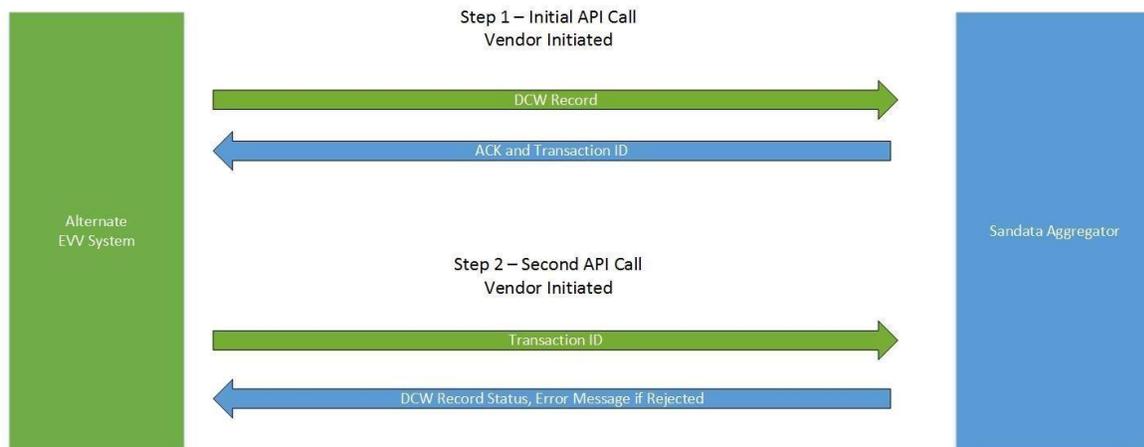
See JSON Samples later in this specification document.

If the group size exceeds the maximum limit for the group, the complete group will be rejected.

If the number of transactions per hour is exceeded, records received will be queued and processed as resources permit but within a maximum of 24 hours. Other transactions received for the Medicaid Provider ID will be queued behind these until they are processed since they must be processed in the proper order.

Rejected Record Process

When records are received, Sandata will return against each group a transaction ID and an ACK (acknowledgment of receipt). This transaction ID can be queried by the caller for status of the records in the transaction. This process will allow the vendor to get status on any of the records that may have been rejected.



New Records and Updates

New records and updates for previously sent data should be provided via the three previously-mentioned interfaces ('data packages'). If a set of records is sent (individual, direct care worker, visit), all associated applicable elements should be sent. Partial updates will be rejected. An update that deletes a record will not actually remove information since Sandata will not physically delete information. The deleted record(s) will no longer be visible on the application. However, the record history will maintain the original data received.

Transmission Method

Sandata supports an SOA architecture. Sandata will provide an API for 3rd party vendors or agency's internal IT organizations to utilize. Sandata will provide sample JSON format (Java equivalent to XML), as well as the WADL (JSON equivalent of the WSDL) to those parties developing the interface.

Format

The user will send information in **JSON** format. **JSON**, like XML, allows multiple "child" entities for a parent.

Format Detail

The format of the information sent must match exactly the format defined below and must be sent via web service using JSON.

JSON supports only three data types during transmission: string, number and Boolean. The specification uses the following data types to ensure that data is received in the expected formats. Except where numeric, the assumed JSON 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.

Data Type	Detail	Description	Example
DATE/TIME	Alpha- numeric	The date and time together in a data string. All times will be provided and expected in UTC. If time is not material, it will be provided as is expected.	Format: YYYY-MM-DDTHH:MM:SSZ Example: 2016-12-20T16:10:28Z
DATE (only date)	Alpha- numeric	If the value is only date, it will be provided with: YYYYMM- DD (10 characters) ONLY date is significant. Date only will be sent in UTC format.	Format: YYYY-MM-DD Example: 2016-12-20
TIMEZONE	Alpha- numeric	For ODM ALL time for tracking visits will be in UTC format. (All time zone values will be derived from the Internet Assigned Numbers Authority	A complete list of time zones can be found in the appendix of this document.

		(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 Timezone name expected in each transaction is the actual Timezone where the event took place. i.e. US/Eastern.	
STRING	Alpha- numeric (Unless otherwise specified)	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).	Example: string (55644555)
INTEGER	Numeric	An integer is a numeric value without a decimal. Integers are whole numbers and can be positive or negative.	Example: (positive number): 999999 Example: (negative number): -999999
DECIMAL	Numeric	A number with a decimal is referred to as a decimal.	Example: 9999.9999 Example: (positive number): 999.999 Example: (negative number): -999.999
BOOLEAN	Logical	Two values allowed: true or false	Example: True False

Field Information

Note that the format is case sensitive. All field names must be provided in EXACTLY the casing used in the definitions below. Items that are noted as required may be required for the transaction to be successfully uploaded or may be a required element for the program.

Provider Identification

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.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
BusinessEntityID	Provider Identifier in the Sandata system. Provided by Sandata.	10	String	Yes	Must be included and must match connection being used when paired with Medicaid Provider ID.
BusinessEntityMedicaidIdentifier	Medicaid Provider ID Assigned by ODM Note that this value is 7 digits in the Ohio program.	64	String	Yes	If not provided, record will be rejected.

Individual General Information

Note that all rejections noted will reject the individual, including all information.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientOtherID	Unique identifier for the individual in the external system. This value is used to match the client to an existing record during import.	64	String	Yes	If not provided, record will be rejected.
SequenceID	Sequence indicator that identifies a record and the order in which a record was received.	50	Integer	Yes	If the value does not conform to the rules defined for sequence numbers, as described in the rules section above, the record will be rejected.
PatientMedicaidID	Assigned Medicaid ID for the individual For ODM, this is 12 numeric digits. Leading zeros should be included.	12	String	Yes (with exceptions)	Required unless: - Newborn indicator is set to true Or - If the individual is being provided services through ODA and a PIMS ID has been provided. For Ohio, if anything other than 12 digits, reject.
IsPatientNewborn	Indicator that a patient is a newborn. If this value is provided, Patient Medicaid ID will be ignored and will be valid as null	5	Boolean	Yes	Values: True/False If not provided, value will be set to false
PatientMedicaidIDEffectiveDate	Date when the newly provided Medicaid ID is effective. Note that if this date is prior to any claims validation activity, the starting date for the new PatientMedicaidID will be	10	Date	No	If not provided, assumed to be current.

	the day after the last claim was validated.				
PatientAlternateMedicaidID	In the rare case where the Patient Medicaid ID changes, the system can support both the old and new values. If this is provided, it will be saved in addition to the first value provided and Claims Validation will utilize both values.	12	String	No	
PatientAlternateID	Alternate billing ID	64	String	No	
PatientLastName	Individual's Last Name	30	String	Yes	If not provided, record will be rejected.
PatientFirstName	Individual's First Name	30	String	Yes	If not provided, record will be rejected.
PatientTimezone	Based on 'PatientAddressPrimary' data. The Timezone name expected in each transaction is the actual Timezone where the event took place, i.e. US/Eastern	64	Timezone		If invalid default will be US/Eastern for ODM.

Individual Payer Information

Note that the following information needs to be sent for all payers, programs, and procedure codes (services) valid for the client.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
Payer	Payer(s) to which the client is associated.	64	String	Yes	See Appendix G for list of payers. If not provided or not one of the valid values = Reject Complete Client Record
PayerProgram	Program to which the client is associated.	64	String	Yes	A full description of Program specifics can be found in Appendix G If not provided or not one of the valid values, client record will be rejected.
ProcedureCode	This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.	5	String	Yes	See Appendix G for program specific values. If not null or not one of the valid values, client record will be rejected.

PayerClientIdentifier	The identifier for the client in the payer's system. For individuals receiving services from ODA, the PIMS ID would be expected here.	32	String	No	If the associated payer is ODA and the ID is anything other than null or between 1-7 digits, the record will be rejected.
-----------------------	---	----	--------	----	---

Individual Address

For the individual being sent, at least one (1) individual address is required. Send all addresses when there is any change to the individual's record. At least one (1) valid address (meeting all criteria below) must be provided for the individual or the entire individual record set will be rejected.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientAddressType	Type of address Values: "Business", "Home", "School", "Other"	25	String	No	Values: "Business", "Home", "School", "Other" If not a value defined in the description, the value will default to "Other"
PatientAddressesPrimary	One address must be designated as primary	5	Boolean	Yes	Values: true/false If more than one address is "primary", the most recent/ last = the primary address
PatientAddressLine1	Individual's street address	30	String	Yes	If not provided = Reject Address Record if not only record
PatientAddressLine2	Individual's additional street address information if applicable	30	String	No	If not provided, value will be set to "null"
PatientCity	Individual's city name	30	String	Yes	If not provided Address Record will be rejected if not the only record.
PatientState	Individual's 2-digit state abbreviation	2	String	Yes	If not provided or invalid, Address Record will be rejected if not only record.
PatientZip	10-digit format zip code i.e., 11563-0000	10	String	Yes	If not provided or invalid = Reject Address Record if not only record. If last four digits are not provided, value = 0000.
PatientAddressLongitude	The Longitude for each of the Individual's addresses which are used for visits. Format example: 111.11111111111111	18 digits (3 whole numbers, 15 decimal place) MINIMUM would be: 0.0	Decimal	Yes	If unknown, send "0.0"
PatientAddressLatitude	The Latitude for each of the Individual's addresses which are used for visits.	18 digits (3 whole numbers, 15 decimal place)	Decimal	Yes	If unknown, send "0.0"

	Format example: 111.1111111111111111	decimal place) MINIMUM would be: 0.0			
PatientTimezone	Time zone The Time zone name expected in each transaction is the actual Time zone where the event took place. i.e. US/Eastern	64	Timezone	Yes	If invalid default will be US/Eastern for ODM.

Individual Phone

The individual could have one or more phone numbers used for call in/call out. If a phone number is provided, please note the required elements within the structure.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientPhoneType	Values: Home, Mobile, Work, Other	32	String	No	If not a defined phone value or not provided, value = "Other"
PatientPhoneNumber	Provided as 10 digits, no dashes.	10	String	No	10-digit phone number

Responsible Party/Designated Signer

Provide only if applicable for the Individual.

Only one responsible party record will be maintained by the Aggregator. Any updates to the responsible party will overwrite the previously received record.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientResponsibleParty LastName	Last name of the responsible party for the Individual	30	String	Yes, if Segment Provided	If not provided, value will be set to "null"
PatientResponsibleParty FirstName	First name of the responsible party for the Individual	30	String	Yes, if Segment Provided	If not provided, value will be set to "null"

DCW (Direct Care Worker) General Information

Note that all rejections noted will reject the direct care worker including all information.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
StaffOtherID	DCW's identifier in the external system needed for processing	64	String	Yes	If not provided or in numeric format, record will be rejected
SequenceID	Sequence indicator that identifies a record and the order in which a record was received	50	Integer	Yes	If the value does not conform to the rules defined for sequence numbers, as described in the rules section above, the record will be rejected.
StaffID	PIN or DCW identifier Used for EVV (telephony and other EVV identification); if this value is used as part of the call and will be sent as part of the call, this value must be provided.	9	String	No	If not provided or not in numeric format value, will be set to "null"
StaffSSN	DCW Social Security Number	9	String	Yes	If not provided or not provided as 9 digits, record will be rejected
StaffLastName	DCW's Last Name	30	String	Yes	If not provided, record will be rejected
StaffFirstName	DCW's First Name	30	String	Yes	If not provided, record will be rejected
StaffEmail	DCW's Email Address	64	String	No	Email addresses must be in valid format and cannot be reused.
StaffPosition	Free form indicator of staff position. Examples could include: HHA, HCA, RN, LPN, PCN.	3	String	No	No Validation. Not Required.

Visit General Information

Note that all rejections noted will reject the visit including all information. If any information is changed manually, a Change Detail record is expected.

For purposes of clarification regarding the PayerProgram field and accepted values, please reference Appendix G for a table of included payer, program, and procedure code (services) combinations.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
VisitOtherID	Visit identifier in the external system	50	String	Yes	If not provided, record will be rejected.
SequenceID	Sequence indicator that identifies a record and the order in which a record was received	50	Integer	Yes	If the value does not conform to the rules defined for sequence numbers, as described in the rules section above, the record will be rejected.
StaffOtherID	Direct care worker's identifier in the external system	64	String	Yes	If invalid or not in the Aggregator, record will be rejected. If not provided, system will accept as null; will raise the "Unknown Employee" exception
PatientOtherID	Individual's identifier in the external system	64	String	Yes	If invalid or not in the Aggregator, record will be rejected. If not provided, system will accept as null and will raise the "Unknown Client" exception.
PatientMedicaidID	Assigned Medicaid ID for the individual. For ODM, this is 12 numeric digits. Leading zeros should be included.	12	String	Yes	Required unless: - If the individual is being provided services through ODA and a PIMS ID has been provided. For Ohio, if anything other than 12 digits, reject.
PatientAlternateID	Alternate Billing ID	64	String	No	
ClientPayerID	Unique Identifier assigned by Payer. This value would be expected to be included for the specified payer if the 'isPatientNewborn' flag is on. Note that for ODA this value will be the PIMS ID For other payers, this value will be provided based on the payer's identifier.	20	String	No	If the payer on the visit is ODA and this value is included, it must be between 1-7 digits.
VisitCancelledIndicator	Allows a visit to be cancelled / deleted	5	Boolean	Yes	Values: true/false If other than value "true" or "false" system will assume "false" (not cancelled) If a visit contains 1 or more calls or adjusted entries, it cannot be cancelled and this flag will be ignored.

Payer	Payer for the visit.	128	String	Yes	See Appendix G for payer values. If not one of the valid values, record will be rejected. Note that visits received from an alt evv system must have a valid payer/program/procedure code combination to be accepted by EVV to ensure that the visit is part of the payer program.
PayerProgram	Program for the visit.	64	String	Yes	A full description of Program specifics can be found in Appendix G. If not one of the valid values, record will be rejected.
ProcedureCode	HCPCS Code or other agreed upon code (e.g. local level codes) denoting authorized service(s). This value may be null if a service was not specified.	5	String	Yes	See Appendix G for procedure code values. If not one of the valid values or not provided, record will be rejected.
TimeZone	The Timezone name expected in each transaction is the actual Timezone where the event took place, i.e. US/Eastern.	64	Timezone	Yes	If invalid; Default is used (US/Eastern for ODM)
AdjInDateTime	Adjusted in date/time if entered manually	50	Date/Time	Yes, If Available	If invalid value, value set to "null"
AdjOutDateTime	Adjusted out date/time if entered manually	50	Date/Time	Yes, If Available	If invalid value, value set to "null"
BillVisit	If the visit is going to be billed, should be sent with the value of "true." Otherwise, the value is "false."	5	Boolean	Yes	If null, system will default to "true"
HoursToBill	Time that is going to be billed, if applicable This value should be provided in minutes. Maximum value is 1,500 minutes (25 hours)	8	Decimal	No	If a value provided is not in numeric format or is > 25 hours: value will be set to 0.
VisitMemo	Free text memo for the visit, if applicable	1024	String	No	
MemberVerifiedTimes	true/false Value not required for DODD services.	5	Boolean	No	If not provided default, value set to false
MemberVerifiedService	true/false Value not required for DODD services.	5	Boolean	No	If not provided default, value set to false

MemberSignatureAvailable	true/false The actual signature will not be transferred. The originating system will be considered the system of record. Value not required for DODD services.	5	Boolean	No	If not provided default, value set to false
MemberVoiceRecording	true/false The actual voice recording will not be transferred. The originating system will be considered the system of record. Value not required for DODD services.	5	Boolean	No	If not provided default, value set to false
GroupVisitCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	No	

Calls

If a manual, telephony, mobile or other call is changed, a Change Detail record is expected. A change detail record is not expected when a manual call is initially added.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
CallExternalID	Call identifier in the external system	16	Decimal	Yes	Record will be rejected if not included
CallDateTime	Call date time Must be at least to the second	50	Date/Time	Yes	Record will be rejected if not included
CallAssignment	Values: Call In, Call Out, Interim	10	String	Yes	Values: Call In, Call Out, Interim Record will be rejected if not included. If Calls segment is missing a Call In or Call Out, a Missing Call In or Missing Call Out exception will be raised.
CallType	The type of device used to create the call	20	String	Yes	Values: Telephony, Mobile, Manual, Other If not provided, value set to "Other"
ProcedureCode	HCPCS Code or other agreed upon code (e.g. local level codes) denoting authorized service(s). This value may be null if a service was not specified.	5	String	Yes, if applicable	See Appendix G for valid procedure codes.

PatientIdentifierOnCall	Individual's ID entered on calls	10	String	Yes, if applicable	
MobileLogin	Log in for Mobile calls	10	String	Yes, if applicable	
CallLatitude	Latitude for GPS calls Format example: 111.11111111111111	18 digits (-3 whole numbers, 15 decimal place) MINIMUM would be: 0.0	Decimal	Yes, if applicable	If unknown, send "0.0" If not provided or invalid format, record will be rejected
CallLongitude	The Longitude for GPS calls Format example: 111.11111111111111	18 digits (3 whole numbers, 15 decimal place) MINIMUM would be: 0.0	Decimal	Yes, if applicable	If unknown, send "0.0" If not provided or invalid format, record will be rejected
TelephonyPIN	Staff PIN if entered during the call	9	Integer	Yes, if applicable	
OriginatingPhoneNumber	10-digit originating phone number	10	String	Yes, if applicable and for any telephony call	If not provided for telephony call type, visit will be rejected.

Visit Changes

For each visit change, the details of the change(s) made are to be provided. If this element is provided, all elements are required. One record should be provided for each manual change made.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
SequenceID	The visit sequence ID to which this change applied	50	Numeric	Yes	This value must be provided if this is a manual change to an existing record to allow the auditing information to be applied.

ChangeMadeByEmail	The unique identifier of the user, system or process that made the change Could also be a system process, in which case it will be identified.	64	String	Yes	Must be valid email format. If not provided, record will be rejected.
ChangeDateTime	Date and time when change is made At least to the second	50	Date/Time	Yes	Reject visit not formatted per specifications.
ReasonCode	The number associated with the reason code from the table. The full list of exception and reason codes is available on the ODM web site and Appendix H.	4	String	Yes	Reject visit if not provided or not one of the ReasonCodes for the Ohio program.
ChangeReasonMemo	Reason/Description of the change being made	256	String	Yes	Reject if required for the reason code and not provided.
ResolutionCode	For Ohio ODM, the agency is required to attest to having appropriate documentation to support the change. Sandata calls these resolution codes. For ODM, the only valid value is "A." A value of A tells ODM that appropriate documentation exists.	4	String	Yes	Reject if 'A' is not provided.

Message Acknowledgment (ACK) and Transaction ID

For each record received by the Aggregator, the response below will be provided to indicate successful receipt of records along with the Transaction ID that will be use to get status (accepted or reject) later on. This segment will be provided as a response on the initial API call, not expected on incoming messages.

Field Name	Description	Max Length	Type
BusinessEntityID	Agency Identifier in the Sandata system Provided by Sandata	10	String
BusinessEntityMedicaidIdentifier	Medicaid Provider ID Assigned by ODM Note that this value is 7 digits in the Ohio program.	9	String
TransactionID	Generated by Aggregator This identifier will be used to query for the status of any record received.	50	String
Reason	Default and only value provided: "Transaction Received"	250	String

Response for Records Status

For each record rejected, the response below will be provided, along with the specific field which caused the error from the database. Note that one record can have multiple errors. This segment will be provided as a response for a single record on the second API call and should not be expected on incoming messages.

Field Name	Description	Max Length	Type
BusinessEntityID	Agency Identifier in the Sandata system Provided by Sandata	10	String
BusinessEntityMedicaidIdentifier	Medicaid Provider ID Assigned by ODM Note that this value is 7 digits in the Ohio program.	9	String
RecordType	Type of record that was rejected Values: Individual, Staff, Visit	10	String
RecordOtherID	Value of the record identifier	50	String
Reason	Details on the field/s rejected i.e., VisitOtherID: V1114 is not valid, CallExternalID is NULL	100	String

Appendix A - JSON Sample – Individual

```
[
{
  "BusinessEntityID": "123545",
  "BusinessEntityMedicaidIdentifier": "1122544",
  "PatientOtherID": "221540054",
  "SequenceID": 1002,
  "PatientMedicaidID": "2254669842",
  "IsPatientNewborn": "False",
  "PatientAlternateID": "1923478",
  "PatientLastName": "Smith",
  "PatientFirstName": "John",
  "PatientTimezone": "US/Eastern",
  "IndividualPayerInformation": [
  {
    "Payer": "ODM",
    "PayerProgram": "SP",
    "ProcedureCode": "G0156",
    "Address": [
    {
      "PatientAddressType": "Home",
      "PatientAddressIsPrimary": true,
      "PatientAddressLine1": "26 Harbor Drive Park",
      "PatientAddressLine2": "",
      "PatientCity": "Port Washington",
      "PatientState": "NY",
```

```

"PatientZip": "11050",
"PatientAddressLongitude": "111.00224",
"PatientAddressLatitude": "022.012",
"PatientTimezone": "US/Eastern"
}
],
"IndividualPhones": [
{
"PatientPhoneType": "Mobile",
"PatientPhoneNumber": "7185580225"
}
]

```

Appendix B - JSON Sample – Direct Care Worker

```

[
{
"BusinessEntityID": "123545",
"BusinessEntityMedicaidIdentifier": "1122544",
"StaffOtherID": "13467286",
"SequenceID": "1739274568",
"StaffID": "1234",
"StaffSSN": "179238637",
"StaffLastName": "Holly",
"StaffFirstName": "Mary",
"StaffEmail": "Mary12@yahoo.com",
"StaffPosition": "HHA"
}
]

```

Appendix C - JSON Sample – Visit

```

[
{
"BusinessEntityID": "123545",
"BusinessEntityMedicaidIdentifier": "1122544",
"VisitOtherID": "8793213",
"SequenceID": "555412",
"StaffOtherID": "13467286",
"PatientOtherID": "221540054",
"PatientMedicaidID": "2254669842",
"VisitCancelledIndicator": false,
"Payer": "ODM",
"PayerProgram": "SP",
"ProcedureCode": "G0156",
"Timezone": "US/Eastern",
"AdjInDateTime": "",
"AdjOutDateTime": "",
"BillVisit": true,
"HoursToBill": 120,
"VisitMemo": "",
"MemberVerifiedTimes": true,
"MemberVerifiedService": true,
"MemberSignatureAvailable": true,
"MemberVoiceRecording": false,

```

```

"Calls": [
  {
    "CallExternalID": "10005445",
    "CallDateTime": "2016-12-20T16:35:00Z",
    "CallAssignment": "Call In",
    "CallType": "Mobile",
    "ProcedureCode": "G0156",
    "PatientIdentifierOnCall": "02225",
    "MobileLogin": "Mary12@yahoo.com",
    "CallLatitude": "225.2",
    "CallLongitude": "225.2",
    "TelephonyPIN": "2252",
    "OriginatingPhoneNumber": ""
  }
], "VisitChanges": [
  {
    "SequenceID": "",
    "ChangeMadeByEmail": "",
    "ChangeDateTime": "",
    "ReasonCode": "",
    "ChangeReasonMemo": "",
    "ResolutionCode": ""
  }
]
]

```

Appendix D - JSON Sample – Message Acknowledgment (ACK) and Transaction ID

Visit Post (Successful)

```

{
  "id": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
  "status": null,
  "token": null,
  "messageSummary": "Transaction Received.",
  "messageDetail": null,
  "errorMessage": null,
  "failedCount": 0,
  "succeededCount": 0,
  "cached": false,
  "cachedDate": null,
  "totalRows": 0,
  "page": 0,
  "pageSize": 0,
  "orderByColumn": null,
  "orderByDirection": null,
  "data": {
    "BusinessEntityID": "123545",
    "BusinessEntityMedicaidIdentifier": "1122544",
    "TransactionID": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
    "Reason": "Transaction Received."
  }
}

```

Appendix E - JSON Sample – Records Status

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

```
{
  "id": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
  "status": "null",
  "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": "null",
  "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."
}
```

Appendix F – Group of Records

2 individuals – Group

```
[
  {
    "BusinessEntityID": "123545",
    "BusinessEntityMedicaidIdentifier": "1122544",
    "PatientOtherID": "221540054",
    "SequenceID": 1002,
    "PatientMedicaidID": "2254669842",
    "PatientLastName": "Smith",
    "PatientFirstName": "John",
    "PatientTimezone": "US/Eastern",
    "Address": [
      {
        "PatientAddressType": "Business",
        "PatientAddressIsPrimary": true,
        "PatientAddressLine1": "26 Harbor Drive Park",
        "PatientAddressLine2": "",
        "PatientCity": "Port Washington",
        "PatientState": "NY",
        "PatientZip": "11050",
        "PatientLongitude": "111.00224",
        "PatientLatitude": "022.012",
        "PatientTimezone": "US/Eastern"
      }
    ],
    "Phones": [
      {
        "PatientPhoneType": "Mobile",

```


Appendix G – Covered Programs and Services

The Payer, Program, and Procedure Code (service) combinations in the table below are the only combinations that are accepted for Client or Visit records, in the Ohio EVV program. For further information on the procedure codes below, visit the ODM webpage at <https://medicaid.ohio.gov/static/Providers/EVV/Providers/Covered-Programs-and-Services.pdf>.

Payer	Payer Program	Procedure Code
ODM	SP	G0156
ODM	SP	G0299
ODM	SP	G0300
ODM	SP	T1000
ODM	SP	T1001
ODM	SP	G0151
ODM	SP	G0152
ODM	SP	G0153
ODM	OHC	S5125
ODM	OHC	T1003
ODM	OHC	T1019
ODM	OHC	T1002
ODM	OHCPD	T2025
Aetna	SP	G0156
Aetna	SP	G0299
Aetna	SP	G0300
Aetna	SP	T1000
Aetna	SP	T1001
Aetna	SP	G0151
Aetna	SP	G0152
Aetna	SP	G0153

Payer	Payer Program	Procedure Code
Aetna	MyC	S5125
Aetna	MyC	T1002
Aetna	MyC	T1003
Aetna	MyC	T1019
Aetna	MyCPD	T2025
Aetna	MyCPD	T1019
Amerihealth Caritas	SP	G0156
Amerihealth Caritas	SP	G0299
Amerihealth Caritas	SP	G0300
Amerihealth Caritas	SP	T1000
Amerihealth Caritas	SP	T1001
Amerihealth Caritas	SP	G0151
Amerihealth Caritas	SP	G0152
Amerihealth Caritas	SP	G0153
Anthem	SP	G0156
Anthem	SP	G0299
Anthem	SP	G0300
Anthem	SP	T1000
Anthem	SP	T1001
Anthem	SP	G0151
Anthem	SP	G0152
Anthem	SP	G0153
Buckeye	SP	G0156
Buckeye	SP	G0299
Buckeye	SP	G0300
Buckeye	SP	T1000

Payer	Payer Program	Procedure Code
Buckeye	SP	T1001
Buckeye	SP	G0151
Buckeye	SP	G0152
Buckeye	SP	G0153
Buckeye	MyC	S5125
Buckeye	MyC	T1002
Buckeye	MyC	T1003
Buckeye	MyC	T1019
Buckeye	MyCPD	T2025
Buckeye	MyCPD	T1019
CareSource	SP	G0156
CareSource	SP	G0299
CareSource	SP	G0300
CareSource	SP	T1000
CareSource	SP	T1001
CareSource	SP	G0151
CareSource	SP	G0152
CareSource	SP	G0153
CareSource	MyC	S5125
CareSource	MyC	T1002
CareSource	MyC	T1003
CareSource	MyC	T1019
CareSource	MyCPD	T2025
CareSource	MyCPD	T1019
Humana	SP	G0156
Humana	SP	G0299
Humana	SP	G0300

Payer	Payer Program	Procedure Code
Humana	SP	T1000
Humana	SP	T1001
Humana	SP	G0151
Humana	SP	G0152
Humana	SP	G0153
Molina	SP	G0156
Molina	SP	G0299
Molina	SP	G0300
Molina	SP	T1000
Molina	SP	T1001
Molina	SP	G0151
Molina	SP	G0152
Molina	SP	G0153
Molina	MyC	S5125
Molina	MyC	T1002
Molina	MyC	T1003
Molina	MyC	T1019
Molina	MyCPD	T2025
Molina	MyCPD	T1019
Paramount	SP	G0156
Paramount	SP	G0299
Paramount	SP	G0300
Paramount	SP	T1000
Paramount	SP	T1001
Paramount	SP	G0151
Paramount	SP	G0152
Paramount	SP	G0153

Payer	Payer Program	Procedure Code
UHC	SP	G0156
UHC	SP	G0299
UHC	SP	G0300
UHC	SP	T1000
UHC	SP	T1001
UHC	SP	G0151
UHC	SP	G0152
UHC	SP	G0153
UHC	MyC	S5125
UHC	MyC	T1002
UHC	MyC	T1003
UHC	MyC	T1019
UHC	MyCPD	T2025
UHC	MyCPD	T1019
DODD	DD	HPC*
DODD	DD	T1002
DODD	DD	T1003
DODD	PDHPC	HPC*
ODA	PP	S5125
ODA	PP	T1002
ODA	PP	T1003
ODA	PP	T1019
ODA	PPPD	T1019
ODA	PPPD	T2025

*HPC services that are not subject to EVV should not be sent to the Sandata Aggregator. For a full list of EVV services subject to EVV, including the 3 digit DODD HPC codes, please visit the [ODM website](#).

Appendix H – Reason Codes

Reason Code	Description	Note Required?
10	Individual Data Issue	N
20	DCW/NAP Error	N
30	Device Issue	N
40	Telephony Issue	N
50	Individual Refused Verification	N
55	Individual Unable to Verify	Y
57	Verification Attempt Failed	N
60	Split Visit – Overtime	N
65	Split Visit – Multiple Programs	N
67	Split Visit – Home Care Attendant	N
70	Individual Is Displaced	N
80	Retroactive Eligibility Determination	N
85	Retroactive Payer Change	N
90	Group Visit	Y

Appendix I – Exceptions

Exception Code	Exception Name	Description
0	Unknown Clients	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.
1	Unknown Employees	(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).
3	Visit without in call	Exception thrown when a visit is recorded without an "in" call that began the visit.
4	Visit without out call	Exception thrown when a visit is recorded without an "out" call that completed the visit.

23	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.
34	Unauthorized Service	Identifies when the service selected is not valid for the client

Appendix J – 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
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
America/Puerto Rico	Inactive