Alternate Electronic Visit Verification (EVV) Data Collection Systems

Interface Specifications

Created for:

Ohio Department of Medicaid (ODM)

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Sandata Technologies
26 Harbor Park Drive
Port Washington, NY 11050
800-544-7263
info@sandata.com

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Alternate Data Collection Systems

This will be the interface engine that collects Staff, Patient, and Visit data from third party (non-Sandata) EVV systems and feeds into the Aggregator. This API will provide 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 ODM web site at: http://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification#1868660-for-providers.

Processing Information

Rules (RTM 7.2, 8.3)

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.

> **Please Note:** *For agencies with more than one assigned Medicaid Provider ID, the agency will be able to deliver all of their interface transmissions over a single connection (or "pipe"). The agency will not require a unique connection for each Medicaid Provider ID they have.*

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

Individuals (referred to as "Patients" in the Sandata Aggregator);

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Direct Care Workers (referred to as "Staff" in the Sandata Aggregator);

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 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[1]. Exceptions must be corrected using the standard set of reason codes provided by ODM (Appendix A). 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.

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[1] Further clarification of exception for the ODM program will be available in the appendix.

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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 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 'ClientMedicaidID' for the individual will be optional. It is expected that a new record will be provided once the 'ClientMedicaidID' 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 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.

If the individual is receiving services through ODA and a 'PatientClientIdentifier 'is provided in the 'IndividualPayerInformation, the PatientMedicaidID will be optional.

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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 9-digit social security number is required. If this value is not provided, the Direct Care Worker (DCW) will be rejected. Note that this value is not displayed within the Aggregator interface.

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 - To allow the Aggregator to determine if the visit is for an ODM Individual, the visit must include a valid individual. 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.

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.

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.

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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.

It is assumed that the following exceptions cannot be "fixed" in the Alternate Data Collection System by their nature. They are configured for the ODM program as requiring acknowledgement by the system user. One of the included visit elements provides the ability for the user to send their acknowledgement. These exceptions require attestation that the exception has been reviewed/acknowledged in the system along with the appropriate reason code and attestation that appropriate documentation exists. Note that only those exceptions are included here that require acknowledgement to be considered resolved. **The full list of exception and reason codes is available on the ODM web site.**

These exceptions are as follows:

Exception ID	Name/Description	Setting
15	Unmatched Client ID / Phone	Acknowledge
28	Visit Verification Exception – The Individual has not verified the times of the visit and the service provided on the visit. If either has not been confirmed, this exception would be applied. This exception is only applicable to non-DODD services.	Acknowledge
39	Client Signature Exception - Individual does not have a valid signature on the visit. Note that the signature can be either a digital signature or a voice recording. This exception is only applicable to non-DODD services.	Acknowledge
40	Service Verification Exception - The Individual has not verified the service provided on the visit. If either has not been confirmed, this exception would be applied. This exception is only applicable to non-DODD services.	Acknowledge

Please Note: Above is an example listing of exceptions that is representative of what the exception code set looked like when this document was drafted. Please refer to the latest revision of the ODM Configuration List: Exception Codes document for the most up to date listing of exceptions.

The Alternate Data Collection System 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)**

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- **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.**

- **For any Payer other than DODD, the visit must have captured individual approval of the times and service selected as well as a signature. The signature itself is not expected to be provided, just an attestation that it exists. If any of these do not exist, the appropriate exception (see table above) must be provided as acknowledged.**

- **If the visit was conducted via a telephony system the phone number used must match a phone number associated with the individual. If not, the appropriate exception (see table above) must be provided as acknowledged.**

The full list of exception and reason codes is available on the ODM website.

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.

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> **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

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/ 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 Provider ID will be queued behind these until they are processed since they must be processed in the proper order.

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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.
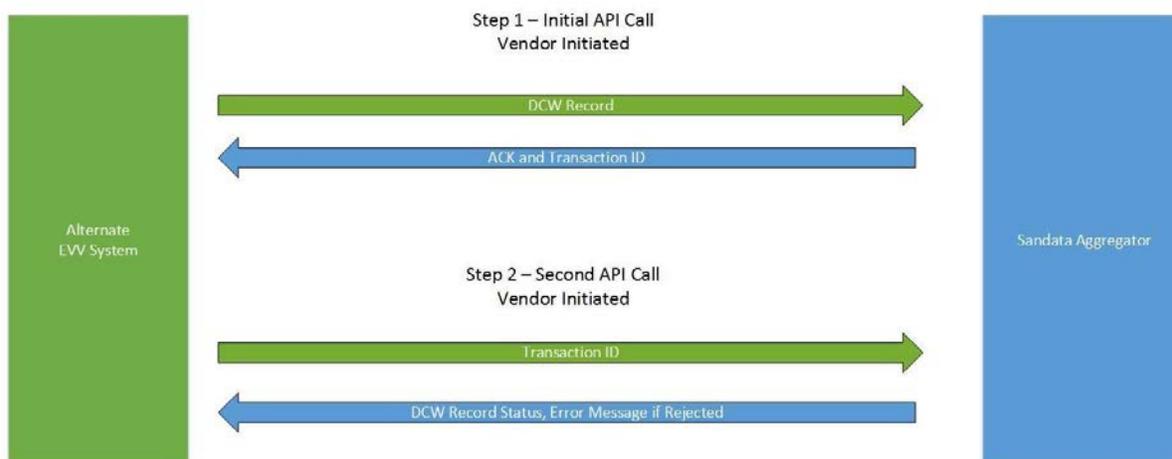
New Records and Updates

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. This specification will include the rest endpoints needed to request status on record acceptance /rejection.

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.

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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		Format/ 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: YYYY-MM- 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 (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

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Field Information

Provider Identification (RTM 8.4)

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.

Provider Identification (RTM 8.4) Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
BusinessEntityID	Provider Identifier in the Sandata system. Provided by Sandata	Must be included and must match connection being used when paired with Provider ID.	String	10	Required
BusinessEntityMedicaidIdentifier	Medicaid Provider ID Assigned by ODM Note that this value is 7 digits in the Ohio program.	If not provided = REJECT	String	64	Required

Individual General Information

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

Individual General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
PatientOtherID	Unique identifier for the individual in the external system	If not provided = REJECT	String	64	Required
SequenceID	Sequence indicator that identifies a record and the order in which a record was received.	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.	Numeric	50	Required
PatientMedicaidID	Assigned Medicaid ID for the individual For ODM, this is 12 numeric digits. Leading zeros should be included.	Required unless: 1 – Newborn indicator is set to true Or; 2 – If the individual is	String	15	Required (with exceptions)

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Individual General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
		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 Values True/False	If not provided, set to false	Boolean	5	Required
PatientMedicaidIDE ffectiveDate	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 the day after the last claim was validated.	If not provided, assumed to be current.	Date		Optional
PatientAlternateMe dicaidID	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.		String	15	Optional
PatientAlternateID	Alternate billing ID		STRING	64	Optional
PatientLastName	Individual's Last Name	If not provided = REJECT	String	30	Required

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Individual General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
PatientFirstName	Individual's First Name	If not provided = REJECT	String	30	Required
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	If invalid; User / Agency Default (US/Eastern for ODM)	String	64	

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Individual Payer Information

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

Individual Payer Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
Payer	Payer(s) to which the client is associated. Values for Ohio Phase 2: ODM, ODA, DODD, Aetna, Buckeye, CareSource, Molina, Paramount, UHC.	If not provided or not one of the valid values = Reject Complete Client Record	String	64	Required
PayerProgram	Program to which the client is associated. Values for Ohio Phase 2: DD, MyC, OHC, PP, SP. Additional values for Phase 3: PDHPC, PPPD, OHCPD, MyCPD A full description of Program specifics can be found in Appendix G.	If not provided or not one of the valid values = Reject Complete Client Record	String	64	Required
ProcedureCode	Values for Ohio Phase 2: HPC, T1002, T1003 (for DODD), G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019. Additional values for Phase 3: T2025, G0151, G0152, G0153	If not null or not one of the valid values = Reject Complete Client Record	String	5	Required
PayerClientIdentifier	The identifier for the client in the payer's system. For individuals receiving services from ODA, the 7-digit PIMS ID would be expected here.	If the associated payer is ODA and the ID is anything other than null or 7 digits, Reject Complete Client Record.	String	32	Optional

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Individual Address

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

Individual Address Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
PatientAddressType	Type of address Values: "Business", "Home", "School", "Other"	If not a value defined in the description, value = "null"	String	25	Required
PatientAddressIsPrimary	One address must be designated as primary Values: true/false	If more than one address is "primary", the most recent/ last = the primary address	Boolean	5	Required
PatientAddressLine1	Individual's street address	If not provided = Reject Address Record if not only record	String	30	Required
PatientAddressLine2	Individual's additional street address information if applicable	If not provided = "null"	String	30	Optional
PatientCity	Individual's city name	If not provided = Reject Address Record if not only record	String	30	Required
PatientState	Individual's 2-digit state abbreviation	If not provided or invalid = Reject Address Record if not only record	String	2	Required
PatientZip	10-digit format zip code i.e., 11563-0000	If not provided or invalid = Reject Address Record if not only record If last four digits are not provided, value = 0000	String	10	Required
PatientAddressLongitude	The Longitude for each of the Individual's addresses which are used for visits. Format example: 111.11111111111 11	If unknown, send "0.0" If not provided or invalid format = Reject Address Record if not only record	Numeric, Decimal	18 digits (- 3 whole numbers -15 decimal place) MINIMUM would be: 0.0	Required

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Individual Address Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
PatientAddressLatitude	The Latitude for each of the Individual's address es which are used for visits. Format example: 111.11111111111111	If unknown, send "0.0" If not provided or invalid format = Reject Address Record if not only record	Numeric, Decimal	18 digits (- 3 whole numbers -15 decimal place) MINIMUM would be: 0.0	Required
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	If invalid; User / Agency Default (US/Eastern for ODM).	String	64	Required

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.

Individual Phone Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
PatientPhoneType	Values: Home, Mobile, Work, Other	If not a defined phone value, value = "Other".	String	32	Required if Segment Provided
PatientPhoneNumber	Provided as 10 digits, no dashes All phone numbers provided will be utilized for comparison to incoming calls with source phone numbers.	If < (less than) 10 digits = Reject phone record.	String	10	Required if Segment Provided

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Responsible Party/Designated Signer - Provide 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.

Responsible Party/Designated Signer – Provide if Applicable for the Individual Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
PatientResponsibleParty LastName	Last name of the responsible party for the Individual	If not provided value = "null"	String	30	Required if Segment Provided
PatientResponsibleParty FirstName	First name of the responsible party for the Individual	f not provided value = "null"	String	30	Required if Segment Provided

DCW (Direct Care Worker) General Information

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

DCW (Direct Care Worker) General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
StaffOtherID	DCW's identifier in the external system Needed for processing	If not provided or in numeric format = REJECT	String	64	Required
SequenceID	Sequence indicator that identifies a record and the order in which a record was received	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.	Numeric	50	Required
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.	If not provided or in numeric format value = "null"	String	9	Required
StaffSSN	DCW Social Security Number	If not provided or not provided as 9 digits = REJECT.	String	9	Required
StaffLastName	DCW's Last Name	If not provided = REJECT	String	30	Required
StaffFirstName	DCW's First Name	If not provided = REJECT	String	30	Required
StaffEmail	DCW 's Email Address	If not unique within the	String	64	Optional

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DCW (Direct Care Worker) General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
		Agency = REJECT. Email addresses cannot be reused.			
StaffPosition	Free form indicator of staff position. Examples could include: HHA, HCA, RN, LPN, PCN.	No Validation. Not Required.	String	3	Optional

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 B for a table of included programs and services.

Visit General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
VisitOtherID	Visit identifier in the external system	If invalid, malformed, or not provided value = REJECT	String	50	Required
SequenceID	Sequence indicator that identifies a record and the order in which a record was received	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.	Numeric	50	Required
StaffOtherID	Direct care worker's identifier in the external system	If invalid or not in the Aggregator = REJECT If not provided, accept as null; will raise the "Unknown Staff" exception	String	64	Required
PatientOtherID	Individual's identifier in the external system	If invalid, malformed, or not provided value = "null"	String	64	Required
PatientMedicaidID	Assigned Medicaid ID for the individual. For ODM, this is 12 numeric digits. Leading zeros should be included.	Required unless: 1 – Newborn indicator is set to true Or; 2 – If the individual is being provided services through ODA and a PIMS ID has	String	15	Required

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Visit General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
		been provided. For Ohio, if anything other than 12 digits, reject.			
PatientAlternateID	Alternate Billing ID This field will be used to house an alternate Medicaid ID if the Medicaid ID has changed for the individual. It will be 12 characters including leading zeroes for ODM.	For Ohio, if anything other than 12 digits, reject.	String	64	Optional
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 and will always be 7 digits and may have leading zeros. For other payers, this value will be provided based on the payer's identifier. Optional.	If the payer on the visit is ODA and this value is included, it must be 7 digits.	String	20	Optional
VisitCancelledIndicator	true/false – allows a visit to be cancelled / deleted	If other than value "true" or "false" = 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.	Boolean	5	Required
Payer	Payer for the visit. Values for Ohio Phase 2: ODM, ODA, DODD, Aetna, Buckeye, CareSource, Molina, Paramount, UHC.	If not one of the valid values REJECT 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.	String	128	Required
PayerProgram	Program for the visit.	If not one of the valid values REJECT	String	64	Required

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Visit General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
	Values for Ohio Phase 2: DD, MyC, OHC, PP, SP. Additional values for Phase 3: PDHPC, PPPD, OHCPD, MyCPD A full description of Program specifics can be found in Appendix G.				
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. Values for Ohio Phase 2: HPC, T1002, T1003 (for DODD), G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019. Additional values for Phase 3: T2025, G0151, G0152, G0153	If not one of the valid values REJECT Accept – will raise the Missing Service exception.	String	5	Required
TimeZone	In UTC. The Timezone name expected in each transaction is the actual Timezone where the event took place, i.e. US/Eastern.	If invalid; User / Agency Default (US/Eastern for ODM)	String	64	Required
AdjInDateTime	Adjusted in date/time if entered manually	If invalid value = "null"	Date/ Time	50	Required if available
AdjOutDateTime	Adjusted out date/time if entered manually	If invalid value = "null"	Date/ Time	50	Required if available
BillVisit	If the visit is going to be billed, should be sent with the value of "true." Otherwise, the value is "false."	If "null" default = "true"	Boolean	5	Required

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| 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) | If a value provided is not in numeric format or is > 25 hours: value will be set to 0. | Decimal | 8 | Optional |
| VisitMemo | Free text memo for the visit, | | String | 1024 | Optional |

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Visit General Information Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
	if applicable				
MemberVerifiedTimes	true/false Value not required for DODD services.	If not provided default = false	Boolean	5	Required
MemberVerifiedService	true/false Value not required for DODD services.	If not provided default = false	Boolean	5	Required
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.	If not provided default = false	Boolean	5	Required if signature is available
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.	If not provided default = false	Boolean	5	Required if voice recording is available

Calls

If a call is manually added or changed, a Change Detail record is expected.

Calls Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
CallExternalID	Call identifier in the external system	REJECT if not included	Decimal	16	Required
CallDateTime	Call date time Must be at least to the second	REJECT if not included	Date/ Time	50	Required
CallAssignment	Values: Call In, Call Out, Interim	REJECT if not included	String	10	Required

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Calls Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
CallType	The type of device used to create the call Values: Telephony, Mobile, Manual, Other	"Other" if not provided	String	20	Required
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. Values for Ohio Phase 2: HPC, T1002, T1003 (for DODD), G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019. Additional values for Phase 3: T2025, G0151, G0152, G0153		String	5	Required if applicable
PatientIdentifierOnCall	Individual's ID entered on calls		String	10	Required if applicable
MobileLogin	Log in for GPS calls		String	10	Required if applicable
CallLatitude	Latitude for GPS calls Format example: 111.11111111111111	If unknown, send "0.0" If not provided or invalid format = REJECT	Numeric, Decimal	18 digits (- 3 whole numbers -15 decimal place) MINIMUM would be: 0.0	Required if applicable
CallLongitude	The Longitude for GPS calls Format example: 111.11111111111111	If unknown, send "0.0" If not provided or invalid format = REJECT	Numeric, Decimal	18 digits (- 3 whole numbers -15 decimal place) MINIMUM would be: 0.0	Required if applicable

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Calls Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
TelephonyPIN	Staff PIN if entered during the call		Integer	9	Required if applicable
OriginatingPhoneNumber	10 digit originating phone number	If malformed or not provided value = "null"	String	10	Required if applicable and for any telephony call

Visit Exception Acknowledgements

For each exception acknowledgement, a Change Detail record is expected. Each time the visit is sent, all acknowledged exceptions should be sent. Note that only those exceptions are included here that require acknowledgement to be considered resolved. **The full list of exception and reason codes is available on the ODM web site.**

Visit Exception Acknowledgements Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
ExceptionID	ID for the exception being acknowledged ODM Values: 15, 28, 39, 40 15 – Unmatched Client ID / Phone 28 – Visit Verification Exception (excl. DODD) 39 – Client Signature Exception (excl. DODD) 40 – Service Verification Exception (excl. DODD) Definitions for each exception are included in the rules section of this document.	If the value is not one of the 4 listed, reject the visit.	String	2	Required
ExceptionAcknowledged	true/false	Default = false	Boolean	5	Required

Please Note: The exception code values provided above is a subset of the complete list of valid exception

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codes for this program and limited to those that require acknowledgment. Please refer to the latest revision of the ODM Configuration List: Exception Codes document for the most up to date listing of exceptions.

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.

Visit Changes Field Name	Description	Rejection Rules	Data Type	Max Length	Required / Optional
SequenceID	The visit sequence ID to which this change applied	This value must be provided if this is a manual change to an existing record to allow the auditing information to be applied.	Numeric	50	Required
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.	If not provided = reject	String	64	Required
ChangeDateTime	Date and time when change is made At least to the second	Reject visit not formatted per specifications.	Date/ Time	50	Required
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.**	Reject visit if not provided	String	4	Required
ChangeReasonMemo	Reason/Description of the change being made	Reject if required for the reason code and not provided.	String	256	Required
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.	Reject if 'A' is not provided.	String	4	Required

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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.

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

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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.

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

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Appendix A - JSON Sample – Individual

```
[
    {
    "BusinessEntityID":"123545",
    "BusinessEntityMedicaidIdentifier":"112254447",
    "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":"Business",
        "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"
        }
    ],
    "ResponsibleParty":[
        {
        "PatientResponsiblePartyLastName":"",
```

```
                    "PatientResponsiblePartyFirstName":"",
                }
        ]
        }
]
```

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Appendix B - JSON Sample – Direct Care Worker

```
[
    {
    "BusinessEntityID":"124563545",
    "BusinessEntityMedicaidIdentifier":"112253337",
    "StaffOtherID":"13467286",
    "SequenceID":"1739274568",
    "StaffID":"null",
    "StaffSSN":"179238637",
    "StaffLastName":"Holly",
    "StaffFirstName":"Mary",
    "StaffEmail":"Mary12@yahoo.com",
    "StaffPosition":"HHA",
    }
]
```

Appendix C - JSON Sample – Visit

```
[
    {
    "BusinessEntityID":"198463545",
    "BusinessEntityMedicaidIdentifier":"165143337",
    "VisitOtherID":"8793213",
    "SequenceID":555412,
    "StaffOtherID":"A13854354",
    "PatientOtherID":"222245524E",
    "PatientMedicaidID":"451256842547",
    "VisitCancelledIndicator":false,
    "Payer":"ODM",
    "PayerProgram":"SP"
    "ProcedureCode":"T1003",
    "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":"G0300",
        "PatientIdentifierOnCall":"02225",
        "MobileLogin":"",
        "CallLatitude":"225.2",
        "CallLongitude":"225.2",
        "TelephonyPIN":"2252",
        "OriginatingPhoneNumber":""
        }
    ],
    "VisitException":[
        {
```

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```
                "ExceptionID":"25",
                "ExceptionAcknowledged":true
        }
    ],
    "VisitChanges":[
        {
        "SequenceID":"",
        "ChangeMadeByEmail":"",
        "ChangeDateTime":"",
        "ReasonCode":"",
        "ChangeReasonMemo":"",
        "ResolutionCode":""
        }
    ]
    }
]
```

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

```
[
    {
    "BusinessEntityID":"123468548",
    "BusinessEntityMedicaidIdentifier":"121557878",
    "TransactionID":"100000536",
    "Reason":"Transaction Received"
    }
]
```

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Appendix E - JSON Sample – Request for Records Status

Sample request with three Transaction ID's.

```
[
      {
"BusinessEntityID":"50045",
      "BusinessEntityMedicaidIdentifier":"121557878",
      "TransactionID":"100000536"
},
{
"BusinessEntityID":"70054",
      "BusinessEntityMedicaidIdentifier":"589674858",
      "TransactionID":"100000789"
},
{
"BusinessEntityID":"1005548",
      "BusinessEntityMedicaidIdentifier":"985475626",
      "TransactionID":"1000010001"
}
]
```

Sample response with the three Transaction ID's query.

```
[
      {
      "BusinessEntityID":"50045",
      "BusinessEntityMedicaidIdentifier":"121557878",
      "RecordType":"Staff",
      "RecordOtherID":"0456"
      "Reason":" FirstName is NULL, Telephone is not valid"
      },
      {
      "BusinessEntityID":"50045",
      "BusinessEntityMedicaidIdentifier":"121557878",
      "RecordType":"Visit",
      "RecordOtherID":"457452556"
      "Reason":" VisitLatitude is NULL, Staff is not valid"
      },
      {
      "BusinessEntityID":"70054",
      "BusinessEntityMedicaidIdentifier":"589674858",
      "RecordType":"Individual",
      "RecordOtherID":"11005"
```

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```
            "Reason":" LastName is not valid, PatientMedicaidID is NULL, Timezone is NULL"
        },
    {
    "BusinessEntityID":"1005548",
    "BusinessEntityMedicaidIdentifier":"985475626",
    "RecordType":"Visit",
    "RecordOtherID":"77788541"
    "Reason":" PatienOtherID is not valid, PatientMedicaidID is NULL, VisitOtherID is
not valid"
    }
]
```

Appendix F – Single Records vs. Group of Records – Record Limits

2 individuals – Group.

```
[
    {
    "BusinessEntityID":"123545",
    "BusinessEntityMedicaidIdentifier":"112254447",
    "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",
        "PatientPhoneNumber":"7185580225"
        }
    ],
    "ResponsibleParty":[
        {
        "PatientResponsiblePartyLastName":"",
        "PatientResponsiblePartyFirstName":"",
        }
    ]
    },
    {
```

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```
            "BusinessEntityID":"485987",
            "BusinessEntityMedicaidIdentifier":"112254447",
        "PatientOtherID":"475896235987",
        "SequenceID":1014,
        "PatientMedicaidID":"45425458652",
        "PatientLastName":"Jones",
        "PatientFirstName":"Jane",
        "PatientTimezone":"US/Eastern",
        "Address":[
            {
            "PatientAddressType":"Business",
            "PatientAddressIsPrimary":true,
            "PatientAddressLine1":"5 Dakota Drive",
            "PatientAddressLine2":"",
            "PatientCity":"New Hyde Park",
            "PatientState":"NY",
            "PatientZip":"11050",
            "PatientLongitude":"111.14457",
            "PatientLatitude":"154.04455",
            "PatientTimezone":"US/Eastern"
            }
        ],
        "Phones":[
            {
            "PatientPhoneType":"Mobile",
            "PatientPhoneNumber":"7184880225"
            }
        ],
        "ResponsibleParty":[
            {
            "PatientResponsiblePartyLastName":"",
            "PatientResponsiblePartyFirstName":"",
            }
        ]
        }
]
```

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Appendix F – (Continued)

1 individual – Single.

```
[
    {
    "BusinessEntityID":"123545",
    "BusinessEntityMedicaidIdentifier":"112254447",
    "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",
        "PatientPhoneNumber":"7185580225"
        }
    ],
    "ResponsibleParty":[
        {
        "PatientResponsiblePartyLastName":"",
        "PatientResponsiblePartyFirstName":"",
        }
    ]
    }
]
```

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Appendix G – Covered Programs and Services

Payer	Program	Program Name	Service Description Text	Service Description	SVC Sent to Sandata	Procedure Code	Units
DODD	DD	Individual Option	Homemaker/Personal Care Competency Based – 1 Staff	IO HPC comp based-1 Staff	HPC	AQC or AQV	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care Competency Based – 2 Staff	IO HPC comp based-2 Staff	HPC	AQW	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care Competency Based – 3 Staff	IO HPC comp based-3 Staff	HPC	AQX	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care Competency Based – 4 Staff	IO HPC comp based-4 Staff	HPC	AQY	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care Competency Based – 5 Staff	IO HPC comp based-5 Staff	HPC	AQZ	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 1 Staff	LV1 HPC comp based-1 Staff	HPC	FQC or FQV	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 2 Staff	LV1 HPC comp based-2 Staff	HPC	FQW	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 3 Staff	LV1 HPC comp based-3 Staff	HPC	FQX	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 4 Staff	LV1 HPC comp based-4 Staff	HPC	FQY	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 5 Staff	LV1 HPC comp based-5 Staff	HPC	FQZ	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 1 Staff – Emer Benefit	LV1 HPC comp based-1 Staff Emer Ben	HPC	EQC OR EQV	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 2 Staff – Emer Benefit	LV1 HPC comp based-2 Staff Emer Ben	HPC	EQW	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 3 Staff – Emer Benefit	LV1 HPC comp based-3 Staff Emer Ben	HPC	EQX	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 4 Staff – Emer Benefit	LV1 HPC comp based-4 Staff Emer Ben	HPC	EQY	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care Competency Based – 5 Staff – Emer Benefit	LV1 HPC comp based-5 Staff Emer Ben	HPC	EQZ	Per Unit
ODM and MCOs	SP	State Plan	State Plan Home Health Aide	Home Health Aide	G0156	G0156	Per Unit

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ODM and MCOs	SP	State Plan	State Plan Nursing RN	Skilled nursing in a home health setting	G0299	G0299	Per Unit
ODM and MCOs	SP	State Plan	State Plan Nursing LPN	Skilled nursing in a home health setting	G0300	G0300	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care – 2 Staff	IO HPC-2 Staff	HPC	AMW	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care – 3 Staff	IO HPC-3 Staff	HPC	AMX	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care – 4 Staff	IO HPC-4 Staff	HPC	AMY	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care – 5 Staff	IO HPC-5 Staff	HPC	AMZ	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-2 Staff	LV1 HPC-2 Staff	HPC	FMW	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-3 Staff	LV1 HPC-3 Staff	HPC	FMX	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-4 Staff	LV1 HPC-4 Staff	HPC	FMY	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-5 Staff	LV1 HPC-5 Staff	HPC	FMZ	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-2 Staff – Emer Benefit	LV1 HPC-2 Staff Emer Ben	HPC	EMW	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-3 Staff – Emer Benefit	LV1 HPC-3 Staff Emer Ben	HPC	EMX	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-4 Staff – Emer Benefit	LV1 HPC-4 Staff Emer Ben	HPC	EMY	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-5 Staff – Emer Benefit	LV1 HPC-5 Staff Emer Ben	HPC	EMZ	Per Unit
DODD	DD	Individual Option	Homemaker/Personal Care - 1 Staff	IO HPC-1 Staff	HPC	APC or APV	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-1 Staff	LV1 HPC-1 Staff	HPC	FPC or FPV	Per Unit
DODD	DD	Level 1	Homemaker/Personal Care-1 Staff – Emer Benefit	LV1 HPC-1 Staff Emer Ben	HPC	EPC or EPV	Per Unit
ODA	PP	PASSPORT	PASSPORT – Home Care Attendant Nursing	Passport Attendant Care Services	S5125	S5125, S5125HQ, S5125OTHQ, S5125OT	Per Unit
ODM	OHC	Ohio Home Care Waiver	OHC Waiver Homecare Attendant	Attendant Care Services	S5125	S5125	Per Unit
ODM and MCOs	SP	State Plan	State Plan PDN	Private Duty / independent nursing service(s)	T1000	T1000	Per Unit
ODM and	SP	State Plan	State Plan RN Assessment	RN Assessment	T1001	T1001	Per Assessment

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MCOs							
DODD	DD	Individual Option	Waiver Nursing RN	DD Nursing Indep RN	T1002	T1002	Per Unit
ODA	PP	PASSPORT	PASSPORT - Home Care Attendant Personal Care	Passport Attendant Personal Care Services	S5125	S5125U8, S5125U8HQ, S5125UOHQ, S5125U8OT	Per Unit
ODA	PP	PASSPORT	PASSPORT – Waiver Nursing RN	Passport RN services	T1002	T1002RN, R1002RNHQ, T1002OTHQ, T1002OT	Per Unit
ODM	OHC	Ohio Home Care Waiver	OHC Waiver Nursing RN	RN services	T1002	T1002	Per Unit
DODD	DD	Individual Option	Waiver Nursing LPN	DD Nursing Indep LPN	T1003	T1003	Per Unit
ODA	PP	PASSPORT	PASSPORT – Waiver Nursing LPN	Passport LPN/LVN services	T1003	T1003LPN, T1003LPHQ, T1003OTHQ, T1003OT	Per Unit
MCOs	MyC	MyCare Waiver	MyCare Waiver Nursing - RN	RN services	T1002	T1002	Per Unit
MCOs	MyC	MyCare Waiver	MyCare Waiver Nursing - LPN	Passport LPN/LVN services	T1003	T1003	Per Unit
MCOs	MyC	MyCare Waiver	MyCare Waiver Homecare Attendant	Attendant Care Services	S5125	S5125	Per Unit
MCOs	MyC	MyCare Waiver	MyCare Waiver Personal Care Aide	Personal Care Services	T1019	T1019	Per Unit
ODM	OHC	Ohio Home Care Waiver	OHC Waiver Nursing LPN	LPN/LVN services	T1003	T1003	Per Unit
ODA	PP	PASSPORT	PASSPORT – Personal Care	Passport Personal Care Services	T1019	T1019UA, T1019UAU2	Per Unit
ODM	OHC	Ohio Home Care Waiver	OHC Waiver Personal Care Aide	Personal Care Services	T1019	T1019	Per Unit
ODM & MCOs	SP	State Plan	SPHH-Physical Therapies (G0151)	Physical Therapies	G0151	G0151	Per Unit
ODM & MCOs	SP	State Plan	SPHH-Occupational Therapies (G0152)	Occupational Therapies	G0152	G0152	Per Unit
ODM & MCOs	SP	State Plan	SPHH-Speech Language Pathology Therapies (G0153)	Speech Language Pathology Therapies	G0153	G0153	Per Unit
DODD	PDHPC	SELF Waiver (Self-Directed), IO, L1	Participant-Directed Homemaker-Personal Care	Participant-Directed Homemaker-Personal Care	HPC	HPC	Per Unit
ODA	PPPD	Passport PDS	Passport-Consumer Directed Personal Care (T1019)	Consumer Directed Personal Care	T1019	T1019	Per Unit
ODA	PPPD	Passport PDS	Passport-Waiver Choices HCAS (T2025)	Waiver Choices HCAS	T2025	T2025	Per Unit
MCOs	MyCPD	MyCare Waiver PDS	MyCare-Waiver Consumer-Directed PCA (T1019)	Consumer Directed Personal Care	T1019	T1019	Per Unit

| MCOs | MyCPD | MyCare Waiver PDS | MyCare-Waiver Choices HCAS (T2025) | Waiver Choices HCAS | T2025 | T2025 | Per Unit |
| ODM | OHCPD | Ohio Home Care Waiver PDS | OHCW-Choices HCAS (T2025) | Waiver Choices HCAS | T2025 | T2025 | Per Unit |

P R O P R I E T A R Y & C O N F I D E N T I A L