



Indiana Family and Social Services Administration

Alternate EVV Interface Specification v4.2

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Version History

Name	Title	Version	Changes	Date
Adrienne Goodwin	Technical Account Manager	v3.0	Document creation from addendum+A1	6/7/2022
Adrienne Goodwin	Technical Account Manager	v3.1	Added HH services codes	6/24/2022
Adrienne Goodwin	Technical Account Manager	v3.1	Added new tasks	6/24/2022
Adrienne Goodwin	Technical Account Manager	v3.1	Added a new unit of measure	6/24/2022
Adrienne Goodwin	Technical Account Manager	v3.1	Exception Appendix revised from current addendum to show what exceptions are currently enabled for the program with ACK or FIX	6/24/2022
Chandni Soni	Technical Account Manager	v3.2	<ul style="list-style-type: none"> ▪ Added data elements to align with PCS specification, MissingMedicaidID, ClientAddressLongitude, ClientAddressLatitude, ClientEligibilityDateBegin, ClientEligibilityDateEnd, EmployeeSSN, EmployeeEmail, ClientCustomID, ClientVerifiedTimes. ▪ Removed ClientAltMedicaidID: Not in use ▪ ClientOtherID: Required value updated from Optional to YES ▪ Update Validation & Conditional status to align with PCS specification 	9/12/2022
Chandni Soni	Technical Account Manager	v3.2	Service code - 97164 removed for all payer programs from Appendix	11/28/2022
Chandni Soni	Technical Account Manager	v3.2	Updated description for "ClientVerifiedTimes" to match the exception appendix	11/28/2022
Chandni Soni	Technical Account Manager	v3.3	EmployeeOtherID removed from Visit data Endpoint	01/20/2023
Chandni Soni	Technical Account Manager	v3.4	Added "BillVisit" element and description to VisitGeneral segment	04/17/2023
Chandni Soni, Carolyn Ostrom, Aaron Blum	TAM, T3 Support Analyst, CSM	v4.0	New Format <ul style="list-style-type: none"> • Added "Memo" element and description to VisitGeneral segment • Clarified some field Descriptions and Expected Values • ClientPayerInformation segment changed from "optional" to "required" with a clarified description • CallDateTime validation rule corrected. This cannot be null • ClientOtherID is changed from "required" to "optional" • In Calls Segment, ProcedureCode: Expected Value corrected. This cannot be NULL 	08/18/2023
Eamon Sheehy	Technical Account Manager	V4.1	Add new payer Humana, and new payers and services to PCS and HHCS.	02/09/2024
Eamon Sheehy	Technical Account Manager	V4.2	Removed service HUM 97164 and updated Alt EVV Client First Name and Client Last Name field rules for special characters	03/20/2024

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

Base Version 7.15

EVV Vendor Interface Transmission Guidelines

File Format	JSON
File Delimiter	not applicable
Headers	not applicable
File Extension	not applicable
File Encryption	Delivery to occur over secure HTTPS connection
Control File	not applicable
RESTful API Endpoint(s)	Client: UAT: https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1 Employee: UAT: https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1 Visit: UAT: https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1 Client: Prod: https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1 Employee: Prod: https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1 Visit: Prod: https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1
Payload Compression	No compression of data during delivery
Delivery Mechanism	Via RESTful API call
Delivery Frequency	No less frequent than daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at the vendor's discretion.

EVV- Element- Activity

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

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

Client Data Endpoint

This endpoint receives information regarding the individual member/beneficiary (known here as the 'Client') that receives care as part of the visit.

Please note - the Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will be rejected due to "Client not found".

Element	Description	Max Length	Type	Required?	Expected Value
ProviderIdentification - Required					
<i>This element is 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.</i>					
ProviderQualifier	Unique identifier for the provider as determined by the program definition.	20	String	Yes	"MedicaidID"
ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	50	String	Yes	9 or 10 characters based on state Medicaid ID Format 9 digits (#####) or 9 digits+1 alpha (#####A). This is also called an LPI (Legacy Provider ID).
ClientGeneralInformation - Required					
ClientQualifier	Value being sent to uniquely identify the client.	20	String	Yes	"ClientOtherID"
ClientOtherID	This value is used to match the client to an existing record during import. This value will need to be the same as the ClientMedicaidID.	24	String	Optional	INFSSA Medicaid ID (12-digit ID) Format: ##### Can be NULL
ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same as the ClientMedicaidID.	64	String	Yes	INFSSA Medicaid ID (12-digit ID) Format: #####

Element	Description	Max Length	Type	Required?	Expected Value
ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	INFSSA Medicaid ID (12-digit ID) Format: #####
ClientFirstName	Client's First Name	30	String	Yes	Client's First Name (See Field Level Errors in Appendix 6)
ClientMiddleInitial	Client's Middle Initial	1	String	Optional	Client's Middle Initial
ClientLastName	Client's Last Name	30	String	Yes	Client's Last Name (See Field Level Errors in Appendix 6)
MissingMedicaidID	Indicator that a patient is a newborn.	5	String	Optional	"false"
SequenceID	The Third-Party EVV sequence ID. Sandata recommends this be a timestamp (to the second) to ensure the order of the client data updates.	16	Integer	Yes	Third-Party EVV Vendor Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
ClientTimezone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	Example: "US/Eastern" See Appendix 7: Time Zone List
ClientCustomID	Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. May be equal to another ID provided.	24	String	Optional	Can be NULL. This field may be used to provide another client identifier.
ClientAddress – Required					
<i>Required segment. At least one record for each client is required for the program. Multiple addresses are accepted with different address types.</i>					
ClientAddressType	This field designates the client address type. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	"Home" "Business" "Other"
ClientAddressIsPrimary	One address must be designated as primary by sending true. Additional addresses will be false.	5	String	Yes	"true" "false"

Element	Description	Max Length	Type	Required?	Expected Value
ClientAddressLine1	Street address line 1 associated with this address. PO Box may impact GPS reporting.	30	String	Yes	Address Line 1 (See Field Level Errors in Appendix 6)
ClientAddressLine2	Street address line 2 associated with this address.	30	String	Optional	Address Line 2 Can be NULL (See Field Level Errors in Appendix 6)
ClientCounty	County associated with this address.	25	String	Optional	County (See Field Level Errors in Appendix 6)
ClientCity	City associated with this address.	30	String	Yes	City (See Field Level Errors in Appendix 6)
ClientState	State associated with this address.	2	String	Yes	Two-character standard state abbreviation. (Must be capitalized)
ClientZip	Zip Code associated with this address. If additional 4 digits are not known, provide zeros.	9	String	Yes	Zip Code Format: #####
ClientPhone - Conditional					
<i>The fields in this segment marked as required "Yes" are only needed when this segment is sent.</i>					
ClientPhoneType	This is the client phone type. Note that multiple of the same type can be provided.	12	String	Yes	"Home" "Mobile" "Business" "Other"
ClientPhone	Client phone number including area code. No country code, no dashes, no ()	10	String	Yes	Client Phone Number Format: #####
ClientPayerInformation - Required					
PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	See Appendix 1: Payer & Programs for accepted values
PayerProgram	The program to which this visit belongs.	9	String	Yes	See Appendix 1: Payer & Programs for accepted values
ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2: Services & Modifiers for accepted values

Element	Description	Max Length	Type	Required?	Expected Value
Modifier1	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
Modifier2	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
Modifier3	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
Modifier4	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
ClientPayerID	Unique identifier sent by the payer.	20	String	No	Can be NULL No Special Characters
ClientStatus	The client's status. Provide the 2-digit code including the 0. This field is not required if ClientEligibilityDateBegin or ClientEligibilityDateEnd is sent.	2	String	Conditional	"02" "04" Available values: 02 = Active 04 = Inactive
ClientEligibilityDateBegin	Client eligibility end date. This field is optional if ClientStatus is sent.	10	String	Conditional	Format: YYYY-MM-DD
ClientEligibilityDateEnd	Client eligibility begin date. This field is optional if ClientStatus is sent.	10	String	Conditional	Format: YYYY-MM-DD

Employee Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit.

Please note: - The Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will be rejected due to 'Worker not found'.

Element	Description	Max Length	Type	Required?	Expected Value
ProviderIdentification - Required					
<i>This element is 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.</i>					
ProviderQualifier	Identifier being sent as the unique identifier for the provider.	20	String	Yes	"MedicaidID"
ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	50	String	Yes	9 or 10 characters based on state Medicaid ID Format 9 digits (#####) or 9 digits+1 alpha (#####A). This is also called an LPI (Legacy Provider ID).
EmployeeGeneralInformation - Required					
<i>Required data in the body of the transmission. This segment provides the basic information about the employee.</i>					
EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	"EmployeeCustomID"
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission.	9	String	Yes	Up to a 9 CHAR STRING. A custom, unique number can be used. If a unique number cannot be determined, it is recommended to use the employee SSN to meet this requirement.
EmployeeOtherID	Unique employee identifier in the external system, if any.	64	String	Optional	Vendor Supplied value based on Vendor's solutions. Unique ID for each employee. Can be NULL
SequenceID	The Third-Party EVV sequence ID Sandata recommends this be a timestamp (to the second) to ensure the order of the client data updates.	16	Integer	Yes	Third-Party EVV Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.

Element	Description	Max Length	Type	Required?	Expected Value
EmployeeSSN	Masked Employee Social Security Number. A custom number set aside from the employee SSN cannot be used.	9	String	Yes	Last 5-digits of SSN Format: 0000#### Must be unique for each employee within each Agency. Use fewer leading 0 when necessary.
EmployeeLastName	Employee's last name.	30	String	Yes	Employee's Last Name (See Field Level Errors in Appendix 6)
EmployeeFirstName	Employee's first name.	30	String	Yes	Employee's First Name (See Field Level Errors in Appendix 6)
EmployeeEmail	Employee's email address.	64	String	Optional	Employee's Email Address Format: "@" and extension (.xxx) are required to validate as an email address Example: xxx@xxx.xxx

Visit Data Endpoint

This endpoint receives the information regarding the EVV visits themselves- including all individual components of the visit, and corrections/changes to the visits over time.

Please Note: The visit information must be loaded AFTER the client and the employee associated with the visit have been successfully loaded, or else the visit record will be rejected with appropriate error description.

ProviderIdentification - Required

This element is 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.

ProviderQualifier	Identifier being sent as the unique identifier for the provider.	20	String	Yes	"MedicaidID"
ProviderID	Unique identifier for the agency.	50	String	Yes	9 or 10 characters based on state Medicaid ID Format 9 digits (#####) or 9 digits+1 alpha (#####A). This is also called an LPI (Legacy Provider ID).

VisitGeneralInformation - Required

Element	Description	Max Length	Type	Required?	Expected Value
<p><i>This segment provides the base data regarding an EVV visit. If a visit is changed (corrections, alterations, updates) over time, the same visit may be delivered multiple times, each sharing the same 'VisitOtherID', but each change represented with a different Sequence ID- ascending over time- to allow the state's Aggregator system to keep the changes ordered appropriately. Each update requires a 'VisitChanges' segment.</i></p>					
VisitOtherID	Visit identifier in the external system.	50	String	Yes	Visit Identifier No special characters
SequenceID	The Third-Party EVV visit sequence ID Sandata recommends this be a timestamp (to the second) to ensure the order of the client data updates.	16	Integer	Yes	Third-Party EVV Visit Sequence ID If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	"EmployeeCustomID"
EmployeeOtherID	Unique employee identifier in the external system, if any.	64	String	Optional	Vendor Supplied value based on Vendor's solutions. Unique ID for each employee. Can be NULL
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission.	9	String	Yes	Up to a 9 CHAR STRING. A custom, unique number can be used. If a unique number cannot be determined, it is recommended to use the employee SSN to meet this requirement.
GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	Optional	GroupCode Can be NULL No Special Characters
ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	20	String	Yes	"ClientOtherID"

Element	Description	Max Length	Type	Required?	Expected Value
ClientID	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	INFSSA MedicaidID (12-digit ID) Format: #####
ClientOtherID	This value is used to match the client to an existing record during import. This value will need to be the same as the ClientMedicaidID.	24	String	Optional	INFSSA MedicaidID (12-digit ID) Format: ##### Can be NULL
VisitCancelledIndicator	Set to False as the default. Set to true if a future scheduled visit previously sent and accepted with NO "CallIn", "CallOut" or "Adjusted" times to be cancelled / deleted. Can only be applicable to future schedules.	5	String	Yes	"true" "false" Expected "false" in Indiana programs as schedules aren't expected.
PayerID	Sandata EVV assigned ID for the payer.	64	String	Yes	See Appendix 1: Payer & Programs for accepted values
PayerProgram	The program to which this visit belongs.	9	String	Yes	See Appendix 1: Payer & Programs for accepted values
ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2: Services & Modifiers for accepted values
Modifier1	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
Modifier2	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
Modifier3	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.

Element	Description	Max Length	Type	Required?	Expected Value
Modifier4	Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. Modifiers can be sent in any order.	2	String	Conditional	See Appendix 2: Services & Modifiers for accepted values. At least one modifier is required for PCS services.
VisitTimezone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	Example: "US/Eastern" See Appendix 7: Time Zone List
AdjInDateTime	Adjusted in date/time required only if manually adjusted. Otherwise, use the Calls segment to log the actual captured date/time. This must be UTC time. The VisitChanges segment is required.	20	DateTime	Conditional	Adjusted In Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
AdjOutDateTime	Adjusted out date/time required only if manually adjusted. Otherwise, use the Calls segment to log the actual captured date/time. This must be UTC time. The VisitChanges segment is required.	20	DateTime	Conditional	Adjusted Out Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
BillVisit	True for all visits to be billed. False is only sent if the visit is not to be considered for claims validation and set to omit status.	5	String	Yes	"true" "false"
Memo	Associated free form text.	1024	String	Optional	Memo
ClientVerifiedTimes	If the client did verify times in EVV Vendor system set this value to true. If the client did not verify times in EVV Vendor system set this value to false.	5	String	Optional	"true" "false" Can be NULL

Element	Description	Max Length	Type	Required?	Expected Value
ClientVerifiedTasks	If the client did verify tasks performed in EVV Vendor system set this value to true. If the client did not verify tasks performed in EVV Vendor system set this value to false.	5	String	Optional	"true" "false" Can be NULL
ClientVerifiedService	If the client did verify service performed in EVV Vendor system set this value to true. If the client did not verify service performed in EVV Vendor system set this value to false.	5	String	Optional	"true" "false" Can be NULL
ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record. If the client signature is captured in EVV Vendor system set this value to true. If the client signature is not captured in EVV Vendor system set this value to false.	5	String	Optional	"true" "false" Can be NULL
ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record. If the client voice recording is captured in EVV Vendor system set this value to true. If the client voice recording is not captured in EVV Vendor system set this value to false.	5	String	Optional	"true" "false" Can be NULL

Calls - Conditional

Calls expected for any type of captured clock in or clock out depending on system capabilities. After Calls have been included in first instance of the visit, the segment can be omitted with any visit updates. This segment cannot be changed, after submitted. The fields in this segment marked as required "Yes" are only needed when this segment is sent.

Element	Description	Max Length	Type	Required?	Expected Value
CallExternalID	Call identifier in the external system.	16	String	Yes	Call Identifier No special characters
CallDateTime	Event date time. Must be to the second. This must be UTC time.	20	DateTime	Yes	Call Date Time Format: YYYY-MM-DDTHH:MM:SSZ
CallAssignment	This identifies the call assignment type.	10	String	Yes	"Time In" "Time Out" "Other"
GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	Optional	GroupCode
CallType	The type of device used to capture the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of fixed visit verification device. VisitChanges segment is required for CallType = Manual.	20	String	Yes	"Telephony" "Mobile" "FVV" "Manual" "Other"
ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2: Services & Modifiers for accepted values
ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Yes	No special characters
MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = "Mobile".	64	String	Conditional	Mobile Login of employee Should be NULL if CallType is not "Mobile"

Element	Description	Max Length	Type	Required?	Expected Value
CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15-digit precision. Required for CallType = "Mobile" .	19	Decimal	Conditional	Latitude Value Decimal format with (-)XX.XXXXXXXXXXXXXXXXXX digits Should be NULL if CallType is not "Mobile"
CallLongitude	GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15-digit precision. Required for CallType = "Mobile" .	20	Decimal	Conditional	Longitude Value Decimal format with (-)XXX.XXXXXXXXXXXXXXXXXX digits Should be NULL if CallType is not "Mobile"
TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	9	Integer	Conditional	Telephony PIN Numbers only; no other characters. Should be NULL if CallType is not "Telephony"
OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	Originating Phone Number Numbers only; no other characters. Should be NULL if CallType is not "Telephony"

VisitChanges – Conditional

Conditional segment provided when a visit has been manually entered, adjusted, or updated in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change and supply the reason code for why it occurred. The fields in this segment marked as required "Yes" are only needed when this segment is sent.

SequenceID	The Third-Party EVV visit sequence ID to which the change applied. Sandata recommends this be a timestamp (to the second) to ensure the order of the client data updates.	16	String	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
ChangeMadeBy	The unique identifier of the user, system, or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	64	String	Yes	Unique Identifier of Change Agent Required – Username or User Identifier who completed the change to the visit information (Audit)

Element	Description	Max Length	Type	Required?	Expected Value
ChangeDateTime	Date and time when change is made. At least to the second. This must be UTC time.	20	DateTime	Yes	Date and Time When Change is Made Format: YYYY-MM-DDTHH:MM:SSZ
GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	Optional	GroupCode Can be NULL No Special Characters
ReasonCode	Reason Code associated with the change.	4	String	Yes	See Appendix 3: Reason Codes
ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	256	String	Conditional	Required if ReasonCode = Other (99), Participant Refusal (50). Optional otherwise
ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	Optional	"A" Can be NULL

Tasks - Conditional

This segment contains the non-service specific details regarding activities the caregiver performed during the visit. These detailed activities are known as 'Tasks' and often align to the care plan designed for the individual receiving care.

TaskID	The TaskID must be from approved INFSSA list.	4	String	Yes	See Appendix 4: Task List
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VisitExceptionAcknowledgement - Conditional

Conditional segment provided for a visit when it has corrections, alterations, or updates that caused exceptions, which have been acknowledged by the provider agency. Only exceptions that are acknowledgeable (versus exceptions that require a fix- or alteration of the visit data) must have an acknowledgement of "true" for the visit to be fully verified and compliant with the EVV program's rules. The fields in this segment marked as required "Yes" are only needed when this segment is sent.

ExceptionID	ID for the exception being acknowledged.	2	String	Yes	See Appendix 5: Exceptions
ExceptionAcknowledged	True to acknowledge exceptions that are indicated as acknowledgeable only.	5	String	Yes	"true"

Appendix 1: Payers & Programs

PayerID	Payer Name	PayerProgram
INFSSA	Indiana Family and Social Services Administration	Indiana
INATM	Anthem	ATM
INCRS	CareSource	CRS
INMDW	MDWise	MDW
INMHS	MHS	MHS
INUHC	United Healthcare	UHC
INHUM	Humana	HUM

Appendix 2: Services & Modifiers

Personal Care Services (PCS)

*Modifiers are required for PCS services and are accepted in any order.

PayerID	PayerProgram	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Description
INFSSA	Indiana	97535	U7			RBHA (TBI)
INFSSA	Indiana	H0034	UB			MTS w/indv (AMHH)
INFSSA	Indiana	H0034	UB	HR		MTS fam w/indv (AMHH)
INFSSA	Indiana	H0034	UB	HS		MTS fam w/o indv (AMHH)
INFSSA	Indiana	H0034	UB	U1		MTS grp w/indv (AMHH)
INFSSA	Indiana	H0034	UB	HR	U1	MTS grp fam w/indv (AMHH)
INFSSA	Indiana	H0034	UB	HS	U1	MTS grp fam w/o in (AMHH)
INFSSA	Indiana	H2014	UB			STD w/indv (AMHH)
INFSSA	Indiana	H2014	UB	HR		STD fam w/indv (AMHH)
INFSSA	Indiana	H2014	UB	HS		STD fam w/o indv (AMHH)
INFSSA	Indiana	H2014	HA			Skills Training
INFSSA	Indiana	S5125	UA	U7		ATTC Agency (A&D/TBI)
INFSSA	Indiana	S5125	U7			ATTC Non-Agency (A&D/TBI)
INFSSA	Indiana	S5130	UA	U7		HMK Agency (A&D/TBI)
INFSSA	Indiana	S5130	U7			HMK Non-Agency (A&D/TBI)
INFSSA	Indiana	S5150	UB			Respite (AMHH)
INFSSA	Indiana	S5150	UA	U7	U9	RHHA (A&D/TBI)
INFSSA	Indiana	S5151	U5	U7		RSPO (CIH/FSW)
INFSSA	Indiana	T1005	HA			Respite (CMHW)
INFSSA	Indiana	T2016	U5	U7		RH20 (CIH)
INFSSA	Indiana	T2016	UA	U5	U7	RH10 (CIH)
INFSSA	Indiana	T2033	U5	U7		PAC (FSW)
INHUM	HUM	S5125	UA	U7		HUM - ATTC Agency (A&D/TBI)
INHUM	HUM	S5125	U7			HUM - ATTC Non-Agency (A&D/TBI)
INHUM	HUM	S5130	UA	U7		HUM - HMK Agency (A&D/TBI)
INHUM	HUM	S5130	U7			HUM - HMK Non-Agency (A&D/TBI)
INHUM	HUM	S5150	UA	U7	U9	HUM - RHHA (A&D/TBI)

PayerID	PayerProgram	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Description
INATM	ATM	S5125	UA	U7		ATM - ATTC Agency (A&D/TBI)
INATM	ATM	S5125	U7			ATM - ATTC Non-Agency (A&D/TBI)
INATM	ATM	S5130	UA	U7		ATM - HMK Agency (A&D/TBI)
INATM	ATM	S5130	U7			ATM - HMK Non-Agency (A&D/TBI)
INATM	ATM	S5150	UA	U7	U9	ATM - RHHA (A&D/TBI)
INUHC	UHC	S5125	UA	U7		UHC - ATTC Agency (A&D/TBI)
INUHC	UHC	S5125	U7			UHC - ATTC Non-Agency (A&D/TBI)
INUHC	UHC	S5130	UA	U7		UHC - HMK Agency (A&D/TBI)
INUHC	UHC	S5130	U7			UHC - HMK Non-Agency (A&D/TBI)
INUHC	UHC	S5150	UA	U7	U9	UHC - RHHA (A&D/TBI)

Home Health Services (HHCS)

*Modifiers only required where listed below.

PayerID	PayerProgram	Procedure Code	Modifier 1	Service Description
INFSSA	Indiana	92521		FSSA - EVALUATION OF SPEECH FLUENCY
INFSSA	Indiana	92522		FSSA - EVALUATE SPEECH PRODUCTION
INFSSA	Indiana	92523		FSSA - SPEECH SOUND LANG COMPREHEN
INFSSA	Indiana	92524		FSSA - BEHAVRAL QUALIT ANALYS VOICE
INFSSA	Indiana	97161		FSSA - PT EVAL LOW COMPLEX 20 MIN
INFSSA	Indiana	97162		FSSA - PT EVAL MOD COMPLEX 30 MIN
INFSSA	Indiana	97163		FSSA - PT EVAL HIGH COMPLEX 45 MIN
INFSSA	Indiana	97165		FSSA - OT EVAL LOW COMPLEX 30 MIN
INFSSA	Indiana	97166		FSSA - OT EVAL MOD COMPLEX 45 MIN
INFSSA	Indiana	97167		FSSA - OT EVAL HIGH COMPLEX 60 MIN
INFSSA	Indiana	99600		FSSA - HOME VISIT NOS/HHA
INFSSA	Indiana	99600	TE	FSSA - HOME VISIT NOS/LPN
INFSSA	Indiana	99600	TD	FSSA - HOME VISIT NOS/RN
INFSSA	Indiana	99601		FSSA - HOME INFUSION/VISIT 2 HRS
INFSSA	Indiana	99602		FSSA - HOME INFUSION EACH ADDTL HR
INFSSA	Indiana	G0151		FSSA- HHCP-SERV OF PT, EA 15 MIN
INFSSA	Indiana	G0152		FSSA - HHCP-SERV OF OT, EA 15 MIN
INFSSA	Indiana	G0153		FSSA - HHCP-SVS OF S/L PATH, EA 15 MIN
INATM	ATM	92521		ATM - EVALUATION OF SPEECH FLUENCY
INATM	ATM	92522		ATM - EVALUATE SPEECH PRODUCTION
INATM	ATM	92523		ATM - SPEECH SOUND LANG COMPREHEN
INATM	ATM	92524		ATM - BEHAVRAL QUALIT ANALYS VOICE
INATM	ATM	97161		ATM - PT EVAL LOW COMPLEX 20 MIN
INATM	ATM	97162		ATM - PT EVAL MOD COMPLEX 30 MIN
INATM	ATM	97163		ATM - PT EVAL HIGH COMPLEX 45 MIN
INATM	ATM	97165		ATM - OT EVAL LOW COMPLEX 30 MIN
INATM	ATM	97166		ATM - OT EVAL MOD COMPLEX 45 MIN
INATM	ATM	97167		ATM - OT EVAL HIGH COMPLEX 60 MIN
INATM	ATM	99600		ATM - HOME VISIT NOS/HHA
INATM	ATM	99600	TE	ATM - HOME VISIT NOS/LPN

PayerID	PayerProgram	Procedure Code	Modifier 1	Service Description
INATM	ATM	99600	TD	ATM - HOME VISIT NOS/RN
INATM	ATM	99601		ATM - HOME INFUSION/VISIT 2 HRS
INATM	ATM	99602		ATM - HOME INFUSION EACH ADDTL HR
INATM	ATM	G0151		ATM - HHCP-SERV OF PT, EA 15 MIN
INATM	ATM	G0152		ATM - HHCP-SERV OF OT, EA 15 MIN
INATM	ATM	G0153		ATM - HHCP-SVS OF S/L PATH, EA 15 MIN
INCRS	CRS	92521		CRS - EVALUATION OF SPEECH FLUENCY
INCRS	CRS	92522		CRS - EVALUATE SPEECH PRODUCTION
INCRS	CRS	92523		CRS - SPEECH SOUND LANG COMPREHEN
INCRS	CRS	92524		CRS - BEHAVRAL QUALIT ANALYS VOICE
INCRS	CRS	97161		CRS - PT EVAL LOW COMPLEX 20 MIN
INCRS	CRS	97162		CRS - PT EVAL MOD COMPLEX 30 MIN
INCRS	CRS	97163		CRS - PT EVAL HIGH COMPLEX 45 MIN
INCRS	CRS	97165		CRS - OT EVAL LOW COMPLEX 30 MIN
INCRS	CRS	97166		CRS - OT EVAL MOD COMPLEX 45 MIN
INCRS	CRS	97167		CRS - OT EVAL HIGH COMPLEX 60 MIN
INCRS	CRS	99600		CRS - HOME VISIT NOS/HHA
INCRS	CRS	99600	TE	CRS - HOME VISIT NOS/LPN
INCRS	CRS	99600	TD	CRS - HOME VISIT NOS/RN
INCRS	CRS	99601		CRS - HOME INFUSION/VISIT 2 HRS
INCRS	CRS	99602		CRS - HOME INFUSION EACH ADDTL HR
INCRS	CRS	G0151		CRS - HHCP-SERV OF PT, EA 15 MIN
INCRS	CRS	G0152		CRS - HHCP-SERV OF OT, EA 15 MIN
INCRS	CRS	G0153		CRS - HHCP-SVS OF S/L PATH, EA 15 MIN
INMDW	MDW	92521		MDW - EVALUATION OF SPEECH FLUENCY
INMDW	MDW	92522		MDW - EVALUATE SPEECH PRODUCTION
INMDW	MDW	92523		MDW - SPEECH SOUND LANG COMPREHEN
INMDW	MDW	92524		MDW - BEHAVRAL QUALIT ANALYS VOICE
INMDW	MDW	97161		MDW - PT EVAL LOW COMPLEX 20 MIN
INMDW	MDW	97162		MDW - PT EVAL MOD COMPLEX 30 MIN
INMDW	MDW	97163		MDW - PT EVAL HIGH COMPLEX 45 MIN
INMDW	MDW	97165		MDW - OT EVAL LOW COMPLEX 30 MIN
INMDW	MDW	97166		MDW - OT EVAL MOD COMPLEX 45 MIN

PayerID	PayerProgram	Procedure Code	Modifier 1	Service Description
INMDW	MDW	97167		MDW - OT EVAL HIGH COMPLEX 60 MIN
INMDW	MDW	99600		MDW - HOME VISIT NOS/HHA
INMDW	MDW	99600	TE	MDW - HOME VISIT NOS/LPN
INMDW	MDW	99600	TD	MDW - HOME VISIT NOS/RN
INMDW	MDW	99601		MDW - HOME INFUSION/VISIT 2 HRS
INMDW	MDW	99602		MDW - HOME INFUSION EACH ADDTL HR
INMDW	MDW	G0151		MDW - HHCP-SERV OF PT, EA 15 MIN
INMDW	MDW	G0152		MDW - HHCP-SERV OF OT, EA 15 MIN
INMDW	MDW	G0153		MDW - HHCP-SVS OF S/L PATH, EA 15 MIN
INMHS	MHS	92521		MHS - EVALUATION OF SPEECH FLUENCY
INMHS	MHS	92522		MHS - EVALUATE SPEECH PRODUCTION
INMHS	MHS	92523		MHS - SPEECH SOUND LANG COMPREHEN
INMHS	MHS	92524		MHS - BEHAVRAL QUALIT ANALYS VOICE
INMHS	MHS	97161		MHS - PT EVAL LOW COMPLEX 20 MIN
INMHS	MHS	97162		MHS - PT EVAL MOD COMPLEX 30 MIN
INMHS	MHS	97163		MHS - PT EVAL HIGH COMPLEX 45 MIN
INMHS	MHS	97165		MHS - OT EVAL LOW COMPLEX 30 MIN
INMHS	MHS	97166		MHS - OT EVAL MOD COMPLEX 45 MIN
INMHS	MHS	97167		MHS - OT EVAL HIGH COMPLEX 60 MIN
INMHS	MHS	99600		MHS - HOME VISIT NOS/HHA
INMHS	MHS	99600	TE	MHS - HOME VISIT NOS/LPN
INMHS	MHS	99600	TD	MHS - HOME VISIT NOS/RN
INMHS	MHS	99601		MHS - HOME INFUSION/VISIT 2 HRS
INMHS	MHS	99602		MHS - HOME INFUSION EACH ADDTL HR
INMHS	MHS	G0151		MHS - HHCP-SERV OF PT, EA 15 MIN
INMHS	MHS	G0152		MHS - HHCP-SERV OF OT, EA 15 MIN
INMHS	MHS	G0153		MHS - HHCP-SVS OF S/L PATH, EA 15 MIN
INUHC	UHC	92521		UHC - EVALUATION OF SPEECH FLUENCY
INUHC	UHC	92522		UHC - EVALUATE SPEECH PRODUCTION
INUHC	UHC	92523		UHC - SPEECH SOUND LANG COMPREHEN
INUHC	UHC	92524		UHC - BEHAVRAL QUALIT ANALYS VOICE
INUHC	UHC	97161		UHC - PT EVAL LOW COMPLEX 20 MIN
INUHC	UHC	97162		UHC - PT EVAL MOD COMPLEX 30 MIN

PayerID	PayerProgram	Procedure Code	Modifier 1	Service Description
INUHC	UHC	97163		UHC - PT EVAL HIGH COMPLEX 45 MIN
INUHC	UHC	97165		UHC - OT EVAL LOW COMPLEX 30 MIN
INUHC	UHC	97166		UHC - OT EVAL MOD COMPLEX 45 MIN
INUHC	UHC	97167		UHC - OT EVAL HIGH COMPLEX 60 MIN
INUHC	UHC	99600		UHC - HOME VISIT NOS/HHA
INUHC	UHC	99600	TE	UHC - HOME VISIT NOS/LPN
INUHC	UHC	99600	TD	UHC - HOME VISIT NOS/RN
INUHC	UHC	99601		UHC - HOME INFUSION/VISIT 2 HRS
INUHC	UHC	99602		UHC - HOME INFUSION EACH ADDTL HR
INUHC	UHC	G0151		UHC - HHCP-SERV OF PT, EA 15 MIN
INUHC	UHC	G0152		UHC - HHCP-SERV OF OT, EA 15 MIN
INUHC	UHC	G0153		UHC - HHCP-SVS OF S/L PATH, EA 15 MIN
INHUM	HUM	97161		HUM - PT EVAL LOW COMPLEX 20 MIN
INHUM	HUM	97162		HUM - PT EVAL MOD COMPLEX 30 MIN
INHUM	HUM	97163		HUM - PT EVAL HIGH COMPLEX 45 MIN
INHUM	HUM	97165		HUM - OT EVAL LOW COMPLEX 30 MIN
INHUM	HUM	97166		HUM - OT EVAL MOD COMPLEX 45 MIN
INHUM	HUM	97167		HUM - OT EVAL HIGH COMPLEX 60 MIN
INHUM	HUM	99600		HUM - HOME VISIT NOS/HHA
INHUM	HUM	99600	TE	HUM - HOME VISIT NOS/LPN
INHUM	HUM	99600	TD	HUM - HOME VISIT NOS/RN
INHUM	HUM	99601		HUM - HOME INFUSION/VISIT 2 HRS
INHUM	HUM	99602		HUM - HOME INFUSION EACH ADDTL HR
INHUM	HUM	G0151		HUM - HHCP-SERV OF PT, EA 15 MIN
INHUM	HUM	G0152		HUM - HHCP-SERV OF OT, EA 15 MIN
INHUM	HUM	G0153		HUM - HHCP-SVS OF S/L PATH, EA 15 MIN
INHUM	HUM	92521		HUM - EVALUATION OF SPEECH FLUENCY
INHUM	HUM	92522		HUM - EVALUATE SPEECH PRODUCTION
INHUM	HUM	92523		HUM - SPEECH SOUND LANG COMPREHEN
INHUM	HUM	92524		HUM - BEHAVRAL QUALIT ANALYS VOICE

Appendix 3: Reason Codes

ReasonCode	Description	ChangeReasonMemo Required
10	Caregiver Error	No
20	Member Unavailable	No
30	Mobile Device Issue	No
40	Telephony Issue	No
50	Member Refused Verification	Yes
60	Service Outside the Home	No
99	Other	Yes

Appendix 4: Task List

TaskID	Task Description
0001	Bath - Bed/Sponge Bath
0002	Bath - Shower/Tub
0003	Dress - Assist w/Dressing
0004	Hygiene - Hair Care/Clean
0005	Hygiene - Mouth Care
0006	Hygiene - Nail Care
0007	IADLs - Meal Prep
0008	IADLs - Light House Clean
0009	IADLs - Laundry
0010	IADLs - Errands
0011	IADLs - Med Reminders
0012	Mobility - Ambulation
0013	Mobility - In/Out Bed
0014	Mobility - Transfer
0015	Toilet - Bathroom
0016	Toilet - Bedside Commode
0017	Toilet - Urinal/Bedpan
0018	Toilet - Incontinence
0019	Dress - Skin care/Location
0020	Hygiene - Shave/Cosmetics
0021	IADL - Assist with feeding
0022	Mobility - Walker/Cane/Wheelchair

TaskID	Task Description
0023	Mobility - Weight bearing pivot transfer
0024	Mobility - Non weight bearing transfer
0025	Mobility - Hoyer lift
0026	Mobility - Continuous track (lift)
0027	Mobility - Transfer board
0028	Medical - Vital signs
0029	Medical - Assist with glucometer
0030	Medical - Apply/Remove braces
0031	Medical - Active/Passive range of motion (ROM)
0032	Medical - Catheter/Colostomy care
0033	Medical - Seizure precautions
0034	Medical - Encourage fluids

Appendix 5: Exceptions

Exception Code	Exception Name	Acknowledge/Fix	Description
00	Unknown Client	Fix: Resubmit visit	Exception for a visit that was performed for a recipient of care that is not yet entered or not found in the EVV system. Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
01	Unknown Employee	Fix: Resubmit visit	(Telephony only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded). Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
02	Visits Without Any Calls	Fix: Resubmit visit	Exception thrown when a visit is recorded with both an "in" or "out" call. Note: All visits will require the Call segment to be provided.
03	Visits Without In-Calls	Fix: Resubmit visit	Exception thrown when a visit is recorded without an "in" call that began the visit. Note: All visits will require the Call segment to be provided.
04	Visits Without Out-Calls	Fix: Resubmit visit	Exception thrown when a visit is recorded without an "out" call that completed the visit. Note: All visits will require the Call segment to be provided.
15	Unmatched Client ID / Phone	Acknowledge	(Telephony only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system.
23	Missing Service	Fix: Resubmit visit	Exception when the service provided during a visit is not recorded or present in the system. Note: Visit data will reject if the inbound service (ProcedureCode) does not match a record defined in the specification Appendix 2: Services & Modifiers.

Appendix 6: Field Level Errors

Section	Field Name	Description
Client General	ClientFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe Space All other special characters will be rejected.
Client General	ClientLastName	Only the following special character will be accepted: Alpha Letters Hyphens (-) Periods (.) Space All other special characters will be rejected.
Client Address	ClientAddressLine1	Only the following special character will be accepted: Alpha Letters Hyphens (-) Periods (.) Hash (#) Apostrophe (') Underscore (_) Space All other special characters will be rejected.
Client Address	ClientAddressLine2	Only the following special character will be accepted: Alpha Letters Hyphens (-) Periods (.) Hash (#) Apostrophe (') Underscore (_) Space All other special characters will be rejected.
Client Address	ClientCounty	Only the following special character will be accepted: Alpha Letters Hyphens (-) Periods (.) Apostrophe (') Underscore (_) Space All other special characters will be rejected.

Client Address	ClientCity	Only the following special character will be accepted: Alpha Letters Hyphens (-) Periods (.) Underscore (_) Space All other special characters will be rejected.
Client General	ClientQualifier	The value is the actual string value "ClientQualifier" and is required to be mixed case.
Employee General	EmployeeLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeQualifier	The value is the actual string value "EmployeeQualifier" and is required to be mixed case.

Appendix 7: Time Zone List

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

Time Zone Code	Daylight Saving Time
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/East-Saskatchewan	Inactive
Canada/Eastern	Active
Canada/Mountain	Active
Canada/Newfoundland	Active
Canada/Pacific	Active
Canada/Saskatchewan	Active
Canada/Yukon	Active

Appendix 8: State Abbreviation List

US State	Abbreviation	US State	Abbreviation
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		