Wisconsin DMS Third-Party EVV Addendum v2.5

Addendum to

Third-Party Alternate EVV System

Specification v7.6

This document and the information contained herein are confidential to and the property of Sandata Technologies, LLC. Unauthorized access, copying and replication are prohibited. This document must not be copied in whole or part by any means, without the written authorization of Sandata Technologies, LLC. This document should be used only for intended purposes only.

Table of Contents

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	7.6

1 EVV Vendor Interface Transmission Guidelines

File Format	JSON
File Delimiter	not applicable
Headers	Required using the "Column Name" below
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.
File Delivery	Daily "snapshot" of completed visits as it exists at that point in time, with change records where applicable (e.g. one visit record with 0 to many change records). Change records should be included for any activity since the last visit record provided (which may be the previous day).

Each third-party vendor is required to adhere to the transmission guidelines defined below. The transmission of visit data is required at least daily but can be transmitted in real-time. Data must be transmitted for records that have been added, changed, or deleted.

2 Overview

The Third-Party Alt EVV interface is intended for Third-Party EVV Vendors to provide program visit data to the Sandata Aggregator in support of the Wisconsin Division of Medicaid Services (WI DMS) defined Electronic Visit Verification (EVV) program. This document is based on a standard Sandata Technologies specification and defines data requirements for the transmission of members (clients) visit data, and their associated calls. A visit is complete when all required data elements have been collected and all exceptions remediated. Sandata will verify that visits received pass all program edit rules on receipt. When or if modifications to previously completed visit data are made, the updated visit data will require retransmission to the Sandata Aggregator, ensuring that the Aggregator continues to reflect all changes made to a visit.

The addendum documents the file layout and attributes that have data elements defined to support the WI DMS program. All expected data elements, field formatting, and validation rules are defined below.

2.1 Intended Audience

The intended audience of this document includes, but is not limited to:
- Project Management and Technical teams at Sandata.
- Project Management and Technical teams creating the interface from Third-Party EVV Vendors and Provider Agencies.

2.2 Wisconsin Alt EVV Business Requirements

This interface is constructed to ensure all Provider Agencies adhere to the requirements defined by the WI DMS team in support of the 21st Century Cures Act. The full WI DMS program policy document can be found on the web at https://www.dhs.wisconsin.gov/evv/alternateevv.htm

2.3 Transmission Limits

A single transaction may contain from 1 to 5,000 records. A single record set would include all associated elements. If the group size exceeds the maximum limit for the group, the complete group will be rejected.

During peak loads, records received may be queued and processed as resources permit. Other transactions received for the Provider ID will be queued behind these until they are processed since they must be processed in the proper order.

Expected result of queued data is…Error Message: "The result for the input UUID is not ready yet. Please try again".

Expected vendor action: Wait 5 minutes before attempting the GET status response.

2.4 Data Type Format Details

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

The format of the information sent must match exactly the format defined below and must be sent via web service using JSON. Ultimately, we support only three data types during transmission: string, number, and Boolean. Except where numeric, the assumed JSON format should be string. The data

type provided in the specification is based on the following field definitions.

Note that the format is case sensitive. All field names must be provided in EXACTLY the casing used in the definitions below. Sandata recommends using RESTful services with JSON formatting.

Data Type	Description	Example
DateTime	The **date** and **time** is represented as a string with the following format: YYYY-MM-DDTHH:MM:SSZ All times will be provided in UTC. If time is not material, it will be provided as is expected.	2016-12-20T16:10:28Z
Date (only Date)	The data is represented as a string with the following format: YYYY-MM-DD Date only will be sent in UTC format.	2016-12-20
Timezone	All time for tracking visits will be in UTC. The time zone name expected in each transaction is the actual time zone where the event took place. i.e. US/Central	US/Central
String	A **string** is a row of zero or more characters which can include letters, numbers, or other types of characters as a unit, not an array of single characters. (e.g. plain text).	"This is a string" (See Wikipedia String)
Integer	An **integer** is a numeric value without a decimal. Integers are whole numbers and can be positive or negative.	52110 (positive) -87721 (negative) (See Wikipedia Integer)
Decimal	A floating-point number is referred to as a **decimal**. It can be positive or negative.	8221.231 (positive) -71.214 (negative) (See Wikipedia Decimal)
Boolean	A logic predicate indicator that can be either true or false.	True False See Wikipedia Boolean

2.5 Rejected Record Process

When a transaction is received, Sandata will return against all records in the transaction a transaction ID and an ACK (acknowledgment of receipt). This transaction ID can be queried by the provider agency/vendor in order to obtain a status of the records in the transaction. This process will allow the provider agency/vendor to receive a status of any and all records and review the error message if a record was rejected.
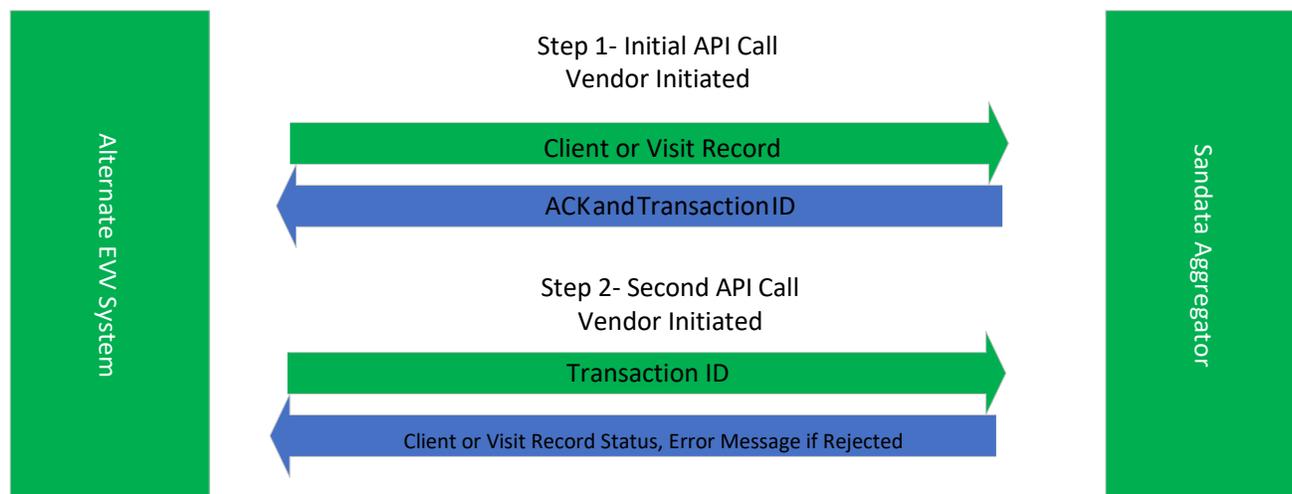
2.6 New Records and Updates

New records and updates for previously sent data must be provided via client or visit interfaces ('data packages'). If a set of records is sent (either client or visit), all associated applicable elements must 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.

2.7 Transmission Method

Sandata supports service-orientated architecture (SOA). Sandata will provide an API for third-party vendors or provider agency's internal IT organizations to utilize. Sandata will provide sample JSON format information (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.

2.8 Rules

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 EVV Data Collection System and the information subsequently retransmitted.

✓ There is one Interface per Sandata Provider Agency ID.

✓ There will be 2 independent types of data provided through the Alternate EVV interface:
- Client
- Visit Information

Each segment (client or visit) can be sent individually or grouped into a single transaction.

THE ALTERNATE EVV DATA COLLECTION SYSTEM WILL BE RESPONSIBLE FOR:

✓ Visit transmittals. Note that rejection responses will be delivered as separate API calls initiated by the third party. Information must be sent for 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 a client or visit, all applicable elements and sub elements must be sent during each transmission.

✓ Call matching. Regardless of the collection method used by the Alternate EVV Data Collection System, calls are received together as a complete visit in the Aggregator, per the specification. Sandata will not attempt to match or rematch the visits received.

✓ Validation of client phone/location. The State requires that Alternate EVV Data Collection Systems using interactive voice response confirm the location of a client using the originating phone number of the call used to capture visit information.

✓ All data will be accepted from the third-party vendor "as is," including any calculated fields.

✓ Latitude and Longitude. Alternate EVV Data Collection Systems are responsible for providing latitude and longitude on all client addresses 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 2 types of records (client or visit), the Alternate EVV Data Collection System will be responsible for assigning sequence numbers for each child element 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 (client and visit) and record set (modifications to the same client and visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time that same client is sent, the sequence would be set to 2, etc.

✓ Having the ability to correct defined exceptions. Exceptions must be corrected using the standard set of reason codes provided by WI DMS. 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) formatted in GMT. Example: yyyy-MM-dd, mm:ss.fff

GENERAL PROCESSING RULES:

✓ If a record is received and 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 the default value, null, and/or rejected, as listed in this specification.

✓ If the 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 (client or visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time the same client 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 is received with a sequential number less than the one already processed, it WILL BE PROCESSED, logged as "received," and inserted into history. It will not be considered the current record.

✓ Header information as determined for the payer and program must be included in each transmission for each record (client or visit), otherwise the entire collection of records will be rejected.

CLIENT (Member) RULES:
The following represents a subset of the requirements for client information. Please see the Field Information section of this document for all applicable rules.

✓ For members in which a prior authorization does not exist the client transaction must be sent including the client payer segment, client address segment and client phone segment.

- ✓ If the client does not include the WI MA ID in the ClientMedicaidID and ClientOtherID fields, the client transaction will be rejected.

- ✓ If the client does not include a Client Other ID (external ID) and Sequence ID, the client will be rejected.

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

- ✓ If the client does not include at least 1 complete address (address line 1, city, state, zip code) the client will be rejected.

- ✓ If the client does not include at least one phone number, the client will be rejected.

VISIT RULES:

- ✓ No Client Provided - To allow the Aggregator to determine if the visit is for a WI DMS client, the visit must include a client's MA ID. If a visit does not include a client, the complete visit will be rejected.

- ✓ Invalid/Unknown Client Provided - To allow the Aggregator to determine if the visit is for a WI DMS Client, the visit must include a valid client's MA ID that is associated with the payer. If a visit includes a client's MA ID that is unknown to Sandata (has not been received and accepted), the complete visit record will be rejected.

- ✓ The Alternate EVV system is expected to process 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. The visit status will be set to Omit by the Aggregator.

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

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

X	Superseded by Adj. Out		x	Adj. Out must be > Call In Otherwise record rejected.
Superseded by Adj. In	x	X		Call Out must be > Adj. In Otherwise record rejected.

✓ Upon receipt, Sandata will calculate all configured Payer/Program 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 there are some exceptions that cannot be "fixed" in the Alternate EVV Data Collection System by their nature. These exceptions must require acknowledgement by the system user. All 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. Exceptions are specific to a given Payer/Program and will be noted in the appendix.

✓ Upon receipt of a completed visit record, Sandata will calculate and apply visit status as defined for the Payer/Program.

✓ The Alternate EVV Data Collection System will be expected to send a reason code (see Appendix 3) and optionally the defined resolution code if it applies to the payer. Based on the definitions of the reason codes, some reason codes require additional information explaining the change. If additional information is required, the Alternate EVV Data Collection System must collect the information and include it when transmitting the visit to Sandata.

2.9   Sequencing

The SequenceID on the two types of records (clients and visits) should be independent per record and should be incremented each time any record is sent. The SequenceID 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 results in the record being identified as a duplicate and rejected.

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 SequenceID is equal to a value previously received, it will be rejected (i.e. latest SequenceID = 15, previous SequenceID = 15 ➔ Record rejected.)
- Gaps in sequence will be allowed.

Please Note:

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

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

Timestamp Value	Formatted as Sequence Number (YYYY+MM+DD+HH+MI+SS)
April 6, 2017 3:23:15pm	20170406152315

Year   Month   Day   Hour (24)   Minute   Second
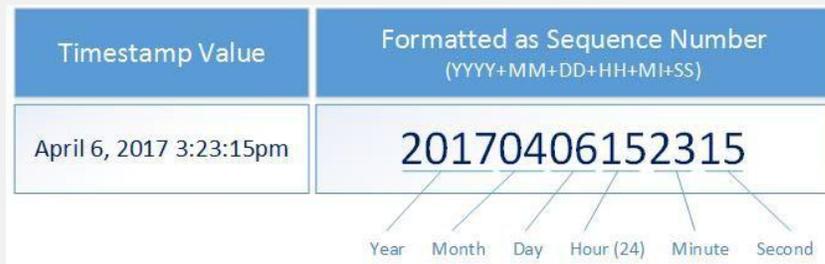
2.10 Message Acknowledgement (ACK) and Transaction ID

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency.	10	String
2	ProviderID	Unique identifier for the agency.	64	String
3	TransactionID	Unique identifier for the request generated by the payer.	50	String
4	Reason	Default and only value provided: "Transaction Received"	250	String

2.11 Response for Record Status

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency.	10	String
2	ProviderID	Unique identifier for the agency.	64	String
3	RecordType	Type of record that was rejected Values: Client or Visit	10	String

4	RecordOtherID	Value of the record identifier	50	String
5	Reason	Default and only value provided: "Transaction Received"	250	String

3 Data File Layout: Provider, Client, Visit

The following tables reflect all required fields in the Third-Party Alternative EVV System Specification. The intent of this document is to identify the WI DMS EVV Program-specific fields that will be present in the final data feeds received by Sandata. This document may be distributed to all providers and used as a guide in order to ensure data consistency across the network. This will also allow Sandata to properly read all incoming files and process the data accordingly.

Required Segment definitions:
- Data segments may be required or optional. When sending data included in a particular segment, all required fields must be provided.
- If a data segment is optional and will not be sent, you may disregard all data fields including those that are required. The concept of required fields only applies when any given data segment is being sent to Sandata.

Required Field definitions:
- Required – data element *must* be provided on import file, otherwise, the record will be rejected
- Optional – vendor may choose to send data element or not. Record will not be rejected if this field is null.
- Conditional – specific scenarios exist where this field is required, other scenarios where this field may not apply and should not be sent. Conditional rules (or scenarios) will be detailed in the field description.

3.1 Provider Identification: Required

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

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider.	20	String	Yes	"MedicaidID" VALIDATION: Records with any other value will be rejected.
2	ProviderID	Unique identifier for the agency.	64	String	Yes	WI DMS Enumerator Format: MAX of 15 DIGITS MIN of 8 DIGITS ALPHANUMERIC ONLY

3.2 Client General Information

This section is required when a member record for which a prior authorization does not exist (as allowed per Forward Health policy). This data will be loaded into the Sandata System and provided to the WI DMS team. The data will not overwrite any data sent in the WI DMS source feeds.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	ClientFirstName	Client's First Name.	30	String	Yes	Client's First Name (See Field Level Errors in Appendix 10)
2	ClientMiddleInitial	Client's Middle Initial	1	String	Optional	Client's Middle Initial
3	ClientLastName	Client's Last Name.	30	String	Yes	Client's Last Name (See Field Level Errors in Appendix 10)
4	ClientQualifier	Value being sent to uniquely identify the client	20	String	Yes	"ClientCustomID" (See Field Level Errors in Appendix 10)VALIDATION: Records with any other value will be rejected.
5	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	10-12 DIGITS VALIDATION: Reject if <10 or >12 char
6	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier. If client information is received from the payer, this information will be used to link the received Third-Party EVV information with the payer information provided.	64	String	Yes	WI DHS MedicaidID 10-12 DIGITS VALIDATION: Reject if <10 or >12 char
7	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
8	ClientCustomID	Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. Must be provided if billing is in scope. May be equal to another ID provided.	24	String	Yes	WI DHS MedicaidID 10-12 DIGITS VALIDATION: Reject if <10 or >12 char
9	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system.	24	String	Yes	WI DHS MedicaidID 10-12 DIGITS VALIDATION: Reject if <10 or >12 char NOTE: code to ensure MID matches across all fields
10	ClientTimeZone	Client's primary time zone. Please see the appendix for acceptable values.	64	String	Yes	"US / Central" VALIDATION: Records with any other value will be rejected.

3.3 Client Payer Information

This segment is ONLY needed for members where prior authorization is not available. In all other scenarios, this segment is not required to be provided.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	PayerID	Sandata EVV assigned ID for the payer. NOTE: This field is equivalent to WI DHS Program Payer ID	64	String	Yes	See Appendix 1 PayerID column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
2	PayerProgram	If applicable, the program to which this visit belongs. NOTE: This field is equivalent to WI DHS Delivery Channel ID	9	String	Yes	See Appendix 1 ProgramID column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
3	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	VALIDATION: Only for these services T1019, T1502, T1021, T1001, S9123, S9124, 99600, 99504, 99509, 97799, 97139, 92507
4	ClientStatus	The client's current status. Provide the 2 digit code including the 0. Available values: 02 = Active 04 = Inactive This field is optional if ClientEligibilityDateBegin or ClientEligibilityDateEnd is sent.	2	String	Conditional	02 | 04
5	EffectiveStartDate	The effective start date for the client payer information. This start date is tied to the service (not the member).	10	Date	Yes	FORMAT: YYYY-MM-DD
6	EffectiveEndDate	The effective end date for the client payer information.	10	Date	Optional	FORMAT: YYYY-MM-DD

3.4 Client Address

This segment is ONLY needed for members where prior authorization is not available. In all other scenarios, this segment is not required to be provided.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	ClientAddressType	Note that multiple of the same type can be provided	12	String	Yes	"Other" VALIDATION: Records with any other value with be rejected.
2	ClientAddressIsPrimary		5	String	Yes	False
3	ClientAddressLine1	Street Address Line 1 associated with this address. PO Box may not be acceptable for Billing and PO Box will not function correctly for MVV.	30	String	Yes	Address Line 1
4	ClientAddressLine2	Street address line 2 associated with this address.	30	String	Optional	Address Line 2
5	ClientCounty	County associated with this address	25	String	Optional	County
6	ClientCity	City associated with this address.	30	String	Yes	City
7	ClientState	State associated with this address. Two character standard abbreviation.	2	String	Yes	Format: 2 char standard state abbreviation
8	ClientZip	Zip Code associated with this address. Required for Billing. 9 digit primary address zip code. If additional 4 digits are not known, provide zeros.	9	String	Yes	Format: ######### If the +4 cannot be provided, please send '0000'.
9	ClientAddressLongitude	Calculated for each address.	20	Decimal	Optional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with(-) XXX.XXXXXXXXXXXXXXX digits
10	ClientAddressLatitude	Calculated for each address.	19	Decimal	Optional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXXX digits

3.5 Client Phone

This segment is ONLY needed for members where prior authorization is not available. In all other scenarios, this segment is not required to be provided.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	ClientPhoneType	Values: Home, Mobile, Business and Other. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Optional	"Other" VALIDATION: Records with any other value will be rejected.
2	ClientPhone	Client phone number.	10	String	Optional	FORMAT: ##########

3.6 Visit General Information

Summary record required when transmitting Visit Data.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	VisitOtherID	Visit identifier in the external system	50	String	Yes	Visit Identifier
2	SequenceID	The Third-Party EVV visit sequence ID to which the change applied	16	Integer	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
3	EmployeeQualifier	Hardcoded values for use by Sandata data load systems	20	String	Yes	"EmployeeCustomID" VALIDATION: Records with any other value will be rejected.
4	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third-Party EVV information with the payer information provided and should be defined as the same value.	64	String	Yes	WI DMS Enumerator Format: MAX of 15 DIGITS MIN of 9 DIGITS NUMERIC ONLY This record / ID must match an existing worker (employee) record in the system, otherwise record will be rejected.
5	GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	Optional	Group Visit Code

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
6	ClientIDQualifier	Value being sent to unique identify the client. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	"ClientCustomID" VALIDATION: Records with any other value will be rejected.
7	ClientID	Identifier used in the client element.	64	String	Yes	WI DHS MedicaidID 10-12 DIGITS VALIDATION: Reject if <10 or >12 char
8	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. This value is used to match the client to an existing record during import.	24	String	Yes	WI DHS MedicaidID 10-12 DIGITS VALIDATION: Reject if <10 or >12 char
9	VisitCancelledIndicator	True/false – allows a visit to be cancelled / deleted based on defined rules.	5	String	Yes	True | False
10	PayerID	Sandata EVV assigned ID for the payer.	64	String	Yes	See Appendix 1 PayerID column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
11	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	See Appendix 1 ProgramID column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
12	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 2 HCPCS column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
13	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	Modifiers will not be used at program launch; fields will be retained for future use

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
14	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	Modifiers will not be used at program launch; fields will be retained for future use
15	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	Modifiers will not be used at program launch; fields will be retained for future use
16	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	2	String	Optional	Modifiers will not be used at program launch; fields will be retained for future use
17	VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values. Should be provided if the visit is occurring in a time zone other than that of the client.	64	String	Yes	See Appendix 5 TimeZoneCode column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
18	AdjinDateTime	Adjusted in date/time if entered manually. Otherwise the actual date/time received. Adjusted times are used when a visit was captured or recorded with incorrect times. For instance, a worker (employee) forgets to sign out of a current visit for several hours. The provider agency can "adjust" the time to reflect the actual visit times. In Sandata systems when visit time is adjusted the system will update the adjusted time In and out for that record. There should never be a scenario where there are no calls. This would only occur when using Sandata's Scheduling functionality, which is not part of the WI DMS program. There would always need to be at least one call before adjusted times could be added. If the adjusted times are provided, calls are optional (if they exist on the visit they must be sent). The Visit Change section must also be sent to include the reason and resolution codes along with who made the change. The specification notes that "If calls are not provided, adjusted times must be included in the parent visit element."	20	DateTime	Optional	FORMAT: YYYY-MM-DDTHH:MM:SSZ
19	AdjOutDateTime	Adjusted out date/time if entered manually. Otherwise the actual date/time received. Adjusted times are used when a visit was captured or recorded with incorrect times. For instance, a worker (employee) forgets to sign out of a current visit for several hours. The provider agency can "adjust" the time to reflect the actual visit times. In Sandata systems when visit time is adjusted the system will update the adjusted time In and out for that record.	20	DateTime	Optional	FORMAT: YYYY-MM-DDTHH:MM:SSZ
20	ClientVerifiedTimes	The three fields work together in the Sandata system and generate an exception if the client validation	5	String	Optional	True | False

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		and signature are not captured at the time of visit. The provider agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends. Exception Note: When this field is marked as FALSE, a Visit Verification Exception will be triggered.				
21	ClientVerifiedTasks	The three fields work together in the Sandata system and generate an exception if the client validation and signature are not captured at the time of visit. The provider agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends.	5	String	Optional	True | False
22	ClientVerifiedService	The three fields work together in the Sandata system and generate an exception if the client validation and signature are not captured at the time of visit. The provider agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends. Exception Note: When this field is marked as FALSE, a Service Verification Exception will be triggered.	5	String	Optional	True | False
23	ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record. The fields are marked as optional as the data cannot be captured once the visit	5	String	Optional	True | False

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
		is complete; therefore, the field will be blank. In this case, an exception will need to accompany the visit records stating why the data is missing or why the worker (employee) was unable to gather this during the visit. Exception Note: When this field AND ClientVoiceRecording is marked as FALSE, a Client Signature Exception will be triggered. In addition, if one field is blank and the other "false," then an exception will also occur. Note that NULL is considered a "false" value.				
24	ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record. Exception Note: When this field AND ClientSignatureAvailable is marked as FALSE, a Client Signature Exception will be triggered. In addition, if one field is blank and the other "false," then an exception will also occur. Note that NULL is considered a "false" value.	5	String	Optional	True | False

3.7 Calls

If calls are not provided, adjusted times must be included in the parent visit element. Calls include any type of clock in or clock out depending on system capabilities. Note that some vendor systems may not record some visit activity as calls. If this is the case, the call element can be omitted. Sandata will treat visit information without calls as manually entered. This is an optional segment.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	CallExternalID	Call identifier in the external system	16	String	Yes	Call Identifier
2	CallDateTime	Event date time. Must be at least to the second.	20	Datetime	Yes	FORMAT: YYYY-MM-DDTHH:MM:SSZ
3	CallAssignment	Values: Time In, Time Out, Other	10	String	Yes	Time In | Time Out | Other

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
4	GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	6	String	Optional	Group Visit Code
5	CallType	The type of device used to create the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of Fixed verification device.	20	String	Yes	Telephony | Mobile | FVV | Manual | Other
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String		See Appendix 2 HCPCS column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional	WI DHS MedicaidID 10-12 DIGITS VALIDATION: Reject if <10 or >12 char
8	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 with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXXX digits
9	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 with sign if negative 3 primary.15digit precision. Decimal format with (-)XXX.XXXXXXXXXXXXXXX digits
10	OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	FORMAT: ########## No Special Characters
11	VisitLocationType	Self-reported visit location for all call types 1= Home, 2 = Community	2	String	Optional	"1" | "2" Can be NULL

3.8 Visit Exception Acknowledgement

Conditional segment provided for a visit when it has corrections, alterations, or updates that caused exceptions, which have been acknowledged by the provider agency. Every exception that is acknowledgeable (versus exceptions that require a fix- or alteration of the visit data) must have an acknowledgement 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.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	ExceptionID	ID for the exception being acknowledged.	2	String	Required	See Appendix 4 ExceptionCode column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
2	ExceptionAcknowledged	True/False	5	String	Optional	True | False

3.9 Visit Changes

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. When the VisitChanges segment is used, the visit is considered Manually Verified. The fields in this segment marked as required "Yes" are only needed when this segment is sent.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	SequenceID	The Third-Party EVV visit sequence ID to which the change applied	16	String	Yes	If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
2	ChangeMadeBy	The unique identifier of the user, system or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	64	String	Yes	Unique Identifier of Change Agent Required – Username or User Identifier who completed the change to the visit information
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	Date Time	Yes	FORMAT: YYYY-MM-DDTHH:MM:SSZ
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	Group Visit Code

5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See Appendix 3 ReasonCode column VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.
6	ChangeReasonMemo	Reason/Description of the change being made if entered.	256	String	Conditional	See Appendix 3 for codes that require a memo.
7	ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	Optional	See Appendix 4 for specific values VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.

3.10 Visit Tasks

This is a conditional segment to be provided when tasks are performed during a given visit. One visit record may include multiple task records. This is an OPTIONAL segment.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Value(s) Format / Validation Rules
1	TaskID	TaskID, this TaskID must map to the Task IDs used for the agency in the Sandata system	4	String	Yes	See Appendix 7 Task ID column for specific values VALIDATION: Record will be rejected if value is not contained within valid values list in the Appendix.

Appendices

1. Payers & Programs

Payer ID (WI DMS Program Payer ID)	Program ID (WI DMS Delivery Channel ID)	Delivery Channel	Description
WIFFS	FFS	FFS	Used for members associated with the FFS Delivery Channel
ANTBCBS	WIHMO	HMO	Used for members associated with BCBS HMO
CAREWI	WIHMO	HMO	Used for members associated with Care Wisconsin HMO
CCOMMHP	WIHMO	HMO	Used for members associated with Children's Community Health Plan HMO
DEANHP	WIHMO	HMO	Used for members associated with Dean Health Plan HMO
GHCEC	WIHMO	HMO	Used for members associated with Group Health Cooperative of Eau Claire HMO
GHCSCW	WIHMO	HMO	Used for members associated with Group Health Cooperative of South Central Wisconsin HMO
MHSHW	WIHMO	HMO	Used for members associated with MHS Health Wisconsin HMO
MERCYCARE	WIHMO	HMO	Used for members associated with Mercy Care HMO
WIMOLINA	WIHMO	HMO	Used for members associated with Molina Health Care HMO
NHP	WIHMO	HMO	Used for members associated with Network Health Plan HMO
QUARTZ	WIHMO	HMO	Used for members associated with Quartz Health Solutions, Inc. HMO
SECURITY	WIHMO	HMO	Used for members associated with Security Health Plan of WI, Inc. HMO
TRILOGY	WIHMO	HMO	Used for members associated with Trilogy Health Insurance HMO
UHCWI	WIHMO	HMO	Used for members associated with UnitedHealthCare of Wisconsin, Inc. HMO
ICAREBC	WIHMO	HMO	Used for members associated with Independent Care Health Plan (iCare) HMO
ICARESSI	WIHMO	HMO	Used for members associated with Independent Care Health Plan (iCare) HMO SSI
CAREWIFCP	WIMCO	MCO	Used for members associated with Care Wisconsin Health Plan MCO
~~CAREWIFC~~	~~WIMCO~~	~~MCO~~	~~Used for members associated with Care Wisconsin Family Care MCO~~

Payer ID (WI DMS Program Payer ID)	Program ID (WI DMS Delivery Channel ID)	Delivery Channel	Description
CCIFCP	WIMCO	MCO	Used for members associated with Community Care Health Plan MCO
CCIFC	WIMCO	MCO	Used for members associated with Community Care, Inc. - Family Care MCO
ICAREFCP	WIMCO	MCO	Used for members associated with Independent Care Health Plan (iCare) MCO
INCLUSA	WIMCO	MCO	Used for members associated with Inclusa, Inc. Family Care MCO
LAKELAND	WIMCO	MCO	Used for members associated with Lakeland Care, Inc. Family Care MCO
MCFC-CW	WIMCO	MCO	Used for members associated with My Choice Family Care-Care Wisconsin Family Care MCO
GTINDEP	WIIRISFEA	IRIS	Used for members associated with GT Independence IRIS
ILIFE	WIIRISFEA	IRIS	Used for members associated with iLIFE IRIS
OUTREACH	WIIRISFEA	IRIS	Used for members associated with Outreach Health Services IRIS
PREMIER	WIIRISFEA	IRIS	Used for members associated with Premier Financial Management Services IRIS

2. Services

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
ANTBCBS	WIHMO	92507
ANTBCBS	WIHMO	97139
ANTBCBS	WIHMO	97799
ANTBCBS	WIHMO	99504
ANTBCBS	WIHMO	99509
ANTBCBS	WIHMO	99600
ANTBCBS	WIHMO	S9123
ANTBCBS	WIHMO	S9124
ANTBCBS	WIHMO	T1001
ANTBCBS	WIHMO	T1019
ANTBCBS	WIHMO	T1021
ANTBCBS	WIHMO	T1502
CAREWI	WIHMO	92507
CAREWI	WIHMO	97139
CAREWI	WIHMO	97799
CAREWI	WIHMO	99504
CAREWI	WIHMO	99509
CAREWI	WIHMO	99600
CAREWI	WIHMO	S9123
CAREWI	WIHMO	S9124
CAREWI	WIHMO	T1001
CAREWI	WIHMO	T1019
CAREWI	WIHMO	T1021
CAREWI	WIHMO	T1502
~~CAREWIFC~~	~~WIMCO~~	~~S5125~~
~~CAREWIFC~~	~~WIMCO~~	~~S5126~~
~~CAREWIFC~~	~~WIMCO~~	~~T1019~~
~~CAREWIFC~~	~~WIMCO~~	~~T1020~~
CAREWIFCP	WIMCO	92507
CAREWIFCP	WIMCO	97139
CAREWIFCP	WIMCO	97799
CAREWIFCP	WIMCO	99504
CAREWIFCP	WIMCO	99509
CAREWIFCP	WIMCO	99600
CAREWIFCP	WIMCO	S5125
Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS

CAREWIFCP	WIMCO	S5126
CAREWIFCP	WIMCO	S9123
CAREWIFCP	WIMCO	S9124
CAREWIFCP	WIMCO	T1001
CAREWIFCP	WIMCO	T1019
CAREWIFCP	WIMCO	T1020
CAREWIFCP	WIMCO	T1021
CAREWIFCP	WIMCO	T1502
CCIFC	WIMCO	92507
CCIFC	WIMCO	97139
CCIFC	WIMCO	97799
CCIFC	WIMCO	99504
CCIFC	WIMCO	99509
CCIFC	WIMCO	99600
CCIFC	WIMCO	S5125
CCIFC	WIMCO	S5126
CCIFC	WIMCO	S9123
CCIFC	WIMCO	S9124
CCIFC	WIMCO	T1001
CCIFC	WIMCO	T1019
CCIFC	WIMCO	T1020
CCIFC	WIMCO	T1021
CCIFC	WIMCO	T1502
CCIFCP	WIMCO	92507
CCIFCP	WIMCO	97139
CCIFCP	WIMCO	97799
CCIFCP	WIMCO	99504
CCIFCP	WIMCO	99509
CCIFCP	WIMCO	99600
CCIFCP	WIMCO	S5125
CCIFCP	WIMCO	S5126
CCIFCP	WIMCO	S9123
CCIFCP	WIMCO	S9124
CCIFCP	WIMCO	T1001
CCIFCP	WIMCO	T1019
CCIFCP	WIMCO	T1020

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
CCIFCP	WIMCO	T1021
CCIFCP	WIMCO	T1502
CCOMMHP	WIHMO	92507
CCOMMHP	WIHMO	97139
CCOMMHP	WIHMO	97799
CCOMMHP	WIHMO	99504
CCOMMHP	WIHMO	99509
CCOMMHP	WIHMO	99600
CCOMMHP	WIHMO	S9123
CCOMMHP	WIHMO	S9124
CCOMMHP	WIHMO	T1001
CCOMMHP	WIHMO	T1019
CCOMMHP	WIHMO	T1021
CCOMMHP	WIHMO	T1502
DEANHP	WIHMO	92507
DEANHP	WIHMO	97139
DEANHP	WIHMO	97799
DEANHP	WIHMO	99504
DEANHP	WIHMO	99509
DEANHP	WIHMO	99600
DEANHP	WIHMO	S9123
DEANHP	WIHMO	S9124
DEANHP	WIHMO	T1001
DEANHP	WIHMO	T1019
DEANHP	WIHMO	T1021
DEANHP	WIHMO	T1502
GHCEC	WIHMO	92507
GHCEC	WIHMO	97139
GHCEC	WIHMO	97799
GHCEC	WIHMO	99504
GHCEC	WIHMO	99509
GHCEC	WIHMO	99600
GHCEC	WIHMO	S9123
GHCEC	WIHMO	S9124
GHCEC	WIHMO	T1001
GHCEC	WIHMO	T1019
GHCEC	WIHMO	T1021

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
GHCEC	WIHMO	T1502
GHCSCW	WIHMO	92507
GHCSCW	WIHMO	97139
GHCSCW	WIHMO	97799
GHCSCW	WIHMO	99504
GHCSCW	WIHMO	99509
GHCSCW	WIHMO	99600
GHCSCW	WIHMO	S9123
GHCSCW	WIHMO	S9124
GHCSCW	WIHMO	T1001
GHCSCW	WIHMO	T1019
GHCSCW	WIHMO	T1021
GHCSCW	WIHMO	T1502
GTINDEP	WIIRISFEA	COMBO
GTINDEP	WIIRISFEA	S5125
GTINDEP	WIIRISFEA	S5126
GTINDEP	WIIRISFEA	T1019
ICAREBC	WIHMO	92507
ICAREBC	WIHMO	97139
ICAREBC	WIHMO	97799
ICAREBC	WIHMO	99504
ICAREBC	WIHMO	99509
ICAREBC	WIHMO	99600
ICAREBC	WIHMO	S9123
ICAREBC	WIHMO	S9124
ICAREBC	WIHMO	T1001
ICAREBC	WIHMO	T1019
ICAREBC	WIHMO	T1021
ICAREBC	WIHMO	T1502
ICAREFCP	WIMCO	92507
ICAREFCP	WIMCO	97139
ICAREFCP	WIMCO	97799
ICAREFCP	WIMCO	99504
ICAREFCP	WIMCO	99509
ICAREFCP	WIMCO	99600
ICAREFCP	WIMCO	S5125
ICAREFCP	WIMCO	S5126

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
ICAREFCP	WIMCO	S9123
ICAREFCP	WIMCO	S9124
ICAREFCP	WIMCO	T1001
ICAREFCP	WIMCO	T1019
ICAREFCP	WIMCO	T1020
ICAREFCP	WIMCO	T1021
ICAREFCP	WIMCO	T1502
ICARESSI	WIHMO	92507
ICARESSI	WIHMO	97139
ICARESSI	WIHMO	97799
ICARESSI	WIHMO	99504
ICARESSI	WIHMO	99509
ICARESSI	WIHMO	99600
ICARESSI	WIHMO	S9123
ICARESSI	WIHMO	S9124
ICARESSI	WIHMO	T1001
ICARESSI	WIHMO	T1019
ICARESSI	WIHMO	T1021
ICARESSI	WIHMO	T1502
ILIFE	WIIRISFEA	COMBO
ILIFE	WIIRISFEA	S5125
ILIFE	WIIRISFEA	S5126
ILIFE	WIIRISFEA	T1019
INCLUSA	WIMCO	92507
INCLUSA	WIMCO	97139
INCLUSA	WIMCO	97799
INCLUSA	WIMCO	99504
INCLUSA	WIMCO	99509
INCLUSA	WIMCO	99600
INCLUSA	WIMCO	S5125
INCLUSA	WIMCO	S5126
INCLUSA	WIMCO	S9123
INCLUSA	WIMCO	S9124
INCLUSA	WIMCO	T1001
INCLUSA	WIMCO	T1019
INCLUSA	WIMCO	T1020
INCLUSA	WIMCO	T1021

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
INCLUSA	WIMCO	T1502
LAKELAND	WIMCO	92507
LAKELAND	WIMCO	97139
LAKELAND	WIMCO	97799
LAKELAND	WIMCO	99504
LAKELAND	WIMCO	99509
LAKELAND	WIMCO	99600
LAKELAND	WIMCO	S5125
LAKELAND	WIMCO	S5126
LAKELAND	WIMCO	S9123
LAKELAND	WIMCO	S9124
LAKELAND	WIMCO	T1001
LAKELAND	WIMCO	T1019
LAKELAND	WIMCO	T1020
LAKELAND	WIMCO	T1021
LAKELAND	WIMCO	T1502
MCFC-CW	WIMCO	92507
MCFC-CW	WIMCO	97139
MCFC-CW	WIMCO	97799
MCFC-CW	WIMCO	99504
MCFC-CW	WIMCO	99509
MCFC-CW	WIMCO	99600
MCFC-CW	WIMCO	S5125
MCFC-CW	WIMCO	S5126
MCFC-CW	WIMCO	S9123
MCFC-CW	WIMCO	S9124
MCFC-CW	WIMCO	T1001
MCFC-CW	WIMCO	T1019
MCFC-CW	WIMCO	T1020
MCFC-CW	WIMCO	T1021
MCFC-CW	WIMCO	T1502
MERCYCARE	WIHMO	92507
MERCYCARE	WIHMO	97139
MERCYCARE	WIHMO	97799
MERCYCARE	WIHMO	99504
MERCYCARE	WIHMO	99509
MERCYCARE	WIHMO	99600

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
MERCYCARE	WIHMO	S9123
MERCYCARE	WIHMO	S9124
MERCYCARE	WIHMO	T1001
MERCYCARE	WIHMO	T1019
MERCYCARE	WIHMO	T1021
MERCYCARE	WIHMO	T1502
MHSHW	WIHMO	92507
MHSHW	WIHMO	97139
MHSHW	WIHMO	97799
MHSHW	WIHMO	99504
MHSHW	WIHMO	99509
MHSHW	WIHMO	99600
MHSHW	WIHMO	S9123
MHSHW	WIHMO	S9124
MHSHW	WIHMO	T1001
MHSHW	WIHMO	T1019
MHSHW	WIHMO	T1021
MHSHW	WIHMO	T1502
NHP	WIHMO	92507
NHP	WIHMO	97139
NHP	WIHMO	97799
NHP	WIHMO	99504
NHP	WIHMO	99509
NHP	WIHMO	99600
NHP	WIHMO	S9123
NHP	WIHMO	S9124
NHP	WIHMO	T1001
NHP	WIHMO	T1019
NHP	WIHMO	T1021
NHP	WIHMO	T1502
OUTREACH	WIIRISFEA	COMBO
OUTREACH	WIIRISFEA	S5125
OUTREACH	WIIRISFEA	S5126
OUTREACH	WIIRISFEA	T1019
PREMIER	WIIRISFEA	COMBO
PREMIER	WIIRISFEA	S5125
PREMIER	WIIRISFEA	S5126

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
PREMIER	WIIRISFEA	T1019
QUARTZ	WIHMO	92507
QUARTZ	WIHMO	97139
QUARTZ	WIHMO	97799
QUARTZ	WIHMO	99504
QUARTZ	WIHMO	99509
QUARTZ	WIHMO	99600
QUARTZ	WIHMO	S9123
QUARTZ	WIHMO	S9124
QUARTZ	WIHMO	T1001
QUARTZ	WIHMO	T1019
QUARTZ	WIHMO	T1021
QUARTZ	WIHMO	T1502
SECURITY	WIHMO	92507
SECURITY	WIHMO	97139
SECURITY	WIHMO	97799
SECURITY	WIHMO	99504
SECURITY	WIHMO	99509
SECURITY	WIHMO	99600
SECURITY	WIHMO	S9123
SECURITY	WIHMO	S9124
SECURITY	WIHMO	T1001
SECURITY	WIHMO	T1019
SECURITY	WIHMO	T1021
SECURITY	WIHMO	T1502
TRILOGY	WIHMO	92507
TRILOGY	WIHMO	97139
TRILOGY	WIHMO	97799
TRILOGY	WIHMO	99504
TRILOGY	WIHMO	99509
TRILOGY	WIHMO	99600
TRILOGY	WIHMO	S9123
TRILOGY	WIHMO	S9124
TRILOGY	WIHMO	T1001
TRILOGY	WIHMO	T1019
TRILOGY	WIHMO	T1021
TRILOGY	WIHMO	T1502

Payer ID (WI DHS Program Payer ID)	Program ID (WI DHS Delivery Channel ID)	HCPCS
UHCWI	WIHMO	92507
UHCWI	WIHMO	97139
UHCWI	WIHMO	97799
UHCWI	WIHMO	99504
UHCWI	WIHMO	99509
UHCWI	WIHMO	99600
UHCWI	WIHMO	S9123
UHCWI	WIHMO	S9124
UHCWI	WIHMO	T1001
UHCWI	WIHMO	T1019
UHCWI	WIHMO	T1021
UHCWI	WIHMO	T1502
WIFFS	FFS	92507
WIFFS	FFS	97139
WIFFS	FFS	97799
WIFFS	FFS	99504
WIFFS	FFS	99509
WIFFS	FFS	99600
WIFFS	FFS	S9123
WIFFS	FFS	S9124
WIFFS	FFS	T1001
WIFFS	FFS	T1019
WIFFS	FFS	T1021
WIFFS	FFS	T1502
WIMOLINA	WIHMO	92507
WIMOLINA	WIHMO	97139
WIMOLINA	WIHMO	97799
WIMOLINA	WIHMO	99504
WIMOLINA	WIHMO	99509
WIMOLINA	WIHMO	99600
WIMOLINA	WIHMO	S9123
WIMOLINA	WIHMO	S9124
WIMOLINA	WIHMO	T1001
WIMOLINA	WIHMO	T1019
WIMOLINA	WIHMO	T1021
WIMOLINA	WIHMO	T1502

3. Reason Codes

Reason Code	Description	Note Required?
1	Caregiver Error	No
2	Member Unavailable	No
3	Mobile Device Issue	No
4	Telephony Issue	No
5	Member Refused Verification	Yes
7	Missing in system	No
8	Other	Yes

4. Resolution Codes

Resolution Code ID	Description
1	Written Documentation Maintained

5. Exceptions

Exception Code	Exception Name	Description	How to address Exception
0	Unknown Clients	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.	**Resubmit Visit**
1	Unknown Employees	(Telephonic only) Exception for a visit that was performed by a worker (employee) who was not yet entered or not found in the EVV system (At the time the visit was recorded).	**Resubmit Visit**
34	Unauthorized/Invalid Service	Exception when the service selected for a visit is not valid for the program / recipient of care.	**Resubmit Visit**
23	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.	**Resubmit Visit**
3	Visits Without In-Calls	Exception occurs when a visit is recorded without an "in" call that began the visit.	**Resubmit Visit**
4	**Visits Without Out-Calls**	**Exception occurs when a visit is recorded without an "out" call that completed the visit.**	**Resubmit Visit**

6. Time Zones

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

7. Tasks

TaskID	Task Reading
0100	Shower/Bathing
0105	Dressing/Changing
0110	Prosthetics/Splints/TEDS
0115	Grooming
0120	Assist w/Feeding
0125	Mobility
0130	Transferring
0135	Toileting
0200	Bowel Program (MOT)
0205	Catheter Site Care (MOT)
0210	Complex Positioning (MOT)
0215	Feeding Tube Site Care (MOT)
0220	Glucometer (MOT)
0225	Medications: Assist/Remind (MOT)
0230	Range of Motion (MOT)
0235	Respiratory Assistance (MOT)
0240	Skin Care (MOT)
0245	Tube Feeding (MOT)
0250	Vital Signs (MOT)
0255	Wound Care (MOT)
0300	Eyeglass/Hearing Aid(s) Care
0305	Housekeeping
0310	Laundry
0315	Meal Prep/Purchase Groceries

8. Abbreviations

Abbreviation	Name
EVV	Electronic Visit Verification
GPS	Global Positioning System
MVV	Mobile Visit Verification
PA	Prior Authorization
PIN	Personal Identity Number
SSN	Social Security Number

9. Terminology

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

10. Field Level Errors

Section	Field Name	Description
Client General	ClientFirstName	Only the following special character will be accepted: • Alpha Letters • Hyphens • Periods • Apostrophe All other special characters will be rejected.
Client General	ClientLastName	Only the following special character will be accepted: • Alpha Letters • Hyphens • Periods • Apostrophe 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.

11. Technical Companion and Examples

11.1 API Location

The RESTful APIs can be reached at the following locations:

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

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

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

11.2 Authentication Header

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

The credentials are determined and distributed during implementation.

- An example header for "user@example.com" with password "secret" would be:

Authorization: Basic dXNlckBleGFtcGxlLmNvbTpzZWNyZXQ=

11.3 Account Header

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

An example of this header would be:

- *Account: 12345*

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

An example of this header would be:

- *EntityGuid: 12345*

11.4 Content-Type Header

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

- *Content-Type: application/json*

11.5 Workflow

Interacting with the APIs is a two-step process:

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

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

Details are as follows:

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

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

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

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

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

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

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

11.6 Sample POST Data

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

10.6.1 JSON Client

```
[{

        "ProviderIdentification": {

                "ProviderQualifier": "MedicaidID",

                "ProviderID": "123456789"

        },

        "ClientFirstName": "Test",

        "ClientMiddleInitial": "T",

        "ClientLastName": "Client",

        "ClientQualifier": " ClientCustomID ",

        "ClientMedicaidID": "9999999999",

        "ClientIdentifier": "9999999999",

        "SequenceID": 99811930002,

        "ClientCustomID": "9999999999",

        "ClientOtherID": "9999999999",

        "ClientSSN": "999999999",

        "ClientTimezone": "US/Central",

        "ClientPayerInformation": [{

                "PayerID": "WIFFS",

                "PayerProgram": "FFS",

                "ProcedureCode": "T1019",

                "EffectiveStartDate": "2019-01-01",

                "EffectiveEndDate": "2020-01-01"

        }],

        "ClientAddress": [{

                "ClientAddressType": "Other",
```

```
                "ClientAddressIsPrimary": false,

                "ClientAddressLine1": "2 East Main Street",

                "ClientAddressLine2": "10th Floor",

                "ClientCounty": "Dane",

                "ClientCity": "Madison",

                "ClientState": "WI",

                "ClientZip": "53703",

                "ClientAddressLongitude": 89.2337428,

                "ClientAddressLatitude": 43.4289668

        }],

        "ClientPhone": [{

                "ClientPhoneType": "Other",

                "ClientPhone": "1234567890"

        }],

}]
```

10.6.2 JSON Visit

```
[{

        "ProviderIdentification": {

                "ProviderID": "123456789",

                "ProviderQualifier": " MedicaidID "

        },

        "VisitOtherID": "123456789",

        "SequenceID": 111,

        "EmployeeQualifier": " EmployeeCustomID ",

        "EmployeeIdentifier": "123456789",

        "GroupCode": null,

        "ClientIDQualifier": " ClientCustomID ",

        "ClientID": "9999999999",

        "ClientOtherID": "9999999999",

        "VisitCancelledIndicator": false,

        "PayerID": "WIFFS",
```

```json
"PayerProgram": "FFS",

"ProcedureCode": "T1019",

"Modifier1": null,

"Modifier2": null,

"Modifier3": null,

"Modifier4": null,

"VisitTimeZone": "US/Eastern",

"AdjInDateTime": "2019-07-28T15:02:26Z",

"AdjOutDateTime": "2019-07-28T19:02:26Z",

"ClientVerifiedTimes": true,

"ClientVerifiedTasks": true,

"ClientVerifiedService": true,

"ClientSignatureAvailable": true,

"ClientVoiceRecording": true,

"Calls": [{

        "CallExternalID": "123456789",

        "CallDateTime": "2019-07-28T16:02:26Z",

        "CallAssignment": "Time In",

        "GroupCode": null,

        "CallType": "Other",

        "ProcedureCode": "T1019",

        "ClientIdentifierOnCall": "9999999999",

        "MobileLogin": null,

        "CallLatitude": 40.34455,

        "CallLongitude": -21.99383,

        "OriginatingPhoneNumber": "9997779999",
        "VisitLocationType": "Home"

}],

"VisitExceptionAcknowledgement": [{

        "ExceptionID": "40",

        "ExceptionAcknowledged": false

}],

"VisitChanges": [{

        "SequenceID": "110",
```

```
              "ChangeMadeBy": "dummy@sandata.com",

              "ChangeDateTime": "2019-07-25T18:45:00Z",

              "GroupCode": null,

              "ReasonCode": "1",

              "ChangeReasonMemo": "Change Reason Memo 999",

              "ResolutionCode": "1"

       }],

       "VisitTasks": [{

              "TaskID": "0125",

       }]

}]
```