Alternate Electronic Visit Verification (EVV) Data Collection Systems

Interface Specifications

Created for: Ohio Department of Medicaid (ODM)

Version 4.4

Sandata

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Sandata Technologies, LLC

Contents

Revision History

Version	Changes made	Date
3.6	• Reformatting document with new template • Clarification of rejection rules, expectations for field values, and default values for fields • Clarification in descriptions of fields, to better understand what each field represents • Removed text regarding acknowledgeable exceptions • Updated visit rules to remove rule regarding verification exceptions and unmatched client/phone id exception • Updated data types documented as "numeric" to say "integer" or "decimal" • Updated text in Calls segment • Removed Visit Exception Acknowledgements Section including the text and field table • Changed member verification fields, member signature and member voice recording to optional • Updated all JSON file examples • Updated Covered Programs and Services tables in Appendix G. Includes addition of new Ohio payers, programs and services. • Added Reason Code table (Appendix H) • Added Exception table (Appendix I) • Added Time Zones (Appendix J)	05.27.22
3.7	• Rejection Rules revised for the fields PayerClientIdentifier, StaffEmail, ClientPayerID, OriginatingPhoneNumber, ReasonCode. • Additional note added to Appendix G for DODD HPC service. • Revised error in text under Processing Information (second paragraph).	08.24.22
3.8	• Employee NPI added to the Direct Care Worker interface • VisitLocationType added to the Visit interface	12.04.2023
3.9	• Updated rejection rules for StaffID in Direct Care Worker segment • Updated text below Calls segment header • Changed Data type for GroupVisitCode to numeric in Visit segment • Added characters allowed for PatientOtherID • Added characters allowed for PatientAddressLine1 • Added characters allowed for PatientCity • Revised text for all patient address rejection rules for clarification • Added special characters allowed for PatientResponsiblePartyFirstName • Added special characters allowed for PatientResponsiblePartyLastName • Updated required column for PatientAddressLatitude and PatientAddressLongitude • Updated rejection rules column for PatientFirstName and PatientLastName • Clarified rejection rules for BusinessEntityID and BusinessEntityMedicaidIdentifier • Updated Recipient (individual) Phones segment name to Phones • Updated rejection rules for TimeZone fields • Updated rejection rules for TelephonyPin and PatientIdentifierOnCall.	12.15.2023

Version	Changes made	Date
	• Removed Member Verification fields. • Added EffectiveStartDate and EffectiveEndDate to the Recipient (individual) Payer Information segment • Updated description for AdjInDateTime and AdjOutDateTime • Removed Paramount services in Appendix G • Added services for all payers in Appendix G • Updated Reason Code list • Removed ResolutionCode field from Visit changes segment • Added Modifier to Recipient (individual) Payer segment and Visits segment • Updated Exceptions in Appendix • Updated rejection rules for call gps latitude and longitude.	
3.10	• Removal of PatientAlternateMedicaidID in Recipient Information • Added PatientBirthDate in Recipient Information • Added expected value to ReasonCode • Updated JSON examples	
4.0	• Removed PatientMedicaidIDEffectiveDate from Recipient (Individual) General Information	04.05.2024
4.1	• Remove field PatientAlternateID from Individual (Recipient) segment and the Visit Segment. • Added RESTful API endpoints for Sandata interface. • Updated expected values for PatientAddressLongitude and PatientAddressLatitude. • Updated expected values for CallAssignment field. • Removed Modifer2, Modifier3 and Modifier4 fields from Recipient (Individual) General Information. • Updated JSON examples. • Clarified text in General Processing Rules.	01.14.2025
4.2	• Updated ODM website hyperlink in Appendix G.	6.4.2025
4.2	• Added the new field for the FMS to provide the DCW/Caregiver Billing identifier.	06.20.25
4.3	• Added end dates for all Aetna programs and for UHC MYC programs	08.28.2025
4.3	• Updated DCW/Employee General Information section to denote 'EmployeeMedicaidID' field should be a max of 7 digits	1.2.2026
4.4	• Updated Visit General Information table to include all fields referenced in JSON example • Added Missing Location exception to Appendix • Clarified Visit Rules	3.16.2026
4.4	• Updated Recipient (Individual) Payer Information> EffectiveEndDate rules.	5.6.2026

Alternate Data Collection Systems

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

Introduction

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

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

For specific lists of program elements including reason codes, exception codes, covered programs and services and time zones please refer to the Appendix.

Processing Information

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

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

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

RESTful API Endpoints

Individual (Recipient) UAT: *https://uat-api.sandata.com/interfaces/intake/patient/v2*

Staff (DCW/Employee) UAT: *https://uat-api.sandata.com/interfaces/intake/staff/v1*

Visit UAT: *https://uat-api.sandata.com/interfaces/intake/visit/v2/*

Individual (Recipient) PROD: *https://api.sandata.com/interfaces/intake/patient/v2*

Staff (DCW/Employee) PROD: *https://api.sandata.com/interfaces/intake/staff/v1*

Visit PROD: *https://api.sandata.com/interfaces/intake/visit/v2*

The Alternate Data Collection System Will Be Responsible For:

Visit transmittals. New and edited data for a completed visit with all required data elements must be transmitted to the Aggregator within 24 hours of entry but can be sent in near real time. Note that rejection responses will be delivered as separate API calls initiated by the third party.

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

Complete transmissions

When sending a recipient (individual), direct care worker, and visit, all applicable elements and sub elements must be sent during each transmission.

Call matching

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

Data quality

Call and visit data will be accepted from third party data "as is,", certain fields in the aggregator are calculated by Sandata.

Latitude and Longitude

Alternate Data Collection Systems can provide latitude and longitude on at least one recipient (individual)'s address provided. Latitude and longitude can be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device. Latitude and Longitude fields are not required. See field descriptions in recipient and visit calls segment below.

Assigning sequence numbers

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

Having the ability to correct defined exceptions

Exceptions must be corrected using the standard set of reason codes provided by ODM (Appendix H).

Change log transmission

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

Using standard date/time format

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

General Processing Rules

- If a record is received and any required data is missing, malformed, or incomplete as defined in the specification, the record will be rejected or set to default values in accordance with the detailed specifications.
- If an optional field is provided with an invalid value (one not listed in this specification), the field will be set to null and/or rejected, unless otherwise specified in this specification.
- If text (string) field length is longer (>/greater than) than the maximum allowed for that field value, unless otherwise noted, the field will be truncated to the maximum length specified for that field.
- Any record without a sequence number will be rejected. SequenceID values are per unique record (individual, direct care worker, visit). For example, the first time a particular individual is sent, the sequence would be set to 1. The second time the same individual is sent, the sequence would be set to 2, etc. All subsequent records must have a SequenceID higher than previous instances of the record.Records will be processed in the order received using the assigned sequence number.
- Header information: BusinessEntityID and BusinessEntityMedicaidIdentifier must be included in each transmission for each record (recipient, direct care worker, visit), otherwise the entire collection of records will be rejected.

Recipient (individual) Rules

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

- If the recipient (individual) does not include a Patient Other ID (external ID) and Sequence ID, the individual will be rejected.
- If the recipient (individual) does not include first name, last name and time zone, the individual will be rejected.
- If the 'IsPatientNewborn' indicator is on, the 'PatientMedicaidID' for the individual will be optional. It is expected that an updated record will be provided once the 'PatientMedicaidID' is available. Any associated visits will be in an Incomplete status until the PatientMedicaidID is sent on the visit.
- If the recipient (individual) is being provided services by ODA ONLY, the 'PatientMedicaidID' will always be optional assuming the PIMS ID is provided in the 'PayerClientIdentifier' field in the IndividualPayerInformation segment. It is expected that an updated record will be provided once the 'PatientMedicaidID' is available. Any associated visits will be in an Incomplete status until the PatientMedicaidID is sent on the visit.

Direct Care Worker Rules

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

- The direct care worker's (DCW) 9-digit social security number is required. If this value is not provided, the DCW will be rejected.
- If a required data element is not provided, the record will be rejected. These elements are defined in the field definition section below.

Visit Rules

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

- Based on ODM rules for the EVV program, required data elements for a completed visit must include:
    - The recipient (individual) for the visit is identified and is valid in that provider account.
    - The direct care worker for the visit is identified and is valid in that provider account.
    - The visit must have a captured Call In.
    - The visit must have a captured Call Out.
    - The visit must have a valid Payer – Program – Service combination found in Appendix G.

- **Visit Status:** Upon receipt, Sandata will calculate and apply visit status as defined for the ODM program. Valid visit Aggregator statuses include **In Process, Incomplete, Verified, Processed or Omit.**

- The Alternate Data Collection System will be expected to send a reason code and attestation that proper documentation exists for any manual entry or edit with each change sent.

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

- A visit can only be cancelled by sending BillVisit as False. The visit status will be set to Omit in Aggregator.

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

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

- New and edited data for a completed visit, with all required data elements, must be transmitted to the Aggregator within 24 hours of entry. Visits can be sent in near real time.

Visit Time Adjustment Rules

Adjusted times must overlap with at least one portion of the originally reported call in/call out time window. Any adjusted time range that does not intersect the original time range is invalid.

General Rules

- Adjusted In or Adjusted Out times supersede Call In or Call Out times

- The adjusted end time must be later than the adjusted start time when both are provided

- Adjusted visit times cannot exceed 24 hours before or after the original visit times. This ensures that adjusted visits remain anchored to verified call data.

Valid Scenarios (Overlap Required)

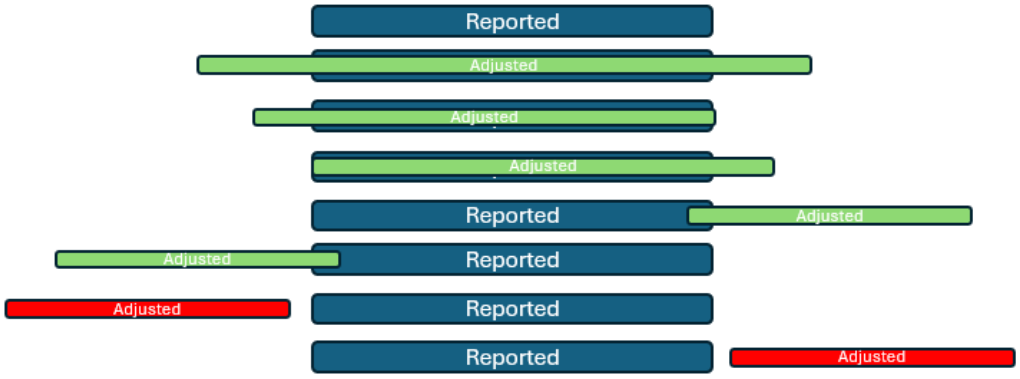
- Complete overlap: The adjusted start time is before the original call in time and the adjusted end time is after the original call out time. Row 2 in the diagram.

- Adjusted start time earlier than original call in time: The adjusted start time occurs before the original call in time, and the adjusted end time is equal to the original call out time or otherwise occurs before the original call out time. Rows 3 and 6 in the diagram.

- Adjusted end time later than original call out time: The adjusted start time is the same as the original call in time or otherwise occurs before the original call out time, and the adjusted end time extends beyond the original call out time. Rows 4 and 5 in the diagram.

Invalid Scenarios (No Overlap)

- Adjusted end time before original call in time: The adjusted end time occurs entirely before the original call in time. Row 7 in the diagram.
- Adjusted start time after original call out time: The adjusted start time occurs entirely after the original call out time. Row 8 in the diagram.



Sequencing

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

Sequence Rules:

- If the latest SequenceID is greater than the highest value previously received, the record set will not be rejected. i.e. latest SequenceID = 5, previous SequenceID = 4 è 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 è Record accepted and latest record is still SequenceID = 10.
- If the Sequence ID is equal to a value previously received, it will be rejected. i.e. latest SequenceID = 15, previous SequenceID = 15 è Record rejected.

- Gaps in sequence will be allowed.

Please Note:

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

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

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

Year Month Day Hour (24) Minute Second

Transmission Frequency

New and edited data for a completed visit with all required data elements must be transmitted to the Aggregator within 24 hours of entry but can be sent in near real time. Visits can be submitted to the Aggregator at any time. If applicable, information can be sent as it is added/changed/deleted in the Alternate Data Collection System. Note that rejection responses will be delivered on a separate API call that is initiated by the third party–in near real time.

Transmission Limits

A single transaction may contain from 1 to 5,000 records. The maximum allowable number of transactions per hour for each Agency Provider Account per Medicaid Provider ID is 500 for visits, 100 for individuals, and 100 for direct care workers. A single record set would include all associated elements.

Record Type	Max Records/Transaction	Transactions/Hour	Maximum Records/Hour
Visits	5,000	500	2,500,000
Direct Care Workers	5,000	100	500,000
Individuals	5,000	100	500,000

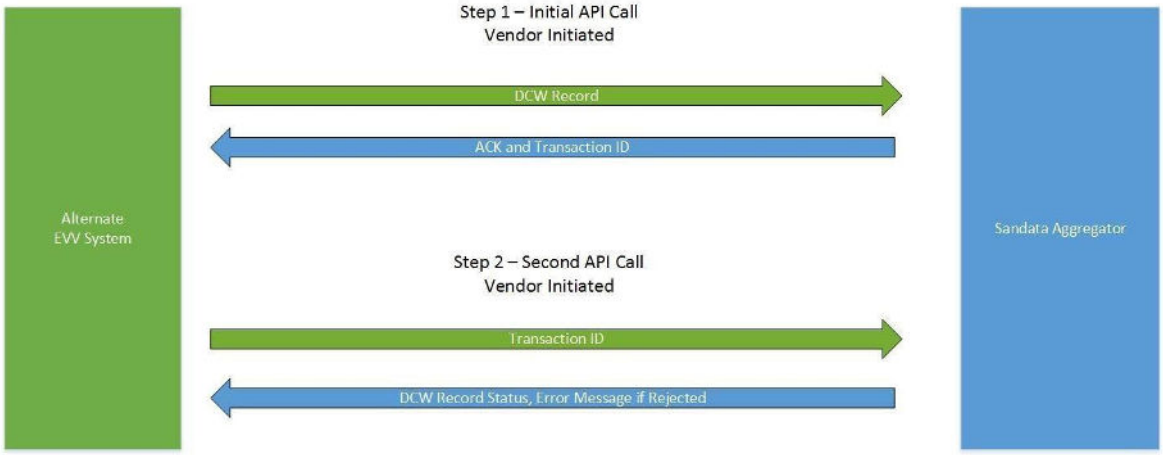
See JSON Samples later in this specification document.

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

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

Rejected Record Process

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



New Records and Updates

New records and updates for previously sent data should be provided via the three previously-mentioned interfaces ('data packages'). If a set of records is sent (recipient (individual), direct care worker, visit), all associated applicable elements should be sent. Partial updates will be rejected.

Transmission Method

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

Format

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

Format Detail

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

JSON supports only three data types during transmission: string, number and Boolean. The specification uses the following data types to ensure that data is received in the expected formats. Except where numeric, the assumed JSON format should be string. The data type provided in the specification is based on the following field definitions.

Note that the format is case sensitive. All field names must be provided in EXACTLY the casing used in the definitions below.

Data Type	Detail	Description	Example
DATE/TIME	Alpha- numeric	The date and time together in a data string. All times will be provided and expected in UTC. If time is not material, it will be provided as is expected.	Format: YYYY-MM-DDTHH:MM:SSZ Example: 2016-12-20T16:10:28Z
DATE (only date)	Alpha- numeric	If the value is only date, it will be provided with: YYYYMM- DD (10 characters) ONLY date is significant. Date only will be sent in UTC format.	Format: YYYY-MM-DD Example: 2016-12-20
TIMEZONE	Alpha- numeric	For ODM ALL time for tracking visits will be in UTC format. (All time zone values will be derived from the Internet Assigned Numbers Authority (IANA) Time Zone Database, which contains data that represents the history of local time for locations around the globe. It is updated periodically to reflect changes made by political bodies to time zone boundaries, UTC offsets, and daylight-saving rules.)	The Timezone name expected in each transaction is the actual Timezone where the event took place. i.e. US/Eastern. A complete list of time zones can be found in the appendix of this document.
STRING	Alpha- numeric (Unless otherwise specified)	A string is a row of zero or more characters that can include letters, numbers, or other types of characters as a unit, not an array of single characters. (e.g. plain text).	Example: string (55644555)

Data Type	Detail	Description	Example
INTEGER	Numeric	An integer is a numeric value without a decimal. Integers are whole numbers and can be positive or negative.	Example: (positive number): 999999 Example: *(negative number):* -999999
DECIMAL	Numeric	A number with a decimal is referred to as a decimal.	Example: 9999.9999 Example: (positive number): 999.999 Example: *(negative number):* -999.999
BOOLEAN	Logical	Two values allowed: true or false	Example: True False

Field Information

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

Provider Identification

Note that this element will be required as part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.

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

Recipient (individual) General Information

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

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientOtherID	Unique identifier for the recipient (individual) in the external system. This value is used to match the client to an existing record during import. The PatientOtherID cannot be reused for any other recipient (individual).	64	String	Yes	Characters allowed = Alphanumeric. If not provided, record is rejected.
SequenceID	Sequence indicator that identifies a record and the order in which a record was received.	50	Integer	Yes	If the value does not conform to the rules defined for sequence numbers, as described in the rules section

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
					above, the record is rejected.
PatientMedicaidID	Assigned Medicaid ID for the recipient (individual) For ODM, this is 12 numeric digits. Leading zeros should be included.	12	String	Yes (with exceptions)	Required unless: –Newborn indicator is set to true Or – If the recipient (individual) is being provided services through ODA and a PIMS ID has been provided. For Ohio, if anything other than 12 digits or invalid, reject.
IsPatientNewborn	Indicator that a patient is a newborn. If this value is provided, Patient Medicaid ID is ignored and is valid as null	5	Boolean	Yes	Values: True/False If not provided, value is set to false
PatientBirthDate	Recipient's Date of Birth.	10	Date	Yes	If not provided, record is rejected.
PatientLastName	Recipient (individual)'s Last Name	30	String	Yes	If not provided, record is rejected. Record is truncated if greater than 30 characters.
PatientFirstName	Recipient (individual)'s First Name	30	String	Yes	If not provided, record is rejected.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
					Record is truncated if greater than 30 characters
PatientTimezone	Based on 'PatientAddressPrimary' data. The Timezone name expected in each transaction is the actual Timezone where the event took place, i.e. US/Eastern	64	Timezone	No	If invalid default is US/Eastern for ODM.

Recipient (individual) Payer Information

Note that the following information needs to be sent with ALL payers, programs, and procedure code combinations that the recipient has received or will receive services for. For a valid list of EVV service combinations, see Appendix G.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
Payer	Payer(s) to which the client is associated.	64	String	Yes	See Appendix G for list of payers. If not provided or not one of the valid values = Reject Complete Client Record
PayerProgram	Program to which the client is associated.	64	String	Yes	A full description of Program specifics can be found in Appendix G If not provided or not one of the valid values, client record is rejected.
ProcedureCode	This is the procedure code which is mapped to the associated service. For most programs, it is the HCPCS code.	5	String	Yes	See Appendix G for program specific values. If not null or not one of the valid values, client record is rejected.
PayerClientIdentifier	The identifier for the client in the payer's system. For recipient (individual)s receiving services from ODA that do not have a Medicaid ID yet, the PIMS ID is expected here.	32	String	No	If the associated payer is ODA and the ID is anything other than null or between 1-8 digits, the record is rejected.
EffectiveStartDate	The date the recipient (individual) is eligible to receive this service.	10	Date	Yes	Format: YYYY-MM-DD If invalid or null, record will be rejected.
EffectiveEndDate	The last date the recipient (individual) is eligible to receive this service.	10	Date	See Rules	Format: YYYY-MM-DD If service is no longer active for the Ohio program this

					date cannot be null and must be no later than the last active date of that service or record will be rejected.
Modifier1	First modifier if applicable.	3	String	Yes, if applicable	For T1001 a modifier of U9 may be provided if applicable. For G0493 a modifier of U9 may be provided if applicable.

Recipient (Individual) Address

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

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientAddressType	Type of address Values: "Business", "Home", "School", "Other"	25	String	No	Values: "Business", "Home", "School", "Other" If not a value defined in the description, a default value to "Other" is set.
PatientAddressIsPrimary	One address must be designated as primary	5	Boolean	Yes	Values: true/false If more than one address is "primary", the most recent/ last = the primary address
PatientAddressLine1	Recipient (individual)'s street address	30	String	Yes	Characters allowed = Alphanumeric, ,.#'- If not provided and no other address is on file for the client, address record is rejected.
PatientAddressLine2	Recipient (individual)'s additional street address information if applicable	30	String	No	Characters allowed = Alphanumeric ,.#'- If not provided, value is set to "null"

PatientCity	Recipient (individual)'s city name	30	String	Yes	Characters allowed = Alphanumeric, .'- If not provided and no other address is on file for the client, Address Record is rejected.
PatientState	Recipient (individual)'s 2-digit state abbreviation	2	String	Yes	If not provided, invalid, and no other address is on file for the client, Address Record is rejected.
PatientZip	10-digit format zip code i.e., 11563-0000	10	String	Yes	If not provided or invalid = Reject Address Record if not only record. If last four digits are not provided, value = 0000.
PatientAddressLongitude	The Longitude for each of the Recipient (individual)'s addresses which are used for visits. Format example: 111.111111111111111	18 digits (3 whole numbers,15 decimal place) MINIMU would be: 0.0	Decimal	No	If not provided, value can be null
PatientAddressLatitude	The Latitude for each of the Recipient (individual)'s addresses which are used for visits. Format example: 111.111111111111111	18 digits (3 whole numbers,15 decimal place) MINIMU would be: 0.0	Decimal	No	If not provided, value can be null
PatientTimezone	Time zone The Time zone name expected in each transaction is the actual Time zone where the event took place. I.e. US/Eastern	64	Timezone	No	US/Eastern If invalid default is US/Eastern for ODM.

Phones

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

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

Responsible Party/Designated Signer

Provide only if applicable for the Recipient (individual).

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

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
PatientResponsibleParty LastName	Last name of the responsible party for the Recipient (individual)	30	String	Yes, if Segment Provided	Characters allowed = A-Z,a-z './ space If not provided, value is set to "null"
PatientResponsibleParty FirstName	First name of the responsible party for the Recipient (individual)	30	String	Yes, if Segment Provided	Characters allowed = A-Z,a-z './ space If not provided, value is set to "null"

DCW (Direct Care Worker) General Information

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

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
StaffOtherID	DCW's identifier in the external alternate EVV system	64	String	Yes	If not provided or in numeric format, record is rejected
SequenceID	Sequence indicator that identifies a record and the order in which a record was received	50	Integer	Yes	If the value does not conform to the rules defined for sequence numbers, as described in the rules section above, the record is rejected.
StaffID	PIN or DCW identifier Used for EVV (telephony and other EVV identification); if this value is used as part of the call and is sent as part of the call, this value must be provided.	9	String	No	If not provided, not in numeric format or value is greater than 9 digits, value is st to 'null"

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
StaffSSN	DCW Social Security Number	9	String	Yes	If not provided or not provided as 9 digits, record is rejected
EmployeeNPI	DCW NPI number	10	String	No	If not provided as 10 digits, record is rejected
StaffLastName	DCW's Last Name	30	String	Yes	If not provided, record is rejected
StaffFirstName	DCW's First Name	30	String	Yes	If not provided, record is rejected
StaffEmail	DCW 's Email Address	64	String	No	Email addresses must be in valid format and cannot be reused.
StaffPosition	Free form indicator of staff position. Examples could include: HHA, HCA, RN, LPN, PCN.	3	String	No	No Validation. Not Required.
EmployeeMedicaidID	To be supplied if the agency will be submitting billing with an identifier belonging to the DCW/Employee.	7	String	No	This is the alternate provider id / identifier for the DCW/Employee. This identifier will be added to the DCW/Employee as an alternate identifier. This identifier will also be added as an alternate Provider ID for the agency (aka the FMS). Identifiers longer than 7 digits will be rejected.

Visit General Information

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

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

Field Name	Description	Max Length	Type	Required	Expected Value/Reion Rules
VisitOtherID	Visit identifier in the external alternate EVV system	64	String	No	If not provided the record is rejected
Sequence ID	Sequence indicator that identifies a record and the order in which a record was received	50	Integer	Yes	If invalid or not in the Aggregator, record is rejected. If not provided, system accepts as null; In this scenario, Sandata applies the "Unknown Employee" exception to the visit in Aggregator.
StaffOtherID	Direct care worker's identifier in the external system	64	String	Yes	If invalid or not in the Aggregator, record is rejected. If not provided, system accepts as null; In this scenario, Sandata applies the "Unknown Employee" exception to the visit in Aggregator

Field Name	Description	Max Length	Type	Required	Expected Value/Reion Rules
PatientOtherId	Recipient (individual)'s identifier in the external system	64	String	Yes	Characters allowed = Alphanumeric. If invalid or not in the Aggregator, record is rejected. If not provided, system accepts as null; In this scenario, Sandata applies the "Unknown Client" exception to the visit in Aggregator.
PatientMedicaidID	Assigned Medicaid ID for the recipient (individual). For ODM, this is 12 numeric digits. Leading zeros should be included.	12	String	Yes	Required unless: – If the recipient (individual) is being provided services through ODA and a PIMS ID has been provided. For Ohio, if anything other than 12 digits, reject.
ClientPayerID	Unique Identifier assigned by Payer. This value would be expected to be included for the specified payer if the 'isPatientNewborn' flag is on. Note that for ODA this value is the PIMS ID For other payers, this value is provided based on the payer's identifier.	20	String	No	If the payer on the visit is ODA and this value is included, it must be between 1-8 digits.
VisitCancelledIndicator	Allows a visit to be cancelled / Values: true/false True – visit cancelled False – not cancelled If a visit contains 1 or more calls or adjusted entries, it cannot be cancelled and this flag will be ignored.	5	Boolean	Yes	This value is expected to always be "false". For any other value provided, system will assume "false"

Field Name	Description	Max Length	Type	Required	Expected Value/Reion Rules
Payer	Payer for the visit.	128	String	Yes	See Appendix G for payer values. If not one of the valid values, record is rejected. Note that visits received from an alt evv system must have a valid payer/program/procedure code combination to be accepted by Sandata to ensure that the visit is part of EVV program.
PayerProgram	Program for the visit.	64	String	Yes	A full description of Program specifics can be found in Appendix G. If not one of the valid values, record is rejected.
ProcedureCode	This is the procedure code for the service. For most programs, it is the HCPCS code.	5	String	Yes	See Appendix G for procedure code values. If not one of the valid values or not provided, record is rejected.
Modifier1	First modifier if applicable.	3	String	Yes, if applicable	For T1001 a modifier of U9 may be provided if applicable. For G0493 a modifier of U9 may be provided if applicable
TimeZone	The Timezone name expected in each transaction is the actual Timezone where the event took place, i.e. US/Eastern.	64	Timezone	No	If invalid or not provided, default is used (US/Eastern for ODM)
AdjInDateTime	Adjusted in date/time.	50	Date/Time	Yes, If Available	If invalid value, value set to "null". See "Visit Rules " section for more rules.

Field Name	Description	Max Length	Type	Required	Expected Value/Reion Rules
AdjOutDateTime	Adjusted out date/time.	50	Date/Time	Yes, If Available	If invalid value, value set to "null". See "Visit Rules " section for more rules.
BillVisit	If the visit is going to be billed, should be sent with the value of "true." Otherwise, the value is "false."	5	Boolean	No	If null, system defaults to "true"
HoursToBill	Time that is going to be billed, if applicable This value should be provided in minutes. Maximum value is 1,500 minutes (25 hours)	8	Decimal	No	If a value provided is not in numeric format or is > 25 hours: value is set to 0.
VisitMemo	Free text memo for the visit, if applicable	1024	String	No	
GroupVisitCode	Indicates if the visit is part of a group visit. This field is used to group all visits and recipients (individuals) that are part of a group visit together	6	Integer	No	Numeric value is expected.

Calls

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

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
CallExternalID	Call identifier in the external system	16	Decimal	Yes	Record is rejected if not included
CallDateTime	Call date/time must be at least to the second	50	Date/Time	Yes	Record is rejected if not included
CallAssignment	Values: Call In, Call Out,	10	String	Yes	Values: Call In, Call Out Record is rejected if not included. If Calls segment is missing a Call In or Call Out, Sandata applies the "Missing Call In or Missing Call Out" exception to the visit in Aggregator
CallType	The method used to create the call	20	String	Yes	Values: Telephony, Mobile, Manual, Other If not provided, value set to "Other"
ProcedureCode	This is the procedure code for the service. For most programs, it is the HCPCS code. This value may be null if a service was not specified.	5	String	Yes	See Appendix G for valid procedure codes.
PatientIdentifierOnCall	Recipient (individual)'s ID entered on calls This is an optional unique identifier for the recipient (individual) that can be included on a call.	10	String	No	

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
MobileLogin	Log in for Mobile calls	10	String	No	Value used for mobile login.
CallLatitude	Latitude for GPS calls, if GPS is used Format example: 111.111111111111111	18 digits (-3 whole numbers, 15 decimal place) MINIMUM would be: 0.0	Decimal	No	GPS coordinates, if collected on the call.
CallLongitude	The Longitude for GPS calls, if GPS is used. Format example: 111.111111111111111	18 digits (3 whole numbers, 15 decimal place) MINIMUM would be: 0.0	Decimal	No	GPS coordinates, if collected on the call.
TelephonyPIN	Staff PIN if entered during the call	9	Integer	No	Provide if applicable.
OriginatingPhoneNumber	10-digit originating phone number	10	String	Yes, if applicable and for any telephony call	If not provided for telephony call type, visit is rejected.

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
VisitLocationType	Location of the visit (free text). Valid values are: 1=Home, 2=Community,	25	String	Yes	Values: 1,2 If null or not a valid value, visit is rejected.

Visit Changes

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

Field Name	Description	Max Length	Type	Required	Expected Value/Rejection Rules
SequenceID	The visit sequence ID to which this change applied	50	Numeric	Yes	This value must be provided to allow the auditing information to be applied.
ChangeMadeByEmail	The unique identifier of the user, system or process that made the change Could also be a system process, in which case it will be identified.	64	String	Yes	Must be valid email format. If not provided, record is rejected.
ChangeDateTime	Date and time when change is made At least to the second	50	Date/Time	Yes	Reject visit if not formatted per specifications.
ReasonCode	The number associated with the reason code. The full list of exception and reason codes is available on the ODM web site and Appendix H.	4	String	Yes	Reject visit if not provided or not the ReasonCode for the Ohio program. Only a value of "99" is accepted.
ChangeReasonMemo	Reason/Description of the change being made	256	String	No	

Message Acknowledgment (ACK) and Transaction ID

For each record received by the API, the response below is provided to indicate the receipt of records along with the Transaction ID (UUID) that is used to GET the status (Success or Failed). This response is returned on the initial API call.

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

Response for Records Status

For each record rejected, the response below is provided, along with the specific field which caused the error from the database. Note that one record can have multiple errors. This segment is provided as a response for a single record on the second API call and should not be expected on incoming messages. If there are no rejections, this response is not provided.

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

Appendix A - JSON Sample – Recipient (individual)


```
[
  {
    "BusinessEntityID": "12345",
    "BusinessEntityMedicaidIdentifier": "1234567",
    "PatientOtherID": "1234",
    "SequenceID": "1001",
    "PatientMedicaidID": "123456789101",
    "PatientAlternateID": null,
    "IsPatientNewborn": false,
    "PatientLastName": "Smith",
    "PatientFirstName": "John",
    "PatientTimezone": "US/Eastern",
    "PatientBirthDate": "1960-01-01",
    "IndividualPayerInformation": [
      {
        "Payer": "ODM",
        "PayerProgram": "SP",
        "ProcedureCode": "G0156",
        "Modifier1": null,
        "PayerClientIdentifier": "123456",
        "EffectiveStartDate": "2024-08-01",
        "EffectiveEndDate": null
      }
    ],
    "Address": [
      {
        "PatientAddressType": "Home",
        "PatientAddressIsPrimary": "true",
        "PatientAddressLine1": "100 Test St",
        "PatientAddressLine2": null,
        "PatientCity": "Columbus",
        "PatientState": "OH",
        "PatientZip": "432150000",
        "PatientLongitude": null,
        "PatientLatitude": null,
        "PatientTimezone": "US/Eastern"
      }
    ],
    "Phones": [
      {
        "PatientPhoneType": "Home",
        "PatientPhoneNumber": "6145551100"
              }
         ]
     }
]
```

Appendix B - JSON Sample – Direct Care Worker


```
[
{
"BusinessEntityID": "123545",
"BusinessEntityMedicaidIdentifier": "1234567",
"StaffOtherID": "13467286",
"SequenceID": "1739274568",
"StaffID": "1234",
"StaffSSN": "179238637",
"EmployeeNPI: null,
"StaffLastName": "Holly",
"StaffFirstName": "Mary",
"StaffEmail": "Mary12@yahoo.com",
"StaffPosition": "HHA",
"EmployeeMedicaidID": "1234567"
}
]
```


For an FMS vendor, the following includes the Employee's Medicaid ID.


```
[
  {
    "BusinessEntityID": "55432",
    "BusinessEntityMedicaidIdentifier": "0123451",
    "StaffOtherID": "122333444",
    "SequenceID": "202507220955",
    "StaffID": "122333444",
    "StaffSSN": "122333444",
    "EmployeeNPI": null,
    "StaffLastName": "Direct Care",
    "StaffFirstName": "Worker",
    "StaffEmail": "OH_DCW@emailaddress.com",
    "StaffPosition": null
    "EmployeeMedicaidID": "1234567",

  }
]
```

Appendix C - JSON Sample – Visit


```
[
  {
    "BusinessEntityID": "12345",
    "BusinessEntityMedicaidIdentifier": "1234567",
    "VisitOtherID": "20250114708",
    "SequenceID": 20250114708,
    "StaffOtherID": "13467286",
    "PatientOtherID": "1234",
    "PatientMedicaidID": "123456789101",
    "ClientPayerID": null,
    "VisitCancelledIndicator": "false",
    "Payer": "ODM",
    "PayerProgram": "SP",
    "ProcedureCode": "T1001",
    "Modifier1": "U9",
    "TimeZone": "US/Eastern",
    "AdjInDateTime": null,
    "AdjOutDateTime": null,
    "BillVisit": true,
    "HoursToBill": 120,
    "GroupVisitCode": null,
    "VisitMemo": null,
    "Calls": [
      {
        "CallExternalID": "10005445",
        "CallDateTime": "2024-01-10T01:07:00Z",
        "CallAssignment": "Call In",
        "CallType": "Telephony",
        "ProcedureCode": "T1001",
        "PatientIdentifierOnCall": "02225",
        "MobileLogin": null,
        "VisitLocationType": "1",
        "CallLatitude": null,
        "CallLongitude": null,
        "TelephonyPIN": "1234",
        "OriginatingPhoneNumber": "6145551234"
      },
      {
        "CallExternalID": "10005445",
        "CallDateTime": "2024-01-10T03:07:00Z",
        "CallAssignment": "Call Out",
        "CallType": "Mobile",
        "ProcedureCode": "T1001",
        "MobileLogin": "Mary12@yahoo.com",
        "VisitLocationType": "1",
        "CallLatitude": "80.2",
        "CallLongitude": "81.2",,
```

```
          "TelephonyPIN":  null,
          "OriginatingPhoneNumber": null
        }
      ],
       "VisitChanges":
        [
          {
            "SequenceID": 20250114707,
            "ChangeMadeByEmail": "testadmin@test.com",
            "ChangeDateTime": "2024-01-14T03:07:00Z",
            "ReasonCode":"99",
            "ChangeReasonMemo": "Updated service"

  }
]
  }
]
```

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

Visit Post (Successful)


```
{
"id": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
"status": null,
"token": null,
"messageSummary": "Transaction Received.",
"messageDetail": null,
"errorMessage": null,
"failedCount": 0,
"succeededCount": 0,
"cached": false,
"cachedDate": null,
"totalRows": 0,
"page": 0,
"pageSize": 0,
"orderByColumn": null,
"orderByDirection": null,
"data": {
"BusinessEntityID": "123545",
"BusinessEntityMedicaidIdentifier": "1234567",
"TransactionID": "73b7a9d7-a79a-45cc-9def-cb789c111f4b",
"Reason": "Transaction Received."
}
```


Appendix E - JSON Sample – Records Status

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


```
{
"id": "7577b6f6-1a06-4af3-8c55-d3b55977f3f1",
"status": null,
"token": null,
"messageSummary": "All records uploaded successfully.",
"messageDetail": null,
"errorMessage": null,
"failedCount": 0,
"succeededCount": 0,
"cached": false,
"cachedDate": null,
"totalRows": 0,
"page": 0,
"pageSize": 0,
"orderByColumn": null,
"orderByDirection": null,
"data": "All records uploaded successfully."
}
```

If the request is not yet finished being processed, the "messageSummary" will be "The result for the input UUID is not ready yet. Please try again."


```
{
  "id":  "7577b6f6-1a06-4af3-8c55-d3b55977f3f1",
  "status": null,
  "token": null,
  "messageSummary": null,
  "messageDetail": null,
  "errorMessage": null,
  "failedCount": 0,
  "succeededCount": 0,
  "cached": false,
  "cachedDate": null,
  "totalRows": 0,
  "page": 0,
  "pageSize": 0,
  "orderByColumn": null,
  "orderByDirection": null,
  "data":"The result for the input UUID is not ready yet. Please try again."
}
```

Appendix F –Group of Records

2 recipient (individual)s – Group


```
[
  {
    "BusinessEntityID": "12345",
    "BusinessEntityMedicaidIdentifier": "1234567",
    "PatientOtherID": "1234",
    "SequenceID": "1001",
    "PatientMedicaidID": "123456789101",
    "PatientAlternateID": null,
    "IsPatientNewborn": false,
    "PatientLastName": "Smith",
    "PatientFirstName": "John",
    "PatientTimezone": "US/Eastern",
    "PatientBirthDate": "1960-01-01",
    "IndividualPayerInformation": [
      {
        "Payer": "ODM",
        "PayerProgram": "SP",
        "ProcedureCode": "G0156",
        "Modifier1": null,
        "PayerClientIdentifier": "123456",
        "EffectiveStartDate": "2024-08-01",
        "EffectiveEndDate": null
      }
    ],
    "Address": [
      {
        "PatientAddressType": "Home",
        "PatientAddressIsPrimary": "true",
        "PatientAddressLine1": "100 Test St",
        "PatientAddressLine2": null,
        "PatientCity": "Columbus",
        "PatientState": "OH",
        "PatientZip": "432150000",
        "PatientLongitude": null,
        "PatientLatitude": null,
        "PatientTimezone": "US/Eastern"
      }
    ],
    "Phones": [
      {
        "PatientPhoneType": "Home",
        "PatientPhoneNumber": "6145551100"
      }
    ]
  },
```

```
  {
    "BusinessEntityID": "12345",
    "BusinessEntityMedicaidIdentifier": "1234567",
    "PatientOtherID": "1235",
    "SequenceID": "1001",
    "PatientMedicaidID": "123456789102",
    "PatientAlternateID": null,
    "IsPatientNewborn": false,
    "PatientLastName": "Smith",
    "PatientFirstName": "Jane",
    "PatientTimezone": "US/Eastern",
    "PatientBirthDate": "1960-01-01",
    "IndividualPayerInformation": [
      {
        "Payer": "ODM",
        "PayerProgram": "SP",
        "ProcedureCode": "G0156",
        "Modifier1": null,
        "PayerClientIdentifier": "123456",
        "EffectiveStartDate": "2024-08-01",
        "EffectiveEndDate": null
      }
    ],
    "Address": [
      {
        "PatientAddressType": "Home",
        "PatientAddressIsPrimary": "true",
        "PatientAddressLine1": "100 Main St",
        "PatientAddressLine2": null,
        "PatientCity": "Columbus",
        "PatientState": "OH",
        "PatientZip": "432150000",
        "PatientLongitude": null,
        "PatientLatitude": null,
        "PatientTimezone": "US/Eastern"
      }
    ],
    "Phones": [
      {
        "PatientPhoneType": "Home",
        "PatientPhoneNumber": "6145551111"
      }
    ]
  }
]
```

Appendix G – Covered Programs and Services

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

Payer	Payer Program	Procedure Code	Start Date	End Date
ODM	SP	G0156		
ODM	SP	G0299		
ODM	SP	G0300		
ODM	SP	T1000		
ODM	SP	T1001		
ODM	SP	T1001, Modifier: U9		
ODM	SP	G0151		
ODM	SP	G0152		
ODM	SP	G0153		
ODM	OHC	S5125		
ODM	OHC	T1003		
ODM	OHC	T1019		
ODM	OHC	T1002		
ODM	OHCPD	T2025		
ODM	OHCPD	S5125**		
ODM	OHCPD	T1019**		
ODM	OHCPD	T1002**		
ODM	OHCPD	T1003**		
Aetna	SP	G0156		12/31/2025
Aetna	SP	G0299		12/31/2025
Aetna	SP	G0300		12/31/2025
Aetna	SP	T1000		12/31/2025
Aetna	SP	T1001		12/31/2025
Aetna	SP	T1001, Modifier: U9		12/31/2025
Aetna	SP	G0151		12/31/2025
Aetna	SP	G0152		12/31/2025
Aetna	SP	G0153		12/31/2025
Aetna	MyC	S5125		12/31/2025
Aetna	MyC	T1002		12/31/2025
Aetna	MyC	T1003		12/31/2025

Payer	Payer Program	Procedure Code	Start Date	End Date
Aetna	MyC	T1019		12/31/2025
Aetna	MyC	ECL		12/31/2025
Aetna	MyCPD	T2025		12/31/2025
Aetna	MyCPD	S5125**		12/31/2025
Aetna	MyCPD	T1002**		12/31/2025
Aetna	MyCPD	T1003**		12/31/2025
Aetna	MyCPD	T1019**		12/31/2025
Amerihealth Caritas	SP	G0156		
Amerihealth Caritas	SP	G0299		
Amerihealth Caritas	SP	G0300		
Amerihealth Caritas	SP	T1000		
Amerihealth Caritas	SP	T1001		
Amerihealth Caritas	SP	T1001, Modifier: U9		
Amerihealth Caritas	SP	G0151		
Amerihealth Caritas	SP	G0152		
Amerihealth Caritas	SP	G0153		
Anthem	MyC	ECL	1/1/2026	
Anthem	MyC	S5125	1/1/2026	
Anthem	MyC	T1002	1/1/2026	
Anthem	MyC	T1003	1/1/2026	
Anthem	MyC	T1019	1/1/2026	
Anthem	MyCPD	T2025	1/1/2026	
Anthem	MyCPD	T1019**	1/1/2026	
Anthem	MyCPD	S5125**	1/1/2026	
Anthem	MyCPD	T1002**	1/1/2026	
Anthem	MyCPD	T1003**	1/1/2026	
Anthem	SP	G0156		
Anthem	SP	G0299		
Anthem	SP	G0300		
Anthem	SP	T1000		
Anthem	SP	T1001		
Anthem	SP	T1001, Modifier: U9		
Anthem	SP	G0151		
Anthem	SP	G0152		
Anthem	SP	G0153		
Buckeye	SP	G0156		

Payer	Payer Program	Procedure Code	Start Date	End Date
Buckeye	SP	G0299		
Buckeye	SP	G0300		
Buckeye	SP	T1000		
Buckeye	SP	T1001		
Buckeye	SP	T1001, Modifier: U9		
Buckeye	SP	G0151		
Buckeye	SP	G0152		
Buckeye	SP	G0153		
Buckeye	MyC	S5125		
Buckeye	MyC	T1002		
Buckeye	MyC	T1003		
Buckeye	MyC	T1019		
Buckeye	MyC	ECL		
Buckeye	MyCPD	T2025		
Buckeye	MyCPD	T1019**		
Buckeye	MyCPD	S5125**		
Buckeye	MyCPD	T1002**		
Buckeye	MyCPD	T1003**		
CareSource	SP	G0156		
CareSource	SP	G0299		
CareSource	SP	G0300		
CareSource	SP	T1000		
CareSource	SP	T1001		
CareSource	SP	T1001, Modifier: U9		
CareSource	SP	G0151		
CareSource	SP	G0152		
CareSource	SP	G0153		
CareSource	MyC	S5125		
CareSource	MyC	T1002		
CareSource	MyC	T1003		
CareSource	MyC	T1019		
CareSource	MyC	ECL		
CareSource	MyCPD	T2025		
CareSource	MyCPD	S5125**		
CareSource	MyCPD	T1002**		
CareSource	MyCPD	T1003**		

Payer	Payer Program	Procedure Code	Start Date	End Date
CareSource	MyCPD	T1019**		
Humana	SP	G0156		
Humana	SP	G0299		
Humana	SP	G0300		
Humana	SP	T1000		
Humana	SP	T1001		
Humana	SP	T1001, Modifier: U9		
Humana	SP	G0151		
Humana	SP	G0152		
Humana	SP	G0153		
Molina	SP	G0156		
Molina	SP	G0299		
Molina	SP	G0300		
Molina	SP	T1000		
Molina	SP	T1001		
Molina	SP	T1001, Modifier: U9		
Molina	SP	G0151		
Molina	SP	G0152		
Molina	SP	G0153		
Molina	MyC	S5125		
Molina	MyC	T1002		
Molina	MyC	T1003		
Molina	MyC	T1019		
Molina	MyC	ECL		
Molina	MyCPD	T2025		
Molina	MyCPD	T1019**		
Molina	MyCPD	S5125**		
Molina	MyCPD	T1002**		
Molina	MyCPD	T1003**		
UHC	SP	G0156		
UHC	SP	G0299		
UHC	SP	G0300		
UHC	SP	T1000		
UHC	SP	T1001		
UHC	SP	T1001, Modifier: U9		
UHC	SP	G0151		

Payer	Payer Program	Procedure Code	Start Date	End Date
UHC	SP	G0152		
UHC	SP	G0153		
UHC	MyC	S5125		12/31/2025
UHC	MyC	T1002		12/31/2025
UHC	MyC	T1003		12/31/2025
UHC	MyC	T1019		12/31/2025
UHC	MyC	ECL		12/31/2025
UHC	MyCPD	T2025		12/31/2025
UHC	MyCPD	T1019**		12/31/2025
UHC	MyCPD	S5125**		12/31/2025
UHC	MyCPD	T1002**		12/31/2025
UHC	MyCPD	T1003**		12/31/2025
DODD	DD	HPC*		
DODD	DD	T1002		
DODD	DD	T1003		
DODD	DD	G0493		
DODD	DD	G0493, Modifier: U9		
DODD	DD	G0494		
DODD	DD	RR		
DODD	PDHPC	HPC*		
ODA	PP	S5125		
ODA	PP	T1002		
ODA	PP	T1003		
ODA	PP	T1019		
ODA	PP	ECL		
ODA	PPPD	T1019**		
ODA	PPPD	T2025		
ODA	PPPD	S5125**		
ODA	PPPD	T1002**		
ODA	PPPD	T1003**		

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

***OHCPD, MyCPD and PPPD services S5125, T1002, T1003, T1019 only apply to Fiscal Intermediaries.*

Appendix H – Reason Codes

Reason Code	Description	Note Required?
99	Documentation on file supports manual change	No

Appendix I – Exceptions

Exceptions are calculated by Sandata and show in the aggregator system once data is received from Alternate EVV vendor. All the exceptions below can only be resolved by sending a visit update with the missing data.

Exception Code	Exception Name	Description
0	Unknown Recipient	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.
1	Unknown Employee	(Only applicable to Telephony visit capture) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded).
3	Visit without In Call	Exception thrown when a visit is recorded without a Call In that began the visit.
4	Visit without Out Call	Exception thrown when a visit is recorded without a Call Out that completed the visit.
23	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.
34	Unauthorized Service	Identifies when the service selected is not valid for the client. The recipient record must contain all service combinations valid for that recipient.
42	Missing Location	A VisitLocationType for the visit has not been provided.
45	Missing Medicaid ID	Exception that identifies when the client associated with the visit does not have a PatientMedicaidID. If the recipient will not have a PatientMedicaidID the exception will not resolve.

Appendix J – Time Zones

Time Zone Code	Daylight Savings Time Observed?
US/Alaska	Active
US/Aleutian	Active
US/Arizona	Inactive
US/Central	Active
US/East-Indiana	Active
US/Eastern	Active
US/Hawaii	Inactive
US/Indiana-Starke	Active
US/Michigan	Active
US/Mountain	Active
US/Pacific	Active
US/Samoa	Inactive
America/Indiana/Indianapolis	Active
America/Indiana/Knox	Active
America/Indiana/Marengo	Active
America/Indiana/Petersburg	Active
America/Indiana/Vevay	Active
America/Indiana/Vincennes	Active
Canada/Atlantic	Active
Canada/Central	Active
Canada/East-Saskatchewan	Inactive
Canada/Eastern	Active
Canada/Mountain	Active
Canada/Newfoundland	Active
Canada/Pacific	Active
Canada/Saskatchewan	Active
Canada/Yukon	Active
America/Puerto Rico	Inactive