



3 West Road | Virks Building | Cranston, RI 02920

June 6, 2019

Dear Valued Provider;

Thank you again for your support as the Rhode Island Executive Office of Health and Human Services continues to implement EVV, working towards the compliance date of 1/1/2020.

Attached, please find the Third Party EVV Addendum v1.0 for the Open EVV solution. This option allows providers to contract with a vendor of their choice, who will submit verified visit data to an aggregator.

We appreciate and value your partnership and look forward to our continued collaboration with you to meet the requirements for Electronic Visit Verification in the most efficient way possible.

Sincerely,  
Meg Carpinelli  
Project Manger EOHHS  
[Margaret.Carpinelli@ohhs.ri.gov](mailto:Margaret.Carpinelli@ohhs.ri.gov)





Rhode Island EOHHS  
Third Party EVV Addendum v1.0

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Companion Guide to  
Third Party Alternate EVV System  
Specification v7.1

Sandata Technologies, LLC  
26 Harbor Park Dr.  
Port Washington, NY 11050  
Toll Free: 800-544-7263  
Tel: 516-484-4400  
Fax: 516-484-0679  
Email: [info@sandata.com](mailto:info@sandata.com)  
Web: [www.sandata.com](http://www.sandata.com)

## Version Update

Name	Title	Changes	Date
Pamela Brooks	Product Delivery Owner	Initial Draft	5/22/19

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## 1 Overview

This specification is intended to document any additional required attributes and the attributes for this specification that have values specific for Rhode Island EOHHS pertaining to the Third Party EVV API are required or recommended. Any additional attributes sent by Rhode Island EOHHS Third Party EVV Providers will not be validated but will be stored by Sandata.

### 1.1 Intended Audience

The intended audience of this document is:

- Project Management and Technical teams at Sandata.
- Project Management and Technical teams at Rhode Island EOHHS who will be implementing this interface.

## 2 Rhode Island EOHHS Specific Requirements

This interface, for Rhode Island EOHHS, is intended for Third Party EVV Vendors to provide completed visits on a daily basis to the Sandata Aggregator. Visits are considered to be completed when all required information has been supplied for the visit and all visit exceptions have been remediated. Sandata will verify that visits received pass all Rhode Island EOHHS edit rules on receipt. Note that the expectation is that all visit changes will be supplied along with the final completed visit.

## 3 Third Party Alternative EVV System API

The following tables reflect all required fields in the Third Party Alternative EVV System Specification. The intent of this document is to identify the RI-EOHHS 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.

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Values
Provider Identification						
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider. Values: SandataID, NPI, API, MedicaidID, TaxID, Taxonomy, Legacy, Other.	20	String	Yes	Other
2	ProviderID	Unique identifier for the agency.	64	String	Yes	Rhode Island's Medicaid Provider Number
Client General Information						
2	ClientFirstName	Client's First Name.	30	String	Yes	Client First Name
4	ClientLastName	Client's Last Name.	30	String	Yes	Client Last Name
5	ClientQualifier	Value being sent to unique identify the client. Values: ClientSSN, ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	MedicaidID
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	10 digits
7	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	Must be MedicaidID across all data sources
9	SequenceID	The Third Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	Sequence ID
13	ClientTimeZone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values.	64	String	Yes	US/Eastern
Client Payer Information						
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	Reference Appendix 1 for list of payer IDs
2	PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation.	9	String	Yes	Reference Appendix 1 for list of program IDs
3	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	Reference Appendix 2 for list of valid service codes for RI-EOHHS, MCOs and CDS

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Values
Client Address						
1	ClientAddressType	Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	Home   Business   Other
2	ClientAddressIsPrimary	One address must be designated as primary. Values: true/false	5	String	Yes	True   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	Client's Address
6	ClientCity	City associated with this address.	30	String	Yes	Client's City
7	ClientState	State associated with this address. Two Character standard abbreviation.	2	String	Yes	RI
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. Format #####.	9	String	Yes	Client's Zip Code
9	ClientAddressLongitude	Calculated for each address.	(99.999999 999999999)	Decimal	Yes	Client's GPS Coordinates
10	ClientAddressLatitude	Calculated for each address.	(99.999999 999999999)	Decimal	Yes	Client's GPS Coordinates
Client Phone (optional)						
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	Required if provided	Home   Mobile   Business   Other
2	ClientPhone	Client phone number. Format #####.	10	String	Required if provided	Client's phone number
Employee General Information						
1	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	EmployeeSSN   EmployeeRegID   EmployeeCustomID
2	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.	9	String	Yes	[Value]
4	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	Sequence ID

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Values
5	EmployeeSSN	Employee Social Security Number. Employee SSN may be required depending on the program rules. Format - #####.	9	String	Yes	5 leading digits to mask + last four SSN digits (e.g. 00000xxxx)
6	EmployeeLastName	Employee's Last Name	30	String	Yes	Employee's Last Name
7	EmployeeFirstName	Employee's First Name	30	String	Yes	Employee's First Name
8	EmployeeEmail	Employee's Email Address	64	String	Yes	Employee's Email Address
Visit General Information						
1	VisitOtherID	Visit identifier in the external system	50	String	Yes	Visit ID
2	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	Sequence ID
3	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	EmployeeSSN   EmployeeRegID   EmployeeCustomID
5	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.	9	String	Yes	[Value]
7	ClientIDQualifier	Value being sent to unique identify the client. Values: ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	MedicaidID
8	ClientID	Identifier used in the client element.	64	String	Yes	[Value]
10	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	[Value]
11	VisitCancelledIndicator	True/false – allows a visit to be cancelled / deleted based on defined rules.	5	String	Yes	True   False
12	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	Reference Appendix 1 for list of Payer IDs
13	PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation.	9	String	Yes	Reference Appendix 1 for list of Program IDs
14	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	Reference Appendix 2 HCPCS column for list of valid service codes for RI-EOHHS, MCOs and CDS



Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Values
19	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	US/Eastern
Calls						
1	CallExternalID	Call identifier in the external system	16	String	Yes	Third Party EVV Call Identifier
2	CallDateTime	Event date time. Must be at least to the second.	20	Date Time	Yes	Call Date and Time
3	CallAssignment	Values: Time In, Time Out, Other	10	String	Yes	Time In   Time Out   Other
5	CallType	The type of device used to create the event. Values: Telephony, Mobile, FVV, Manual, Other. 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		Reference Appendix 2 for list of valid service codes for RI-EOHHS, MCOs and CDS
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional; see description in spec	[Value]
Visit Exception Acknowledgement						
1	ExceptionID	ID for the exception being acknowledged. Exact values for exceptions implemented are based on program rules.	2	String		Reference Appendix 4 Exception Code column for list of valid exception codes for RI-EOHHS
Visit Changes						
1	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	String	Yes	Sequence ID
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	User/System ID
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	Date Time	Yes	Date   Time
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	Reference Appendix 3 Reason Code column for list of valid reason codes for RI-EOHHS

Index	Element [Column Name]	Description	Max Length	Type	Required?	Expected Values
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	256	String	Conditional	See Appendix 3 Note Required? column

## Appendices

### 1 Payers & Programs

ID	Payer ID	Program/Waiver Name	Program ID	Covered Services	Description
01	RI-EOHHS	DEA	MDE010	Personal Care - S5125	DEA Community Home Care Program
02	RI-EOHHS	DEA	MDE010	Homemaker - S5130	DEA Community Home Care Program
03	RI-EOHHS	DEA	MDE010	Combined PC&H - S5125U1	DEA Community Home Care Program
04	RI-EOHHS	DEA	MDE030	Combined PC&H - S5125U1	DEA Co Pay Level 1
05	RI-EOHHS	DEA	MDE040	Combined PC&H - S5125U1	DEA Co Pay Level 2
06	RI-EOHHS	DHS-LTC/AS	MCS010	Personal Care - S5125	CORE
07	RI-EOHHS	DHS-LTC/AS	MCS010	Homemaker - S5130, S5130L	CORE
08	RI-EOHHS	DHS-LTC/AS	MCS010	Combined PC&H - S5125U1	CORE
09	RI-EOHHS	DHS-LTC-ADULT SERVICE	MPS010	Personal Care - S5125	PREVENTIVE
10	RI-EOHHS	DHS-LTC-ADULT SERVICE	MPS010	Homemaker - S5130, S5130L	PREVENTIVE
11	RI-EOHHS	DHS-LTC-ADULT SERVICE	MPS010	Combined PC&H - S5125U1	PREVENTIVE

12	RI-EOHHS	HCBS	MBD030	Personal Care - S5125	HCBS
13	RI-EOHHS	HCBS	MBD030	Homemaker - S5130, S5130L	HCBS
14	RI-EOHHS	HCBS	MBD030	Combined PC&H - S5125U1	HCBS
15	RI-EOHHS	OLTSS	MHB010	Personal Care - S5125	Habilitation
16	RI-EOHHS	OLTSS	MHB010	Homemaker - S5130, S5130L	Habilitation
17	RI-EOHHS	OLTSS	MHB010	Combined PC&H - S5125U1	Habilitation
18	RI-EOHHS	OLTSS	MHB010	PDN - T1000R, T1000L	Habilitation
19	Tufts Health Plan	Rite Care	TU03738		Tufts FEIN 800721489
20	Tufts Health Plan	Rhody Health Partners	TU03743		Tufts FEIN 800721489
21	Tufts Health Plan	Medicaid Expansion	TU03742		Tufts FEIN 800721489
22	United Healthcare	Rite Care	UH08257		United FEIN 050413469
23	United Healthcare	Rhody Health Partners	UH00097		United FEIN 050413469
24	United Healthcare	Medicaid Expansion	UN95122		United FEIN 050413469
25	Neighborhood Health Plan	Rite Care	NH11278		Neighborhood FEIN 050477052
26	Neighborhood Health Plan	Rhody Health Partners	NH00097		Neighborhood FEIN 050477052
27	Neighborhood Health Plan	Medicaid Expansion	NE95121		Neighborhood FEIN 050477052
28	Neighborhood Health Plan	Rhody Health Options I	NE94348		Neighborhood FEIN 050477052
29	Neighborhood Health Plan	Rhody Health Options II	NE45961		Neighborhood FEIN 050477052
30	CDS	All			

## 2 Services & Modifiers

ID	Payer	Program	HCPCS	Mod1	Mod2	Mod3	Mod4	Description
SVC-01	RI-EOHHS	All	S5125	U1				Combined Homemaker & Personal Care
SVC-02	RI-EOHHS	All	S5125	U1	UJ			Combined Homemaker & Personal Care
SVC-03	RI-EOHHS	All	S5125	U1	UH			Combined Homemaker & Personal Care
SVC-04	RI-EOHHS	All	S5125	U1	TV			Combined Homemaker & Personal Care
SVC-05	RI-EOHHS	All	S5125	U1	U9			Combined Homemaker & Personal Care
SVC-06	RI-EOHHS	All	S5125	U1	UJ	U9		Combined Homemaker & Personal Care
SVC-07	RI-EOHHS	All	S5125	U1	UH	U9		Combined Homemaker & Personal Care
SVC-08	RI-EOHHS	All	S5125	U1	TV	U9		Combined Homemaker & Personal Care
SVC-09	RI-EOHHS	All	S5125					Personal Care
SVC-10	RI-EOHHS	All	S5125	UJ				Personal Care
SVC-11	RI-EOHHS	All	S5125	UH				Personal Care
SVC-12	RI-EOHHS	All	S5125	TV				Personal Care
SVC-13	RI-EOHHS	All	S5125	U9				Personal Care
SVC-14	RI-EOHHS	All	S5125	UJ	U9			Personal Care
SVC-15	RI-EOHHS	All	S5125	UH	U9			Personal Care
SVC-16	RI-EOHHS	All	S5125	TV	U9			Personal Care
SVC-17	RI-EOHHS	All	S5130					Homemaker
SVC-18	RI-EOHHS	All	S5130	TE				Homemaker - LPN
SVC-19	RI-EOHHS	All	T1000					Private Duty Nursing (PDN)
SVC-20	RI-EOHHS	All	T1000	UH				Private Duty Nursing (PDN)

SVC-21	RI-EOHHS	All	T1000	UJ				Private Duty Nursing (PDN)
SVC-22	RI-EOHHS	All	T1000	TV				Private Duty Nursing (PDN)
SVC-23	RI-EOHHS	All	T1000	TU				Private Duty Nursing (PDN)
SVC-24	RI-EOHHS	All	T1000	TE				Private Duty Nursing (PDN) - LPN
SVC-25	RI-EOHHS	All	T1000	TE	UH			Private Duty Nursing (PDN) - LPN
SVC-26	RI-EOHHS	All	T1000	TE	UJ			Private Duty Nursing (PDN) - LPN
SVC-27	RI-EOHHS	All	T1000	TE	TV			Private Duty Nursing (PDN) - LPN
SVC-28	RI-EOHHS	All	T1000	TE	TU			Private Duty Nursing (PDN) - LPN
SVC-29	RI-EOHHS	CDS	S5125					Attendant Care Services, High Acuity, per 15 min
SVC-30	RI-EOHHS	CDS	S5130					Homemaker services, not otherwise specified, 15 min
SVC-31	RI-EOHHS	CDS	T2020	U5	U6	U7	UA TG	Home Based Day Program
SVC-32	RI-EOHHS	CDS	T2017					Community-Based Supports (Standard)
SVC-33	RI-EOHHS	ALL	T1004					Services of a qualified nursing aide, up to 15 minutes.
SVC-34	RI-EOHHS	ALL	S5130					Homemaker services, not otherwise specified, per 15 minutes.
SVC-35	RI-EOHHS	ALL	S5125					Attendant care services, per 15 minutes
SVC-36	RI-EOHHS	ALL	S5125	U1				Combination of personal care and homemaking, rendered at the same time, per 15 minutes. U1 modifier must be included each time this service is billed.
SVC-37	RI-EOHHS	ALL	S9123					Nursing care, in the home; by registered nurse, per hour

SVC-38	RI-EOHHS	ALL	S9124					Nursing care, in the home; by licensed practical nurse, per hour
SVC-39	RI-EOHHS	CDS	S9122					Home Health Aide (HHA) or Certified Nursing Assistant (CNA) providing care in the home, per hour. This code is to be used to render HHA/CNA
SVC-40	RI-EOHHS	CDS	T1019					Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment

### 3 Reason Codes

Reason Code	Description	Note Required?
REASON-1	Client Cancel	No
REASON-2	Staff Cancel	No
REASON-3	Scheduling Error	No
REASON-4	Removed from home by family	No
REASON-5	Patient expired	No
REASON-6	Frequency orders changed	No
REASON-7	Patient in hospital	No
REASON--8	MD appt - not home	No
REASON-9	No answer to locked door	No
REASON-10	No call - No show	No
REASON-11	No orders - not billable	No
REASON-12	Duplicate Entry	No
REASON-13	Adj made, rebill to other Payer	No
REASON-14	Patient DC	No
REASON-15	Patient changed insurance	No
REASON-16	Patient/caregiver refused	No
REASON-30	Other	Yes



#### 4 Visit Exceptions

Exception Code	Exception Name	Description
01	Unknown Clients	Exception for a visit that was performed for a client that is not yet entered or not found in the EVV system.
02	Unknown Employees	(Telephonic only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded).
03	Invalid Service	(Telephonic Only) Exception when the service selected for a visit is not valid for the program / recipient of care.
04	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.
05	Visits Without In-Calls	Exception thrown when a visit is recorded without an "in" call that began the visit.
06	Visits Without Out Calls	Exception thrown when a visit is recorded without an "out" call that completed the visit.
07	Unmatched Client ID / Phone	(Telephonic only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system.
08	GPS Distance Exception	(Mobile only) Exception that occurs when the GPS coordinates recorded for a visit are outside the parameterized tolerance (in feet) from a known address for the member / recipient in the EVV system.
13	Unscheduled Visits	Exception for visits that have no associated schedule in the system.

## 5 Abbreviations

Abbreviation	Name
ANI	Automatic Number Identification
BYOD	Bring Your Own Device
CDS	Consumer Directed Services
EVV	Electronic Visit Verification
FI	Fiscal Intermediary
GPS	Global Positioning System
IVR	Interactive Voice Response – the underlying system used for telephony
MVV	Mobile Visit Verification
PA	Prior Authorization
PIN	Personal Identity Number
SMC	Sandata Mobile Connect
SSN	Social Security Number
TVV	Telephonic Visit Verification

## 6 Terminology

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