

Alternate EVV Vendor Implementation Guide



Netsmart

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Introduction

Overview

This implementation guide is prepared by Netsmart and is intended for Alternate Electronic Visit Verification (EVV) Vendors who will integrate with Netsmart for aggregation services. This guide and referenced information provide a complete business overview, technical specifications, infrastructure requirements, testing information, and the steps to complete an implementation.

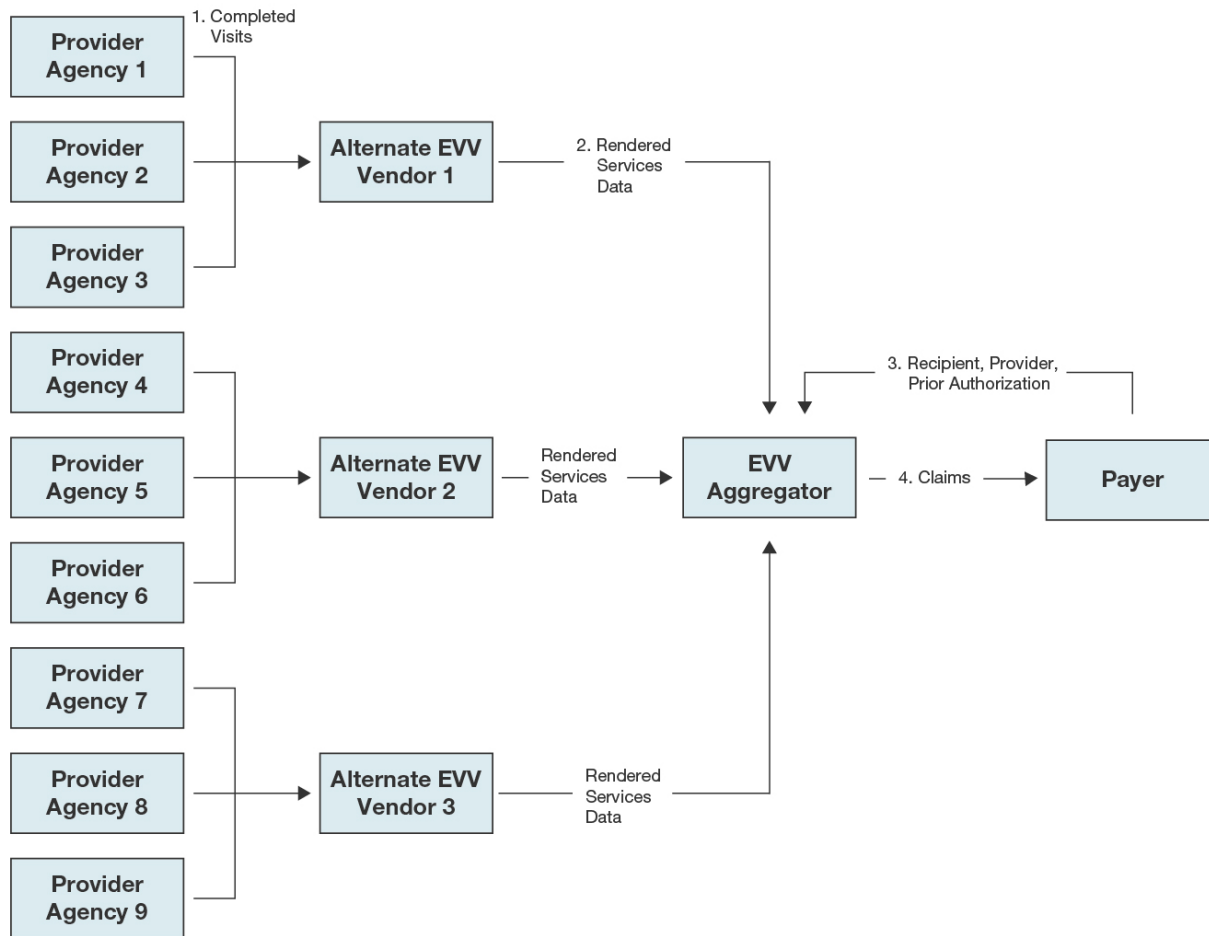
Business Background

Many state Medicaid programs are electing to implement the open vendor model for EVV services. With this model, the state may select a single EVV vendor to aggregate EVV data and submit claims, but it also allows Providers, Managed Care Organizations (MCO), or Fiscal Intermediaries (FI) to contract with other EVV vendors meeting the state mandated criteria. This allows provider agencies to electronically verify completed home care visits using the EVV vendor of their choice.

The “Alternate EVV Vendor” submits the visit information to the payer-selected aggregator. The Payer/MMIS sends Provider, Recipient (Member) and Prior Authorization (PA) data to the aggregator. Finally, the aggregator may perform pre-adjudication logic to verify that the visit aligns with a valid Provider, Recipient, and PA, and that the visit meets payer EVV business requirements before generating the claim data and transmitting it to the Payer.

The benefits of the open model with EVV aggregation are as follows:

- The Payer does not need to integrate with multiple EVV Vendors
- The Payer receives a single uniform stream of claims data
- (Optional to Payer) The visit data has passed a pre-adjudication process before submission to the Payer
- The Payer is provided with a uniform set of data and reports across the scope of business addressed by EVV



Alternate EVV Vendor Compliance

Netsmart has coordinated with MCOs and state Medicaid programs to arrive at a basic set of requirements for Alternate EVV Vendors to participate in EVV aggregation. These requirements have been established to ensure the Payer receives uniform and high-quality visit data regardless of the Alternate EVV Vendor. Netsmart's [website](#) contains the latest specifications including the Rendered Services Data Dictionary.

Implementation Checklist

Step-by-Step Process to Integrate

1. Provider notifies their Alternate EVV Vendor they are providing EVV services that are in-scope under the EVV mandate. Provider completes survey on MCG+ (listed below) and upon completion, Vendor is contacted by Provider to complete Vendor-specific survey
 - <https://mobilecaregiverplus.com/resources/>
 - Note: Alternate EVV Vendor must have at least one (1) Provider that will serve as the “Pilot Provider” during the integration effort.
2. Alternate EVV Vendor electronically reviews and signs the Netsmart Integration agreement and State Attestation (if applicable) and is required to provide a list of Providers that will be utilizing the integration.
3. Alternate EVV Vendor is required to review all documentation located on the Mobile Caregiver+ Payer-specific site listed below, included, but not limited to the Implementation Guide, Rendered Services Data Dictionary, Quick Reference Guide, and test scenarios.
4. <https://mobilecaregiverplus.com/resources/> Alternate EVV Vendor participates in a Netsmart scheduled Town Hall which will overview the Integration process and answer questions
 - Town Hall will be recorded and shared with any Vendors not identified at the time of the Town Hall
5. Alternate EVV Vendor completes ‘SFTP Worksheet’ indicating all Vendor IP addresses and other pertinent information and returns to Netsmart Integration Team
6. Netsmart Integration Team returns completed SFTP Worksheet to Alternate EVV Vendor, containing credentials for Netsmart’s UAT and Production environments.
7. Alternate EVV Vendor begins developing their Rendered Services test cases and transmits data to the Netsmart UAT environment. Alternate EVV Vendor is required to demonstrate their ability to successfully submit Rendered Services test cases, review ‘rejected’ responses, make corrections, and successfully resubmit.
8. After Alternate EVV Vendor has exhausted all testing scenarios and is confident in understanding the behavior of the Integration, Alternate EVV Vendor opens a Service Now ticket requesting Netsmart to review UAT data and approval to move to Pilot Provider Phase.
9. Once Netsmart approves testing, Alternate EVV Vendor transmits production data for Pilot Provider only.
10. Once the Pilot Provider is deemed successful, Netsmart and Alternate EVV vendor will participate in a final sign-off meeting. Alternate EVV Vendor will be asked to complete a Pre-Approval Attestation.
11. From this point forward, the integration is treated as a production solution, with customer support offered by Netsmart per the Support Model outlined below.

Technical Information

File Specifications

Netsmart has published file specifications, sample files, and this Implementation Guide for the Rendered Services data feed here: <https://mobilecaregiverplus.com/resources/>

We recommend checking this site periodically for updated documents. If Netsmart makes updates to this documentation that require action on your part, Netsmart will notify you via email.

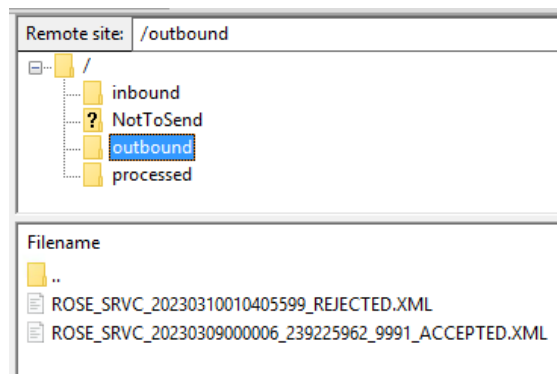
File Submission Method

The Alternate EVV Vendor is responsible for aggregating data from the provider agencies that they represent. Netsmart will create one (1) data connection between the Alternate EVV Vendor and Netsmart. The Alternate EVV Vendor will need to submit all data via this single connection; connections will not be created per Provider nor per State.

Data can be submitted via Secure File Transfer Protocol (SFTP) or via Web Services API. Netsmart's Web API provides a secure transmission of data using TLS and our SFTP service provides a secure transmission of data using SFTP/SSH; the data files that are transferred are encrypted using openPGP.

SFTP and File Naming Convention

If SFTP is used to transmit data, data files can be sent in as a pipe-delimited TXT file or XML file. The maximum file size for XML is 4MB (approx. 1,200 visits), pipe-delimited is also a maximum of 1,200 visits, and will need to be placed in the Alternate EVV Vendor's **inbound** folder on the SFTP. Netsmart's system polls the inbound folder every 10-15 minutes, processes any files found, and creates a result file in the **outbound** folder. The Alternate EVV Vendor's system will need to poll the outbound folder for results throughout the day. Netsmart will create credentials and the Alternate EVV Vendor will be assigned a four-letter 'SourceID' along with a typecode value. The SFTP folder layout is below for reference.



The following base format file naming convention must be used when submitting data via SFTP. The extended format file naming convention is highly recommended but not required.

Base format:

<SourceID>_<FileType>_<DateTime>.<FileExtension>

- <SourceID> = The 4-letter identifier assigned to the Alternate EVV Vendor (SourceSystem)
- <FileType> = Literal "SRVC" (Rendered Services)
- <DateTime> = Date and time data file was generated; formatted as YYYYMMDDHHMMSS
- <FileExtension> = TXT or XML

Inbound File Examples:

- ABCD_SRVC_20200401105422.TXT
- ABCD_SRVC_20200401105422.XML

Extended format (Highly Recommended):

<SourceID>_<FileType>_<DateTime>_<Any Provider Identifier>.<FileExtension>

Netsmart extended the file naming convention to allow for an optional Provider identifier. Any unique identifier for the provider agency location will work so long as it is placed after the <DateTime> field and before the extension, offset by underscore "_" characters. The EIN_NPI identifier combination is common.

Netsmart will echo the file name, including the Provider identifier within the accepted or rejected filenamings convention. The Alternate EVV Vendor can use this information to route the responses to the impacted Provider.

Inbound File Examples:

- ABCD_SRVC_20200401105422_123456789_1098765432.TXT
- ABCD_SRVC_20200401105422_123456789_1098765432.XML

Response File

Examples:

- ABCD_SRVC_20200401105422_123456789_1098765432_ACCEPTED.TXT
- ABCD_SRVC_20200401105422_123456789_1098765432_REJECTED.TXT
- ABCD_SRVC_20200401105422_123456789_1098765432_ACCEPTED.XML
- ABCD_SRVC_20200401105422_123456789_1098765432_REJECTED.XML

API and Batch Naming Convention

If Web API is used to transmit data, the data may only be transmitted in the standard XML format, the maximum file size is 4MB (approx. 1,200 visits). Many fields require a numeric typecode value, please refer to our Typecode Data Dictionary for correct numeric codes.

Netsmart generates a source XML file from this API transmission and operates the same as the SFTP method outlined previously (all files process-into Netsmart via SFTP regardless of how received from Alternate EVV Vendor) You will retrieve response files from the **outbound** directory of the SFTP.

The Alternate EVV Vendor can dictate the filenaming convention by including the <BatchId> element near the start of file (before the first RenderedService element). If this XML element is not included, Netsmart will generate the filename using the default base format as described above for SFTP. The BatchId element described, although optional, is highly recommended. Netsmart processes the file and will place results in the outbound SFTP folder. The Alternate EVV Vendor needs to monitor the SFTP outbound folder for results.

```
<RenderedServices>
```

```
  <BatchId>ABCD_SRVC_YYYYMMDDHHMMSS_ProviderIdentifier</BatchId>
```

```
  <RenderedService>
```

```
    <SourceSystem tc="123">ABCD</SourceSystem>
```

```
    ...
```

```
  <RenderedService>
```

```
</RenderedServices>
```

Automated E-mail Messages

Upon completion of processing the Rendered Service transmission, Netsmart produces an automated e-mail response indicating the following:

- Number of visits received in the transmission
- Number of 'accepted' visits (if applicable)
- Number of 'rejected' visits (if applicable)

This e-mail contains no PHI information, and no visit information. Here is an example:

```
Netsmart has processed your inbound ABCD_SRVC_20220829173312_123456789.TXT Rendered Service Source File with the following results:
```

```
Transactions Total: 25  
Transactions Accepted: 0  
Transactions Rejected: 25
```

```
Please check your FTP Server or XML response messages for error details on any rejected transactions.
```

```
Thank you,
```

```
Netsmart Integrations Department
```


Visit Statuses and Missed Visit Reason Implications

It is vital that there is a common understanding of the implications of the visit statuses that are being submitted to Netsmart. This is generally known to the development teams that have been involved in the integration process, but often the information is not filtered down to other staff and providers. **Visits are sent to Netsmart in a variety of statuses.**

This affects how the visit is processed in Netsmart and whether additional updates can or cannot be accepted. It is the responsibility of the Alternate EVV Vendor to ensure that your entire team supporting Providers, as well as the Providers themselves, understand the constant/automated data that is being submitted on their behalf. The chart below provides a basic overview of each status (**Please note, all Visits must have the same Visit ID throughout all statuses):

Netsmart Visit Status	Numeric Type Code (for XML Files)	Type Code (for Pipe delimited files)	Implications/Notes
Newly Scheduled/Rescheduled	10	NEWS	Visits received with a status of 'NEWS' are considered newly scheduled/rescheduled visits. These visits will be visible in the Visit area. These visits will remain in the Visit log and can be updated with subsequent files.
Rescheduled	15	RESC	When a previously submitted visit is rescheduled, the updated record can be sent with a status of rescheduled. It is important to keep schedules current and many of the matching logic is run against schedule times and actual times. NOTE: We do not require using this code.
Unable to Complete	60	UNBL	<p>Visits received in this status indicate that the visit will not be completed. These visits will remain in the Visit area for historical purposes. It is important to note that once a visit is in the "Unable to Complete" status, NO FURTHER UPDATES can be made either via the integration or manually within the Provider Portal. If there is a change in circumstances, a new visit with a unique Visit ID would need to be submitted.</p> <p>Visits submitted with this status also need to have a reason code. In addition to a MissedVisitReason code, visits in this status have a MissedVisitActionTaken code.</p> <p>Additional codes required:</p>

			<table border="1"> <thead> <tr> <th>Missed Visit Reason Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1 – PCAN</td> <td>Provider Cancellation</td> </tr> <tr> <td>2 – PNOS</td> <td>Provider No Show</td> </tr> <tr> <td>3 – RCAN</td> <td>Enrollee Cancellation</td> </tr> <tr> <td>4 – RNOS</td> <td>Enrollee No Show</td> </tr> <tr> <td>5 – RERR</td> <td>Scheduling Error Due to Enrollee</td> </tr> <tr> <td>6 – PERR</td> <td>Scheduling Error Due to Provider</td> </tr> <tr> <td>7 – PAIS</td> <td>Service Authorization Issue</td> </tr> <tr> <td>8 – OTHR</td> <td>Other</td> </tr> <tr> <td>9 – REFF</td> <td>Recipient Refused Care</td> </tr> <tr> <td>10 - HOSP</td> <td>Recipient Hospitalized</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Missed Visit Action Taken Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1 – CONT</td> <td>Contingency Plan Put in Place</td> </tr> <tr> <td>0 – NONE</td> <td>NONE</td> </tr> <tr> <td>6 – OTHR</td> <td>Other</td> </tr> <tr> <td>4 - RENW</td> <td>Service Authorization Renewed and Services Resumed</td> </tr> <tr> <td>5 - RESU</td> <td>Services Resumed at Next Scheduled Visit</td> </tr> <tr> <td>3 – SCHED</td> <td>Rescheduled Service for Different Day</td> </tr> <tr> <td>2 - SCHS</td> <td>Rescheduled Services for Same day</td> </tr> </tbody> </table>	Missed Visit Reason Code	Description	1 – PCAN	Provider Cancellation	2 – PNOS	Provider No Show	3 – RCAN	Enrollee Cancellation	4 – RNOS	Enrollee No Show	5 – RERR	Scheduling Error Due to Enrollee	6 – PERR	Scheduling Error Due to Provider	7 – PAIS	Service Authorization Issue	8 – OTHR	Other	9 – REFF	Recipient Refused Care	10 - HOSP	Recipient Hospitalized	Missed Visit Action Taken Code	Description	1 – CONT	Contingency Plan Put in Place	0 – NONE	NONE	6 – OTHR	Other	4 - RENW	Service Authorization Renewed and Services Resumed	5 - RESU	Services Resumed at Next Scheduled Visit	3 – SCHED	Rescheduled Service for Different Day	2 - SCHS	Rescheduled Services for Same day
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In Progress	20	INPR	In Progress should be understood as the clock-in status and should be transmitted in an automated fashion. Netsmart expects to receive this status within 60 minutes of the clock-in occurring.																																						
Completed-Hold	40	HOLD	Completed-Hold should be understood as the clock-out status and should be transmitted in an automated fashion. It's important to understand this is not the final/ready-to-be-billed status in																																						

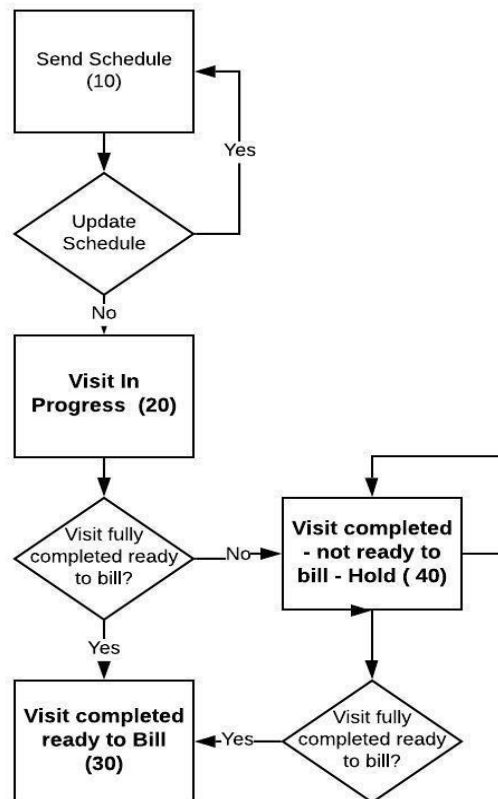
			the Alternate EVV Vendor's system. The visits will be visible under 'Visits' in the Provider Portal and are not ready for Claim processing under this status. Netsmart expects to receive this status within 60 minutes of the clock-out occurring.
Completed	30	COMP	<p>Visits received with a status of complete will be viewable in the Visit area and available in the Work List. Users will access the work list, resolve unmatched issues and release the visits for billing. Once a visit is submitted as "complete", NO FURTHER UPDATES will be accepted from the integration for these visits. Users may make corrections/changes within the Netsmart Provider Portal as appropriate.</p> <p>Additional code required:</p> <p>Visits that are completed may have issues that would cause an "Unmatched" visit in the Provider Portal – Work list. In most cases, a Reason Code can be passed to preemptively clear the error.</p>
Cancelled	50	UNSR	<p>This status is utilized to indicate that a visit has been cancelled. It is important to note that once a visit is in the "cancelled" status, NO FURTHER UPDATES can be made, either via the integration or manually. If there is a change in circumstances, a new visit would need to be submitted with a unique visit ID would need to be resubmitted.</p> <p>Additional code required:</p> <p>We do not recommend the use of the cancelled code unless the visit was never intended. For example: if the schedule was created under the wrong recipient. Otherwise, use Unable to Complete with a Reason code.</p>

As noted previously, all In-Progress (INPR) and Completed-Hold (HOLD) visits should be transmitted to Netsmart within 60 minutes of the action occurring. Newly Scheduled visits should be limited to service dates seven (7) calendar days in the future.

The following use case provides an overview of a typical daily operation:

- A Visit that in-scope for EVV is scheduled by a Netsmart-integrated Alternate EVV Vendor
 - Alternate EVV Vendor transmits Rendered Services feed to Netsmart for **Newly Scheduled** ('NEWS' type code 10) visit where the visit date is within the next seven (7) calendar days
 - If the visit is re-scheduled, then Alternate EVV Vendor transmits Rendered Services feed to Netsmart for **Rescheduled** visit ('RESC' type code 15)
 - The Caregiver/assigned staff checks-in upon arrival and the start of the visit is electronically verified by the Alternate EVV Vendor
 - Alternate EVV Vendor transmits Rendered Services feed to Netsmart indicating the visit started, utilizing **'In Progress'** ('INPR' type code 20)
 - The Caregiver/assigned staff checks-out upon completion and the end of the visit is electronically verified by the Alternate EVV Vendor
 - Alternate EVV Vendor transmits Rendered Services feed to Netsmart indicating the visit ended, utilizing **'Completed-Hold'** ('HOLD' type code 40)
 - Provider remediates visit information in Alternate EVV Vendor's system and most often creates 'invoices' in the Vendor's system
 - Alternate EVV Vendor transmits Rendered Services feed to Netsmart for **Completed** ('COMP' type code 30).
 - This transmission typically includes information in User Field 1. Once a visit is transmitted in this status, it can no longer be updated via the integration.
- If the scheduled visit does not occur for whatever reason (is cancelled by the patient/caregiver, or the assigned staff is unable to complete), then Alternate EVV Vendor transmits Rendered Services feed to Netsmart for **Unable to Complete** ('UNBL' type code 60) visit
 - Visits that are sent with Unable to Complete status (type code 60) must also include a MissedVisitReason and MissedVisitActionTaken value for compliance
 - Once a visit is transmitted in this status, it can no longer be updated via the integration
- Once a Rendered Service transmission is received, Netsmart performs preliminary syntax checks and creates a response file which confirms/rejects with error codes for all submissions in near-real time
 - Netsmart will accept/process-in all non-errored visit records
 - Corresponding 'Accepted' response file is created and retrieved by Vendor
 - Netsmart returns errors for any erroneous visit records ('rejects')
 - Corresponding 'Rejected' response file is created and retrieved by Vendor
 - Alternate EVV Vendor will provide Provider agency with error(s) to correct and resubmit all errored visit records
- Completed visits are found on the Work List section of the Provider Portal. For completed visits, Netsmart attempts to *match* verified service information from Alternate EVV Vendor submission to the Prior Authorization information on file from the Payer, according to Payer rules.

- If the match is successful, the claim record is generated by Netsmart and placed in a “Matched –” status and is available to be *released as a Claim* by the Provider to the Payer
- If the match is unsuccessful (typically due to PA issues or violation of Payer business rules), the record is placed in an “Unmatched” status and cannot be released until the errors are resolved by the Provider until it becomes “Matched”
- Provider logs into their Provider Portal to access the Work List and performs claims management
 - Review and *release* Claims in “Matched” status
 - Review, correct (by adding a Reason Code), and *release* Claims in “Unmatched” status
- Netsmart submits *released* Claims to Payer as an EDI 837P or 837I file nightly (dependent upon the Payer requirements), and Providers can view the status of their Claims in the Claims Review section of the Provider Portal
- The Payer returns EDI 835 (or similar) file to Netsmart as confirmation of the outcome of Claims submitted
 - Paid
 - Denied
 - Error
- Netsmart updates final Claim status in the Provider Portal under Claim Review
- The Payer returns EDI 835 (or similar) file directly to Providers as confirmation of the outcome of Claims submitted, and Providers follow their existing process (import/manual entry) for posting of payments and managing the accounts receivable



Rendered Services Field Names

Below are various Rendered Services Field Names along with an explanation. Please refer to the Rendered Services Data Dictionary for complete details.

Date / Time Fields

The integration specification defines three (3) sets of times. ****All times must be sent as UTC****

1. **First Set:** The first set is the ScheduledStartDateTime and the ScheduledEndDateTime. These fields should reflect the planned schedule of the visit.
2. **Second Set:** The second set is the ActualStartDateTime and the ActualEndDateTime. The Alternate EVV Vendor should always pass the time collected by the EVV device. This time should be unmanipulated and never be altered. There are two exceptions to this rule. The first is when splitting a schedule that crosses midnight and the second is when there is not an EVV check in and or out (manual entry).
3. **Third Set:** The third set of time is the InvoiceStartDateTime and InvoiceEndDateTime. The Alternate EVV Vendor should use these fields to pass the time that is to be invoiced. The InvoiceStartDateTime and/or InvoiceEndDateTime should be used as the remediated times in the event the ActualStartDateTime and/or ActualEndDateTime does not reflect the true arrival and/or departure of a visit.

Invoice Fields

There are two (2) invoice fields included within the integration specifications - InvoiceUnits and InvoiceAmounts. To ensure that the 837 created by Netsmart reflects the accurate amount of service provided, the Alternate EVV Vendor should pass the amount of units and exact dollar amount that should be billed on the 837, based on the remediated times within the Alternate EVV Vendor's system – these are passthrough fields, and whatever data are in these fields will go directly on the 837.

For example: An assigned staff member is scheduled for 10 a.m. to 12 p.m., but physically arrives at 10:15 a.m. and forgets to check in. When they remember to check in, the device captures a time of 10:49 a.m. The assigned staff checks out at 12 p.m.

- In this scenario, the ScheduledStartDateTime is 10 a.m. and the ScheduledEndDateTime is 12 p.m.
- The ActualStartDateTime to be passed is 10:49 a.m. and the ActualEndDateTime to be passed is 12 p.m.
- The InvoiceStartDateTime to be passed is 10:15 a.m.
- If the Payer requires billing in 15-minute increments, the invoice units would be seven (7) and the invoice amount would be the total amount billed for those seven (7) units.

Please note that Netsmart does not accept fractional units in the InvoiceUnits field for certain States/Payers and certain ServiceCodes. This value must be a whole number. If fractional units are passed, the units will be truncated and could result in an under billing. The Alternate EVV Vendor should pass InvoiceUnits (billable units) according to the Payer's rules.

The same logic applies to rounding. If the Payer allows for rounding times for the purpose of billing, the actual times collected by the EVV device are to be passed to Netsmart (not rounded). The rounding of the times will be reflected in the InvoiceUnits and InvoiceAmounts submitted.

Completed Visits without an EVV verified Start and/or End time

When sending a completed service that was captured using GPS, the ActualStartLatitude and ActualEndLatitude cannot be null.

If there is no EVV check in, the file should contain a start date/time (either scheduled or invoice start time as determined by the Alternate EVV Vendor) and the StartVerificationType will be 'NON'.

If there is no EVV check out, the file should contain an end date/time and the EndVerfiicationType will be 'NON'.

In these situations, the ActualStartLatitude and ActualStartLongitude and/or ActualEndLatitude and ActualEndLongitude will be blank.

UTC and Time Zones

All six time fields must be in UTC time. Additionally, we have a single TimeZone field on the Rendered Services Data Dictionary – this value should correspond to the Time Zone of where the Recipient and care were located.. Netsmart uses the TimeZone field if needed to calculate anything based on midnight. In which case, Netsmart must determine what does “midnight” really mean in context of this visit. See the TypeCode Data Dictionary for all time zone type codes. (e.g., NEWY for Eastern Time, CHIC for Central Time).

Overnight Schedules

Netsmart can accept schedules that cross midnight as one visit schedule. However, it is important to be aware how overnight schedules are validated against the Prior Authorization (PA). For overnight shifts, Netsmart considers the date that the service starts, and the total units will be allocated for that date, regardless of the end date.

For example: A schedule begins on 6/28 at 7 p.m. and ends on 6/29 at 7 a.m. The PA is for 6/28 for 12 hours. Netsmart will match to the PA that ends on 6/28 and decrement it by the full 12 hours.

Netsmart will split at midnight when required by a Payer if the Alternate EVV Vendor has not already made the split. This can lead to reconciliation issues between Netsmart and the Alternate EVV Vendor, so it is preferable for the Alternate EVV Vendor to split when required and to always split if unsure of when required by the Payer.

If the Alternate EVV Vendor is sending completed visit data that runs through midnight as described above, the **total completed services that begin on any given date** should not exceed 24 hours. If the completed services break this 24-hour rule, then the submitter must divide the visits to keep the total \leq 24 hours if required to do so by the payer.

An example of how this could occur: A recipient is authorized for 24-hour care. The Provider schedules three (3) shifts per day. On 6/27 the assigned staff began a scheduled 11 p.m. – 7 a.m. shift but the next assigned staff is late and does not clock in until midnight on 6/28.

Assigned staff 1: clock in at 6/28 at 12:00 a.m. and out at 6/28 7:00 a.m. (7 hours)

Assigned staff 2: clock in at 6/28 7:00 a.m. and out at 6/28 3:00 p.m. (8 hours)

Assigned staff 3: clock in at 6/28 3:00 p.m. and out at 6/28 11:00 p.m. (8)

Assigned staff 1: clock in at 6/28 at 11:00 p.m. and out 6/29 at 7:00 a.m. (8)

If the data is sent as four (4) rendered services transactions as enumerated above, then Netsmart will attempt to match them all to the PA that ends on 6/28 and will generate a “PA Not Enough Units” matching error. This can be avoided by splitting the overnight visit at midnight before sending to Netsmart.

If the authorizations must strictly be considered by calendar day, then the Alternate EVV Vendor must split the visit and pass two visits to Netsmart. In the above example, a 7 p.m. to 7 a.m. visit in the Alternate EVV Vendor system could be passed as two distinct visits to Netsmart (6/28 7 p.m. to 6/28 12 a.m. and 6/29 12 a.m. to 6/29 7 a.m.).

If the Alternate EVV Vendor’s system will place an automatic split, a question arises because there is no electronic visit verification at the end of the visit segment before the split or the beginning of the segment after the split. This is the only exception where the value sent in the actual time for the end of one portion of the visit and the beginning of another portion of the visit will not have an actual EVV time stamp.

In the above example (assuming GPS for check in at 7 p.m. and IVR for check out at 7 a.m.), the data would be passed as follows:

StartVerificationType	EndVerificationType	ActualStartDateTime	ActualEndDateTime	ActualStartLatitude	ActualStartLongitude	ActualEndLatitude	ActualEndLongitude
GPS	GPS	06/28/2020 19:00:00	06/28/2020 23:59:59	26.363030	- 80.121420	26.363030	- 80.121420
						Details from the end of the original visit	Details from the end of the original visit
GPS	GPS	06/29/2020 00:00:00	06/29/2020 07:00:00	26.363030	- 80.121420	26.363030	- 80.121420
				Details from the beginning of the original visit	Details from the beginning of the original visit		

The first part of this visit is missing date/time/verification for the end of the segment (highlighted in blue), so can be filled with 11:59:59 PM date/time and the GPS verification details from the end of the original visit. The second part of the visit is missing date/time/verification for the beginning of the segment (highlighted in green), so can be filled with the 12:00:00 AM date/time and the GPS verification details from the beginning of the original visit.

Userfield 1

Will be transmitted to Payer in the 837P Claim File and returned to Billing Provider in the 835RA Claim Response File. This value needs to be unique per claim submitted by provider.

MAPPINGS:

837P: 2300|CLM01-2 --> 835RA: 2100|CLP|CLP01-2

Netsmart adds a unique value as a prefix to each Userfield1 value before sending the value to the Payer. The records will look like this, with the counter incrementing if multiple claim files were sent in a single day (In the example, “10” is the Netsmart Value, “123” is your UserField1 value):

- Service Line 1 Userfield1 10;123 Sent in Claim 1 3/1/2020
- Service Line 2 Userfield1 10;123 Sent in Claim 1 3/1/2020
- Service Line 3 Userfield1 11;123 Sent in Claim 2 3/2/2020

This approach allows for accurate matching in Netsmart even when the service lines with same Userfield1 from the Alternate EVV Vendor is released by the billing Provider on different days for different claim files.

IMPORTANT: The CLM01 segment has a field limitation size of 20 characters. Netsmart will require seven (3) of those characters (including the separator value), leaving 17 characters for the Alternate EVV Vendor to pass in userfield1. Alternate EVV Vendor’s matching logic for electronic 835 posting should read only the value after the ";" to strip out the data that Netsmart has added.

Description Implications of User Field 1 on Claims Rollup

When the 837 claim is created by Netsmart, items with same date, HCPCS code, Modifier, and User Field 1 are rolled up. Netsmart has identified situations where Alternate EVV Vendor Providers have experienced denials due to incorrect usage of UserField1. Oftentimes, this field is used for invoice number so the Alternate EVV Vendor’s Provider can electronically import an 835 file.

For example: Services are provided to a recipient daily from 7 p.m. to 7 a.m. In the Alternate EVV Vendor’s system, there is one schedule, and the entire shift gets billed on the same invoice. This creates a problem when transitioning to the next week. The Alternate EVV Vendor is splitting the visits at midnight. An issue occurs at the point when part of a day is one on invoice (User Field 1) in the Alternate EVV Vendor’s system and part of invoice visit is on another. This chart illustrates a scenario where it would occur. It is important to understand the roll up when sending data in UserField1 for visits in a completed status.

		Date	Alternate EVV Vendor Schedule	Netsmart visit		Invoice/ User Field 1	837
Week 1	Sunday	5/3	7p-7a	5/3	7p-11:59pm	6-743	
				5/4	12a-7a	6-743	Roll up
	Monday	5/4	7p-7a	5/4	7p-11:59pm	6-743	
				5/5	12a-7a	6-743	Roll up
	Tuesday	5/5	7p-7a	5/5	7p-11:59pm	6-743	
				5/6	12a-7a	6-743	Roll up
	Wednesday	5/6	7p-7a	5/6	7p-11:59pm	6-743	
				5/7	12a-7a	6-743	Roll up

	Thursday	5/7	7p-7a	5/7	7p-11:59pm	6-743	
				5/8	12a-7a	6-743	Roll up
	Friday	5/8	7p-7a	5/8	7p-11:59pm	6-743	
				5/9	12a-7a	6-743	Roll up
	Saturday	5/9	7p-7a	5/9	7p-11:59pm	6-743	
				5/10	12a-7a	6-743	These visits will not roll up because the User Field 1 is different. Will result in two different claims. There will be a denial for duplication for the second 5/10 claim
Week 2	Sunday	5/10	7p-7a	5/10	7p-11:59pm	6-812	
				5/11	12a-7a	6-812	Roll up
	Monday	5/11	7p-7a	5/11	7p – 11:59pm	6-812	
				5/12	12a-7p	6-812	

AuthorizationID

The specifications provide the ability for an Alternate EVV Vendor to pass an authorization number. If Netsmart is contracted with the Payer for services, Netsmart may receive the Prior Authorization via a Payer feed. Therefore, Netsmart advises not to pass any value for this field as the value passed by the Alternate EVV Vendor will bypass our matching rules to the correct Prior Authorization on record. If Netsmart is not contracted with the Payer for services, Netsmart will not receive a feed of PA and will pass through the value sent within the AuthorizationID field to the intended recipient (e.g. HHAExchange).

Reason Codes and Clearing Unmatched Visits

Netsmart allows the Alternate EVV Vendor to pass Reason Codes that will clear some of the most typical reasons a visit is “Unmatched” on the Work List. The Reason Code will accompany the visit in a Completed status. If the Alternate EVV Vendor does not pass a Reason Code, the Provider will be required to log into the Provider Portal to select the appropriate Reason Code(s) for visits that generate “Unmatched” errors before they can release as a Claim.

For example: An assigned staff fails to check in and/or out and a VVER (visit verification) error generates, and the visit is in an “Unmatched” status. To proactively clear this error, the Alternate EVV Vendor can pass a Reason Code that will clear a VVER error (900, 905, 910, etc).

Below is a screenshot from the Work List in the Provider Portal:

Start Verification Method	Start Verification Method NON
End Verification Method	End Verification Method NON
Actual Check-In Phone	Actual Check-In Phone
Actual Check-Out Phone	Actual Check-Out Phone
Scheduled Start Time/Date	Scheduled Start Time/Date May 2, 2020, 11:00 AM
Actual Start Time/Date	Actual Start Time/Date May 2, 2020, 11:00 AM
Billable Start Date/Time	Billable Start Date/Time May 2, 2020, 11:00 AM
Scheduled End Time/Date	Scheduled End Time/Date May 2, 2020, 1:00 PM
Actual End Time/Date	Actual End Time/Date May 2, 2020, 1:00 PM
Billable End Date/Time	Billable End Date/Time May 2, 2020, 1:00 PM

Edits & Errors									
Type	Item	Error Code	Reason/Error Code	Reason/Error Code Description	Change	Modified On	Modified By	Notes	
!	ERROR Visit: Missing Start and/or End Verification	VVER	-	-	-	6/20/20, 7:50 AM	SQS Lambda	-	

As you can see, this visit had a Start Verification Method and an End Verification Method = NON, which indicates no EVV method was used to capture this visit data and is considered a manually entered visit by the Provider. This Visit has an Error Code of VVER, which means your Provider should choose a Reason Code with an ‘Error Cleared’ = VVER

Below is a list of the possible reason codes:

Reason code	Error Cleared	Description	Comments
105	VLOC	Services provided outside the home	When the GPS collected does not match the expected location, 105 should be passed.
115	VSTR	Individual/Member agreed or requested attendant or assigned staff not work schedule	If the visit start time is greater than the time allowed by the Payer (i.e., the schedule time is 9 a.m. but the EVV actual start time is 11:30 a.m.), but this was acceptable to the recipient, 115 should be passed. Currently, this error will generate if the actual start time is greater than 2 hours past the scheduled start time.
200	VVER	Small Alternative Device has been ordered	If the assigned staff is unable to check in and /or out because an alternative device is ordered but not arrived, code 200 should be passed.
205	VVER	Small Alternative Device Pending Installation	If the assigned staff could not check in and/or out because an alternative device was pending installation, code 200 should be passed.
210	VVER	Missing Small Alternative Device	If the assigned staff is unable to locate the alternative device in order to check in and/or out, code 210 should be passed.
300	VVER	Phone Lines not working – Attendant or assigned staff not able to call in.	When telephony is the designated method for EVV for a recipient, but the phone lines are not working at check in and/or out, code 300 should be passed.
305	VVER	Malfunctioning small alternative device or invalid small alternative device value	When a small alternative device is the designated method for EVV for a recipient but the device malfunctions or returns an invalid value, therefore the assigned staff is unable to check in and/or out, code 305 should be passed.
310	VVER	Malfunctioning Mobile Application	When an assigned staff is unable to check in and /or out because the mobile device malfunctions, code 310 should be passed.
400	VVER	Individual/Member does not have a home phone	If there is no home phone available and IVR is the method of EVV, code 400 should be passed.
405	VVER	Phone unavailable – Verified services were delivered	When IVR is the method of EVV but the phone is unavailable, code 405 should be passed.
410	VVER	Individual/Member refused attendant or assigned staff use of	When IVR is the method of EVV but the member refused to allow the assigned staff

		phone – verified services were delivered	to use the phone, code 410 should be passed.
800	VLOC	GPS Coordinates Not Matched	If the GPS coordinates are not matched to the expected location, the code 800 can be passed.
900	VVER	Attendant or Assigned Staff failed to call in or called in early/late–verified services were delivered	If the assigned staff fails to check in with EVV or checks in late, but checks out with EVV, and the services were delivered, code 900 should be passed. This is rare as most EVV systems do not allow an assigned staff to check out without first checking in. The reason code is necessary as the invoiced start time will be different than the actual start time or there is no actual start time collected by the EVV system.
905	VVER	Attendant or Assigned Staff failed to call out early/late – verified services were delivered	If the assigned staff fails to check out or checks out early or late, but the services were delivered, code 905 should be passed. The reason code is necessary as the invoiced end time will be different than the actual end time or there is no actual end time collected by the EVV device.
910	VVER	Attendant or assigned staff failed to call in and out – or both the in and out times were late/early -- verified services were delivered	If the assigned staff fails to call both in and out or both the actual start and actual end will be different from the invoiced start and invoiced end, but the services were delivered, code 910 should be passed.
915	VIVR	Wrong phone number – verified services were delivered	If IVR is the EVV method but the number collected is the wrong number, code 915 should be passed.
9098	VVER	Caregiver: Alternate Caregiver Performed Services. Verified Services Performed.	If a shift is completed by an alternate caregiver and the services are verified, code 9098 can be passed.
9104	VSTR	Caregiver: Forgot to Check-In. Verified Services Performed	If the assigned staff fails to check in with EVV but checks out with EVV, and the services were delivered, code 9104 or 900 should be passed. This is rare as most EVV systems do not allow an assigned staff to check out without first checking in.
9106	VVER	Caregiver: Forgot to Check-Out. Verified Services Performed	If the assigned staff fails to check but the services were delivered, code 9106 or 905 should be passed.
9112	VLOC	Caregiver: Scheduling Mistake. Verified Services Performed.	If the assigned staff checks in or out from a location other than the scheduled location, for example, they forget to check out at the client home and do so at another location,

			the code 9112 can be passed to explain the location discrepancy.
9114	VVER	eVV Device: Device Lost or Stolen. Verified Services Performed.	If the assigned staff is unable to check in or out due to a device that is lost or stolen, code 9114 can be passed.
9116	VVER	eVV Device: Device Not Yet Operational. Verified Services Performed.	If the assigned staff is unable to check in or out because their device is not yet operational, code 9116 can be passed.
9118	VVER	eVV Device: Malfunctioning Device. Verified Services Performed.	If the assigned staff is unable to check in or out because of a device malfunction, code 9118 can be passed.
9120	VVER	eVV Device: No Phone/Device/Verification Method Available. Verified Services Performed.	
9122	VVER	eVV Device: Recipient Would not Allow Caregiver to use their Phone. Verified Services Performed.	
9124	VVER	eVV Device: Telephone/Telecommunications Unavailable or Failure. Verified Services Performed.	
9126	VVER	General: Disaster or Emergency. Verified Services Performed.	
9134	VLOC	General: Services Provided at Alternate Location. Verified Services Performed.	
9168	VLOC	Telemedicine	This code is used only for ACHA BA (Florida) when telehealth services are provided as the recipient home address is different than the GPS location of the practitioner.
9170	VDUR	Acceptable per Payer Rule	

User Acceptance Testing

After Alternate EVV Vendor finalizes requirements gathering/on-boarding with the Netsmart Integrations Team, Netsmart will request SFTP or API credentials for the Alternate EVV Vendor, and will be provided via secure email. Within that email, the Alternate EVV Vendor will receive a Test Provider and Test Recipient to use during the UAT phase.

A testing scenario spreadsheet is provided to the Alternate EVV located on our [Confluence site](#) which will assist the Alternate EVV Vendor understand how to pass data in 10 different scenarios (most

frequent). Netsmart asks the Alternate EVV Vendor to submit data in UAT as close as possible as they envision their Providers doing in Production.

If the Alternate EVV Vendor plans to only transmit one visit per file in Production, the Alternate EVV Vendor does not need to test transmitting files with numerous visits.

The Alternate EVV Vendor can use the test system as often as desired to ensure the Alternate EVV Vendor has completed all test cases and resolved all issues. However, a minimum of 5-10 test files must be submitted per week during the testing phase. The expectation is that various scenarios and statuses are passed, and the testing must obtain both 'Accepted' and 'Rejected' responses.

When a test file is submitted to the test system, Alternate EVV Vendor will retrieve a response file that is an echo of the original submission:

- An 'accepted' response, indicating all visit data has been accepted-into Netsmart
- A 'rejected' response, indicating all visit data has been rejected from entering our system

* If transmitting batches of visits, you can have both an 'accepted' response as well as a 'rejected' response (you transmit one file, but retrieve two response files)

Alternate EVV Vendors are asked to ensure the following:

- o All submitted files to be developed per published specifications (XML or pipe-delimited format)
- o Test files must be free of Personal Health Information (PHI); they must include test data only
- o All mandatory and optional/conditional fields that may be populated at any time during production operation must be populated for testing

Post-Integration Support

Once the Alternate EVV Vendor has been approved by Netsmart (and state agency, if necessary) as an Alternate EVV Vendor, it is important to understand what the next steps are for your Client and how they will interact with the Provider Portal. To ensure the best possible experience for the Providers, it is also important to establish and communicate how issues or concerns should be communicated and resolved quickly and satisfactorily. Although each party is responsible for the support and resolution of their individual applications, it is difficult for Providers to know who to turn to when they have question or do not see the expected results. Setting expectations and providing channels for resolution will provide a more positive experience for all involved.

The files received by Netsmart are processed in the order received (FIFO) and based on the volume in the queue. Please advise your Providers to allow up to twelve (12) hours for the data to be fully processed and visible in the Netsmart Provider Portal. If the Provider does not see the visits as expected within that time, it is likely that the file was 'Rejected'.

The Alternate EVV Vendor is responsible for the establishing a mechanism to notify the Provider of the status (accepted or rejected) for each visit submitted to Netsmart (including file name of the rejected/accepted file)

- If 'rejected', the Alternate EVV Vendor should communicate the reason(s) for rejection to the Provider
- Providers should communicate any issues where visits are not transferring to Netsmart directly to the Alternate EVV Partner for support on correction and resubmission.
- If a file is 'accepted' but not visible in the Netsmart Provider Portal within 12 hours, the Alternate EVV Partner should contact Netsmart Integrations via ServiceNow ticketing system (not the Provider)
- If a file is 'rejected' but the Vendor is unable to determine the cause, the Vendor should contact Netsmart Integrations via ServiceNow ticketing system

It is the Alternate EVV Vendor's responsibility to monitor 'rejected' files and route those 'rejected' files to the Providers in a way Provider representatives can interpret easily. The Alternate EVV Vendor should ensure the Providers have a process to correct the data and resubmit the file.

Most common 'rejected' files are due to the following:

1. Incorrect RecipientMedicaidID or RecipientDob (or both)
 - Error returned: *MRTH SRVC 001 Invalid Recipient-Does-Not-Exist-In-System*

Resolution: Correct data in Vendor's system and resubmit to Netsmart

* Providers can check expected values in their Netsmart EVV portal

2. Completed visit already in the system
 - Error returned: *MRTH SRVC 000 Invalid Visit-Already-Completed-In-System*
 - Resolution: Any updates to the Visit must be done in the Provider Portal. Once we receive a Visit ID in a final status, no updates can be made. Visit ID must be unique across all Providers.

Provider Training and Production Registration

Netsmart offers regularly scheduled Provider training covering various topics. For Providers utilizing an Alternate EVV Vendor, the Claims Console training is crucial to understanding the Claims process. This training will explain how the Provider will review, modify, and submit visits for reimbursement, as well as monitor visit submission results.

Providers may attend any regularly scheduled training session or may access all training materials on the website at any time. Alternate EVV Vendor staff involved in the integration are strongly encouraged to view the training materials as well. The materials can be found at

<https://mobilecaregiverplus.com/training/>

Keys to Success

Based on lessons learned from previous Alternate EVV Vendor implementations:

1. The Alternate EVV Vendor is responsible for following the technical integration specifications provided by Netsmart
2. Netsmart will answer technical questions and address any technical issues with the test harnesses, but it is up to the Alternate EVV Vendor to assure quality of the submitted data
3. The Alternate EVV Vendor is responsible for maintaining timelines to meet Payer and Provider expectations; Netsmart will not monitor Alternate EVV Vendor timelines
4. Netsmart will set up a single web services end point (API) or Secure File Transfer Protocol (FTP) directory for inbound files. The Alternate EVV Vendor is responsible for aggregating all Provider data into a single feed for submission to Netsmart
5. It is the Alternate EVV Vendor's responsibility to monitor return messages from Netsmart and ensure that a process is built to return those messages to the Provider for review, correct any errors, and resubmit any error transactions.

Error Codes Returned by Netsmart

FIELD	ERROR CODE	ERROR DESCRIPTION
VisitId	000	MRTH SRVC 000 Invalid Visit-Already-Completed-In-System
Recipient	001	MRTH SRVC 001 Invalid Recipient-Does-Not-Exist-In-System
Payer	002	MRTH SRVC 002 Invalid Payer-Not-Exist-In-System
Provider	003	MRTH SRVC 003 Invalid Provider-Does-Not-Exist-In-System
SourceSystem	710	MRTH SRVC 710 Invalid SourceSystem
Jurisdiction	720	MRTH SRVC 720 Invalid Jurisdiction
Payer	730	MRTH SRVC 730 Invalid Payer
Plan	740	MRTH SRVC 740 Invalid Plan
Program	750	MRTH SRVC 750 Invalid Program
DeliverySystem	760	MRTH SRVC 760 Invalid DeliverySystem

ProviderName	770	MRTH SRVC 770 Invalid ProviderName
ProviderMedicaidId	780	MRTH SRVC 780 Invalid ProviderMedicaidId
ProviderNPI	790	MRTH SRVC 790 Invalid ProviderNPI
ProviderNPITaxonomy	800	MRTH SRVC 800 Invalid ProviderNPITaxonomy
ProviderNPIZipCode	810	MRTH SRVC 810 Invalid ProviderNPIZipCode
ProviderEin	820	MRTH SRVC 820 Invalid ProviderEin
CaregiverFirstName	830	MRTH SRVC 830 Invalid CaregiverFirstName
CaregiverLastName	840	MRTH SRVC 840 Invalid CaregiverLastName
CaregiverLicenseNumber	850	MRTH SRVC 850 Invalid CaregiverLicenseNumber
RecipientMedicaidId	860	MRTH SRVC 860 Invalid RecipientMedicaidId
RecipientMemberId	870	MRTH SRVC 870 Invalid RecipientMemberId
RecipientFirstName	880	MRTH SRVC 880 Invalid RecipientFirstName
RecipientLastName	890	MRTH SRVC 890 Invalid RecipientLastName
RecipientDob	900	MRTH SRVC 900 Invalid RecipientDob
ServiceAddress1	910	MRTH SRVC 910 Invalid ServiceAddress1
ServiceAddress2	920	MRTH SRVC 920 Invalid ServiceAddress2
ServiceCity	930	MRTH SRVC 930 Invalid ServiceCity
ServiceState	940	MRTH SRVC 940 Invalid ServiceState
ServiceZip	950	MRTH SRVC 950 Invalid ServiceZip
VisitId	960	MRTH SRVC 960 Invalid VisitId
ServiceCode	970	MRTH SRVC 970 Invalid ServiceCode
ServiceCodeMod1	980	MRTH SRVC 980 Invalid ServiceCodeMod1
ServiceCodeMod2	990	MRTH SRVC 990 Invalid ServiceCodeMod2
ServiceCodeMod3	991	MRTH SRVC 991 Invalid ServiceCodeMod3
ServiceCodeMod4	992	MRTH SRVC 991 Invalid ServiceCodeMod4
DiagnosisCode1	1000	MRTH SRVC 1000 Invalid DiagnosisCode1
DiagnosisCode2	1010	MRTH SRVC 1010 Invalid DiagnosisCode2
DiagnosisCode3	1020	MRTH SRVC 1020 Invalid DiagnosisCode3
DiagnosisCode4	1030	MRTH SRVC 1030 Invalid DiagnosisCode4
StartVerificationType	1040	MRTH SRVC 1040 Invalid StartVerificationType
EndVerificationType	1050	MRTH SRVC 1050 Invalid EndVerificationType
SheduledStartDateTime	1060	MRTH SRVC 1060 Invalid SheduledStartDateTime
ScheduledStartDateTime	1061	MRTH SRVC 1061 Unable to Parse ScheduledStartDateTime
ScheduledEndDateTime	1070	MRTH SRVC 1070 Invalid ScheduledEndDateTime
ScheduledEndDateTime	1071	MRTH SRVC 1071 Unable to Parse ScheduledEndDateTime
ScheduledLatitude	1080	MRTH SRVC 1080 Invalid ScheduledLatitude
ScheduledLongitude	1090	MRTH SRVC 1090 Invalid ScheduledLongitude
StartDatetime-After-EndDatetime	1099	MRTH SRVC 1099 Invalid StartDatetime-After-EndDatetime
ActualStartDateTime	1100	MRTH SRVC 1100 Invalid ActualStartDateTime
ActualStartDateTime	1101	MRTH SRVC 1101 Unable to Parse ActualStartDateTime
ActualEndDateTime	1110	MRTH SRVC 1110 Invalid ActualEndDatetime
ActualEndDateTime	1111	MRTH SRVC 1111 Unable to Parse ActualEndDateTime
ActualStartLatitude	1120	MRTH SRVC 1120 Invalid ActualStartLatitude
ActualStartLongitude	1130	MRTH SRVC 1130 Invalid ActualStartLongitude

ActualEndLatitude	1140	MRTH SRVC 1140 Invalid ActualEndLatitude
ActualEndLongitude	1150	MRTH SRVC 1150 Invalid ActualEndLongitude
UserField1	1160	MRTH SRVC 1160 Invalid UserField1
UserField1	1162	MRTH SRVC 1162 Invalid UserField1 Length > 17 Characters
UserField2	1170	MRTH SRVC 1170 Invalid UserField2
UserField3	1180	MRTH SRVC 1180 Invalid UserField3
ReasonCode1	1190	MRTH SRVC 1190 Invalid ReasonCode1
ReasonCode2	1200	MRTH SRVC 1200 Invalid ReasonCode2
ReasonCode3	1210	MRTH SRVC 1210 Invalid ReasonCode3
ReasonCode4	1220	MRTH SRVC 1220 Invalid ReasonCode4
TimeZone	1230	MRTH SRVC 1230 Invalid TimeZone
VisitNote	1235	MRTH SRVC 1235 Invalid VisitNote
EndAddress1	1240	MRTH SRVC 1240 Invalid EndAddress1
EndAddress2	1241	MRTH SRVC 1241 Invalid EndAddress2
EndCity	1242	MRTH SRVC 1242 Invalid EndCity
EndState	1243	MRTH SRVC 1243 Invalid EndState
EndZip	1244	MRTH SRVC 1244 Invalid EndZip
VisitStatus	1250	MRTH SRVC 1250 Invalid VisitStatus
MissedVisitReason	1251	MRTH SRVC 1251 Invalid MissedVisitReason
MissedVisitActionTaken	1252	MRTH SRVC 1252 Invalid MissedVisitActionTaken
InvoiceUnits	1253	MRTH SRVC 1253 Invalid InvoiceUnits
InvoiceAmount	1254	MRTH SRVC 1254 Invalid InvoiceAmount
InvoiceRate	1255	MRTH SRVC 1255 Invalid InvoiceRate
ScheduledEndLatitude	1260	MRTH SRVC 1255 Invalid ScheduledEndLatitude
ScheduledEndLongitude	1261	MRTH SRVC 1256 Invalid ScheduledEndLongitude
PaidAmount	1265	MRTH SRVC 1260 Invalid PaidAmount
CareDirectionType	1270	MRTH SRVC 1270 Invalid CareDirectionType
Tasks	1280	MRTH SRVC 1280 Invalid Tasks
CaregiverType	1282	MRTH SRVC 1282 Invalid CaregiverType
StartAddressType	1283	MRTH SRVC 1283 Invalid StartAddressType
EndAddressType	1284	MRTH SRVC 1284 Invalid EndAddressType
ReferringPhysicianFirstName	1300	MRTH SRVC 1300 Invalid ReferringPhysicianFirstName
ReferringPhysicianLastName	1305	MRTH SRVC 1305 Invalid ReferringPhysicianLastName
ReferringPhysicianNPI	1310	MRTH SRVC 1310 Invalid ReferringPhysicianNPI
ReferringPhysicianNpiTaxonomy	1315	MRTH SRVC 1315 Invalid ReferringPhysicianNpiTaxonomy
ProviderAddress	1320	MRTH SRVC 1320 Invalid ProviderAddress
ProviderAddress2	1325	MRTH SRVC 1325 Invalid ProviderAddress2
ProviderCity	1330	MRTH SRVC 1330 Invalid ProviderCity
ProviderState	1340	MRTH SRVC 1340 Invalid ProviderState
ProviderZip	1350	MRTH SRVC 1350 Invalid ProviderZip
RecipientGender	1355	MRTH SRVC 1355 Invalid RecipientGender
AuthorizationID	1360	MRTH SRVC 1360 Invalid AuthorizationID
ICNPayerClaimNumber	1370	MRTH SRVC 1370 Invalid ICNPayerClaimNumber
ProviderInvoiceNumber	1380	MRTH SRVC 1380 Invalid ProviderInvoiceNumber

TransactionControlNumber	1390	MRTH SRVC 1390 Invalid TransactionControlNumber
ClaimType	1400	MRTH SRVC 1400 Invalid ClaimType
InvoiceStartDateTime	1410	MRTH SRVC 1410 Invalid InvoiceStartDateTime
InvoiceStartDateTime	1411	MRTH SRVC 1411 Unable to Parse InvoiceStartDateTime
InvoiceEndDateTime	1420	MRTH SRVC 1420 Invalid InvoiceEndDateTime
InvoiceEndDateTime	1421	MRTH SRVC 1421 Unable to Parse InvoiceEndDateTime
CaregiverEvvid	1430	MRTH SRVC 1430 Invalid CaregiverEvvid
CaregiverDob	1440	MRTH SRVC 1440 Invalid CaregiverDob
CaregiverDob	1441	MRTH SRVC 1441 Unable to Parse CaregiverDob
CaregiverSsn	1450	MRTH SRVC 1450 Invalid CaregiverSsn
RecipientSsn	1460	MRTH SRVC 1460 Invalid RecipientSsn
TransactionId	1470	MRTH SRVC 1470 Invalid TransactionId
CaregiverEmail	1480	MRTH SRVC 1480 Invalid CaregiverEmail
SOCPaid	1490	MRTH SRVC 1490 Invalid SOCPaid
TPLPaid	1500	MRTH SRVC 1500 Invalid TPLPaid
TPLPaidDate	1510	MRTH SRVC 1510 Invalid TPLPaidDate
TPLPayerType	1520	MRTH SRVC 1520 Invalid TPLPayerType
TPLPayerName	1530	MRTH SRVC 1530 Invalid TPLPayerName
TPLPayerID	1540	MRTH SRVC 1540 Invalid TPLPayerID
TPLPayerAddress1	1550	MRTH SRVC 1550 Invalid TPLPayerAddress1
TPLPayerAddress2	1560	MRTH SRVC 1560 Invalid TPLPayerAddress2
TPLPayerCity	1570	MRTH SRVC 1570 Invalid TPLPayerCity
TPLPayerState	1580	MRTH SRVC 1580 Invalid TPLPayerState
TPLPayerZip	1590	MRTH SRVC 1590 Invalid TPLPayerZip
TPLDeduct	1600	MRTH SRVC 1600 Invalid TPLDeduct
TPLDeductDate	1610	MRTH SRVC 1610 Invalid TPLDeductDate
TPLDeniedAmount	1620	MRTH SRVC 1620 Invalid TPLDeniedAmount
TPLDeniedDate	1630	MRTH SRVC 1630 Invalid TPLDeniedDate
ServiceCode + modifiers	1640	MRTH SRVC 1640 Procedure Code Not Configured