

# Alternate EVV Vendor Implementation Guide



**Netsmart**

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# Version Control

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| Date       | Author     | Details |
|------------|------------|---------|
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# Introduction

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## 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 the referenced information provide a complete business overview, technical specifications, infrastructure requirements, testing information, and the steps to complete an EVV vendor integration. A typical integration can take anywhere from 6-8 weeks from initial contact with Netsmart, which includes development, testing and approval to move into Production. If the Alternate EVV Vendor is already integrated with Netsmart in other States, this timeline can be shortened.

## Business Background

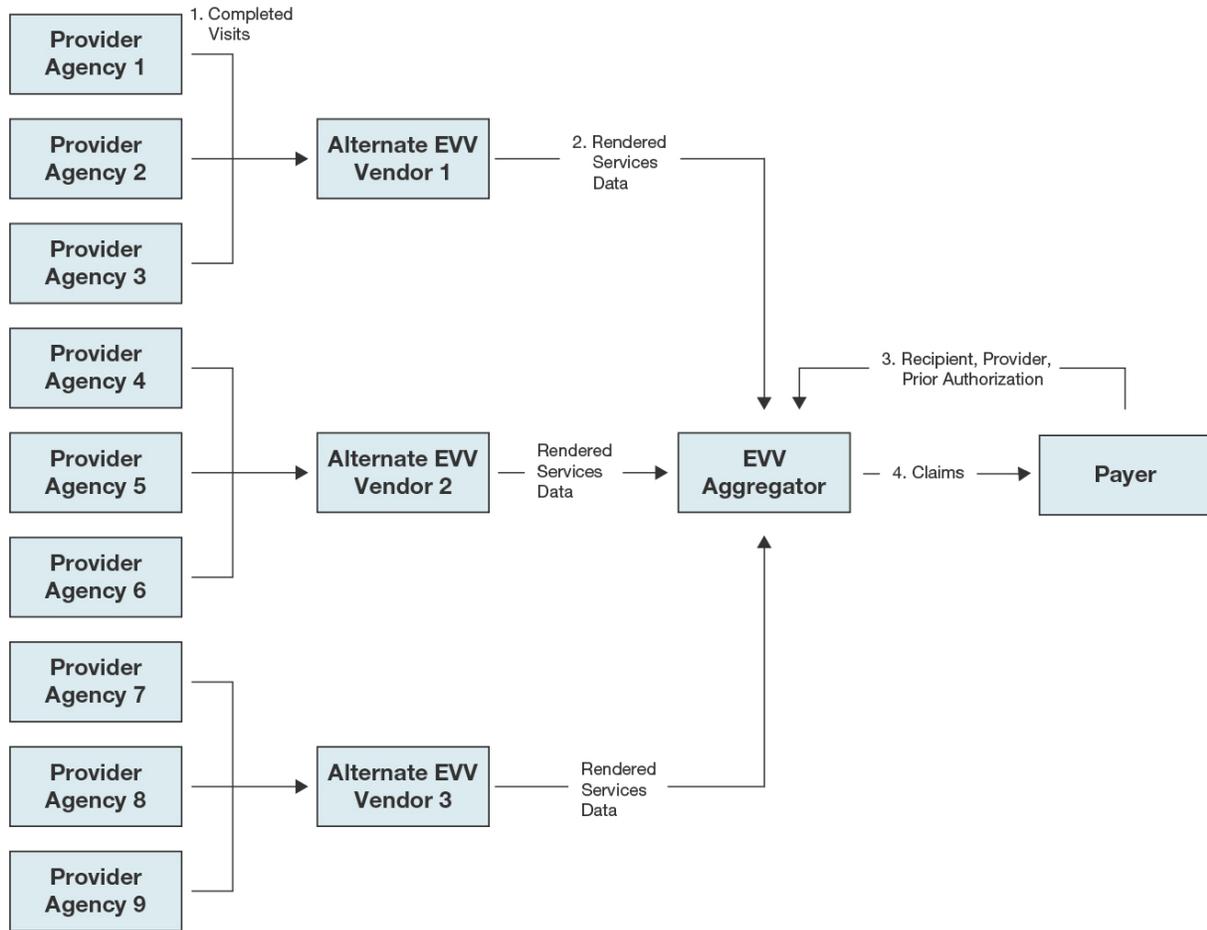
Many State Medicaid and Managed Care Organization programs are electing to implement the open vendor model for EVV services. This EVV model allows the Payer to select a single EVV vendor to aggregate the EVV data (i.e., collect EVV visit data from Alternate EVV vendors) and submit claims while allowing Providers, Managed Care Organizations (MCO), and/or Fiscal Intermediaries to contract with other EVV vendors meeting the mandated criteria. This allows provider agencies to electronically verify completed home care visits using the EVV vendor of their choice.

The following steps generally outline the Vendor-Aggregator workflow:

- The State or MCO's system sends Provider, Recipient (Member) and Prior Authorization (PA) data to the Aggregator
- The Alternate EVV Vendor submits the visit information to Netsmart (the Aggregator)
- The Aggregator verifies that the visit aligns with a valid Provider, Recipient, and Prior Authorization, and that the visit meets various EVV business requirements
- The Provider verifies that all EVV needs are met, matches and releases the claim
- The Aggregator transmits the claim file 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
- The visit data has passed a pre-adjudication process (i.e., the visit has been verified) before submission to the Payer
- The Payer is provided with a uniform set of 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, combined with the specifications, have been established to ensure the Payer receives uniform and high-quality EVV data regardless of the Alternate EVV Vendor. Netsmart’s [website](#) contains the latest specifications including the Rendered Services Data Dictionary.

# Implementation Checklist

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## Step-by-Step Process to Integrate

1. The Provider notifies their Alternate EVV Vendor they are providing EVV services that are in-scope under the EVV mandate.
2. Provider completes a survey on the Mobile Caregiver+ website (listed below)
3. Upon completion, the Alternate EVV Vendor is contacted by the Provider to complete the vendor-specific survey
  - <https://mobilecaregiverplus.com/resources/>
  - Note: the Alternate EVV Vendor must have at least one (1) Provider that will serve as the “Pilot Provider” during the integration effort. A Pilot Provider is the first Provider an Alternate EVV Vendor is approved to send visit data for in Production. The Pilot Provider will confirm with their Alternate EVV Vendor that their completed visit data is showing as-expected in the Netsmart EVV solution.
4. Once the Alternate EVV Vendor has submitted the vendor-specific survey, the Alternate EVV Vendor electronically reviews and signs the Netsmart Integration Agreement and Vendor Attestation (if applicable) and is required to provide a list of Providers that will be utilizing the integration. Netsmart will contact the Alternate EVV Vendor to discuss next steps. If the Alternate EVV Vendor has any questions in the meantime, and the Vendor is already integrated with Netsmart, the Vendor will need to submit a Service Now case via Netsmart CONNECT. If the Vendor is not already integrated with Netsmart, the Vendor can contact [evvintegrations@ntst.com](mailto:evvintegrations@ntst.com).
5. Alternate EVV Vendor reviews all documentation located on the Netsmart Mobile Caregiver+ website listed above, included, but not limited to the Implementation Guide, Rendered Services Data Dictionary, Quick Reference Guide, Typecode Data Dictionary, and Test Scenarios
6. Alternate EVV Vendor attends a Netsmart scheduled Town Hall reviewing the Integration process
  - The Town Hall will be recorded and shared with any Vendors not identified at the time of the Town Hall
7. Alternate EVV Vendor completes a Secure File Transfer Protocol (SFTP) Worksheet indicating all Vendor IP addresses and other pertinent information necessary to complete a successful integration
8. Netsmart Integration Team returns completed SFTP Worksheet to Alternate EVV Vendor, containing credentials for Netsmart’s UAT and Production environments.
9. 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.
10. After Alternate EVV Vendor has exhausted all testing scenarios and is confident in understanding the behavior of the Integration, Alternate EVV Vendor opens a NetsmartCONNECT (<https://netsmartconnect.com>) ticket requesting Netsmart to review UAT data and approval to move to Pilot Provider Phase

11. Once Netsmart approves testing, Alternate EVV Vendor transmits production data for Pilot Provider only.
12. Once the Pilot Provider is deemed successful, Netsmart and Alternate EVV Vendor participate in a final sign-off meeting following successful Pilot Provider validation. Alternate EVV Vendor will be asked to complete a Pre-Approval Attestation.
13. From this point forward, the integration is treated as a production solution.

## Technical Information

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### File Specifications

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

Netsmart recommends checking this site periodically for updated documents. Netsmart will notify the vendor via email if an update is made to the documentation, however, it is the vendor's responsibility to check the site periodically for updated documentation.

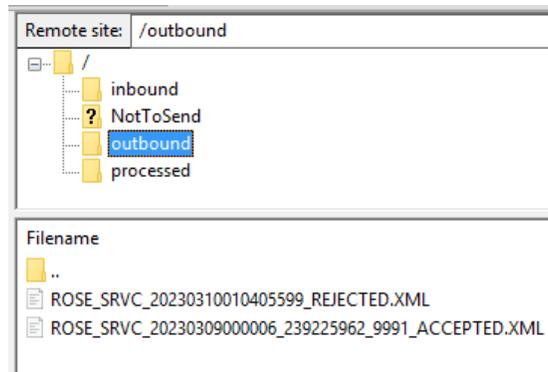
### File Submission Method

The Alternate EVV Vendor is responsible for aggregating all Provider agency EVV data. Netsmart will create one (1) data connection between the Alternate EVV Vendor and Netsmart for all EVV data to be transmitted. The Alternate EVV Vendor will need to submit all EVV data via this single connection; separate connections will not be created per Provider nor per Payer.

Data can be submitted via SFTP or via Web Services API. Netsmart's Web Services API provides a secure transmission of data using Transport Layer Security (TLS). Netsmart's 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) and pipe-delimited is a maximum of 1,200 visits. The Alternate EVV Vendor will need to be placed in the Alternate EVV Vendor's **inbound** folder on the SFTP site. 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 by Netsmart (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):**

Netsmart allows for an optional Provider identifier as an extension to the base naming format. Any unique identifier for the provider agency 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, or EIN\_ProviderMedicaidId is also recommended. Netsmart will echo the file name, including the Provider identifier combination within the accepted or rejected filenaming convention. The Alternate EVV Vendor can use this information to route the responses to the impacted Provider.

The following *extended* format file naming convention is highly recommended but not required.

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

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

Inbound File Examples + Provider Extension:

- ABCD\_SRVC\_20200401105422\_123456789\_1098765432.TXT
- ABCD\_SRVC\_20200401105422\_123456789\_1098765432.XML

## API and Batch Naming Convention

### If electing to transmit via API

All Web API transmission files must be in standard XML format with a maximum size of 4MB (approx. 1,200 visits). Fields on the Rendered Services Data Dictionary referring to the Typecode Data Dictionary require the appropriate numeric codes, and can be found in the Quick Reference Guide.

The Alternate EVV Vendor can dictate the file naming 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, although optional, is highly recommended. Netsmart processes the file and will place response files in the outbound SFTP folder. The Alternate EVV Vendor needs to monitor the SFTP outbound folder for results.

Netsmart generates a source XML file from the API transmission and will be processed via SFTP. All files process via SFTP regardless of how the file is received from Alternate EVV Vendor. The vendor is responsible for monitoring and retrieving response files from the **outbound** directory of the SFTP as outlined in the [Automated Email Messages and Response Files](#) section of this document.

### BatchId Placement Example:

```
<RenderedServices>  
  
  <BatchId>ABCD_SRVC_YYYYMMDDHHMMSS_ProviderIdentifier</BatchId>  
  
  <RenderedService>  
    <SourceSystem tc="123">ABCD</SourceSystem>  
  
    ...  
  
  <RenderedService>  
  
</RenderedServices>
```

## Automated Email Messages & Response Files

### Automated Email

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. Below is an example automated email:

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

## Response Files

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

Once a Rendered Service transmission is received, Netsmart polls the inbound folder every 10-15 minutes, processes any files found, and creates response files with error code confirmations/rejections for all submissions in near-real time and stores in the *outbound* folder.

- Netsmart will accept/process all non-errored visit records ('accepted')
  - Corresponding 'Accepted' response file is placed on SFTP and retrieved by Vendor
- Netsmart returns errors for any visit records that cannot be successfully validated ('rejected')
  - Corresponding 'Rejected' response file is placed on SFTP and retrieved by Vendor
  - Vendor will provide Provider Agency with error(s) to correct and resubmit all errored visit records

The Alternate EVV Vendor will be responsible for reviewing response files posted in the outbound folder and assisting their Providers with remediating any rejections. The Alternate EVV Vendor is also 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) and ensure the Providers have a process to correct the data and resubmit the 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 Vendor for support on correction and resubmission
- If a file is 'accepted' but not visible in the Netsmart EVV Provider Portal within 12 hours, the Alternate EVV Vendor should contact Netsmart Integrations via NetsmartCONNECT ticketing system (not the Provider)
- If a file is 'rejected' but the Alternate EVV Vendor is unable to determine the cause, the Alternate EVV Vendor should contact Netsmart Integrations via NetsmartCONNECT

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

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

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

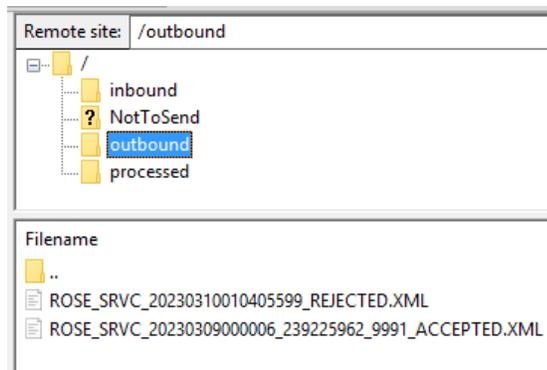
\* Providers can check expected values in their Netsmart EVV portal

2. Completed visit already in the system
  - Error returned: MARTH SRVC 000 Invalid Visit-Already-Completed-In-System

Resolution: The Provider Agency can make changes and updates in the Alternate EVV solution and submit those changes successfully to Netsmart as long as the visit has not been billed. Once the visit has been billed, no updates can be made. Visit ID must be unique across all Providers.

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



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

| Netsmart Visit Status       | Numeric Type Code (for XML Files) | Type Code (for Pipe delimited files) | Implications/Notes   |
|-----------------------------|-----------------------------------|--------------------------------------|--|
| Newly Scheduled/Rescheduled | 10                                | NEWS                                 | <p>Visits received with a status of 'NEWS' are considered newly scheduled/rescheduled visits. These visits will remain in the Visit log and can be updated with subsequent files. Visits in this status should be limited to service dates seven (7) calendar days in the future.</p> <p><i>Note: This visit status can be encapsulating of Rescheduled visits, however it is highly recommended vendors utilize the RESC visit status (below) for all rescheduled visits.</i></p>   |
| Rescheduled                 | 15                                | RESC                                 | <p>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.</p> <p><i>Note: This visit status is not required, however, it is highly recommended if the vendor will be sending rescheduled visits.</i></p>  |
| Unable to Complete          | 60                                | UNBL                                 | <p>Visits received in this status indicate the visit will not be completed. These visits will remain in the Netsmart EVV Provider Portal Visit screen for historical and reference purposes. It is important to note that once a visit is in this status, <b>NO FURTHER UPDATES</b> can be made either via the integration or manually within the Provider Portal.</p> <p><i>Note: If there is a change in circumstances, a new visit with a unique Visit ID would need to be submitted.</i></p> <p>Visits submitted with this status must have a MissedVisitReason Code and MissedVisitActionTaken Code on the Rendered Services transmission. The Netsmart MissedVisitReason and MissedVisitActionTaken codes are below:</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> | 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 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                             |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
|                                |  |      | <table border="1"> <thead> <tr> <th>Missed Visit Action Taken Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0 – NONE</td> <td>NONE</td> </tr> <tr> <td>1 – CONT</td> <td>Contingency Plan Put in Place</td> </tr> <tr> <td>2 - SCHS</td> <td>Rescheduled Services for Same day</td> </tr> <tr> <td>3 – SCHED</td> <td>Rescheduled Service for Different Day</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>6 – OTHR</td> <td>Other</td> </tr> </tbody> </table>  | Missed Visit Action Taken Code | Description | 0 – NONE | NONE                  | 1 – CONT | Contingency Plan Put in Place | 2 - SCHS | Rescheduled Services for Same day | 3 – SCHED | Rescheduled Service for Different Day | 4 - RENW | Service Authorization Renewed and Services Resumed | 5 - RESU | Services Resumed at Next Scheduled Visit | 6 – OTHR | Other                       |          |       |          |                        |           |                        |
| Missed Visit Action Taken Code | Description  |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 0 – NONE                       | NONE   |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 1 – CONT                       | Contingency Plan Put in Place                      |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 2 - SCHS                       | Rescheduled Services for Same day                  |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 3 – SCHED                      | Rescheduled Service for Different Day              |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 4 - RENW                       | Service Authorization Renewed and Services Resumed |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 5 - RESU                       | Services Resumed at Next Scheduled Visit           |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| 6 – OTHR                       | Other  |      |  |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |
| In Progress                    | 20   | INPR | In Progress (INPR) will represent 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 (HOLD) will represent the clock-out status and should be transmitted in an automated fashion. The visits will be visible on the   |                                |             |          |                       |          |                               |          |                                   |           |                                       |          |  |          |  |          |                             |          |       |          |                        |           |                        |

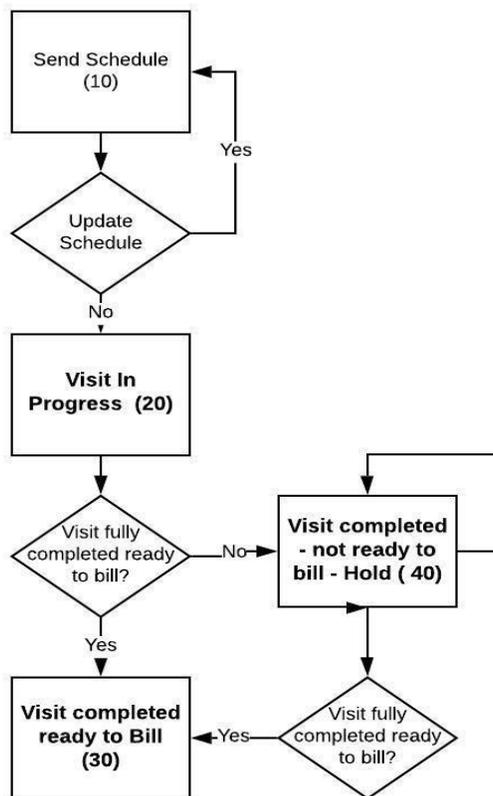
|           |    |      |  |
|-----------|----|------|--|
|           |    |      | <p>Netsmart EVV Provider Portal Visit screen and are <u>not ready</u> for Claim processing under this status. Netsmart expects to receive this status within 60 minutes of the clock-out occurring.</p> <p><i>Note: This is not the final/ready-to-be-billed status in the Vendor's solution. An updated record with COMP status (below) will need to be sent to allow for billing.</i></p>  |
| Completed | 30 | COMP | <p>Visits received with a status of Complete (COMP) will be available to be billed to the Payer in the Netsmart EVV Provider Portal Worklist. Users will access the Work List, resolve unmatched errors and release the visits for billing. Once a visit is submitted as 'COMP', <b>NO FURTHER UPDATES</b> will be accepted from the integration for these visits. Users may make corrections/changes within the Netsmart Provider Portal as appropriate.</p> <p><b>Additional code required:</b></p> <p>Visits that are completed may have issues causing an <i>Unmatched</i> visit in the Netsmart Provider Portal Worklist. In most cases, a Reason Code can be passed to preemptively clear the error and prevent manual overwrite in the Netsmart solution.</p> |
| Cancelled | 50 | UNSR | <p>Visits received with an 'UNSR' status indicate that a visit has been cancelled. It is important to note that once a visit is in the 'UNSR' status, <b>NO FURTHER UPDATES</b> 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.</p> <p><b>Additional code:</b></p> <p>Netsmart does not recommend the use of the cancelled code unless the visit was never intended. e.g., 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:

- An EVV in-scope visit is scheduled in an integrated Alternate Vendor EVV system
  - 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, the Alternate EVV Vendor transmits Rendered Services feed to Netsmart for **Rescheduled** visit ('RESC' type code 15)
  - The Caregiver/assigned staff checks-in upon arrival. 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 Alternate EVV Vendor's system
    - 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.
- 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 visit records that cannot be successfully validated ('rejects')
    - Corresponding 'Rejected' response file is created and retrieved by Vendor
    - Alternate EVV Vendor will deliver errors to the Provider agency for them to correct and resubmit all errored visit records
  - Completed visits are found on the Netsmart EVV Provider Portal Work List. Prior to being loaded to the Work List, Netsmart runs all visits through the Rules Engine to flag any invalid or missing data not adhering to the Payer's rules. The Provider Admin remediates any business rule errors and attempts to 'Match' with Payer approved data and basic claim submission 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 and sent to the Payer via 837I/P once released
    - If the match is unsuccessful (violation of Payer's business rules), the record is placed in an 'Unmatched' status and cannot be released until the errors are resolved by the Provider and the visit displays as 'Matched' and, therefore, is ready to be released.
  - Provider logs into their Provider Portal to access the Work List and performs claims management (as previously outlined)
    - Review and *release* Claims in "Matched" status
    - Review, correct, and *release* Claims in "Unmatched" status

- Netsmart submits *released* Claim to Payer as an EDI 837P or 837I file nightly. Providers can view the status of their claim in the Claim Review section of the Netsmart EVV Provider Portal
- The Payer returns EDI 835 file to Netsmart as confirmation of the outcome of claim submitted (Paid, Denied, Error) which will then update in the Netsmart EVV Provider Portal on the Claim Review page. Providers follow their existing process (import/manual entry) for posting of payments and managing the accounts receivable.
- If the scheduled visit does not occur for whatever reason (cancelled by the patient/caregiver, or the assigned staff is unable to complete), the 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 ('UNBL' type code 60) must also include a MissedVisitReason and MissedVisitActionTaken value for Payer compliance.
  - Visits in this status can no longer be updated via the integration.



## Rendered Services Data Fields

Below are various Rendered Services Field Names along with an explanation. Please refer to the Rendered Services Data Dictionary, posted on the Netsmart Mobile Caregiver+ website, for complete details.

### Date / Time Fields

**All six (6) 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 service was provided. Netsmart uses the TimeZone field where applicable to determine midnight occurrence. 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).

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 scheduled start and end time of the visit
2. **Second Set:** The second set is the ActualStartDateTime and the ActualEndDateTime. The vendor should *always* pass the time collected by the EVV device during clock-in and clock-out. This time should be unmanipulated and never be altered. However, there are two exceptions to this rule:
  - a. When splitting a schedule that crosses midnight
  - b. 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 vendor should use these fields to pass the times that are to be invoiced. The InvoiceStartDateTime and/or InvoiceEndDateTime should be used as the remediated times in the event the ActualStartDateTime and/or ActualEndDateTime do not reflect the true arrival and/or departure of a visit. E.g., Caregiver forgets to clock in/out.

### 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 to be billed for the service provided, the vendor should pass the amount of units and exact dollar amount to be billed on the 837, based on the remediated times within the vendor’s system – these are passthrough fields. The data within these fields will go directly onto the 837.

E.g., 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 for the particular service, the invoice units would be seven (7) and the invoice amount would be the total amount billed for those seven (7) units.

Note: Netsmart **does not accept fractional units** in the InvoiceUnits field. 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.

### **Completed Visits without an EVV verified Start and/or End Time**

When sending an EVV verified completed service, the ActualStartLatitude and ActualEndLatitude **cannot be null**.

If there is no EVV check-in, the record 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.

### **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. For overnight shifts, Netsmart considers the service start date. The total units for the service will be allocated for that date, regardless of the end date if there is no midnight split.

- E.g., A schedule begins on 6/28 at 7 p.m. and ends on 6/29 at 7 a.m. The Payer has an authorization with an end date of 6/28 for the service being provided. Netsmart will match to the authorization 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 vendor has not already made the split. This can lead to reconciliation issues between Netsmart and the Vendor, so it is preferable for the Vendor to split when required and to always split if unsure of when required by the Payer.

If the vendor is sending completed visit data without a midnight split, 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.

- E.g., 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 on 6/28 at 12:00 a.m. and out on 6/28 7:00 a.m. (7 hours)

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

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

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

If the data is sent as four (4) rendered services transactions as enumerated above, 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 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 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 GPS for check out at 7 a.m.), the data would be passed as follows:

| StartVerificationType | EndVerificationType | ActualStartDateTime | ActualEndDateTime   | ActualStarLatitude  | 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<br>Details from the end of the original visit |
| GPS                   | GPS                 | 06/29/2020 00:00:00 | 06/29/2020 07:00:00 | 26.363030<br>Details from the beginning of the original visit | -80.121420<br>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**

UserField1 is an optional field, and if transmitted, will be transmitted to Payer in the 837P Claim File and returned to Billing Provider in the 835 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 the vendor 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 the Netsmart solution even when service lines containing the same Userfield1 value from the Vendor are released on different days for separate claim files by the billing Provider.

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

## **Description Implications of User Field 1 on Claims Rollup**

When the 837 claim is created by Netsmart, items with same date, Member ID, service code, modifier(s), and UserField1 are rolled up. Netsmart has identified situations where vendor Providers have experienced denials due to incorrect usage of UserField1. Oftentimes, this field is used for invoice number so the vendor's Provider can electronically import an 835 file.

- E.g., Services are provided to a recipient daily from 7 p.m. to 7 a.m. In the Vendor's , there is one recurring scheduled visit, and the entire visit gets billed on the same invoice. This creates a problem when transitioning to the next week. The vendor is splitting the visits at midnight. An issue occurs at the point when part of a day is one on invoice (UserField1) in the vendor's system and part of invoice visit is on another (e.g., week end is Saturday; week start is Sunday). 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.

Alternate EVV Vendor Implementation Guide

|        |           | 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 a vendor to send an authorization number. If Netsmart is contracted with a Payer 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 vendor will bypass our matching rules to the correct Prior Authorization on record.

**Reason Codes and Clearing Unmatched Visits**

Netsmart allows the 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 vendor does not pass a Reason Code, the Provider will be required to log into the Netsmart EVV Provider Portal to select the appropriate Reason Code(s) for visits that generate business rule 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. Therefore, 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<br>NON                   |
| End Verification Method   | End Verification Method<br>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<br>May 2, 2020, 11:00 AM |
| Actual Start Time/Date    | Actual Start Time/Date<br>May 2, 2020, 11:00 AM    |
| Billable Start Date/Time  | Billable Start Date/Time<br>May 2, 2020, 11:00 AM  |
| Scheduled End Time/Date   | Scheduled End Time/Date<br>May 2, 2020, 1:00 PM    |
| Actual End Time/Date      | Actual End Time/Date<br>May 2, 2020, 1:00 PM       |
| Billable End Date/Time    | Billable End Date/Time<br>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  | -     |  |

This visit had a Start Verification Method and an End Verification Method = NON, which indicates no EVV/GPS 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. To minimize Provider manual efforts within the Netsmart EVV solution, Netsmart encourages all Alternate EVV Vendors to ensure all of the following reason codes are available for Providers to select before transmitting the final/completed visit status to Netsmart:

| 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 (e.g., 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 phone – verified services were delivered                                   | When IVR is the method of EVV but the member refused to allow the assigned staff 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. E.g., 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 the vendor finalizes requirements gathering/on-boarding with the Netsmart Integrations Team, Netsmart will generate SFTP or API UAT credentials for the vendor and will be provided via secure email. Within the same email, the vendor will receive a Test Provider and Test Recipient to use during the UAT phase.

A testing scenario spreadsheet is provided to the vendor which will assist the vendor with understanding how to pass data in 10 different scenarios reviewing the most frequent rejections and scenarios. Netsmart asks the vendor to submit data in UAT reflecting the type of data being sent in Production.

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

The vendor can use the test system as often as desired to ensure the 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, the 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 the Netsmart solution
- A 'rejected' response, indicating all visit data has been rejected from entering the Netsmart solution

\* When transmitting batches of visits, you can have both an 'accepted' response as well as a 'rejected' response (you transmit one file with multiple records but retrieve two response files).

Alternate EVV Vendors are asked to ensure the following:

- o All submitted files are 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

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Once the vendor has been approved by Netsmart (and Payer, if necessary), it is important for Alternate EVV Vendors to understand what the next steps are for their Provider Admins and how they will interact with the Provider Portal. To ensure the best possible experience for the Providers, it is also important to establish the process to report issues or concerns to ensure that they are 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 Providers to allow up to twelve (12) hours for the data to be fully processed and visible in the Netsmart EVV Provider Portal. If the Provider does not see the visits within that timeframe, it is likely that the file was 'Rejected'.

### Provider Training and Production Registration

Netsmart offers regularly scheduled Provider trainings covering various topics. For Providers utilizing an Alternate EVV Vendor solution, the Claims Console training is crucial to understanding the claim 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 [Training Resources - Mobilecaregiverplus.com](https://www.mobilecaregiverplus.com/training-resources).

## Keys to Success

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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         |