Alabama Medicaid Agency

EVV AGGREGATOR REPORTING

PROVIDER VISIT DATA SUBMISSION FILES

File Edits & File Transfer Specification Document

Version 1.0

12/05/2024

Table of Contents

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2. Introduction

2.1. Purpose

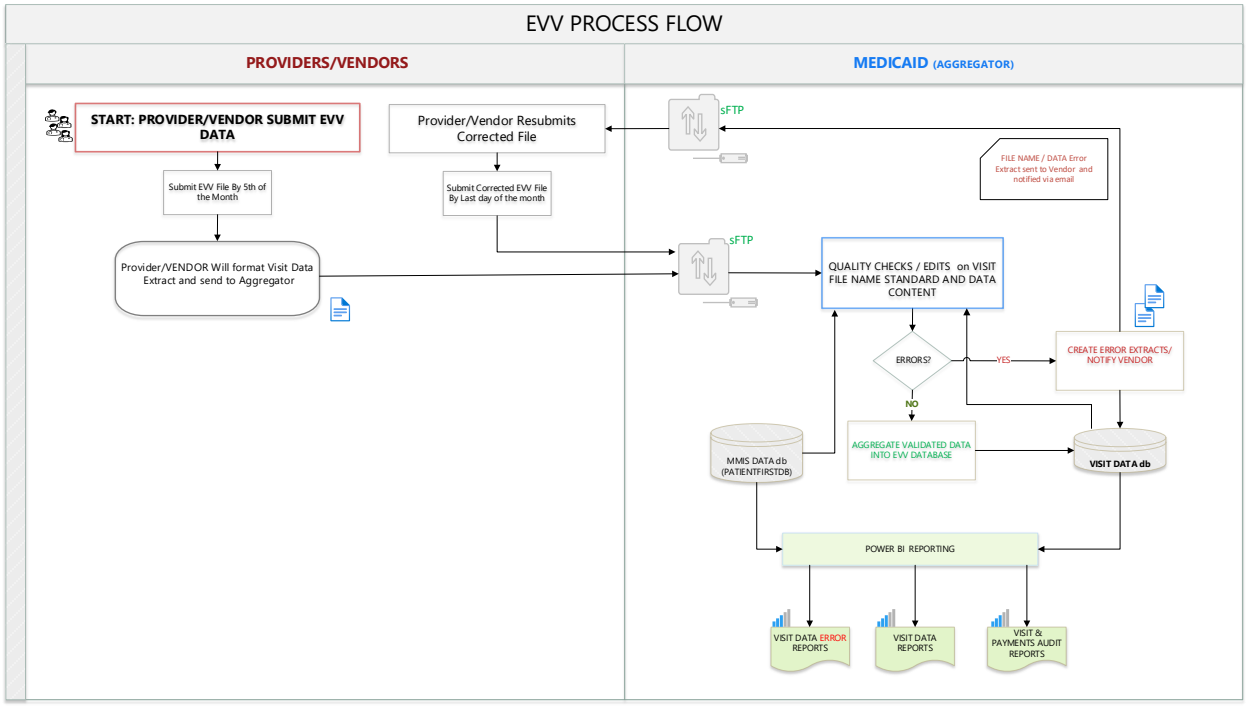
The Medicaid Electronic Visit Verification (EVV) Reporting Application is designed to aggregate and validate EVV data submitted by participating Medicaid providers. Alabama Medicaid will serve as the aggregator of all EVV visit data and integrate it with claims data to generate detailed compliance, audit, and discrepancy reports. The reports created from this process ensures compliance with federal and state EVV mandates, enhancing oversight for Medicaid program managers and decision-makers.

2.2. Scope

This document provides an overview of the entire data aggregation process, from provider data submission to report generation. This document identifies files that will be exchanged between EVV Providers/Vendors and Medicaid (Aggregator) and provides guidance on file formats, frequency of data exchange and details related to setup/access of secure file transfer between Medicaid and EVV Provider/Vendors.

3. Process Flow

Alabama Medicaid agency will act as the central aggregator for all EVV visit data submitted by Medicaid providers. Providers are responsible for sending EVV data via a formatted extract file to Alabama Medicaid. The overall process is as follows:



3.1. Provider Data Submission:

Each provider is required to submit an EVV data extract file to Alabama Medicaid on a monthly basis through a secure sFTP transfer. The submitted file must contain visit data for claims billed or invoiced to Medicaid the month prior. To ensure timely processing, providers must complete the submission by a designated day within the current month, as specified by Alabama Medicaid.

Providers may utilize third-party vendors to manage their EVV data storage and submission processes. In such cases, the vendors are responsible for submitting the EVV data file on behalf of the providers. Vendors who manage EVV data for multiple providers will consolidate visit data for several providers into a single file.

To maintain data integrity and accuracy:

- Providers or their vendors must validate the data prior to submission to ensure compliance with Alabama Medicaid's data formatting and content requirements.
- Submission files must adhere to predefined file format specifications, including but not limited to file naming conventions, record structures, and field validation rules.

- All submissions must include metadata such as the provider's identifier, submission date, and file version to support tracking and reconciliation.

3.2. **Data Aggregation**: Alabama Medicaid validates the submitted data for accuracy, completeness, and format, loading it into Medicaid databases if the file passes validation.

3.3. **Error Handling and Feedback**: If errors are identified in the data (e.g., file naming issues, incomplete records, data format issues), the file will be rejected, and will be returned with error indicators for file naming standard and data quality issues for correction and resubmission.

If errors are identified in either the file name standard or the data (e.g., Incorrect file processing month in file name, incomplete records, format issues), the file will be rejected. The system will generate a detailed error file, highlighting specific error codes for each record, such as missing fields, invalid formats, or other non-compliant data elements.

The rejected file, along with the appended error details for each error record, will be sent back to the respective vendor. This approach ensures that vendors have clear visibility into the specific errors associated with each record. Providers/vendors are required to review the rejected file, correct all identified issues, and resubmit the updated file for processing. The corrected file must be submitted by a specified day of the month to ensure compliance with data submission timelines and minimize delays in processing.

To facilitate clarity and accountability, the system will:

- Log all errors and rejection events for auditing and tracking purposes.
- Notify relevant stakeholders, such as vendors, Medicaid business users and IT teams, about the rejection and the required actions.
- Provide an easy-to-read format for the error details as a report to streamline the correction process.

3.4. **Data Integration**: The EVV data is then combined with claims data to generate various audit and compliance reports.

3.5. **Reporting and Automation**: The system automatically identifies providers that have not submitted EVV data. Reports are generated to show data quality and provider compliance by auditing claims paid for these visits, aiding program managers in monitoring and enforcing compliance.

4. Assumptions

- N/A

5. Constraints

- N/A

6. Detail Specifications

6.1 Provider/Vendor EVV Data File Submission:

Each provider/vendor is required to submit an EVV data extract file to Alabama Medicaid on a monthly basis through a secure sFTP transfer. The submitted file must contain visit data for claims billed or invoiced to Medicaid the month prior. To ensure timely processing, providers must complete the submission by a designated day within the current month, as specified by Alabama Medicaid. If errors are identified in the submitted file, the provider is required to send a corrected file after receiving error notifications. The format of the corrected file will be the same as the original file.

File Format Specifications:

A. **File Type**: Providers must submit their EVV data in a TAB delimited text file format. This format is chosen for its simplicity and compatibility with various systems.

B. **File Naming Standard**:

A specific name and format is required to import files properly. The following table explains the required naming convention using the format and example:

File Name - EVV_DATA_VVVV_CCYYMM_NN.txt

FILE FORMAT ITEM	FORMAT	DESCRIPTION	Example
EVV_DATA	TEXT (8)	File prefix	All files will have this as a prefix in the file name

VVVV	NUMERIC (4)	Vendor Id	Each vendor will be assigned a unique Id. They will have to use that id in the file name. Ex. EVV_DATA_1234_202504_01.txt
CCYYMM	NUMERIC (6)	Processing month	Processing month for which EVV data is sent by each vendor. The submitted file must contain visit data for claims billed or invoiced to Medicaid in that month. Ex. EVV Data for April 2024 will be sent by May 5th. EVV_DATA_1234_202504_01.txt
NN	NUMERIC (2)	File Version Number	File version number. Ex. 01, 02 etc depending on whether it is the original or subsequent submission after errors have been corrected. Each file submitted for the same processing month will have an increasing version number.
.txt		File format	Data in the file will be formatted as a TAB delimited text file

C. **File Data Fields specification**:

Each provider/vendor is responsible for creating a **TAB-delimited TXT file** containing visit data elements for the processing month. The file must adhere to the defined specifications for each data element, including format, validation rules, and business requirements.

To ensure data accuracy and compliance, each data element will be validated upon submission. Files that fail to meet these specifications will be rejected, and a detailed error report will be generated. Additionally, the rejected file will be returned to the provider with error codes appended to each record that contains invalid data elements. If multiple errors are identified for the same record, the record will be repeated in the returned file, with each occurrence indicating a unique error code corresponding to the specific issue.

This process ensures providers/vendors have visibility into the errors that need to be corrected. **Refer to Appendix-A , Table-1** which outlines the required data fields, their format, and the rules governing each field to ensure successful processing.

D. **EVV Data File Submission and Processing schedule**:

- Submission Schedule:
  To ensure compliance with data submission timelines, each Provider/Vendor must submit their EVV data file **no later than the 5th of each processing month** by **5:00 PM CST**.

- Processing Schedule:
  The aggregator will process all files submitted during the submission period (from the 1st to the 5th of the month) on the **5th of the month at 6:00 PM CST**.

Example:

1. A vendor submits an EVV data file on **May 3rd** for April visit data.
2. The aggregator processes the file on **May 5th at 6:00PM CST**. If errors are identified an error extract file is sent to the vendor.

6.2 EVV Data File Processing and Error Files:

The validation process is divided into two stages to ensure compliance checks. The first stage focuses on verifying the file name to ensure it adheres to the prescribed naming standards. In the second stage, the system validates the individual data elements within the file, checking for completeness, accuracy, and adherence to required formats. If any issues are identified during either stage, an error file is generated and returned to providers/vendors. Only records with errors in the data sent will be included in the error file; records that pass validation will be successfully loaded into the aggregator database The error file(s) will provide error codes and descriptions of the specific issues detected, enabling providers/vendors to identify and address the problems efficiently. This two-tiered approach ensures thorough data validation and adherence to submission requirements. Providers/Vendors must review the rejected file, correct all errors, and resubmit the corrected file in the specified format by the specified deadline to maintain compliance.

A. **STAGE 1: File Name validation** and error reporting
   - The system will validate the submitted file name against predefined rules as described in **Section 6.1.B**
   - If errors are identified in the file name (e.g., missing components, incorrect formats, or unsupported values), the file is rejected. The system will generate a returned error file listing all the errors.
     - **Naming Standard** of the **returned 'File Name' error file** will be as follows:

       File naming standard – "Original_File_Name_FileNameErrors_CCYYMMDD"

FILE FORMAT ITEM	FORMAT	DESCRIPTION	Example
Original_File_Name	TEXT (23)	File name sent by Provider / Vendor	Original file name excluding the extension. Ex. EVV_DATA_1234_202504_01
FileNameErrors	TEXT (14)		All return files will have the same text for this item 'FileNameErrors' EVV_DATA_1234_202504_01_ FileNameErrors_CCYYMMDD.txt
CCYYMMDD	NUMERIC (8)	Processing Date	Date the error file was created – '20250501' EVV_DATA_1234_202504_01_ FileNameErrors_**20250501**.txt

- **Data elements in the returned 'File Name' error file**:

  Alabama Medicaid (Aggregator) will create a **TAB-delimited text file** listing all the errors identified in the file name as described in **Appendix-A Table-2** and send it to the respective provider/vendor via sFTP. Refer **Appendix A, Table-4** for a list of File name error codes

B. **STAGE 2: Data Validation** and Error Reporting

- The system will validate the data within the submitted file against predefined rules as described in **Section 6.1.C**.
- If errors are identified in the data (e.g., incomplete records, invalid formats, or unsupported values), the file is rejected. The system will generate a returned error file containing all the data elements from the original file. For each record with errors, the returned file will include additional fields for the **Error Code** and **Error Description**. Refer **Appendix A, Table-5** for a list of Data error codes. If a record has multiple errors, it will be repeated for each error, with a unique error code and description provided for each occurrence.
  - **Naming Standard** of the **returned 'Data' error file** will be as follows:

    File naming standard – "Original_File_Name_DataErrors_CCYYMMDD"

FILE FORMAT ITEM	FORMAT	DESCRIPTION	Example
Original_File_Name	TEXT (23)	File name sent by Provider / Vendor	Original file name excluding the extension. Ex. EVV_DATA_1234_202504_01
DataErrors	TEXT (10)		All return files will have the same text for this item 'DataErrors' EVV_DATA_1234_202504_01_DataErrors_CCYYMMDD.txt
CCYYMMDD	NUMERIC (8)	Processing Date	Date the error file was created – '20250501' EVV_DATA_1234_202504_01_FileNameErrors_**20250501**.txt

- Data elements in the returned **'Data' error file**:

  Alabama Medicaid (Aggregator) will format and create a **TAB delimited text file** as described in **Appendix-A Table-3**:

  - All original data elements: Each record will retain the data fields submitted in the original file.
  - Error Code: A code identifying the specific type of error detected (e.g., invalid format, missing data).
  - Error Description: A detailed explanation of the identified issue.

6.3 Corrected EVV Data File Submission & Processing schedule:

- Providers/Vendors are required to review rejected files, correct all identified issues, and resubmit the updated file for processing.

- The corrected file must follow the same format as the original EVV file (**Section 6.1**), with the only difference being the corrected file name should reflect the incremented sequence number in the file name.

- Submission Schedule:
  To ensure compliance with data submission timelines and avoid processing delays, corrected files must be submitted no later than the last day of the processing month.

- Processing Schedule:
  - The aggregator will process corrected files received from vendors daily between 6th and end of the month.

  - Corrected return files will be processed once daily at 6:00 PM CST during this period.

Example:

1. A vendor submits their EVV data file on May 5th for April visit data.

   Ex. Orginal data file naming standard: EVV_DATA_1234_202504_**01**.txt

2. The aggregator identifies errors and sends an error file back to the vendor on **May 6th**.
3. The vendor must submit corrected files between **May 6th** and **May 31st**.

   Ex. Corrected File name standard: EVV_DATA_1234_202504_**02**.txt

   - Note: If additional errors are identified by the aggregator, the vendor may continue submitting corrected files daily until the last day of the month.

6.4 File Transfer Specifications

To facilitate secure exchange of EVV files, Alabama Medicaid will establish and manage an sFTP infrastructure for file transfers between Medicaid and EVV Providers/Vendors. This section outlines the setup, file movement, and related specifications.

1. **EVV Provider/Vendor List:**

   - Medicaid Infrastructure will work from a list of approved EVV Providers/Vendors, including their unique Vendor IDs and contact details, to set up and grant access.
     - Contact information for each EVV Provider/Vendor, such as Contact Name(s), Contact Type, Phone Number, and Email Address, will be used to facilitate setup.

2. **Access Provisioning**

   - **Grant Folder Access:**

     1. Medicaid Infrastructure will assign appropriate access rights to authorized personnel/group from each EVV Provider/Vendor.
     2. Access will be limited to their respective folders for security and privacy compliance.

3. **File Transfer Setup**

   - **File Transfer Workflow:**
     The Medicaid sFTP server will be configured to allow EVV Providers/Vendors to upload/download files to/from their respective folders.

     a) **File transfer types:**
        - **Receive Folder:** Used by EVV Providers/Vendors to send visit data files to Alabama Medicaid.

          Folder Name: EVV\Vendor_VVVV\To_Medicaid

- **Send Folder:** Used by EVV Providers/Vendors to download error files sent by Alabama Medicaid.

  Folder Name: EVV\Vendor_VVVV\From_Medicaid

File Name	Transfer (From-To)	sFTP Folder Destination
EVV_DATA_VVVV_CCYYMM_NN.txt	Vendor ➔ Medicaid	EVV\Vendor_VVVV\To_Medicaid\
EVV_DATA_VVVV_CCYYMM_NN_FileNameErrors_CCYYMMDD.txt	Medicaid ➔ Vendor	EVV\Vendor_VVVV\From_Medicaid\
EVV_DATA_VVVV_CCYYMM_NN_DataErrors_CCYYMMDD.txt	Medicaid ➔ Vendor	EVV\Vendor_VVVV\From_Medicaid\

  Example Folder Usage:

  The file name will dictate the folder where the file will be placed. Specific file qualifiers, such as EVV_Data, FileNameErrors, DataErrors, and the Vendor ID (e.g., VVVV), will guide the workflow in placing received or sent files in the appropriate folders.

- File uploaded by Vendor: `EVV\Vendor_VVVV\To_Medicaid`
  - File Naming convention - EVV_DATA_**VVVV**_CCYY**MM**_**NN**.txt

    "EVV_DATA" – File prefix
    VVVV – Unique vendor Id

- Error file uploaded by Medicaid: `EVV\Vendor_VVVV\From_Medicaid`
  - File-1 Naming convention -
    EVV_DATA_**VVVV**_CCYY**MM**_**NN**.DataErrors.CCYYMMDD.txt

    "DataErrors" – Qualifier for data error file
    VVVV – Unique vendor Id

  - File-2 Naming convention -
    EVV_DATA_**VVVV**_CCYY**MM**_**NN**.FileNameErrors.CCYYMMDD.txt

    "FileNameErrors" – Qualifier for File Name error file
    VVVV – Unique vendor Id

b) **Notification Setup - Email Alerts:**

The sFTP workflow will send email notifications to designated Medicaid users when files are uploaded by EVV Providers/Vendors and also when error files are sent transferred to Providers/Vendors.

Notifications will include the file name, folder path, and timestamp.

c) **Retention Policy - Retention Period:**

Files will be retained on the sFTP server for a specified period (8 calendar days).

Files will be automatically deleted after the retention period to maintain server space and comply with data management policies.

d) **Automation and Integration - Integrate with Medicaid Applications:**

The sFTP workflow will automate file movement from the sFTP server to internal Medicaid application servers for processing.

Appendix A: File Data Elements and Error Codes

1. TABLE-1 : EVV Data File

File Submission Direction: Provider/Vendor → Alabama Medicaid (Aggregator)

Each Provider will create a TAB delimited txt file containing visit data elements for the processing month. Following table lists the fields in each record sent in the file.

All Text fields must be free of tab characters (\t) and line breaks (\n, \r). Fields may contain alphanumeric characters, spaces, hyphens, apostrophes, and periods. Records that do not follow this rule will be rejected.

File Layout:

FLD NO	Data Element	Size	Format	Rule
1	Processing Month	Text (06)	Required CCYYMM	Month for which Visit data is sent is required
2	Provider Vendor ID	Number (4)	Required	Unique Id assigned to each Vendor (VVVV) is required Vendor Id should be valid
3	Vendor Name	Text (50)	Required	Name of Providers' Vendor is required
4	Medicaid ID	Number (12)	Required	Member Id number of the Recipient is required. Should be a valid Member Id
5	Medicaid Recipient Last Name	Text (50)	Required	Recipient Last name is required
6	Medicaid Recipient First Name	Text (50)	Required	Recipient First name is required
7	Medicaid Recipient Middle Name	Text (50)	Optional	Recipient Middle name
8	Billing Provider Name	Text (50)	Optional	Billing Provider Name is optional
9	Billing Provider ID (NPI)	Number (10)	Required	Billing Provider NPI is required. Should be a valid Billing Provider NPI

10	Billing Provider Medicaid ID	Text (10)	Required	Billing Provider Medicaid Id is required. Should be a valid Billing Provider Medicaid Id
11	Rendering Provider Name	Text (50)	Optional	Rendering Provider Name is optional
12	Rendering Provider ID (NPI)	Number (10)	Required	Rendering Provider NPI is required.
13	Rendering Provider Medicaid ID	Text (10)	Optional	Rendering Provider Medicaid Id If populated, Should be a valid Rendering Provider Medicaid Id
14	Date Of Service	Text (08)	Required CCYYMMDD	Data of service is required. Ex. 20250101
15	Care Giver First Name	Text (50)	Required	Care Giver First Name is required
16	Care Giver Last Name	Text (50)	Required	Care Giver Last Name is required
17	Care Giver Middle Name	Text (50)	Optional	Care Giver Middle Name
18	Care Giver ID	Text (50)	Optional	ID of Individual Providing Service
19	Procedure/Service Code	Text (50)	Required	Procedure/Service Code is required Service code modifiers (if present) must be added to the end of the service code with a colon separating each modifier. Ex. Service code T1019 with modifiers U6 and TV would result in the value "T1019:U6:TV
20	Clock In Time	Text (14)	Required Format: CCYYMMDD HH:MM	Start Time within Date of Service is required The time should be entered in Central Standard Time (CST).
21	Clock Out Time	Text (14)	Required Format: CCYYMMDD HH:MM	End Time within Date of Service is required The time should be entered in Central Standard Time (CST).

22	Clock In Address – Line 1	Text (100)	Required	Member Street Address Line-1 is required
23	Clock In Address – Line 2	Text (100)	Optional	Additional Member Street Address
24	Clock In Address – City	Text (50)	Required	City is required
25	Clock In Address – State	Text (02)	Required	State Code is required EX. 'AL'
26	Clock In Address – Zip	Text (09)	Required Format: 99999 OR 999999999	Zip Code is required and formatted either as 5 or 9 characters long. 5 or 9-digit format i.e., 36116. Or 361163434
27	Clock In Latitude	Text (50)	Optional Format Ranges from -90.0000000 to +90.0000000	Latitude value If Visit Start Time is confirmed by GPS. If populated should conform to format
28	Clock In Longitude	Text (50)	Optional Format Ranges from -180.0000000 to +180.0000000	Longitude value If Visit Start Time is confirmed by GPS. If populated should conform to format
29	Clock Out Address – Line 1	Text (100)	Required	Member Street Address Line is required
30	Clock Out Address – Line 2	Text (100)	Optional	Additional Member Street Address
31	Clock Out Address – City	Text (50)	Required	City is required
32	Clock Out Address – State	Text (02)	Required 2 Character State Code	State Code is required EX. 'AL'
33	Clock Out Address – Zip	Text (09)	Required Format: 99999 OR 999999999	Zip Code is required and formatted either as 5 or 9 characters long. 5 or 9-digit format i.e., 36116. Or 361163434

34	Clock Out Latitude	Text (50)	Optional Format Ranges from -90.0000000 to +90.0000000	Latitude value If Visit End Time is confirmed by GPS If populated should conform to format.
35	Clock Out Longitude	Text (50)	Optional Format Ranges from -180.0000000 to +180.0000000	Longitude value If Visit End Time is confirmed by GPS. If populated should conform to format
36	Units Used	Number (10)	Optional	Units Billed in Medicaid Management System.
37	Clock In Time Method	Text(01)	Required	Acceptable Values E / M / O E = Electronic (captured via mobile device) M = Manual (manually entered, no device) O = Overridden (was electronic, later manually changed) Note: If a timestamp was initially entered manually and later overridden, it should still be marked as 'M', since no original electronic capture occurred.
38	Clock Out Time Method	Text(01)	Required	Acceptable Values E / M / O E = Electronic (captured via mobile device) M = Manual (manually entered, no device) O = Overridden (was electronic, later manually changed) Note: If a timestamp was initially entered manually and later overridden, it should still be marked as 'M', since no original electronic capture occurred.
39	Visit Reference ID	Text(50)	Optional	Alphanumeric (A-Z, a-z, 0-9, underscore, hyphen); tab and newline characters are not allowed

				Enables vendors to correlate their visit submissions with rejection or success feedback from the Aggregator

2. TABLE-2 : File Name Error File

File Submission Direction: Alabama Medicaid (Aggregator) → Provider/Vendor

Alabama Medicaid (Aggregator) will create a tab delimited txt file to include the following data elements in each record in the **File Name error file**.

File Layout:

FLD NO	Data Element	Size	Format	Description
1	File Name	Text (100)	Required	Name of the file that was sent by the Provider/Vendor
2	Error Code	Number (4)	Required	Error code for which the file name was rejected
3	Error Description	Text (50)	Required	Error description

3. TABLE-3 : EVV Visit Data Error File

File Submission Direction: Alabama Medicaid (Aggregator) → Provider/Vendor

Alabama Medicaid (Aggregator) will create a tab delimited txt file to include the following data elements in each record in the **Data error file**.

File Layout:

Data Element	Size	Description
Processing Month	Text (06)	Month for which Visit data is sent
Provider Vendor ID	Number (4)	Unique Id assigned to each Vendor (VVVV)
Vendor Name	Text (50)	Name of Providers' Vendor
Medicaid ID	Number (12)	Member Id number of the Recipient
Medicaid Recipient Last Name	Text (50)	Recipient Last name
Medicaid Recipient First Name	Text (50)	Recipient First name
Medicaid Recipient Middle Name	Text (50)	Recipient Middle name
Billing Provider Name	Text (50)	Billing Provider Name

Billing Provider ID (NPI)	Number (10)	Billing Provider NPI
Billing Provider Medicaid ID	Text (10)	Billing Provider Medicaid Id
Rendering Provider Name	Text (50)	Performing Provider Name
Rendering Provider ID (NPI)	Number (10)	Performing Provider NPI
Rendering Provider Medicaid ID	Text (10)	Performing Provider Medicaid Id
Date Of Service	Text (08)	Data of service Ex. 20250101
Care Giver First Name	Text (50)	Care Giver First Name
Care Giver Last Name	Text (50)	Care Giver Last Name
Care Giver Middle Name	Text (50)	Care Giver Middle Name
Care Giver ID	Text (50)	ID of Individual Providing Service
Procedure/Service Code	Text (50)	Service code modifiers (if present) must be added to the end of the service code with a colon separating each modifier. Ex. Service code T1019 with modifiers U6 and TV would result in the value "T1019:U6:TV
Clock In Time	Text (14)	Start Time within Date of Service
Clock Out Time	Text (14)	End Time within Date of Service
Clock In Address – Line 1	Text (100)	Member Street Address
Clock In Address – Line 2	Text (100)	Additional Member Street Address
Clock In Address – City	Text (50)	City
Clock In Address – State	Text (02)	State Code EX. ‘AL’
Clock In Address – Zip	Text (09)	Zip Code 5 or 9-digit format i.e., 36116. Or 361163434
Clock In Latitude	Text (50)	Latitude value If Visit Start Time is confirmed by GPS.
Clock In Longitude	Text (50)	Longitude value If Visit Start Time is confirmed by GPS.

Clock Out Address – Line 1	Text (100)	Member Street Address
Clock Out Address – Line 2	Text (100)	Additional Member Street Address
Clock Out Address – City	Text (50)	City
Clock Out Address – State	Text (02)	State Code EX. 'AL'
Clock Out Address – Zip	Text (09)	Zip Code 5 or 9-digit format i.e., 36116. Or 361163434
Clock Out Latitude	Text (50)	Latitude value If Visit End Time is confirmed by GPS.
Clock Out Longitude	Text (50)	Longitude value If Visit End Time is confirmed by GPS.
Units Used	Number (10)	Units Billed in Medicaid Management System
Clock In Time Method	Text(01)	Acceptable Values E / M / O E = Electronic (captured via mobile device) M = Manual (manually entered, no device) O = Overridden (was electronic, later manually changed) Note: If a timestamp was initially entered manually and later overridden, it should still be marked as 'M', since no original electronic capture occurred.
Clock Out Time Method	Text(01)	Acceptable Values E / M / O E = Electronic (captured via mobile device) M = Manual (manually entered, no device) O = Overridden (was electronic, later manually changed) Note: If a timestamp was initially entered manually and later overridden, it should still be marked as 'M', since no original electronic capture occurred.
Visit Reference ID	Text(50)	Alphanumeric (A-Z, a-z, 0-9, underscore, hyphen); tab and newline characters are not allowed Enables vendors to correlate their visit submissions with rejection or success feedback from the Aggregator
Error Code	Number (4)	Error code
Error Code Description	Text (100)	Error code description

4. TABLE-4 : EVV File Name Error Codes

CODE	ERROR DESCRIPTION
1001	File name prefix invalid
1002	File name item 'Vendor Id' is not numeric
1003	File name item 'Vendor Id' is not a valid vendor id
1004	File name item 'CCYYMM' is not a valid Year/month
1005	File name item sequence number is invalid
1006	File name item sequence number invalid – File Sequence 01 not sent. Error return file sent without original file
1007	File type is invalid - not .txt
1008	Invalid File name format – File name length including file extension exceeds 27 characters
1009	File is empty – No visit data records

5. TABLE-5 : EVV Data Error Codes

CODE	ERROR DESCRIPTION
2001	Processing Month - Empty/Invalid Format (CCYYMM)
2002	Processing Month - Processing Month does not match File name
2003	Provider Vendor Id - Required field is blank or in not numeric
2004	Provider Vendor Id - Not a valid Vendor ID
2005	Provider Vendor Id - Vendor ID does not match Vendor Id specified in File Name
2006	Vendor Name - Empty/Invalid Format
2007	Medicaid Id - Empty/Not Numeric
2008	Medicaid Id - Not a valid Medicaid Id
2009	Medicaid Recipient Last Name - Empty/Invalid Format
2010	Medicaid Recipient First Name - Empty/Invalid Format
~~2011~~	~~Billing Provider Name – Required field is Empty/Invalid Format~~
2012	Billing Provider Id NPI – Required field is Empty/Invalid Format
2013	Billing Provider Id NPI – Not a valid billing provider NPI
~~2014~~	~~Billing Provider Name – Required field is Empty/Invalid Format~~
2015	Billing Provider Id Medicaid Id – Not a valid billing provider Medicaid Id
2016	Rendering Provider Id NPI – Required field is Empty/Invalid Format
2017	Rendering Provider Id NPI – Not a valid rendering provider NPI
2018	Rendering Provider Id Medicaid Id – Not a valid rendering provider Medicaid Id
2019	Date of service - Required field is Empty/Invalid Format
2020	Date of service – Date of service greater than processing month
2021	Care Giver First Name - Required field is Empty/Invalid Format
2022	Care Giver Last Name - Required field is Empty/Invalid Format
2023	Procedure/Service Code - Required field is Empty/Invalid Format
2024	Procedure/Service Code – Incorrect formatting of Service code and modifier
2025	Clock In Time - Required field is Empty/Invalid Format (CCYYMMDD HH:MM)
2026	Clock In Address Line 1 - Required field is Empty
2027	Clock In Address City - Required field is Empty
2028	Clock In Address State - Required field is Empty
2029	Clock In Address Zip - Required field is Empty/Invalid Format
2030	Clock In Latitude – Invalid Format
2031	Clock In Longitude – Invalid Format
2032	Clock Out Time - Required field is Empty/Invalid Format (CCYYMMDD HH:MM)
2033	Clock Out Address Line 1 - Required field is Empty

CODE	ERROR DESCRIPTION
2034	Clock Out Address City - Required field is Empty
2035	Clock Out Address State - Required field is Empty
2036	Clock Out Address Zip - Required field is Empty/Invalid Format
2037	Clock Out Latitude – Invalid Format
2038	Clock Out Longitude – Invalid Format
2039	Units Used – If entered should be numeric
2040	Duplicate record – Either sent in current/prior files
2041	Clock In Time Method- Required field is Empty/Invalid Value
2042	Clock Out Time Method- Required field is Empty/Invalid Value

Appendix B: Document Summary

Version Number	Date	Author/Owner	Description of Change
0.01		Ivan Saldanha	Initial draft for review
1.01	04/07/2025	Ivan Saldanha	Added `Clock In Time Method` and `Clock Out Time Method` fields to track time capture source (Electronic, Manual, Overridden). Clarified formatting requirements for text fields (e.g., tab and line break restrictions). Updated latitude/longitude precision rules.
1.02	05/05/2025	Ivan Saldanha	Added Visit Reference ID field. To support vendor-specific tracking of visit records and facilitate reconciliation of rejected submissions, the following optional field will be added to the EVV Provider File Specification
1.03	06/23/2025	Ivan Saldanha	Correction to the example file name in section 6.3. The processing month qualifier should have been 202504 instead of 202505