



Arizona Health Care Cost Containment System (AHCCCS) **MEDICAID ENTERPRISE SYSTEM MODERNIZATION**

AZ ELECTRONIC VISIT VERIFICATION (EVV) AGGREGATOR

AZ EVV DATA INTAKE INTERFACE SPECIFICATIONS V1.7

Version: 1.7

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REVISION HISTORY

Version	Effective Date	Description of Change
1.0	08/05/2025	Initial Release
1.1	10/09/2025	Updated error code table, XREF endpoint, mobile login
1.2	10/17/2025	Updated error code table, Added default value to VisitCancelledIndicator
1.3	11/10/2025	ClientAddressLine1 and ClientAddressLine2 field size updated to 60. Added a Note on errors reported in the response for Xref endpoint. Removed the format for ClientOtherID field in the Client General Info. Added a note to HCPCS Procedure Codes table about removal of Modifier Validation against the values in the table. Added Payer ID AZCHP to the Payer Program table with a note that it is no more effective post 10/01/2024. Added JSON samples for Xref Data.
1.4	02/12/2026	Updated Aggregator Visit Status table to add a note for Visit Status value 'In Process' Updated Response Error Codes table to add missing codes.
1.5	03/17/2026	Updated error message for error code 5016. Added leading 0 to the Task IDs.
1.6	06/11/2026	Updated the Aggregator Visit Status table to add two new values – Duplicate and Verified-Inactive Added new error messages to section Response Error Codes Section 12.3 - added subsections 12.3.2, 12.3.3 and 12.3.4 Added a note to the Xref Data Endpoint section related to the use of Modifiers.
1.7	07/08/2026	Updated section 11 Response Error Codes to correct the typo in System Error Code – changed 419 to 429.

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1. Overview

This specification is intended to document the Real Time Interface for receiving information from EVV Vendors into the AHCCCS EVV Aggregator.

1.1. Intended Audience

The intended audience of this document is:

- AHCCCS EVV Vendors
- AHCCCS EVV Business Team

1.2. EVV Vendor Interface Transmission Guidelines

File Format:	JSON
File Delimiter:	Not Applicable
Headers:	Not Applicable
File Extension:	Not Applicable
File Encryption:	Delivery to occur over secure HTTPS connection
Control File	Not Applicable
RESTful API Endpoints:	Client: UAT: https://si-api.azahcccs.gov/test/evv/aggregation/v1/clients/status https://si-api.azahcccs.gov/test/evv/aggregation/v1/clients/upload Employee: UAT: https://si-api.azahcccs.gov/test/evv/aggregation/v1/employees/status https://si-api.azahcccs.gov/test/evv/aggregation/v1/employees/upload Visit: UAT: https://si-api.azahcccs.gov/test/evv/aggregation/v1/visits/status https://si-api.azahcccs.gov/test/evv/aggregation/v1/visits/upload Xref: UAT: https://si-api.azahcccs.gov/test/evv/aggregation/v1/xrefs/status https://si-api.azahcccs.gov/test/evv/aggregation/v1/xrefs/upload Client: Prod: https://si-api.azahcccs.gov/evv/aggregation/v1/clients/status https://si-api.azahcccs.gov/evv/aggregation/v1/clients/upload Employee: Prod: https://si-api.azahcccs.gov/evv/aggregation/v1/employees/status https://si-api.azahcccs.gov/evv/aggregation/v1/employees/upload Visit: Prod: https://si-api.azahcccs.gov/evv/aggregation/v1/visits/status https://si-api.azahcccs.gov/evv/aggregation/v1/visits/upload Xref: Prod: https://si-api.azahcccs.gov/evv/aggregation/v1/xrefs/status https://si-api.azahcccs.gov/evv/aggregation/v1/xrefs/upload
Payload Compression:	No compression of data during delivery
Delivery Mechanism:	Via RESTful API call

Delivery Frequency:	No less frequent than daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at the vendor's discretion.
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1.3. Transmission Frequency

For optimal system performance, it is recommended that visits should be sent in near real time. It is expected that information is sent as it is added/changed/deleted in the EVV Data Collection.

Note: Rejection responses will be delivered on a separate API call that is initiated by the third party—in near real time.

1.4. Transmission Limits

A single transaction may contain from 1 to 5,000 records. A single record set would include all associated elements. If the group size exceeds the maximum limit for the group, the complete group will be rejected.

During peak loads, records received may be queued and processed as resources permit. Other transactions received for the Provider ID will be queued behind these until they are processed since they must be processed in the proper order.

1.5. Data Type Format Details

The user will send information in JSON format. JSON allow multiple "child" entities for a parent. The format of the information sent must match exactly the format defined below and must be sent via web service using JSON. Three data types are supported during transmission: string, number, and boolean. The specification uses more additional data types to ensure that data is received in the expected formats and appropriate record level editing can be incorporated. Except when numeric, the assumed JSON format should be string. The data type provided in the specification is based on the following field definitions.

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

Data Type	Description	Example
DateTime	The date and time are represented as a string with the following format: YYYY-MM-DDTHH:MM:SSZ All times will be provided in UTC. If time is not material, it will be provided as is expected.	2025-10-01T16:10:28Z
Date (Only Date)	The data is represented as a string with the following format: YYYY-MM-DD Date only will be sent in UTC format.	2025-10-01

Data Type	Description	Example
Timezone	All time for tracking visits will be in UTC. All time zone values will be derived from the Internet Assigned Numbers Authority (IANA) time zone database, which contains data that represents the history of local time for locations around the globe. It is updated periodically to reflect changes made by political bodies to time zone boundaries, UTC offsets, and daylight-saving rules. The time zone name expected in each transaction is the actual time zone where the event took place. i.e., US/Arizona.	See section 10.7 for the list of time zones.
String	A string is a row of zero or more characters that can include letters, numbers, or other types of characters as a unit, not an array of single characters. (e.g., plain text).	"This is a string"
Integer	An integer is a numeric value without a decimal. Integers are whole numbers and can be positive or negative.	52110 (positive) -87721 (negative)
Decimal	A floating-point number is referred to as a decimal. Can be positive or negative.	8221.231 (positive) -71.214 (negative)
Boolean	A logic predicate indicator that can be either true or false.	true false

2. Rejected Record Process

When records are received, the AHCCCS EVV Aggregator will return against each group (Client, Employee, Visit Data, Visit xref) a transaction ID and an ACK (acknowledgment of receipt). This transaction ID can be queried by the caller for status of the records in the transaction. This process will allow the provider/vendor to "GET status" on any of the records that may have been rejected.

3. New Record and Updates

New records and updates for previously sent data should be provided via clients, employees, visits, visit xref interfaces (data packages). If a set of records is sent (either client, employee, visit, or visit xref), all associated applicable elements should be sent. Partial updates will be rejected. An update that deletes a record will not actually remove information since Aggregator will not physically delete information. The deleted record/s will no longer be visible on the application. However, the record history will maintain the original data received.

4. Transmission Method

An API will be provided to EVV vendors. This specification includes the rest endpoints needed to request status on record acceptance /rejection.

5. Rules

The following rules apply to information received through this interface. For all rules that result in a rejection, it is expected that the issue will be resolved in the EVV vendor data collection system and the information subsequently retransmitted.

There will be 4 independent types of data provided through the EVV interface:

- Clients
- Employees (Field Staff)
- Visit Information
- Visit Xref

Each will be sent individually but can be delivered through the same single connection.

THE EVV DATA COLLECTION SYSTEM WILL BE RESPONSIBLE FOR:

Visit transmittals: Visits should be transmitted near real time. Actual payer frequency requirements may vary. Note that rejection responses will be delivered as separate API calls initiated by the third party. Information should be sent for only those records that are added, changed, or deleted. This is an incremental interface. Records which have not changed should not be resent.

Complete transmissions:

- When sending a client, all applicable elements and sub elements must be sent during each transmission.
- When sending an employee, all applicable elements and sub elements must be sent during each transmission.
- When sending a visit, all applicable elements and sub elements must be sent during each transmission.
- When sending a visit xref, all applicable elements and sub elements must be sent during each transmission.

Call matching: Calls received regardless of the collection method used by the Data Collection System are received together into a complete visit by the AHCCCS EVV Aggregator, per the specification. The AHCCCS EVV Aggregator will not attempt to match or rematch the visits received.

Data quality: All data will be accepted from third party data “as is,” including any calculated fields.

Latitude and Longitude: EVV Data Collection Systems are responsible for providing latitude and longitude on all client addresses provided. Latitude and longitude must be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device.

Assigning sequence numbers: For each of the 4 types of records (client, employee, visit, visit xref), the Data Collection System will be responsible for assigning sequence numbers for each interface to ensure that updates are applied in the appropriate sequence. If a record is rejected, an incremented sequence is expected on the next transmission of that record set. Sequence numbers are per unique record (client, employee, visit, visit xref) and record set (modifications to the same client, employee,

visit, visit xref). For example, the first time a particular client is sent, the sequence would be set to 1. The second time that same client is sent, the sequence would be set to 2, etc.

Ability to correct defined exceptions: Exceptions must be corrected using the standard set of reason codes provided by Payer/State. Some of the defined reason codes require additional text to provide additional information; this information must also be sent as part of this interface.

Change log transmission: Changes made to all visit information must be fully logged, and the log information must be transmitted as part of the visit record, as applicable. The log must be completed in the VisitChanges segment.

Standard date/time format: All dates and times provided must be sent in UTC (Coordinated Universal Time) format in GMT.

5.1. GENERAL PROCESSING RULES:

If a record is received and any required data is missing, malformed, or incomplete as defined in the specification, the record will be rejected or set to default values in accordance with the detailed specifications.

If an optional field is provided with an invalid value (one not listed in this specification), the field will be set to the default value, null and/or rejected, unless otherwise specified in this specification.

If text (string) field length is longer (>/greater than) than the maximum allowed for that field value, unless otherwise noted, the field will be truncated to the maximum length specified for that field.

Any record without a sequence number will be rejected. Sequence numbers are per unique record (client, employee, visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time the same client is sent, the sequence would be set to 2, etc.

Records will be processed in the order received using the assigned sequence number.

If the record is received with a sequential number that is less than the one already processed, the data will be rejected with error "Version number is duplicated or older than current." The vendor must correct the SequenceID and resend the data.

Header information as determined for the payer and program must be included in each transmission for each record (client, employee, visit, visit xref), otherwise the entire collection of records will be rejected.

5.2. CLIENT RULES:

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

If the client does not include at least 1 complete address (address line 1, city, state, zip code) the client will be rejected.

If the client does not include the defined unique identifier, the client will be rejected.

If the client does not include first name, last name and time zone, the client will be rejected.

5.3. EMPLOYEE RULES:

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

If SequenceID, Employee Qualifier and Employee Identifier are not provided, the employee will be rejected.

If employee first name and last name are not provided, the employee will be rejected.

5.4. VISIT RULES:

Clients and Employees must be sent before visits, to ensure they exist in the Aggregator system at the time of visit receipt.

No Client Provided - To allow the Aggregator to determine if the visit is for a Payer/State client, the visit must include a client. If a visit does not include a client, the complete visit will be rejected.

Invalid/Unknown Client Provided - To allow the Aggregator to determine if the visit is for a Payer/State Client, the visit must include a valid client associated with the payer. If a visit includes a client that is unknown to the Aggregator (has not been received and accepted), the complete visit record will be rejected.

No Employee Provided / Invalid or Unknown Employee Provided - If a visit does not include an employee (visit record send without an employee associated), The visit will be rejected as 'Worker not found'. The data will not process with an 'Unknown Employee' exception in Aggregator.

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

A visit can only be cancelled if it does not have any calls associated with it or any adjusted times. If a visit has calls but is being cancelled in the source EVV system, the "Bill Visit" indicator should be set to False to indicate that the visit should be disregarded for billing purposes. The visit status will be **set to Omit** by the Aggregator.

The following rules apply to the dates and times provided for the visit:

Date and Time Exists for the Following	
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Call In	Call Out	Adjusted In	Adjusted Out	Rule
x	x			Call Out must be > Call In Otherwise record rejected.
Superseded by Adj. In	Superseded by Adj. Out	x	x	Adj. Out must be > Adj. In Otherwise record rejected.
x	Superseded by Adj. Out		x	Adj. Out must be > Call In Otherwise record rejected.
Superseded by Adj. In	x	x		Call Out must be > Adj. In Otherwise record rejected.

Upon receipt, the AHCCCS EVV Aggregator will calculate all configured Payer/Program exceptions and apply those exceptions as applicable. For those exceptions that may be recalculated over the life of the visit, these exceptions will be calculated as appropriate.

It is assumed that there are some exceptions that cannot be “fixed” in the Data Collection System by their nature. They are configured for the Payer/State program as requiring acknowledgement by the system user. One of the included visit elements provides the ability for the user to send their acknowledgement. These exceptions require attestation that the exception has been reviewed/acknowledged in the system along with the appropriate reason code and attestation that appropriate documentation exists. Exceptions are specific to a given Payer/Program and will be noted in the associated appendix.

In alignment with AHCCCS policy, providers must ensure that all visit maintenance and exception documentation is fully captured, including the entire lifecycle of a record—manual or adjusted data elements leading to the verified status. EVV Vendors must submit updates each time a visit is edited (unless auto-verified) to remain compliant with AHCCCS policy. Exceptions remain specific to a given Payer/Program and will be detailed in the associated appendix.

Upon receipt, the AHCCCS EVV Aggregator will calculate and apply visit status as defined for the Payer/Program.

The Data Collection System will be expected to send a reason code and optionally the defined resolution code if it applies to the payer. Based on the definitions of the reason codes, some reason codes require additional information explaining the change. If additional information is required, the data collection system must collect the information and include it when transmitting the visit to the AHCCCS EVV Aggregator.

AHCCCS has provided guidance on documentation compliance for exceptions in the [Visit Maintenance and Documentation FAQ](#).

Visits for Consumer Directed Services by Fiscal Intermediaries:

Visits for the Consumer Directed Services by Fiscal Intermediaries the scheduling is not required so the scheduled start and end dates can be Null for these visits. The exception ‘Unscheduled

Visit' should not be posted in this scenario. The contingency plan information is also not required for these visits.

6. Sequencing

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

Sequence Rules:

- If the latest SequenceID is greater than the highest value previously received, the record set will not be rejected. i.e. latest SequenceID = 5, previous SequenceID = 4 Record accepted, and latest record is displayed.
- If the latest SequenceID is less than the value previously received, and the record has not yet been processed, it will be accepted and recorded as historical information. i.e. latest SequenceID = 8, previous SequenceID = 10 Record accepted, and latest record is still SequenceID = 10.
- If the Sequence ID is equal to a value previously received, it will be rejected. i.e. latest SequenceID = 15, previous SequenceID = 15 Record rejected.
- Gaps in sequence will be allowed.
- For those agencies that wish to use the EVV interface and would prefer to use timestamp as the sequence number in their deliveries, the timestamp value must contain only numbers, and the format must be YYYYMMDDHHMMSS. For Example, Timestamp value October 1, 2025 1:30:00pm must be sent as 20251001133000.

7. Message Acknowledgement(ACK) and Transaction ID

Table 1: Acknowledgement

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency	10	String
2	ProviderID	Unique identifier for the provider	64	String
3	TransactionID	Unique identifier for the request generated by the payer.	50	String
4	Reason	Default and only value provided: "Transaction Received"	250	String

8. Response for Record Status

Table 2: Record Status Response

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency	10	String
2	ProviderID	Unique identifier for the Provider	64	String
3	RecordType	Type of record that was rejected Values: Client, Employee, Visit	10	String
4	RecordOtherID	Value of the record identifier	50	String
5	Reason	Default and only value provided: "Transaction Received"	250	String

9. Electronic Visit Verification Data

9.1. Provider Identification – Required

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

Index	Element	Description	Max Length	Type	Required?	Expected Value
ProviderIdentification – Required						
1	ProviderQualifier	Unique identifier for the provider as determined by the program definition.	20	String	Yes	"MedicaidID"
2	ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	50	String	Yes	6-character string ProviderID Format: ##### May be left padded with zeros

9.2. Client Data Endpoint

This endpoint receives information regarding the individual member/beneficiary (known here as the 'Client') that receives care as part of the visit. Please note - the Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will be rejected due to "Client not found".

Index	Element	Description	Max Length	Type	Required ?	Expected Value
ClientGeneralInformation - Required						
1	ClientID	Assigned Client ID	Do not provide	Do not provide	Do not provide	Do Not Provide – Aggregator Assigned value
2	ClientFirstName	Client's First Name.	30	String	Yes	Client's First Name (See Field Level Errors in section 10.7)
3	ClientMiddleInitial	Client's Middle Initial.	1	String	Optional	Client's Middle Initial
4	ClientLastName	Client's Last Name.	30	String	Yes	Client's Last Name (See Field Level Errors in section 10.7)
5	ClientQualifier	Value being sent uniquely identify the client	20	String	Yes	ClientCustomID
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
7	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier	64	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
8	MissingMedicaidID	Indicator that a patient is a newborn.	5	String	Optional	If this value is True, ClientMedicaidID will be ignored and

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						will be valid as null.
9	SequenceID	The Third-Party EVV visit sequence ID. Aggregator recommends this be a timestamp (to the second) to ensure the order of the client data updates.	16	Integer	Yes	Third-Party EVV Vendor Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
10	ClientCustomID	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same as the ClientIdentifier.	24	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
11	ClientOtherID	Additional client user-defined ID. Commonly used to store client's ID from another system. Used to match client to an existing record during import.	24	String	Yes	
12	ClientTimezone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	See section 10.8 for Time Zone Values
13	Coordinator	The staff member assigned to the client in a specific agency as the coordinator for an employee.	3	String	Optional	"###"
14	ProviderAssentContPlan	Indicator to capture provider's attestation that the member's contingency plan provided will be reviewed with the member annually and documentation will be provided.	5	Boolean	Yes	Yes No Default = No

Index	Element	Description	Max Length	Type	Required ?	Expected Value
ClientAddress – Required						
At least one record for each client is required for the program. Multiple addresses are accepted with different address types.						
1	ClientAddressType	This field designates the client address type. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	"Home" "Business" "Other"
2	ClientAddressIsPrimary	One address must be designated as primary by sending true. Additional addresses will be false.	5	String	Yes	"true" "false"
3	ClientAddressLine1	Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting.	60	String	Yes	Address Line 1
4	ClientAddressLine2	Street address line 2 associated with this address.	60	String	Optional	Address Line 2
5	ClientCounty	County associated with this address.	25	String	Optional	County
6	ClientCity	City associated with this address.	30	String	Yes	City
7	ClientState	State associated with this address.	2	String	Yes	Two-character standard state abbreviation. (Must be capitalized)
8	ClientZip	Zip Code associated with this address. If additional 4 digits are not known, provide zeros.	9	String	Yes	Zip Code Format: #####
9	ClientAddressLongitude	Calculated for each address.	20	Decimal	Optional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with (-)

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						XXX.XXXXXXXXXX XXXXXXXX digits
10	ClientAddressLatitude	Calculated for each address.	19	Decimal	Optional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXX XXXXXXXX digits
ClientPhone – Optional The fields in this segment marked as required “Yes” are only needed when this segment is sent.						
1	ClientPhoneType	This is the client phone type. Note that multiple of the same type can be provided.	12	String	Yes	"Home" "Mobile" "Business" "Other"
2	ClientPhone	Client phone number including area code.	10	String	Yes	Client Phone Number Format: #####
ClientDesignee – Optional The fields in this segment marked as required “Yes” are only needed when this segment is sent.						
1	ClientDesigneeFirstName	First Name of the Client Designee.	30	String	Yes	Designee’s First Name
2	ClientDesigneeLastName	Last Name of the Client Designee.	30	String	Yes	Designee’s Last Name
3	ClientDesigneeEmail	Email address of the Client Designee.	50	String	Yes	Format: xxx@yyy.zzz Note: @ and extension (.zzz) are required to validate email address.
4	ClientDesigneeStatus	Status of the Client Designee pertaining to Aggregator system access. If the ClientDesigneeStatus is sent, ClientDesigneeStartDate	2	String	Conditional	“02” “04” Available Values: 02 =

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		and ClientDesigneeEndDate are not required. (Provide the 2-digit code including the 0) Aggregator System can either populate the start or end date based on the date of receipt of the status or the source system can send the activation and termination date.				Active, 04 = Inactive. (Please note Activation and termination dates cannot be backdated or future dated)
5	ClientDesigneeStartDate	The date Client Designee was assigned. The future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required.	10	Date	Conditional	Format: YYYY-MM-DD
6	ClientDesigneeEndDate	The date Client Designee was terminated. Future date and Back date are not acceptable. If the ClientDesigneeEndDate is sent, ClientDesigneeStatus is not required.	10	Date	Conditional	Format: YYYY-MM-DD
7	ClientDesigneeRelationship	Relationship of the Designee to the client	30	String	Optional	"Mother" "Father" "Spouse" "Partner" "Sibling" "Grandparent" "Other" "Relative " "Legal Guardian" "Court Appointed Rep" "Other"

9.3. Employee Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit. Please note- the Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will be rejected due to 'Worker not found'

Index	Element	Description	Max Length	Type	Required ?	Expected Value
EmployeeGeneralInformation - Required This segment provides the basic information about the employee.						
1	EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	"EmployeeSSN" (See Field Level Errors in section 10.8)
2	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	Full SSN – Format: ##### SSN value with all zeros will be rejected.
3	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
4	EmployeeSSN	Employee Social Security Number.	9	String	Yes	Format: ##### SSN value with all zeros will be rejected.
5	EmployeeLastName	Employee's last name.	30	String	Yes	Employee's Last Name (See Field Level Errors in section 10.8)
6	EmployeeFirstName	Employee's first name.	30	String	Yes	Employee's First Name

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						(See Field Level Errors in section 10.8)
7	EmployeeEmail	Employee's email address.	64	String	Optional	Employee's Email Address Format: "@" and extension (.xxx) are required to validate as an email address
8	EmployeeHireDate	Employee's Date of Hire.	10	Date	Optional	Hire Date Format: YYYY-MM-DD
9	EmployeeEndDate	Employee's HR recorded end date.	10	Date	Optional	Hire Date Format: YYYY-MM-DD

9.4. Visit Data Endpoint

This endpoint receives the information regarding the EVV visits themselves- including all individual components of the visit, and corrections/changes to the visits over time. Please Note: The visit information must be loaded AFTER the client and the employee associated with the visit have been successfully loaded, or else the visit record will be rejected with appropriate error description.

Index	Element	Description	Max Length	Type	Required ?	Expected Value
VisitGeneralInformation – Required Required segment provides the base data regarding an EVV visit. If a visit is changed (corrections, alterations, updates) over time, the same visit may be delivered multiple times, each sharing the same 'VisitOtherID' , but each change represented with a different Sequence ID- ascending over time- to allow the state's Aggregator system to keep the changes ordered appropriately. <i>Each update requires a 'VisitChanges' segment.</i> Schedule information can be sent initially without calls, however, when sending a visit to match, ensure the VisitOtherID matches the original Schedule. When sending Schedule information only, send not more than two weeks in advance.						
1	VisitOtherID	Visit identifier in the external system.	50	String	Yes	Visit Identifier
2	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	Third-Party EVV Visit Sequence ID If TIMESTAMP is used: YYYYMMDDHHMMSS

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						Numbers only; no other characters.
3	EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	"EmployeeSSN"
4	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	Format: ##### Full EmployeeSSN
5	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	GroupCode
6	ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	20	String	Yes	"ClientCustomID"
7	ClientID	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase "A" followed by 8 digits (0-9)
8	ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing	24	String	Yes	Format: A##### (9-digit ID) Starting

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		record during import. RULE: Provide this value if also included in the PHONE_General segment.				w/UpperCase "A" followed by 8 digits (0-9)
9	VisitCancelledIndicator	Set to false as the default. Set to true if a future scheduled visit previously sent and accepted with NO "CallIn", "CallOut" or "Adjusted" times to be cancelled / deleted.	5	String	Yes	"true" "false" Can only be applicable to future schedules. If left blank, defaults to "false"
10	PayerID	Aggregator assigned ID for the payer.	64	String	Yes	See Section 10.1 PayerID column
11	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	See Section 10.1 ProgramID column
12	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	HCPCS Code as listed. See section 10.2
13	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See section 10.2
14	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.				from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See section 10.2
15	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See section 10.2
16	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See section 10.2
17	VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	See section 10.7 for Time Zone Values

Index	Element	Description	Max Length	Type	Required ?	Expected Value
18	ScheduleStartTime	Activity/Schedule start date and time. Note: Schedules are required in all cases. Lack of a schedule is on an exception basis.	20	DateTime	Required	FORMAT: YYYY-MM-DDTHH:MM:SSZ MUST send an exception code when "NULL" is sent in ScheduleStartTime. See section 10.5 for Exceptions
19	ScheduleEndTime	Activity/Schedule end date and time. Note: Schedules are required in all cases. Lack of a schedule is on an exception basis.	20	DateTime	Required	FORMAT: YYYY-MM-DDTHH:MM:SSZ MUST send an exception code when "NULL" is sent in ScheduleEndTime. See section 10.5 for Exceptions
20	Contingency Plan	Indicator of member's contingency plan selected by member. Valid values include: CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours CP04 - Next Scheduled Visit CP05 - Non-Paid Caregiver	64	String	Optional	CP01 CP02 CP03 CP04 CP05 Note: When the provider is Fiscal Intermediary, CP information will not be provided.
21	Reschedule	Indicator if schedule is a "reschedule"	5	Boolean	Optional	"Yes" "No" If left blank, defaults to "No"
22	AdjInDateTime	Adjusted in date/time if entered manually.	20	DateTime	Optional	Adjusted In Date and Time

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		Otherwise, the actual date/time received. The VisitChanges segment is required when this is sent.				Format: YYYY-MM-DDTHH:MM:SSZ
23	AdjOutDateTime	Adjusted out date/time if entered manually. Otherwise, the actual date/time received. The VisitChanges segment is required when this is sent.	20	DateTime	Optional	Adjusted Out Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
24	BillVisit	True for all visits to be billed. False is only sent if the visit is not to be considered for claims validation and set to omit status.	5	String	Optional	"true" "false" If no value is sent, this defaults to "false"
25	HoursToBill	Hours that are going to be billed.	99.999	Decimal	Optional	Actual hours in decimal
26	HoursToPay	If payroll is in scope for the payer program, the hours to pay.	99.999	Decimal	Optional	Actual hours in decimal
27	Memo	Associated free form text.	512	String	Optional	May be required based on AZ EVV Business Rules for Exceptions
28	ClientVerifiedTimes	ClientVerifiedTimes, ClientVerifiedTasks, ClientVerifiedService - all three fields work together in the Aggregator system and generate an exception if the client validation and signature are not captured at the time of visit. The agency would need to provide details why the client did not confirm the visit times, tasks	5	String	Optional	"true" "false"

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends.				
29	ClientVerifiedTasks	ClientVerifiedTimes, ClientVerifiedTasks, ClientVerifiedService - all three fields work together in the Aggregator system and generate an exception if the client validation and signature are not captured at the time of visit. The agency would need to provide details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends.	5	String	Optional	"true" "false"
30	ClientVerifiedService	ClientVerifiedTimes, ClientVerifiedTasks, ClientVerifiedService - all three fields work together in the Aggregator system and generate an exception if the client validation and signature are not captured at the time of visit. The agency would need to provide	5	String	Optional	"true" "false"

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		details why the client did not confirm the visit times, tasks and/or why a signature was not obtained. Often, this gets triggered when the member receiving service is not available at the time the visit ends.				
31	ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record.	5	String	Optional	"true" "false"
32	ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record.	5	String	Optional	"true" "false"
Calls – Conditional Conditional segment if calls are not provided, adjusted times must be included in the parent visit element. Visit first instance expected to include calls with actual captured clock in and clock out, with appropriate CallType. All time adjustments must be in the adjusted time fields, in the parent visit. Note that some vendor systems may not record some visit activity as calls. If this is the case, the call element can be omitted. Aggregator will treat visit information without calls as manually entered. The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	CallExternalID	Call identifier in the external system.	16	String	Yes	Call Identifier
2	CallDateTime	Event date time. Must be to the second.	20	DateTime	Yes	Call Date Time Format: YYYY-MM-DDTHH:MM:SSZ
3	CallAssignment	This identifies the call assignment type.	10	String	Yes	"Time In" "Time Out" "Other"
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	GroupCode

Index	Element	Description	Max Length	Type	Required ?	Expected Value
5	CallType	The type of device used to create the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of fixed visit verification device. NOTE: VisitChanges segment is required for CallType = Manual or Other	20	String	Yes	"Telephony" "Mobile" "FVV" "Manual" "Other"
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	HCPCS Code See section 10.2
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional	Format: #####
8	MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	64	String	Conditional	Mobile Login Example: XXXXXXX@XXXX.XXX
9	CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15-digit precision. Required for CallType = Mobile	19	Decimal	Conditional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXX XX digits
10	CallLongitude	GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15-digit precision. Required for CallType = Mobile	20	Decimal	Conditional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with (-)XXX.XXXXXXXXXXXXXX XXX digits
11	Location	Location of the visit	25	String	Optional	This is a free text

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						field. Characters allowed: Alphanumeric _ . ' - # , / space
12	TelephonyPIN	Identification for the employee using telephony. Required if CallType = Telephony.	9	Integer	Conditional	Telephony PIN Numbers only
13	OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	Originating Phone Number Format: ##### No Special Characters
14	VisitLocationType	Self-Reported visit location for all call types. 1=Home, 2=Community	2	String	Optional	"1" "2"
VisitExceptionAcknowledgement – Conditional Conditional segment provided for a visit when it has corrections, alterations, or updates in the source system that caused exceptions, which have been acknowledged by the provider agency. Every exception that is acknowledgeable (versus exceptions that require a fix- or alteration of the visit data) must have an acknowledgement for the visit to be fully verified and compliant with the EVV program's rules. The fields in this segment marked as required "Yes" are only needed when this segment is sent. ** Reference AZ EVV Business Rules for policy requirements for memos **						
1	ExceptionID	ID for the exception being acknowledged.	2	String	Yes	section 10.5 for values
2	ExceptionAcknowledged	True to acknowledge exceptions that are indicated as acknowledgeable only. False by default.	5	String	Yes	"true" or "false"
VisitChanges – Conditional Conditional segment provided when a visit has been manually entered, adjusted, or updated (this includes visits with exceptions) in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change and supply the reason code for why it occurred. When the VisitChanges segment is used, the visit is considered Manually Verified. The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	SequenceID	The Third-Party EVV visit sequence ID to which the change	16	String	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		applied				used: YYYYMMDDHHMMSS Numbers only; no other characters.
2	ChangeMadeBy	The unique identifier of the user, system, or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	64	String	Yes	Unique Identifier of Change Agent Required – Username or User Identifier who completed the change to the visit information (Audit)
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	DateTime	Yes	Date and Time When Change is Made Format: YYYY-MM-DDTHH:MM:SSZ
4	GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	6	String	Optional	Group Code
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See section 10.3 Reason Code Column Format: ##
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes and CallType “Manual” or “Other” or if “Adjusted” times are included.	256	String	Conditional	Not Required column - to determine if required See section 10.3
7	ResolutionCode	Resolution code	4	String	Optional	See section 10.4 Resolution Code

Index	Element	Description	Max Length	Type	Required ?	Expected Value
Tasks– Conditional If you wish to match tasks from the original system to those allowed from the Task Appendix you can transfer those using this section. This is an OPTIONAL segment. The fields in this segment marked as required “Yes” are only needed when this segment is sent.						
1	TaskID	TaskID must map to Task ID’s used for the agency in the Aggregator System	4	String	Yes	Task ID column See section 10.6
2	TaskRefused	True if task refused, False if not refused	5	String	Optional	"true" or "false"

9.5. XREF Data Endpoint

This endpoint receives cross-reference information which allows for live-in functionality. Each client with an approved live-in employee needs a record for the combination of client and employee as well as each payer/program/service impacted.

Index	Element	Description	Max Length	Type	Required ?	Expected Value
XRef Visit The Cross Reference (Xref) allows the agency to associate clients with the live-in caregiver (employee) who provide the service along with additional information about the caregiver’s relationship with the client and if the caregiver is live-in caregiver. Provider Identification is required for this transmission same as other end points.						
1	ClientIDQualifier	Value being sent to uniquely identify the client.	20	String	Conditional	"ClientMedicaidID"
2	ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	Format: A##### (9-digit ID) Starting w/UpperCase “A” followed by 8 digits (0-9)
3	EmployeeQualifier	Value sent to uniquely identify the employee.	20	String	Yes	“EmployeeSSN”
4	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the	64	String	Yes	Full SSN – Format: #####

Index	Element	Description	Max Length	Type	Required ?	Expected Value
		payer, this information will be used to link the received third-party EVV information with the payer information provided and should be defined as the same value.				
5	XRefStartDate	Date when the relationship began. It could be a past date.		Date	Yes	YYYY-MM-DD
6	XRefEndDate	Date when the relationship ended. If this value is not provided, it will be assumed to be ongoing. Provide the end date only when the relationship ends.		Date	No	YYYY-MM-DD
7	PayerID	Aggregator assigned ID for the payer.	64	String	Yes	See section 10.1 PayerID column
8	PayerProgram	The program to which this visit belongs.	9	String	Yes	See section 10.1 ProgramID column
9	ProcedureCode	This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.	5	String	Yes	HCPCS Code applicable to have Live-in Caregiver See section 10.10 Reject the record if the Procedure Code is not in the applicable list of HCPCS codes.
10	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the appendix.	2	String	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined.

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						Should be "NULL" if nothing is provided. See Section 10.2
11	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the appendix.	2	String	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See section 10.2
12	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the appendix.	2	String	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See section 10.2
13	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the appendix.	2	String	No	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL"

Index	Element	Description	Max Length	Type	Required ?	Expected Value
						if nothing is provided. See section 10.2
14	Liveln	Does the direct care worker live with the individual receiving the service.	5	Boolean	Yes	Yes No
15	Relationship	Used to classify the family member relationship to the client.	64	String	Yes	Spouse Adult children/Stepchildren Son-in-law/Daughter-in-law Grandchildren Siblings/Step siblings Parents/Adoptive Parents/Legal Guardians Stepparents Grandparents Mother-in-law/Father-in-law Brother-in-law/Sister-in-law Other

Note on errors reported in the Response: The data validation error responses are logged in 2 places, Inline with the data element and/or as a collection of errors. The ClientIdentifier, EmployeeIdentifier, ProviderID, Payer and Service fields are used to map back to the data element that triggered the error log. Each error contains an error code and a description outlining what needs to be adjusted.

Update an existing Record: Aggregator will allow functionality for the update of existing Xref data by making existing record inactive and accepting newly provided records as Active. System will look for an existing record in the aggregator using fields ClientIdentifier, EmployeeIdentifier, ProviderID, Payer and Service.

Delete an existing Record: To mark a record in the aggregator as deleted, send a record with Relationship End date a day prior to Relationship Start Date as an indication of deletion. Upon receiving such record system will look for an existing record in the aggregator using fields

ClientIdentifier, EmployeeIdentifier, ProviderID, Payer and Service and mark both the records as inactive.

Note: Do not send the Xref data by Modifiers to the aggregator as the Modifiers are not used to join the Visit data with the Xref data while generating the reports. The Aggregator makes use of only Payer, Provider, Client, Employee, and Procedure Code data fields for the join. Receiving rows with the same data except for the modifiers for procedure codes has an impact on the calculated Total Bill hours in the reports.

10. Reference Data

10.1. Payers & Programs

Table 3: Payers & Programs

Payer ID	Payer Program	Payer Name	Program ID
AZCCCS	1115 Waiver	AHCCCS	AHCCCS
AZDDD	1115 Waiver	AZ-DDD	AHCCCS
AZACH	1115 Waiver	Arizona Complete Health	AHCCCS
AZBUFC	1115 Waiver	Banner- University Family Care	AHCCCS
AZMCC	1115 Waiver	Molina	AHCCCS
AZMYC	1115 Waiver	Mercy Care	AHCCCS
AZSHC	1115 Waiver	Blue Cross Blue Shield of AZ Health Choice	AHCCCS
AZUCP	1115 Waiver	UnitedHealthcare Community Plan	AHCCCS
AZCDMP	1115 Waiver	Comprehensive Health Plan (CHP)	AHCCCS
AZCHP	1115 Waiver	Care1st Health Plan – No longer effective as of 10/01/2024	AHCCCS

10.2. HCPCS Procedure Codes

Table 4: HCPCS Procedure Codes

Note: AHCCCS only validates to ensure that the Modifier is 2-character alphanumeric value if the value is provided. Procedure codes can be sent without modifiers. The following table just represents common modifiers used for EVV Procedure Codes.

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0151					[G0151]: Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	CP04	Rule 1

Payer	Program	HCP Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0152					[G0152]: Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0153					[G0153]: Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0299					[G0299]: Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0299	UN				[G0299]: Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes; Two patients served	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0299	UP				[G0299]: Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes; Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0300					[G0300]: Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0300	UN				[G0300]: Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes; Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	G0300	UP				[G0300]: Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes; Three patients served	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7	U4			[S5125]: Attendant care services; per 15 minutes; Agency with Choice; Family member or non-spouse not residing at home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7	U5			[S5125]: Attendant care services; per 15 minutes; Agency with Choice; Family member or non-spouse residing in member's home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7	U3			[S5125]: Attendant care services; per 15 minutes; Agency with Choice; Spouse - limit to 160 units per week	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125					[S5125]: Attendant care services; per 15 minutes	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	UN				[S5125]: Attendant care services; per 15 minutes; Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	UP				[S5125]: Attendant care services; per 15 minutes; Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U2				[S5125]: Attendant care services; per 15 minutes; Unskilled Self-directed care	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U3				[S5125]: Attendant care services; per 15 minutes; Spouse - limit to 160 units per week	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U4				[S5125]: Attendant care services; per 15 minutes; Family member or non-spouse not residing at home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U5				[S5125]: Attendant care services; per 15 minutes; Family member or non-spouse residing in member's home	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U6				[S5125]: Attendant care services; per 15 minutes; Skilled Self-directed care	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5125	U7				[S5125]: Attendant care services; per 15 minutes; Agency with Choice	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5130					[S5130]: Homemaker service, nos; per 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5130	U7				[S5130]: Homemaker service, nos; per 15 minutes; Agency with Choice	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5135					[S5135]: Companion care, adult (e.g. iadl/adl); per 15 minutes	CP04	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5136					[S5136]: Companion Care, adult, per diem	CP01	Rule 5

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150					[S5150]: Unskilled respite care, not hospice; per 15 minutes	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	HQ				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Group setting	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	UN				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Two patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	UP				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Three patients served	CP02	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	UQ				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Four patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	US				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Six or more patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U3				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Spouse - limit to 160 units per week	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U4				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Family member or non-spouse not residing at home	CP02	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U5				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Family member or non-spouse residing in member's home	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5150	U7				[S5150]: Unskilled respite care, not hospice; per 15 minutes; Agency with Choice	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U7				[S5151]: Unskilled respite care, not hospice; per diem; Agency with Choice	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151					[S5151]: Unskilled respite care, not hospice; per diem	CP02	Rule 4

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UN				[S5151]: Unskilled respite care, not hospice; per diem; Two patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UP				[S5151]: Unskilled respite care, not hospice; per diem; Three patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UQ				[S5151]: Unskilled respite care, not hospice; per diem; Four patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	UR				[S5151]: Unskilled respite care, not hospice; per diem; Five patients served	CP02	Rule 4

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	US				[S5151]: Unskilled respite care, not hospice; per diem; Six or more patients served	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U3				[S5151]: Unskilled respite care, not hospice; per diem; Spouse - limit to 160 units per week	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U4				[S5151]: Unskilled respite care, not hospice; per diem; Family member or non-spouse not residing at home	CP02	Rule 4
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5151	U5				[S5151]: Unskilled respite care, not hospice; per diem; Family member or non-spouse residing in member's home	CP02	Rule 4

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S5181					[S5181]: Home health respiratory, nos, per diem	CP01	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123					[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UN				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Two patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UP				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Three patients served	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UF				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Services provided, Morning	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9123	UG				[S9123]: Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used); Services provided, Afternoon	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9124					[S9124]: Nursing care, in the home; by licensed practical nurse, per hour	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9124	UN				[S9124]: Nursing care, in the home; by licensed practical nurse, per hour; Two patients served	CP01	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9124	UP				[S9124]: Nursing care, in the home; by licensed practical nurse, per hour; Three patients served	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9128					[S9128]: Speech therapy, in the home, per diem	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9129					[S9129]: Occupational therapy, in the home, per diem	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	S9131					[S9131]: Physical therapy; in the home, per diem	CP04	Rule 3

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1019	U7				[T1019]: Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant); Agency with Choice	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1019					[T1019]: Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	CP01	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1021	U4				[T1021]: Home Health Aide (Family Member not residing at home)	CP04	Rule 3
AZCCCS, AZDDD,	AHCCCS	T1021	U5				[T1021]: Home Health Aide (Family Member	CP04	Rule 3

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP							<i>residing in member's home)</i>		
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T1021					[T1021]: Services performed by a home health aide or certified nurse assistant, per visit	CP04	Rule 3
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	U7				[T2017]: Habilitation, residential, waiver; 15 minutes; Agency with Choice	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017					[T2017]: Habilitation, residential, waiver; 15 minutes	CP02	Rule 1
AZCCCS, AZDDD,	AHCCCS	T2017	UP				[T2017]: Habilitation, residential, waiver; 15	CP02	Rule 1

Payer	Program	HCPCS Code	Mod 1	Mod 2	Mod 3	Mod 4	Description	CP Default Value	Claim Validation Rule
AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP							minutes; Three patients served		
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	UN				[T2017]: Habilitation, residential, waiver; 15 minutes; Two patients served	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	U4				[T2017]: Habilitation, residential, waiver, 15 minutes; family member or non-spouse not residing at home	CP02	Rule 1
AZCCCS, AZDDD, AZACH, AZBUFC, AZCHP, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP	AHCCCS	T2017	U5				[T2017]: Habilitation, residential, waiver, 15 minutes; family member or non-spouse residing in the member's home.	CP02	Rule 1

10.3. Reason Codes

Table 5: Reason Codes

Reason Code	Description	Memo Required
1	Caregiver Error	No
2	Member/Designee Unavailable to Verify	No
3	Mobile Device Issue	No
4	Telephony Issue	No
5	Member/Designee Refused Verification	No
6	Unsafe Environment	No
7	Member Refused Service	No
8	Member No Show	No
9	Other	No
10	Caregiver No Show	No
11	Clinical Need	No
12	Live In/Onsite Caregiver	No
13	Member Preference	No

10.4. Resolution Codes

Table 6: Resolution Codes

Resolution Code ID	Description
2	Reschedule within 2 Hours
3	Reschedule within 24 Hours
4	Reschedule within 48 Hours
5	Next Scheduled Visit
6	Non-Paid Caregiver
7	Non-EVV Service Provided
8	Contacted Case Manager and/or Reconvened Treatment/Planning Team
DAF	Designee Attestation on File
TSF	Timesheet with Signature on File
None	None

10.5. Exceptions

Any visit changes and exception acknowledgement should reference these valid exception values when submitting data above. When visits are sent to the AHCCCS EVV Aggregator via the EVV API, the Aggregator system will calculate “exceptions” based on the incoming data. Business rules are applied to the visit based on the configuration for the program. These rules may trigger visits to be flagged with exceptions, denoting business rules that are not being met. Visits with exceptions will not be “Approved” or “Verified”, and thus may be excluded from additional processing, such as claims validation or data exports. Users of the EVV API can “Acknowledge” certain exceptions. This tells the Aggregator system that the exception has been handled in the source system. Thus, the visit can be treated as “Approved” or “Verified”, so long as all calculated exceptions are marked as “Acknowledged”.

Table 7: Exceptions

Exception Code	Acknowledge/Fix	Exception Name	Description
0	Fix: Resubmit visit	Unknown Client	Exception for a visit that was performed for a recipient of care that is not yet entered or not found in the EVV system. Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
1	Fix: Resubmit visit	Unknown Employee	(Telephony only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded). Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
3	Fix: Resubmit visit	Visits Without In-Calls	Exception thrown when a visit is recorded without an "in" call that began the visit. Note: All visits will require the Call segment to be provided.
4	Fix: Resubmit visit	Visits Without Out-Calls	Exception thrown when a visit is recorded without an "out" call that completed the visit. Note: All visits will require the Call segment to be provided.
5	Acknowledgeable	Unscheduled Visits	(Scheduling only) This occurs when a

Exception Code	Acknowledge/Fix	Exception Name	Description
			visit is started or completed without a schedule in place for that member+service+caregiver. Note: For Fiscal Intermediaries Scheduling is not required. So, the Schedule Start and End Date may not be provided for these agencies. Do not post this exception if the agency type is Fiscal Intermediaries.
15	Acknowledgeable	Unmatched Client ID/Phone	(Telephonic only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system. This exception is directly related to the OriginatingPhoneNumber field in the Calls segment.
18	Acknowledgeable	Late In Call	(Scheduling only) This occurs when the start of a visit is received and recorded as having begun over 60 minutes AFTER the scheduled start time for that visit.
21	Acknowledgeable	No Show	(Scheduling only) This exception occurs when a visit has been scheduled, but no calls have been received for that visit.
23	Fix: Resubmit visit	Missing Service	Exception when the service provided during a visit is not recorded or present in the system. Note: Visit data will reject if the inbound service (ProcedureCode) does not match a record defined in the specification Appendix.
26	Acknowledgeable	Employee Speaker Verification	(Telephonic only) Only used when the Employee Speaker Verification feature is enabled. This exception indicates that the speaker verification evaluation did not match the voice making the call with a known caregiver in the EVV account that the phone number is associated with.

Exception Code	Acknowledge/Fix	Exception Name	Description
			Note: This exception will not be used post 10/1/2025.
28	Acknowledgeable	Visit Verification Exception	Exception is triggered when the client indicates that the DURATION of the EVV visit does not reflect the amount of time that care was actually provided for. This exception is directly related to the ClientVerifiedTimes field in the Visit General segment. If ClientVerifiedTimes is marked FALSE or Null, this exception will be triggered.
34	Fix: Resubmit visit	Invalid Service	Exception when the service selected for a visit is not valid for the program / recipient of care.
39	Acknowledgeable	Client Signature Verification	Exception is triggered when the visit does not have a signature or client voice recording captured at the time of service. This exception is directly related to the ClientVoiceRecording and the ClientSignatureAvailable fields in the Visit General segment. If both fields are FALSE or null, this exception will be triggered.
40	Acknowledgeable	Service Verification Exception	Exception is triggered when the client indicates that the SERVICE RECORDED in the EVV visit does not reflect the actual activity performed during that visit. This exception is directly related to the ClientVerifiedService field in the Visit General segment. If ClientVerifiedService is marked FALSE or Null, this exception will be triggered.

10.6. Tasks

Table 8: Tasks

TaskID	Task Description
0110	Shopping

TaskID	Task Description
0120	Meal/Snack Preparation and Clean Up
0130	Errand
0140	Medical Appointment
0150	Self-Administration of Medication
0160	Bathing
0170	Eating
0180	Assisting with Mail
0190	Dressing and Grooming
0200	Housekeeping - Bedroom
0210	Housekeeping - Bathroom
0220	Housekeeping - Kitchen
0230	Housekeeping – Common Living Areas
0240	Laundry
0250	General Supervision
0260	Turning, Positioning or Transferring
0270	Toileting
0280	Cognitive/Academic
0290	Communication
0300	Continence Support and Hygiene(bowel, bladder, catheter)
0310	Emergency and Safety Skills
0320	Health/Medical
0330	Independent Living Skills
0340	Leisure Time Recreation Skills
0350	Medication Administration
0360	Mobility
0370	Personal Health Care
0380	Range of motion/exercise
0390	Sensorimotor
0400	Socialization
0410	Vital Signs

10.7. Time Zones

This is the common list of time zone being used. Please note that the value sent must exactly match the value and the case.

Table 9: Time Zones

Time Zone Text Value
US/Alaska
US/Aleutian
US/Arizona
US/Central
US/East-Indiana
US/Eastern
US/Hawaii
US/Indiana-Starke
US/Michigan
US/Mountain
US/Pacific
US/Samoa
America/Indiana/Indianapolis
America/Indiana/Knox
America/Indiana/Marengo
America/Indiana/Petersburg
America/Indiana/Vevay
America/Indiana/Vincennes
America/Puerto_Rico

10.8. Field Level Errors

Table 10: Field Level Errors

Section	Field Name	Description
Client General	ClientFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe

Section	Field Name	Description
		All other special characters will be rejected.
Client General	ClientLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Client General	ClientQualifier	The value is the actual string value "ClientQualifier" and is required to be mixed case.
Employee General	EmployeeLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeQualifier	The value is the actual string value "EmployeeQualifier" and is required to be mixed case.
Employee General	EmployeeSSN	SSN value with all zeros will be rejected.

10.9. Aggregator Visit Status

Table 11: Aggregator Visit Status

Visit Status	Description
Scheduled	The visit has not yet occurred and has a scheduled start date/time in the future. OR The scheduled visit did not happen because of Reason Codes 6-Unsafe Environment/7-Member Refused Service/8-Member No Show/10-Caregiver No show
In Process	The visit is still in progress. Scheduled visits are placed in this status if the scheduled start time has passed or the system has received a call. Unscheduled visits are placed in this status if the system has received a call-in, but not a call out and it is less than 24 hours since the call-in was received. Note: This status will not be used going forward.

Visit Status	Description
Incomplete	The visit is missing required information.
Verified	The visit has no exceptions. A visit in this status is ready to be billed and is eligible to be returned for claims validation, if applicable.
Processed	The visit was returned to the adjudication system during claims validation.
Omit	A visit record marked by the provider to be ignored by setting the "Bill Visit" indicator to False. These visits are not expected to be submitted for billing or claim validation and do not require exception management.
Canceled	The existing visit in Scheduled status got canceled.
Verified-Inactive	A visit initially in verified status that got updated with subsequent transmission.
Duplicate	A visit for which another record exists in the aggregator with Verified/Processed status.

10.10. Services applicable to have Live-in Caregiver

Table 12: Services applicable to have Live-in Caregiver

Service	HCPCS Code/s
Attendant Care	S5125
Habilitation	T2017
Home Health Aide	T1021
Homemaker	S5130
Personal Care	T1019
Respite	S5150, S5151

11. Response Error Codes

Error Category	Error Code	Error Message
General Level	1000	ProviderQualifier is invalid. It must equal "MedicaidID" and be ≤ 20 characters (required)
	1001	ProviderID is invalid. It must be exactly 6 digits (leading zeros allowed) (required)
Client Level Errors (Root)	2000	ProviderIdentification.ProviderID, ClientOtherID, and SequenceID must be provided
	2001	ClientFirstName is invalid. It must be non-empty, no longer than 30 characters, and contain only valid name characters.
	2002	ClientMiddleInitial, if provided, must be 1 character.

Error Category	Error Code	Error Message
	2003	ClientLastName is invalid. It must be non-empty, no longer than 30 characters, and contain only valid name characters.
	2004	ClientQualifier is invalid. It must equal "ClientCustomID" and be no longer than 20 characters.
	2005	ClientMedicaidID is invalid. It must start with uppercase "A" followed by 8 digits and be no longer than 24 characters.
	2006	ClientIdentifier is invalid. It must start with uppercase "A" followed by 8 digits and be no longer than 64 characters.
	2007	ClientCustomID is invalid. It must start with uppercase "A" followed by 8 digits and be no longer than 24 characters.
	2008	ClientOtherID is invalid. It must start with uppercase "A" followed by 8 digits and be no longer than 24 characters.
	2009	SequenceID is invalid. It must be exactly 14 digits in "yyyyMMddHHmmss" format and represent a valid date/time.
	2010	ClientTimezone is required and must be no longer than 64 characters.
	2011	Coordinator, if provided, must be 3 characters or fewer.
	2012	ProviderAssentContPlan is invalid. It must be "Yes" or "No".
	2013	ClientID is required.
Client Address	2100	ClientAddressType must be 'NULL' or one of: Home, Business, Other (optional).
	2101	ClientAddressIsPrimary is required and must be true or false.
	2102	ClientAddressLine1 is required and must be ≤ 30 characters.
	2103	ClientAddressLine2, if provided (when ClientAddressLine1 is populated), must be ≤ 30 characters.
	2104	ClientCounty, if provided, must be ≤ 25 characters.
	2105	ClientCity is required and must be ≤ 30 characters.
	2106	ClientState is required and must be ≤ 2 characters.
	2107	ClientZip is required and must be 5–9 characters.

Error Category	Error Code	Error Message
	2108	ClientAddressLongitude, if provided, must be between -180.0 and 180.0.
	2109	ClientAddressLatitude, if provided, must be between -90.0 and 90.0.
ClientPhone	2200	ClientPhoneType, when ClientPhone is provided, must be one of: Home, Mobile, Business, Other, and be ≤ 12 characters
	2201	ClientPhone, if provided, must be a 10-digit number (#####).
ClientDesignee	2300	ClientDesigneeFirstName is invalid. It must be non-empty, ≤ 30 characters, and contain only valid name characters.
	2301	ClientDesigneeLastName is invalid. It must be non-empty, ≤ 30 characters, and contain only valid name characters.
	2302	ClientDesigneeEmail is invalid. It must be a properly formatted email address (≤ 64 characters).
	2303	ClientDesigneeStatus is invalid. When StartDate and EndDate are provided, it must be '02' (Active) or '04' (Inactive) and be ≤ 2 characters.
	2304	ClientDesigneeStartDate is invalid. When ClientDesigneeStatus is empty, it must be a valid date (YYYY-MM-DD) and not in the future.
	2305	ClientDesigneeEndDate is invalid. When ClientDesigneeStatus is empty, it must be a valid date (YYYY-MM-DD), after ClientDesigneeStartDate, and not in the future.
	2306	ClientDesigneeRelationship must be 'NULL' or one of: Mother, Father, Spouse, Partner, Sibling, Grandparent, Relative, Legal Guardian, Court Appointed Rep, Other (≤ 30 characters).
Employee Level Errors(Root)	3000	ProviderIdentification.ProviderID, EmployeeIdentifier, and SequenceID must be provided.
	3001	EmployeeQualifier is invalid. It must be 'EmployeeSSN' and be no longer than 20 characters.
	3002	EmployeeIdentifier is invalid. It must be a 9-digit SSN and not all zeros.
	3003	SequenceID is required and must be numeric with up to 16 digits.

Error Category	Error Code	Error Message
	3004	EmployeeSSN is invalid. It must be a 9-digit SSN and not all zeros.
	3005	EmployeeLastName is invalid. It must be non-empty, ≤ 30 characters, and contain only valid name characters.
	3006	EmployeeFirstName is invalid. It must be non-empty, ≤ 30 characters, and contain only valid name characters.
	3007	EmployeeEmail is invalid. It must be a properly formatted email address (≤ 64 characters), if provided.
	3008	EmployeeManagerEmail is invalid. It must be a properly formatted email address (≤ 64 characters), if provided.
	3009	EmployeeHireDate, if provided, must be in YYYY-MM-DD format.
	3010	EmployeeEndDate, if provided, must be in YYYY-MM-DD format.
Visit Level Errors(Root)	4000	ProviderIdentification.ProviderID, VisitOtherID, and SequenceID must be provided.
	4001	VisitOtherID is required and must be ≤ 50 characters
	4002	SequenceID is required and must be numeric with up to 16 digits.
	4003	EmployeeQualifier is invalid. It must be 'EmployeeSSN' and ≤ 20 characters.
	4004	EmployeeIdentifier is invalid. It must be a non-empty 9-digit number.
	4005	GroupCode, if provided, must be ≤ 6 characters.
	4006	ClientIDQualifier is required and must be ≤ 20 characters.
	4007	ClientID is invalid. It must start with uppercase 'A' followed by 8 digits.
	4008	ClientOtherID is invalid. It must start with uppercase 'A' followed by 8 digits.
	4009	VisitCancelledIndicator is required.
	4010	PayerID is required, must be ≤ 64 characters, and one of: AZCCCS, AZDDD, AZACH, AZBUFC, AZMCC, AZMYC, AZSHC, AZUCP, AZCDMP.
	4012	ProcedureCode is required, must be ≤ 5 characters, and one of: G0151, G0152, G0153, G0299, G0300, S5125, S5130, S5135, S5136, S5150, S5151, S5181, S9123, S9124, S9128, S9129, S9131, T1019, T1021, T2017.

Error Category	Error Code	Error Message
	4013	Modifier1 must be 'NULL' or one of: UN, UP, U2, U3, U4, U5, U6, U7, UQ, UR, US, UF, UG, HQ.
	4014	Modifier2 must be 'NULL' or one of: U4, U5, U3.
	4015	Modifier3 must be 'NULL' or a 2-character alphanumeric code (A–Z, 0–9).
	4016	Modifier4 must be 'NULL' or a 2-character alphanumeric code (A–Z, 0–9).
	4017	VisitTimeZone is required, must be ≤ 64 characters, and one of the approved values (e.g., US/Arizona, US/Eastern, US/Mountain, US/Pacific, America/Indiana/Indianapolis, etc.).
	4018	ScheduleStartTime is required and must be in UTC format.
	4019	ScheduleEndTime is required and must be in UTC format.
	4020	ContingencyPlan must be 'NULL' or one of: CP01, CP02, CP03, CP04, CP05 (if provided).
	4021	AdjInDateTime must be in UTC format (if provided).
	4022	AdjOutDateTime must be in UTC format (if provided).
	4023	BillVisit, if provided, must be true or false.
	4024	HoursToBill, if provided, must be between 0 and 99.999.
	4025	HoursToPay, if provided, must be between 0 and 99.999.
	4026	Memo, if provided, must be ≤ 512 characters.
	4028	ClientVerifiedTimes, if provided, must be true or false.
	4029	ClientVerifiedTasks, if provided, must be true or false.
	4030	ClientVerifiedService, if provided, must be true or false.
	4031	ClientSignatureAvailable, if provided, must be true or false.
	4032	ClientVoiceRecording, if provided, must be true or false.
	4034-A	`Adj Out` must be greater than `Adj In`.
	4034-B	`Adj Out` must be greater than `Time In` CallDateTime.
	4034-C	The `Time Out` CallDateTime must be greater than `Adj In`.
	4034-D	The `Time In` CallDateTime cannot be greater than the `Time Out` CallDateTime.

Error Category	Error Code	Error Message
	4035	AdjInDateTime must be earlier than AdjOutDateTime if both are provided.
	4036	ScheduleStartTime must be earlier than ScheduleEndTime if both are provided.
	4037	Visit Changes segment is required.
VisitCall	4100	CallExternalID is required and must be ≤ 16 characters.
	4101	CallDateTime is required and must be a valid UTC datetime in the format YYYY-MM-DDTHH:MM:SSZ.
	4102	CallAssignment is required, must be ≤ 10 characters, and one of: Time In, Time Out, Other.
	4103	GroupCode, if provided, must be ≤ 6 characters.
	4104	CallType is required, must be ≤ 20 characters, and one of: Telephony, Mobile, FVV, Manual, Other.
	4105	ProcedureCode is required, must be ≤ 5 characters, and one of: G0151, G0152, G0153, G0299, G0300, S5125, S5130, S5135, S5136, S5150, S5151, S5181, S9123, S9124, S9128, S9129, S9131, T1019, T1021, T2017.
	4106	ClientIdentifierOnCall, if provided, must be exactly 10 digits or 1 letter followed by 8 digits.
	4107	MobileLogin is required when CallType is 'Mobile', and must be no more than 64 characters.
	4108	CallLatitude is required when CallType is 'Mobile' and must be between -90 and 90.
	4109	CallLongitude is required when CallType is 'Mobile' and must be between -180 and 180.
	4110	Location, if provided, must be ≤ 25 characters and contain only alphanumeric, _ , ' , - , # , , / , or space.
	4111	TelephonyPIN is required when CallType is 'Telephony' and must be no more than 9 digits.
	4112	OriginatingPhoneNumber is required when CallType is 'Telephony' and must be exactly 10 digits (no separators).
	4113	VisitLocationType, if provided, must be one of: 1, 2.
	4114	IpAddress, if provided, must be ≤ 45 characters.
	4115	WorkerPin, if provided, must be ≤ 9 digits.

Error Category	Error Code	Error Message
VisitTask	4200	TaskID is required, must be ≤ 4 characters, and one of: 0110, 0120, 0130, 0140, 0150, 0160, 0170, 0180, 0190, 0200, 0210, 0220, 0230, 0240, 0250, 0260, 0270, 0280, 0290, 0300, 0310, 0320, 0330, 0340, 0350, 0360, 0370, 0380, 0390, 0400, 0410.
	4201	TaskRefused, if provided, must be true or false.
VisitExceptionAcknowledgement	4300	ExceptionID is required, must be ≤ 2 characters, and one of: 0, 1, 3, 4, 5, 15, 18, 21, 23, 26, 28, 34, 39, 40.
	4301	ExceptionAcknowledged, if provided, must be true or false.
VisitChange	4400	SequenceID is required, must be a 14-digit timestamp (YYYYMMDDHHMMSS), and be no more than 16 characters.
	4401	ChangeMadeBy is required and must be ≤ 64 characters.
	4402	ChangeDateTime is required and must be a valid UTC datetime in the format YYYY-MM-DDTHH:MM:SSZ.
	4403	GroupCode, if provided, must be ≤ 6 characters.
	4404	ReasonCode is required, must be ≤ 4 characters, and one of: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13.
	4405	ChangeReasonMemo, if provided, must be ≤ 256 characters.
	4406	ResolutionCode, if provided, must be ≤ 4 characters and one of: 2, 3, 4, 5, 6, 7, 8, DAF, TSF, None.
	4407	VisitHasManualCalls, if provided, must be 'true' or 'false'.
Xref	5000	ClientIDQualifier is required and must be 'ClientMedicaidID'.
	5001	ClientIdentifier is invalid. It must start with 'A' followed by 8 digits. (Format: A#####).
	5002	EmployeeQualifier is invalid. It must be 'EmployeeSSN' and no longer than 20 characters.
	5003	EmployeeIdentifier is invalid. It must be a 9-digit SSN. (Format: #####)
	5004	XRefStartDate is required and must be a valid date. (Format: YYYY-MM-DD)

Error Category	Error Code	Error Message
	5006	XRefEndDate must be a valid date if provided. (Format: YYYY-MM-DD)
	5007	PayerID is required, must be no more than 64 characters, and must be one of the approved values: {AZCCCS", "AZDDD", "AZACH", "AZBUFC", "AZMCC", "AZMYC", "AZSHC", "AZUCP", "AZCDMP}.
	5008	PayerProgram is required and must equal 'AHCCCS'.
	5009	ProcedureCode is required, must not exceed 5 characters, and must be one of the approved values.
	5010	Modifier1 must be 'NULL' or one of: UN, UP, U2, U3, U4, U5, U6, U7, UQ, UR, US, UF, UG, HQ.
	5011	Modifier2 must be 'NULL' or one of: U4, U5, U3.
	5112	Modifier3 must be 'NULL' or a 2-character alphanumeric code (A–Z, 0–9).
	5113	Modifier4 must be 'NULL' or a 2-character alphanumeric code (A–Z, 0–9).
	5014	LiveIn must be a boolean value: 'Yes' or 'No'.
	5015	Relationship must not exceed 64 characters and should be a valid value.
	5016	XRefEndDate must be greater than or equal to XRefStartDate, or exactly one day before it.
Visit Validation Errors	-1021	Client not found; -- Client not found in client data we have received from AZ
	-2021	Provider not found; -- Provider not found in provider data we have received from AZ
	-3021	SequenceId must be greater than existing; -- Incoming sequenceId is <= existing sequenceId for the same providerid and visitotherid
Visit Exception Errors	-5000	Invalid ClientId;
	-5001	Invalid EmployeeID; EmployeeID not found;
	-5003	No In-Call; Visits Without In-Calls;

Error Category	Error Code	Error Message
	-5004	No Out-Call; Visits Without Out-Calls;
	-5005	Unscheduled Visits;
	-5015	Unmatched Client ID/Phone;
	-5018	Start >60 minutes after scheduled;
	-5021	Visits Without Calls;
	-5023	Missing Service; Visits Without Service;
	-5026	Speaker verification mismatch;
	-5028	Client indicated visit duration mismatch;
	-5034	Missing Service; Visits Without Service;
	-5039	Missing both signature and voice recording;
	-5040	Service mismatch indicated by client;
	-5041	A visit <Visitkey> with Verified/Processed status exists in the aggregator with matching Payer ID, Provider ID, Client ID, Employee ID, Procedure Code and Visit Start/End datetime but different Vendor ID and Visit Other ID. This visit is marked as Duplicate.
	-5042	A visit <Visitkey> with Verified/Processed status exists in the aggregator with matching Vendor ID, Payer ID, Provider ID, Client ID, Employee ID, Procedure Code and Visit Start/End datetime but different Visit Other ID. This visit is marked as Duplicate.
	-5043	A visit <Visitkey> with Omit status exists in the aggregator with matching Vendor ID, Visit Other ID and Provider ID. No updates are allowed to visit in Omit status. This visit is marked as Duplicate.
	-5044	A visit <Visitkey> with Processed status exists in the aggregator with matching Vendor ID, Visit Other ID and Provider ID. No updates are allowed to visit in Processed status. This visit is marked as Duplicate.
	-5045	A visit <Visitkey> with Verified status exists in the aggregator with matching Vendor ID, Visit Other ID and Provider ID. Please provide complete visit data along

Error Category	Error Code	Error Message
		with the updates for updating the existing visit. This visit is marked as Duplicate.
	-5046	A visit <Visitkey> with Processed status exists in the aggregator with matching Vendor ID, Visit Other ID and Provider ID. A Processed visit can't be omitted. This visit is marked as Duplicate.
System Errors	429	Too many Requests Rate limit for GetStatus requests per minute - As per the policy status lookups throttles to 25 requests per minute per client. If the set limit exceeds then the system returns '429 - Too many Requests' error.
	785	Invalid Request-API error

12. Appendix

12.1. Acronyms & Definitions

Table 13: Acronyms & Definitions

Abbreviation	Name
AKA	Also Known As
API	Application Programming Interface
GMT	Greenwich Mean Time
HTTP	Hyper Text Transfer Protocol
JSON	JavaScript Object Notation
TBD	To Be Determined
UTC	Universal Time Coordinated

12.2. Terminology

Table 14: Terminology

HTS Terminology	Other Possible References
Agency	Agency Provider Provider Account Billing Agency
Authorization	Service Plan

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

12.3. Technical Information and Examples

12.3.1. Information Related to EVV APIs

This appendix serves as additional technical documentation for the use of the Open-EVV APIs.

API Location:

The RESTful APIs can be reached at the following locations:

Production:

CLIENT: <https://si-api.azahcccs.gov/evv/aggregation/v1/clients/upload?key=>

Employee: <https://si-api.azahcccs.gov/evv/aggregation/v1/employees/upload?key=>

Visit: <https://si-api.azahcccs.gov/evv/aggregation/v1/visits/upload?key=>

UAT:

CLIENT: <https://si-api.azahcccs.gov/test/evv/aggregation/v1/clients/upload?key=>

Employee: <https://si-api.azahcccs.gov/test/evv/aggregation/v1/employees/upload?key=>

Visit: <https://si-api.azahcccs.gov/test/evv/aggregation/v1/visits/upload?key=>

The endpoints accept JSON data and support the HTTP POST method.

Authentication:

The subscription key parameter can be passed in the URL or it can be passed via a header variable.

- URL Method: The “key” query parameter should be appended to the URL with the Subscription Key provided for the API in the “Profile” area of the API Manager portal.
- Header Variable Method: Assign your Subscription Key provided for the API in the “Profile” area of the API Manager portal to the Ocp-Apim-Subscription-Key variable.

Example Below: (note the URL and subscription key are examples and will need to be filled in with the URL and your subscription key)

<https://si-api.azahcccs.gov/URLInfo/upload?key=yourSubscriptionKey>

Account Header:

A header property of “account” denoting the callers EVV “Account” must be sent. The credentials provided are specific to an EVV Vendor or Health Plan, and all data sent must also correspond to that account, or the request will be rejected.

Content-Type Header:

As with all RESTful API requests, the “Content-Type” header should also be included:

Content-Type: application/json

Workflow:

Interacting with the APIs is a two-step process:

Step 1 – Send a POST request with the data to the API

Step 2 – Utilize the “Status” API to check that processing completed successfully

Details are as follows:

The first step is to POST the data being sent to the URLs mentioned above in the “API Location” section. When data is sent, the Aggregator system will validate the input meets the business requirements, process the data, and return a response.

The response sends back some key pieces of information. This includes any errors that may have been flagged, as well as a UUID, generated by the Aggregator, which uniquely identifies the request. See example responses below in the “Sample Response” section.

After this response is sent, the Aggregator begins processing the data into the system. Since the initial POST has already received a response, callers must use a second endpoint to check on the status of their request. To this end, each API is accompanied by an additional endpoint for checking status. This endpoint is reached simply by appending “/status” to the URLs in the “API Location” section above. Calls to this endpoint must utilize the HTTP GET method and send in the UUID that is returned in the response to the POST call.

An example GET request for status for clients, would be sent as follows:

<https://si-api.azahcccs.gov/evv/aggregation/v1/clients/status?uuid=8d7c31f7-4a09-41a9-8edd-f9819def58f1> Sample data can be found below.

In summary, the caller would POST data to the API, receive a response with a UUID, then utilize the “status” endpoint via GET to determine if processing was completed and successful.

Sample POST Data

Below find sample POST bodies for each entity, as well as sample responses in both successful and unsuccessful situations.

JSON Employee

```
[
{
  "ProviderIdentification": {
    "ProviderQualifier": "MedicaidID",
    "ProviderID": "123456"
  },
  "EmployeeQualifier": "EmployeeSSN",
  "EmployeeIdentifier": "111223333",
  "EmployeeOtherID": null,
  "SequenceID": 1,
  "EmployeeSSN": "111223333",
  "EmployeeLastName": "TestHTS EmpLnameB",
  "EmployeeFirstName": "TestHTS EmpFnameB",
  "EmployeeEmail": "TestHTSEmp022@hotmail.com",
  "EmployeeManagerEmail": null,
  "EmployeeAPI": null,
  "EmployeePosition": "CNP",
```

```
"EmployeeHireDate": "2022-01-01",  
"EmployeeEndDate": "2027-12-31",  
"ErrorCode": null,  
"ErrorMessage": null  
}  
]
```

JSON Client

```
[  
  {  
    "ProviderIdentification": {  
      "ProviderQualifier": "MedicaidID",  
      "ProviderID": "123456"  
    },  
    "ClientID": "A00000000",  
    "ClientFirstName": "TestHTS ClientFname",  
    "ClientMiddleInitial": "Z",  
    "ClientLastName": "TestHTS ClientLname",  
    "ClientQualifier": "ClientCustomID",  
    "ClientMedicaidID": "A00000000",  
    "ClientIdentifier": "A00000000",  
    "MissingMedicaidID": "false",  
    "SequenceID": 1,  
    "ClientCustomID": "A00000000",  
    "ClientOtherID": "A00000000",  
    "ClientSSN": "1112223333",  
    "ClientTimezone": "US/Arizona",  
    "Coordinator": "T51",  
    "ProviderAssentContPlan": "Yes",  
    "ClientPayerInformation": null,  
    "ClientAddress": [  

```

```
{
  "ClientAddressType": "Home",
  "ClientAddressIsPrimary": true,
  "ClientAddressLine1": "5555 E Mall Rd",
  "ClientAddressLine2": "A Block",
  "ClientCounty": "Union",
  "ClientCity": "Phoenix",
  "ClientState": "AZ",
  "ClientZip": "850480000",
  "ClientAddressLongitude": null,
  "ClientAddressLatitude": null
},
"ClientPhone": [
  {
    "ClientPhoneType": "Home",
    "ClientPhone": "111111111"
  }
],
"ClientDesignee": [
  {
    "ClientDesigneeFirstName": "HarryTest Fname",
    "ClientDesigneeLastName": "PotterTest Lname",
    "ClientDesigneeEmail": "Harryp@gmail.com",
    "ClientDesigneeStatus": "02",
    "ClientDesigneeStartDate": "2022-02-17",
    "ClientDesigneeEndDate": "2022-03-25",
    "ClientDesigneeRelationship": "Sibling"
  },
  {
```

```
      "ClientDesigneeFirstName": "PeggyTest Fname",
      "ClientDesigneeLastName": "JacksonTest Lname",
      "ClientDesigneeEmail": "Peggy22@msn.com",
      "ClientDesigneeStatus": "04",
      "ClientDesigneeStartDate": "2022-03-26",
      "ClientDesigneeEndDate": "2999-12-31",
      "ClientDesigneeRelationship": "Other"
    }
  ]
}
```

JSON Visit

```
[
  {
    "ProviderIdentification": {
      "ProviderQualifier": "MedicaidID",
      "ProviderID": "123456"
    },
    "HasManualCalls": null,
    "VisitSequenceID": null,
    "AgencyIdentifier": null,
    "VisitOtherID": "2222222",
    "SequenceID": 1,
    "EmployeeQualifier": "EmployeeSSN",
    "EmployeeOtherID": null,
    "EmployeeIdentifier": "111223333",
    "GroupCode": null,
    "ClientIDQualifier": "ClientCustomID",
    "ClientID": "A999999999",
    "ClientOtherID": "A999999999",
  }
]
```

```
"VisitCancelledIndicator": false,  
"PayerID": "AZDDD",  
"PayerProgram": "AHCCCS",  
"ProcedureCode": "S5125",  
"Modifier1": null,  
"Modifier2": null,  
"Modifier3": null,  
"Modifier4": null,  
"VisitTimeZone": "US/Mountain",  
"ScheduleStartTime": "2025-04-05T10:00:00Z",  
"ScheduleEndTime": "2025-04-05T18:00:00Z",  
"AdjInDateTime": null,  
"AdjOutDateTime": null,  
"BillVisit": true,  
"HoursToBill": 8,  
"HoursToPay": 8,  
"Memo": "TestHTSVisit 19Sep",  
"ClientVerifiedTimes": true,  
"ClientVerifiedTasks": false,  
"ClientVerifiedService": true,  
"ClientSignatureAvailable": true,  
"ClientVoiceRecording": false,  
"ContingencyPlan": "CP01",  
"Reschedule": false,  
"BypassReason": null,  
"Calls": [  
  {  
    "CallExternalID": "callextid1234567",  
    "CallDateTime": "2025-04-05T10:05:00Z",  
    "CallAssignment": "Time In",
```

```
"GroupCode": null,  
"CallType": "Manual",  
"ProcedureCode": "S5125",  
"ClientIdentifierOnCall": "A999999999",  
"MobileLogin": "",  
"CallLatitude": null,  
"CallLongitude": null,  
"Location": "Dublin",  
"VisitLocationType": "1",  
"TelephonyPIN": null,  
"OriginatingPhoneNumber": null,  
"IpAddress": null,  
"WorkerPin": null  
},  
{  
  "CallExternalID": "callextid1234567",  
  "CallDateTime": "2025-04-05T18:04:00Z",  
  "CallAssignment": "Time Out",  
  "GroupCode": null,  
  "CallType": "Manual",  
  "ProcedureCode": "S5125",  
  "ClientIdentifierOnCall": "A999999999",  
  "MobileLogin": "",  
  "CallLatitude": null,  
  "CallLongitude": null,  
  "Location": "Dublin",  
  "VisitLocationType": "1",  
  "TelephonyPIN": null,  
  "OriginatingPhoneNumber": null,  
  "IpAddress": null,
```

```
      "WorkerPin": null
    },
  ],
  "VisitTasks": null,
  "VisitExceptionAcknowledgement": [
    {
      "ExceptionID": "40",
      "ExceptionAcknowledged": true
    }
  ],
  "VisitChanges": [
    {
      "VisitHasManualCalls": null,
      "SequenceID": 20250101010101,
      "ChangeMadeBy": "Tester55HTS",
      "ChangeDateTime": "2025-04-05T06:04:00Z",
      "GroupCode": "GRP123",
      "ReasonCode": "10",
      "ChangeReasonMemo": "TEST55HTS",
      "ResolutionCode": null,
      "ErrorCode": null,
      "ErrorMessage": null
    }
  ]
}
```

JSON Xref

```
[
  {
```

```
"ProviderIdentification": {  
  "ProviderQualifier": "MedicaidID",  
  "ProviderID": "111111",  
  "ErrorCode": null,  
  "ErrorMessage": null  
},  
"ClientIDQualifier": "ClientMedicaidID",  
"ClientIdentifier": "A11111111",  
"EmployeeQualifier": "EmployeeSSN",  
"EmployeeIdentifier": "100000001",  
"XRefStartDate": "2025-10-15",  
"XRefEndDate": null,  
"PayerID": "AZUCP",  
"PayerProgram": "AHCCCS",  
"ProcedureCode": "S5150",  
"Modifier1": "",  
"Modifier2": "",  
"Modifier3": "",  
"Modifier4": "",  
"LiveIn": true,  
"Relationship": "Siblings/Step Siblings",  
"ErrorCode": null,  
"ErrorMessage": null  
}  
]
```

Sample Responses

Employee Post (successful)

```
{
```



```
"id": "ac5260f0-e850-49d9-b3c9-5379a06deb28",
"status": "SUCCESS",
"token": null,
"messageSummary": "The result for the input UUID is not ready yet. Please try again.",
"messageDetail": null,
"errorMessage": null,
"failedCount": 0,
"succeededCount": 1,
"cached": false,
"cachedDate": null,
"totalRows": 1,
"page": 0,
"pageSize": 0,
"orderByColumn": null,
"orderByDirection": null,
"data": {
  "processId": 1,
  "processCode": 1,
  "executeResult": false,
  "uuid": "ac5260f0-e850-49d9-b3c9-5379a06deb28",
  "account": "4258BF23-0F22-4546-A680-8F8EFC608F2B",
  "message": "The result for the input UUID is not ready yet. Please try again.",
  "reason": "Transaction Received.",
  "transactionId": "ac5260f0-e850-49d9-b3c9-5379a06deb28",
  "data": null,
  "blobData": null,
  "webPasswordList": null,
  "groupKey": null
},
"errors": null
```

```
}
```

Employee POST (Validation Error)

```
{
```

```
  "id": "8fdc83da-f2f3-41b0-bfca-688efc2eb4af",
```

```
  "status": "FAILED",
```

```
  "token": null,
```

```
  "messageSummary": "[1] Records uploaded, please check errors/warnings and try again.",
```

```
  "messageDetail": null,
```

```
  "errorMessage": null,
```

```
  "failedCount": 1,
```

```
  "succeededCount": 0,
```

```
  "cached": false,
```

```
  "cachedDate": null,
```

```
  "totalRows": 1,
```

```
  "page": 0,
```

```
  "pageSize": 0,
```

```
  "orderByColumn": null,
```

```
  "orderByDirection": null,
```

```
  "data": [
```

```
    {
```

```
      "ProviderIdentification": {
```

```
        "ProviderQualifier": "MedicaidID",
```

```
        "ProviderID": "123456",
```

```
        "ErrorCode": null,
```

```
        "ErrorMessage": null
```

```
      },
```

```
      "EmployeeQualifier": "EmployeeJSN",
```

```
      "EmployeeIdentifier": "111223333",
```

```
      "EmployeeOtherID": null,
```

```
      "SequenceID": 3,
```

```
"EmployeeSSN": "111223333",
"EmployeeLastName": "TestHTS 22 EmplNameB",
"EmployeeFirstName": "TestHTS 11 EmpFnameB",
"EmployeeEmail": "TestHTSEmp022@hotmail.com",
"EmployeeManagerEmail": null,
"EmployeeAPI": null,
"EmployeePosition": "CNP",
"EmployeeHireDate": "2022-01-01",
"EmployeeEndDate": "2027-12-31",
"ErrorCode": "3001|3005|3006",
"ErrorMessage": "ERROR: EmployeeQualifier is invalid. It must be `EmployeeSSN` and no longer
than 20 characters.|ERROR: Employee Last Name is invalid. It must be non-empty, no longer than 30
characters, and contain only valid name characters.|ERROR: Employee First Name is invalid. It must be
non-empty, no longer than 30 characters, and contain only valid name characters."
}
],
"errors": [
{
  "Id": "EmployeeIdentifier: 111223333",
  "ProviderId": "123456",
  "SequenceId": "3",
  "Errors": [
    {
      "PropertyName": "EmployeeQualifier",
      "ErrorMessage": "EmployeeQualifier is invalid. It must be `EmployeeSSN` and no longer than
20 characters.",
      "ErrorCode": "3001"
    },
    {
      "PropertyName": "EmployeeLastName",
```

```
"ErrorMessage": "Employee Last Name is invalid. It must be non-empty, no longer than 30  
characters, and contain only valid name characters.",
```

```
"ErrorCode": "3005"
```

```
},
```

```
{
```

```
"PropertyName": "EmployeeFirstName",
```

```
"ErrorMessage": "Employee First Name is invalid. It must be non-empty, no longer than 30  
characters, and contain only valid name characters.",
```

```
"ErrorCode": "3006"
```

```
}
```

```
]
```

```
}
```

```
]
```

```
}
```

Xref Post (successful)

```
{
```

```
"id": "9d4e95d5-74d8-4857-bd3c-8458314d4746",
```

```
"status": "SUCCESS",
```

```
"token": null,
```

```
"messageSummary": "All records updated successfully.",
```

```
"messageDetail": null,
```

```
"errorMessage": null,
```

```
"failedCount": 0,
```

```
"succeededCount": 1,
```

```
"cached": false,
```

```
"cachedDate": null,
```

```
"totalRows": 1,
```

```
"page": 0,
```

```
"pageSize": 0,
```

```
"orderByColumn": null,
```

```
"orderByDirection": null,
"data": {
  "processId": 1,
  "processCode": 1,
  "executeResult": false,
  "uuid": "9d4e95d5-74d8-4857-bd3c-8458314d4746",
  "account": "af0560f1-1b69-41f9-aae8-31170e101b59",
  "message": "All records updated successfully.",
  "reason": "Transaction Received.",
  "transactionId": "9d4e95d5-74d8-4857-bd3c-8458314d4746",
  "data": [],
  "blobData": null,
  "webPasswordList": null,
  "accountLockResponse": false,
  "sid": 1,
  "empty": false
},
"errors": null
}
```

Xref POST (Validation Error)

```
{
  "id": "8a31b461-78a9-457a-962f-2d541bd8b68b",
  "status": "FAILED",
  "token": null,
  "messageSummary": "[1] Records uploaded, please check errors/warnings and try again.",
  "messageDetail": null,
  "errorMessage": null,
  "failedCount": 1,
}
```

```
"succeededCount": 0,  
"cached": false,  
"cachedDate": null,  
"totalRows": 1,  
"page": 0,  
"pageSize": 0,  
"orderByColumn": null,  
"orderByDirection": null,  
"data": [  
  {  
    "ProviderIdentification": {  
      "ProviderQualifier": "MedicaidID",  
      "ProviderID": "111111",  
      "ErrorCode": null,  
      "ErrorMessage": null  
    },  
    "ClientIDQualifier": "ClientMedicaidID",  
    "ClientIdentifier": "A11111111",  
    "EmployeeQualifier": "EmployeeSSN",  
    "EmployeeIdentifier": "100000001",  
    "XRefStartDate": "2023-11-10",  
    "XRefEndDate": null,  
    "PayerID": "AZDDD",  
    "PayerProgram": "AHCCCS",  
    "ProcedureCode": "S5125",  
    "Modifier1": "9876",  
    "Modifier2": "XY",  
    "Modifier3": "XT",  
    "Modifier4": "SA",  
    "LiveIn": false,
```

```
    "Relationship": "Adult children/Stepchildren",  
    "ErrorCode": "5010",  
    "ErrorMessage": "ERROR: Modifier1 is invalid. It must be `NULL' or 2 characters."  
  }  
],
```

Employee GET (Status)

```
{  
  "id": "ac5260f0-e850-49d9-b3c9-5379a06deb28",  
  "status": "SUCCESS",  
  "token": null,  
  "messageSummary": "All records updated successfully.",  
  "messageDetail": null,  
  "errorMessage": null,  
  "failedCount": 0,  
  "succeededCount": 1,  
  "cached": false,  
  "cachedDate": null,  
  "totalRows": 1,  
  "page": 0,  
  "pageSize": 0,  
  "orderByColumn": null,  
  "orderByDirection": null,  
  "data": {  
    "processId": 1,  
    "processCode": 1,  
    "executeResult": false,  
    "uuid": "ac5260f0-e850-49d9-b3c9-5379a06deb28",  
    "account": "4258bf23-0f22-4546-a680-8f8efc608f2b",  
    "message": "All records updated successfully.",
```

```
"reason": "Transaction Received.",
"transactionId": "ac5260f0-e850-49d9-b3c9-5379a06deb28",
"data": [],
"blobData": null,
"webPasswordList": null,
"accountLockResponse": false,
"sid": 1,
"empty": false
},
"errors": null
}
```

Client GET(Status)

```
{
  "id": "b4e5d52a-8a4c-4a05-84d0-c7a2ce020ea0",
  "status": "SUCCESS",
  "token": null,
  "messageSummary": "All records updated successfully.",
  "messageDetail": null,
  "errorMessage": null,
  "failedCount": 0,
  "succeededCount": 1,
  "cached": false,
  "cachedDate": null,
  "totalRows": 1,
  "page": 0,
  "pageSize": 0,
  "orderByColumn": null,
  "orderByDirection": null,
  "data": {
    "processId": 1,
```



```
"processCode": 1,  
"executeResult": false,  
"uuid": "b4e5d52a-8a4c-4a05-84d0-c7a2ce020ea0",  
"account": "4258bf23-0f22-4546-a680-8f8efc608f2b",  
"message": "All records updated successfully.",  
"reason": "Transaction Received.",  
"transactionId": "b4e5d52a-8a4c-4a05-84d0-c7a2ce020ea0",  
"data": [],  
"blobData": null,  
"webPasswordList": null,  
"accountLockResponse": false,  
"sid": 1,  
"empty": false  
},  
"errors": null  
}
```

Visit GET(Status)

```
{  
  "id": "00411e60-c0ee-458c-b87e-97e1614352b9",  
  "status": "SUCCESS",  
  "token": null,  
  "messageSummary": "All records updated successfully.",  
  "messageDetail": null,  
  "errorMessage": null,  
  "failedCount": 0,  
  "succeededCount": 1,  
  "cached": false,  
  "cachedDate": null,  
  "totalRows": 1,  
  "page": 0,  
}
```

```
"pageSize": 0,  
"orderByColumn": null,  
"orderByDirection": null,  
"data": {  
  "processId": 1,  
  "processCode": 1,  
  "executeResult": false,  
  "uuid": "00411e60-c0ee-458c-b87e-97e1614352b9",  
  "account": "4258bf23-0f22-4546-a680-8f8efc608f2b",  
  "message": "All records updated successfully.",  
  "reason": "Transaction Received.",  
  "transactionId": "00411e60-c0ee-458c-b87e-97e1614352b9",  
  "data": [],  
  "blobData": null,  
  "webPasswordList": null,  
  "accountLockResponse": false,  
  "sid": 1,  
  "empty": false  
},  
"errors": null  
}
```

12.3.2. Duplicate Visit Handling

This section contains information about how different duplicate visit scenarios are handled in the system.

Scenario: Duplicate Visits from different Vendors with different VisitOtherID

If a matching visit exists in the aggregator with 'Verified' or 'Processed' status, with different Vendor ID and VisitOtherID, then set the status of the incoming visit as 'Duplicate' and return an error message in the response to the Vendor. Use exact Date and Time match when finding the matching visit along with fields Payer, Provider ID, Client ID, Employee ID, Procedure Code.

Scenario: Duplicate Visits from the same vendor with different VisitOtherID

If a matching visit exists in the aggregator with 'Verified'/'Processed' status, with same Vendor ID and different VisitOtherID, then set the status of the incoming visit as 'Duplicate' and return an error message in the response to the Vendor. Use exact Date and Time match when finding the matching visit along with fields Vendor ID, Payer, Provider ID, Client ID, Employee ID, Procedure Code.

12.3.3. Omitting visits in Verified and Processed Status

Scenario: Ommiting a visit in Verified status

If aggregator receives a visit transmission with Bill Visit as False for a visit which is in Verified status with matching VendorID, VisitOtherID and ProviderID, then update the status of the existing visit record in Verified status to 'Verified-Inactive' status.

Scenario: Ommiting a visit in Processed status

If aggregator receives a visit transmission with Bill Visit as False for a visit which is in Processed status with matching VendorID, VisitOtherID and ProviderID, then set the status of the incoming visit as 'Duplicate' as a visit in Processed status can't be omitted.

12.3.4. Receiving updates to an existing visit in Processed/Omit/Verified status

Scenario: Receiving updates to a visit in Omit Status

If aggregator receives a visit transmission with updates for an existing visit in Omit status with matching VendorID, VisitOtherID and ProviderID, then set the status of the incoming visit as 'Duplicate' as a visit in Omit status can't be updated.

Scenario: Receiving updates to a visit in Processed Status

If aggregator receives a visit transmission with updates for an existing visit in Processed status with matching VendorID, VisitOtherID and ProviderID, then set the status of the incoming visit as 'Duplicate' as a visit in Processed status can't be updated.

Scenario: Receiving updates to a visit in Verified Status

If aggregator receives a visit transmission with updates for an existing visit in Verified status with matching VendorID, VisitOtherID, ProviderID and the derived status of the incoming transmission is Verified then update the status of the existing record from 'Verified' to 'Verified-Inactive'.

If the derived status of the incoming transmission is 'Incomplete' then set the status of that record to 'Duplicate' with an appropriate error message.