

Electronic Visit Verification (EVV) HHAeXchange User Guide

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Revision History

Date	Version #	Description
10/27/2022	1.0	Document creation
11/10/2022	2.0	Added NJ EVV workflow
12/19/2022	3.0	HHAeXchange (HHAX) help articles added
1/20/2023	4.0	Updated website on page 2

2/15/2023	5.0	"HHA Billing Workflow" added on page 11
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Overview

Electronic Visit Verification (EVV) is a technology solution that verifies service provision through a mobile application, telephony, or web-based portal. It is used to ensure that home or community-based services are delivered to individuals by documenting the service location and precise time service begins and ends to reduce fraud, improve care, and payment accuracy. EVV is mandated by Section 12006(a) of the [21st Century Cures Act](#)¹, which requires all state Medicaid agencies to implement an EVV solution. The Centers for Medicare & Medicaid Services (CMS) also expect compliance with EVV to avoid reductions in federal funding.



The EVV implementation procedure differs depending on the administrative structure of that state. Each state can select the:

- ☒ Aggregator (**Sandata, HHAX, etc.**)
- ☒ Model (**Open:** allow providers to use an alternate EVV vendor or **Close**)
- ☒ Services requiring EVV and deadlines

HHAX EVV State Medicaid Programs

HHAX services both state Medicaid agencies and MCOs.

Requesting CR as your Alternate EVV Vendor

The following are the business requirements that each provider and/or vendor utilizing a third-party EVV system must comply with in order to achieve integration with HHAX’s EVV system:

1. Providers selecting a third-party EVV system must utilize the same system for all services subject to EVV requirements provided and billed under that provider number.
2. Providers must complete the two page HHAX attestation form: <https://www.cognitofrms.com/HHAXexchange1/thirdpartyevvattestationnj>
3. Once the attestation is completed, providers should reach out to edisupport@HHAXchange.com to begin the integration onboarding process with the HHAX aggregator. (HHAX provides an API for third-party vendors. Providers and EVV vendors must reach out to edisupport@HHAXchange.com with the subject line **“NJ API Onboarding Request”** to start the onboarding process).
Include the following:

¹ <https://www.congress.gov/bill/114th-congress/house-bill/34/text>

- Provider legal name
 - Provider Medicaid ID
 - Provider Tax ID
 - Provider NPI
 - Provider primary point of contact for integration efforts with HHAX:
 - Name
 - Email
 - Phone number
 - Provider mailing address
 - Vendor legal name: CentralReach
 - Vendor primary point of contact for integration efforts with HHAX:
 - Name
 - Email
 - Phone
4. Providers must coordinate with HHAX to establish a timeline for the testing process.
- HHAX will provide a test plan to providers; both parties will sign-off on testing efforts once successful testing has been completed.
 - Upon the completion of testing, providers must request production credentials from HHAX and establish a go-live date for the integration of the third-party EVV system and HHAX aggregator.
 - CR has successfully completed testing with HHAX on _____.
5. If a provider's third-party EVV vendor has successfully tested with HHAX for NJ EVV, it is the provider's responsibility to note this in the attestation, to include:
- Vendor name
 - Vendor Tax ID
 - Vendor primary contact
 - Name
 - Email
 - Phone
 - Date of successful/completed testing [date]
6. Providers' third-party EVV systems must provide the required data for EVV aggregation to HHAX **via API**.
- New and edited data must be provided in real-time.
 - Providers are required to affirm that data is not being manipulated.
 - Visit cannot be modified in the HHAX system.
 - If providers cannot send data within real time to HHAX, providers may be required to use the HHAX EVV solution.
 - Electronically capture the six data elements outlined by the 21st Century Cures Act.
 - Must allow providers to make manual entries and edits.
 - The third-party system must gather the reason code for the manual entry and/or edit.
 - DMAHS will provide the list of reason codes.
 - Providers must establish a process to review and correct exceptions to data that does not comply with quality assurance guidelines established by HHAX aggregator.
 - HHAX will provide a list of exceptions to providers. Please note, the list of exceptions is subject to change. Changes are published to <https://HHAXchange.com/nj-dmahs/> for providers to review.

- Providers must continue to comply with the technical specification and business requirements for the duration of the aggregation to HHAX.
- HHAX will continue to screen data integrity.
- HHAX reserves the right to update technical specification and business requirements to meet the expectations of the State of NJ; providers are required to comply with these updates. Failing to do so may result in requirement for provider to utilize HHAX's EVV solution until the existing third-party EVV system is certified.
- Providers must ensure that their third-party EVV systems must maintain all necessary data to fully report on the services provided in accordance with the State of NJ's policies and procedures. Systems must retain records for seven years from date of receipt of payment for services rendered.
- Regardless of EVV method used, all visits will be distributed to the appropriate payor by HHAX for any visit data coming directly to HHAX.
- Regardless of the EVV method used, all visits are billed through HHAX for DDI (Fee For Service) members.

Submit general integration support inquiries via a ticket to edisupport@HHAXchange.com with the subject line 'NJ EVV General Inquiry'.

HHAX Contact Information

Use the following email addresses to request credentials.

- edisupport@HHAXchange.com

Help Resources

The following are CentralReach's Learning Management System (LMS) courses and help articles for more information on HHAX and CR Mobile.

- [CR Mobile Course Sequence for Admins](#)²
- [1303: CR Mobile Technicians Workflow](#)³
- [104: Using Sandata for EVV](#)⁴ (Similar workflow to HHAX, but some differences apply)
- Help articles:
 - [How to: Enable Steps for Visit Verification](#)⁵
 - [How to: Prepare for GPS Service Validation](#)⁶
 - [How to: Understand Draft Timesheets](#)⁷
 - [How to: Geocode Existing Locations](#)⁸
 - [How to: Start and End Appointments in CR Mobile](#)⁹

² <https://institute.centralreach.com/learning-paths/cr-mobile-course-sequence-for-administrators>

³ <https://institute.centralreach.com/courses/1302-cr-mobile-technician-workflow>

⁴ <https://institute.centralreach.com/courses/104-using-sandata-for-evv>

⁵ <https://community.centralreach.com/s/article/How-To-Enable-Visit-Verification>

⁶ <https://community.centralreach.com/s/article/How-to-Prepare-for-GPS-Service-Validation>

⁷ <https://community.centralreach.com/s/article/How-To-Understand-Draft-Timesheets>

⁸ <https://community.centralreach.com/s/article/How-to-Geocode-Existing-Locations>

⁹ <https://community.centralreach.com/s/article/How-To-Start-and-End-Appointments-in-CR-Mobile>

- [HHAExchange \(HHAX\) NJ – The Ins and Outs](#)¹⁰
- [HHAExchange \(HHAX\) Permissions](#)¹¹
- [Using an Alternate EVV Vendor for HHAExchange \(HHAX\)](#)¹²
- [Account Set up for HHAExchange \(HHAX\)](#)¹³
- [HHAExchange \(HHAX\) and CR Mobile Checklist](#)¹⁴
- [HHAExchange \(HHAX\) Support](#)¹⁵
- [HHAExchange \(HHAX\) Reason Codes](#)¹⁶
- [How to Send Visits to HHAExchange \(HHAX\)](#)¹⁷
- [How to Omit HHAExchange \(HHAX\) Visits](#)¹⁸
- [How to View HHAExchange \(HHAX\) Visit History](#)¹⁹

Account Set up for HHAX

1. Contact your Account Manager to start the process.
2. **In the organization’s account:**
 - Navigate to Visit Verification Settings and input the **HHAX production credentials**. These credentials are provided by HHAX

- *Dashboard > My Profile > Settings > Visit Verification Settings > + Add Credentials*

- In the “Accepted Insurances” section, identify the payor as Medicaid by selecting the **Medicaid** checkbox.

- *Dashboard > My Profile > Ext Profile > Accepted Insurances > Select Medicaid insurance > click pencil to Edit > check Medicaid box*
- *Note: all insurances used for HHAX should have Office Ally Payor IDs listed (required for mapping).*

- Add **Tax ID** (This number should be the same for Visit Verification Settings, billing provider, and claim box 33). Use generic contacts for each additional billing providers’ Tax ID.

- *Dashboard > My Profile > Settings > Claim Settings > Tax ID (billing provider)*

¹⁰ <https://community.centralreach.com/s/article/How-to-HHAExchange-HHAX-NJ-The-Ins-and-Outs>

¹¹ <https://community.centralreach.com/s/article/How-to-HHAExchange-HHAX-Permissions>

¹² <https://community.centralreach.com/s/article/How-to-Use-an-Alternate-EVV-Vendor-for-HHAExchange-HHAX>

¹³ <https://community.centralreach.com/s/article/How-to-Account-Set-up-for-HHAExchange-HHAX>

¹⁴ <https://community.centralreach.com/s/article/How-to-HHAExchange-HHAX-and-CR-Mobile-Checklist>

¹⁵ <https://community.centralreach.com/s/article/How-to-HHAExchange-HHAX-Support>

¹⁶ <https://community.centralreach.com/s/article/How-to-HHAExchange-HHAX-Reason-Codes>

¹⁷ <https://community.centralreach.com/s/article/How-to-Send-Visits-to-HHAExchange-HHAX>

¹⁸ <https://community.centralreach.com/s/article/How-to-Omit-HHAExchange-HHAX-Visits>

¹⁹ <https://community.centralreach.com/s/article/How-to-View-HHAExchange-HHAX-Visit-History>

- Enable **Electronic Visit Verification (EVV)**. To be EVV compliant and properly capture providers' locations when providing services, the following steps need to be completed in CentralReach and CR Mobile:

- When [editing a service code](#)²⁰, select the **Visit Verification** checkbox under the "Validation" section. This automatically:
 - Enables "Enforce Single Timesheet Conversion" and "Requires Schedule Conversion".
 - Sets the "Service Address," "Provider Signature," and "Client Signature" drop-downs to **Required**.

- Note: If an appointment has a service code with Visit Verification enabled, service lines cannot be added or deleted. EVV service codes cannot be added to existing timesheets.

3. In the client's account:

- Clients' addresses need to be [geolocated](#)²¹.
 - Contacts module > Clients > Profile > Basics > Address > Search Address (for latitude and longitude)
 - Bulk geocoding can be accessed Contacts module > Utilities & Tools > Address Management
- In the [Payors](#)²² section of clients' profiles, set up their **Medicaid Insured ID** under the Subscriber and Patient tabs.
 - Contacts module > Clients > Profile > Payors > Details > Add Insured ID to both Subscriber and Patient tabs

4. In the employee's account:

- Billing providers need their Tax ID entered in the [Claim Settings](#)²³ of their profile. This needs to be completed for each billing provider contact.
 - Please note, the "billing provider" is the entity billing information populated in box 33.
 - Contacts module > Employee > Profile > Settings > Claim Settings > Tax ID
- Employees need their email address, DOB, and phone number entered in the "Claim Settings" of their profile. The following are required fields for the caregiver/rendering provider:
 - Contacts module > Employee > My Profile > Basics > DOB
 - Contacts module > Employee > My Profile > Basics > Gender
 - Contacts module > Employee > My Profile > Basics > Address > Cell
 - Contacts module > Employee > My Profile > Basics > Hire Date
 - (Employee) Dashboard > My Profile > Basics > Address > Address fields
 - Contacts module > Employee > My Profile > Settings > Claim Settings > Last Name
 - Contacts module > Employee > My Profile > Settings > Claim Settings > First Name

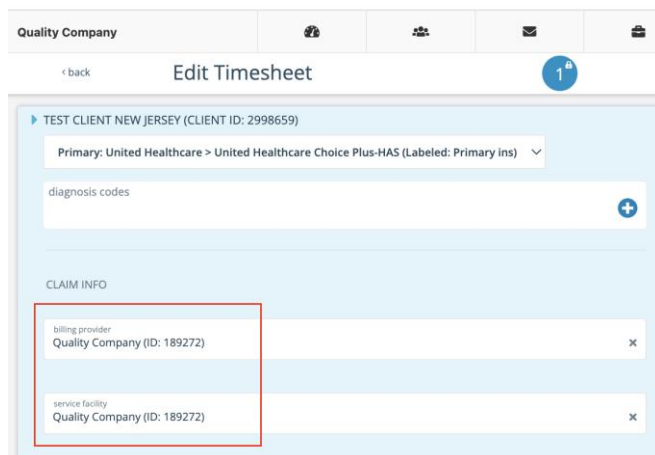
²⁰ <https://community.centralreach.com/s/article/How-To-Edit-a-Service-Code>

²¹ <https://community.centralreach.com/s/article/How-to-Geocode-Existing-Locations>

²² <https://community.centralreach.com/s/article/How-To-Add-a-Payor-to-a-Client-Profile>

²³ <https://community.centralreach.com/s/article/How-To-Add-and-Edit-Employee-Claim-Settings>

- *Contacts module > Employee > Profile > Settings > Claim Settings > E-mail*
 - Ensure the appropriate staff have the necessary [CR Mobile and billing permissions](#)²⁴, including the (Billing > Visit Verification) permission.
5. In the **timesheet**, on the left-hand side:
- Enter **diagnosis code**
 - Enter the **Billing provider**
 - Enter the **Service facility** (similar to Billing provider, the TAX ID should be listed on the contacts claims settings screen)



CR Mobile and EVV Set up

1. Users need access and [permission](#) for CR Mobile to collect EVV data.
2. [Log into CR Mobile](#)²⁵
3. [Start an appointment](#)²⁶
 - A “Location Alert” will appear if users are **outside of the service location’s 300 meter radius** when starting and ending an appointment, there is no GPS signal, or it is disabled.
 - If EVV is enabled, the location will be captured.
4. End the appointment
5. In CentralReach:
 - Complete [draft timesheets](#)²⁷ (if required) by inputting EVV reason codes, adding session notes, or addressing any other issues.
 - Navigate to the **Visit Verification** section, select the converted visits, and send them to Sandata 24 to 48 hours prior to sending the claim out.
6. Check the HHAX Portal to make sure the visits are in the verified stage.

Permission Summary

Grant the following permissions to the appropriate users.

Billing	<p>Enable Access for all employees using CR's EVV functionality.</p> <p>Enable (Billing > Visit Verification) for employees to access the Visit Verification screen. Must be combined with (Billing > Manage Timesheets).</p> <p>Enable (Billing > Manage Timesheets) for employees to access the Visit Verification screen.</p>
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²⁴ <https://community.centralreach.com/s/article/How-To-Set-Up-Permissions-for-Sandata>

²⁵ <https://community.centralreach.com/s/article/How-to-Log-into-CR-Mobile>

²⁶ <https://community.centralreach.com/s/article/How-To-Start-and-End-Appointments-in-CR-Mobile>

²⁷ <https://community.centralreach.com/s/article/How-To-Understand-Draft-Timesheets>

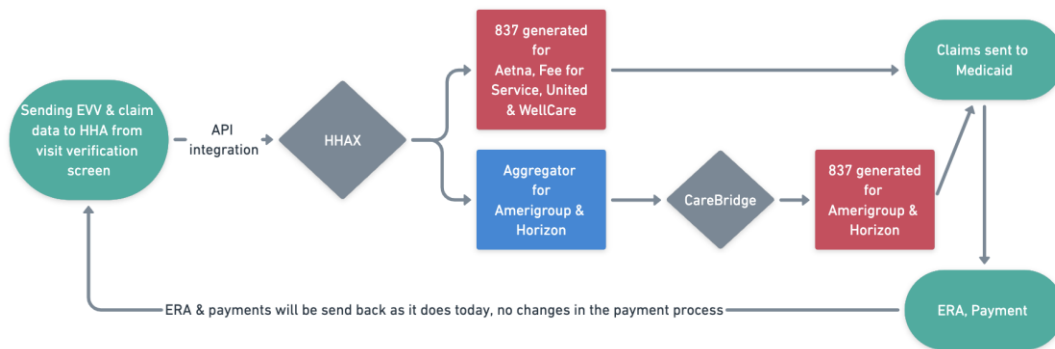
	<p>Enable (Draft Timesheets > Submit Draft) for providers to correct and submit non-EVV exception draft timesheets.</p> <p>Enable (Draft Timesheets > Manage) for employees to correct and submit EVV exception timesheets.</p>
Contacts	<p>Enable Access for employees to access the Contacts module.</p> <p>Enable (Contacts > Manage Employees) for employees to edit other employees in their network.</p>
CR Mobile	<p>Enable Access for employees to use the CR Mobile application.</p>
Draft Timesheet	<p>submit draft = can submit if no EVV error was ever present.</p> <p>manage draft = can submit if EVV error.</p>

NJ EVV Process Overview

1. An organization initiates the process of using a third-party vendor by requesting test credentials, integrations, and submitting testing in order to become an approved vendor for the state.
2. The organization requests production credentials.
3. A CR Account Manager enables the feature key for the client, shares related documentation, and provides access and permissions to use the mobile application.
4. To set up the account:
 - Organizations should include credential settings, accepted insurances, billing provider, facility (Tax ID).
 - Geolocate client addresses.
 - Complete the employee/rendering provider’s Claim Settings.
5. Create an appointment and render services via the mobile application.
 - Use EVV service codes (select the “Visit Verification” box).
 - The diagnosis code, billing provider, and facility should be included in the blue tab of the timesheet.
6. Converted appointments with “Visit Verification” checked will display in the Visit Verification section of the Billing module.
 - Visits should be sent out to HHAX daily.
 - Make sure visits are accepted in CR and verified in HHAX.
 - Pre billing and billing edits can be done in the HHAX Portal.
 - Claims will be generated in HHAX for few payors (see above diagram).
 - HHAX is an aggregator for Amerigroup and Horizon. Data will be sent from HHAX to Carebridge for claim generation.
7. Primary claim – Visits can be sent out once converted.
8. Secondary claim – Visits should be sent after the primary payor has paid.
 - Send primary claim and wait for the payment.
 - Make sure the payment is entered in the Billing screen (electronic or check).
 - Send visit from the Visit Verification screen for HHA/carebridge to generate secondary claims.

- Note: in order for system to send correct information out for secondary claim:
 - Secondary payor should have the Medicaid box checked in Accepted Insurances.
 - Payment from the primary payor should be entered in the Billing screen even if it is \$0.00 (select only electronic or check).

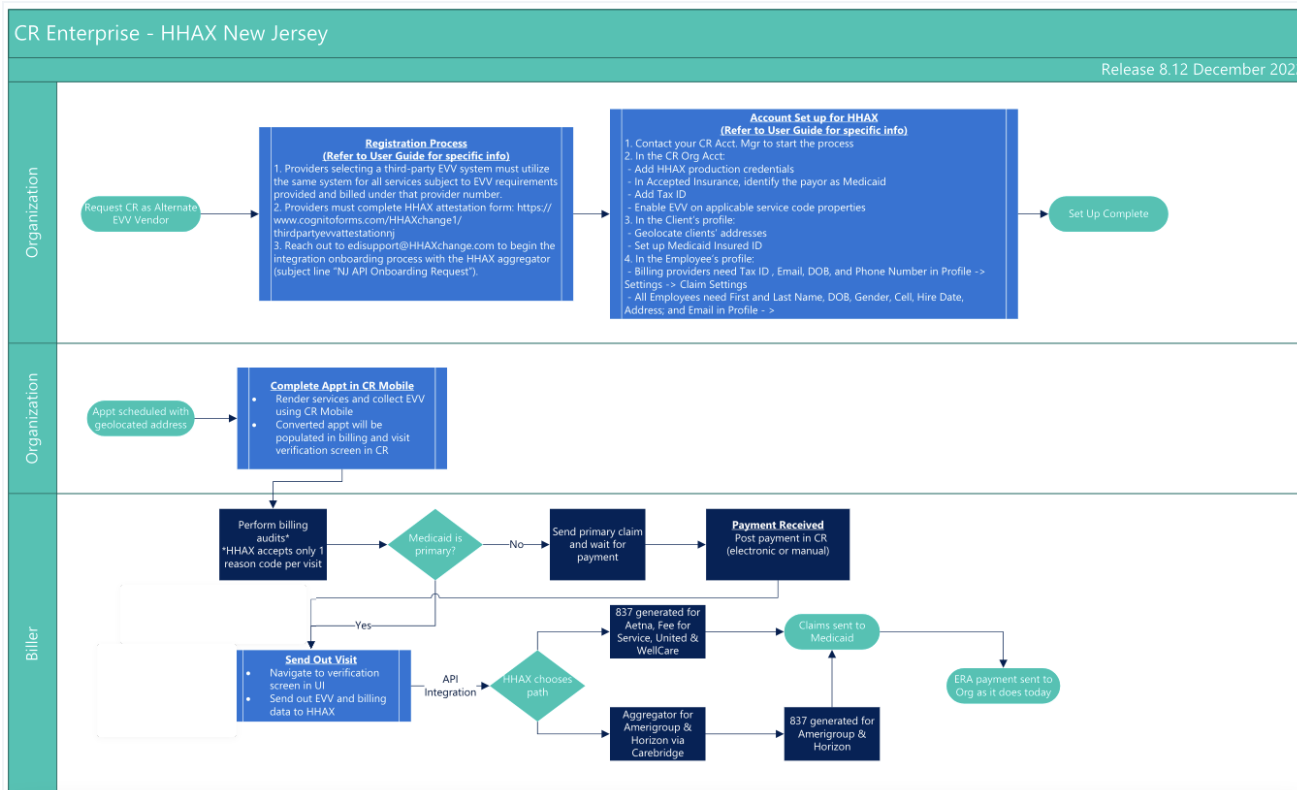
The screenshot shows the 'Quality Company' billing system interface. At the top, there are navigation icons and a search bar. Below that, a filter bar shows 'Mar 4 - Mar 10' and various status filters like 'New', 'Invoiced', 'Not Invoiced', 'Paid', 'Outstanding', 'Overpaid', and 'Void'. The main area displays a table of billing entries with columns for Date, Time, Client, Payor, Service/Auth, Location, Hrs, Units, Billed, Agreed, Rate, and Amounts. A specific entry for 3/06/23 is highlighted. Below the table, a detailed view of the entry is shown, including fields for Payor, Applied by, Labels, Payment type (Electronic), Patient Resp., Resource, Reference, Notes, and Amount (15.00).



NJ EVV Workflow

The NJ EVV workflow can also be found [here](#)²⁸.

²⁸ <https://view-su2.highspot.com/viewer/636d22332b034dd42edaf956>



HHAX Billing Workflow

- **API Specs**
https://hhaxsupport.s3.amazonaws.com/SupportDocs/EDI+Guides/EVV+Aggregation/NJ/HHAX+EVV+API+Technical+Specifications_NJ.pdf (Please review appendixes E and F for instructions on resolving common import failures).
- **Training Webinar**
http://hhaxsupport.s3.amazonaws.com/SupportDocs/ENTF/NJ/NJ_DayInTheLife_EDI-Integrated_Provider.mp4

The following is an outline of the billing workflow:

- Submit billing data from an Electronic Visit Verification (EVV) vendor, (this includes all fields in the billing segment outlined on page 17 of the “New Jersey Medicaid Electronic Visit Verification (EVV) Data Aggregator Specification”). This will import as soon as the records are received (except for any import failures).
- HHAX scrubs the received data overnight. The morning after EVV data is submitted, log into HHA and check the following:
 - Billing > Prebilling
 - Visits at some point pass through prebilling. Here, authorization or POC issues can be corrected. “Caregiver compliance” is a soft edit that does not hold claims from billing, because HHA does not monitor CG compliance for integrated providers. If you see that hold by itself, it means HHA has not received the billing segment from the EVV vendor.
 - Billing > Billing Review

- This bucket only holds claims that have been invoices, but have some pre-adjudication issues. For example:
 - Pending billing of additional shift on the same day.
 - There is more than 1 visit with the same service code on the same date for this patient, but HHA has not received the billing segment for all. HHA will hold claims to prevent them from exporting separately until all billing information for the day is received.
 - Visits on the same day/service code must be billed on the same invoice.
 - There is more than 1 visit with the same service code on the same date for this patient, but HHA has not received the billing segment for all, and a partial claim has billed out. In these cases, you need to submit an adjusted claim using the Electronic Billing module in order for all visits with the same service code on that date to bill on the same claim. Click [here](#)²⁹ for the rebilling user guide.
- After the Billing Review is completed, check the exported claims to ensure everything has billed.
 - Billing > Electronic Billing (Non-Silverlight) > E-Submission Batches OR Batch Search (Linked)
 - Click on the CLM hyperlink to view the details for any claim.
 - Billing > Invoice Search > By Visit
 - Check this section to determine whether a claim has been submitted, accepted, and/or rejected. Click [here](#)³⁰ for the “Viewing Claims Status Job Aid” user guide.

Please email edisupport@hhaexchange.com for questions and include the external ID/ transaction ID for any visit(s) that needs to be troubleshooted.

HHA Specifications

New Jersey

Require EVV for	Home and Community
Provider Types	All providers of Personal Care Assistance Services, Individual Supports (DDD), Community Based Supports (DDD), In-Home Respite (DDD and MLTSS), and Home Based Supportive Care (MLTSS).
POS	<p>POS 12 (all other POS that do not require EVV should continue billing directly to Gainwell):</p> <ul style="list-style-type: none"> • All Personal Care Services requiring an in-home visit will need EVV. • PCS or HHCS rendered by an individual living in the residence does not constitute an “in-home visit”.

²⁹ <https://hhaxsupport.s3.amazonaws.com/SupportDocs/PROE+Docs/Job+Aids/Provider+Job+Aid+-+EDI+Provider+Rebilling.pdf>

³⁰ <https://hhaxsupport.s3.amazonaws.com/SupportDocs/PROE+Docs/Job+Aids/Provider+Job+Aid+-+Viewing+Claims+Status.pdf>

	<ul style="list-style-type: none"> • Congregate residential services such as group home, supported living, and group apartments where individuals have access to 24hr support does not require EVV. • Services delivered virtually are EVV exempt. • The community, if no in-home visit takes place, services are EVV exempt. • Partial in-home visit, if any part of a visit takes place in the home, the entire visit requires EVV.
Service codes requiring EVV	'S5125','S5130','T1005','T1019','T1020','T2021','H0031','H2015','H2016','H2021','S9125','96156','96158','96159','96164','96165','96167','96168','96170','96171','S9128','S9129','S9131','92507','97110','97129','97130','97535','97151','97152','97153','97154','97155','97156','97157','97158','0362T','0373T'
Website & Specifications	<ul style="list-style-type: none"> • DHS EVV Website • HHAX Alt EVV Specifications • HHAX information center • HHAX billing workflow • EVV Milestone https://www.nj.gov/dcf/providers/csc/evv.html • HHCS Codes requiring EVV by January 1, 2023
HHAX Contacts	<ul style="list-style-type: none"> • NJ support team at: NJSupport@HHAXchange.com or (866) 245-8337. • For third-party EVV solution, EDI support team at: EDISupport@HHAXchange.com njintegrations@HHAX.com
State Contacts	<p>CSOC:</p> <ul style="list-style-type: none"> • CSOC EVVS mailbox at: DCF.EVVCSOC@dcf.nj.gov <p>Division of Medical Assistance and Health Services (DMAHS):</p> <ul style="list-style-type: none"> • DMAHS' EVV mailbox at: mahs.ev@dhs.state.nj.us. DCF.EVVCSOC@dcf.nj.gov
Claim/Payment	Gainwell (billing) Help Desk: 1-844-235-2387 info@gainwelltechnologies.com
CR Release	Release 8.12
Approved vendor on	November 1 st 2022
Notes & Updates	<p>HHAX 12/2/22: At this time claims will be rejected effective 1/1/2023 for FFS NJ/DDD, Aetna, WellCare, and United. Providers must bill as required for Horizon and Amerigroup for 1/1 as well, but this will take place outside of HHAX.</p> <p>The date for ABA codes were pushed back and there is no date at this time.</p> <p>HHAX 1/1/2023: Claim rejection started for CSOC codes requiring EVV as of 3/1/2023</p>

EVV Specific Contact Information and Billing

Each provider should ensure coordination between their EVV solution and payor. Contact information is detailed below https://www.nj.gov/humanservices/dmahs/info/31-16_EVV_NL.pdf

Payor	Payor Contact Information for EVV Questions	EVV Solution for Data Submission and Technical Support	Claims Submission Portal for Operational Providers
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FFS Medicaid	DDDEVV@dhs.nj.gov Mahs.evv@dhs.nj.gov	HHAExchange: njsupport@hhaexchange.com (866) 245-8337	EVV mandated services will be submitted and billed through HHAX.
Aetna	Joseph Manger MangerJ@aetna.com Namrata Sood SoodN@aetna.com Constance Offer OfferC@aetna.com	HHAExchange: njsupport@hhaexchange.com (866) 245-8337	All EVV mandated services will be submitted and billed through HHAX.
Amerigroup	Eyreny Mekhaiel Eyreny.mekhaiel@amerigroup.com Lynelle Steele Fannie.steele@amerigroup.com Keisha J. Woodson Keisha.woodson@amerigroup.com	CareBridge njewv@carebridgehealth.com	All EVV mandated services will be submitted and billed through CareBridge.
Horizon	Shagun Malik Shagun_malik@horizonblue.com Denaire Johnson Denaire_johnson@horizonblue.com Stephen Fitch Stephen_fitch@horizonblue.com	CareBridge njewv@carebridgehealth.com	All EVV mandated services to be billed directly to Horizon. No change to claims submission; Refer to section 9.3 - Electronic Billing Guide in the Provider manual .
United Healthcare	Hcbs_northeast_pr@uhc.com	HHAExchange njsupport@hhaexchange.com (866) 245-8337	All EVV mandated services will be submitted and billed through HHAX.
WellCare	Consuelo Taveras Consuelo.taveras@wellcare.com Damaris Camilo Damaris.camilo@wellcare.com Joan Cosme Joan.cosme@wellcare.com Elaine Aguirre Elaine.aguirre@wellcare.com	HHAExchange njsupport@hhaexchange.com (866) 245-8337	All EVV mandated services will be submitted and billed through HHAX.

EVV FAQ

Where can I find additional information from NJ DMAHS on EVV?	Visit the HHAExchange NJ EVV Information Center to access all NJ EVV information.
Which providers does EVV impact?	The EVV mandate applies to all providers of Personal Care Assistance Services, Individual Supports (DDD), Community Based Supports (DDD), In-Home Respite (DDD and MLTSS), and Home Based Supportive Care (MLTSS).

Where can I find information about user ID/password?	Refer to the Creating New HHAExchange Users Job Aid for instructions.
Does EVV apply to services provided in the community?	All services requiring an in-home visit are subject to the EVV mandate, including self-directed services (except for live-in caregivers).
Can I use my existing EVV system?	It is simple to connect your existing EVV system with your payor(s), through the HHAExchange Portal. Ensure that you completed the survey, and review the EDI Welcome Packet . Upon reviewing the Welcome Packet, please submit a ticket to the HHAX EDI support email EDIsupport@hhaexchange.com with the subject 'NJ EVV'.
EDI Overview (Integrating with a third-party Agency Management System)	<ul style="list-style-type: none"> • Please review and follow the steps found on the HHAExchange Provider EDI Welcome Packet. • Business Requirements link: Business Requirements for Third-Party EVV Data Aggregation NJ. • Technical Specification document: HHAExchange EVV API Technical Specifications NJ. • Please submit a ticket to the HHAX EDI support email EDIsupport@hhaexchange.com with the subject 'NJ EVV'.
How will the HHAExchange Portal bill payor(s)?	All claims will be created through the HHAExchange Portal and sent electronically via an 837 eBilling file. Agencies will then receive an 835 eRemittance file back into the HHAExchange Portal.
Can I check claims before submitting them to the payor through the HHAExchange Portal?	Yes. The HHAX Portal provides a Pre-billing Claims Scrubbing module designed to ensure that claims are compliant with the authorization and the payor contract. The HHAX Provider Portal will facilitate any required re-billing and correction to a claim.
Who can I reach out to with billing issues?	For pre-billing and billing related questions, contact HHAExchange Customer Support support@hhaexchange.com .
How to submit clients that get TWO visits per day?	The system can accommodate multiple visits for a patient in the same day within the same invoice, as long as the service code is the same.
How about clients who receive two visits a day with TWO Caregivers per visit?	Create TWO visits and add a caregiver to each. HHAX then merges the TWO shifts into one invoice number to prevent duplicate billing.
How do we know all claims were accepted by the payor? Do we get 999 or 277 files back from either HHAX or the payor?	Providers receive an 835 file under the "Remittances" tab of the File Processing page (Admin > File Processing) in the HHAX system. 277 and 999 usually come from a clearinghouse, providing information on issues with the formatting of the 837 files. Because HHAX is the sender and receiver of your files, no 999 or 277 files are needed.
Once a batch is invoiced, how do we track results?	Providers can view this information via Admin > File Processing as HHAX sends the 837 to the payor's.
How do we find rejections or errors in our claims?	Use the "Remittance" tab in the File Processing page, which displays all 835 files from payors.

If multiple visits are billed for one day, for one client, do these visits roll into one claim?	Yes, the nightly process merges multiple shifts in a day into one invoice number to prevent duplicate billing.
When should a claim requiring EVV be sent?	Claims should be created in CR before sending visits to HHAX. The actual 837 will be created/edited in the HHAX Portal.
Can a visit be deleted from the HHAX Portal?	Upon successful submission of an EVV record, an EVVMSID is returned along with status. The EVVMSID can be used to update or delete that EVV record in the future.
What are the data transmission limits?	HHAX allows a maximum of five (5) calls per second per consumer.
What service does CR use to geocode an address?	Azure is used and pulls the geolocation from the URL, enters it in the search address, selects an address, and manually corrects that address.
How far can you be from the location to avoid exceptions?	With CR Mobile, the radius is within 300 meters of the address on file to prevent an exception.
What is the shortest visit time in order to be counted as a visit?	A visit should have a call in/out longer than 5 minutes to be considered a visit. Check with your payors for their limits.
How to submit EVV data for audit purposes?	Use the "EVV Visit Report" under the Audits section of the Insights module. Once a report is downloaded, a copy is saved in the Files module.

HHAX Errors

HTTP Status Code	Result	Status	Description
200	Success	Ok	Standard response for successful HTTP requests.
201		Created	The request has been fulfilled and resulted in a new resource being created.
202		Accepted	The request has been accepted for processing, but the processing has not been completed. The request may or may not eventually be acted upon, as it might be disallowed when processing takes place.
204		No Content	The request has been fulfilled and result has returned nothing based on input values.
400	Client Error	Bad Request	The request cannot be fulfilled due to bad syntax. General error when fulfilling the request would cause an invalid state. Domain validation errors, missing data, etc. are examples.
401		Unauthorized	The request requires user authentication information. The response must include a WWW-Authenticate header field containing a challenge applicable to the requested resource.

403		Forbidden	The client does not have access rights to the content. Unlike 401, the client's identity is known to the server. Contact HHAExchange at edisupport@hhaexchange.com to gain permission to access the API.
404		Not Found	The requested resource could not be found, but may be available again in the future. Subsequent requests by the client are permissible.
429		Too Many Requests	The user sent too many requests in a given amount of time. Intended for use with rate limiting schemes.
500	Server Error	Internal Server Error	The server encountered an unexpected condition, which prevented it from fulfilling the request. The request can be tried again once the API issues have been resolved.

Element	Error Code	Error Message	Action
providerTaxID	102001	Provider Tax ID is required.	Include the Provider Federal Tax ID
providerTaxID	102002	Provider is not found based on Provider Tax ID.	The provider was not found. Provide the correct Federal Tax ID
providerTaxID	102003	Provider is not active.	Use a provider that is active
providerTaxID	102004	Invalid Provider Tax ID format.	Review the EVV Data Aggregator Specification and confirm data is in the required format.
qualifier	102005	Invalid Qualifier value.	Correct the caregiver's Qualifier
qualifier	102006	Multiple caregiver records found based on the Qualifier value. Please provide a unique identifier.	Use a caregiver Qualifier that is unique for this caregiver. Delete/inactivate one record in HHA portal.
externalId	102007	Unique caregiver identifier in the external system is required.	Include the External ID.
ssn	102008	Caregiver's SSN is required.	Include the caregiver's SSN.
ssn	102009	Invalid caregiver's SSN format.	Review the EVV Data Aggregator Specification and confirm data is in the required format.
dateOfBirth	102010	Caregiver's Date of Birth is required.	Include the caregiver's Date of Birth.
dateOfBirth	102011	Caregiver's Date of Birth value should be less than current date.	The caregiver's Date of Birth is using a date in the future. Resolve the issue.
lastName	102012	Caregiver's Last Name is required.	Include the caregiver's Last Name.
firstName	102013	Caregiver's FirstName is required.	Include the caregiver's First Name.
gender	102014	Caregiver's Gender Is required.	Include the caregiver's Gender.

gender	102015	Invalid Caregiver's Gender value.	Correct the caregiver's Gender.
email	102016	Invalid caregiver's Email format.	Review the EVV Data Aggregator Specification and confirm data is in the required format.
phoneNumber	102017	Invalid caregiver's Phone Number format.	Review the EVV Data Aggregator Specification and confirm data is in the required format.
type	102018	Caregiver's Type is required.	Include the caregiver's Type.
type	102019	Invalid caregiver's Type value.	Correct the caregiver's Type.
type	102020	The type of caregiver previously assigned to a visit cannot be changed.	Correct the caregiver's Type.
professionalLicenseNumber	102021	Caregiver's Professional License Number is required.	Include the caregiver's Professional License Number.
hireDate	102022	Caregiver's Hire Date is required.	Include the caregiver's Hire Date.
state	102023	State is required.	Include the caregiver's State.
zipcode	102024	Zip Code is required.	Include the caregiver's Zip Code.
zipcode	102025	Invalid Zip Code format.	Review the EVV Data Aggregator Specification and confirm data is in the required format.
client_id	102026	Records that are created with a specific ClientID must be updated using the same ClientID.	Call API with correct ClientID.
client_id	102027	ClientID does not have access permission to update the provider's caregiver record.	Resolve permission issue.
ssn	102028	Caregiver with same SSN already exists.	Provide unique caregiver SSN or default SSN value (999999999).
externalID	102029	Length of the External ID cannot exceed 20 characters.	Correct the External ID value.
unknown	102999	Can occur if there is an interruption in service.	Contact HHAExchange to inquire and to determine the resolution.

Element	Error Code	Error Message	Action
providerTaxID	101001	Provider Tax ID is required.	Include the Provider Federal Tax ID.

providerTaxID	101002	Provider is not found based on Provider Tax ID.	The provider was not found. Provide the correct Federal Tax ID.
providerTaxID	101003	Provider is not active.	Contact HHAExchange to rectify this issue.
providerTaxID	101004	Invalid Provider Tax ID format	Review the EVV Data Aggregator Specification and confirm data is in the required format.
office	101005	Office (qualifier and identifier) is required.	Include Office (qualifier and identifier).
office	101006	Invalid Office's Qualifier value.	Correct the Office's Qualifier.
office	101007	Office is not found based on Qualifier value.	Office was not found. Provide the correct Qualifier value.
office	101008	Office is not active.	Contact HHAExchange to rectify this issue.
office	101009	Multiple Office records found based on Qualifier value. Please provide unique identifier.	Use an Office Qualifier that is unique for this Office.
member	101010	Member (qualifier and identifier) is required.	Include Member (qualifier and identifier).
member	101011	Invalid Member's Qualifier value.	Correct the Member's Qualifier.
member	101012	Member is not found based on Qualifier value.	Member was not found. Provide the correct Qualifier value. If the member is not loaded in HHAX the provider will need to contact the payer to ensure they send the placement over. Unable to locate Medicaid number, verify Medicaid ID.
member	101013	Member is not active.	Contact MCO and determine why.
member	101014	Multiple Member records found based on Qualifier value. Please provide unique identifier.	Use a Member Qualifier that is unique for this Member.
caregiver	101015	Caregiver (qualifier and identifier) is required.	Include Caregiver (qualifier and identifier).
caregiver	101016	Invalid Caregiver's Qualifier value.	Correct the Caregiver's Qualifier.
caregiver	101017	Caregiver is not found based on Qualifier value.	Provide the correct Qualifier value.
caregiver	101018	Caregiver is not active.	Change the caregiver status to Active.
caregiver	101019	Caregiver is not linked with Provider.	Link the caregiver to the Provider.

caregiver	101020	Multiple Caregiver records found based on Qualifier value. Please provide unique identifier.	Use a Caregiver Qualifier that is unique for this Caregiver.
caregiver	101021	Visit cannot be greater than 25 hours.	Change the Visit duration to be less than or equal to 25 hours.
caregiver	101022	Caregiver is restricted. No schedule can be created.	Caregiver cannot provide services until payor removes Caregiver from the Restriction List.
caregiver	101023	Caregiver was previously declined by the patient.	Resolve the issue with the caregiver.
caregiver	101024	Caregiver is marked as absent.	Resolve the issue with the caregiver.
payerID	101025	Payer ID is required.	Include the Payer ID.
payerID	101026	Invalid Payer ID value.	Correct the Payer ID.
payerID	101027	Payer is not active.	Contact HHAExchange to rectify this issue.
payerID	101028	There is no active contract for this visit.	If member is Active for the time period you are billing, then contact the MCO and request the Start of Care plan date and/or Discharge date.
externalVisitID	101029	External VisitID is required.	Include External Visit ID.
evmsid	101030	EVVMSID is required when EVV record needs to be updated.	Include EVVMSID.
evmsid	101031	EVVMSID is not found.	Confirm that the EVVMSID submitted matches the EVVMSID in the HHAX system.
evmsid	101032	EVVMSID does not belong to this payer.	Use a EVVMSID that is linked with this payer.
evmsid	101033	EVVMSID does not belong to this provider.	Use a EVVMSID that is linked with this provider.
procedureCode	101034	Procedure Code is required.	Include Service/Procedure Code.
procedureCode	101035	Procedure Code is not found.	Confirm that the Service/Procedure Code submitted matches the Service/Procedure code in HHAExchange. Or the procedure code is not configured for the payer in HHA portal.
procedureCode	101036	Procedure Code is not active.	Contact HHAExchange to rectify this issue.
procedureCode	101037	The service type was set to either "Skilled" or "Non-Skilled" for this visit when created and cannot be changed.	The incorrect Service Type was used for the EVVMSID.
procedureCode	101038	Procedure Code is not mapped to Caregiver's Discipline.	Contact HHAExchange to rectify this issue.

procedureModifier Code	101039	Maximum 4 Procedure Modifier codes are allowed.	Correct the Procedure Modifier Codes.
timezone	101040	Timezone is required.	Include Timezone.
timezone	101041	Invalid Timezone value.	Correct the Timezone.
scheduleStartTime	101042	Schedule Start Time is required.	Include the Schedule Start Time.
scheduleEndTime	101043	Schedule End Time is required.	Include Schedule End Time.
scheduleStartTime/EndTime	101044	Schedule cannot be greater than 24 hours.	Change the Schedule duration to be less than or equal to 24 hours.
scheduleStartTime/EndTime	101045	Schedule duration is 0.	Schedule Start and End Time should not have the same value.
visitStartDateTime	101046	Visit Start Time is required when "Visit End Date Time" OR "EVV Clock In Time" is provided.	Include Visit Start Time.
visitStartDateTime	101047	Visit Start Time cannot be greater than current date.	The Visit Start Time is using a time in the future.
visitEndDateTime	101048	Visit End Time is required when "EVV Clock Out Time" is provided.	Include Visit End Time.
visitEndDateTime	101049	Visit End Time cannot be greater than current date.	The Visit End Time is using a time in the future.
visitEndDateTime	101050	Visit End Time must be greater than Visit Start Date Time.	Resolve the issue.
visitStartDateTime/EndDateTime	101051	Visit duration is 0.	EVV Start and End Time should not have the same value; this might be an export issue. Consult with your third-party.
evv > clockIn/Out	101052	Once EVV Clock In/Out is completed, then change in EVV Clock In/Out is not allowed in subsequent requests.	Delete the visit and resubmit.
evv > clockIn/Out	101053	If the EVV Clock Out is provided, then the EVV Clock In is mandatory.	Add the EVV Clock In to the Visit with Clock Out.
evv > clockIn/Out	101054	Once visit is confirmed manually, then EVV Clock In/Out is not allowed in subsequent requests.	Delete the visit and resubmit.
evv > clockIn/Out > callType	101055	Call Type is required when EVV Clock In/Out Time is confirmed via EVV.	Include Call Type.

ew > clockIn/Out > callType	101056	Invalid Call Type value.	Correct the Call Type.
ew > clockIn/Out > callLatitude	101057	Call Latitude is required when EVV Clock In/Out Time is confirmed by GPS (i.e. CallType = Mobile).	Include Call Latitude.
ew > clockIn/Out > callLatitude	101058	Invalid Call Latitude value.	Correct the Call Latitude.
ew > clockIn/Out > callLongitude	101059	Call Longitude is required when EVV Clock In/Out Time is confirmed by GPS (i.e., CallType = Mobile).	Include Call Longitude.
ew > clockIn/Out > callLongitude	101060	Invalid Call Longitude value.	Correct the Call Longitude.
ew > clockIn/Out > originatingPhoneNumber	101061	Originating Phone Number is required.	Include Originating Phone Number.
ew > clockIn/Out > originatingPhoneNumber	101062	Invalid Originating Phone Number format.	Review the EVV Data Aggregator Specification and confirm data is in the required format.
ew > clockIn/Out > serviceAddress	101063	Service Address is required when EVV Clock In/Out Time is confirmed via EVV.	Include Service Address.
ew > clockIn/Out > serviceAddress > addressLine1	101064	AddressLine1 is required when EVV Clock In/Out Time is confirmed via EVV.	Include Address Line 1.
ew > clockIn/Out > serviceAddress > city	101065	City is required when EVV Clock In/Out Time is confirmed via EVV.	Include City.
ew > clockIn/Out > serviceAddress > state	101066	State Code is required when EVV Clock In/Out Time is confirmed via EVV.	Include State Code.
ew > clockIn/Out > serviceAddress > zipcode	101067	Zip Code is Required when EVV Clock In/Out Time is confirmed via EVV.	Include Zip Code.
ew > clock in/out > service/address > zip code	101068	Invalid Zip Code format.	Review the EVV Data Aggregator Specification and confirm that your data is in the required format.
ew > clockOut > performedTasks	101070	Invalid Duties (Performed Task/Refused Task) field value.	Correct the value in the Duties field.
billing > externalInvoiceNumber	101084	External Invoice Number, Total Billed Amount, Total Units Billed, Contract Rate, and Diagnosis Codes fields are	Include External Invoice Number, Total Billed Amount, Total Units Billed, Contract Rate, and Diagnosis Codes fields.

		required when visit is billed in the provider's third-party EVV System.	
Shift Overlap	101085	Another visit is using the same time in full or in part.	Overlapped Shift times are not allowed. Correct the times so they are not sharing the same time.
Visit	101086	Visit is already billed.	If you are attempting to edit the visit, and the visit has been billed in HHAExchange, this action is not allowed. Adjustments need to be re-billed to the payer.
Batch Visits	101087	The number of input records exceed the max limit per submission.	Reduce the records being submitted in batch to be less than or equal to 100.
Visit	101088	Visit date is not in range of Eligibility Start and End date.	Correct date.
client_id	101089	Records that are created with a specific ClientID must be updated using the same ClientID.	Send correct ClientID.
client_id	101090	ClientID does not have access.	Resolve permission issue.
Visit	101091	Schedule Date should be the visit day or the next day of the visit (inclusive of EVV).	Correct the Schedule, Visit, and EVV Start/End date and/or time.
member	101092	Length of the Member's Identifier cannot exceed max characters of the Qualifier. Refer to the endpoint description for this field.	Correct the Member's Identifier value.
caregiver	101093	Length of the Caregiver's Identifier cannot exceed max characters of the Qualifier. Refer to the endpoint description for this field.	Correct the Caregiver's Identifier value.
externalVisitID	101094	Length of the External Visit ID cannot exceed 30 characters.	Correct the External Visit ID value.
EVVMSID	101095	Length of the EVVMSID cannot exceed 64 characters.	Correct the EVVMSID value.
EVVMSID	101096	The external evmsid contains invalid characters. Please only use alphanumeric characters in addition to '-' and '_'	Correct the EVVMSID value.
Visit	101099	Primary Payer ID is Required	

Office	101115	Member already exists in different office.	Correct the Office's Qualifier.
Unknown	101999	Can occur if there is an interruption in service.	Contact HHAExchange to inquire and to determine the resolution.
Invalid edit visit reason code or action code		Can occur if the code is not configured for the payer	Reach out to HHA support
ClientID does not have access permission to update the Provider's Visit record		Unable to locate member	Reach out to HHA support

HHAX Reason Code Mapping

CR Code	CR Reason Code Description	HHAX NJ
CR01	Missing or incorrect address on appointment	207
CR02	Error collecting GPS coordinates	216
CR04	Device Malfunctioned	217
CR05	Staff failed to clock in/clock out	210
CR07	Staff error	219
CR08	Client cancel/unavailable	206
CR12	No cell coverage	218
CR13	Service outside of home	204
CR14	Additional hours worked	211
CR15	Less hours worked	211
CR16		208

	Staff failed to clock in	
CR17	Staff failed to clock out	209

EVV VISIT EXPORT

Insights module > Practice Auditing > EVV Visit Export

	Column Name	Type	UI Mapping
A	OrganizationId	Integer	Facesheet
B	BillingEntryId	Integer	\$ > Billing > Options > Entry ID
C	DateOfService	Date	\$ > Billing > Options > Edit Timesheet > Date of Service
D	PlaceOfServiceCode	Integer	\$ > Service Codes > Description (left of :)
E	PlaceOfServiceDescription	Varchar(50)	\$ > Service Codes > Description (Right of :)
F	VisitTimezone	String	\$ > Edit Timesheet > Time Worked > Timezone
G	VisitTimezoneOffset	Integer	
H	ScheduledStartDateTime	DateTime	Scheduling > full Details > Appointment details > Date & Time
I	ActualStartDateTime	DateTime	\$ > Edit Timesheet > Time Worked > Start
J	ScheduledEndDateTime	DateTime	Scheduling > full Details > Appointment details > Date & Time > to
K	ActualEndDateTime	DateTime	\$ > Edit Timesheet > Time Worked > End
L	ServiceLocationName	Varchar(50)	Scheduling > full Details > Appointment details > Location Details > Location Address
M	ServiceLocationId	BigInt	Auto-generated by CR - values in DB
N	StartServiceLocationAddressLine1	Varchar(50)	Scheduling > full Details > Appointment details > Location Details > Location Address
O	StartServiceLocationAddressLine2	Varchar(50)	Scheduling > full Details > Appointment details > Location Details > Location Address
P	StartServiceLocationCity	Varchar(50)	Scheduling > full Details > Appointment details > Location Details > Location Address
Q	StartServiceLocationStateProvince	Varchar(50)	Scheduling > full Details > Appointment details > Location Details > Location Address
R	StartServiceLocationZipPostalCode	Varchar(20)	Scheduling > full Details > Appointment details > Location Details > Location Address
S	ScheduledLatitude	Decimal	DB
T	ScheduledLongitude	Decimal	DB
U	ActualStartLatitude	Decimal	Billing_Entries_Timesheet_Worked.ServiceLocationAddressLatitude

V	ActualStartLongitude	Decimal	Billing_Entries_Timesheet_Worked.ServiceLocationAddressLongitude
W	EndServiceLocationAddressLine1	Varchar(50)	Duplicate starting
X	EndServiceLocationAddressLine2	Varchar(50)	Duplicate starting
Y	EndServiceLocationCity	Varchar(50)	Duplicate starting
Z	EndServiceLocationStateProvince	Varchar(50)	Duplicate starting
AA	EndServiceLocationZipPostalCode	Varchar(20)	Duplicate starting
AB	ActualEndLatitude	Decimal	Billing_Entries_Timesheet_Worked.TimeWorkedToLatitude
AC	ActualEndLongitude	Decimal	Billing_Entries_Timesheet_Worked.TimeWorkedToLongitude
AD	TimeWorkedFrom	DateTime	\$ > Billing > Options > Edit Timesheet > Time worked
AE	TimeWorkedTo	DateTime	\$ > Billing > Options > Edit Timesheet > Time worked
AF	TimeWorkedInHours	Integer	\$ > Billing > Worked > Hrs
AG	TimeWorkedUnits	Integer	\$ > Billing > Worked > Units
AH	ServiceCodeId	BigInt	\$ > Service Codes > Id
AI	ServiceCode	Varchar	\$ > Service Codes > Description (left of :)
AJ	ServiceCodeDescription	Varchar(50)	\$ > Service Codes > Description (Right of :)
AK	Modifier1	Varchar(3)	\$ > Billing > Options > Edit Timesheet > Modifiers
AL	Modifier2	Varchar(3)	\$ > Billing > Options > Edit Timesheet > Modifiers
AM	Modifier3	Varchar(3)	\$ > Billing > Options > Edit Timesheet > Modifiers
AN	Modifier4	Varchar(3)	\$ > Billing > Options > Edit Timesheet > Modifiers
AO	DiagnosisCode1	Varchar(10)	Contacts > client > Profile > settings > Claim Settings
AP	DiagnosisCode2	Varchar(10)	Contacts > client > Profile > settings > Claim Settings
AQ	DiagnosisCode3	Varchar(10)	Contacts > client > Profile > settings > Claim Settings
AR	DiagnosisCode4	Varchar(10)	Contacts > client > Profile > settings > Claim Settings
AS	DiagnosisCode5	Varchar(10)	Contacts > client > Profile > settings > Claim Settings
AT	ClientId	Integer	Contacts > Client > Dashboard > Facesheet
AU	ClientFirstName	Varchar(50)	Contacts > Client > Profile > Basics > FirstName
AV	ClientMiddleInitial	Varchar	Contacts > Client > Profile > Basics > Middle Initial
AW	ClientLastName	Varchar(50)	Contacts > Client > Profile > Basics > LastName
AX	ClientMedicaidId	String	Contacts > Client > Payors > Patient > Insured Id

AY	ClientDateOfBirth	Date	Contacts > Client > Profile > Basics > DOB
AZ	ClientHomeAddressLine1	Varchar(50)	Contacts > Client > Profile > Basics > Address
BA	ClientHomeAddressLine2	Varchar(50)	Contacts > Client > Profile > Basics > Address
BB	ClientHomeCity	Varchar(50)	Contacts > Client > Profile > Basics > Address
BC	ClientHomeStateProvince	Varchar(50)	Contacts > Client > Profile > Basics > Address (client > payor > insured > state)
BD	ClientHomeZipPostalCode	Varchar(20)	Contacts > Client > Profile > Basics > Address
BE	ClientHomeLatitude	Decimal	Contacts > Client > Profile > Basics > Address > Longitude
BF	ClientHomeLongitude	Decimal	Contacts > Client > Profile > Basics > Address > Latitude
BG	PayorId	Integer	DB or admin account (CRCH-6345 screenshot)
BH	PayorName	Varchar(50)	Contacts > client > Profile> Payors > Insurance > Primary (Secondary)
BI	PayorPlanId	Integer	Contacts > Client > Profile > Payors > Insurance > Payor drop-down > Plan drop-down
BJ	PayorPlanName	Varchar(255)	Contacts > client > Profile > Payors > Insurance > Plan
BK	RenderingProviderId	Integer	Contacts > Employees > facesheet > Employee ID
BL	RenderingProviderFirstName	Varchar(50)	Contacts > Employees > Profile > Basics > First Name
BM	RenderingProviderLastName	Varchar(50)	Contacts > Employees > Profile > Basics > Last Name
BN	RenderingProviderMedicaidId	Varchar	Dashboard > My profile > Settings > Claim Settings > Qualifier > 1D Medicaid Provider Number > Value
BO	RenderingProviderNpi	Varchar(10)	Contacts > Employees > Profile > Basics > NPI Number
BP	RenderingProviderTaxId	Varchar(9)	Contacts > Employees > Profile > Basics > Tax ID
BQ	BillingProviderId	Integer	Contacts > Employees > facesheet > Employee ID
BR	Billing providerFirstName	Varchar(50)	Contacts > Employees > Profile > Basics > First Name
BS	Billing providerLastName	Varchar(50)	Contacts > Employees > Profile > Basics > Last Name
BT	BillingProviderMedicaidId	Varchar	Dashboard > My Profile > Settings > Claim Settings > Qualifier > 1D Medicaid Provider Number > Value
BU	BillingProviderNpi	Varchar(10)	Contacts > Employees > Profile > Basics > NPI Number
BV	BillingProviderTaxId	Varchar(9)	Contacts > Employees > Profile > Basics > Tax ID
BW	ProviderSupplierId	Integer	Contacts > Employees > facesheet > Employee ID
BX	ProviderSupplierFirstName	Varchar(50)	Contacts > Employees > Profile > Basics > First Name
BY	ProviderSupplierLastName	Varchar(50)	Contacts > Employees > Profile > Basics > Last Name
BZ	ProviderSupplierMedicaidId	Varchar	Dashboard > My Profile > Settings > Claim Settings > Qualifier > 1D Medicaid Provider Number > Value

CA	ProviderSupplierNpi	Varchar(10)	Contacts > Employees > Profile > Basics > NPI Number
CB	ProviderSupplierTaxId	Varchar(9)	Contacts > Employees > Profile > Basics > Tax ID
CC	ReferringPhysicianId	Integer	Contacts > Employees > facesheet > Employee ID
CD	ReferringPhysicianFirstName	Varchar(50)	Contacts > Employees > Profile > Basics > First Name
CE	ReferringPhysicianLastName	Varchar(50)	Contacts > Employees > Profile > Basics > Last Name
CF	ReferringPhysicianMedicaidId	Varchar	Dashboard > My Profile > Settings > Claim Settings > Qualifier > 1D Medicaid Provider Number > Value
CG	ReferringPhysicianNpi	Varchar(10)	Contacts > Employees > Profile > Basics > NPI Number
CH	ReferringPhysicianTaxId	Varchar(9)	Contacts > Employees > Profile > Basics > Tax ID
CI	ServiceFacilityLocationId	Integer	Contacts > Employees > facesheet > Employee ID
CJ	ServiceFacilityLocationFirstName	Varchar(50)	Contacts > Employees > Profile > Basics > First Name
CK	ServiceFacilityLocationLastName	Varchar(50)	Contacts > Employees > Profile > Basics > Last Name
CL	ServiceFacilityLocationMedicaidId	Varchar	Dashboard > My Profile > Settings > Claim Settings > Qualifier > 1D Medicaid Provider Number > Value
CM	ServiceFacilityLocationNpi	Varchar(10)	Contacts > Employees > Profile > Basics > NPI Number
CN	ServiceFacilityLocationTaxId	Varchar(9)	Contacts > Employees > Profile > Basics > Tax ID
CO	ReasonCodes1	Varchar(10)	Value Mapped according to Reason code selected in Billing > Billing Entry/Timesheet > Reason Code
CP	ReasonCode1Notes	Varchar(4000)	Notes entered by User under Reason Code in Billing > Billing Entry/Timesheet
CQ	ReasonCodes2	Varchar(10)	Value Mapped according to Reason code selected in Billing > Billing Entry/Timesheet > Reason Code
CR	ReasonCode2Notes	Varchar(4000)	Notes entered by User under Reason Code in Billing > Billing Entry/Timesheet
CS	ReasonCodes3	Varchar(10)	Value Mapped according to Reason code selected in Billing > Billing Entry/Timesheet > Reason Code
CT	ReasonCode3Notes	Varchar(4000)	Notes entered by User under Reason Code in Billing > Billing Entry/Timesheet
CU	ReasonCodes4	Varchar(10)	Value Mapped according to Reason code selected in Billing > Billing Entry/Timesheet > Reason Code
CV	ReasonCode4Notes	Varchar(4000)	Notes entered by User under Reason Code in Billing > Billing Entry/Timesheet
CW	ReasonCodes5	Varchar(10)	Value Mapped according to Reason code selected in Billing > Billing Entry/Timesheet > Reason Code
CX	ReasonCode5Notes	Varchar(4000)	Notes entered by User under Reason Code in Billing > Billing Entry/Timesheet
CY	ReasonCodes6	Varchar(10)	Value Mapped according to Reason code selected in Billing > Billing Entry/Timesheet > Reason Code
CZ	ReasonCode6Notes	Varchar(4000)	Notes entered by User under Reason Code in Billing > Billing Entry/Timesheet

DA	SequenceId	Integer	YYYYMMDDHHMMSS
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