



ELECTRONIC VISIT VERIFICATION (EVV) TECHNICAL GUIDANCE

Office of Developmental Programs (ODP)

VERSION 1.0

This resource provides ODP-specific EVV information for stakeholders

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INTRODUCTION

Effective January 1, 2020, the 21st Century Cures Act requires that providers, provider agencies, Agency with Choice (AWC) and Vendor Fiscal (VF)/Employer Agents (EAs) use an EVV system to capture Personal Care Service (PCS) visits and corresponding visit data. Pennsylvania has established an open EVV system model. This means that providers, provider agencies, AWCs and VF/EAs may choose to use the DHS EVV system, at no cost to the provider, **OR** use their own EVV vendor/system (alternate EVV) to capture the six data elements required under the Cures Act as well as meet the technical specifications to interface with the DHS Aggregator.

The Consolidated Waiver, Person Family Directed Supports (P/FDS) Waiver, Community Living Waiver, Adult Autism Waiver and the Base program all offer personal care services and are subject to EVV. All EVV systems must capture the following data points:

- Type of service(s);
- Individual receiving the service(s);
- Date of the service(s);
- Location of the service(s) delivery;
- Individual providing the service(s);
- Time the service(s) begins and ends.

In addition to the six (6) required data points above, providers, provider agencies, AWCs, VF/EAs using a third party/alternate EVV vendor system, will be required to transmit additional visit related data elements to the EVV aggregator¹ in order for the record to successfully pass to and be stored in the DHS EVV aggregator for claims validation. The DHS EVV aggregator DOES NOT submit claims. The DHS EVV aggregator only stores EVV data captured during the visit. The DHS EVV aggregator is validated against during claims processing when an EVV service is found on the claim(s) transaction.

To view the mandatory data fields to include in the EVV transaction that is sent to the DHS EVV aggregator, go to the Alternate EVV technical specifications and addendums found on the right-hand side of the DHS EVV webpage, under “Related Topics”:

<http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/>.

NOTE: If a record is sent by an alternate EVV vendor to the DHS EVV aggregator and is missing required data or is incomplete, as specified in the Alternate EVV technical specifications and addendums, the record will be rejected and, therefore, would not be stored in the DHS EVV

¹ The DHS EVV Aggregator is a system that receives and stores data from third-party systems (also referred to as Alternate EVV) and the DHS EVV system into a single uniform platform to facilitate payments of claims. The DHS Aggregator allows providers to use a third-party system (also referred to as Alternate EVV) for visit verification. The DHS EVV aggregator **DOES NOT** submit claims.

aggregator. Missing records in the DHS EVV aggregator will set EVV claims' validation edits. Providers should ensure that errors, associated with sending alternate EVV transactions to the aggregator, are corrected and resubmitted before claim transactions are submitted to PROMISE™.

This document is technical in nature and provides more granular information for EVV billing/claims, EVV errors and EVV calculation logic. The DHS EVV webpage contains the majority of other information that IS NOT contained in this document including public meeting notices, training announcement and Frequently Asked Questions (FAQs) that address general, provider, technology and training questions:

<http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/>

ODP PERSONAL CARE SERVICES (PCS) SUBJECT TO EVV

The Centers for Medicare & Medicaid Services (CMS) states that PCS consists of services supporting activities of daily living (ADL), such as movement, bathing, toileting, transferring, and personal hygiene or services that offer support for instrumental activities of daily living (IADL), such as meal preparation, money management, shopping, and telephone use.

There is a total of six (6) ODP services that are considered personal care services and are subject to EVV. The DHS EVV system, provided by Sandata, will ONLY support the six (6) ODP services below. The DHS EVV aggregator will only accept the six services below.

PCS Services Subject to EVV for Consolidated Waiver, Person/Family Directed Support Waiver (P/FDS), Community Living Waiver (CLW), and Base Services ² (Applies to Provider, Provider Agency, AWC and VF/EA)

- Companion
- In-Home and Community Support
- Respite (Unlicensed Settings Only)
- Homemaker

PCS Services Subject to EVV for Adult Autism Waiver (AAW)

- Community Support
- Respite (Unlicensed Settings Only)

² See Appendix E for ODP service iterations found in HCSIS that are subject to EVV

IMPORTANT DATES AND EXPECTED ACTION

The current plan for Pennsylvania's implementation of EVV is as follows:

Now – December 31, 2019:

Providers, Provider Agencies and AWCs using the DHS Sandata EVV solution:

1. First attend required training to understand how to capture visits and use/understand the overall functionality of the DHS Sandata EVV solution. Classroom and webinar training is anticipated to take place/be available from 9-24-19 to 11-1-19. See the DHS EVV webpage for the face-to-face and webinar training schedule and registration instructions.
2. After training is completed, administrative staff, identified by the provider agency, will:
 - Receive log-in credentials to access the DHS Sandata EVV solution;
 - Set up each Direct Support Professionals (DSPs)/Support Service Professionals (SSPs) with a unique e-mail address and other identifying information to enable them to check-in/check-out during visits. The DSP/SSP's unique e-mail address registered in the system is required as the Username to login to the DHS EVV system.
3. Providers, provider agencies and AWCs will train their DSPs/SSPs on how to use the DHS Sandata EVV solution and ensure they are educated on the provider agency's visit capture rules.
4. Providers, provider agencies and AWCs' DSPs/SSPs can actively begin electronically capturing PCS visits while provider, provider agencies and AWC administrative staff actively review visits captured in the DHS Sandata EVV solution's web portal, make corrections as applicable and ensure visits captured are in "Completed" status. The DHS Sandata EVV solution automatically sends EVV transactions to the EVV aggregator once the visit is in "Complete" status.
5. **NOTE:** For new providers who enroll as an ODP provider after the classroom training has ended, only web-based training will be available. If you are a new provider who renders ODP services subject to EVV and you enroll after the soft launch period and have EVV questions, contact the DXC Provider Assistance Center (PAC), regardless if you plan on using the DHS Sandata EVV solution or an alternate solution:

PAPAC1@dx.com or

1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.

Hours of operation: Monday – Friday, 8 AM – 5 PM

Providers, Provider Agencies, AWCs and VF/EAs using an Alternate (Third Party) EVV system:

ALT EVV Certification: Providers, provider agencies, AWCs and VF/EAs using an alternate (third party) EVV solution, will be required to complete web-based training on DHS's EVV technical vendor's, Sandata, Learning Management System (LMS) as a condition of certification.

At the same time, providers, provider agencies, AWC and VF/EAs using an alternate EVV solution, will work with DHS's EVV technical vendor, the Sandata Support Group, to receive an approved/certified interface.

The approval/certification process is completed by technical staff who are actually building the EVV transaction that will be sent to the aggregator. The technical staff could be staff employed by the EVV alternate software company or technical staff employed by the AWC, VF/EA, provider or provider agency.

The approval/certification process ensures alternate (third party) EVV transactions are recognized by the DHS EVV aggregator, EVV transactions are in the correct format, contain the required data in mandatory fields and ensures the agencies EVV transactions can successfully pass into and are stored in the DHS EVV aggregator for future claims validation. Once testing has been completed and the alternate EVV interface is approved/certified by Sandata, the AWC, VF/EA, provider and/or provider agency may begin capturing visits and submitting alternate EVV transactions to the DHS EVV aggregator.

Through December 31, 2019, providers who intend to use an Alternate EVV solution should contact the Sandata EVV Support Group at: 855-705-2407, PAAltEVV@sandata.com

Beginning January 1, 2020 and forward, providers who intend to use an alternate EVV solution should contact:

PAPAC1@dxc.com or

1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.

Hours of operation: Monday – Friday, 8 AM – 5 PM

October 7, 2019³ – December 31, 2019: “Soft launch” of DHS EVV system.

This period will allow providers, provider agencies, AWCs and the VF/EA's DSPs/SSPs to adapt to using EVV without a negative impact to claims. EVV transactions will flow to the DHS EVV aggregator from the DHS Sandata EVV solution while alternate (third party) EVV vendor solutions will be required to send their EVV transactions to the DHS EVV aggregator.

³ The date is subject to change.

During this period, when PROMISe™ identifies a personal care service on a claim, claims validation will be initiated against the DHS EVV aggregator. Claim error status codes (ESCs), also referred to as edits or audits, will be set to “informational” during this period and will trigger and be visible to billers during the “Soft Launch” period if claims’ fail EVV validation performed against records found (or not found) in the DHS EVV aggregator.

Although EVV edits will set during the “Soft Launch” period, the claim will successfully pass DHS EVV validation and continue to process through the normal claim’s adjudication process. During the soft launch period, the expectation is that provider/provider agency/AWC and VF/EA billing staff will take the initiative to note when the EVV edit(s) set and actively make corrections either to the data stored in the DHS EVV aggregator or the claim itself, before future PCS claims are submitted, to ensure errors do not repeat.

During the EVV soft launch period, ODP will be monitoring which EVV edits set and how often. Regular updates to the stakeholder community will be made on the progress of the implementation. ODP will perform outreach and/or provide technical assistance based on results and as applicable.

January 1, 2020 and Forward: Full Implementation

On January 1, 2020, EVV is anticipated to fully implement to be in compliance with the 21st Century Cures Act. Updates related to implementation are shared through the DHS EVV website located here:

<http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/>

EVV ASSISTANCE/CONTACT INFORMATION

Who do I contact to get my alternate EVV approved and set up? From now until December 31, 2019, contact the Sandata Alternate EVV Support Group at:

1-855-705-2407, PAAltEVV@sandata.com

EVV Claim Inquiries: During the “Soft Launch” period through post implementation (September 2019 and forward), ODP EVV claim inquiries, should be made to the ODP Claims Resolution Section:

ra-odpclaimsres@state.pa.us, 1-866-386-8880

Hours of operation: Monday - Thursday, 8:30 AM -12 PM & 1 PM - 3:30PM

ANY/All EVV Inquiries: The DXC Provider Assistance Center (PAC) will be the initial point of contact for AWCs, VF/EAs, providers or provider agencies needing assistance when using the DHS Sandata EVV system, alternate EVV having issues associated with the DHS EVV aggregator

or new ODP providers who will be providing personal care services after the soft launch period. Contact the PAC by using the following information:

PAPAC1@dxc.com,

1-800-248-2152 or 717-975-4100, Press EVV prompt for EVV assistance.

Hours of operation: Monday – Friday, 8 AM – 5 PM

If you contact the PAC regarding claim related inquiries, they will transfer your inquiry to the ODP Claims Resolution area.

EVV AGGREGATOR

The DHS EVV Aggregator is a system that receives and stores data from third-party systems and the DHS EVV system into a single uniform platform to facilitate payments of claims. The DHS EVV aggregator allows providers to use a third-party system (also referred to as Alternate EVV) for visit verification. The DHS EVV aggregator **DOES NOT** submit claims.

If a claim detail line passes EVV validation, the Internal Control Number (ICN) associated with the claim will be passed to and be stored in the DHS EVV aggregator. When viewing EVV records in the DHS EVV aggregator, the presence of an ICN does not mean the claim was paid. After EVV validation against the DHS EVV aggregator, the claim still must go through HCSIS plan validation and may set edits during this process. An EVV record in the DHS EVV aggregator will show a “Processed” status after EVV validation takes place while a “Verified” status means EVV validation has not yet occurred against the record.

The DHS EVV Aggregator includes a read-only web portal for the provider, provider agency, AWC or VF/EA to view their EVV data, search and run reports. Reports will be downloadable in Excel or CSV format.

CHECK-IN/CHECK-OUT REQUIREMENTS

EVV does not affect or change access to care or the policy and provision of services. Service provision should support/align with the service definition found in the approved waiver(s) AND the services’ duration, frequency and scope as described in the individual’s approved plan.

There will be no change in service delivery as a result of EVV. However, it is the responsibility of the provider, provider agency, AWC and VF/EA to ensure DSPs/SSPs are:

- Informed of which EVV solution they are required to use to capture PCS visit information,
- DSPs/SSPs are trained on the agency’s EVV system or DHS’s EVV solution, and
- DSPs/SSPs understand the organization’s expectations regarding their business practices to support EVV.

EVV PROMISe™ EDITS BASED ON DATE OF SERVICE

EVV claim validation edits (ESCs) will be applied to AWC, VF/EA, provider and provider agency applicable claims based on the date of service found on the claim beginning with dates of service October 7, 2019. For example, if an EVV service was rendered prior to October 7, 2019 and was submitted **after** October 7, 2019 but before January 1, 2020, EVV edits (referred to as error status codes or ESCs) will set as informational and will not prevent the claim from continuing through the claim adjudication process. DHS is currently discussing implementation with respect to the disposition of EVV edits beginning January 1, 2020 and implementation updates will be shared on the DHS EVV website, <http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/>. See Appendix A to understand the conditions in which these edits will set.

BILLING CLAIMS TRANSACTIONS via the DHS SANDATA EVV SYSTEM

If you choose to use only the DHS EVV system to capture visits, the DHS Sandata EVV system has the ability to submit claims to PROMISe™; however, users of the DHS Sandata EVV system **are not required to** submit claims using the DHS Sandata EVV system. DHS Sandata EVV system users will capture visits using the DHS Sandata EVV system but have the option to submit claims as you currently do outside of the DHS Sandata EVV system. There is no change to the 837 Professional claim transaction file format. If you do choose to use the DHS Sandata EVV system and choose to submit claims via the DHS Sandata EVV system, the system will only submit claims for the six (6) ODP services subject to EVV when the visit is in “Complete” status and when the user hits the submit button in the DHS Sandata EVV system. The DHS Sandata EVV system will not automatically submit claims without the user engaging it to do so.

The DHS EVV aggregator DOES NOT submit claims. The aggregator only stores EVV data captured during the visit. The DHS EVV aggregator is validated against during claims processing when an EVV service is found on the claim(s) transaction.

Billing Frequency: If you are using an alternate EVV solution (third party), the frequency in which you bill for services subject to EVV should be aligned with the frequency in which your alternate EVV transactions are submitted to the DHS EVV aggregator. Missing records in the DHS EVV aggregator will fail EVV claims’ validation against the DHS EVV aggregator and cause applicable claim detail lines to deny.

ROUNDING

Both the ISP Manual and bulletin 00-18-04 states the following: “15-minute unit of service: The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service within the same calendar day. The full 15 minutes of service does not need to be provided consecutively; however, must be rendered within the same calendar day in order to be billed.” There is similar guidance for an hour unit of service found in bulletin 00-18-04.

Rounding is NOT permitted. Below is the link to the bulletin:

<http://www.dhs.pa.gov/provider/BulletinSearch/bulletinselected/index.htm?bn=00-18-04>

MANUAL UPDATES/CHANGES TO EVV VISITS

An EVV Bulletin is currently under development that will address requirements for internal documentation when corrections are manually made to an EVV record (i.e. visits shortened or extended, visit entered manually because it was not captured electronically, DSP/SSP forgot to check out etc.) In the interim, it is good business practice and strongly encouraged that the provider, provider agency, AWC and VF/EA ensures they have documentation demonstrating the service was rendered as specified in the waivers, meets the anticipated needs of the individual as defined in the ISP and any manual update made to the EVV record corroborates with any claims submitted.

PLACE OF SERVICE CODES (POS)

EVV validations WILL NOT be performed during claims processing against the “location of service delivery” stored in the EVV aggregator. The “location of service delivery” is represented by the place of service code on a claim transaction. During normal claims processing, the place of service code on the claim detail line is always validated to ensure the location in which the service was rendered is permissible as specified in the waiver. Because this validation occurs normally during claims processing, **there will be no** validation against the “location of service delivery” found in the EVV aggregator record.

Please note; however, that when a third-party/alternate vendor EVV transaction is submitted to the EVV aggregator, the aggregator will validate that the “location of service delivery” is present in the transaction. If it is not present in the alternate EVV transaction or is invalid, the EVV record will be rejected and will need to be resubmitted to the Aggregator with the “location of service delivery” included.

Because the GPS location where service delivery was provided is stored in the aggregator, AWC, VF/EA, provider, provider agencies and/or DHS has access to GPS information and may review

this information or perform audits as needed. While in the community, DSPs/SSPs have the option to turn off GPS to alleviate privacy concerns regarding tracking of community locations.

If the same service was rendered consecutively in multiple places within a 24-hour period, the visit may be electronically captured as one visit or two separate visits each representing a different place of service. It is at the discretion of the provider, provider agency, AWC and VF/AE to prescribe business rules as it applies to checking-in/checking-out when the same service is delivered consecutively during a 24-hour period in different locations. Billing should align with the check-in/check-out rules defined by the provider/provider agency.

Visit Capture Guidance When Location Changes Within a 24-hour Period: *In-home and community supports* services were rendered in the home from 8am – 12:00pm then in the community from 12:00pm - 2:00pm. For DHS EVV compliance, the location is only required to be captured at check-in and check-out for each service provided to the individual. The service may start at one location and end at another location; however, the locations visited by the caregiver and the individuals receiving support in-between check-in and check-out for the service are not required to be captured. In the noted example, the caregiver would need to check in at 8:00 am and check out at 2:00 pm, with the location being captured at check-in as the home and the location for the check-out captured as the community. Agencies may establish policies to more accurately capture the location where the service was rendered, including check-in and check-out based on when the service delivery location changes. Agencies are encouraged to instruct DSPs/SSPs on their rules for checking-in/checking-out when the same service is delivered in different settings consecutively in a 24-hour period.

Place of Service Billing Instructions:

- Option 1: For the above scenario, if the DSP/SSP checked-in/checked-out for each location in which the same service was delivered to the same individual within a 24-hour period, the provider has two (2) billing options:
1. Bill one claim detail with units that reflect the period 8am – 2pm and use the place of service code that was most prominent during the time span of service delivery.
 2. Bill two (2) claim detail lines with different place of service codes while entering the same service, date of service and same recipient ID (MCI plus check digit). If this method is used, Error Status Code (ESC) 5000, “Detail is a suspected duplicate-modifier”, will set as for informational purposes only and the claim detail line will be approved for payment, assuming no other edits set for other reasons. No additional action is needed by the provider when ESC 5000 sets.

Option 2: If the same service was delivered consecutively in different settings from 8am to 2pm and the DSP/SSP checked-in at 8am and checked-out at 2pm, the provider would bill one (1) claim detail line, enter units that reflect the period 8am – 2pm and enter the place of service code that was most prominent during the time span of service delivery.

Choosing a place of service code to enter on a claim detail line when billing the same service that is rendered non-consecutively in multiple locations (i.e. home and community) during a 24-hour period. If there is a break in service and the setting changed for the same provider, same service, and same consumer during a 24-hour period, the service’s visit check-in/check-out time and locations should be individually captured by the EVV application and will be stored as multiple records in the EVV aggregator. When billing, the claim detail line(s) should align with the date, service (procedure code and modifier(s), if applicable), location and number of units stored in the EVV records. If the same service was rendered non-consecutively in different locations throughout a calendar day and the visits were electronically captured in this manner, all accumulated units rendered in the community should be entered on one claim detail line while all accumulated units rendered in the home should be entered on a second claim detail line.

A claim with multiple claim detail lines that contain different place of service codes, will cause Error Status Code (ESC) 5000 to set, “Detail is a suspected duplicate-modifier”. This is as an informational edit and will not prevent the claim from continuing to process. No additional action is needed by the provider when this ESC sets.

General Information Regarding POS Codes:

ODP services are associated with three (3) place of service codes:

- 99: Other (Community)
- 12: Home
- 11: Office (Does not apply to any of the ODP specific EVV services)

Place of Service Billing Rule: The place of service code is a required field on a claim and only one (1) code is permitted on each claim detail line to specify where the service was rendered.

2:1 STAFFING RATIOS

2:1 Staff to Individual Ratio (Applies to Respite and In-Home and Community Supports)

For Personal Care Services subject to EVV with 2:1 staff to individual ratios, **both** DSPs/SSPs **MUST** check-in/check-out for the same individual/same service/same date/time and same location. ODP recognizes that it may sometimes be challenging for both DSPs/SSPs to check-in/check-out at the exact same time and has designed logic to account for potential check-

in/check-out time differences associated with 2:1 staff to individual ratios. It is important to understand this logic to minimize/eliminate claim payment issues.

For personal care services with 2:1 staff to individual ratios, at least two (2) instances (records) for the same service/same individual/same date of service/same provider must be present in the EVV aggregator in order for the claim to pass EVV validation⁴. The total unit calculation for the service itself is based on logic that is designed in the system to look at the earliest common time and the latest common time between both DSPs/SSPs. The minutes associated with this time will then be converted to units, stored in the aggregator and compared to the units found on the claim.

For example, DSP/SSP “A” checks in at 4:55 PM and checks out at 5:10 PM, and DSP/SSP “B” checks in at 5:00 PM and checks out at 5:15 PM. The common check-in time between both DSPs/SSPs is 5:00 PM, and the common check-out time between both DSPs/SSPs is 5:10 PM. In this example, only 10 minutes will be calculated as the common time in which the service was delivered by both DSPs/SSPs, which equates to zero (0) units. For this example, if a claim is billed for 1 unit, it will deny in the system.

1:2, 1:3 and 1:4 STAFFING RATIOS

DSPs/SSPs that provide support services to more than one individual concurrently, must check-in/check-out for each individual in order for the service/visit to be accurately captured and stored in the EVV aggregator. If a DSP/SSP fails to check-in/check-out for each individual, related claims will deny during EVV validation because no record will be found in the EVV aggregator.

VALIDATE HCSIS AUTHORIZATION PRIOR TO EVV AND BILLING

Providers, provider agencies, AWCs and VFs/AEs should regularly review Service Authorization Notices and/or the Provider Service Detail Report in HCSIS prior to service delivery and billing to ensure the service(s), date span associated with the authorized service line on the plan (service begin and end-date), the provider authorized on the plan is accurate and sufficient units are authorized on the individual’s plan. Service Authorization Notices can be run and re-run to view changes made to the plan within a specific period by entering a date in the “*Date Last Changed From:*” field and “*To:*” field.

Regularly reviewing Service Authorization Notices will minimize and/or prevent claim/claim detail line denials.

⁴ This logic may not be designed yet when the “Soft launch” of DHS EVV system begins. If the logic is not in place, services associated with 2:1 staff to individual ratios will bypass EVV validation until the logic becomes available.

APPENDIX A: EVV ERROR STATUS CODES (ESC)

The claims adjudication process will basically flow as it currently does today EXCEPT, when an EVV service is found on the claim, PROMISE™ will make a “call” to the EVV aggregator to validate a record(s) is present and ensure the EVV record(s) found in the EVV aggregator matches what is specified on the claim. If the claim detail line passes EVV validation, the claim will continue processing and next validate against the plan in HCSIS before completing the claims processing adjudication cycle. No EVV validation call will be made when a claim is voided. The ESCs below describe the EVV validation logic.

EVV ESC CODE	EVV ESC DESCRIPTION	WHY IS THIS ESC SETTING?	RESOLUTION ACTIVITY
ESC 925	EVV Visit Verified	Providers will see this ESC each time PROMISE™ determines a Personal Care Service is found on the claim and it passed EVV validation against the EVV aggregator record(s).	This edit sets for informational purposes only. It serves to inform the AWC, VF/EA, provider or provider agency that the claim passed EVV validation in the aggregator. No action is needed by the provider. When a claim passes EVV validation, it continues processing through the claims adjudication process as it currently does today.
ESC 926	EVV Internal Record Format Error	This ESC will set when PROMISE™ sends an incorrectly formatted record to the EVV aggregator during the EVV record validation process.	When this ESC sets, the claim will suspend and the PROMISE™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. No action is needed by the provider. Errors of this nature will be recycled/reprocessed in PROMISE™ by the technical vendor, DXC, within a 24-hour period. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).
ESC 927	Units billed exceed units verified in EVV	When the provider sees this ESC set, the claim detail line denied because the allowed units on the claim	AWC, VF/EA, provider and provider agencies should determine if the units on the claim detail line or the units found in the EVV record need to be corrected. PROMISE™ is not designed to cut back units on the claim for an EVV service if the allowed units on the claim are greater than the total units found in the aggregator.

APPENDIX A: EVV ERROR STATUS CODES (ESC)

EVV ESC CODE	EVV ESC DESCRIPTION	WHY IS THIS ESC SETTING?	RESOLUTION ACTIVITY
		<p>detail line are greater than the units found on the EVV record in the aggregator.</p>	<p>The AWC, VF/EA, provider or provider agency should make corrections as applicable and resubmit the claim, ensuring the units found in the EVV aggregator are equal to or greater than the units submitted on the claim.</p> <p>While performing claims resolution analysis, AWC, VF/EA, provider and provider agencies are encouraged to review the rounding rules and/or the calculation rules found in Appendix B, make corrections accordingly and resubmit claim.</p> <p>Note: "Allowed" units on a claim detail line are not always equal to the exact units submitted on the claim because other edits/audits are performed before the units on the claim are validated against the units found in the EVV aggregator record. Example, fiscal year unit limitations or weekly unit limitations may "cutback" units submitted on a claim which would make the units on the claim less than what was submitted on the actual claim.</p>
ESC 928	EVV Visit Not Found	<p>When this ESC sets either:</p> <ul style="list-style-type: none"> • No EVV record was found in the aggregator or • Mismatch was found between either the date of service, RID (10 digits), procedure code/modifier and/or MPI (9 digit) code that is found on the claim versus what is found in the EVV record. 	<p>To correct this error, verify if the claim was submitted and processed BEFORE the visit information was successfully sent to the EVV aggregator. If so, Providers should ensure the EVV record is found in the EVV aggregator, it contains valid data and resubmit claim.</p> <p>If the EVV record that is found in the aggregator but contains a mismatch between one or more data elements on the claim, review the EVV record in the aggregator and manually validate if the data elements found in the aggregator record(s) contains the appropriate values as specified in the Alternate EVV interface requirements, technical specifications and addendums found on the DHS EVV webpage: http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/.</p>

APPENDIX A: EVV ERROR STATUS CODES (ESC)

EVV ESC CODE	EVV ESC DESCRIPTION	WHY IS THIS ESC SETTING?	RESOLUTION ACTIVITY
			If the EVV record is accurate, validate the information that was send on the claims transactions is accurate, make corrections as needed and resubmit the claim.
ESC 929	EVV Web Service Timeout	When this ESC sets, PROMISE™ received a web service timeout when communicating with the EVV aggregator.	When this ESC sets, the claim will suspend and the PROMISE™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. No action is needed by the provider. Errors of this nature will be recycled/reprocessed in PROMISE™ by the technical vendor, DXC, within a 24-hour period. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).
ESC 930	EVV Internal Error	When this ESC sets, PROMISE™ received an internal error when communicating with the EVV aggregator.	When this ESC sets, the claim will suspend and the PROMISE™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. No action is needed by the provider. Errors of this nature will be recycled/reprocessed in PROMISE™ within a 24-hour period by the technical vendor, DXC. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).
931	EVV-PROMISE Internal Error	This ESC sets when there is a technical issue related to the interface.	When this ESC sets, the claim will suspend and the PROMISE™ technical vendor, DXC, will resolve the error and reprocess the claim within a 24-hour period. No action is needed by the provider. Errors of this nature will be recycled/reprocessed in PROMISE™ within a 24-hour period by the technical vendor, DXC. If an AWC, VF/EA, provider or provider agency sees this ESC while performing claims reconciliation activities, DO NOTHING to the claim and check back later in the day or the following day to confirm the claim was reprocessed on its own. If this ESC continues to be present 24 hours after claim submission, contact the Provider Assistance Center (PAC).

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

NOTE: ODP does not round individual units of service. The rate methodology for ODP personal care services is designed to take into consideration the time differential that may occur normally with service delivery.

ODP PCS EVV services are associated with the following units of service:

- Respite (unlicensed and agency managed), In-Home and Community Supports, Companion and Specialized Skill Development (Adult Autism Waiver): 15 minutes
- Homemaker Services: 1 Hour
- Respite (unlicensed): 24 Hours/Day Unit.

ODP rounding rules for 15-minute units of service that are applied in the EVV Aggregator:

- 14 minutes and 59 seconds = 0 units
- 15 minutes to 29 minutes and 59 seconds = 1 unit
- 30 minutes to 44 minutes and 59 seconds = 2 units
- 45 minutes to 59 minutes and 59 seconds = 3 units

ODP rounding rules for 1-hour units of service that are applied in the EVV Aggregator:

- 1 hour to 1 hour and 59 seconds = 1 unit
- 2 hours to 2 hours and 59 seconds = 2 units

ODP rounding rules for 24 hours/day units of service that are applied in the EVV Aggregator:

- 16 hours and 1 second to 24 hours = 1 unit
- 24 hours to 40 hours and 1 second = 2 units

PROMISe™ sends “allowed” units (NOT necessarily units billed) to the EVV aggregator for validation. “Allowed” units on a claim detail line are not always equal to the “Units Billed” because other edits/audits are performed before the units on the claim are validated against the units found in the EVV aggregator record. Example, fiscal year unit limitations or weekly unit limitations may “cutback” units submitted on a claim which would make the “allowed” units on the claim less than the “Units Billed”.

SPECIAL NOTE REGARDING SPAN BILLING - When a date span is present on a claim detail line, all time will be accumulated and totaled for the dates of service within the date span then converted to units.

Participants who receive non-consecutive services for the same service (procedure code) on the same calendar day, including overnight visits, should be aware of the potential for claim denial due to duplicate error. In such instances, providers should review current billing procedures to determine which billing methodology is best.

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

15 MINUTES EXAMPLES (Same logic applies for 1-hour units of service)

VISIT SCENARIO 1: Multiple non-consecutive service deliveries over two (2) consecutive calendar days by the same or two (2) different DSPs/SSPs for the same service, same participant and same provider/provider agency.

Date	Time In	Time Out	Time In	Time Out	Total Minutes	Total Units per day
06/01/2020	11:00 am	11:22 am	1:00 pm	1:07 pm	29 minutes	1
06/02/2020	11:00 am	11:08 am	1:00 pm	1:08 pm	16 minutes	1
Total accumulated units for date span 6/1/2020 - 6/2/2020					45 minutes	

BILLING OPTION 1: Bill Using a Single Date of Service. (Applies to 15 minute or an hour unit of service only)

Bill for dates of service 06/01 and 06/02 on two (2) separate claim detail lines for each date of service. For this scenario, the EVV aggregator would calculate units strictly with no rounding applied for each day. In other words, one (1) unit would be calculated for 06/01 (29 minutes) and one (1) unit calculated for 06/02 (16 minutes).

BILLING OPTION 2: Date Spanning. (Applies to 15 minute or an hour unit of service only)

Bill one claim detail line for both dates of service using span dating on one claim detail line. In other words, the "From DOS" will be 06/01 and the "To DOS" will be 06/02. For the above scenario, the EVV aggregator would add up all the minutes for the two dates of service then convert the total accumulated minutes to units. For this scenario, if the claim detail line contains date spanning, the total units in the EVV Aggregator would be three (3) 15-minute units (45 minutes).

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

SCENARIO 2: Single visit on multiple non-consecutive days for same participant, same service, same provider/provider agency

Visit(s) Information in EVV:

Date	Time In	Time Out	Total Unit	Total Time
01/01/2019	11:00 am	11:25 am	1	25 min
01/03/2019	1:00 pm	1:40 pm	2	40 min

BILLING OPTION 1: Bill Using a Single Date of Service.

For this billing scenario, if two (2) separate claim detail lines are submitted for each date of service, the EVV aggregator would calculate units strictly with no rounding applied for each day. In other words, one (1) unit would be calculated for 06/01 (25 minutes) and two (2) units calculated for 06/02 (40 minutes).

From DOS	To DOS	POS	Proc Code	1	2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	12	W1726					1	1.00	1.00
2019/01/03	2019/01/03	12	W1726					1	2.00	2.00

BILLING OPTION 2: Date Spanning.

For this billing scenario, one claim detail line is submitted that includes both dates of service using span dating on one claim detail line. In other words, the “From DOS” will be 01/01 and the “To DOS” will be 01/03. For this billing scenario, the EVV aggregator would sum up all the minutes for the three dates of service identified in the date span (1/1/19 = 25 minutes + 1/2/19 = 0 minutes + 1/3/19 = 40 minutes) then convert the total accumulated minutes to units. In other words, the total units in the EVV Aggregator would equal four (4) 15-minute units (65 minutes).

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

SCENARIO 3: Multiple non-consecutive service deliveries performed during a calendar day over a non-consecutive two (2) day period by the same or two (2) different DSPs/SSPs for the same service, same participant and same provider/provider agency.

Visit(s) Information in EVV:

Date	Visit 1		Visit 2		Total Unit	Total Time
	Time In	Time Out	Time In	Time Out		
01/01/2019	11:00 am	11:22 am	1:50 pm	1:58 pm	2	30 min
01/03/2019	11:00 am	11:08 am	1:50 pm	1:58 pm	1	16 min

BILLING OPTION 1: Bill Using a Single Date of Service.

For this billing scenario, if two (2) separate claim detail lines are submitted for each date of service, the EVV aggregator would calculate units strictly with no rounding applied for each day. In other words, two (2) units would be calculated for 01/01 (30 minutes) and one (1) unit calculated for 01/03 (16 minutes).

From DOS	To DOS	POS	Proc Code	1	2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	12	W1726					1	2.00	2.00
2019/01/03	2019/01/03	12	W1726					1	1.00	1.00

BILLING OPTION 2: Date Spanning.

For this billing scenario, one claim detail line is submitted that includes both dates of service using span dating on one claim detail line. In other words, the “From DOS” will be 01/01 and the “To DOS” will be 01/03. For this billing scenario, the EVV aggregator would sum up all the minutes for the three dates of service identified in the date span (1/1/19 = 30 minutes + 1/2/19 = 0 minutes + 1/3/19 = 16 minutes) then convert the total accumulated minutes to units. In other words, the total units in the EVV Aggregator would equal three (3) 15-minute units (46 minutes).

SPECIAL NOTE REGARDING SPAN BILLING - When a date span is present on a claim detail line, all time will be accumulated and totaled for the dates of service within the date span then converted to units.

Participants who receive non-consecutive services for the same service (procedure code) on the same calendar day, including overnight visits, should be aware of the potential for claim denial due to duplicate error. In such instances, providers should review current billing procedures to determine which billing methodology is best.

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

VISIT SCENARIO 4: Single Visit in EVV aggregator, Same Consumer, Same Provider, Same Date of Service

Date	Time In	Time Out	Total Unit	Total Time
01/01/2019	11:00 am	11:50 am	3	50 min

Claim 1: If “Units Alwd” on claim are equal to the units found in the EVV aggregator, the claim detail line will pass EVV validation in the aggregator and continue processing.

From DOS	To DOS	POS	Proc Code	1	Modifiers 2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	12	W1726					1	3.00	3.00

Claim 2: If “Units Alwd” on claim are less than units found in the EVV aggregator, the claim detail line will pass EVV validation in the aggregator and continue processing.

From DOS	To DOS	POS	Proc Code	1	Modifiers 2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	12	W1726					1	2.00	2.00

Claim 3: If “Units Alwd” on claim are greater than the units in the EVV aggregator, the claim detail line will be denied and stop processing.

From DOS	To DOS	POS	Proc Code	1	Modifiers 2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	12	W1726					1	4.00	4.00

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

SCENARIO 5: EVV Aggregator shows two (2) non-consecutive visits in one day by the same or two (2) different DSPs/SSPs for the same service, same participant (RID) and same provider/provider agency.

	Visit 1		Visit 2			
Date	Time In	Time Out	Time In	Time Out	Total Unit	Total Time
01/01/2019	11.00 am	11.22 am	1.50 pm	1.58 pm	2	30 min

Claim: Claim detail line below will pass EVV validation and continue processing because “Units Alwd” are equal to units found in the EVV aggregator records.

From DOS	To DOS	POS	Proc Code	1	Modifiers				Diag XRef	Units Billed	Units Alwd
					2	3	4				
2019/01/01	2019/01/01	12	W1726					1		2.00	2.00

SCENARIO 6: Midnight Service Span for a 15-Minute Unit of Service, Same Participant, Same Provider/Provider Agency

Visit in EVV

	Visit 1			
Date	Time In	Time Out	Total Unit	Total Time
01/01/2019	11:30 pm	12:22 am	3	52 min

BILLING RULE: For this scenario to pass EVV validation against the aggregator, the claim MUST have a “From DOS” and “To DOS” that is equal and reflects the date in which the service began as seen below.

From DOS	To DOS	POS	Proc Code	1	Modifiers				Diag XRef	Units Billed	Units Alwd
					2	3	4				
2019/01/01	2019/01/01	12	W1726					1		3.00	3.00

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

SCENARIO 7: Multiple Non-Consecutive Visits in Different Settings, One Visit Crossing Midnight of Two Calendar Days But Within 24-Hours for Same Consumer/Same Service/Same Provider

Visit in EVV

Visits				
Date	Time In	Time Out	Total Unit	Total Time
01/01/2019	11:30 pm	12:22 am	3	52 min
01/02/2019	10:00 am	10:50 am	2	50 min

Billing Option 1:

From DOS	To DOS	POS	Proc Code	1	Modifiers 2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	12	W1726					1	3.00	3.00
2019/01/02	2019/01/02	99	W1726					1	2.00	2.00

Billing Option 2:

From DOS	To DOS	POS	Proc Code	1	Modifiers 2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/02	99	W1726					1	5.00	5.00

SPECIAL NOTE REGARDING SPAN BILLING - When a date span is present on a claim detail line, all time will be accumulated and totaled for the dates of service within the date span then converted to units.

Participants who receive non-consecutive services for the same service (procedure code) on the same calendar day, including overnight visits, should be aware of the potential for claim denial due to duplicate error. In such instances, providers should review current billing procedures to determine which billing methodology is best.

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

DAY UNIT SCENARIOS (I.E. UNLICENSED RESPITE)

SCENARIO 1: Single Visit on a Day. Since visit captured is greater than 16 hours, the claim will pass EVV validation and continue processing.

Visit record stored in the DHS EVV aggregator

Date	Time In	Time Out	Total Unit	Total Time
01/01/2019	6:00 am	11:00 pm	1	17 hours

Claim Detail Line

From DOS	To DOS	POS	Proc Code	1	Modifiers	2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	11	W9799						1	1.00	1.00

SCENARIO 2: Multiple Non-Consecutive Visits Within a Day. Since accumulated units for the same service/same person/same provider is greater than 16 hours, claim will pass EVV validation and continue processing.

Visit record stored in the EVV aggregator

Date	Visit One		Visit Two		Total Unit	Total Time
	Time In	Time Out	Time In	Time Out		
01/01/2019	5:00 am	2:00 pm	3:00 pm	11:00 pm	1	17 hours

Single day:

From DOS	To DOS	POS	Proc Code	1	Modifiers	2	3	4	Diag XRef	Units Billed	Units Alwd
2019/01/01	2019/01/01	11	W9799						1	1.00	1.00

APPENDIX B: ODP ROUNDING/CALCULATION RULES AND EXAMPLES

SCENARIO 3: Multiple visits crossing two different calendar days.

Visit record stored in the EVV aggregator

Date	Time In	Time Out	Total Time	Total Unit
01/01/2019	4:00 am	2:00 pm	10 hours	1
01/01/2019 – 01/02/2019	8:00 pm	3:00 am	7 hours	

BILLING RULE: When billing for services, associated with a day unit, that are rendered overnight that cross calendar days, the claim detail line **MUST** contain only one date of service. The “From DOS” and “To DOS” **MUST** be the same and equal the first day the service was delivered, as seen below, in order to pass EVV validation and continue processing.

From DOS	To DOS	POS	Proc Code	1	Modifiers			Diag XRef	Units Billed	Units Alwd
					2	3	4			
2019/01/01	2019/01/01	11	W9799					1	1.00	1.00

SCENARIO 4: Multiple visits crossing two different calendar days outside of a 24-hour period.

EVV Record:

Date(s) of Service	Time In	Time Out	Total Time	Total Unit(s)
01/01/2019	6:00 am	2:00 pm	8 hours	1
01/01/19 – 01/02/19	11:00 pm	8:00 am	9 hours	

BILLING RULE: When billing for services, associated with a day unit, that are rendered overnight that cross calendar days (**even if period exceeds 24 hours**), the claim detail line **MUST** contain only one date of service. The “From DOS” and “To DOS” **MUST** be the same and equal the first day the service was delivered, as seen below, in order to pass EVV validation and continue processing.

From DOS	To DOS	POS	Proc Code	1	Modifiers			Diag XRef	Units Billed	Units Alwd
					2	3	4			
2019/01/01	2019/01/01	11	W9799					1	1.00	1.00

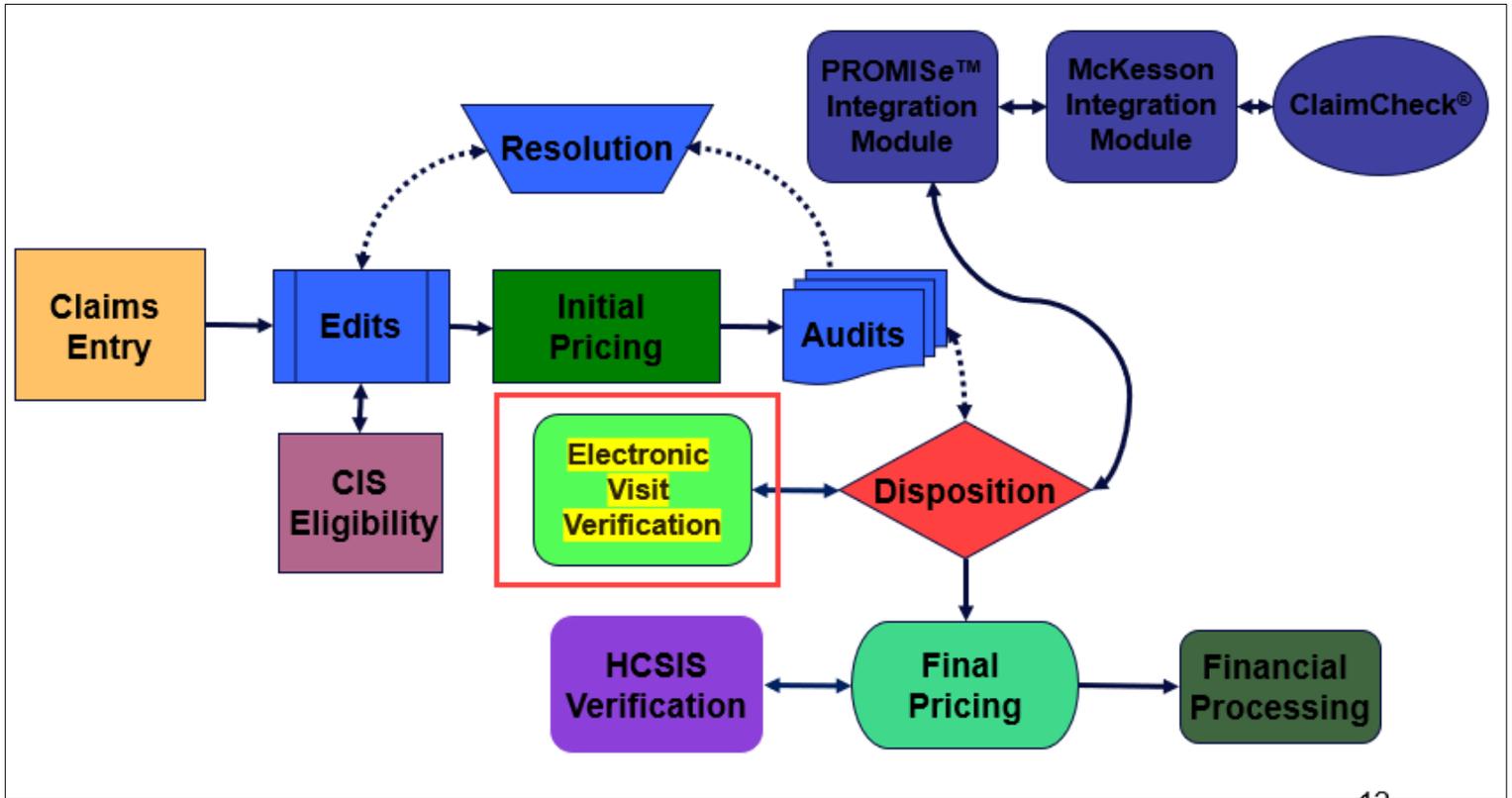
APPENDIX C: ABBREVIATIONS/DEFINITION OF TERMS

ACRONYM/ABBREVIATION/TERM	DEFINITION/TRANSLATION
AAW	Adult Autism Waiver
Aggregator	The DHS EVV Aggregator is a system that integrates data from third-party systems (also referred to as Alternate EVV) and the DHS EVV system into a single uniform platform to facilitate payments of claims. The DHS Aggregator allows providers to use a third-party system (also referred to as Alternate EVV) for visit verification.
AWC	Agency with Choice is used when a participant directs their own services.
Claim	A transaction submitted requesting provider-rendered service payment. ODP providers use the 837 Professional format for claim transactions/billing.
CMS	Centers for Medicare & Medicaid Services
Community Support	An AAW service that assists a participant to gain skills needed to live in the community. The intent of this service is to reduce the need for direct assistance by improving a participant's ability to live independently in the community.
Companion	A service offered by the Consolidated, P/FDS, Community Living Waiver or Base program to provide supervision and assistance focused on health and safety of the individual. Not available to those in licensed residential settings.
DHS	Department of Human Services
ESC	Stands for Error Status Code. ESCs set during claims processing to inform the biller of what action took place while processing a claims transaction. When an ESC sets, it will either deny, pay or suspend an entire claim or just a claim detail line.
EVV	Electronic Visit Verification
FAQs	Frequently Asked Questions
Homemaker	A service offered by the Consolidated, P/FDS, Community Living Waiver or Base programs. Service includes household cleaning/maintenance and homemaker activities such as meal preparation, laundry, or services to keep the home clean and in safe condition.
IHCS	In-Home and Community Supports: A service offered by the Consolidated, P/FDS, Community Living Waiver or Base program. Service assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills. Service can be provided in home and community settings. This service may be made available to individuals in their own home or in other residential of community settings not subject to licensing regulations. Recreation is not an eligible service. Camo day or overnight can only be provided under respite/family aid. Entrance fees to events are not covered.
MMIS	Medicaid Management Information System (currently known as PROMISe™)
PROMISe™	Claims processing and management information system for the Commonwealth of Pennsylvania, Department of Human Services.

APPENDIX C: ABBREVIATIONS/DEFINITION OF TERMS

ACRONYM/ABBREVIATION/ TERM	DEFINITION/TRANSLATION
Respite	A service offered by the Adult Autism Waiver, Consolidated, P/FDS, Community Living Waivers or Base programs. Service to provide on a short-term basis to relieve those persons normally providing care to the individual.
VF/EA	Vendor Fiscal/Employer Agent

APPENDIX D: DETAILED PROCESS FLOW OF PROMISE™ CLAIMS ENGINE



APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Specialized Skill Dev-Comm Support (1:1)	SSD-CommSupport(1:1)	W7201				51	510
Specialized Skill Dev-Comm Support (1:2)	SSD-CommSupport(1:2)	W7204				51	510
Specialized Skill Dev-Comm Support (1:3)	SSD-CommSupport(1:3)	W7205				51	510
Respite-Agency Managed In Home-15 Min	Respite Agency Mngd-InHome	W7213				51	512
RespiteAgency Mngd Unlic OutofHom-15 Min	RespiteOutofHomeUnlic15m	W9596				51	513
Companion (1:3)	Companion (1:3)	W1724				51	363
Companion 1:3 Enh Communication	Companion 1:3 ECS	W1724	U1			51	363
Companion (1:2)	Companion (1:2)	W1725				51	363
Companion 1:2-Enh Communication	Companion 1:3 ECS	W1725	U1			51	363
Companion (1:1)	Companion (1:1)	W1726				51	363
Companion (1:1)	Companion (1:1)	W1726				54	540
Companion (1:1)	Companion (1:1)	W1726				54	541
Companion 1:1 Enh Communication	Companion 1:1 ECS	W1726	U1			51	363
Companion 1:1 Enh Communication	Companion 1:1 ECS	W1726	U1			54	540
Companion 1:1 Enh Communication	Companion 1:1 ECS	W1726	U1			54	541
Companion 1:1 No Benefit Allowance	Companion 1:1 No Benefit	W1726	U4			54	540

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Companion 1:1 No Benefit Allowance	Companion 1:1 No Benefit	W1726	U4			54	541
Companion 1:1 No Bnfit Enh Communication	Companion 1:1 NoBnfit ECS	W1726	U4	U1		54	540
Companion 1:1 No Bnfit Enh Communication	Companion 1:1 NoBnfit ECS	W1726	U4	U1		54	541
Homemaker - Permanent	Homemaker - Permanent	W7283				51	431
Homemaker - Permanent	Homemaker - Permanent	W7283				51	430
Homemaker - Permanent	Homemaker - Permanent	W7283				54	540
Homemaker - Permanent	Homemaker - Permanent	W7283				54	541
Homemaker-Permanent-No Benefit Allowance	Homemaker-Perm-NoBenefit	W7283	U4			54	540
Homemaker - Temporary	Homemaker - Temporary	W7283	UA			51	431
Homemaker - Temporary	Homemaker - Temporary	W7283	UA			51	430
Homemaker - Temporary	Homemaker - Temporary	W7283	UA			54	540
Homemaker - Temporary	Homemaker - Temporary	W7283	UA			54	541
Homemaker-Temp-No Benefit Allowance	Homemaker-Temp-NoBenefit	W7283	UA	U4		54	540

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
In-Home and Community Support 1:3	IHCS -1:3	W7058				51	510
In-Home and Community Support-1:3-ECS	IHCS -1:3-ECS	W7058	U1			51	510
In-Home and Community Support 1:2	IHCS -1:2	W7059				51	510
In-Home and Community Support-1:2-ECS	IHCS-1:2-ECS	W7059	U1			51	510
IHCS 1:1 w/Degreed Staff	IHCS 1:1 Enh	W7061				51	510
IHCS 1:1 w/Degreed Staff	IHCS 1:1 Enh	W7061				54	540
IHCS 1:1 w/Degreed Staff	IHCS 1:1 Enh	W7061				54	541
In-Home and Community Support 1:1-ECS	IHCS 1:1 ECS	W7061	U1			51	510
IHCS 1:1 Degreed Staff ECS	IHCS 1:1 Degreed ECS	W7061	U1			54	540
IHCS 1:1 Degreed Staff ECS	IHCS 1:1 Degreed ECS	W7061	U1			54	541
IHCS 1:1 Enhanced LPN	IHCS 1:1 LPN	W7061	TE			51	510

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
IHCS 1:1 Enhanced LPN	IHCS 1:1 LPN	W7061	TE			54	540
IHCS 1:1 Enhanced LPN	IHCS 1:1 LPN	W7061	TE			54	541
IHCS 1:1 Enhanced LPN-ECS	IHCS 1:1 LPN ECS	W7061	TE	U1		51	510
IHCS 1:1 Enhanced LPN-ECS	IHCS 1:1 LPN ECS	W7061	TE	U1		54	540
IHCS 1:1 Enhanced LPN-ECS	IHCS 1:1 LPN ECS	W7061	TE	U1		54	541
IHCS 1:1 Enh LPN-No Benefit	IHCS 1:1 LPN ECS NoBenefit	W7061	TE	U4		54	540
IHCS 1:1 Enhanced-RN	IHCS 1:1 RN	W7061	TD			51	510
IHCS 1:1 Enhanced-RN	IHCS 1:1 RN	W7061	TD			54	540
IHCS 1:1 Enhanced-RN	IHCS 1:1 RN	W7061	TD			54	541
IHCS 1:1 Enhanced RN ECS	IHCS 1:1 RN ECS	W7061	TD	U1		51	510

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
IHCS 1:1 Enhanced-RN ECS	IHCS 1:1 RN ECS	W7061	TD	U1		54	540
IHCS 1:1 Enhanced-RN ECS	IHCS 1:1 RN ECS	W7061	TD	U1		54	541
IHCS 1:1 Enh-RN-NoBenefit	IHCS 1:1 RN ECS NoBenefit	W7061	TD	U4		54	540
IHCS 1:1-Enh NoBenefitAllow	IHCS 1:1-Enh NoBenefit	W7061	U4			54	540
IHCS 1:1 NoBenefitAllow-ECS	IHCS 1:1-Enh NoBenefit ECS	W7061	U4	U1		54	540
In-Home and Community Support 1:1	IHCS 1:1	W7060				51	510
In-Home and Community Support 1:1	IHCS 1:1	W7060				54	540
In-Home and Community Support 1:1	IHCS 1:1	W7060				54	541
In-Home and Community Support 1:1-ECS	IHCS 1:1-ECS	W7060	U1			51	510
In-Home and Community Support 1:1-ECS	IHCS 1:1-ECS	W7060	U1			54	540

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
In-Home and Community Support 1:1-ECS	IHCS 1:1-ECS	W7060	U1			54	541
IHCS 1:1-NoBenefitAllowance	IHCS 1:1-NoBenefit	W7060	U4			54	540
IHCS 1:1-NoBenefit-ECS	IHCS 1:1-NoBenefit-ECS	W7060	U4	U1		54	540
IHCS 2:1 Enhanced	IHCS 2:1 Enhanced	W7069				51	510
IHCS 2:1 Enhanced	IHCS 2:1 Enhanced	W7069				54	540
IHCS 2:1 Enhanced	IHCS 2:1 Enhanced	W7069				54	541
IHCS 2:1 Enhanced - ECS	IHCS 2:1 Enhanced - ECS	W7069	U1			51	510
IHCS 2:1 Enhanced - ECS	IHCS 2:1 Enhanced - ECS	W7069	U1			54	540
IHCS 2:1 Enhanced - ECS	IHCS 2:1 Enhanced - ECS	W7069	U1			54	541
In-Home and Community Support 2:1 LPN	IHCS 2:1 LPN	W7069	TE			51	510
In-Home and Community Support 2:1 LPN	IHCS 2:1 LPN	W7069	TE			54	540

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
In-Home and Community Support 2:1 LPN	IHCS 2:1 LPN	W7069	TE			54	541
In-Home & Community Support 2:1 LPN-ECS	IHCS 2:1 LPN ECS	W7069	TE	U1		51	510
In-Home & Community Support 2:1 LPN-ECS	IHCS 2:1 LPN ECS	W7069	TE	U1		54	540
In-Home & Community Support 2:1 LPN-ECS	IHCS 2:1 LPN ECS	W7069	TE	U1		54	541
IHCS 2:1 LPN ECS No Benefit Allowance	IHCS 2:1 LPN NoBft	W7069	TE	U4		54	540
In-Home and Community Support 2:1 RN	IHCS 2:1 RN	W7069	TD			51	510
In-Home and Community Support 2:1 RN	IHCS 2:1 RN	W7069	TD			54	540
In-Home and Community Support 2:1 RN	IHCS 2:1 RN	W7069	TD			54	541
In-Home and Community Support 2:1 RN ECS	IHCS 2:1 RN ECS	W7069	TD	U1		51	510
In-Home and Community Support 2:1 RN ECS	IHCS 2:1 RN ECS	W7069	TD	U1		54	540

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
In-Home and Community Support 2:1 RN ECS	IHCS 2:1 RN ECS	W7069	TD	U1		54	541
IHCS 2:1 RN No Benefit Allowance	IHCS 2:1 RN-NoBft	W7069	TD	U4		54	540
IHCS 2:1 RN ECS No Benefit Allowance	IHCS 2:1 ECS NoBft	W7069	U4			54	540
IHCS 2:1 Enh-NoBenefitAllowance-ECS	IHCS 2:1 Enh-NoBft-ECS	W7069	U4	U1		54	540
In-Home and Community Support 2:1	IHCS Support 2:1	W7068				51	510
In-Home and Community Support 2:1	IHCS Support 2:1	W7068				54	540
In-Home and Community Support 2:1	IHCS Support 2:1	W7068				54	541
In-Home and Community Support 2:1-ECS	IHCS 2:1 ECS	W7068	U1			51	510
In-Home and Community Support 2:1-ECS	IHCS 2:1 ECS	W7068	U1			54	540
In-Home and Community Support 2:1-ECS	IHCS 2:1 ECS	W7068	U1			54	541

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
IHCS 2:1-NoBenefitAllowance	IHCS 2:1 NoBft	W7068	U4			54	540
IHCS 2:1-NoBenefitAllow-ECS	IHCS 2:1 NoBenefit ECS	W7068	U4	U1		54	540
IHCS 1:1 LPN-NoBenefit ECS	IHCS 1:1 LPN NoBft ECS	W7061	TE	U4	U1	54	540
IHCS 1:1 RN-NoBenefit ECS	IHCS 1:1 RN-NoBft ECS	W7061	TD	U4	U1	54	540
IHCS 2:1 LPN-NoBenefit ECS	IHCS 2:1 LPN-NoBft ECS	W7069	TE	U4	U1	54	540
IHCS 2:1 RN-NoBenefit ECS	IHCS 2:1 RN-NoBft ECS	W7069	TD	U4	U1	54	540
Respite Basic 1:4	Respite Basic 1:4	W8096				51	512
Respite Basic 1:4	Respite Basic 1:4	W8096				51	513
Respite Basic 1:4 ECS	Respite Basic 1:4 ECS	W8096	U1			51	512
Respite Basic 1:4 ECS	Respite Basic 1:4 ECS	W8096	U1			51	513

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite Level 3 1:1 With Certified DSP	Respite1:1 w/CertifiedDSP	W9863				51	512
Respite Level 3 1:1 With Certified DSP	Respite1:1 w/CertifiedDSP	W9863				51	513
Respite Level 3 1:1 With Certified DSP	Respite1:1 w/CertifiedDSP	W9863				54	540
Respite Level 3 1:1 With Certified DSP	Respite1:1 w/CertifiedDSP	W9863				54	541
Respite Level 3 Staffing Ratio 1:1	Respite Level 3-1:1	W9862				54	541
Respite Level 3 Staffing Ratio 1:1-ECS	Respite Level 3-1:1-ECS	W9862	U1			54	540
Respite Level 3-1:1 NoBenefitAllowance	Respite Level 3-1:1-NoBft	W9862	U4			54	540
Respite Level 3 Staffing Ratio 1:1-ECS	Respite Level 3-1:1-ECS	W9862	U1			54	541
Respite Level 3 1:1 w/CertifiedStaff-ECS	Respite 1:1-ECS	W9863	U1			51	512
Respite Level 3 1:1 w/CertifiedStaff-ECS	Respite 1:1-ECS	W9863	U1			51	513
Respite Level 3 1:1 w/CertifiedStaff-ECS	Respite 1:1-ECS	W9863	U1			54	540
Respite 1:1 w/CertifiedStaff-NoBenefit	Respite 1:1-ECS-NoBft	W9863	U4			54	540

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite Level 3 1:1 w/CertifiedStaff-ECS	Respite 1:1-ECS	W9863	U1			54	541
Respite 2:1 w/CertifiedStaff-NoBenefit	Respite 2:1 NoBenefit	W8095	U4			54	540
Respite Level 4 2:1-NoBenefitAllowance	Respite 2:1 NoBenefit	W9864	U4			54	540
Respite Lvl 4 2:1-NoBenefit-EnhCommunica	Respite 2:1 NoBenefit ECS	W9864	U4	U1		54	540
Respite Staffing Ratio 1:3	Respite 1:3	W9860				51	512
Respite Staffing Ratio 1:3 -ECS	Respite 1:3 -ECS	W9860	U1			51	512
Respite Staffing Ratio 1:3	Respite 1:3	W9860				51	513
Respite Staffing Ratio 1:2	Respite 1:2	W9861				51	512
Respite Staffing Ratio 1:2-ECS	Respite 1:2 ECS	W9861	U1			51	512
Respite Staffing Ratio 1:2	Respite 1:2	W9861				51	513
Respite Staffing Ratio 1:1	Respite 1:1	W9862				54	540
Respite Staffing Ratio 1:1	Respite 1:1	W9862				51	512
Respite Staffing Ratio 1:1-ECS	Respite 1:1 ECS	W9862	U1			51	512
Respite Staffing Ratio 1:1	Respite 1:1	W9862				51	513
Respite 2:1 Enh w/Certified DSP	Respite 2:1 Enh	W8095				51	512
Respite 2:1 Enh w/Certified DSP	Respite 2:1 Enh	W8095				51	513

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite 2:1 Enh w/Certified DSP	Respite 2:1 Enh	W8095				54	540
Respite 2:1 Enh w/Certified DSP	Respite 2:1 Enh	W8095				54	541
Respite 2:1 Enh w/Certified DSP-ECS	Respite 2:1 Enh ECS	W8095	U1			51	512
Respite 2:1 Enh w/Certified DSP-ECS	Respite 2:1 Enh ECS	W8095	U1			51	513
Respite 2:1 Enh w/Certified DSP-ECS	Respite 2:1 Enh ECS	W8095	U1			54	540
Respite 2:1 Enh w/Certified DSP-ECS	Respite 2:1 Enh ECS	W8095	U1			54	541
Respite 2:1 Enhanced-ECS-NoBenefit	Respite 2:1 NoBenefit ECS	W8095	U4	U1		54	540
Respite StaffingRatio 2:1	Respite StaffingRatio 2:1	W9864				54	541
Respite StaffingRatio 2:1	Respite StaffingRatio 2:1	W9864				54	540
Respite StaffingRatio 2:1-ECS	Respite 2:1-ECS	W9864	U1			54	540
Respite StaffingRatio 2:1-ECS	Respite 2:1-ECS	W9864	U1			54	541

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite StaffingRatio 1:3-ECS	Respite 1:3-ECS	W9860	U1			51	513
Respite StaffingRatio 1:2-ECS	Respite 1:2-ECS	W9861	U1			51	513
Respite 1:1 w/degree Staff-NoBenefit-ECS	Respite 1:1 NoBenefit-ECS	W9863	U4	U1		54	540
Respite 1:1-NoBenefitAllow-Enh Communic	Respite 1:1 NoBenefit-ECS	W9862	U4	U1		54	540
Respite Staffing Ratio 1:1-ECS	Respite 1:1-ECS	W9862	U1			51	513
Respite Staffing Ratio 2:1	Respite 2:1	W9864				51	512
Respite Staffing Ratio 2:1-ECS	Respite 2:1-ECS	W9864	U1			51	512
Respite Staffing Ratio 2:1	Respite 2:1	W9864				51	513
Respite Staffing Ratio 2:1-ECS	Respite 2:1-ECS	W9864	U1			51	513
Specialized Skill Dev-Comm Support (1:1)	SSD-CommSupport(1:1)	W7201				51	510
Specialized Skill Dev-Comm Support (1:2)	SSD-CommSupport(1:2)	W7204				51	510
Specialized Skill Dev-Comm Support (1:3)	SSD-CommSupport(1:3)	W7205				51	510
Respite-Agency Managed In Home-15 Min	Respite Agency Mngd-InHome	W7213				51	512

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
RespiteAgency Mngd Unlic OutofHom-15 Min	RespiteOutofHomeUnlic15m	W9596				51	513
Homemaker-Temp-No Benefit Allowance-ECS	HomemakrTempNoBenefit-ECS	W7283	UA	U4	U1	54	540
Homemaker-Temp-ECS	Homemaker-Temp-ECS	W7283	UA	U1		54	540
Respite-Unlic-Day (Basic 1:4) In-Home	Respite Unlic Day (1:4)	W9795				51	512
Respite-Unlic-Day(Basic 1:4) In-Home-ECS	RespiteUnlicDay (1:4)-ECS	W9795	U1			51	512
Respite-Unlic-Day(Basic 1:4) Out-of-Home	RespiteUnlicDay (1:4)	W9795				51	513
RespiteUnlic-Day(Basic 1:4)OutOfHome-ECS	RespiteUnlicDay(1:4)-ECS	W9795	U1			51	513
Respite-Unlic-Day (Level 1, 1:3) In-Home	Respite Unlic(Lvl 1,1:3)	W9796				51	512
RespiteUnlic-Day(Level 1, 1:3)InHome-ECS	RespitUnlic(Lvl 1,1:3)ECS	W9796	U1			51	512
RespiteUnlicDay(Level 1, 1:3)Out-of-Home	Respite Unlic(Lvl 1,1:3)	W9796				51	513
RespiteUnlicDay(Lvl 1, 1:3)OutOfHome-ECS	RespitUnlic(L1,1:3)ECS	W9796	U1			51	513

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite-Unlic-Day (Level 2, 1:2) In-Home	RespiteUnlicDay (L2,1:2)	W9797				51	512
RespiteUnlicDay(Level 2, 1:2)In-Home-ECS	RespitUnlicDay(L2,1:2)ECS	W9797	U1			51	512
RespiteUnlicDay(Level 2, 1:2)Out-of-Home	RespitUnlicDay(Lvl 2,1:2)	W9797				51	513
RespiteUnlicDay(Lvl 2, 1:2)OutOfHome-ECS	RespitUnlicDay(L2,1:2)ECS	W9797	U1			51	513
Respite-Unlic-Day (Level 3, 1:1 Enh)	Respit Unlic (L3,1:1Enh)	W9799				54	540
RespiteUnlicDay(Level 3, 1:1 Enh) ECS	RespitUnlic(L3,1:1Enh)ECS	W9799	U1			54	540
RespiteUnlicDay(Level 3, 1:1 Enh)In-Home	RespiteUnlic(L3 ,1:1Enh)	W9799				51	512
RespiteUnlicDay(Lvl 3,1:1 Enh)InHome-ECS	RespitUnlic(L3,1:1Enh)ECS	W9799	U1			51	512
RespiteUnlicDay(Lvl 3, 1:1 Enh)OutOfHome	RespitUnlicDay L3,1:1 Enh	W9799				51	513

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
RespiteUnlicDay (Lvl 3, 1:1 Enh) U4	RespitUnlic L3,1:1 Enh U4	W9799	U4			54	540
Respite-Unlic-Day(Lvl 3, 1:1 Enh) U4-ECS	RespitUn(L3,1:1Enh)U4-ECS	W9799	U4	U1		54	540
Respite-Unlic-Day (Level 3, 1:1 Enh)	RespitUnlic(L3, 1:1 Enh)	W9799				54	541
Respite-Unlic-Day (Level 3, 1:1)	RespiteUnlic(Lvl 3, 1:1)	W9798				54	540
Respite-Unlic-Day (Level 3, 1:1) ECS	RespiteUnlic(L3, 1:1) ECS	W9798	U1			54	540
Respite-Unlic-Day (Level 3, 1:1) ECS	RespiteUnlic(L3, 1:1) ECS	W9798	U1			54	541
Respite-Unlic-Day (Level 3, 1:1) In-Home	Respite Unlic(Lvl 3, 1:1)	W9798				51	512
RespiteUnlicDay(Lvl 3, 1:1)InHome-ECS	Respite Unlic(L3, 1:1)ECS	W9798	U1			51	512
RespiteUnlicDay(Lvl 3, 1:1) Out-of-Home	RespiteUnlic(Lvl 3, 1:1)	W9798				51	513
RespiteUnlicDay(Lvl 3, 1:1)OutOfHome-ECS	RespiteUnlic(L3, 1:1)ECS	W9798	U1			51	513
Respite-Unlic-Day (Level 3, 1:1) U4	RespiteUnlic(L3, 1:1) U4	W9798	U4			54	540
RespiteUnlicDay(Lvl 3, 1:1) U4-ECS	RespitUnlic(L3,1:1)U4-ECS	W9798	U4	U1		54	540
Respite-Unlic-Day (Level 3, 1:1)	RespiteUnlic(Lvl 3, 1:1)	W9798				54	541

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite-Unlic-Day (Level 4, 2:1 Enhcd)	RespitUnlic(L4,2:1 Enhcd)	W9801				54	540
Respite-Unlic-Day (Lvl 4, 2:1 Enhcd) ECS	RespitUnlic(L4,2:1Enh)ECS	W9801	U1			54	540
RespitUnlicDay(Lvl4,2:1 Enhcd)ECS-InHome	RespitUnlic(L4,2:1Enh)ECS	W9801	U1			51	512
Respite-Unlic-Day (Lvl 4, 2:1 Enhcd) ECS	RespitUnlic(L4,2:1Enh)ECS	W9801	U1			54	541
RespiteUnlicDay(Lvl 4, 2:1 Enhcd)In-Home	RespitUnlic(Lvl 4,2:1Enh)	W9801				51	512
Respite-Unlic-Day(Level 4, 2:1 Enhcd) U4	RespitUnlic(L4,2:1Enh)U4	W9801	U4			54	540
RespiteUnlicDay (Lvl 4, 2:1 Enhcd)U4-ECS	RespiUnlicL4,2:1Enh)U4ECS	W9801	U4	U1		54	540
Respite-Unlic-Day (Level 4, 2:1) AWC	Respite-Unlic(Lvl 4, 2:1)	W9800				54	540
Respite-Unlic-Day (Level 4, 2:1) ECS-AWC	RespiteUnlic(L4, 2:1)ECS	W9800	U1			54	540
RespiteUnlicDay (Lvl 4, 2:1) ECS-In-Home	RespiteUnlic(L4, 2:1)ECS	W9800	U1			51	512
RespiteUnlicDay(Lvl 4, 2:1)ECS-OutOfHome	RespiteUnlic(L4, 2:1)ECS	W9800	U1			51	513

APPENDIX E: Service Descriptions and Mapping for EVV Portal and EVV Mobile Application

EVV Service Description in Sandata EVV Portal	EVV Service Display Using Sandata EVV Mobile Application	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Provider Type	Specialty
Respite-Unlic-Day (Level 4, 2:1) ECS	RespiteUnlic(L4, 2:1)ECS	W9800	U1			54	541
Respite-Unlic-Day (Level 4, 2:1) In-Home	RespiteUnlic(Lvl 4, 2:1)	W9800				51	512
RespiteUnlicDay (Lvl 4, 2:1) Out-of-Home	RespiteUnlic(Lvl 4, 2:1)	W9800				51	513
Respite-Unlic-Day (Level 4, 2:1) U4	RespitUnlic(Lvl 4,2:1) U4	W9800	U4			54	540
Respite-Unlic-Day (Lvl 4, 2:1) U4-ECS	RespitUnlic(L4,2:1)U4-ECS	W9800	U4	U1		54	540
Respite-Unlic-Day (Level 4, 2:1)	RespiteUnlic(Lvl 4, 2:1)	W9800				54	541
Respite-Unlic-Day(Level 3, 1:1 Enh) ECS	RespitUnlic L3,1:1Enh-ECS	W9799	U1			54	541
RespitUnlicDay(Lvl 3,1:1Enh)OutOfHom-ECS	RespitUnlic(L3,1:1Enh)ECS	W9799	U1			51	513
RespitUnlicDay(Lvl 4,2:1 Enhcd)OutOfHome	RespitUnlic(L4,2:1 Enhcd)	W9801				51	513
RespiteUnlicDay(Lvl 4,2:1 Enhcd)	RespitUnlic(L4,2:1 Enhcd)	W9801				54	541
RespitUnlicDay(L-4,2:1 Enhcd)OutofHomECS	RespitUnlic L4,2:1Enh-ECS	W9801	U1			51	513