



Homecare EDI Export Interface Guide (v5)

October 2023

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Document Revision History

Date	Description of Revision
04/06/2021	Initial version of the document
03/10/2022	Defined User Field 5, under Patient Authorization Export.
05/06/2022	Added new Claims Status export.
10/14/2022	Update to Import Status Table.
01/04/2023	Defined User Field 6, under Patient Authorization Export.
01/25/2023	Update to Naming Convention and File Frequency Table: <ul style="list-style-type: none"> - Billed Visit Export - Pre-Adjudication Rejections Export
03/29/2023	Update to Interface Summary; Integration Guide table.
07/05/2023	Updated Claims Status Export, defined User Field (UF) 1& 2. <ul style="list-style-type: none"> - UF 1: Additional claim detail. - UF 2: Claim e-billing batch number
07/28/2023	Updated EDI Support contact information.
10/02/2023	Defined User Field as 'Payer Patient ID' for the following exports: <ul style="list-style-type: none"> • Billing Exceptions • Billed/Processed Visits • Claims Status • Pre-Adjudication Rejections • Patient Demographics • POC

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Introduction

The **HHAeXchange (HHAX) Export Interface Guide** offers guidance and instructions in understanding the files and formats created by HHAX and exported to an SFTP site. Herein users find the various interface formats for these export files.

This guide is updated on an ongoing basis as system capacities are implemented and additional functionality becomes available.

Audience

This guide is intended for System Users responsible for the electronic data interchange (EDI) between HHAX and an Agency Management System through an SFTP (Secure File Transfer Protocol).

EDI Assistance

If additional assistance is needed, please submit a ticket to the Provider EDI Integrations team via the [Client Support Portal](#).

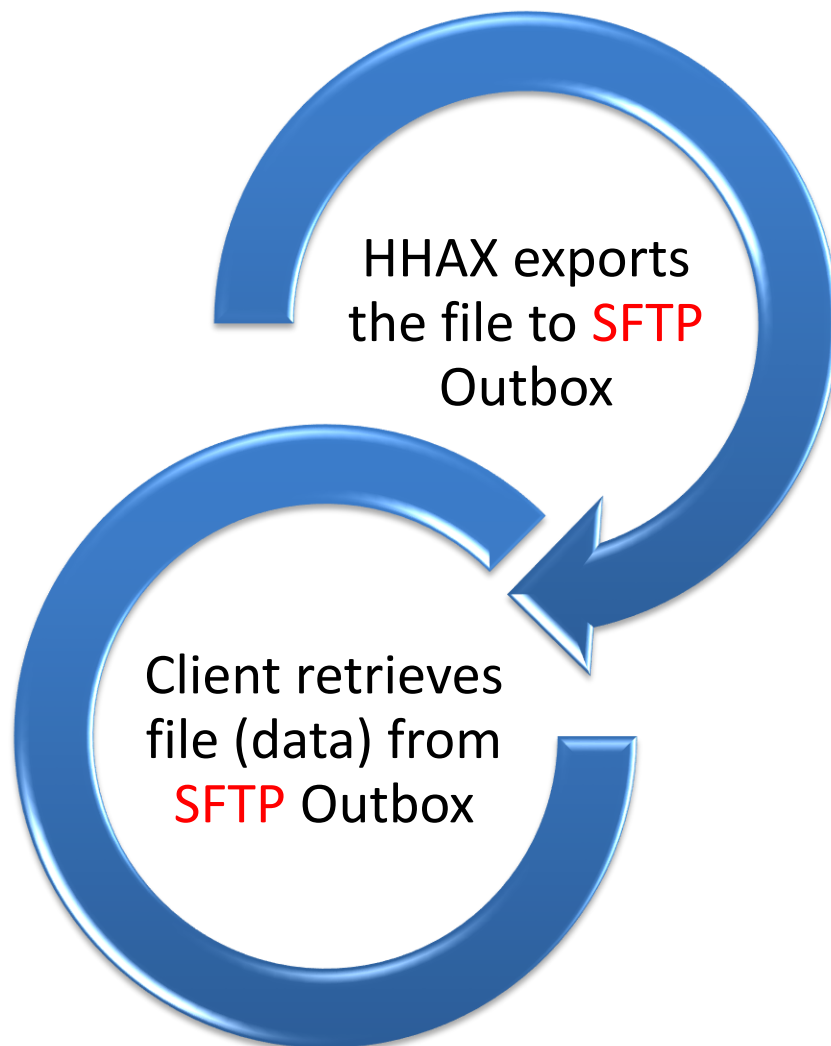
Understanding the EDI Process

What is EDI?

Electronic Data Interchange (EDI) is the electronic interchange of business information using a standardized format; a process which allows one system to send information to another system electronically rather than with paper. Business entities conducting business electronically are called trading partners.

Export Process Flow

The image below illustrates the high-level process flow currently in place when HHAX exports files.



HHAX EDI Export Process Flow

SFTP and File Requirements

Users need a Secure FTP client software to access their HHAX SFTP account. Any standard SFTP client software should be able to connect to the HHAX SFTP. HHAX provides SFTP credentials once an Agency has validated their file format.

SFTP Client Configuration Requirements

The following information is needed to connect to the SFTP location.

- HOST/IP/URL: **sftpprod.hhaexchange.com**
- Username: **Enter the username received from HHAeXchange**
- Password: **Enter the password received from HHAeXchange**
- Port: **2222**
- Connection: **SSH/SFTP**

SFTP Folder Structure

Folders are used to organize the files exchanged through SFTP as follows:

- **Inbox** – Used to *import* a file into HHAX. Users can place files into the Inbox folder for automated import into the HHAX system.
- **Outbox** – The export files are automatically placed by the HHAX system in the Outbox folder.

SFTP Retention Policy

The following guidelines address how long files are retained by HHAX before removal from the HHAX SFTP server.

- Files in Inbox folders are retained until successfully processed and moved to the *Processed* folder.
- All files size **50 MEGABYTES** or larger in the *Processed*, *Saved*, or *Outbox* SFTP folders are retained for **3 days**.
- All other files in the *Processed*, *Saved*, or *Outbox* SFTP folders are retained for **15 days**.

Interface Summary

The following table contains a brief description as well as direction and location of each Export interface.

Integration Guide			
Interface File	Direction	SFTP Folder	Description
Billing Exceptions*	Export	Outbox\BillingExceptions	Exports confirmed visits that are not billable
Billed/Processed Visits*	Export	Outbox\BilledVisits	Exports Billed visits
Claim Status*	Export	Outbox\ClaimStatus	Exports 999/277CA claim status
Pre-Adjudication Rejections*	Export	Outbox\PreAdjRejections	Exports Billed visits that are not sent to the payer due to validation failures

Integration Guide			
Interface File	Direction	SFTP Folder	Description
Patient Demographics*	Export	Outbox\Patient	Exports Patient Demographic information
POC*	Export	Outbox\POC	Exports Patient Plan of Care information
Patient Authorization*	Export	Outbox\Authorization	Exports Patient Authorization information
Patient Authorization Blackout Dates*	Export	Outbox\Authorization	Exports Patient Authorization Blackout Dates
Response File	Response	Outbox\ResponseFiles	Folder to hold Response Files for processed files

*Available upon request

File Format

File Format	
File Type	CSV
Text Qualifier	Double Quotes
Headers are included?	Yes

Naming Convention & File Frequency

This naming convention and frequency is applicable to all export files, as noted in the table below.

HHAX Export Interface File Information File Name and Frequency			
Interface	SFTP Folder	File Name	Frequency
Billing Exceptions*	Outbox\ BillingExceptions	EDIExport_AgencyTaxID_PayerID_BillingExceptionsV5_YYYYMMDDHHMMSS.csv	After processing billed visit file & once every night (Weekdays).
Pre-Adjudication Rejections*	Outbox\ PreAdjRejections	EDIExport_AgencyTaxID_PayerID_PreAdjRejectionsV5_YYYYMMDDHHMMSS.csv	Incremental: Once every night Full File: Every Weekend
Billed /Processed Visits*	Outbox\ BilledVisits	Incremental File: EDIExport_AgencyTaxID_PayerID_BilledVisitsV5_YYYYMMDDHHMMSS.csv Full File: EDIExport_AgencyTaxID_PayerID_BilledVisitsV5_YYYYMMDDHHMMSS_Full.csv	Incremental: Once every night Full File: Every Weekend - Billed visits for last 30 days (by visit date).
Patient Demographics*	Outbox\ Patient	Incremental File: EDIExport_AgencyTaxID_PayerID_PATDemV5_YYYYMMDDHHMMSS.csv Full File: EDIExport_AgencyTaxID_PayerID_PATDemV5_YYYYMMDDHHMMSS_Full.csv	Incremental: Once every night Full File: Every Weekend (All active patients + modified in the last 30 days)
POC*	Outbox\POC	Incremental: EDIExport_AgencyTaxID_PayerID_POCV5_YYYYMMDDHHMMSS.csv	Incremental: Once every night

HHAX Export Interface File Information			
File Name and Frequency			
Interface	SFTP Folder	File Name	Frequency
		Full: EDIExport_AgencyTaxID_PayerID_POCV5_YYYYMMDDHHMMSS_Full.csv	Full File: Every Weekend (POC for all active patients and POC records modified in the last 30 days)
Patient Authorization*	Outbox\ Authorization	Incremental File: EDIExport_AgencyTaxID_PayerID_PatAuthV5_YYYYMMDDHHMMSS.csv Full File: EDIExport_AgencyTaxID_PayerID_PatAuthV5_YYYYMMDDHHMMSS_Full.csv	Incremental: Once every night Full File Every Weekend (Authorizations for all active patients + authorizations modified in the last 30 days)
Patient Authorization Blackout Dates*	Outbox\ Authorization	EDIExport_AgencyTaxID_PayerID_PatAuthBlackoutDatesV5_YYYYMMDDHHMMSS_Full.CSV	Incremental: N/A Full File every night
Claim Status*	Outbox\ Claim Status	Incremental File: EDIExport_AgencyTaxID_PayerID_ClaimStatusV5_YYYYMMDDHHMMSS.csv Full File: EDIExport_AgencyTaxID_PayerID_ClaimStatusV5_Full_YYYYMMDDHHMMSS_Full.csv	Incremental: Once every night Full File: every weekend (claims billed within the last 30 days).

*Available upon request

To elaborate, the following example explains the naming convention:

File Name: **EDIExport_123456789_456_BillingExceptionsV5_20180115080030.CSV**

EDIExport = Hardcoded

123456789 = Agency Tax ID

456 = Payer ID

BillingExceptionsV5 = File type identifier (Billing Exceptions)


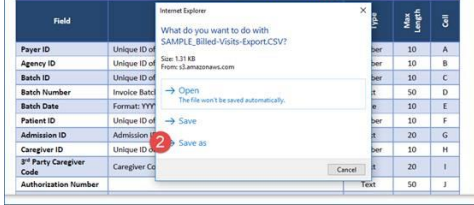
20180115 = Date in YYYYMMDD format

080030 = Time Stamp in HHMMSS format

HHAX saves all files with a “.csv” (extension) file. The system is not able to process or convert any other type of data file.

Saving Sample Templates to a Workstation

By default, these files open in Excel, which may alter the format of certain fields. To maintain the integrity of the sample templates and formats, HHAX strongly recommends that these templates be saved on a User's workstation first using the following steps:

Step	Action	Action
1	Click on the desired Template link.	
2	Select Save As and save as a *.csv file onto the workstation when prompted by the system.	
3	To open the file from the workstation, select Open With and select a text editor (such as Notepad). This preserves the formats for each field.	

Export Interfaces – Required Fields and Formats

HHAX Flat File Data Exchange interfaces support the below-listed exports from HHAX to the SFTP Outbox folder. All interfaces and applicable file formats are explained in the following tables.

- Billing Exceptions Export
- Billed/Processed Visits Export
- Pre-Adjudication Rejections Export
- Response Files

The following exports are available upon request.

- Patient Demographics Export
- POC Export
- Patient Authorizations Export
- Patient Authorization Blackout Dates

* Billing Exceptions Export

Creates a Billing Exceptions Export file based on a flat file given in the following format.

Billing Exceptions Export				
Sample Template: Click Billing Exceptions Export <i>Save the *.CSV file on your computer, and Open the file using a text editor (such as Notepad) to preserve the formats for each field.</i>				
Field	Description	Data Type	Max Length	Cell
Payer ID	ID of the Payer in HHAeXchange.	Number	10	A
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Patient ID	Unique ID of the Patient in HHAeXchange.	Number	10	C
Admission ID	Patient Admission ID.	Text	80	D
Caregiver ID	Unique ID of the Caregiver in HHAeXchange.	Number	10	E
3rd Party Caregiver Code	Internal Caregiver Code received from the Agency's Management System.	Text	20	F
Coordinator Name	Name of the agency's coordinator.	Text	50	G
Schedule ID	Unique ID of the Schedule in HHAeXchange.	Number	10	H
3rd Party Schedule ID	Schedule ID received from the Agency's Management System	Text	20	I
Schedule Date	Format: YYYY-MM-DD	Date	10	J
Schedule Start	Schedule Start Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	K
Schedule End	Schedule End Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	L
Billing Service Code	Billing Service Code	Text	50	M
Visit Start	Visit Start Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	N
Visit End	Visit End Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	O
Problem	Comma separated list of billing validation reasons. See below for a list of Billing Validation Reasons.	Text	500	P

Billing Exceptions Export

Sample Template: Click [Billing Exceptions Export](#)
*Save the *.CSV file on your computer, and Open the file using a text editor (such as Notepad) to preserve the formats for each field.*

Field	Description	Data Type	Max Length	Cell
3rd Party Invoice Number	Invoice number received from the Agency's Management System, if available.	Text	20	Q
User Field 1	Payer Patient ID	Number	10	R
User Field 2	Field in layout for future use	Text	500	S
User Field 3	Field in layout for future use	Text	500	T
User Field 4	Field in layout for future use	Text	500	U
User Field 5	Field in layout for future use	Text	500	V
User Field 6	Field in layout for future use	Text	500	W
User Field 7	Field in layout for future use	Text	500	X

Billing Validation Reasons

Billing Validation Reasons (Problem)	
Reason	Comments
Unbalanced	
Caregiver Overlapping	
Shift Overlapping	
More than 24 hours	
Unverified Visit	
TT/OT Not Approved	
Temp Caregiver	
Restricted Caregiver	
Caregiver Compliance	
Timesheet Not Approved	
POC Compliance	
No authorization	
Missing HHA/PCA Registry Information	
Scheduled with Hold rate	
Missing Caregiver SSN	

* Billed (Processed) Visits Export

Creates a Billed Visits Export file based on a flat file given in the following format.

Billed/Processed Visits Export

Sample Template: Click [Billed Visits Export](#)
*Save the *.CSV file on your computer, and Open the file using a text editor (such as Notepad) to preserve the formats for each field.*

Field	Description	Data Type	Max Length	Cell
Payer ID	Unique ID of the Payer in HHAExchange.	Number	10	A

Billed/Processed Visits Export

Sample Template: Click [Billed Visits Export](#)

Save the *.CSV file on your computer, and Open the file using a text editor (such as Notepad) to preserve the formats for each field.

Field	Description	Data Type	Max Length	Cell
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Batch ID	Unique ID of the Batch in HHAExchange.	Number	10	C
Batch Number	Invoice Batch number in HHAExchange.	Text	50	D
Batch Date	Format: YYYY-MM-DD	Date	10	E
Patient ID	Unique ID of the Patient in HHAExchange.	Number	10	F
Admission ID	Admission ID of the patient.	Text	80	G
Caregiver ID	Unique ID of the Caregiver in HHAExchange.	Number	10	H
3rd Party Caregiver Code	Caregiver Code received from the Agency's Management System.	Text	20	I
Authorization Number	Authorization Number	Text	50	J
Schedule ID	Unique ID of the Schedule in HHAExchange.	Number	10	K
3rd Party Schedule ID	Schedule ID received from the Agency's Management System.	Text	20	L
Schedule Date	Format: YYYY-MM-DD	Date	10	M
Billing Service Code	Billing Service Code	Text	50	N
Schedule Start Time	Schedule Start Time - YYYY-MM-DD HH:MM	Date/Time	16	O
Schedule End Time	Schedule End Time - YYYY-MM-DD HH:MM	Date/Time	16	P
Visit Start Time	Visit Start Time - YYYY-MM-DD HH:MM	Date/Time	16	Q
Visit End Time	Visit End Time - YYYY-MM-DD HH:MM	Date/Time	16	R
Duties	Pipe () separated list of the duties; e.g., "016 021 023 027"	Text	1024	S
3rd Party Invoice Number	Invoice Number received from the Agency's Management System, if available.	Text	20	T
Invoice Date	Invoice Date Format: YYYY-MM-DD	Date	10	U
Invoice Number	Invoice Number in HHAExchange.	Number	10	V
Billed Minutes	Billed Minutes	Number	10	W
Billed Amount	Format: 999999.99	Number	20	X
OT Minutes	Overtime Minutes	Number	10	Y
OT Amount	Format: 999999.99	Number	20	Z
TT Minutes	Travel time Minutes	Number	10	AA
TT Amount	Format: 999999.99	Number	20	AB
Total Invoice Amount	Format: 999999.99	Number	20	AC
User Field 1	Payer Patient ID	Number	10	AD
User Field 2	Field in layout for future use	Text	500	AE
User Field 3	Field in layout for future use	Text	500	AF
User Field 4	Field in layout for future use	Text	500	AG
User Field 5	Field in layout for future use	Text	500	AH
User Field 6	Field in layout for future use	Text	500	AI
User Field 7	Field in layout for future use	Text	500	AJ

* Claim Status Export

Creates a Claim Status Export file based on a flat file given in the following format.

Claim Status Export				
Sample Template: Click Claim Status <i>Save the *.CSV file on your computer and open the file using a text editor (such as Notepad) to preserve the formats for each field.</i>				
Field	Description	Data Type	Max Length	Cell
Payer ID	Unique ID of the Payer in HHAExchange.	Number	10	A
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Patient Name	Patient First and Last Name.	Text	180	C
Medicaid ID	Patient Medicaid ID.	Text	20	D
Office	Office Address.	Text	100	E
Caregiver Name	Caregiver First and Last Name.	Text	160	F
Date of Service	Format: MM-DD-YYYY.	Number	10	G
Visit Time	Visit Start and End Time. Format: HH:MM	Number	5	H
Procedure Code	Billing Service Code	Text	50	I
Billed Hours	Total Hours Billed. Format: HH:MM	Number	5	J
Billed Units	Total Billed Units	Number	2	K
Billed Rate	Billed Rate. Format: 9999.99.	Number	7	L
Billed Amount	Billed Amount. Format 99999.99.	Number	12	M
3rd Party Invoice Number	Invoice Number received from the Agency's Management System, if available.	Text	20	N
Batch Number	Invoice Batch number in HHAExchange.	Number	10	O
Export Status	Export Status	Number	1	P
Export Date	Date batch exported to Payer. Format MM-DD-YYYY HH:MM:SS.	Number	20	Q
Claim Status	Claim response received from clearing house.	Text	20	R
Additional Claim Detail	Additional Claim Detail.	Text	500	S
Date	Format: MM-DD-YYYY HH:MM:SS	Text	20	T
User Field 1	Additional claim detail.	Text	500	U
User Field 2	Claim e-billing batch number.	Text	50	V
User Field 3	Payer Patient ID	Number	10	W
User Field 4	Field in layout for future use	Text	500	X
User Field 5	Field in layout for future use	Text	500	Y

* Pre-Adjudication Rejections Export

Creates a Pre-Adjudication Rejections Export file based on a flat file given in the following format.

Pre-Adjudication Rejections Export				
<p>Sample Template: Click Pre-Adjudication Rejections Export</p> <p>Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.</p>				
Field	Description	Data Type	Max Length	Cell
Payer ID	ID of the Payer in HHAExchange.	Number	10	A
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Patient ID	Unique ID of the Patient in HHAExchange.	Number	10	C
Admission ID	Patient Admission ID.	Text	80	D
Caregiver ID	Unique ID of the Caregiver in HHAExchange.	Number	10	E
3rd Party Caregiver Code	Caregiver Code received from the Agency's Management System.	Text	20	F
3rd Party Schedule ID	Schedule ID received from the Agency's Management System.	Text	20	G
Coordinator Name	Name of the Agency's coordinator.	Text	50	H
Schedule ID	Unique ID of the Schedule in HHAExchange.	Number	10	I
Schedule Date	Format: YYYY-MM-DD	Date	10	J
Schedule Start	Schedule Start Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	K
Schedule End	Schedule End Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	L
Billing Service Code	Billing Service Code	Text	50	M
Visit Start	Visit Start Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	N
Visit End	Visit End Time - YYYY-MM-DD HH:MM as per Agency's Timezone	Date/Time	16	O
Hold Reasons	Comma separated list of the reasons for rejection.	Text	500	P
3rd Party Invoice Number	Invoice# received from the Agency's Management System, if available.	Text	20	Q
Invoice Date	Format: YYYY-MM-DD	Date	10	R
Invoice Number	Invoice Number in HHAExchange.	Number	10	S
Billed Units	Units in decimal format	Number	10	T
Billed Amount	Billed Amount	Number	10	U
User Field 1	Payer Patient ID	Number	10	V
User Field 2	Field in layout for future use	Text	500	W
User Field 3	Field in layout for future use	Text	500	X
User Field 4	Field in layout for future use	Text	500	Y
User Field 5	Field in layout for future use	Text	500	Z
User Field 6	Field in layout for future use	Text	500	AA
User Field 7	Field in layout for future use	Text	500	AB

* Patient Demographic Export

Creates a Patient Demographic Export file based on a flat file given in the following format.

* Available upon request.

Patient Demographics Export				
Sample Template: Click Patient Demographic Export Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.				
Field	Description	Data Type	Max Length	Cell
Payer ID	Unique ID of the Payer in HHAExchange.	Number	10	A
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Patient ID	Unique ID of the Patient in HHAExchange. This field should be used as the key for all electronic data exchanges.	Number	10	C
Admission ID	Patient Admission ID	Text	80	D
First Name	First Name	Text	50	E
Middle Name	Middle Name	Text	50	F
Last Name	Last name	Text	50	G
MR Number	MR Number of Patient (this field is displayed as <i>Patient ID</i> in HHAExchange).	Text	50	H
Gender	Possible Values (M/F/U)	Text	1	I
DOB	Format: YYYY-MM-DD	Date	10	J
Priority Code	MCO Priority Code	Number	1	K
Medicaid Number	Medicaid Number	Text	20	L
Street 1	Address 1	Text	500	M
Street 2	Address 2	Text	50	N
City	City	Text	50	O
State	State	Text	50	P
Zip	Zip	Number	9	Q
Cross Street	Cross Street	Text	80	R
Home Phone	Format: XXX-XXX-XXXX	Text	12	S
Phone 2	Format: XXX-XXX-XXXX	Text	12	T
Phone 2 Description	Phone 2 Description	Text	50	U
Phone 3	Format: XXX-XXX-XXXX	Text	12	V
Phone 3 Description	Phone 3 Description	Text	50	W
Emergency 1 Name	Emergency 1 Name	Text	50	X
Emergency 1 Address	Emergency 1 Address	Text	50	Y
Emergency 1 Relationship	Emergency 1 Relationship	Text	50	Z
Emergency 1 Phone 1	Format: XXX-XXX-XXXX	Text	12	AA
Emergency 1 Phone 2	Format: XXX-XXX-XXXX	Text	12	AB
Emergency 2 Name	Emergency 2 Name	Text	50	AC
Emergency 2 Address	Emergency 2 Address	Text	50	AD

Patient Demographics Export

Sample Template: Click [Patient Demographic Export](#)

Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.

Field	Description	Data Type	Max Length	Cell
Emergency 2 Relationship	Emergency 2 Relationship	Text	50	AE
Emergency 2 Phone 1	Format: XXX-XXX-XXXX	Text	12	AF
Emergency 2 Phone 2	Format: XXX-XXX-XXXX	Text	12	AG
Status	Patient Status <ul style="list-style-type: none"> • Waiting • Pending • Active • Hospitalized • Discharged • Hold 	Text	50	AH
Start of Care Date	Format: YYYY-MM-DD	Date	10	AI
Discharge Date	Format: YYYY-MM-DD	Date	10	AJ
Payer Coordinator	Name of Payer Coordinator.	Text	100	AK
Agency Coordinator	Name of Agency Coordinator.	Text	100	AL
Frequency	Frequency	Text	50	AM
Source of Admission	Possible values: <ul style="list-style-type: none"> • Assistant live-in facilities • CHHA • Hospice • Hospital • LHCSA • Local social services/Casa • LTHHCP • MCO • MLTC • Other • Other community agency • Other Institution • Physician • RHCF • Self/Family/Friend 	Text	50	AN
Location	Patient's Location	Text	100	AO
Team	Patient's Team	Text	100	AP
Branch	Patient's Branch	Text	100	AQ
Modified Date	Modified/Created time in UTC Format: YYYY-MM-DD HH:MM:SS.MSS	Date/Time	25	AR
Is Deletion	Always "N". Reserved for future use.	Text	1	AS
Alternate Patient ID	Alternate Patient ID	Text	50	AT
User Field 1	Payer Patient ID	Number	10	AU
User Field 2		Text	500	AV
User Field 3		Text	500	AW
User Field 4		Text	500	AX
User Field 5		Text	500	AY
User Field 6		Text	500	AZ
User Field 7		Text	500	BA

* Plan of Care (POC) Export

Creates a POC Export file based on a flat file given in the following format.

** Available upon request.*

POC Export				
Sample Template: Click POC Export <i>Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.</i>				
Field	Description	Data Type	Max Length	Cell
Payer ID	Unique ID of the Payer in HHAeXchange.	Number	10	A
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Patient ID	Unique ID of the Patient in HHAeXchange.	Number	10	C
POC ID	Unique ID of the POC Entry in HHAeXchange.	Number	10	D
POC Start Date	Format: YYYY-MM-DD	Date	10	E
POC Stop Date	Format: YYYY-MM-DD	Date	10	F
POC Note	Notes	Text	2000	G
POC Tasks	Pipe separated list of POC task codes	Text	1000	H
Created Date	Format: YYYY-MM-DD HH:MM	Date/Time	16	I
Is Deletion	Always "N". Reserved for future use.	Text	1	J
User Field 1	Payer Patient ID	Number	10	K
User Field 2		Text	500	L
User Field 3		Text	500	M
User Field 4		Text	500	N
User Field 5		Text	500	O
User Field 6		Text	500	P
User Field 7		Text	500	Q

* Patient Authorization Export

Creates a Patient Authorization Export file based on a flat file given in the following format.

* Available upon request.

Patient Authorization Export				
<p>Sample Template: Click Patient Authorization Export</p> <p>Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.</p>				
Field	Description	Data Type	Max Length	Cell
Payer ID	Unique ID of the Payer in HHAeXchange.	Number	10	A
Agency Tax ID	Tax ID of the Agency.	Text	20	B
Patient ID	Internal Unique ID of the Patient in HHAeXchange.	Number	10	C
Authorization ID	Unique ID of the Patient in HHAeXchange	Number	10	D
Admission ID	Patient Admission ID.	Text	20	E
Service Category	Service category such as "Home Health" or any other valid service category.	Text	50	F
Service Type	One of the following: <ul style="list-style-type: none"> • PCA • HHA • RN • LPN • PT • OT • ST • MSW • HSK • NT • RT • PA • HCSS • CAN • Other (Non-Skilled) • Other (Skilled) 	Text	50	G
Authorization Number	Authorization Number	Text	50	H
Billing Service Code	Billing Service Code	Text	50	I
From Date	Format: YYYY-MM-DD	Date	10	J
To Date	Format: YYYY-MM-DD	Date	10	K
Authorization Type	Possible Values: <ul style="list-style-type: none"> • Daily • Weekly • Monthly • Entire Period 	Text	50	L
Hours Per Week	Applicable if Authorization Type is "Weekly"	Number	10	M
Hours Per Month	Applicable if Authorization Type is "Monthly"	Number	10	N
Hours Per Auth Period	Applicable if Authorization Type is "Entire Period"	Number	10	O
Sat Hours	Authorized hours for Saturday; Format HHMM	Number	4	P
Sat Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	Q
Sat Between From Time	Format: HHMM: Applicable if "Start Time" is "BETWEEN"	Number	4	R
Sat Between To Time	Format: HHMM: Applicable if "Start Time" is "BETWEEN"	Number	4	S
Sun Hours	Format: HHMM	Number	4	T
Sun Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	U

Patient Authorization Export

Sample Template: Click [Patient Authorization Export](#)

Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.

Field	Description	Data Type	Max Length	Cell
Sun Between From Time	Format: HHMM	Number	4	V
Sun Between To Time	Format: HHMM	Number	4	W
Mon Hours	Format: HHMM	Number	4	X
Mon Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	Y
Mon Between From Time	Format: HHMM	Number	4	Z
Mon Between To Time	Format: HHMM	Number	4	AA
Tue Hours	Format: HHMM	Number	4	AB
Tue Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	AC
Tue Between From Time	Format: HHMM	Number	4	AD
Tue Between To Time	Format: HHMM	Number	4	AE
Wed Hours	Format: HHMM	Number	4	AF
Wed Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	AG
Wed Between From Time	Format: HHMM	Number	4	AH
Wed Between To Time	Format: HHMM	Number	4	AI
Thu Hours	Format: HHMM	Number	4	AJ
Thu Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	AK
Thu Between From Time	Format: HHMM	Number	4	AL
Thu Between To Time	Format: HHMM	Number	4	AM
Fri Hours	Format: HHMM	Number	4	AN
Fri Start Time	One of the following: "ANY", "DAYSHIFT", "NIGHTSHIFT", "AM", "PM", "BETWEEN"	Text	20	AO
Fri Between From Time	Format: HHMM	Number	4	AP
Fri Between To Time	Format: HHMM	Number	4	AQ
Notes	Notes	Text	500	AR
Modified Date	Modified/Created time in UTC Format: YYYY-MM-DD HH:MM:SS.MSS	Date/Time	25	AS
Is Deletion	Possible Values: Y (Yes) or N (No)	Text	1	AT
Additional Rules	Possible Values: Y (Yes) or N (No) This field can have value "Y" only when "Authorization Type" is set as <i>Weekly</i> , <i>Monthly</i> , or <i>Entire Period</i> . If additional rule is set to "Y", Authorization limits to even more specific levels can be defined with the help of 3 fields "Maximum Visits", "Per" and "Of X Hours"	Text	1	AU
Maximum Visits 1	If Additional Rules = "Y" This field can have whole numbers between 1 and 999	Number	3	AV
Per 1	If Additional Rules = "Y"	Text	13	AW

Patient Authorization Export

Sample Template: Click [Patient Authorization Export](#)

Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.

Field	Description	Data Type	Max Length	Cell
	<p>Possible Values: Weekly, Monthly, Entire Period</p> <ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period, Monthly, or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 			
Of X Hours 1	<p>Number of hours which can be scheduled for visits under this additional rule. Format: 99.99 There is no value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.</p>	Number	5	AX
Maximum Visits 2	This field can have whole numbers between 1 and 999	Number	3	AY
Per 2	<p>Possible Values: Weekly, Monthly, or Entire Period</p> <ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period or Monthly or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 	Text	13	AZ
Of X Hours 2	<p>Number of hours which can be scheduled for visits under this additional rule. Format: 99.99 There is NO value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.</p>	Number	5	BA
Maximum Visits 3	This field can have whole numbers between 1 and 999	Number	3	BB
Per 3	<p>Possible Values: Weekly, Monthly, or Entire Period</p> <ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period or Monthly or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 	Text	13	BC
Of X Hours 3	<p>Number of hours which can be scheduled for visits under this additional rule. Format: 99.99 There is NO value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.</p>	Number	5	BD
Maximum Visits 4	This field can have whole numbers between 1 and 999	Number	3	BE
Per 4	Possible Values: Weekly, Monthly, or Entire Period	Text	13	BF

Patient Authorization Export

Sample Template: Click [Patient Authorization Export](#)

Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.

Field	Description	Data Type	Max Length	Cell
	<ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period or Monthly or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 			
Of X Hours 4	<p>Number of hours which can be scheduled for visits under this additional rule. Format: 99.99 There is NO value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.</p>	Number	5	BG
Maximum Visits 5	This field can have whole numbers between 1 and 999	Number	3	BH
Per 5	<p>Possible Values: Weekly, Monthly, or Entire Period</p> <ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period or Monthly or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 	Text	13	BI
Of X Hours 5	<p>Number of hours which can be scheduled for Visits under this additional rule. Format: 99.99 There is NO value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.</p>	Number	5	BJ
Maximum Visits 6	This field can have whole numbers between 1 and 999	Number	3	BK
Per 6	<p>Possible Values: Weekly, Monthly, or Entire Period</p> <ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period or Monthly or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 	Text	13	BL
Of X Hours 6	<p>Number of hours which can be scheduled for visits under this additional rule. Format: 99.99 There is NO value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.</p>	Number	5	BM
Maximum Visits 7	This field can have whole numbers between 1 and 999	Number	3	BN
Per 7	Possible Values: Weekly, Monthly, or Entire Period	Text	13	BO

Patient Authorization Export

Sample Template: Click [Patient Authorization Export](#)

*Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.*

Field	Description	Data Type	Max Length	Cell
	<ul style="list-style-type: none"> Value in this field are periods which are “less” than the selected Authorization Period type. If “Entire Period” is set as the Auth Period, the value can be Entire Period or Monthly or Weekly. If “Monthly” is set as the Auth Period, the value can be Monthly or Weekly. If “Weekly” is set as the Auth Period, the value can be Weekly. 			
Of X Hours 7	Number of hours which can be scheduled for visits under this additional rule. Format: 99.99 There is NO value in this field if Service Code entered for the Authorization is for a Daily or Visit type, or no Service Code is entered at all for the Authorization.	Number	5	BP
User Field 1	Diagnosis Code #1	Text	50	BQ
User Field 2	Agency Office NPI	Text	20	BR
User Field 3	Diagnosis Code #2	Text	50	BS
User Field 4	Diagnosis Code #3	Text	50	BT
User Field 5	Patient Medicaid ID	Text	80	BU
User Field 6	Alternate Patient ID	Text	80	BV
User Field 7	Payer Program Code	Text	500	BW

* Patient Authorization Blackout Dates Export

Creates a Patient Authorization Blackout Dates Export file based on a flat file given in the following format.

* Available upon request.

Patient Authorization Blackout Dates Export				
<p>Sample Template: Click Patient Authorization Blackout Dates Export</p> <p>Save the *.CSV file on your computer and Open the file using a text editor (such as Notepad) to preserve the formats for each field.</p>				
Field	Description	Data Type	Max Length	Cell
Payer ID	Unique Payer ID in HHAX	Number	10	A
Agency ID	Unique Agency ID in HHAX	Number	20	B
Blackout Date ID	Unique record ID	Number	10	C
Authorization ID	Unique Authorization ID in HHAX	Number	10	D
Patient ID	Unique Patient ID in HHAX	Number	10	E
Admission ID	Admission ID of the Patient	Text	80	F
From Date	Format: YYYY-MM-DD	Date	10	G
To Date	Format: YYYY-MM-DD	Date	10	H
Notes		Text	500	I
Modified Date	Modified/Created time in UTC Format: YYYY-MM-DD HH:MM:SS.MSS	Date/Time	25	J
Is Deletion	Always "N". Reserved for future use.	Text	1	K

Response File

A **Response File** is a report/log that is generated as a result of an import file received and processed. A Response File is only generated when the file has been processed. The Response File consists of the imported records/data with two additional columns to the right of each row indicating record **Status Code** and **Import Status** description. The following table provides the possible Status Codes and descriptions.

Status Code	Import Status
200	Success
201	Agency Tax ID is required.
202	Medicaid Number/Member ID is required.
203	Caregiver Code is required.
204	Schedule ID is required.
206	Schedule Start Time is required.
207	Schedule End Time is required.
209	Schedule Start Time cannot be greater than Schedule End Time.
210	Success. Visit is already billed.
212	Patient not found in HHAeXchange.
213	Duplicate Caregiver found in HHAeXchange.
214	Caregiver profile found with matching SSN and different Alt Caregiver Code.
215	Procedure Code not found in HHAeXchange. Refer to the EDI Code Table Guide.
216	Duplicate Service Code found in HHAeXchange.
217	Schedule cannot be created when Patient is discharged.
218	Overlapping shifts are not allowed. Your shift is overlapping with same Patient/DOS.
220	Caregiver is restricted. No schedule can be created.
221	Schedule ID not found in HHAeXchange.
222	Duplicate Schedule ID found in HHAeXchange.
223	Schedule ID belongs to a different schedule date in HHAeXchange.
224	Schedule ID belongs to a different Patient in HHAeXchange.
226	Invalid Agency Tax ID.
227	{{Column Name}} exceeds max character length of {{Config value}} characters.
228	Invalid format of Schedule Start Time
	Invalid format of Schedule End Time
	Invalid format of Visit Start Time.
	Invalid format of Visit End Time.
	Invalid format of EVV Start Time.
	Invalid format of EVV End Time.
	Invalid format of Caregiver Date of Birth.
	Invalid format of SSN.
	Invalid format of Missed Visit Reason Code.
	Invalid format of Missed Visit Action Taken Code.
	Invalid format of Clock In Phone Number.
	Invalid format of Clock Out Phone Number.

	Invalid format of Paid Date.
	Invalid format of Clock-In-Service Location Zip Code.
	Invalid format of Clock-Out-Service Location Zip Code.
233	Agency is not linked with Payer.
234	Visit having TT cannot be updated.
235	Visit Edit Reason Code not found in HHAeXchange. Refer to the EDI Code Table Guide.
236	Visit Edit Action Taken not found in HHAeXchange. Refer to the EDI Code Table Guide.
237	Visit Start Time cannot be greater than Visit End Time.
239	EVV Start Time cannot be greater than EVV End Time.
241	Invalid value of Caregiver Gender.
	Invalid value of Missed Visit.
	Invalid value of Is Deletion.
	Invalid value of Duties.
	Invalid value of Clock In Service Location Type.
	Invalid value of Clock Out Service Location Type.
	Invalid value of Submission Type.
	Invalid value of Enable Secondary Billing.
	Invalid value of Relationship to Insured.
	Invalid value of Plan type.
	Invalid value of Cancel Travel Time Request.
	Invalid value of Timesheet Required.
	Invalid value of Timesheet Approved.
Invalid value of Travel Time Request Hours.	
Invalid value of Clock In EVV Other Info/Clock Out EVV Other Info.	
245	Duplicate Patient found in HHAeXchange.
246	Visit Start Time is required.
247	Visit End Time is required.
248	Payer ID is required.
249	Procedure Code is required.
250	Missed Visit Reason Code is mandatory when Missed Visit Flag is set to Y.
251	Missed Visit Action Taken Code is mandatory when Missed Visit Flag is set to Y.
252	Schedule cannot be greater than 24 hours.
255	Schedule is marked as 'Missed' visit.
256	Missed Visit with TT cannot be updated.
257	Missed Visit with TT is already billed.
258	Missed Visit Edit Reason Code not found in HHAeXchange. Refer to the EDI Code Table Guide.
259	Missed Visit Edit Action Taken not found in HHAeXchange.
260	Confirmed visit should not be flagged as a Missed Visit.
261	Caregiver Gender value is not configured for this agency.
262	Caregiver Last Name is required.
263	Caregiver SSN is required.
264	EVV Start Time is required when Visit Start and Visit End time are present.

265	Any one from Clock-in/Out Phone number, Clock-in/Out Latitude/Longitude and Clock-in/Out EVV Other Info is required when VisitStart and VisitEnd time are present.
266	Clock-Out EVV Other Info is required.
267	Clock-Out Longitude/Latitude is required.
268	Clock-Out Phone Number is required.
269	EVV End Time is required when Visit Start and Visit End time are present.
270	Service Location is required.
271	Visit Edit ReasonCode/Visit Action Taken is blank and EVV Info is blank or has invalid Value.
272	Multiple EVV Sources are not allowed.
273	EVV Start Time is required when Visit Start and Visit End time are present and VisitEditActionTaken and VisitEditReasonCode are blank.
274	EVV End Time is required when Visit Start and Visit End time are present and VisitEditActionTaken and VisitEditReasonCode are blank.
275	Any one from Clock-in/Out Phone number, Clock-in/Out Latitude/Longitude and Clock-in/Out EVV Other Info is required when VisitStart and VisitEnd time are present and VisitEditActionTaken and VisitEditReasonCode are blank.
276	Clock-Out EVV Other Info is required when Visit Start and Visit End time are present and VisitEditActionTaken and VisitEditReasonCode are blank.
277	Clock-Out Longitude/Latitude is required when Visit Start and Visit End time are present and VisitEditActionTaken and VisitEditReasonCode are blank.
278	Clock-Out Phone Number is required when Visit Start and Visit End time are present and VisitEditActionTaken and VisitEditReasonCode are blank.
280	SSN is required when Payer state is PA.
281	Notes are required when selecting other for Missed Visit Edit Reason. Please review the EDI Code Table for more information.
282	Notes are required when selecting other for Missed Visit Action Taken. Please review the EDI Code Table for more information.
284	Total Units Billed cannot contain decimal value.
285	Caregiver Not Found.
286	User Field 4 is required.
287	Caregiver Registry ID is required.
288	Diagnosis Code is required.
289	Clock In Service Location is required.
290	Clock In Service Location Type is required.
291	Clock Out Service Location is required.
292	Clock Out Service Location Type is required.
293	Other Subscriber ID is required.
294	Primary Payer ID is required.
295	Primary Payer Name is required.
296	Relationship to Insured is required.
297	Primary Payer Policy or Groupnumber is required.
298	Primary Payer Program Name is required.
336	Plan Type is required.
300	Total Paid Amount is required.
301	Total Paid Units is required.

302	Paid Date is required.
303	Clock In Service Location AddressLine1 is required.
304	Clock In Service Location City is required.
305	Clock In Service Location State is required.
306	Clock In Service Location Zip Code is required.
307	Clock Out Service Location Address Line1 is required.
308	Clock Out Service Location City is required.
309	Clock Out Service Location State is required.
310	Clock Out Service Location Zip Code is required.
311	Office NPI should be numeric. Hyphen should not be included in the value.
314	Total Billed Amount is required when visit is billed/Adjusted or voided.
315	Units Billed is required when visit is billed/Adjusted or voided.
316	Billed rates is required when visit is billed/Adjusted or voided.
317	Total Billed Amount should be numeric. Hyphen should not be included in the value.
318	Units Billed should be numeric. Hyphen should not be included in the value.
319	Billed rates should be numeric. Hyphen should not be included in the value.
320	Invalid value of Submission Type.
339	IsDeletion should be Y when Submission type is Void.
325	Deductible should be numeric.
326	Coinsurance should be numeric.
327	Copay should be numeric.
328	Contracted Adjustments should be numeric.
329	Not Medically Necessary should be numeric.
330	Non-Covered Charges should be numeric.
331	Max Benefit Exhausted should be numeric.
335	Units Billed should be an integer.
338	Caregiver First Name is required.
364	Temp caregiver cannot be assigned to Confirmed/Billed Visits.
365	Billed Units cannot be fractional values.
366	Clock In Latitude/Clock Out Latitude Can not be 0.
367	Clock In Phone Number/Clock Out Phone Number cannot be 0.
368	Clock In Phone Number/Clock Out Phone Number should be 10 digits.
369	Invalid value of Clock In EVV Other Info/Clock Out EVV Other Info.
370	Travel Time Request Hours cannot be 0.
371	Total Paid Amount should be numeric. Hyphen should not be included in the value.
372	Travel time hours cannot be more than 23 hours.
373	Travel time minutes cannot be more than 59 minutes.
376	Billed Units cannot be less than 1.
377	Total Billed Amount cannot be less than 1.
378	Billed rates cannot be less than 1.
379	Timesheet Required is mandatory when Timesheet Approved is marked as Y.
380	Patient Diagnosis Code (DX Code) should not have more than 26 pipe separated values.
381	Patient Diagnosis Code (DX Code) is required when visit is confirmed or billed.

382	Relationship to Insured is required.
384	TRN Number is Required when Submission Type is Adjustment/Void.
385	Difference between EVV Start/End Time and Visit Start/End Time cannot be greater than 24 hours.
386	UserField 1 is Incorrect/Blank for this payer when Visit Start and Visit End are present.
387	UserField 2 is Incorrect/Blank for this payer when Visit Start and Visit End are present.
388	GPS Coordinates with 0.
389	Invoice number cannot contain special characters.
390	Caregiver discipline is restricted, please contact EDI Support to update your configurations.
391	Caregiver code and Caregiver License Number required to import new Caregiver.
392	Single Patient Diagnosis Code (DX Code) length should not be less than 3 or greater than 8.
393	Single Patient Diagnosis Code (DX Code) should not contain special characters.
394	Future Visits cannot be confirmed.
395	Visits that cross over midnight must be sent as two separate shifts.
396	Office NPI in application does not match data received in visit file.
397	Visits cannot be imported prior to patient SOC date or after patient discharge date.
398	Payer is not configured for EDI Billing Rates. Please contact EDI Support to configure payer for EDI Billing Rates.
399	Office NPI is required if Patient is linked to multiple offices.
400	Visit edit reason and action code is required when Visit Start & End time or EVV Start & End time are not matching.
401	Total Billed Amount is required when EDI Billing Rate is enabled.
402	Units Billed is required when EDI Billing Rates is enabled.
403	Billed Rate is required when EDI Billing Rates is enabled.
404	Issue of Caregiver Overtime: ", "[" , DisplayMessage, "]"
405	State Abbreviation is not Valid in Clock In Service Location State.
406	State Abbreviation is not Valid in Clock Out Service Location State.
407	Visit Start/End Time cannot be blank if 3rd party invoice number is present.
408	Success. Missed visit will not be billed.
409	Clock-In/Clock-Out Latitude cannot be 0.
410	Clock-In/Clock-Out Longitude cannot be 0.
411	Overlapping shifts are not allowed. Your shift is overlapping with same Caregiver/DOS.
412	Invalid Payer Initials.
413	Clock-In/Clock-Out Latitude should be numeric.
414	Clock-In/Clock-Out Longitude should be numeric.
415	EVV Duration is 0.
416	Schedule Duration is 0.
417	Visit Duration is 0.
418	Agency Tax ID should be numeric. Hyphen should not be included in the value.
419	Payer ID should be numeric. Refer to the EDI Code Table Guide.
420	Member ID should be numeric.
421	Visit Edit Reason Code should be numeric.
422	Visit Edit Action Taken should be numeric.

423	Payer ID cannot be numeric for this agency.
424	User ID is not linked for Import User.
425	Caregiver profile found with matching Alt Caregiver Code and different SSN.
426	Caregivers can only be assigned to secondary offices which share same Payroll, Duty List and Time zone configuration as their Primary Office.
427	Active Caregiver found with Same Caregiver License Number and different Alt Caregiver Code.
428	Caregiver profile found with matching Caregiver License Number and different SSN.
429	Caregiver profile found with matching SSN and different Caregiver License Number.
999	Any Technical Error
199	Other