Sandata Electronic Visit Verification

Document Scope

While the instructional materials contain the general functionality of the system, set up is contingent on agency/payer directed configuration. When available, please refer to the agency/payer specific training materials to obtain information on the work flow and the applicable functionality.

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Document Scope

This document details the functionality of the Sandata Electronic Visit Verification (EVV) application. Sandata EVV is a web-based application accessed using a supported web browser (Google Chrome, Microsoft Edge, and Mozilla Firefox). Sandata EVV allows users to perform paperless capture, review and optional approval of visits as well as client and employee maintenance. The system can also receive client/employee information from an interface used by a payer, agency management system or fiscal agent. Client and employee data can also be manually entered into the Sandata EVV.

Browser Requirements

Sandata supports the current and prior major releases of Microsoft Edge, Mozilla Firefox and Google Chrome on a rolling basis. This policy to support modern browsers allows Sandata to take advantage of the most recent efficiencies in web browsers to maximize user experience and also ensure Sandata's solutions are running on the most recent security and performance updates.

System Security

Sandata EVV has many system security features, including:

1. Automatic Logout - Users are automatically logged out of the system after a period of inactivity. When users remain idle for 15 minutes (default value) a warning message displays. For accessibility reasons, users have 2 additional minutes to respond to the prompt and extend the session.
2. Password Rules - Sandata EVV has several rules to ensure passwords are secure. Passwords must:
   A. Include an upper and lowercase character.
   B. Include at least one special characters (For example: !@#$&).
   C. Not include any part of the username.
   D. Not include more than two consecutive characters from the user's full name.
   E. Not include more than two consecutive characters from the account's name.
   F. Be at least twelve characters in length.

3. Automatic Password Expiration - Passwords expire after a configurable number of days. Beginning 10 days before password expiration, after logging in, users are redirected to the Change Password screen, where they can change their password or skip the pass word change process and continue into the application. This occurs each day until the password is updated. If a user logs in with an expired password, the Change Password screen displays and the password must be updated before the user can log into the system.
4. User Lock - After 3 unsuccessful login attempts, that user is flagged in the system as 'Locked' and must be unlocked by another user with administrative privileges.

Note(s):
For security purposes, the password rules may increase over time.

Overview

Access to the different sections of the system is based on the user's role/security permissions. Sandata EVV is divided into the following major sections:

- Dashboard
- Visit Maintenance
- Reports & Exports
- Data Entry
- Security

Note(s):
Based on account configuration and user permissions, some sections of the application may not be available.

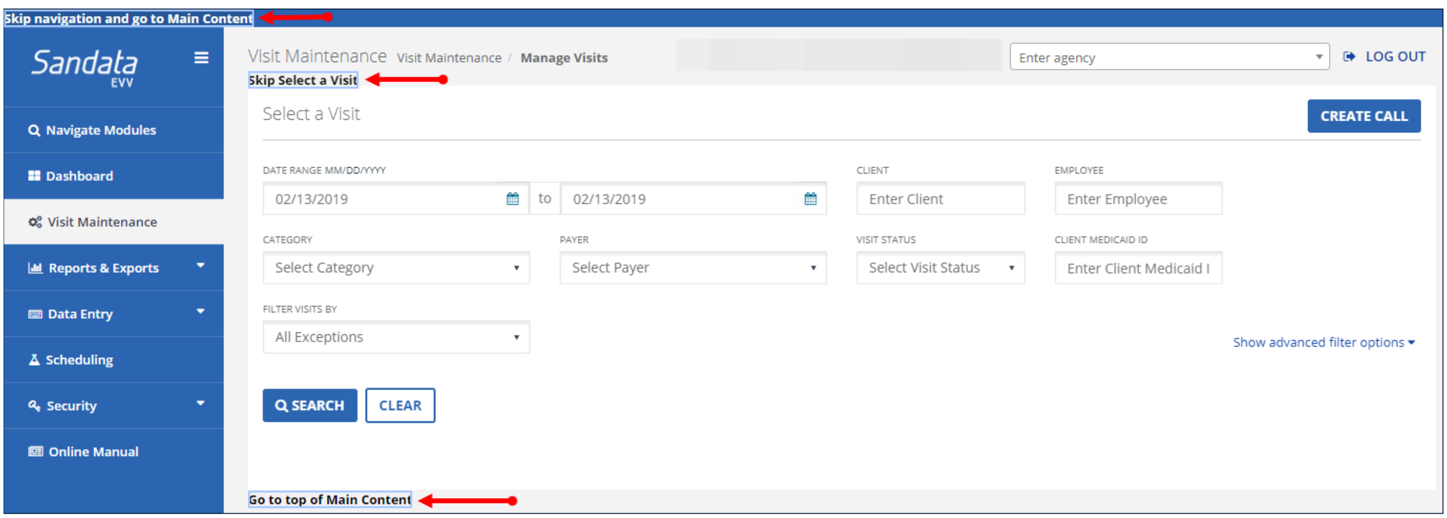
ADA Support

Sandata EVV is designed to be compliant with the Americans with Disabilities Act (ADA). Sandata EVV is Job Access with Speech (JAWS) Reader compliant, meaning sections of the screen are read aloud for users who cannot see the screen. The color scheme and contrast ratio is designed to be accessible for users with color blindness or low vision. Each screen of the application is designed to be dynamic, so that if a user increases the size of the screen, fields shift automatically to accommodate the change. For users who cannot operate a mouse the system can be navigated using only a keyboard.

Keyboard Only Navigation

Use these instructions to navigate Sandata EVV with only a keyboard.

- Press <**Tab**> to move through the system. When using **<Tab>** to navigate through the options, the links shown below display individually. Press **<Enter>** when one of these links is selected to jump to the that section of the screen.



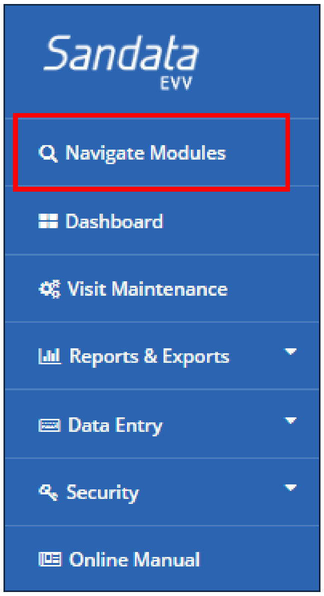
Highlighted ADA Functions

Navigate Modules

For accessibility, the **Navigate Modules** field allows users to move to the various screens of the application without using the Navigation Menu.

- Type the name of a screen into the **Navigate Modules** field to jump to that screen. A link to the screen displays below the field. Click the link to navigate directly to the page.

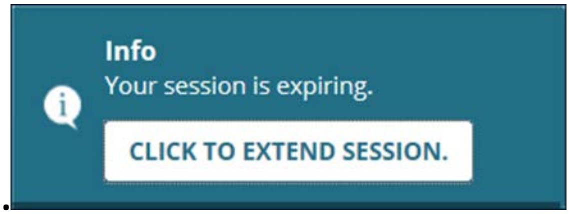
> **Note(s):**
> The **Navigate Modules** field requires users enter the name of the section they'd like to jump to exactly as it appears in the menu. For example, to jump directly to the Dashboard, users must enter "Dashboard" into the **Navigate Modules** field.



Navigate Modules Field

Automatic Log-Out Extension

For system security, users are automatically logged out of the system after a period of inactivity. When users remain idle for 15 minutes (default value) a warning message displays. For accessibility reasons, users have 2 additional minutes to respond to the prompt and extend the session. If users do not click the **CLICK TO EXTEND SESSION.** button, they are automatically logged out of the application.



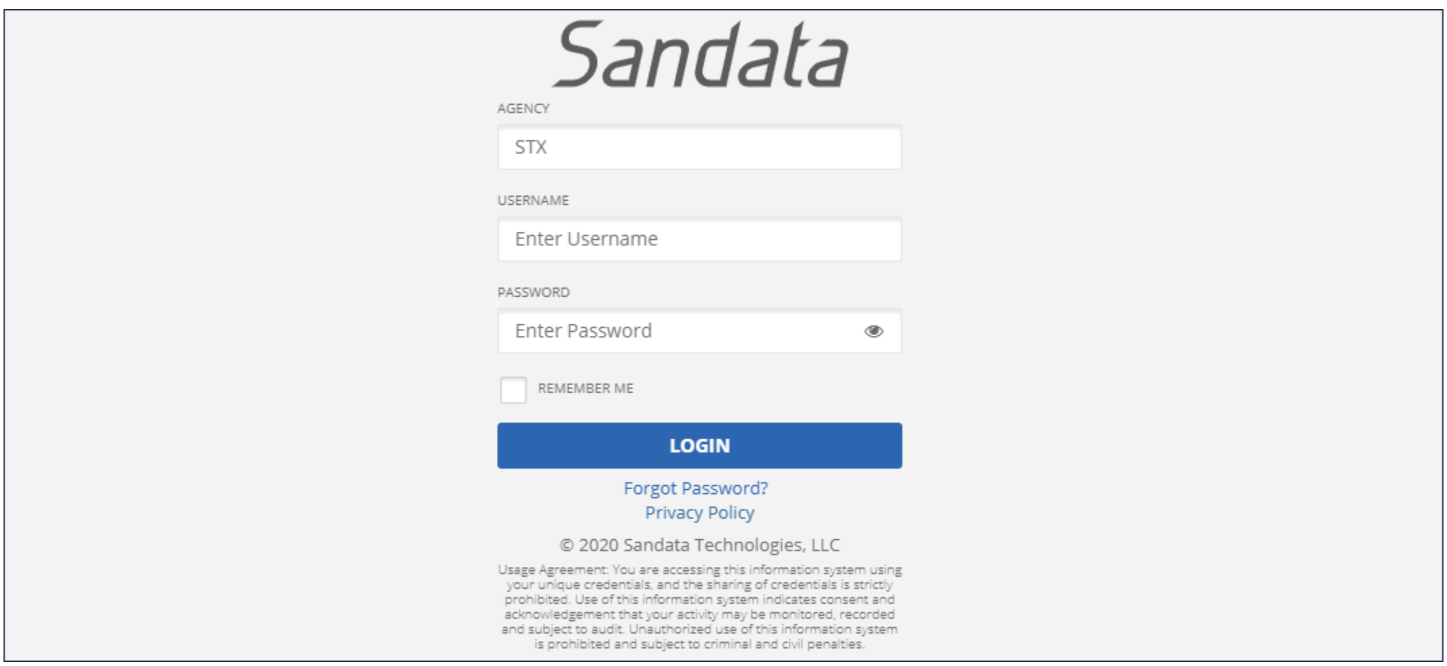
Session Expiring Warning

Login Screen

Logging In to Sandata EVV

Log-in using the following URL (https://evv.sandata.com). Users with multiple accounts only need to log into the system one time and can switch between associated accounts (as well as Aggregator accounts) using a drop-down menu in the application. On the login screen (displayed below) enter the credentials provided by the administrator and click **LOGIN** to access to the system:

- **AGENCY** -Enter the agency's Sandata assigned account number in this field. Account numbers are between 4 to 10 characters long and must be preceded by STX. Example: STX#### (#### = account number).
- **USERNAME** - The username is the email address used when creating a system user (username is not case sensitive). Users must have access to emails sent to this email address, as the emails containing temporary passwords are sent there.
- **PASSWORD** - Must be at least twelve characters long, have at least one upper case letter, one lower case letter, one numeric character and one special character (@#$%^) (Passwords are case sensitive). By default, the characters entered in this field are masked. Click the eye icon ( ) to unmask the characters in this field.
- **REMEMBER ME** - Select this checkbox to save the last **AGENCY** and **USERNAME** entered. This information is only saved to the computer and web browser the user clicked the **REMEMBER ME** checkbox on.

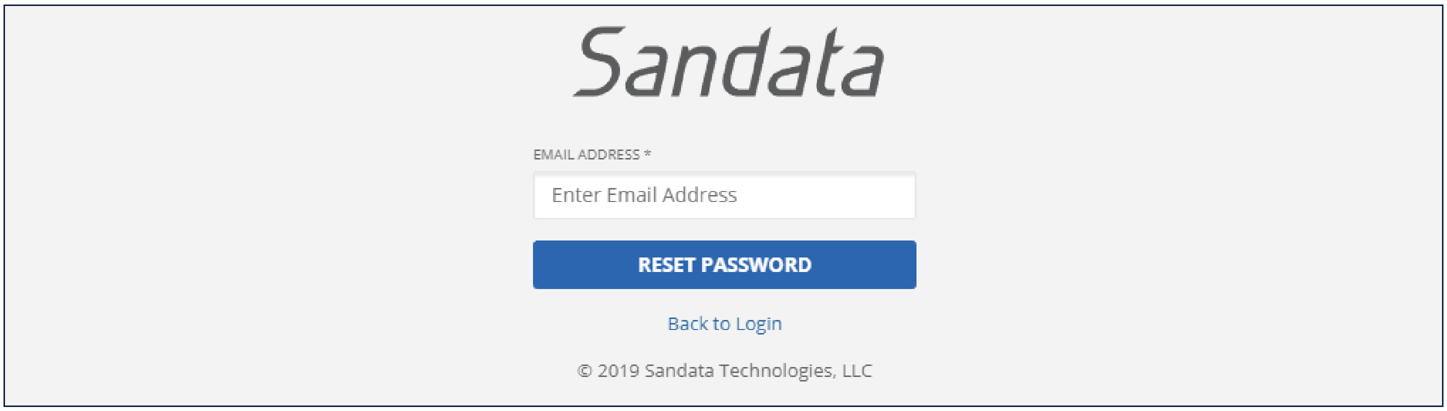


Login Screen

Resetting Password

Sandata EVV allows users to request a temporary password if necessary. After logging in using the temporary password, users are prompted to create a new permanent password. Passwords can only be reset once every 24 hours.

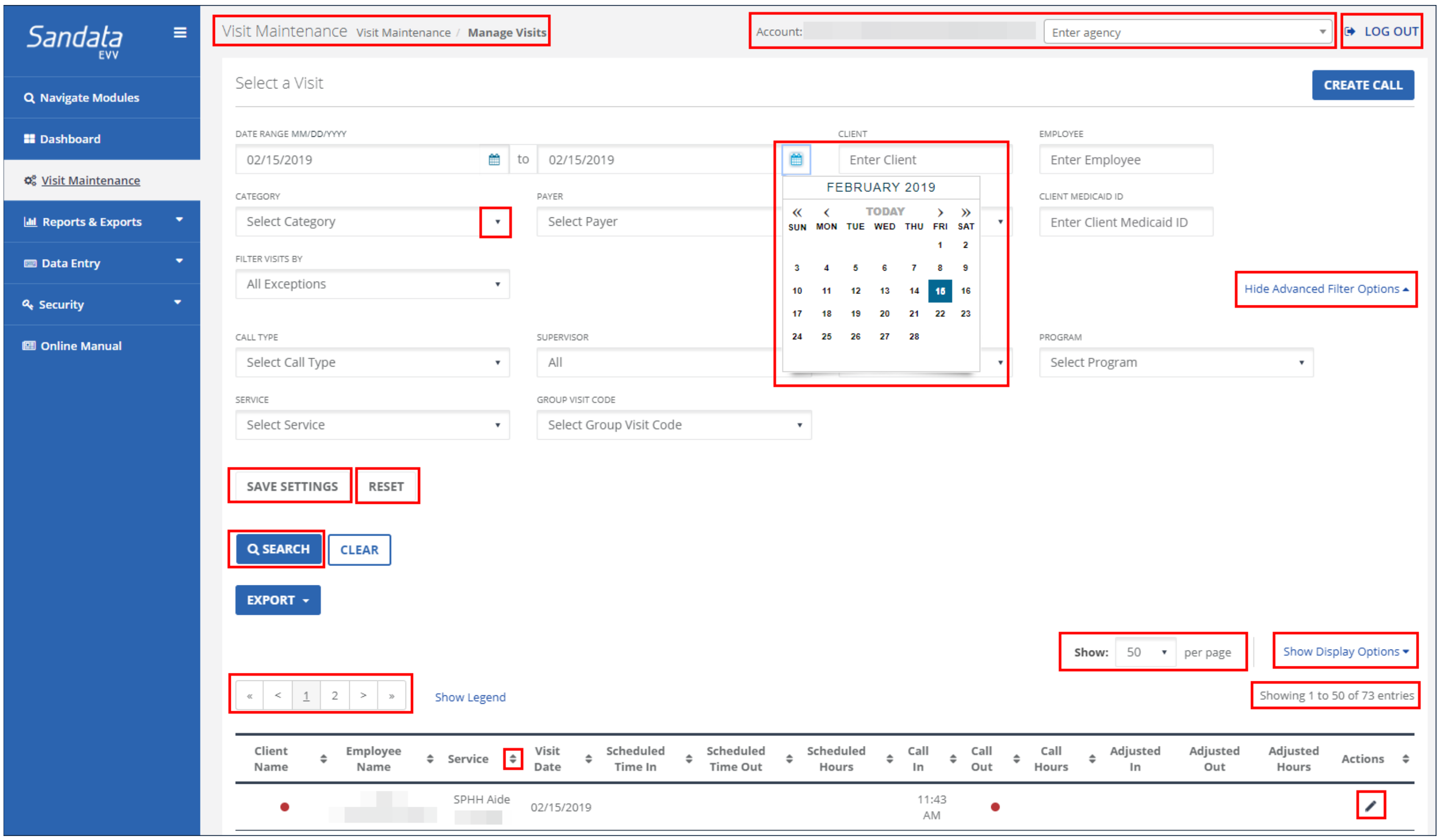
- **Forgot Password?** - Click this link and follow the prompts to send a reset password email to the email address used to log in.



Reset Password

Common Functionality

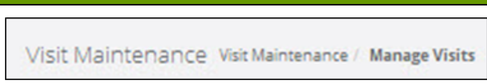
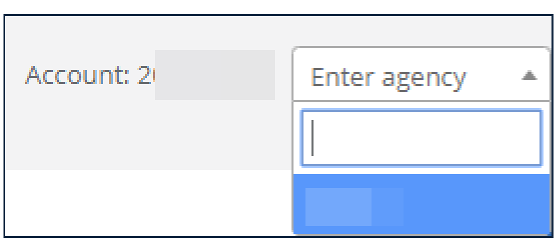
This section describes common functions within Sandata EVV.

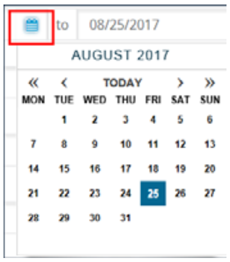
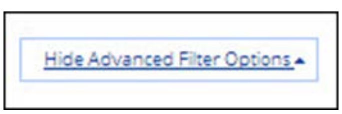


Manage Visits Screen

Here is a list of items commonly found in Sandata applications.

<u>Items on the Manage Visits Screen</u>

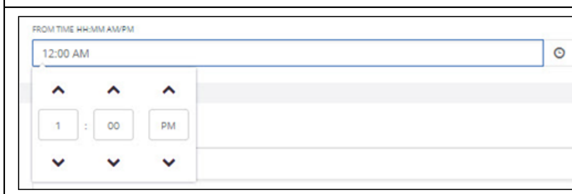
Item	Name	Description
	**Navigation Path**	Indicates which screen is displayed.
	**Account and User Display**	Displays the account number of the account the user is currently in and the username of the user logged into the application. Click the drop-down arrow to display a list of accounts the current user has access to. Users can switch between any accounts they have access to.

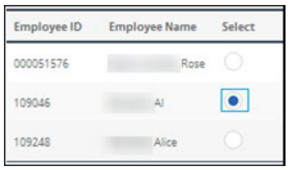
Item	Name	Description
	**Log Out Button**	Click this button to log out of the application. After logging out, users are returned to the login screen.
	**Calendar Icon**	Click the calendar icon to display a calendar with selectable dates. Use the single arrows to move the date forward or back a month and double arrows to move the date forward or back a year. Users can also type dates in fields with the calendar icon (Format: mm/dd/yyyy).
	**Show List Icon**	Click this icon, located in drop-down fields, to display a list of options associated with the field.
	**Save Settings Button**	Click this button to save selected search fields. This button is visible when using the advanced filter settings.
	**Reset Button**	Click this button to clear any saved search settings. This button is visible when using the advanced filter settings.
	**Show/Hide Advanced Filter Options**	Click this link to show or hide additional filters. Hidden filters are still applied to search results if a value is entered in the field.
	**Search Button**	Click this button to execute a search.
	**Page Listing**	Use these buttons to navigate the pages of a results list. The double arrows jump to the first/last page. Single arrows jump to the previous/next page. Click a number to navigate to the page.
	**Clear Button**	Click this button to remove all data entered in the search fields.

Item	Name	Description
	**Number of Items per Page Setting**	Use this drop-down to select the number of records displayed on each page of the results list.
	**Results Summary**	Displays a summary of the number of records available in the results list.
	**List Sorting Icon**	Click a column header displaying this icon to sort the results in ascending/descending order based on that column's content.
	**Edit Button**	Click thus button to edit a record.

Additional Buttons and Icons

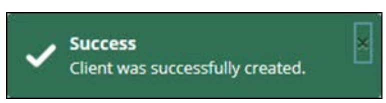
The following buttons are frequently displayed throughout the Sandata system:

Button	Function	Description
	**Add Button**	Click this button to add another item to a list.
	**Cancel Button**	Click this button to cancel an operation and closes the screen.
	**Check Box**	Select a checkbox to enable a feature, deselect a checkbox to disable it.
	**Time Field**	Click this icon to select a time. Use each field's up or down arrow to increase or decrease the value and switch between AM or PM. Users can also enter times in these fields (Format: hh:mm AM/PM).
	**Delete Button**	Click this icon to move an item to "Inactive" status. Note: It is best practice to only delete records when the Reactivate () functionality is available. WARNING: Once moved to an inactive state, not all items can be reactivated. Items that cannot be reactivated are permanently deleted.

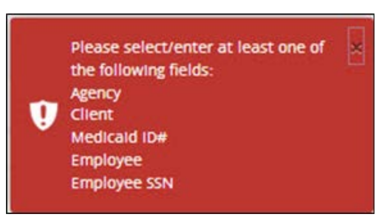
Button	Function	Description
	**Finish Button**	Click this button to complete a task.
	**Radio Button**	Use radio buttons to select an item from a list.
	**Refresh Button**	Click this button to refresh related fields.
	**Save Button**	Click this button to save the information that has been entered. Modifications are not saved unless the user clicks **Save**.
	**Show Information Icon**	Click this icon to unmask masked characters entered in certain fields.
	**Reactivate Icon**	Click this icon to reactive the related record.

Confirmation and Error Messages

Confirmation and error messages are displayed at the top center of the screen when records are saved/updated.



Confirmation Message



Error Message

Assignment Buttons

These buttons display whenever a screen has settings that require moving items between **Available** and **Assigned** fields, for example when assigning user roles. Single or multiple items can be added or removed.

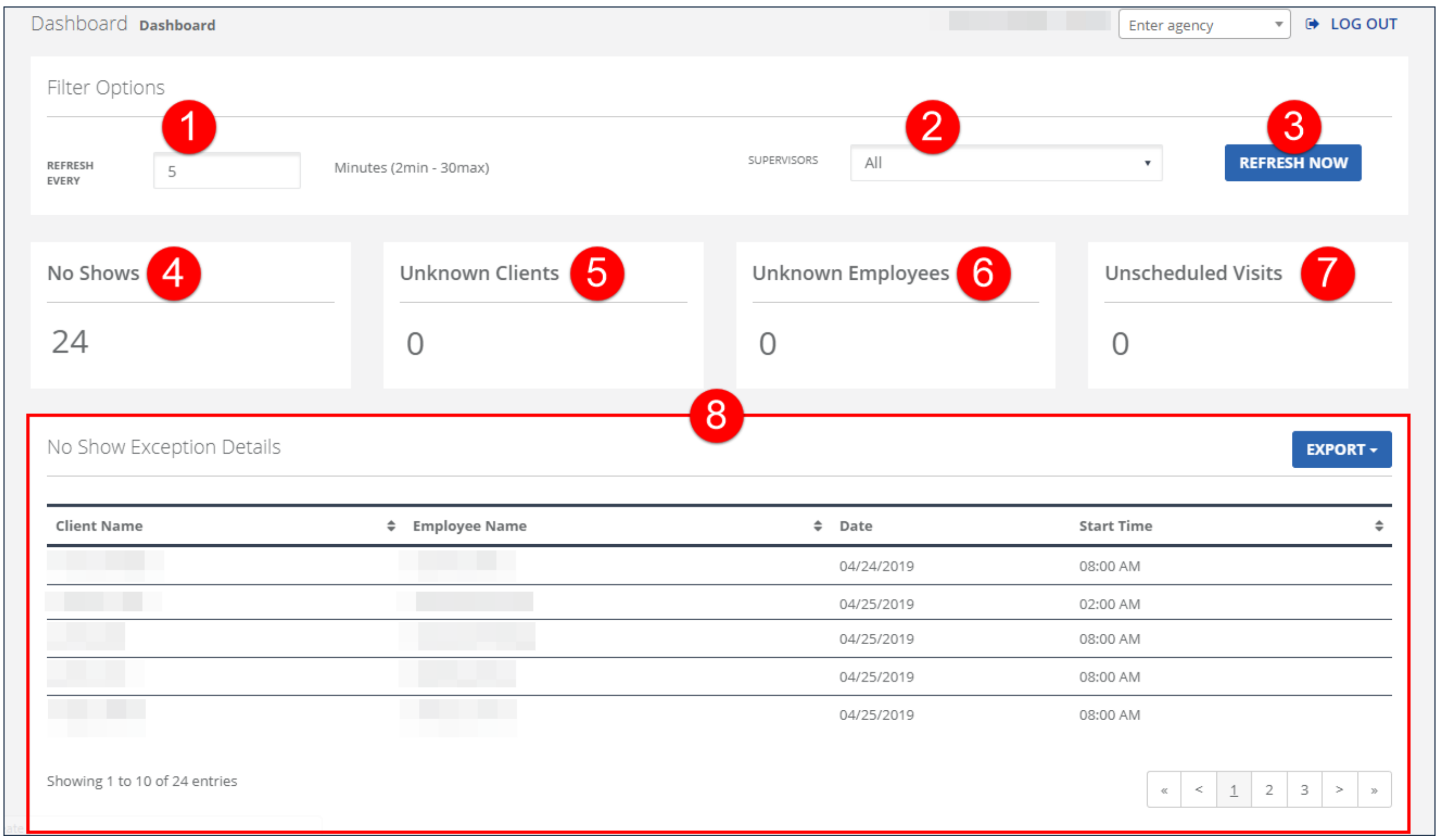
Button	Function	Description
	**Add All**	Moves all items from the Available field to the Assigned field.
	**Add Item(s)**	Moves single or multiple items from the Available field to the Assigned field. Click on multiple items to add them together, if necessary. To select consecutive items, press and hold <Shift> and then select the first and last schedule. To select multiple items not listed consecutively, press and hold <Ctrl> and then select the desired schedules.
	**Remove Item(s)**	Moves single or multiple items from the Assigned field to the Available field. Click on multiple items to add them together, if necessary.
	**Remove All**	Moves all Items from the Assigned field to the Available field.

Dashboard

The Sandata EVV Dashboard displays visit information for the current day using a series of alert tiles which are updated in near-real time. On this screen, users can view the number of visits with certain exception types to quickly identify which exceptions need attention.

With these tiles, users can easily view and manage certain exception types without the need to search for and filter results on the Visit Maintenance screen. For example, the No Shows tile allows for the monitoring of no shows throughout the day, allowing action to be taken to ensure visits are occurring as scheduled.

Over time, more tiles may be added to this screen. Certain tiles (example: No Show, Unscheduled Visits) are tied to specific functionality and are only included on the Dashboard if that functionality is enabled.



Dashboard Screen

Dashboard Filter Options

#	Filter	Description
1	**REFRESH EVERY**	Use this field to set the refresh rate. The refresh rate can be set to anywhere between 2 and 30 minutes by entering the desired value in the **Refresh Every** field. The default is 5 minutes. Information displayed on the dashboard is updated based on the last time the data was refreshed.
2	**SUPERVISORS**	When configured, this field allows the user to view the dashboard information for clients associated with the selected supervisor.
3	**REFRESH NOW**	Click this button to update the data displayed.

Alert Tiles

The number displayed for each alert is the total number of visits flagged with the related exception for the current day. Each tile represents an exception type and the number within the tile indicates the number of visits flagged with that exception. Visits with more than one exception can be counted on multiple tiles. Clicking on the title brings the user to the Visit Maintenance screen and automatically sets the filters to display only visits flagged with the selected exception. Click the number within the tile to view a list of visits flagged with that exception, sorted by date and time, with the most recent visit appearing at the top of the list.

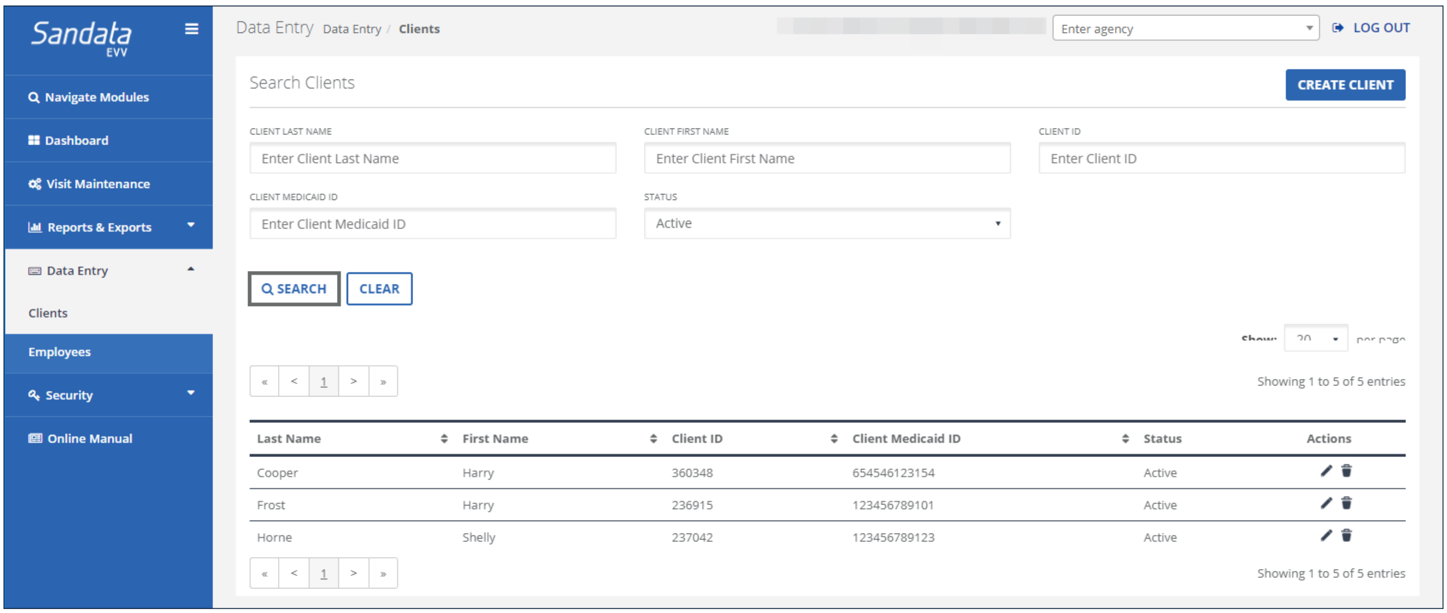
#	Alert Tiles	Description
4	**No Shows**	This indicates there are visits in the system that were not started at the scheduled start time.
5	**Unknown Clients**	This tile indicates the number of visits that do not have a client associated with them.
6	**Unknown Employees**	This indicates the number of visits that do not have an employee associated with them.
7	**Unscheduled Visits**	Indicates there are visits in the system that do not have a schedule associated with them.
8	**Exception Details**	Displays a list of all visits flagged with the selected exception.

Data Entry

The Data Entry section allows users to manually enter client/employee data when it is not provided by an interface. This section details how to use the data entry module to manually input and maintain both clients and employees. If clients are provided by a payer feed, based on program rules, users can use this section to enter certain data (For example: alternate addresses and phone numbers). Depending on program rules, some fields may not be available to edit.

Clients Screen

Use the Clients screen to search for clients. The various fields and filters allow users to limit the results to specific clients. From this screen users can also create a new client or view and edit an existing client.



Filters and Buttons on the Clients Screen

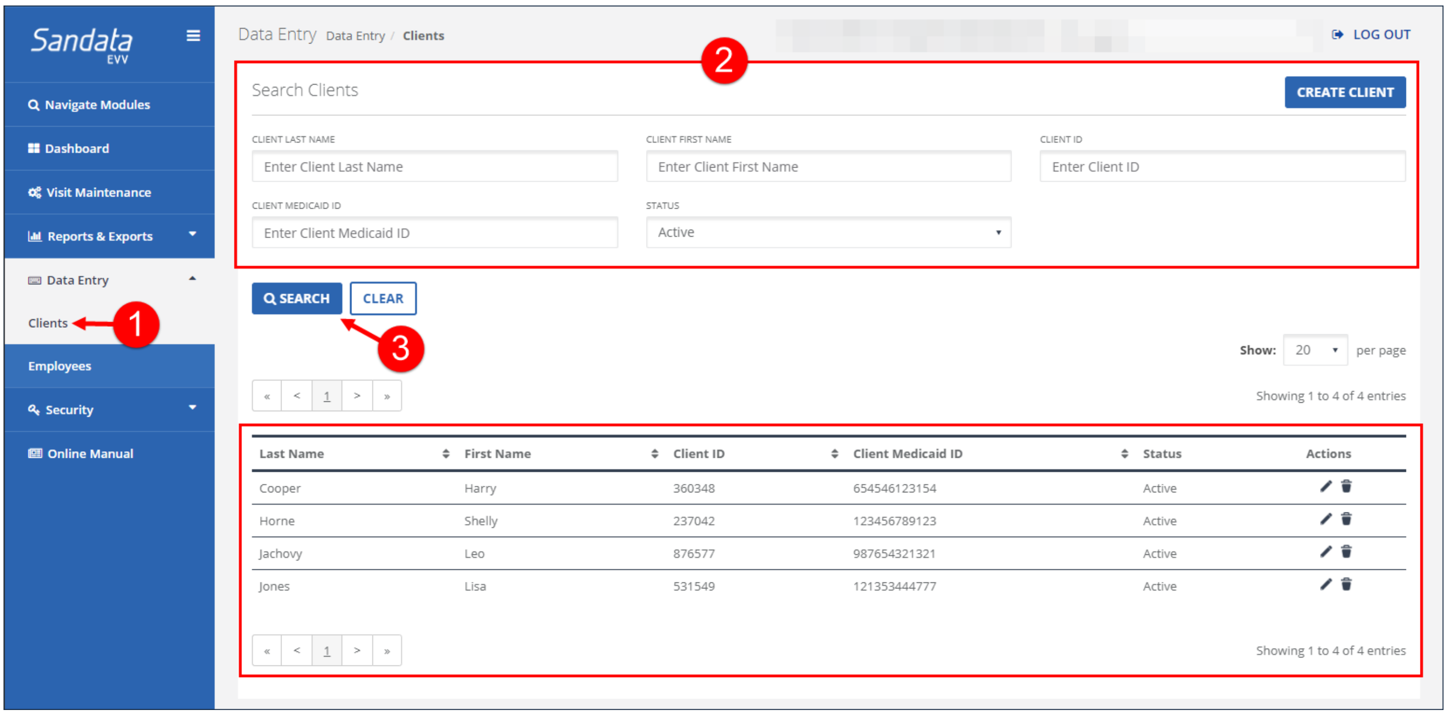
Filters and Buttons on the Clients Screen

Field	Description
CREATE CLIENT	Click this button to create a new client profile with associated demographic information.
CLIENT LAST NAME	Use this field to search for clients based on last name.
CLIENT FIRST NAME	Use this field to search for clients based on first name.
CLIENT ID	Use this field to search for a single client based on the assigned client's ID. NOTE: Client ID is always numeric and may be provided by a third party or assigned by Sandata.
CLIENT MEDICAID ID	Use this field to search for a single client based on the client's Medicaid ID
STATUS	Use this field to limit the results to only those clients with the selected status. The default value in this field is "Active".
Results List	Displays a list of clients that match the selected search criteria.

Searching for a Client

1. Navigate to the Clients screen. (**Data Entry** > **Clients**)
2. Enter the search criteria.
3. Click **SEARCH**.

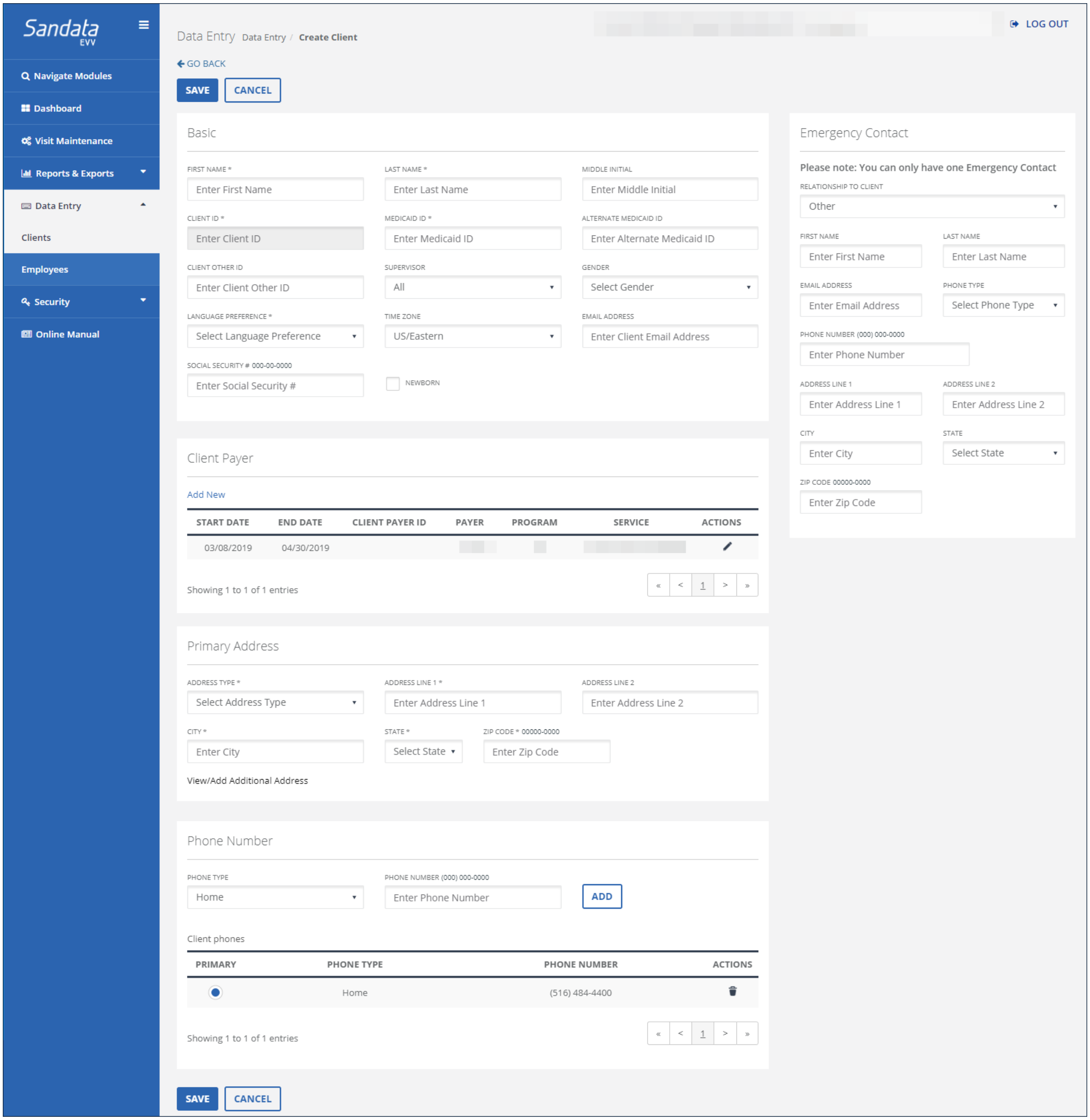
Note:
Searching with no criteria selected displays a complete list of clients.



Clients Screen

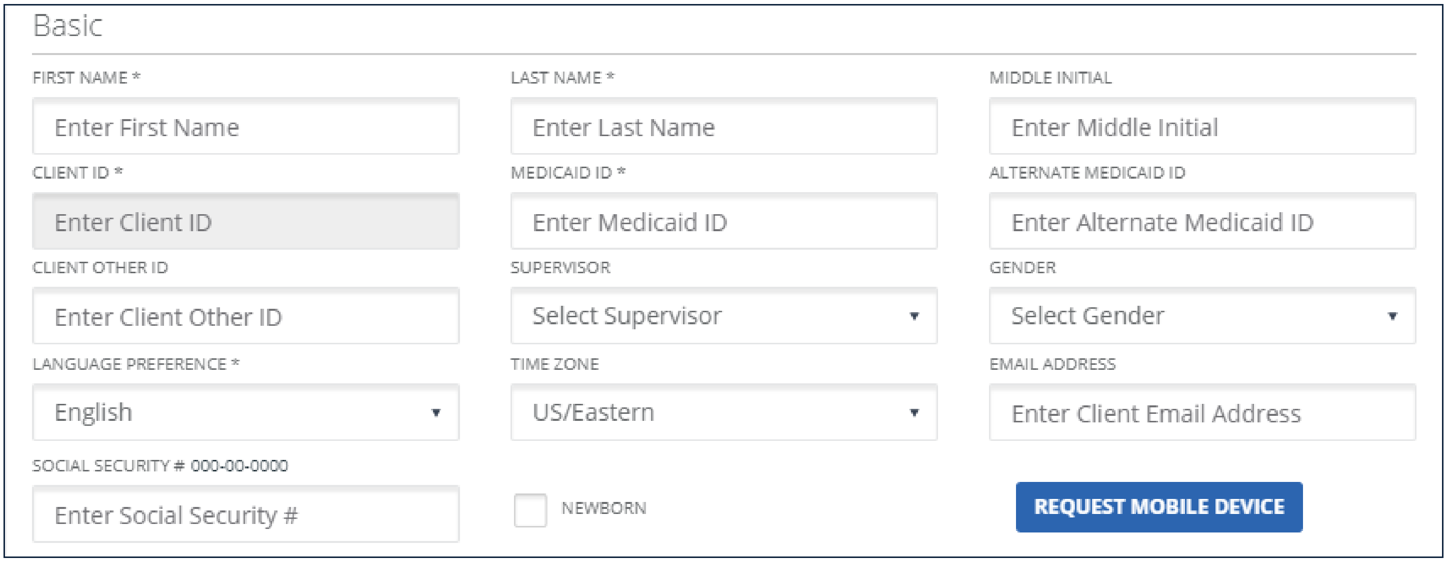
Create Client Screen

The Create Client screen allows users to enter and save client information. If the client is provided by a payer feed, based on program rules, users can enter alternated addresses and/or phone numbers for the client. Clients are checked for uniqueness based on configuration (For example, a unique client profile may be determined by the Medicaid ID or Social Security Number).



Create Client Screen

Basic Section Fields and Buttons



Basic Section

Field/Button/Column	Description
FIRST NAME	Enter the client's first name.
LAST NAME	Enter the client's last name.
MIDDLE INITIAL	Enter the client's middle initial.
CLIENT ID	A manually entered or automatically assigned numeric identifier, depending on configuration. When manually entering a client id, it is best practice to use a value of at least six digits. The length of the client id should be consistent for a given account (For example: all client ids in Account A are 6 digits in length).
MEDICAID ID	Enter the client's Medicaid ID.
ALTERNATE MEDICAID ID	Enter an alternate Medicaid ID. This value can be used for claims validation if a client's Medicaid ID changes.
CLIENT OTHER ID	Use this field to note ID numbers used in previous/other systems or cross-reference IDs used in current applications.
SUPERVISOR	Select and assign the client's supervisor.
GENDER	Select the client's gender.
LANGUAGE PREFERENCE	Select the client's preferred language. Language selection options are based on configuration.

Field/Button/Column	Description
TIME ZONE	Select the client's time zone.
PAYER	Select the client's payer. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list. For accounts configured to use multiple payers, and a payer authorization is not provided, this field is replaced by the Client Payer section.
SOCIAL SECURITY #	Enter the client's Social Security Number. Program rules determine whether a full or partial Social Security Number must be entered in this field.
NEWBORN	Select this checkbox to indicate the client is a newborn and does not have a Medicaid ID. Selecting this checkbox disables entry into the Medicaid ID field, it must be deselected to enter a Medicaid ID.
REQUEST MOBILE DEVICE	Click this button to send a mobile visit verification device to the client. This button only displays on an existing client profile when configured to allow mobile device ordering.

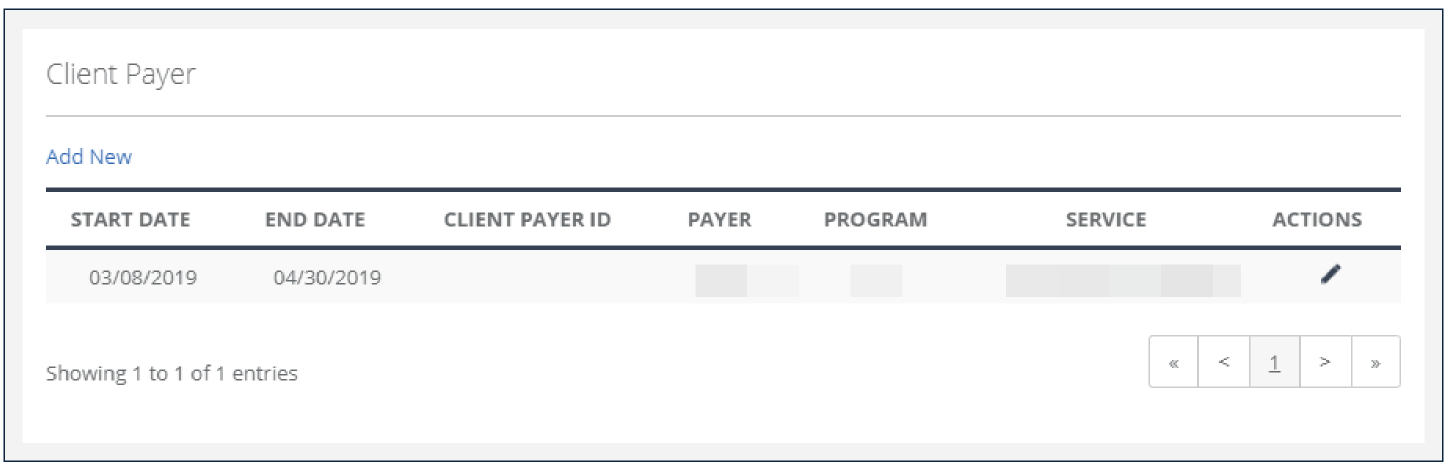
Emergency Contact Section Fields and Buttons

Emergency Contact

Field/Button/Column	Description
RELATIONSHIP TO CLIENT	Select the category that describes the contacts connection to the client.
FIRST NAME	Enter the emergency contact’s first name.
LAST NAME	Enter the emergency contact’s last name.
EMAIL ADDRESS	Enter the emergency contact’s email address. This field is required if the member portal is in use and the emergency contact is the designee for member portal use.
PHONE TYPE	Select the category that describes the phone number.
PHONE NUMBER	Enter the emergency contact’s phone number.
ADDRESS LINE 1	Enter the emergency contact’s address.
ADDRESS LINE 2	Enter the emergency contact’s apartment/suite number, if applicable.
CITY	Enter the city from the emergency contact’s address.
STATE	Select the state from the emergency contact’s address.
ZIP CODE	Enter the zip from the emergency contact’s address.

Client Payer Section Fields and Buttons

When an account is configured to use multiple payers and a payer authorization is not provided, this information may be required to associate the client with the appropriate payers, programs and services.



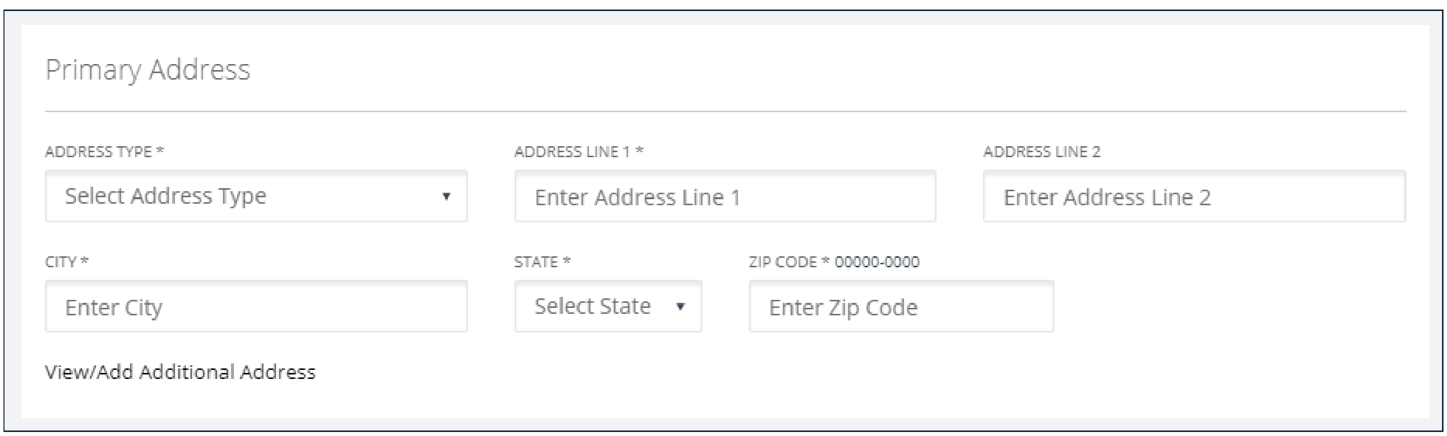
Client Payer section

Field/Button/Column	Description
ADD NEW	Click this button to add a new payer.
START DATE	Displays the start date of the payer.

Field/Button/Column	Description
END DATE	Displays the date the payer/program/service ends.
CLIENT PAYER ID	Displays the client payer id.
PAYER	Displays the payer's name. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.
PROGRAM	Displays the program. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.
SERVICE	Displays the service (code). All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.
EDIT PAYER ( )	Click this button to edit an existing payer, program and service combination.
COPY PAYER ( )	Click this button to copy an existing payer, program and service combination. At least one value must be updated before the copied payer can be saved.

Primary Address Section Fields and Buttons

Use this section to enter all addresses for locations where the client may receive services. Any address provided using a data feed is considered the client's primary address. Latitude and longitude coordinates are calculated for each address entered and are used to confirm call location. Latitude and longitude authentication may take up to 2 hours. When calls are placed using mobile visit verification, all addresses entered and linked with a valid latitude and longitude are used for GPS validation (GPS Validation ensures a valid address was entered and retrieves GPS coordinates for that address). It is not always possible to determine latitude and longitude (For Example, P.O. Box addresses).



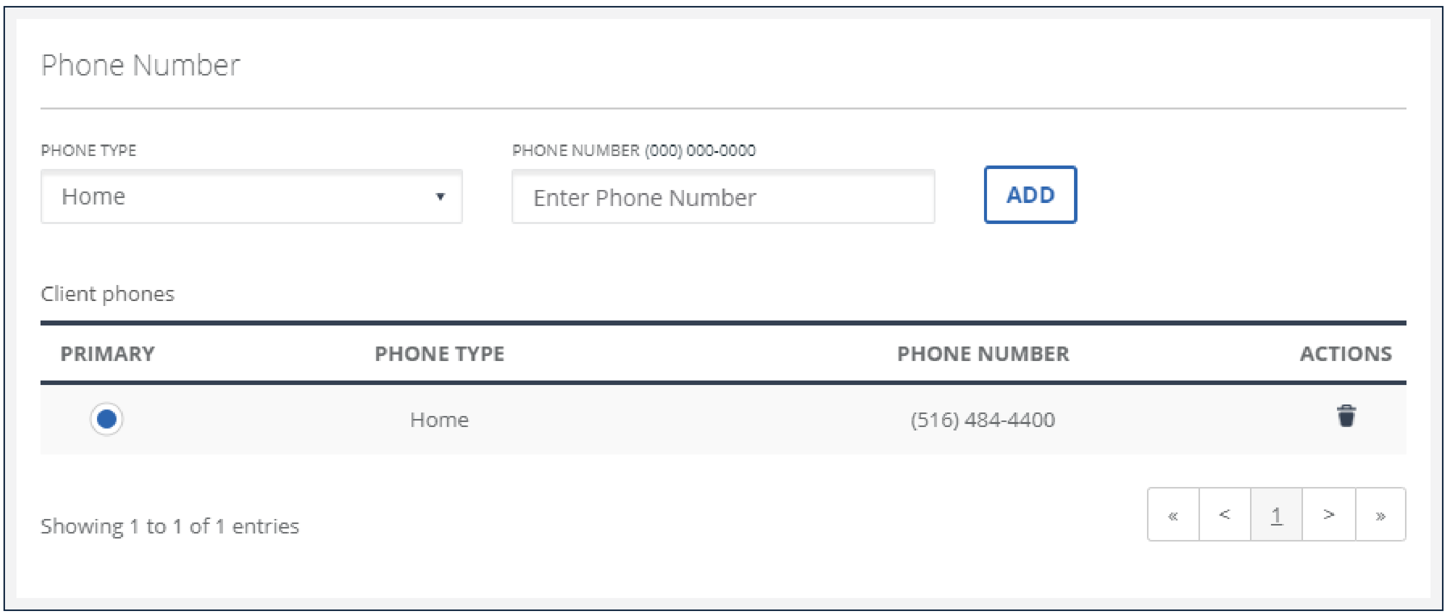
Primary Address section

Field/Button/Column	Description
ADDRESS TYPE	Select the category of this address (school, home etc).

Field/Button/Column	Description
ADDRESS LINE 1	Enter the client's primary address.
ADDRESS LINE 2	Enter the client's apartment/suite number, if applicable.
CITY	Enter the city from the client's primary address.
STATE	Enter the state from the client's primary address.
ZIP CODE	Enter the zip code from the client's primary address.
View/Add Additional Addresses	Click this link to display a pop-up to enter/view a list of additional addresses. An **Address Type** field identifies the various addresses.

Phone Number Section Fields and Buttons

Use this section to enter all phone numbers for locations where the client may receive services. Any phone number provided using a data feed is considered the client's primary address.



Phone Number section

Field/Button/Column	Description
PHONE TYPE	Select the category that describes the phone number.
PHONE NUMBER	Enter the client's phone number (Format: (###) ###-####).
CLIENT PHONES	Displays all phone numbers added to the client's profile.
PRIMARY	Select this to indicate the main phone number. One phone number must have this setting selected. When calls are placed using EVV, all phone numbers entered with are used for validation.

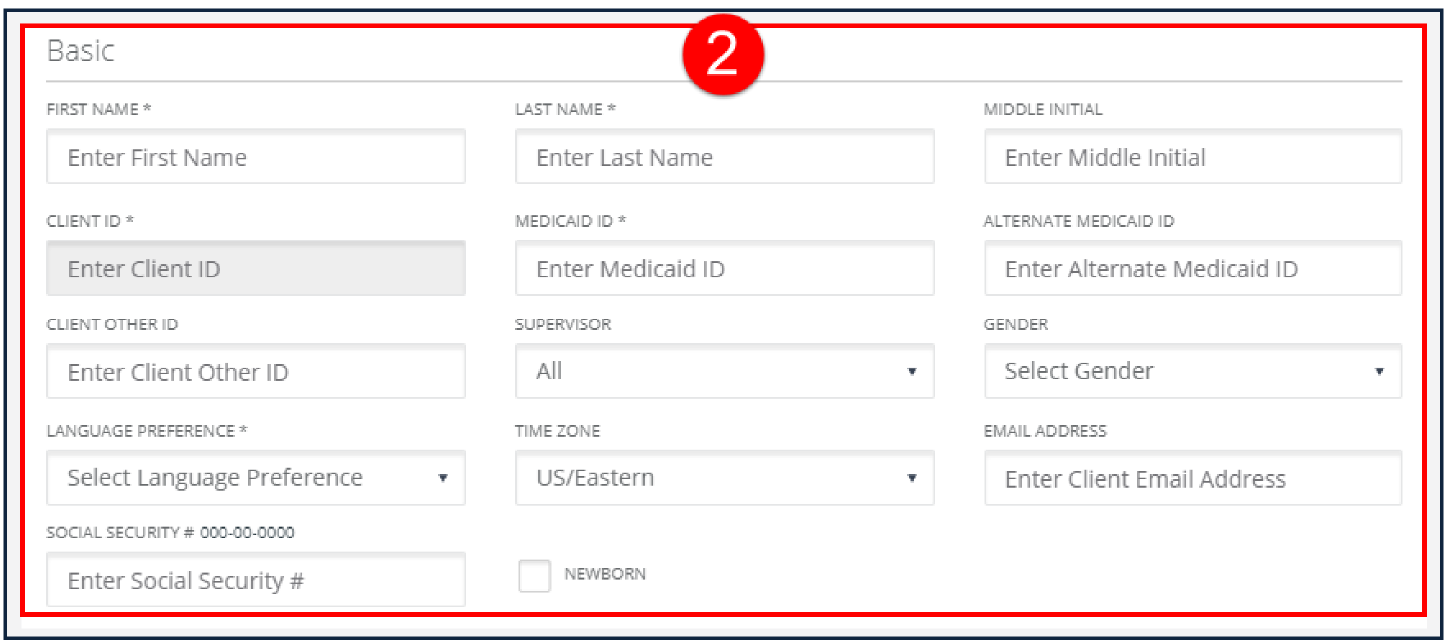
Creating a New Client Profile

1. Click the **CREATE CLIENT** button to open the Create Client screen. (**Data Entry** > **Clients** > **Create Client**)

Create Client

2. Enter all applicable information in the Basic section.
   This section is used for all general identifying client information.
   Required fields are indicated by an asterisk (*) and can change based on configuration. At a minimum all required fields must be filled in. When available, click **ADD** to insert the related fields into the table.

> ***Note:***
> *To prevent duplicate client profiles, search to ensure there is not an existing profile before creating a new client profile. Duplicate client entry is prevented based on the Client ID and/or Medicaid ID.*

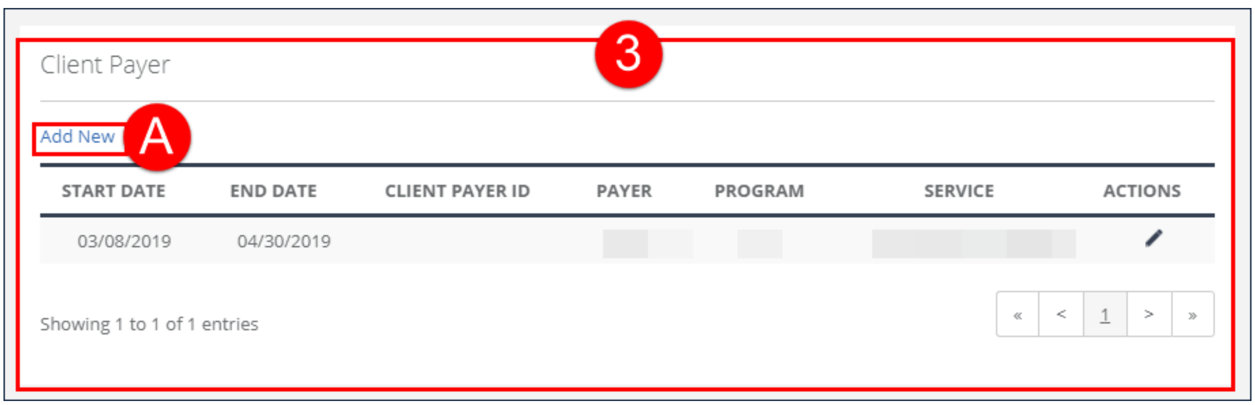


Basic Section

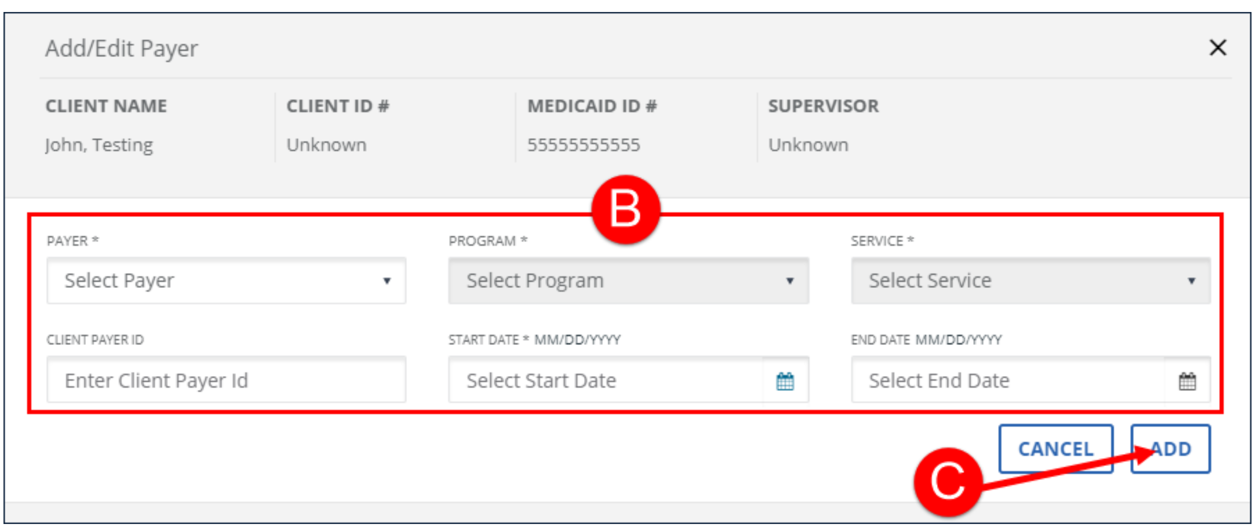
3. Use the Client Payer section to add a payer, program and service, if required.
   This section is only available if the account is configured to display it. The Client Payer section allows users to enter multiple payers, programs and services for a client. Use the **CLIENT PAYER ID** field to create an identifier for that payer. This section allows users to define which services are available for a client. **START DATES** and **END DATES** for services/payers/programs are also set on this screen. When applying the 'Invalid Service' exception, the system checks the parameters defined in this section of the application to determine which visits should be flagged with the exception.
   A. Click **Add New** to open the Add/Edit Payer screen.
   B. Enter all applicable fields.
   C. Click **ADD.**

Note(s):

Use the Copy Payer ( ) button to copy an existing payer. Click the button to open the Add/Edit payer screen, pre-filled with identical information to the payer being copied. Make any changes and add the payer.



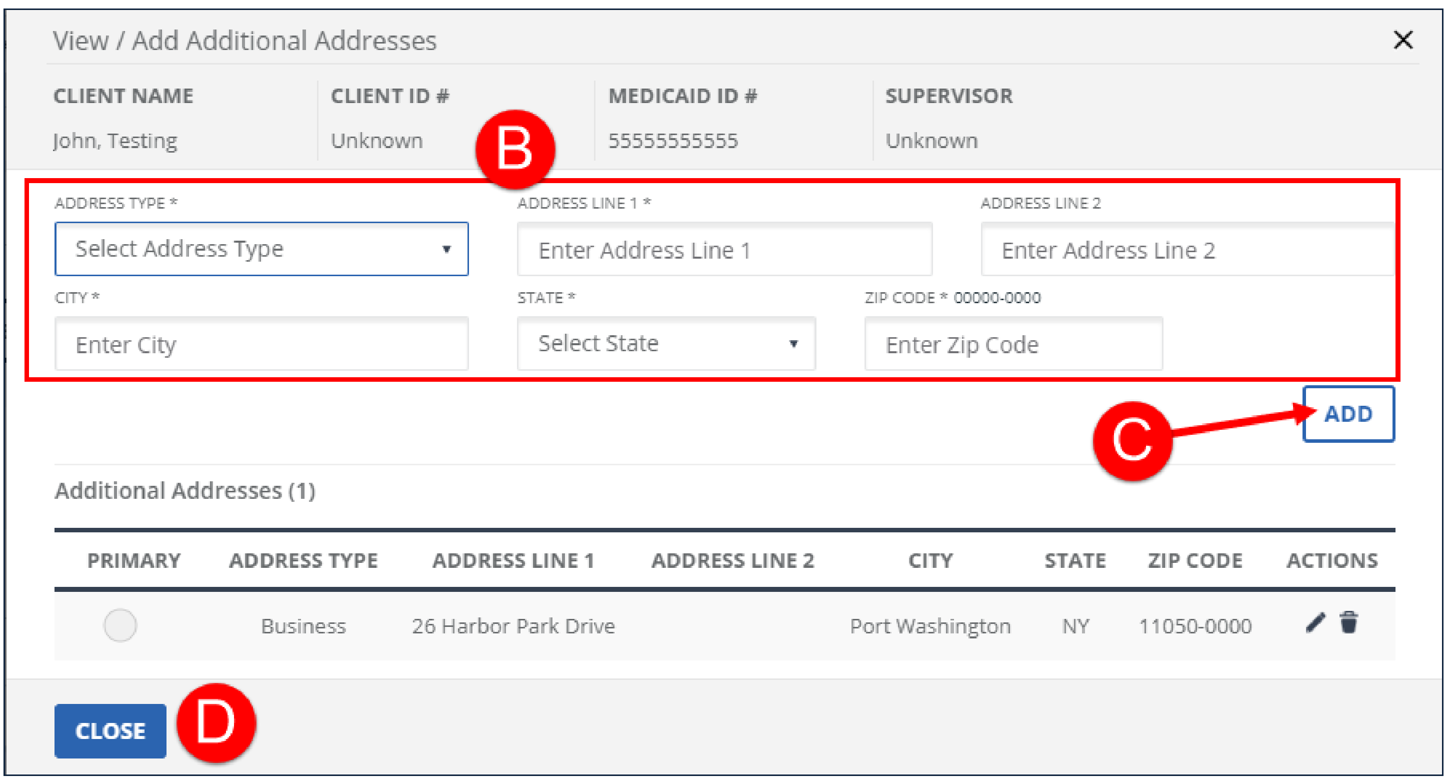
Client Payer Section



Add/Edit Payer

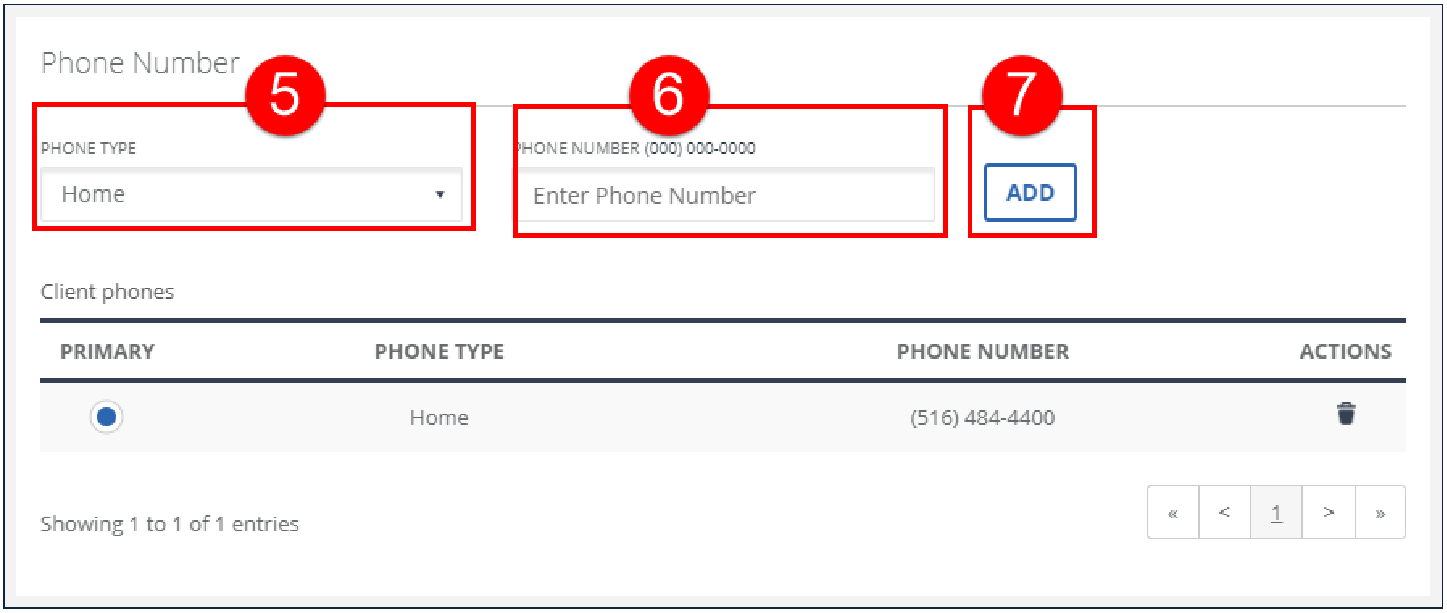
4. Enter/Select all applicable fields in the Primary Address section.
   A. Click **View/Add Additional Address**.
   B. Enter/Select all applicable fields in the View / Add Additional Addresses screen.
   C. Click **ADD** and the additional address displays in the Additional Addresses (x) section.
   D. Click **CLOSE**.

Primary Address Section



View / Add Additional Addresses Section

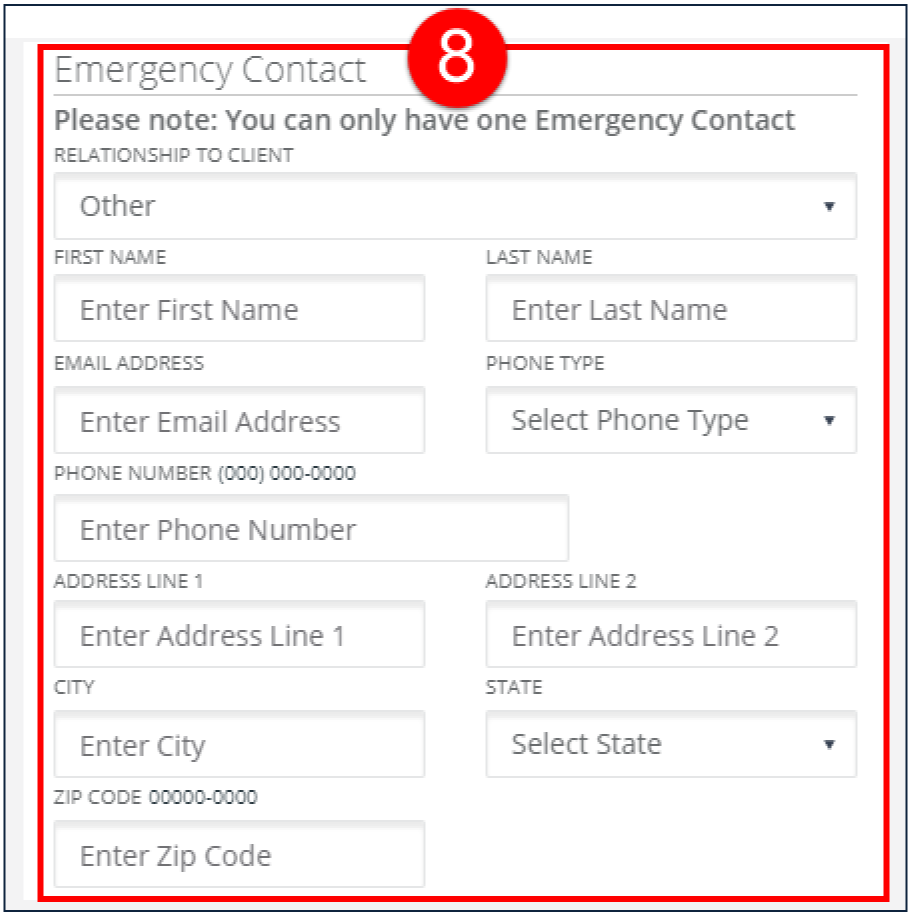
5. Select a **PHONE TYPE**.
6. Enter a phone number.
7. Click **ADD** and the phone number displays in the Client phones section.
   Phone numbers are used to determine which visits are flagged with certain exceptions (For Example: Invalid Client, Unmatched Client ID, all exceptions related to phone numbers).



Phone Number

	Note(s): The first phone number added is set as the client's primary phone number. If the client has multiple phone numbers, select the radio button in the **PRIMARY** column to set that number as primary.
	Note(s): If data is provided by a payer, the primary phone number is not editable and can only be updated by the payer.

8. Enter all applicable fields in the Emergency Contact section.
   An emergency contact is the designated contact person and/or signer for the client. Emergency contacts can also provide visit verification on both SMC and TVV visits. Emergency contacts can also log into portal, in place of the client, in certain configurations such as consumer directed services.

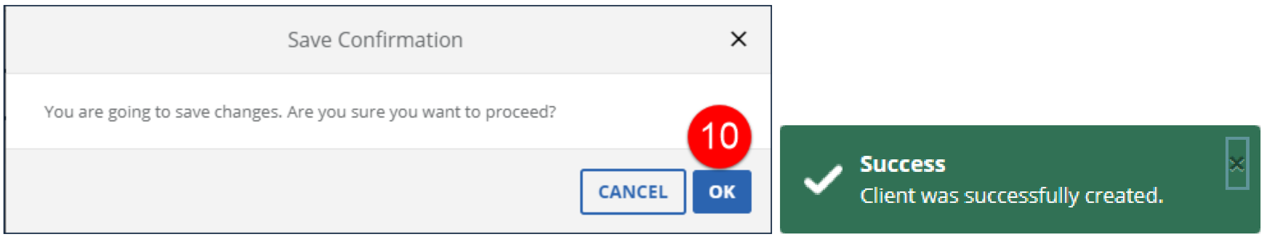


Emergency Contact Section

9. Click **SAVE**.

Save Button

10. Click **OK** on the **Save Confirmation** popup.
   A notification of confirmation or error displays at the top of the screen. After creating a client, the newly created client profile displays, allowing users to review the information and immediately make updates.



Save Confirmation and Confirmation/Error Notification

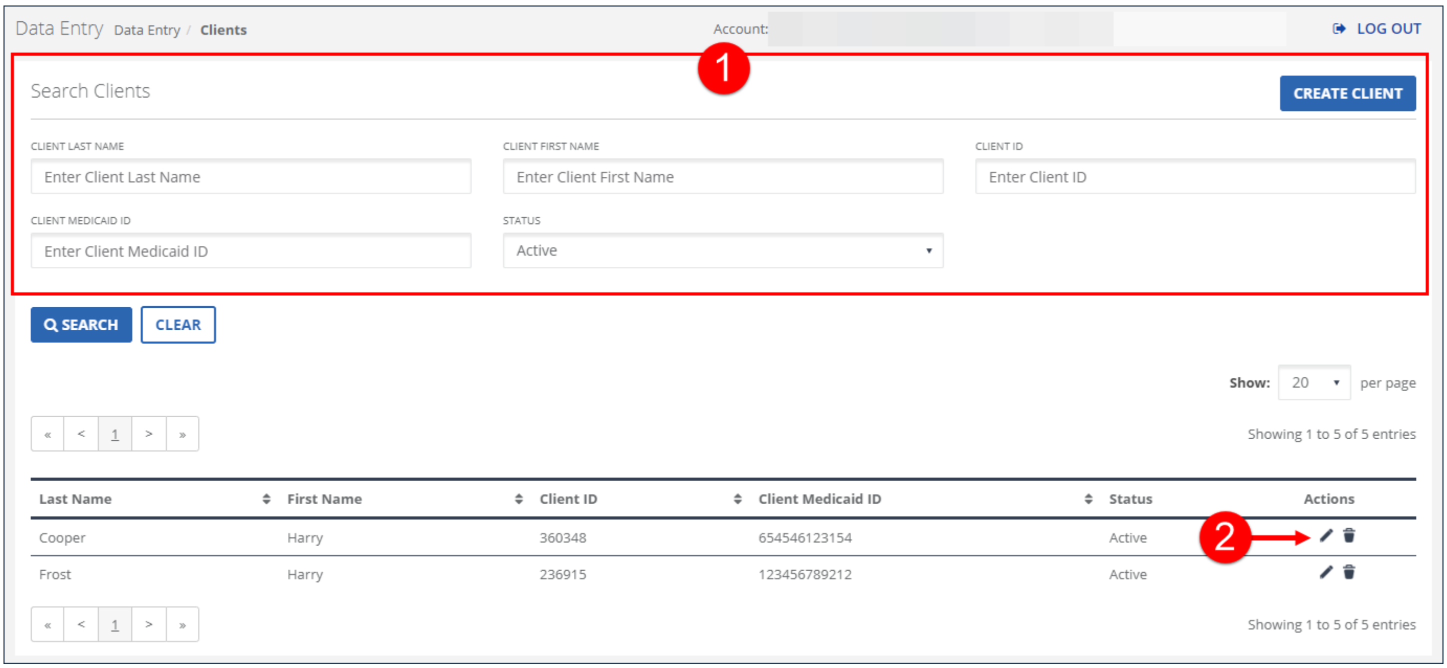
	Note(s): After saving a client profile, Edit Client screen displays. If configured, users can now use the **REQUEST MOBILE DEVICE** button to request a mobile visit verification device for the client.
	Note(s): Use the **CREATE CLIENT** button at the top of the Edit Client screen to create clients consecutively without returning to the Clients screen.

Modifying a Client Profile

Use the Edit Client screen to update a client profile. Addresses, phone numbers, contacts, designees and payers can be updated on this screen. Depending on program rules, some fields may not be available for editing. Users can also request a mobile visit verification device, if allowed by program rules, from this screen.

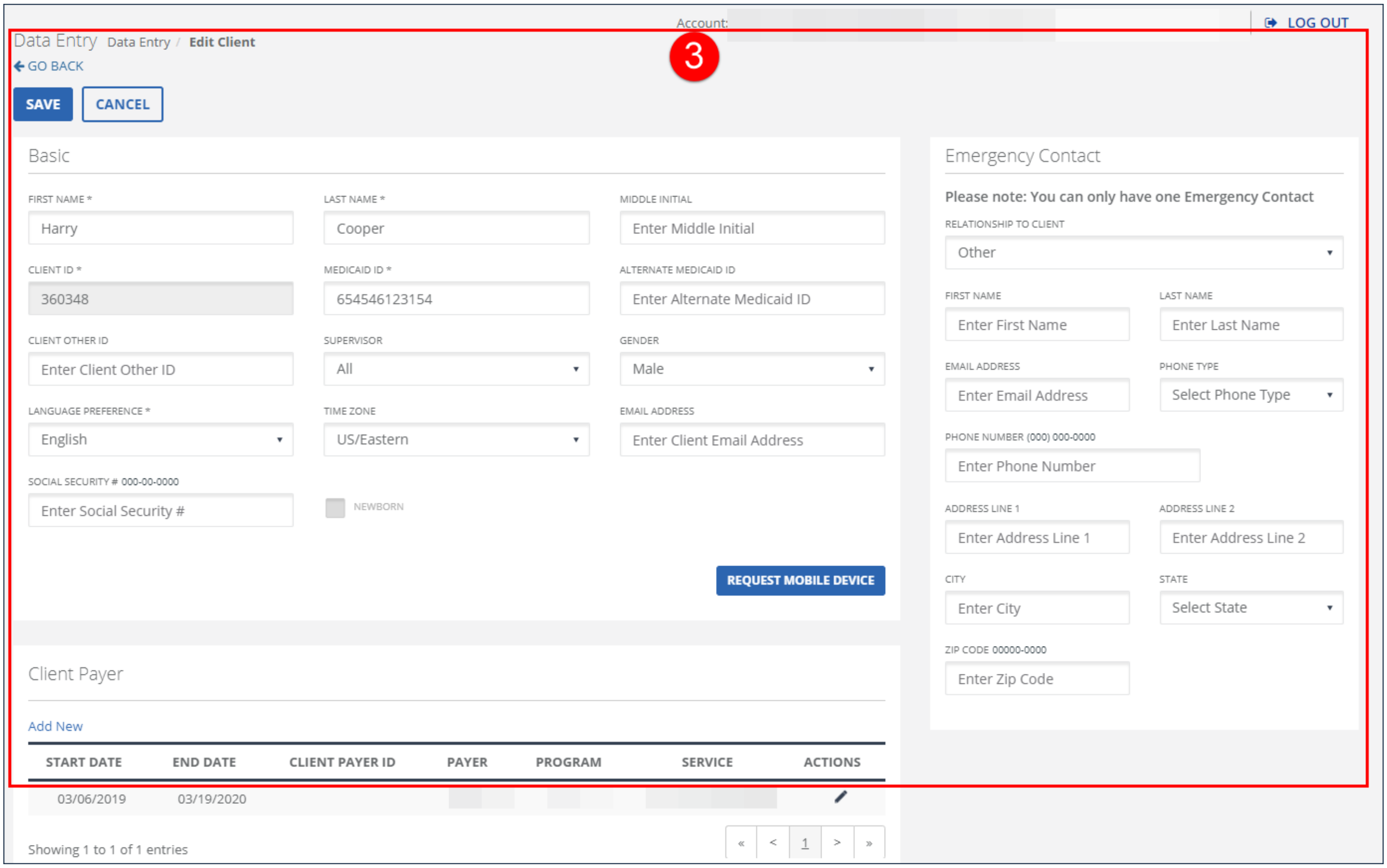
Note(s):
Addresses must be valid for the system to verify the entered address against the location the call was placed from. Addresses cannot be a PO Box.

1. Navigate to the Edit Client screen. (**Data Entry** > **Clients**)
2. Click the **Edit** icon ( ) for the client or anywhere on the line item to open the client's profile.



Clients Screen

3. Modify all applicable fields in the Basic, Primary Address, Client Payer, Phone Number and Emergency Contact sections of the Edit Client screen.
   Required fields are indicated by an asterisk (*) and vary based on configuration. At a minimum all required fields must be filled in. When available, click **ADD** to insert the related fields into the table.

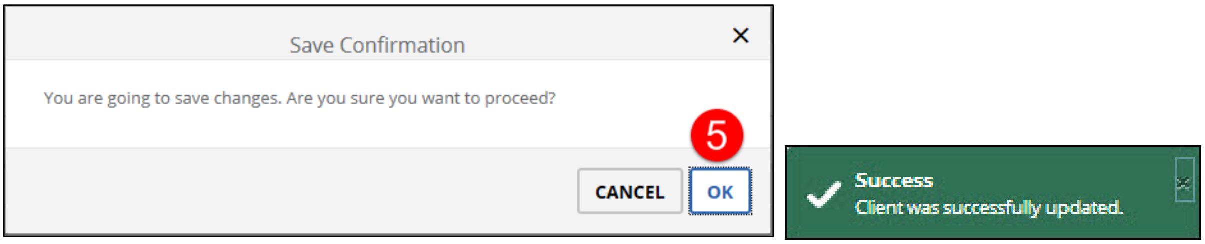


Create Client Screen

4. Click SAVE.

Save Button

5. Click **OK** on the **Save Confirmation** popup.
   A notification of confirmation or error displays at the top of the screen.

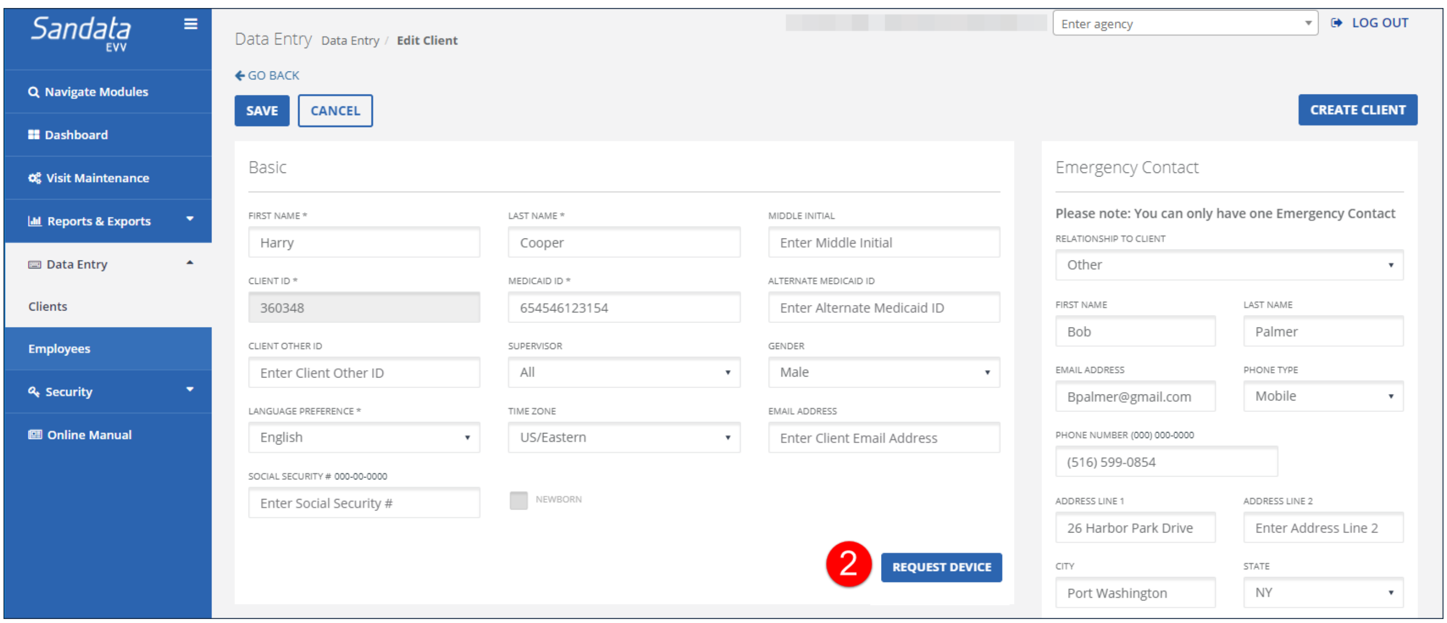


Save Confirmation and Confirmation/Error Notification

<u>Requesting a Mobile or Fixed Visit Verification Device</u>

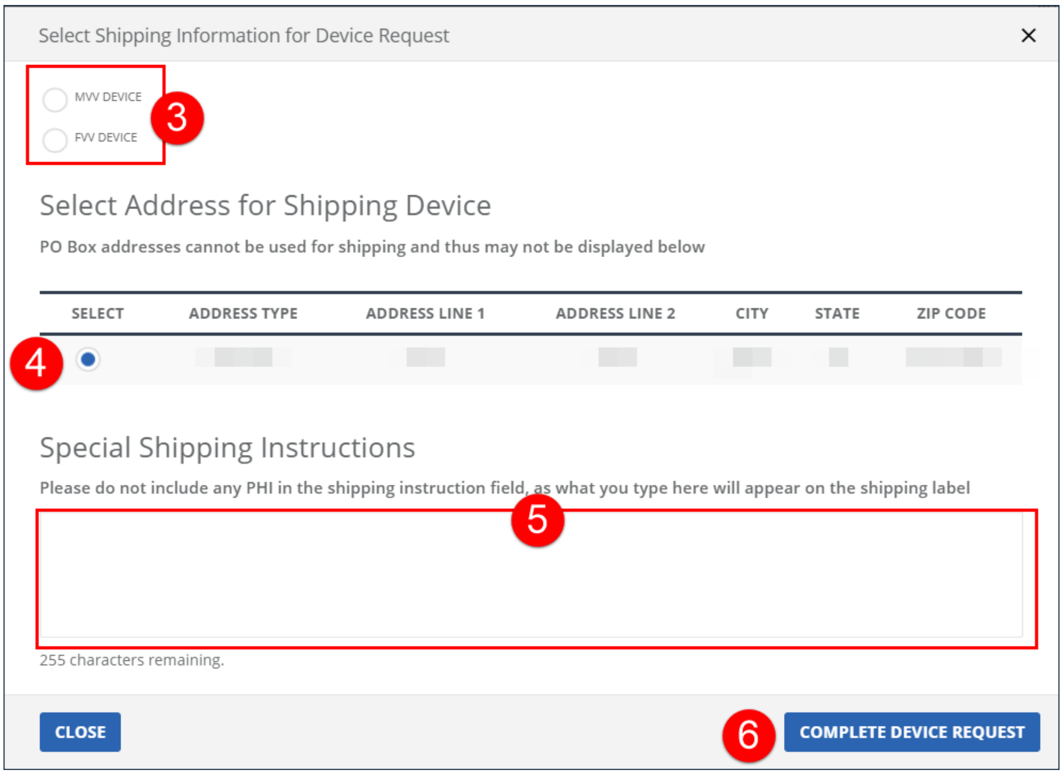
If program rules allow and Sandata is providing mobile and/or fixed visit verification devices, users, typically administrators, can click the **REQUEST DEVICE** button on the Edit Client screen and request a mobile or fixed visit verification device for the selected client. Follow the instructions below to order a device.

1. Navigate to the Edit Client screen (**Data Entry** > **Clients** > Search for an open a Client).
2. Click the **REQUEST DEVICE** button.



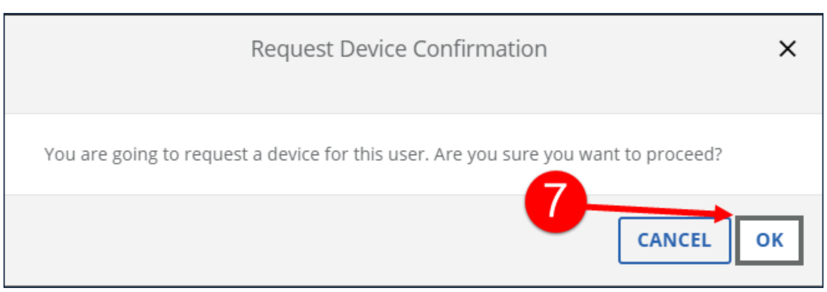
Request Device Button on Edit Client Screen

3. Select either **FVV DEVICE** or **MVV DEVICE**
4. Select an address to the ship the device to.
5. Enter any special shipping instructions, if necessary.
6. Click the **COMPLETE DEVICE REQUEST** button.



Select Shipping Information for Device Request

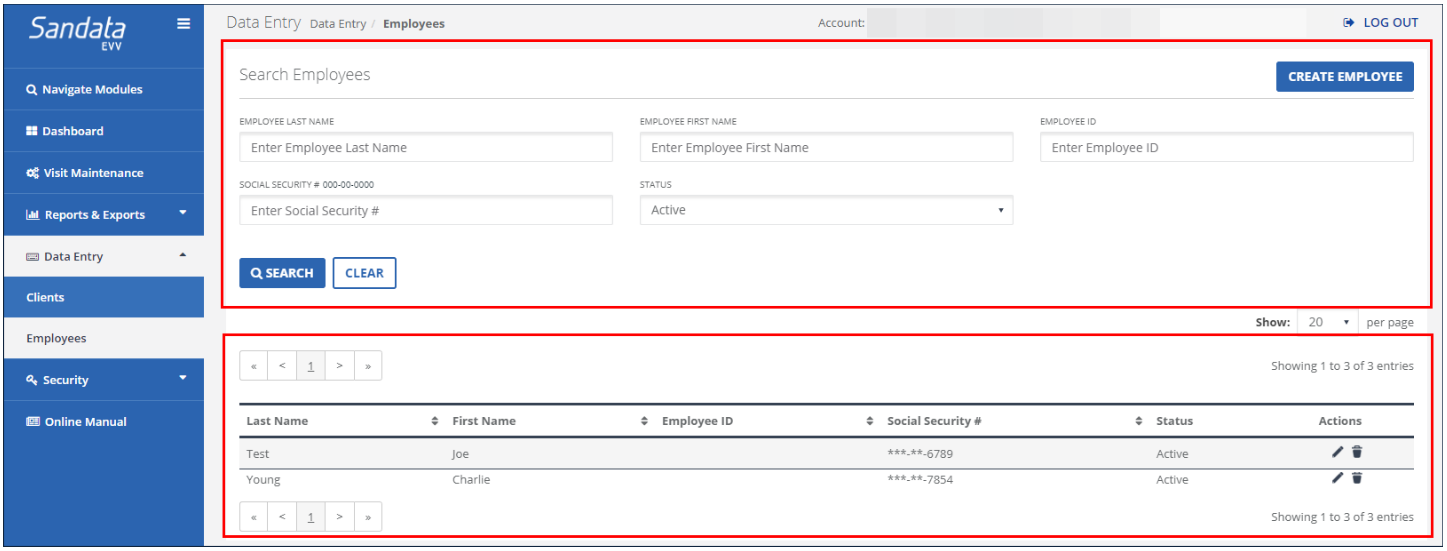
7. Click **OK** on the Request Mobile Device Confirmation pop-up.
   The device request is submitted to the Sandata fulfillment center.



Request Mobile Device Confirmation

Employees Screen

Use the Employees screen to search for employees. The various fields and filters allow users to limit the results to specific employees.



Filters and Buttons on the Employees screen

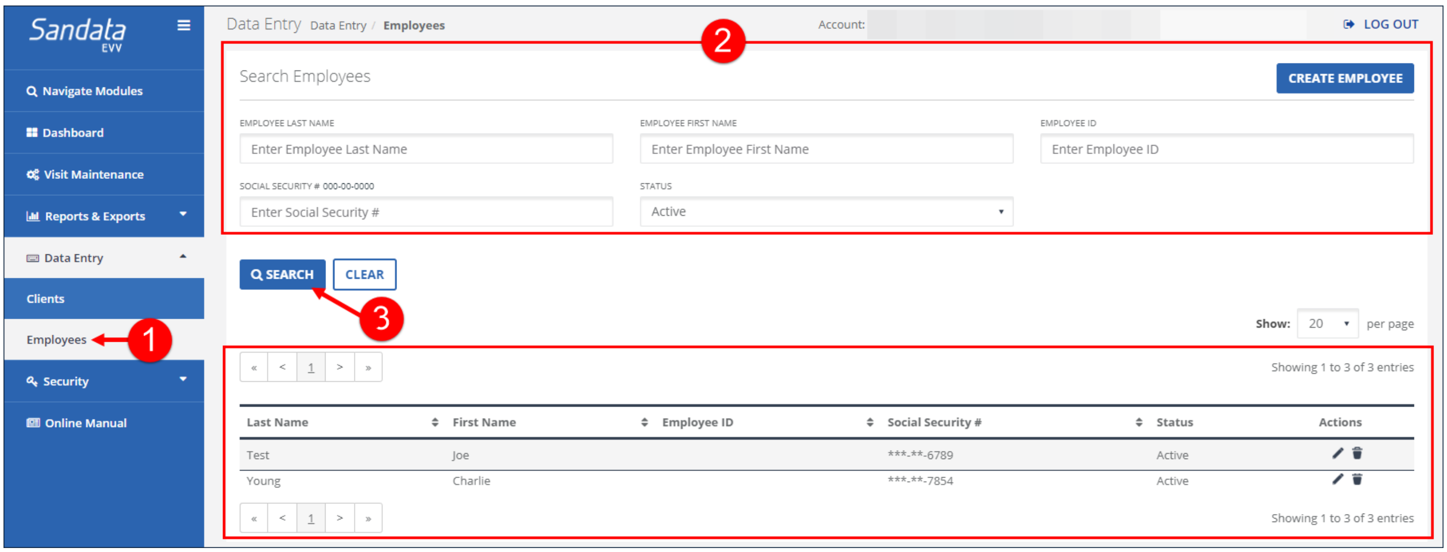
Fields and Buttons on the Employees Screen

Field	Description
CREATE EMPLOYEE	Use this button to create a new employee.
EMPLOYEE LAST NAME	Use this field to search for employees based on last name.
EMPLOYEE FIRST NAME	Use this field to search for employees based on first name.
EMPLOYEE ID	Use this field to enter and search for a single employee's ID. This is also referred to as a Santrax ID.
SOCIAL SECURITY #	Use this field to search for employees based on a Social Security Number.
STATUS	Use this field to search for employees based on status.
Results List	Displays a list of employees that match the selected search criteria.

Searching for an Employee

1. Navigate to the Employees screen. (**Data Entry** > **Employees**)
2. Enter the search criteria.
3. Click **SEARCH**.

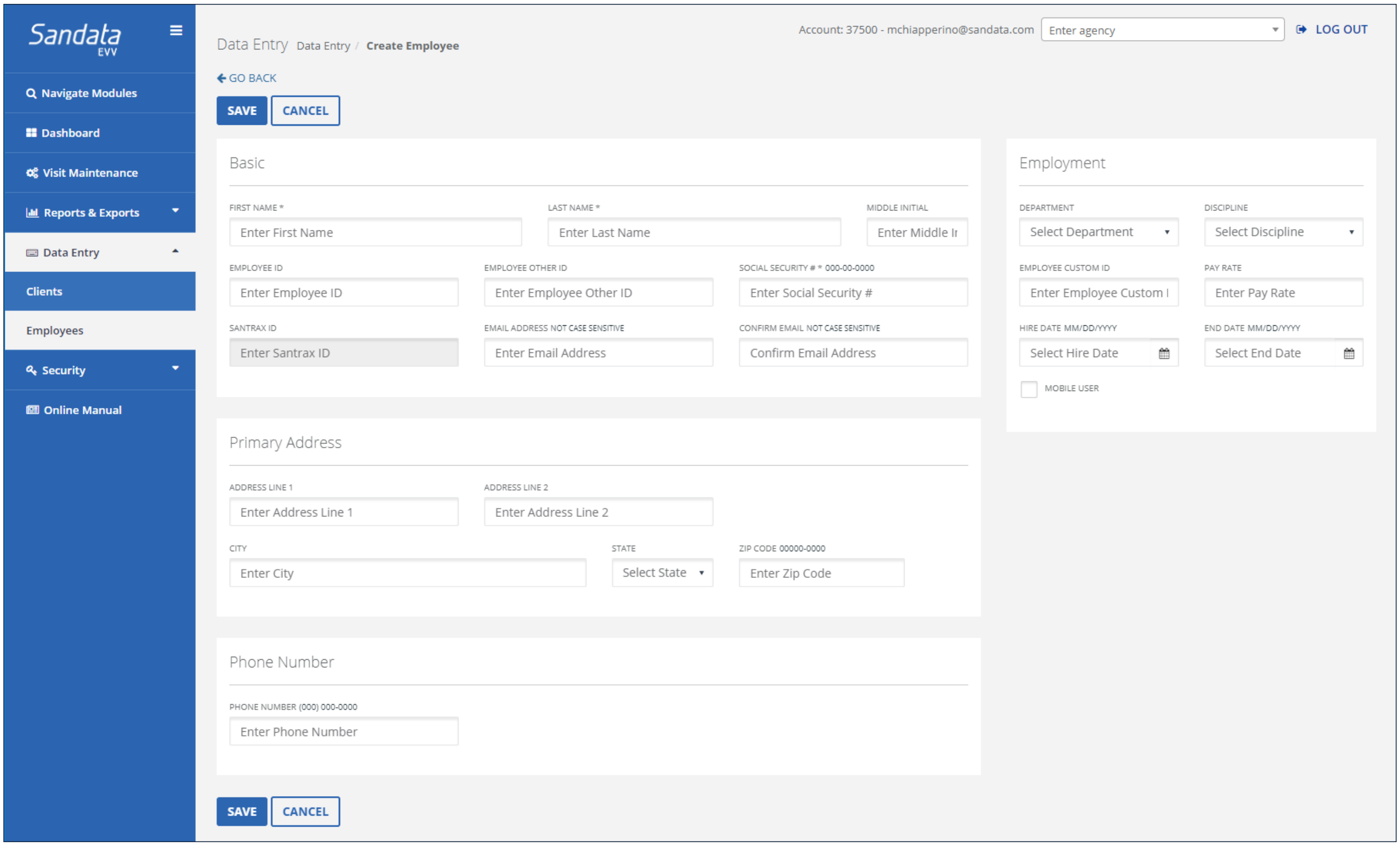
Note:
Searching with no criteria selected displays a complete list of employees.



Employee Screen

Create Employee Screen

The Create Employee screen allows users to add new employees to the system. Entering employee information allows the system to associate visit information with the appropriate employee. Employee data is used when determining which visits are flagged with certain employee related exceptions, such as 'Unknown Employee'.

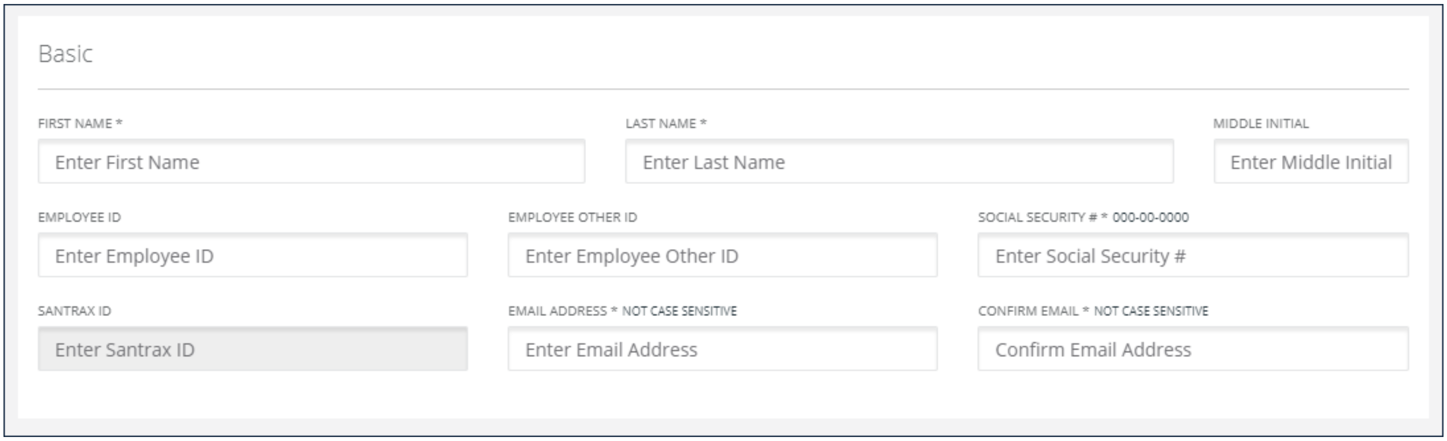


Fields and Buttons on the Create Employee Screen

Fields and Buttons on the Create Employee Screen

This section describes the various fields and buttons on the Create Employee screen.

Basic Section Fields and Buttons



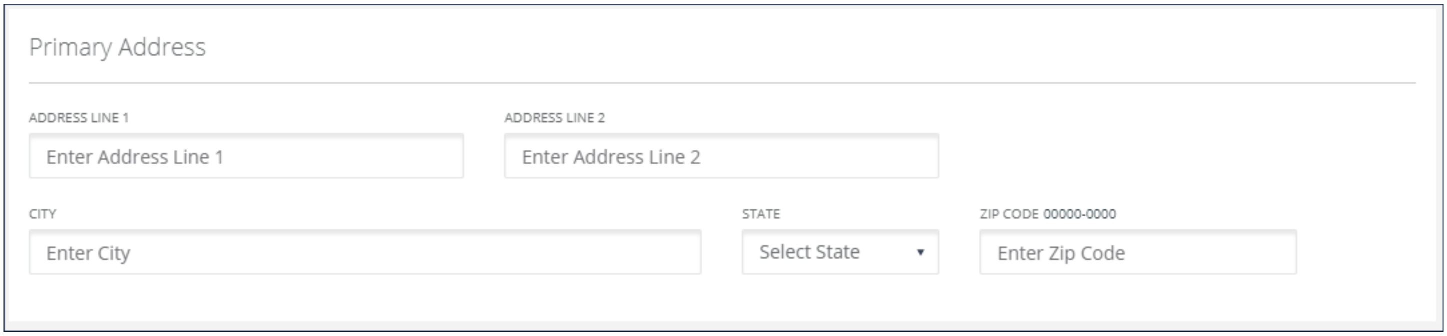
Basic Section

Field/Button/Column	Description
FIRST NAME	Enter the employee's first name.
LAST NAME	Enter the employee's last name.
MIDDLE INITIAL	Enter the employee's middle initial.
EMPLOYEE ID	Use this field to note ID numbers used in previous systems or cross-reference IDs used in current applications.
EMPLOYEE OTHER ID	Use this field to note ID numbers used in previous systems or cross-reference IDs used in current applications.
SOCIAL SECURITY #	Enter the employee's Social Security Number. For accounts configured to require less than 9 digits for this field, the value is not validated for uniqueness against other employee social security numbers.
SANTRAX® ID	Displays a manually entered or auto-populated numeric identifier. This number is used by field staff when calling in using EVV's toll free numbers. When manually entering a Santrax ID, it is best practice to use a value of at least six digits. The length of the Santrax ID should be consistent for a given account (For example: all Santrax IDs in Account A are 6 digits in length).
EMAIL ADDRESS	Enter the employee's email address. This email address is the username for field staff using a mobile application and as the login for Sandata EVV, if the Employee Portal is in use. Temporary passwords are sent to this email address for validation. This field must be unique for each employee within the agency.

Field/Button/Column	Description
CONFIRM EMAIL ADDRESS	Re-Enter the employee’s email address.

Primary Address Section Fields and Buttons

This section is informational only. The address entered is not used during visit validation.



Primary Address Section

Field/Button/Column	Description
ADDRESS LINE 1	Enter the employee’s address.
ADDRESS LINE 2	Enter the employee’s apartment/suite number, if applicable.
CITY	Enter the city for the employee’s address.
STATE	Enter the state for the employee’s address.
ZIP CODE	Enter the zip for the employee’s address.

Phone Number Section Fields and Buttons

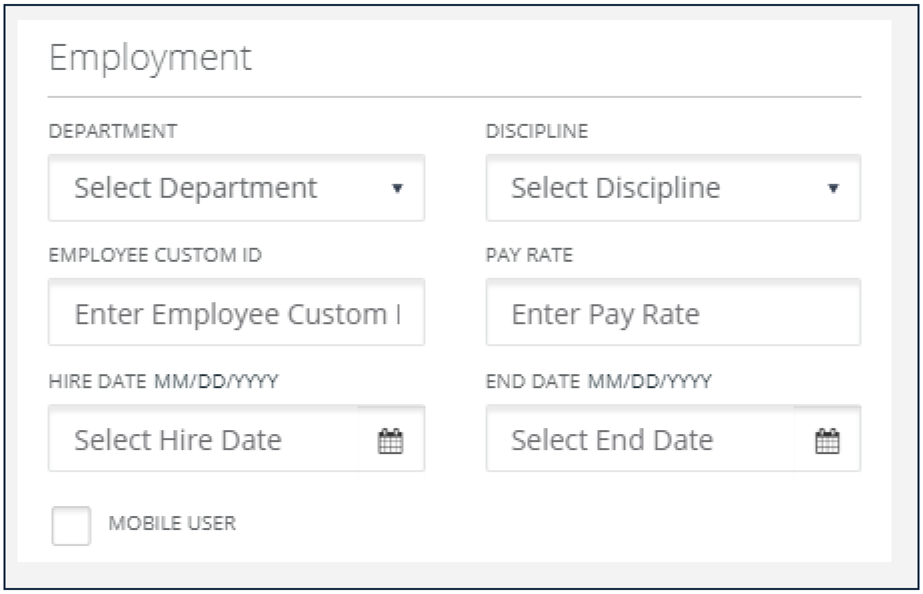
This section is informational only. The phone number entered is not used during visit validation.

Phone Number Section

Field/Button/Column	Description
PHONE NUMBER	Enter the employee’s phone number (Format: (###) ###-####).

Employment Section Fields and Buttons

The fields in this section are optional unless required by agency or payer configuration.



Employment Section

Field/Button/Column	Description
DEPARTMENT	Available based on configuration.
DISCIPLINE	Select the employee’s role.
EMPLOYEE CUSTOM ID	Use this field to note ID numbers used in previous systems or cross-reference IDs used in current applications.
PAY RATE	Enter the employee’s pay rate.
HIRE DATE MM/DD/YYYY	Enter the date the employee's start date.
END DATE MM/DD/YYYY	Enter the employee's termination date.
MOBILE USER	Select this checkbox when the employee is field staff that is using a mobile application. This sends an email to the email address listed with a temporary password for the staff member to log into the mobile application. Field staff can then set up a permanent password and answer security questions.
RESET MOBILE USER PASSWORD	Click this button twice to send reset the employee’s password and send a new temporary password for Sandata Mobile Connect to the employee’s email address. This button only displays on an existing employee profile.
HIRE DATE MM/DD/YYYY	Enter or select the employee’s hire date.
END DATE MM/DD/YYYY	Enter or select the employee’s employment end date.

Creating a New Employee Profile

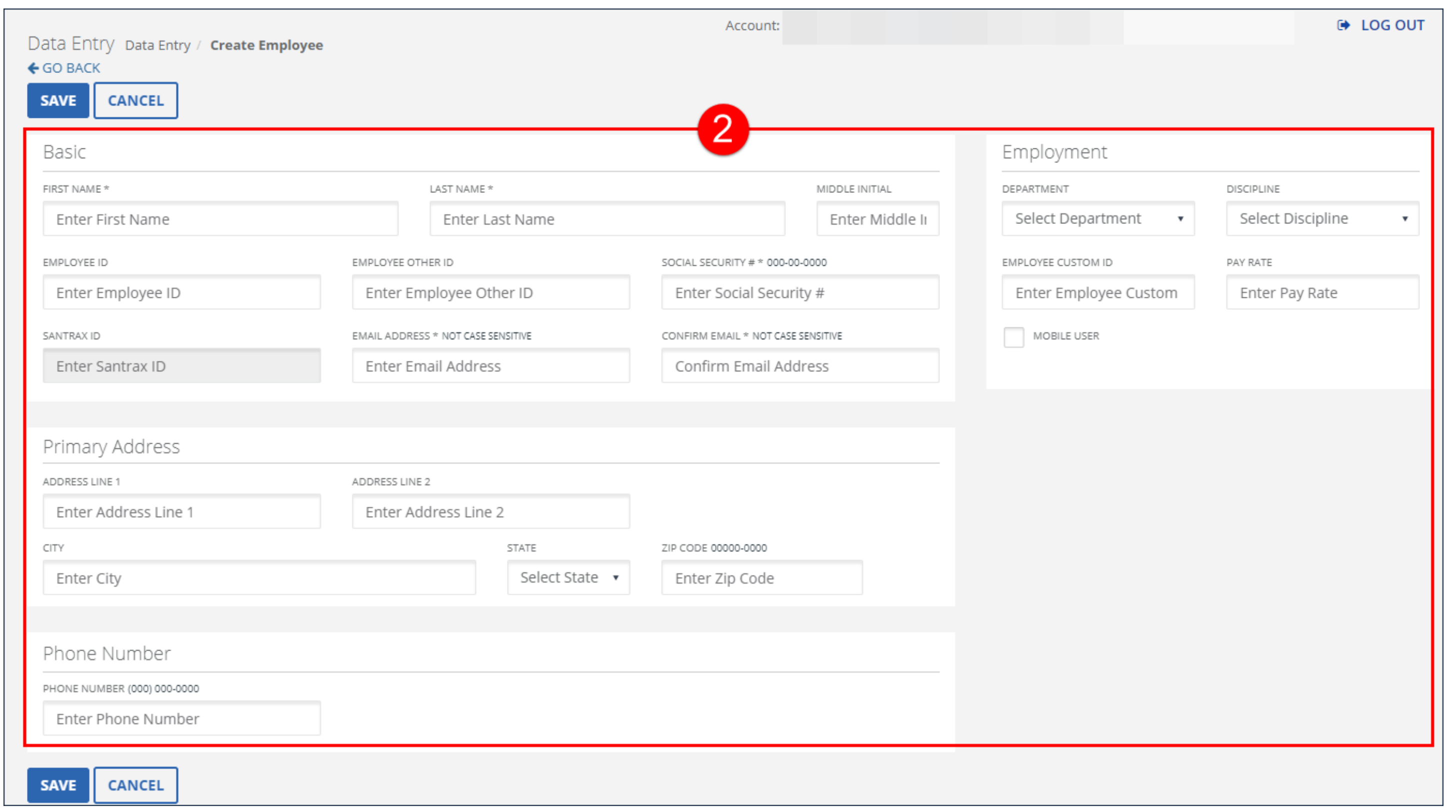
1. Navigate to the Create Employee screen. (**Data Entry** > **Employees** > **Create Employee**)

Create Employee Button

Note:
If social security number validation is not enabled, search to ensure there isn't an existing profile before creating a new client profile. This prevents duplicate employee profiles.

2. Enter/Select all applicable fields.
   Required fields are indicated by an asterisk (*) and vary based on configuration. At minimum all required fields must be populated.

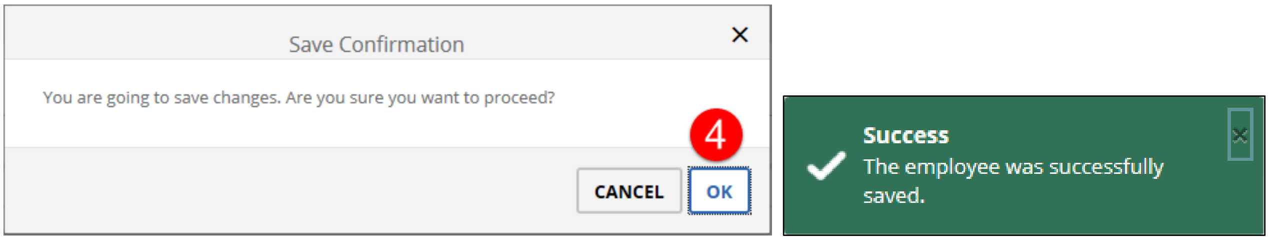
3. Click **SAVE**.



Create Employee screen

Save Button

4. Click **OK** on the **Save Confirmation** popup.
   A notification of confirmation or error displays at the top of the screen. The Save Confirmation pop-up includes a notice if the **MOBILE USER** checkbox is not selected.

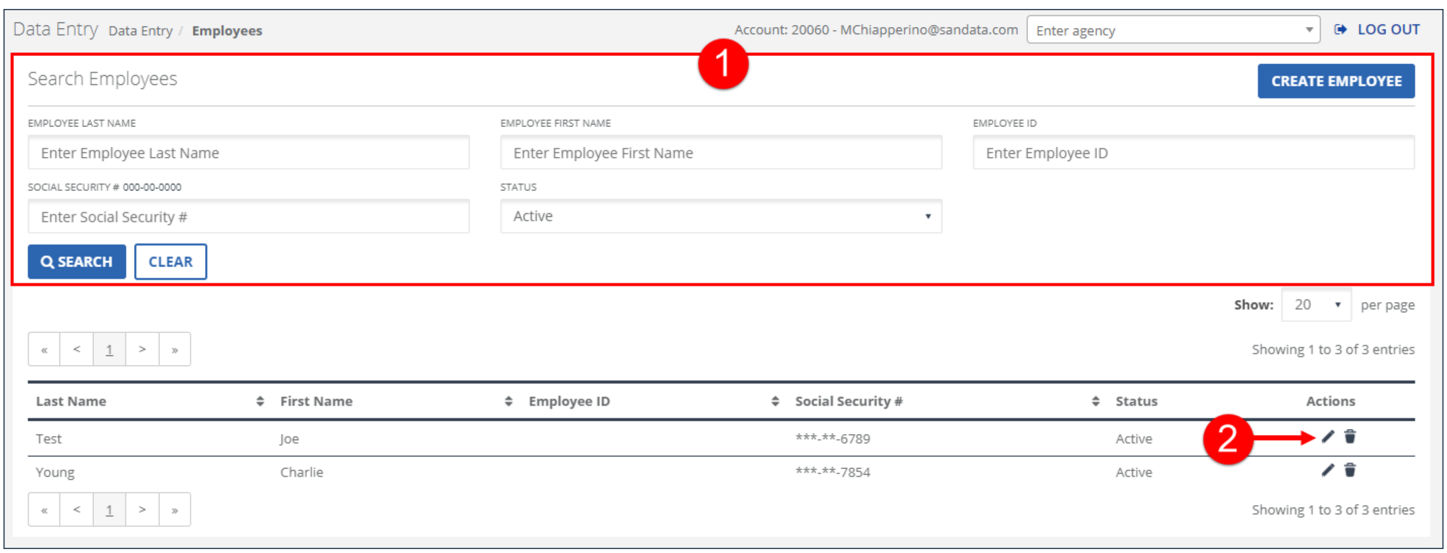


Save Confirmation and Confirmation/Error Notification

	Note(s): Use the CREATE EMPLOYEE button at the top of the Edit Employee screen to create clients consecutively without returning to the Employees screen.

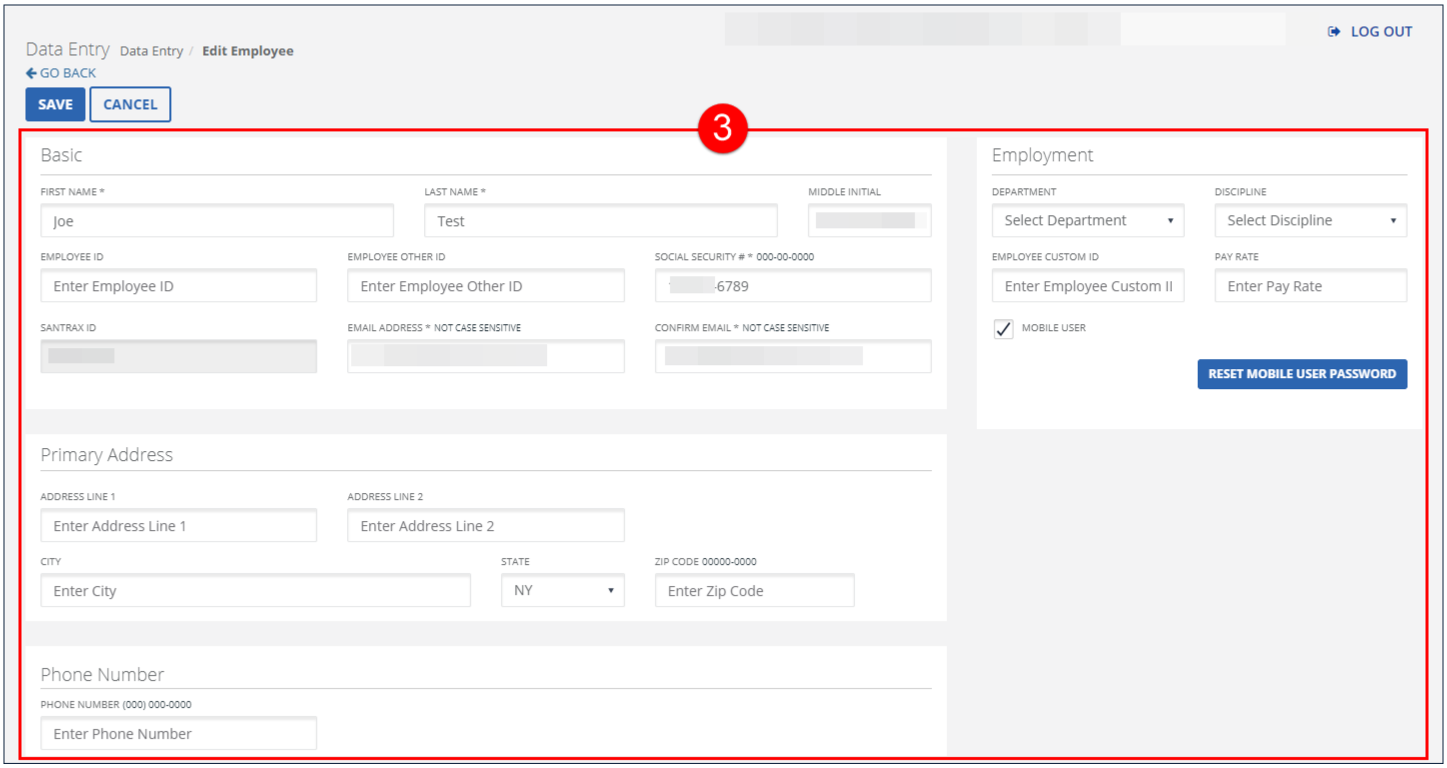
<u>Modifying an Employee Profile</u>

1. Navigate to the Edit Employee screen. (**Data Entry** > **Employees**).
2. Click the **Edit** icon ( )for the employee or anywhere on the line item.



Employees Screen

3. Modify the applicable fields.
   Required fields are indicated by an asterisk (*) and will vary based on configuration. At a minimum all required fields must be populated. When available, click **ADD** to insert the related fields into the table.



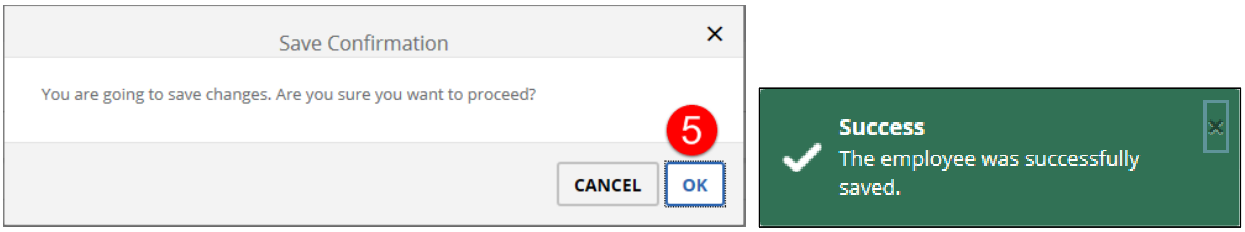
Create Employees Screen

4. Click **SAVE**.

Save Button

Note(s):
Use the **CREATE EMPLOYEE** button at the top of the Edit Employee screen to create clients consecutively without returning to the Employees screen.

5. Click **OK** on the **Save Confirmation** popup.
   A notification of confirmation or error displays at the top of the screen. The Save Confirmation includes a notice if the **MOBILE USER** checkbox is not selected.



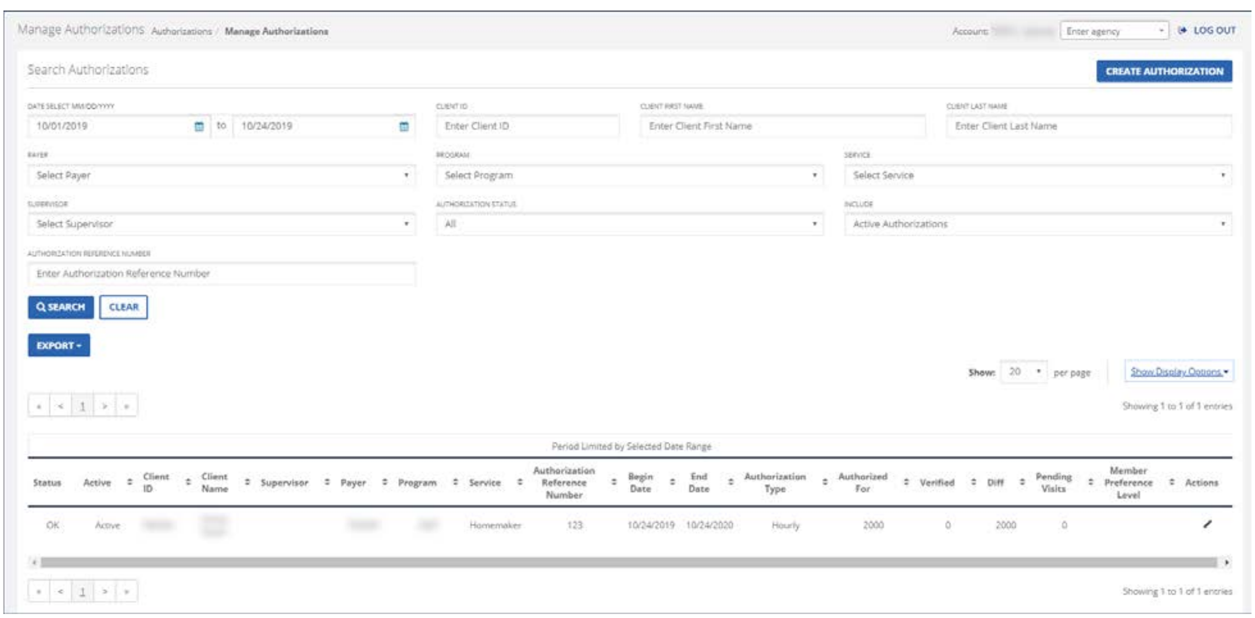
Save Confirmation and Confirmation/Error Notification

Authorizations

The Authorizations section allows users to search for and view read only versions of all authorizations that meet the selected search criteria.

Authorizations, often referred to as Prior Authorizations (PAs) inform the employee of the services they are allowed to perform for the client. They also specify the maximum amount of the specified service that the provider can bill for.

Manage Authorizations



Manage Authorizations Screen

Fields

Field	Description
DATE SELECT (MM/DD/YYYY)	Use these fields to limit results to authorizations with a being/end date within the entered date range

Field	Description
CLIENT ID	Use this field to search for authorizations based on the client's Santrax ID number.
CLIENT FIRST NAME	Use this field to search for authorizations based on the client's first name.
CLIENT LAST NAME	Use this field to search for authorizations based on the client's last name.
PAYER	Use this field to search for authorizations based on the originating payer.
PROGRAM	Use this field to search for authorizations based on the assigned program.
SERVICE	Use this field to search for authorizations based on the assigned service.
SUPERVISOR	Use this field to search for authorizations based on the assigned Supervisor.
AUTHORIZATION STATUS	Use this field to search for authorizations based on its current status.
INCLUDE	By default, this field is set to display All authorizations. Use this field to limit results to active, expired or future authorizations.
AUTHORIZATION REFERENCE NUMBER	Use this field to search for a single authorization based on the authorization's exact **Ref No** (reference number) which is provided by the payer.
Export EXPORT	Click the button to view all current results, limited based on the selected filters in an excel or CSV format. This functionality allows the export of all authorization data, which can be used in place of many authorization reports.

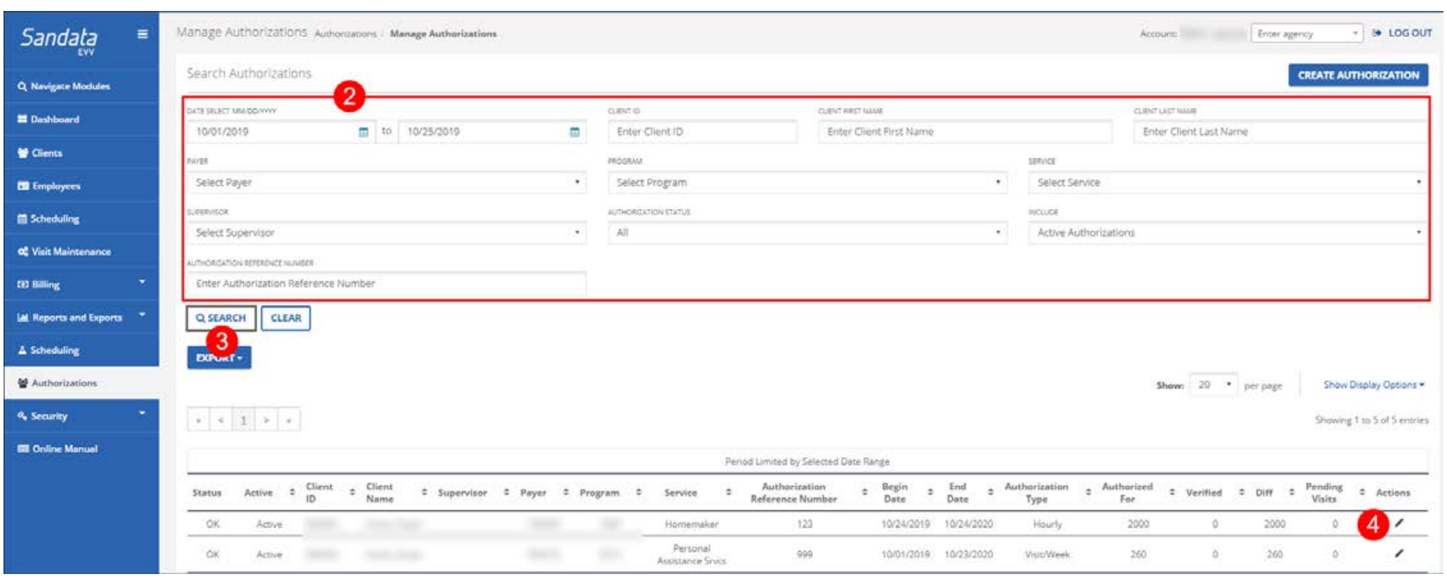
Columns

Field	Description
Status	Indicates the authorization is currently active.
Active	Indicates the authorization is currently active (within the begin and end date range).
Client ID	Displays the client's Santrax ID.
Client Name	Displays the client's name.
Supervisor	Displays the client's assigned supervisor.
Payer	Displays the authorization's payer.

Field	Description
Program	Displays the authorization's program.
Service	Displays the authorization's service.
Authorization Reference Number	Displays the number used to identify the authorization.
Begin Date	Displays the authorization's start date.
End Date	Displays the authorization's expiration date.
Authorization Type	Displays the authorization's billing format (Example: Hourly, Unit, Visit)
Authorized For	Displays the authorization's MAX UNITS ALLOCATED.
Verified	Displays the number of units or hours used against the authorization in a verified or processed state.
Diff	Displays the unused units or hours (authorized for – verified).
Pending Visits	Displays the number of visits which may apply to the authorization that are not in a verified status.

Searching for Authorizations

1. Navigate to the Manage Authorizations screen. (**Authorizations**)
2. Enter the search criteria.
3. Click **SEARCH**.
4. Click the **Edit** icon ( ) to view the Edit Authorizations screen.



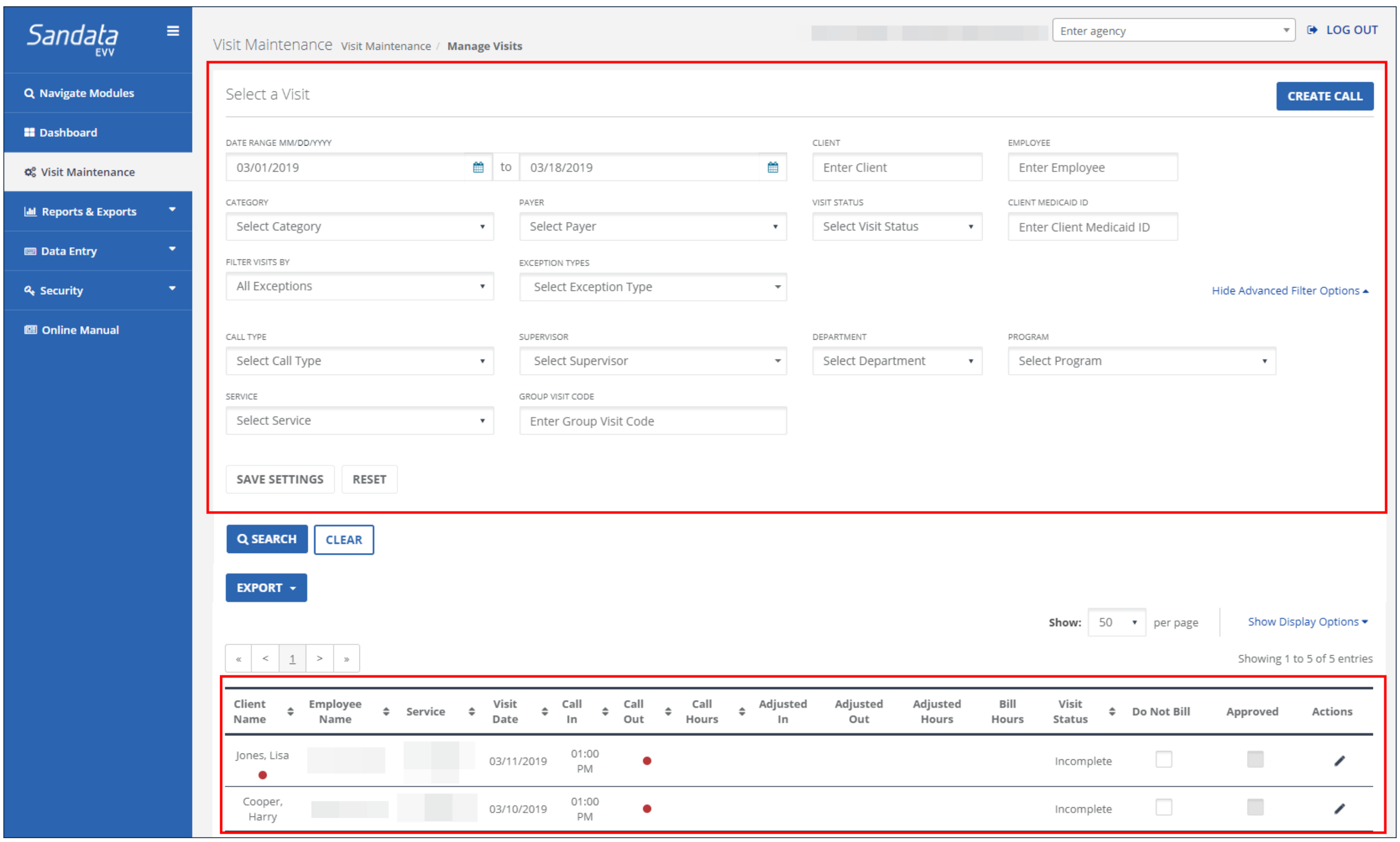
Manage Authorizations Screen

Visit Maintenance

The Visit Maintenance section is where all information related to visits is located. Access to the functions in this section are controlled by User Roles and Privileges. Sandata EVV defines a visit as, at a minimum, a schedule or a single call. The maximum length of a visit in the Sandata system is 25 hours. (24 hours with an extra hour to account for early or late calls). In this section, users can review detailed information for all visits as well as update visits and correct any exceptions.

Visit Maintenance: Manage Visits

Use the Manage Visits screen to search for visits. The filters on this screen allow users to limit the search results to include only visits matching the search criteria. This allows users to quickly find visits that require attention. The default results shown on this screen only include visits with exceptions.



Visit Maintenance Screen

Field	Description
CREATE CALL	Use this field to manually create a call. Available based on system configuration. For accounts without scheduling functionality, to create a visit with a start date in the past, a manual call must be created as the first call for the visit.

Field	Description
DATE RANGE	Use these fields to select the date range, all visits that occurred within the selected date range display in the search results. Searching by date or using the date range always returns results based on the date the visit began.
CLIENT	Use this field to limit the results by client name (format: last name, first name) or client ID. When a partial value is entered the results list displays results that begin with the entered value.
EMPLOYEE	Use this field to limit the results by employee name (format: last name, first name). When a partial value is entered the results list displays results that begin with the entered value.
CATEGORY	Use this drop-down field to limit the results to a single category. Categories may be available as a grouping for payers.
PAYER	Use this drop-down field to limit the results to a single payer. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.

Field	Description
VISIT STATUS	Use this drop-down field to limit the result by visit status. • **Scheduled** – the visit has not yet occurred and has a scheduled start date/time in the future. • **In Process** – the visit is still in progress. Scheduled visits are placed in this status if the scheduled start time has passed or the system has received a call. Unscheduled visits are placed in this status if the system has received a call-in, but not a call out and it is less than 24 hours since the call-in was received. • **Incomplete** – the visit is missing required information. Required information is based on configuration. Missing information is indicated on the visit maintenance grid as exceptions (red dots). To view an exception on the results list, the column with the wrong/missing information must be enabled. All unresolved exceptions for the visit are displayed on the Visit Details screen's **Exceptions** tab. • **Verified** – the visit has no exceptions. A visit in this status is ready to be billed and is eligible to be returned for claims validation, if applicable. • **Approved** – a visit is placed in this status to indicate that the client or user manually approved the visit based on Client Confirmation/Signature or by the user selecting the **Approved** checkbox on the results list or the Visit Details screen. • **Processed** – the visit was returned to the adjudication system during claims validation. • **Omit** - A visit record marked (by the provider) to be ignored. These visits are not expected to be submitted for billing or claims validation and do not require exceptions management.
CLIENT MEDICAID ID	Used to limit the results by the client's Medicaid ID.
FILTER VISITS BY	By default, this field is set to **All Exceptions**, which displays all visits with exceptions. In order to include visits without exceptions, select **All Visits.** Select **Exception Type** to limit the results to only visits with the selected exception(s). example: Unknown Client visits.
EXCEPTION TYPE	Use this multi-select field to limit the results to visits with the selected exceptions. The exceptions in this drop-down are each set up with an effective date range. Exceptions not in effect during the selected visit date are not included in the drop down.
Show/Hide Advanced Filter Options	Displays additional fields, including the ability to save or reset filter selections.

Field	Description
CALL TYPE	Use this multi-select field to limit the results to visits with the selected special call type(s) (MVV and Manual).
SUPERVISOR	Use this field to limit the results to the visits associated with the selected supervisor.
DEPARTMENT	Use this field to limit the results to the visits associated with the employee's department.
PROGRAM	Use this field to limit results by the selected program. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.
SERVICE	Use this field to limit the results by the selected service. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.
GROUP VISIT CODE	Use this field to limit the results by the selected group visit code. Group Visit Codes are a unique six-digit code associated with Group Visit functionality and allows user to search for all visits that are part of the same group. Group Visit Codes are unique for a given start date.
SAVE SETTINGS	Use this button to save selected search filters and results list configuration, for the computer and browser used. Any fields requiring a text entry are not saved. For example, **CLIENT**.
RESET	Clears saved filter settings.
Show/Hide Display Options	Use this link to display additional column options for the results list.
Results List	This section displays a grid of visits that match the selected search criteria.
EXPORT	Exports the results in the results grid to a CSV or Excel format.

Columns

By default, only certain information is shown on the Visit Review results list. The columns listed below reflect all columns available using the **Show/Hide Display Options** link.

Column Selection Screen

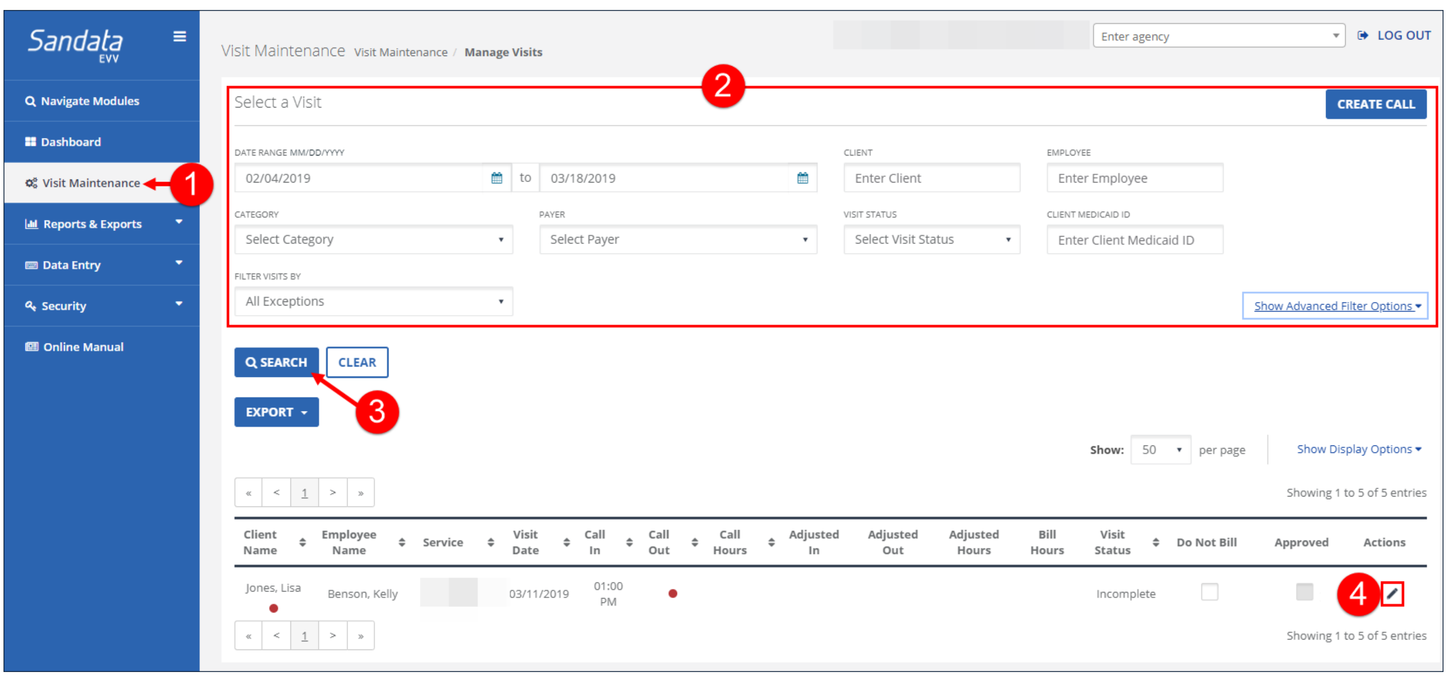
Column	Description
●	This symbol is used throughout the results list and indicates one or more exceptions for the related field. Click the symbol to open the Visit Detail screen to the appropriate tab. Hover over this field to show all currently applied exceptions related to this field. **NOTE:** If the column related to the exception is hidden, users can only view that exception on the Exception tab of the Visit Details screen.
■	This symbol is used throughout the results list and indicates the client on this visit had an FVV device assigned to them when the visit was started. The serial number of the device is displayed on the Client tab of the Visit Details screen. This information can be used to understand why the No Show status may be applied to a visit, as calls from an FVV device are generally logged by the system after the visit ends.
CLIENT ID	Displays the assigned ID. Hover over this item to view additional client information.
CLIENT MEDICAID ID	Displays the client’s Medicaid ID.
CLIENT PRIMARY PHONE NUMBER	Displays the client’s primary phone number.
CLIENT NAME	Displays the client’s name (format: last name, first name).
EMPLOYEE NAME	Displays the employee’s name (format: last name, first name).
EMPLOYEE ID	Displays the employee’s ID. Hover over this item to view additional employee information.
SANTRAX ID	Displays the employee’s Santrax ID.

Column	Description
EMPLOYEE CONTACT PHONE NUMBER	Displays the employee's phone number.
PAYER	Displays the payer associated with the visit.
PROGRAM	Displays the program associated with the visit.
SERVICE	Displays the service selected or scheduled for the visit.
SUPERVISOR	Displays the client's assigned supervisor.
VISIT DATE	Displays the date the visit started.
VISIT LOCATION	Currently Unavailable.
CALL IN	Displays the call in time (Format: AM/PM).
CALL OUT	Displays the call out time (Format: AM/PM).
CALL HOURS	Displays the time elapsed between the call in and out in minutes.
ADJUSTED IN	Displays the manually entered call in time, when provided. This field is always updated with the **Adjusted Out** field.
ADJUSTED OUT	Displays the manually entered call out time, when provided. This field is always updated with the **Adjusted In** Field.
ADJUSTED HOURS	Displays the time elapsed between the adjusted in and out times, in minutes, when applicable.
PAY HOURS	Displays the total pay time for the visit. This value is automatically calculated based on the call in/call out times and rounding rules, if applicable. (Format HH:MM)
BILL HOURS	Displays the total bill time for the visit. This value is automatically calculated based on the call in/call out times, if applicable. (Format HH:MM)
VISIT STATUS	Displays the current visit status.
TASKS	Displays the number of tasks entered. Detailed task information is displayed on the Tasks tab of the Visit Details screen.
MEMO	Displays the first few characters of an entered memo on the Visit Details screen to indicate there is a memo attached to the visit. The full memo is displayed on the Memo tab of the Visit Details screen.
CLIENT VERIFIED	If the client has fully verified the visit including all configured confirmations (time, service, signature), this will show a 'Y'. Otherwise, it will show an 'N'.

Column	Description
CLAIM VERIFICATION STATUS	If the account/payer is configured for claims validation and the visit was successfully returned to the claims adjudication engine at least once, this displays a 'Y'. Otherwise, it displays an 'N'.
DO NOT BILL	Selecting this check box flags the visit as omitted. Visits with this status are not be available for claims validation
EXPORTED	Displays an indicator that identifies whether or not a visit was exported. 'Y'=the visit has been exported, 'N'=the visit has not been exported. **NOTE**: This indicator does not display if the visit was exported via a data warehouse export.
GROUP VISIT CODE	Displays the group visit code associated with the visit.
APPROVED	Displays a checkbox indicating whether or not the visit was approved.
UNITS	Displays the number of units for the visit.

Searching for Visits

1. Navigate to the Manage Visits screen. (**Visit Maintenance**)
2. Enter the search criteria.
3. Click **SEARCH**.
4. Click the **Edit** icon ( ) icon to view the Visit Detail screen.



Visit Search Results

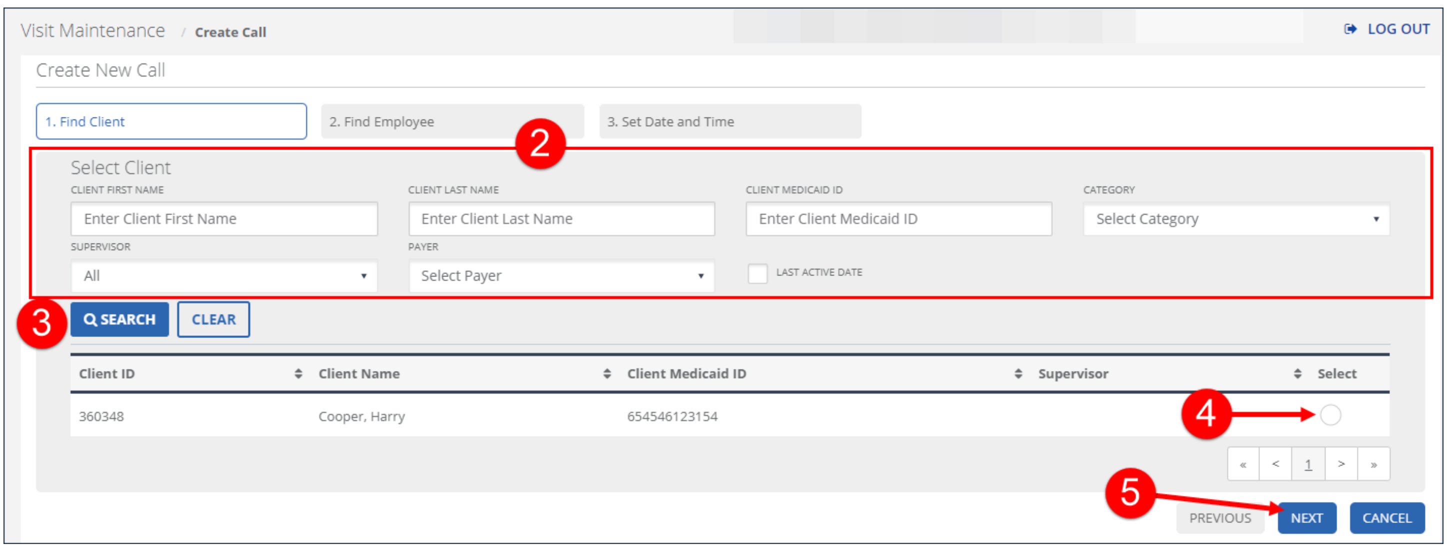
Creating a Call

Use this functionality to create a manual call. When no calls or schedules exist, this functionality is used to create a visit with a call in. For example, if the employee forgot to call in, the call in is created with the **CREATE CALL** functionality and the call out is added using the **CALL LOG** section of the Visit Details screen.

1. Navigate to the Create Call screen. (**Visit Maintenance** > **Create Call**)

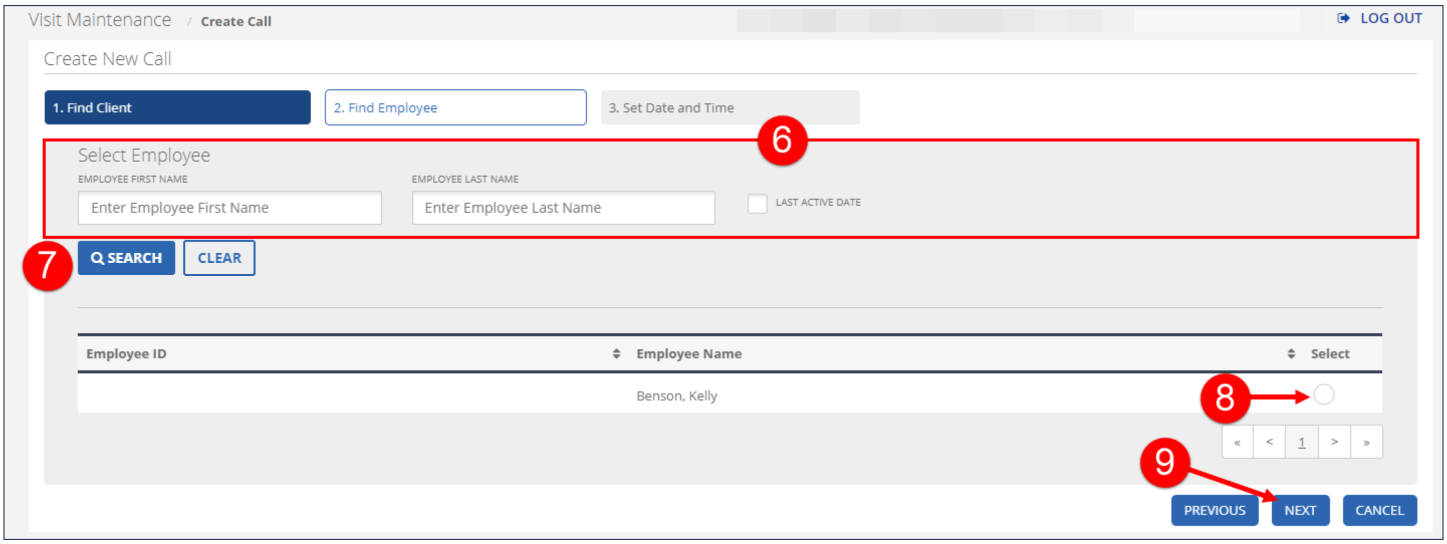
Create Call Button

2. Enter the search criteria in the Select Client section.
3. Click **SEARCH**.
4. Select a client to add to the visit.
5. Click **NEXT**.



Create New Call - Select Client

6. Enter the search criteria in the Select Employee section.
   In certain circumstances, the employee is pre-filled and this screen is skipped.
7. Click **SEARCH**.
8. Select an employee to add to the visit.
9. Click **NEXT**.



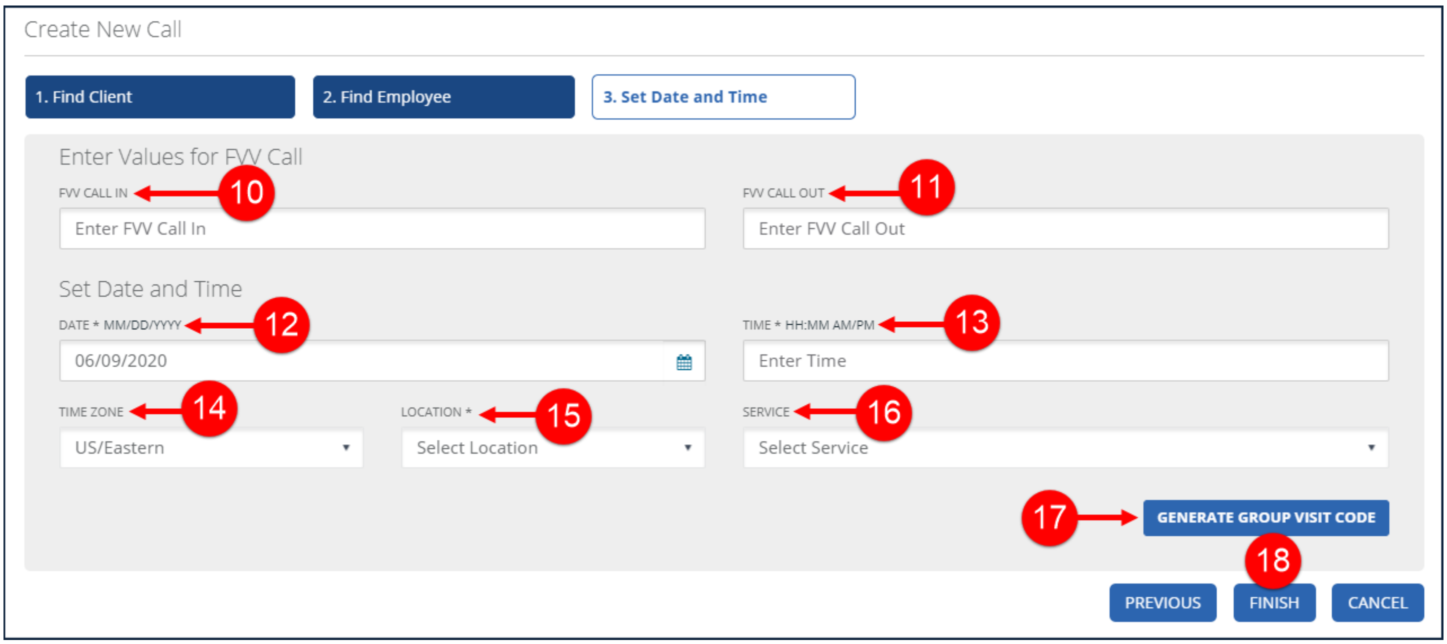
Create New Call - Select Employee

10. Enter the **FVV CALL IN** reading, if applicable.
    This field only displays if the client has a registered FVV device. FVV values are always 6 digits.
11. Enter the **FVV Call OUT** reading, if applicable
    This field only displays if the client has a registered FVV device. FVV Values are always 6 digits.
12. Enter the **DATE**.
13. Enter the **TIME**.
14. Select the **TIME ZONE**.
    Time Zone should default based on the client's configured time zone.
15. Select a **LOCATION**, if applicable.
    This field only displays if the account is configured to a require a location when calling in for a visit. The value is this field is Home or Community.

16. Select the **SERVICE.**
17. Click **GENERATE GROUP VISIT CODE**, if applicable.
    This button only displays for accounts configured to use advanced Group Visit functionality.

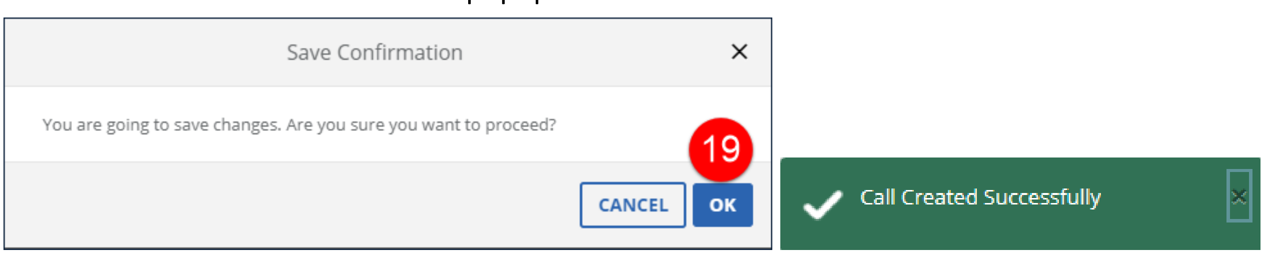
> **Note(s):**
> The **GENERATE GROUP VISIT CODE** button is only used to create a new group visit code. For example, if a group visit was performed but not captured by the system, users should use this functionality to create a group visit code and add this code to each visit that was part of the group. Use the Visit Details screen to add a visit to an existing group visit.

18. Click **FINISH**.



Create New Call - Set Date and Time

19. Click **OK** on the **Save Confirmation** popup.



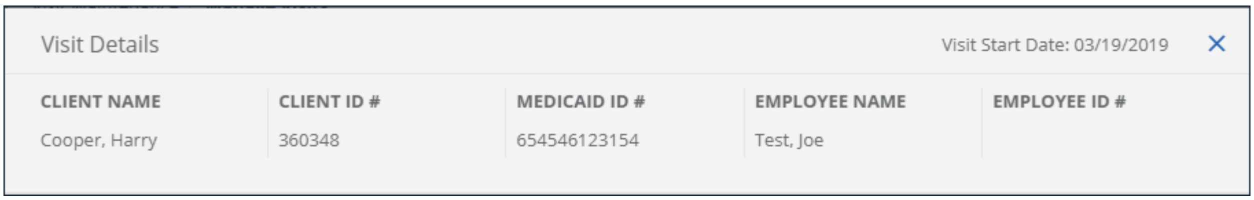
Confirmation Messages

Visit Details Screen

Use the Visit Details screen to review detailed information about a visit as well as make any corrections or updates to the visit. The screen is divided into multiple tabs, with each tab containing a different set of information about the visit. Some of the information displayed is for reference only and can not be changed.

Visit Details Screen - Header

This header appears at the top of every tab in the Visit Details screen. It contains basic client and employee information associated with the visit.

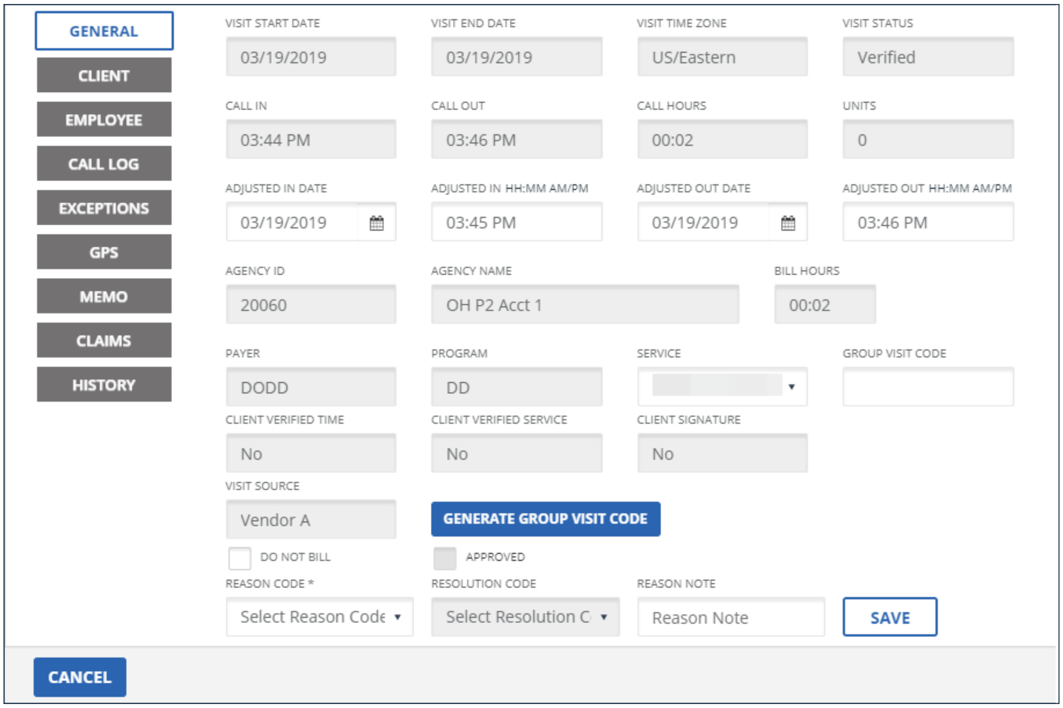


Visit Details - Header

Field	Description
VISIT START DATE	Displays the visit start date.
CLIENT NAME	Displays the client's name.
CLIENT ID #	Displays the client's ID #.
MEDICAID ID	Displays the client's Medicaid ID number.
EMPLOYEE NAME	Displays the employee's name.
EMPLOYEE ID #	Displays the employee's ID.

Visit Details Screen – General

The General tab contains detailed information about the visit. This tab allows users to quickly review visit information as well as update certain fields.



Visit Details - General

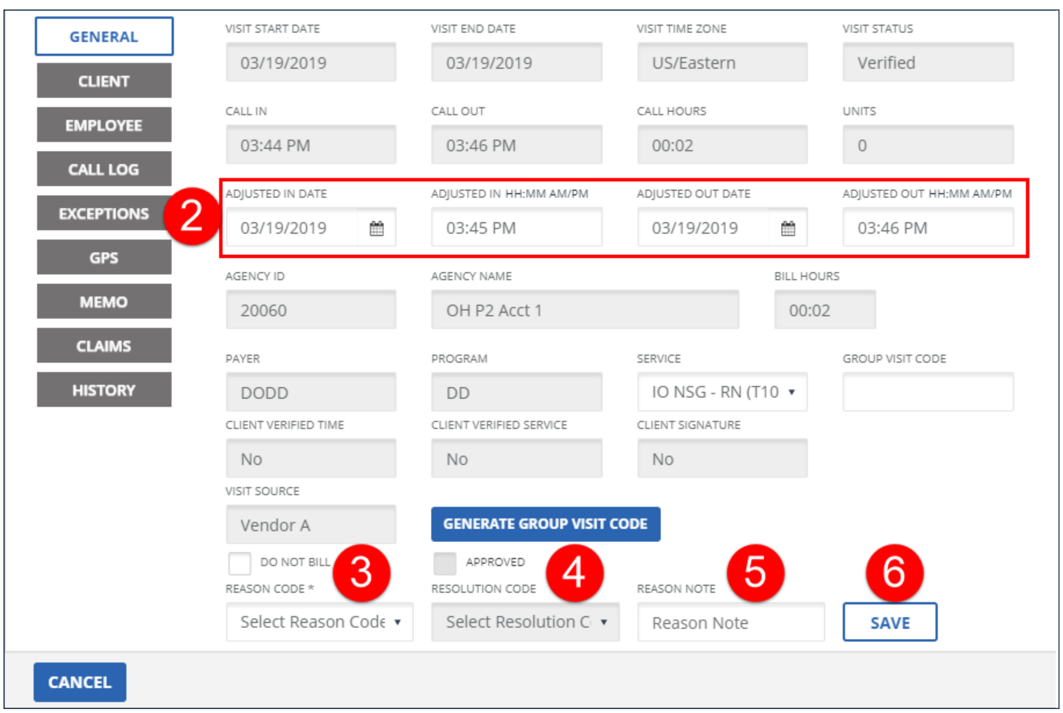
Field	Description
VISIT START DATE	Displays the visit start date.
VISIT END DATE	Displays the visit end date.
VISIT TIME ZONE	Displays the time zone for the visit.
VISIT STATUS	Displays the status for the visit.
CALL IN	Displays the call in time for the visit.
CALL OUT	Displays the call out time for the visit.
CALL HOURS	Displays the time elapsed between the call in and out. (Format HH:MM).
UNITS	Displays the billing quantity for the visit, converted to units. Unit calculation is based on how the service is billed.
ADJUSTED IN DATE	Displays a manually entered visit start date, if one was entered for the visit. Use this field to update the start date of a visit, within limits, based on associated schedules and/or calls.

Field	Description
ADJUSTED IN HH:MM AM/PM	Displays the manually entered call in time, when applicable. If there is a call in, this value is prefilled to match the call in time. The values in these fields are automatically populated with the value from the call in/out fields. If either the Adjusted In or Adjusted Out values are changed, the value in both fields is saved.
ADJUSTED OUT DATE	Displays a manually entered end for a visit, if one was entered.
ADJUSTED OUT HH:MM AM/PM	Displays the manually entered call out time, when applicable. If there is a call out, this value is automatically populated with the values from the Call In/Call Out fields. This value is only saved if it is changed and if there is also an adjusted in time.
BILL HOURS	Displays the billable hours. Format (HH:MM).
PAY HOURS	Displays the payable hours. Format (HH:MM).
AGENCY ID	Displays the agency's Sandata assigned ID.
AGENCY NAME	Displays the agency's name.
PAYER	Displays the payer for the visit.
PROGRAM	Displays the program for the visit.
SERVICE	Displays the service for the visit. This may be the same as the HCPCS code.
GROUP VISIT CODE	Displays a group visit code, if this visit is part of a group visit.
BILL CODE	Displays the HCPCS code to be used for billing. This value may be hidden if it is the same as the HCPCS code.
CLIENT VERIFIED TIME	Displays whether or not the client has verified the visit start and end times.
CLIENT VERIFIED SERVICE	Displays whether or not the client has verified the service.
CLIENT SIGNATURE	Displays whether or not the client has provided a digital or voice signature. The icon indicates a voice recording. The icon indicates a signature. Click the icon to listen to the recording or view the signature.
VISIT SOURCE	Displays the source of the visit. For visits captured by Sandata EVV the source is Sandata. For some programs using an Alternate EVV system, the name of the alternate system is displayed.
GENERATE GROUP VISIT CODE	Creates a new group visit code and associates the group visit code with the visit.
DO NOT BILL	Selecting this check box flags the visit as omitted. Visits with this status will not be submitted for claim validation.

Adjusting Call Times and Dates

If a visit has missing and/or incorrect dates or call in/out times, use the General tab of the Visit Details screen to manually enter the adjusted dates and/or times. In order to save a visit that has been modified, users may be required enter a **REASON CODE** and **RESOLUTION CODE**. **REASON CODE** and **RESOLUTION CODE** fields only display if the system is configured to support that functionality.

1. Navigate to the General section of the Visit Details screen. (**Visit Maintenance** > search for and open the visit ( ) > **General**)
2. Enter/Select any applicable adjusted fields (**ADJUSTED IN/OUT DATE**, **ADJUSTED IN/OUT** time). Bill and pay hours automatically populate.
3. Select the **REASON CODE**.
4. Select the RESOLUTION CODE.
5. Enter a **REASON NOTE**, if applicable. Use the **REASON NOTE** field to add additional information about the visit. Some **REASON CODES** require a **REASON NOTE**.
6. Click **SAVE**. A notification of confirmation or error displays at the top of the screen.



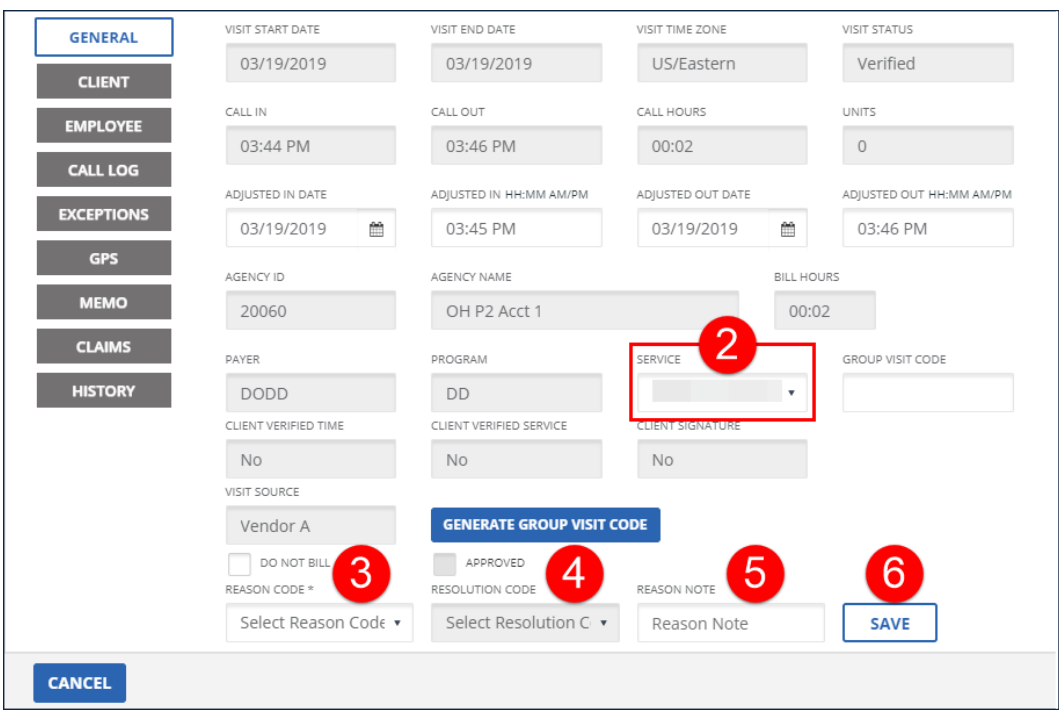
Adjust Call Times

Update Successful Confirmation

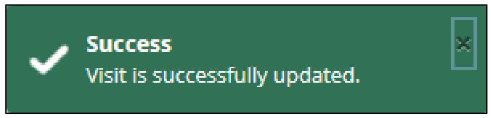
<u>Changing/Adding a Service</u>

A service is the type of care provided to a client during a visit. Services are sourced from the authorization, the schedule or the visit. Services logged or entered on the visit should match the service to be billed, especially if EVV validation occurs during claims processing.

1. Navigate to the General section of the Visit Details screen. (**Visit Maintenance** > search for and open a visit > () > **General**)
2. Select the **SERVICE**.
3. Select the **REASON CODE**.
4. Select the RESOLUTION CODE.
5. Enter a **REASON NOTE**, if applicable.
   Use the **REASON NOTE** field to add additional information about the visit. Some **REASON CODES** require a **REASON NOTE**.
6. Click **SAVE**.
   A notification of confirmation or error displays at the top of the screen.



Add/Edit Service

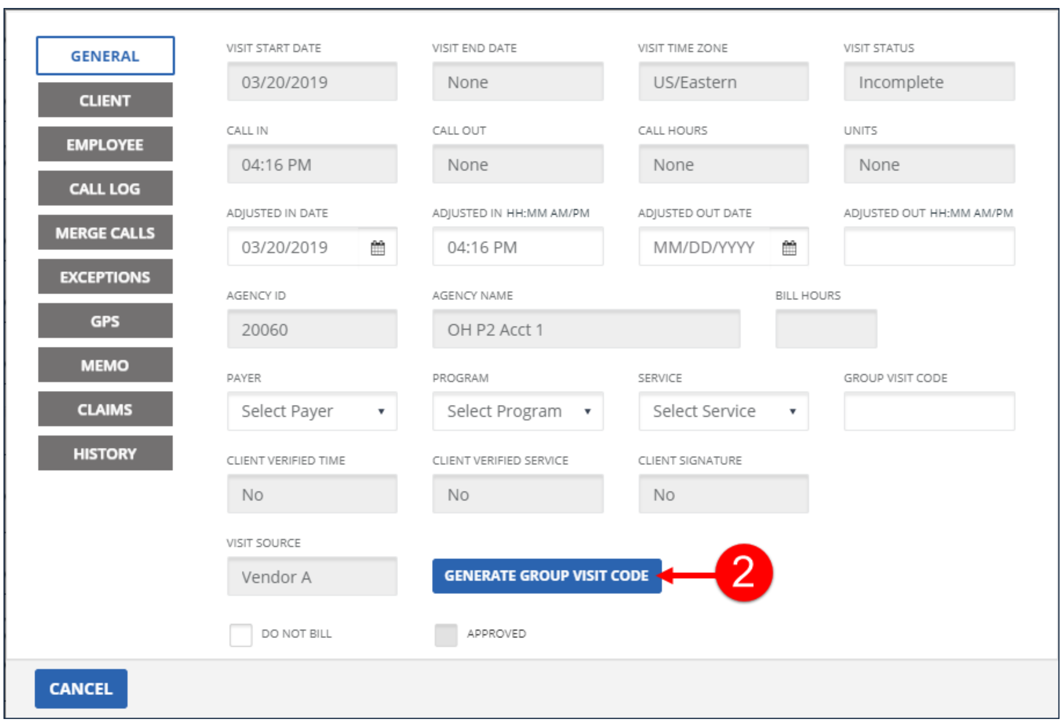


Update Successful Confirmation

Creating a Group Visit Code

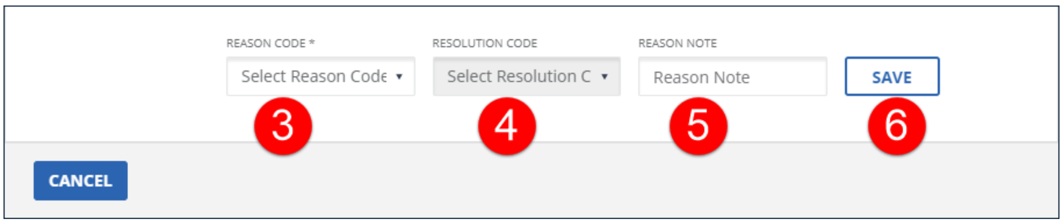
Group Visit functionality allows multiple employees to provide overlapping services for two or more individual clients. A group visit is defined as visits for two or more individual clients, linked by a shared group visit code. A group visit code is a unique value assigned to each visit that occurred as part of the group visit and links the visits together. Create a group visit code on the General tab of the Visit Details screen When the last individual client in the group's visit is completed, the group visit ends. To create a group visit code:

1. Navigate to the General section of the Visit Details screen. (**Visit Maintenance** > search for and open a visit > () >-**General**)
2. Click **GENERATE GROUP VISIT CODE** to populate the **GROUP VISIT CODE** field with a new group visit code.



Generate Group Visit Code

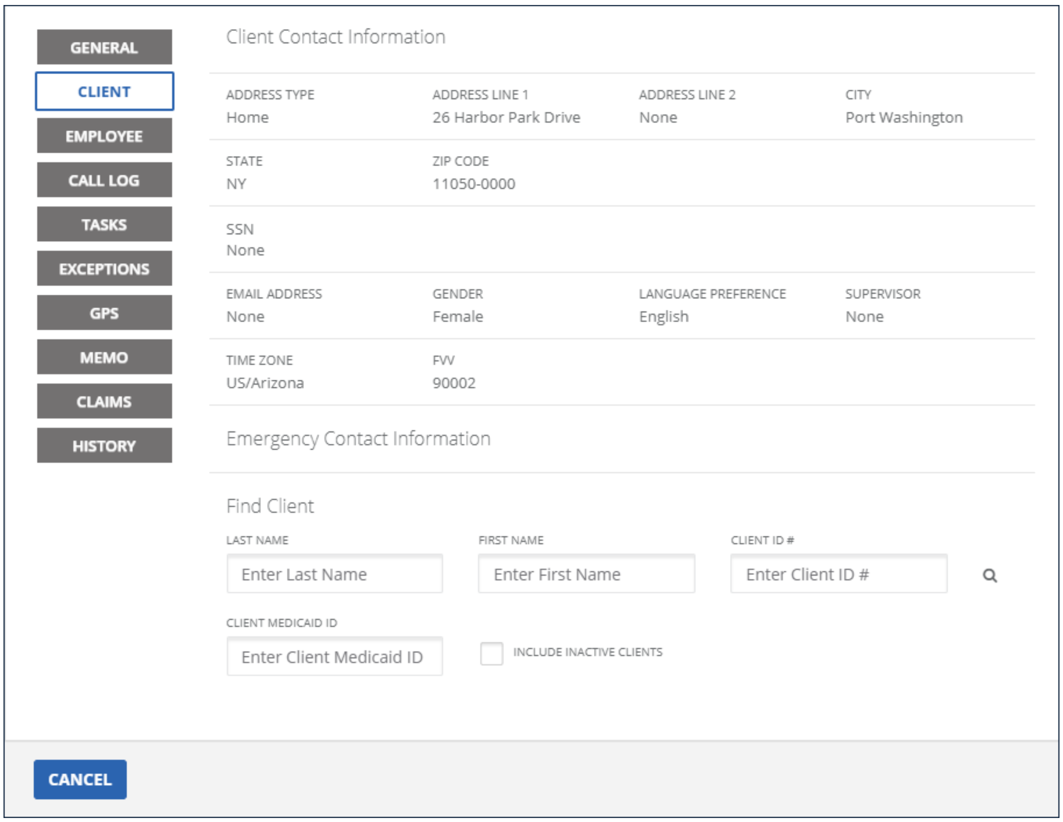
3. Select the **REASON CODE**.
4. Select the RESOLUTION CODE.
5. Enter a **REASON NOTE**, if applicable.
   The **REASON NOTE** field is used to enter additional information about the visit and may be required based on the **REASON CODE** selected.
6. Click **SAVE**.



Select Reason and Resolution

Visit Details Screen – Client

The Client tab displays general information about the client who received services for the visit. Users can quickly review details about the client without leaving the Visit Details screen. On this screen, users can also add a client to a visit, if one was not already on the visit (Unknown Client) or correct a client who was on the visit in error. The number displayed in the FVV field is the serial number of the FVV device assigned to the client as of the visit date.

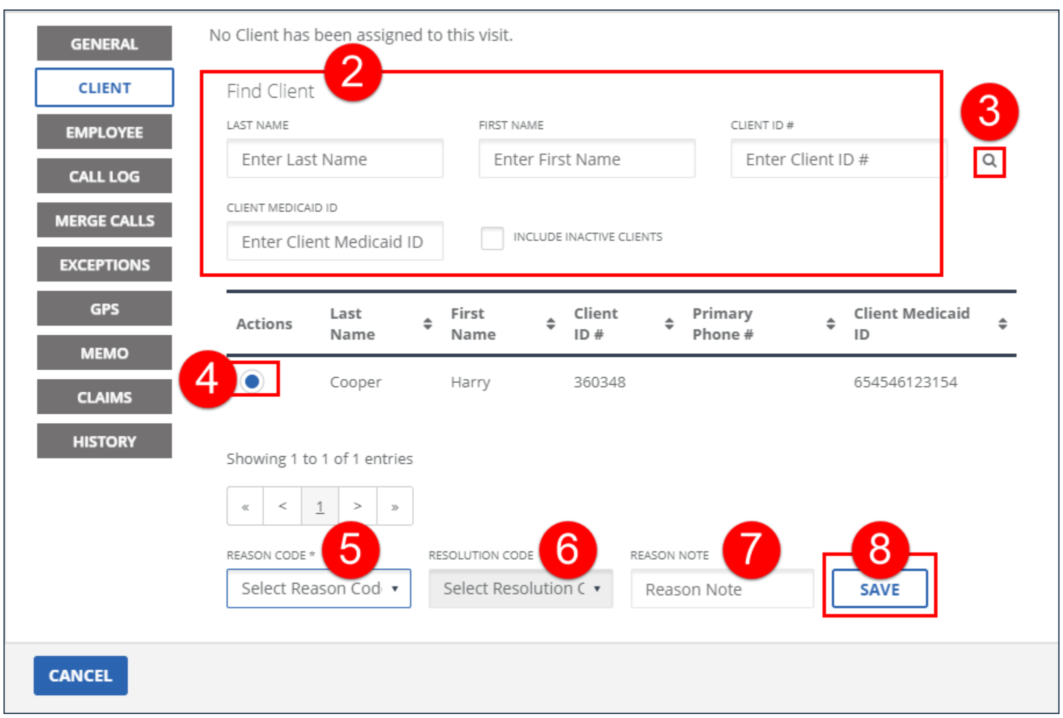


Visit Details - Client

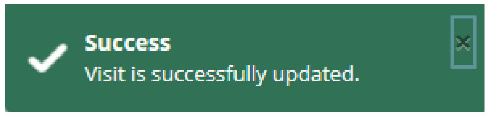
Field/Button/Column	Description
Client Contact Information	Displays the contact information from the client's profile.
Emergency Contact	Displays the emergency contact information from the client's profile.
Find Client	Use these fields to search for a client to update the visit with. Select the **INCLUDE INACTIVE CLIENTS** checkbox to include clients with a status of 'Inactive' in the search results.

Changing Current or Fixing Unknown Client

1. Navigate to the Client section of the Visit Details screen. (**Visit Maintenance** > search for an open a visit ( )> **Client**)
2. Enter all applicable search criteria in the Find Client section of the screen.
   If needed, select the **INCLUDE INACTIVE CLIENTS** checkbox to include clients with a status of 'Inactive' in the search results.
3. Click the magnifying glass icon to search for a client.
4. Select a client.
5. Select the **REASON CODE**.
6. Select the **RESOLUTION CODE**.
7. Enter a **REASON NOTE**, if applicable.
   Use the **REASON NOTE** field to add additional information about the visit. Some **REASON CODES** require a **REASON NOTE**.
8. Click **Save**.
   A notification of confirmation or error displays at the top of the screen.



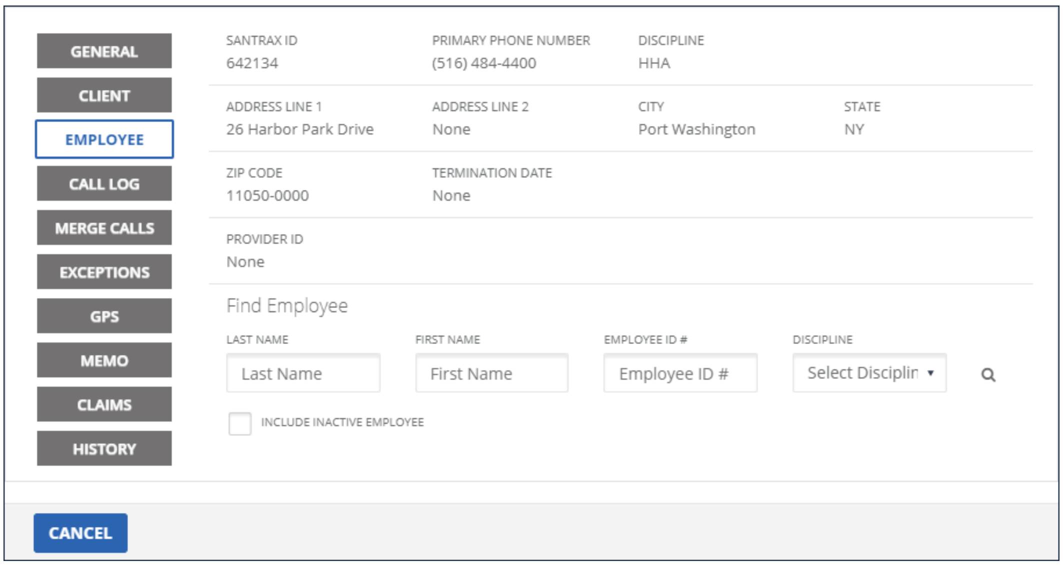
Add/Edit Client



Update Successful Confirmation

Visit Details Screen – Employee

The Employee tab displays general information about the employee associated with the visit. Users can quickly review details about the employee without leaving the Visit Details screen. On this screen, users can also add an employee to a visit, if one was not already on the visit (Unknown Employee exception) or correct an employee who was on the visit in error.



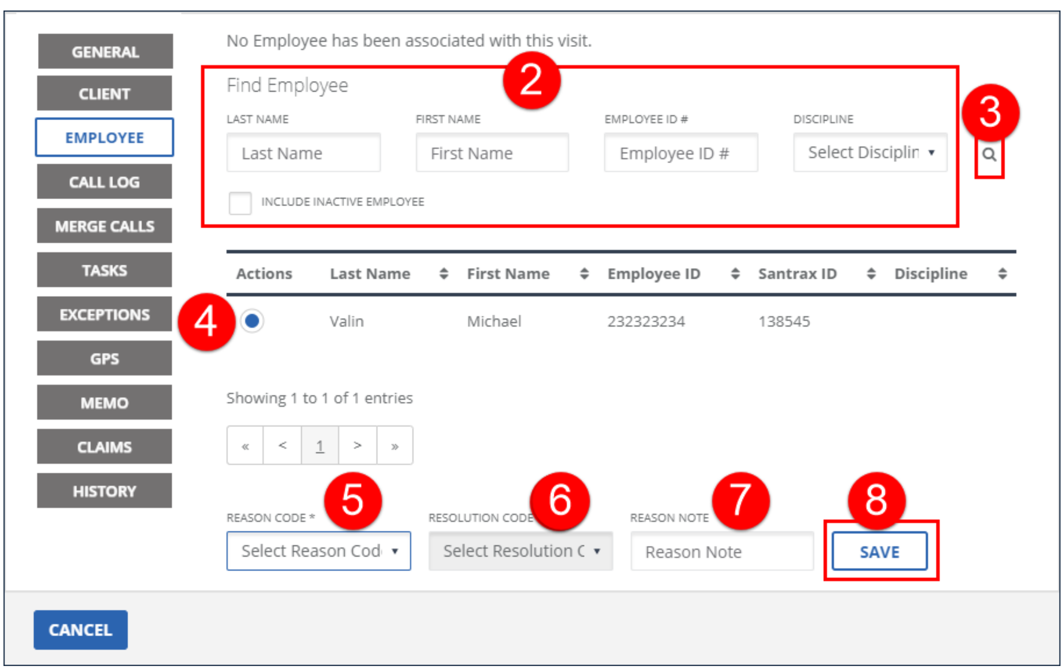
Visit Details - Employee

Field/Button/Column	Description
SANTRAX ID	Displays the employee's Santrax ID.
PRIMARY PHONE	Displays the employee's primary phone number.
ADDRESS LINE 1	Displays the employee's address.
ADDRESS LINE 2	Displays the employee's apartment/suite number, if applicable.
CITY	Displays the city on the employee's profile.
STATE	Displays the state on the employee's profile.
ZIP CODE	Displays the zip code on the employee's profile.
TERMINATION DATE	Displays the date the employee was terminated in the system.

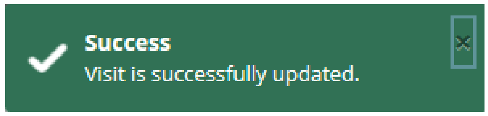
Field/Button/Column	Description
FIND EMPLOYEE	Use these fields to search for an employee to add to the visit. Select the **INCLUDE INACTIVE EMPLOYEES** checkbox to include employees with a status of ‘Inactive’ in the search results.

Changing Current or Fixing Unknown Employee

1. Navigate to the Employee section of the Visit Details screen. (**Visit Maintenance** > search for and open a visit ( ) > **Employee**)
2. Enter all applicable search criteria in the Find Employee section of the screen.
   Select the **INCLUDE INACTIVE EMPLOYEES** checkbox to include employees with a status of ‘Inactive’ in the search results.
3. Click the magnifying glass icon to search for an employee.
4. Select an employee.
5. Select the **REASON CODE**.
6. Select the RESOLUTION CODE.
7. Enter a **REASON NOTE**, if applicable.
   Use the Reason Note field to add additional information about the visit. Some **REASON CODES** require a **REASON NOTE**.
8. Click **SAVE**.
   A notification of confirmation or error displays at the top of the screen.



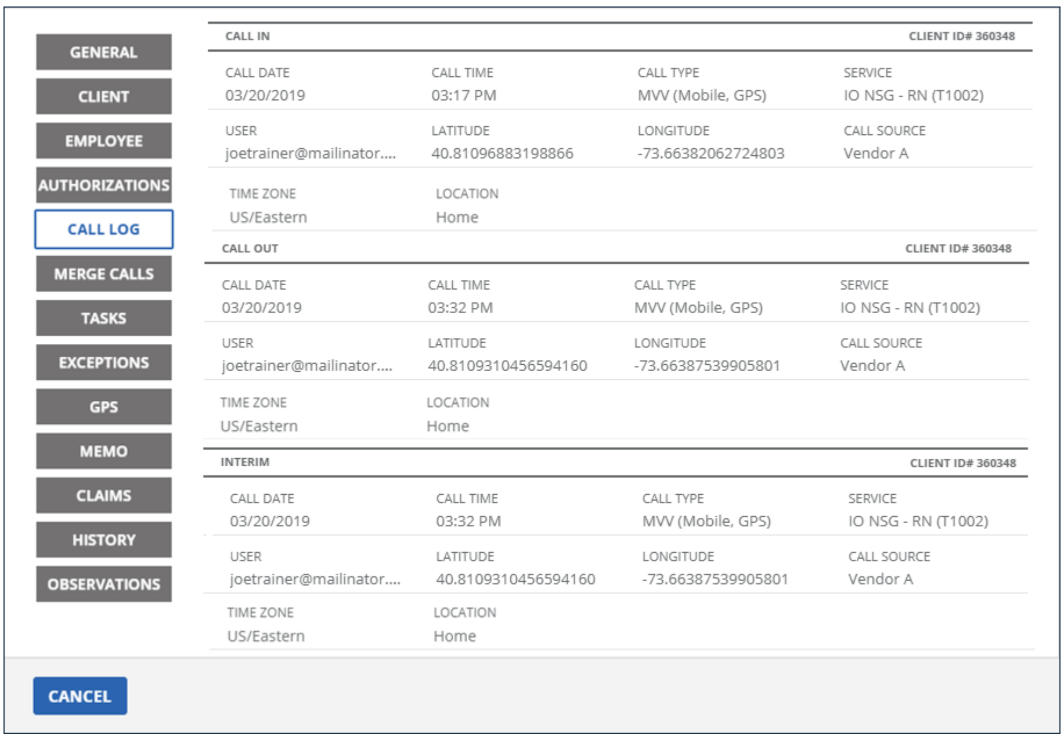
Change/Add Employee



Update Successful Confirmation

Visit Details Screen – Call Log

The Call Log tab displays all in, out and interim call related information: the date of visit, call in and call out times, services performed, the source of the call and Fixed Visit Verification (FVV) readings. Call information for all applicable calls are included in the log, but calls placed too soon after an in or before an out call are labeled as interim. The location the call was placed from is also displayed here as Home or Community, if the account is configured to require that information. The displayed information differs based on the call type.



Call Log

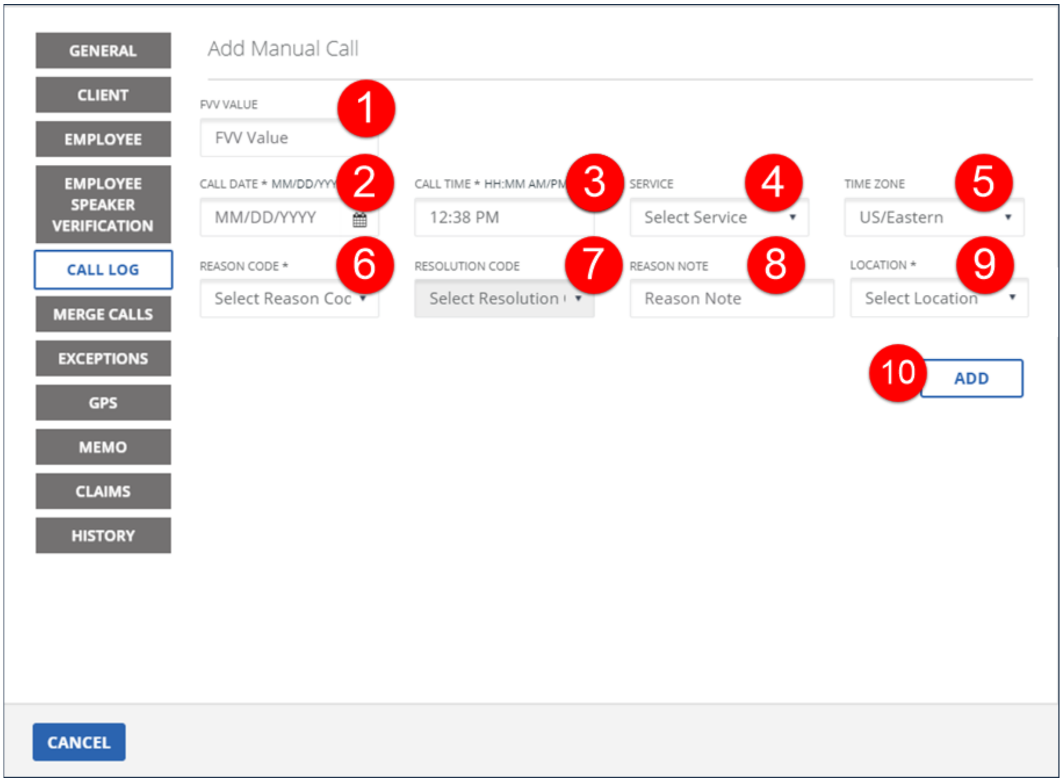
Field/Button/Column	Description
CALL IN	Displays information associated with the call in.
CALL OUT	Displays information associated with the call out.
INTERIM	Displays information related to an interim call (An additional call applied to the visit that is neither the in or the out call).

Adding a Manual Call to an Existing Visit

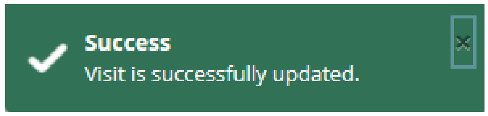
The Call Log tab allows users to add a manual call if both the client and the employee on the visit are known. A manual call is captured like any other call, but is entered by an EVV system user. The system notes the user who created the manual call as well as the date and time the call was created. Depending on configuration, the available fields on this screen will change. Fill out all fields that apply to the account's configuration. Manual Calls are saved with the Call Type 'Manual'.

1. Navigate to the Call Log section of the Visit Details screen. (**Visit Maintenance** > search for the visit > Open **Visit Details** ( )-**Call Log**)
2. Enter an **FVV VALUE**
   Skip, if an FVV device was not used
3. Enter the **CALL DATE**.
   If an FVV Value is entered, call date is calculated based on the FVV value.
4. Enter the **CALL TIME**.
   If an FVV value is entered
5. Select the **SERVICE,** if applicable.
   Skip, if the service is represented on available call.
6. Select the **REASON CODE**.
7. Select the **RESOLUTION CODE**, if applicable.
   Skip, if the service is represented on available call.
8. Enter a **REASON NOTE**, if applicable.
   Use the Reason Note field to add additional information about the visit. Some Reason Codes require a Reason Note.
9. Enter a **LOCATION**, if applicable.
   This field only displays if an account is configured to require a location when calling in for a visit. The value is this field is either Home or Community.

10. Click **ADD**.
    A notification of confirmation or error displays at the top of the screen.



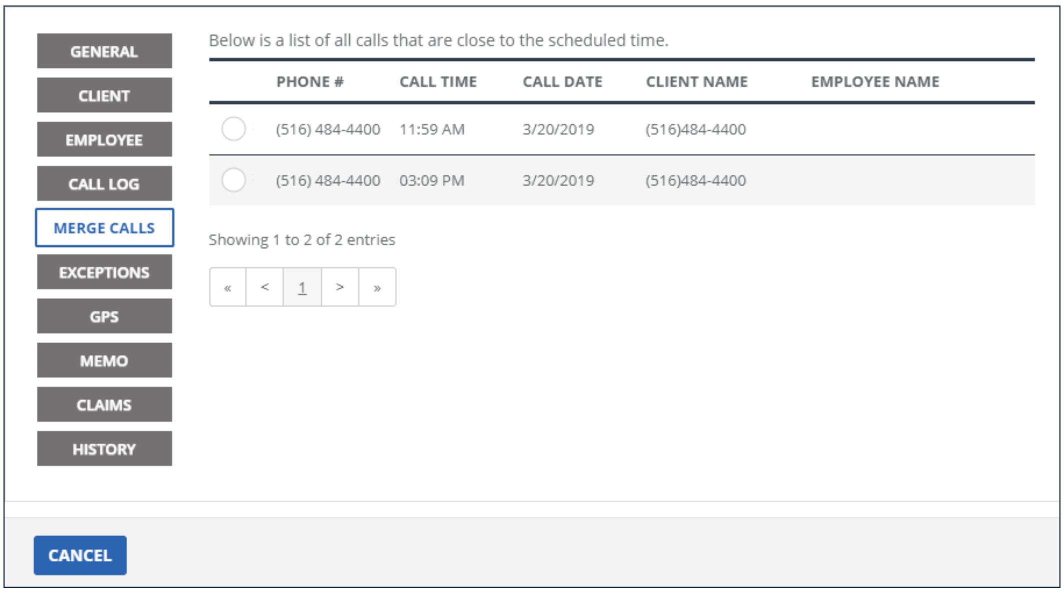
Add Manual Call to Existing Visit



Update Successful Confirmation

Visit Details Screen – Merge Calls

This screen allows users to add a call from another visit to an existing visit that has one or no calls in order to complete the visit. Visits can be missing calls if an employee did not correctly call in or out, or if matching logic did not match a call with a visit. If a call is missing both the client and the employee, the call may not be available for selection due to agency or payer configuration.

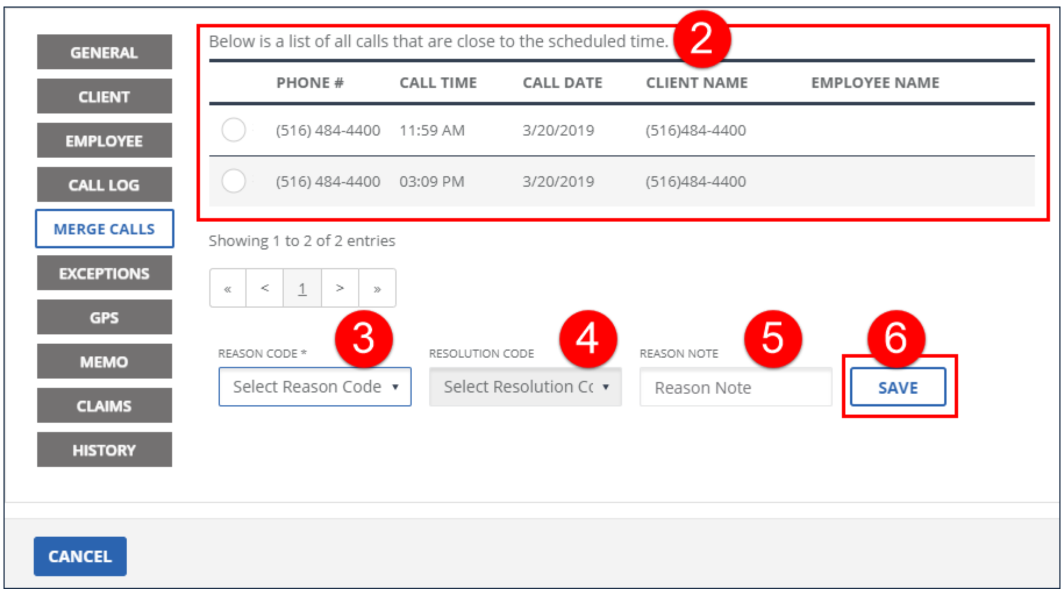


Merge Calls

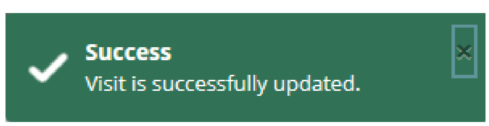
Field/Button/Column	Description
PHONE #	Displays the phone number used to place the call.
CALL TIME	Displays the time of the call.
CALL DATE	Displays the date of the call.
CLIENT NAME	Displays the client's name.
EMPLOYEE NAME	Displays the employee's name.

Merging Calls

1. Navigate to the Merge Calls section of the Visit Details screen. (**Visit Maintenance** > search for and open a visit ( ) > **Merge Calls**)
2. Select the missing in or out call.
3. Select the **REASON CODE**.
4. Select the RESOLUTION CODE.
5. Enter a **REASON NOTE**, if applicable.
6. Click **SAVE**.
   A notification of confirmation or error displays at the top of the screen.



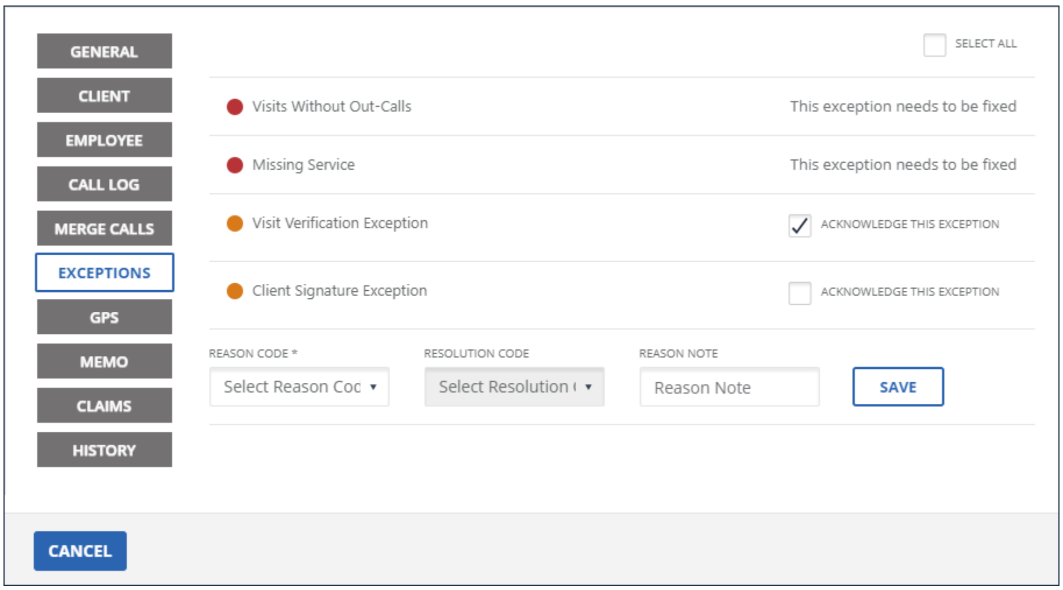
Merge Calls



Update Successful Confirmation

Visit Details Screen – Exceptions

This screen displays all exceptions that prevent a visit from being billable or ready for claims validation. All exceptions must be resolved and cleared to verify the visit. Exceptions can be resolved be either fixing (red exceptions) or acknowledging (orange exceptions) the exception. To fix an exception, users must add missing information or correct invalid information on the visit. For example, to fix the 'Missing Service' exception, users add a service to the visit. To fix the 'Invalid Service' exception, users must select a valid service replacing the service on the visit. To acknowledge an exception, users must select the **ACKNOWLEDGE THIS EXCEPTION** checkbox.



Visit Details - Exceptions

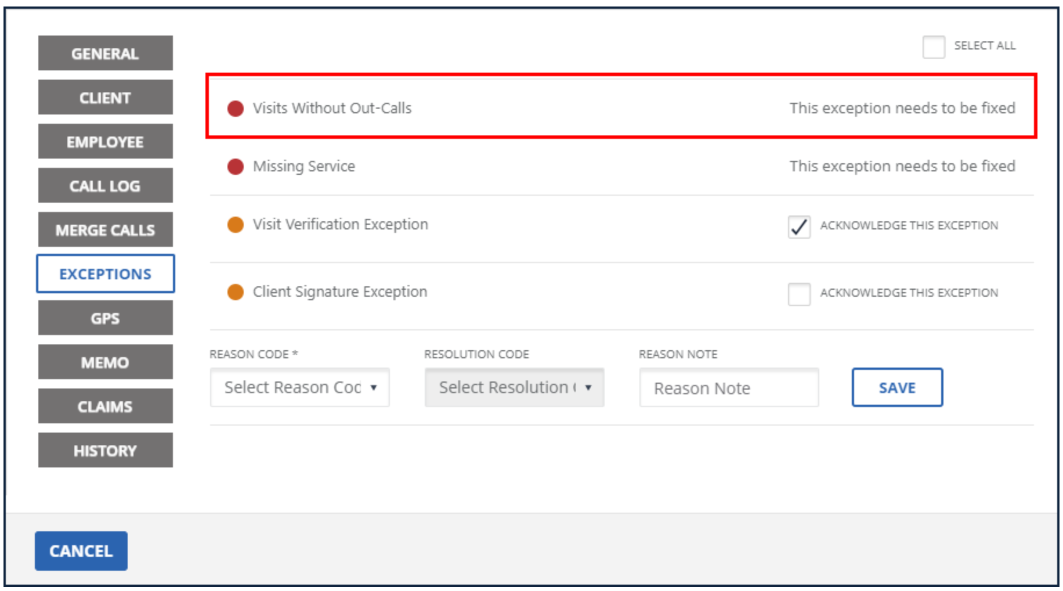
Field/Button/Column	Description
SELECT ALL	Select this checkbox to acknowledge all exceptions displayed.
Red Exception	Indicates an exception that must be resolved for the visit.
Orange Exception	Indicates an exception that must be acknowledged exists for this visit.
ACKNOWLEDGE THIS EXCEPTION	Select this checkbox in order to acknowledge the exception and provide reason/resolution codes for this visit. Select this checkbox for more than one exception, then enter a Reason Code and/or Resolution Code to acknowledge all selected exceptions with the same Reason/Resolution Codes.
REASON CODE	Use this field to enter a reason code for the exception. All options in this drop-down are set up with an effective date range. Options not in effect as of the visit date are not included in this list.
RESOLUTION CODE	Use this field to indicate how the solution to the visit exception was resolved.

Field/Button/Column	Description
REASON NOTE/ ENTER LOCATION	Use this field to select a resolution code or the visit location. When Using a location related reason code the fields name will change to **ENTER LOCATION.**
ADD REASON CODE ADD REASON CODE	Use this button to add a reason code or visit location without a required exception. Any reason code or location added is visible on the Visit Details Screen – History tab.

Managing Exceptions

1. Navigate to the Exceptions section of the Visit Details screen. (**Visit Maintenance** > search for and open a visit () > **Exceptions**)

   A. Red Exceptions:
   Navigate to the appropriate section of the Visit Details screen to resolve the exception.



Resolving Red Exceptions

B. Orange Exception: (GPS, Visit Verification, Client Signature, Service Verification)

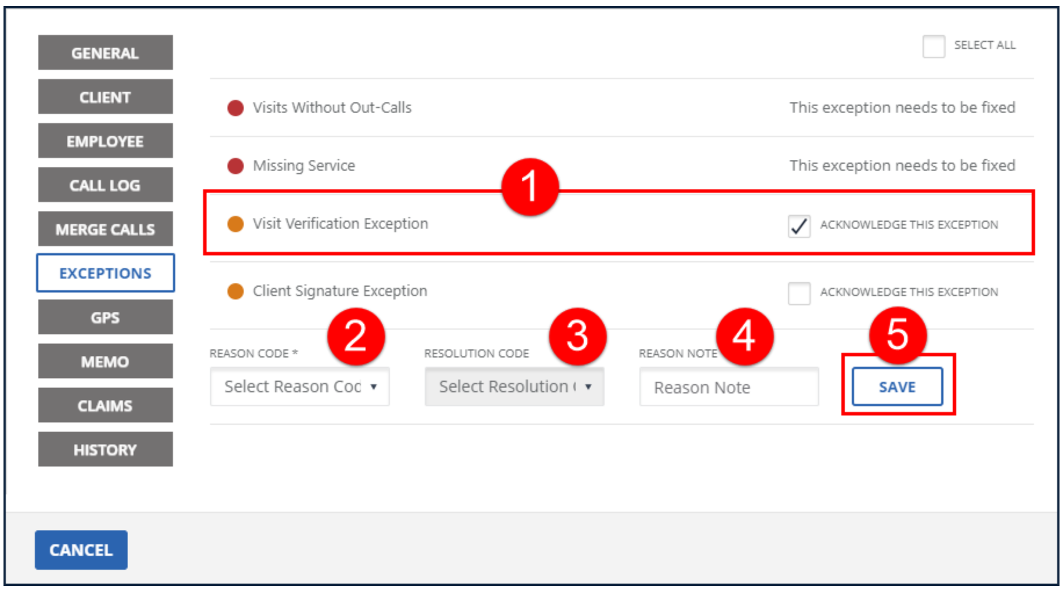
   i. Select the **ACKNOWLEDGE THIS EXCEPTION** checkbox.

   ii. Select the **REASON CODE**.

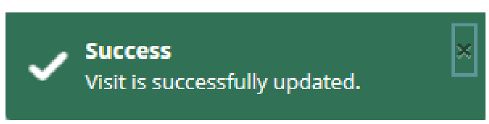
   iii. Select the **RESOLUTION CODE**.

   iv. Enter a **REASON NOTE/ENTER LOCATION**, if applicable.
   Use the Reason Note field to add additional information about the visit. Some Reason Codes require a Reason Note.

   v. Click **SAVE**.
   A notification of confirmation or error displays at the top of the screen.



Resolving Orange Exceptions



Update Successful Confirmation

C. As needed Exception:

   i. Click **ADD REASON CODE**.

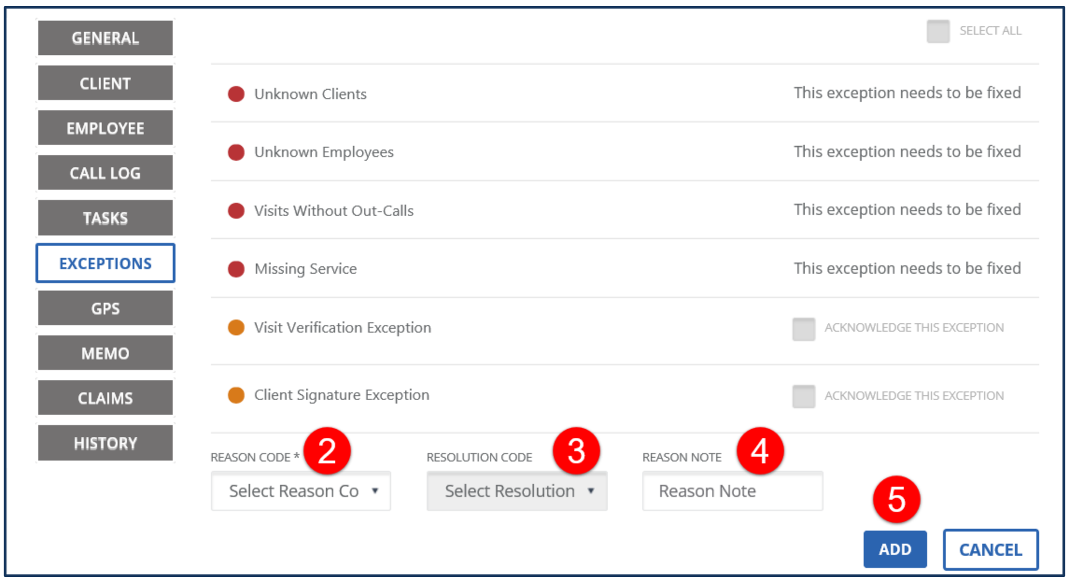
Add Reason Code Button

ii. Select the **REASON CODE**.

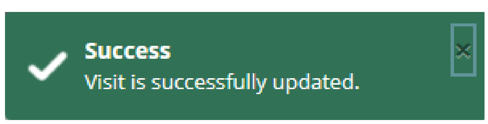
iii. Select the **RESOLUTION CODE**.

iv. Enter a **REASON NOTE/ENTER LOCATION**, if applicable.
Use the Reason Note field to add additional information about the visit. Some Reason Codes require a Reason Note.

v. Click **ADD**.
A notification of confirmation or error displays at the top of the screen.



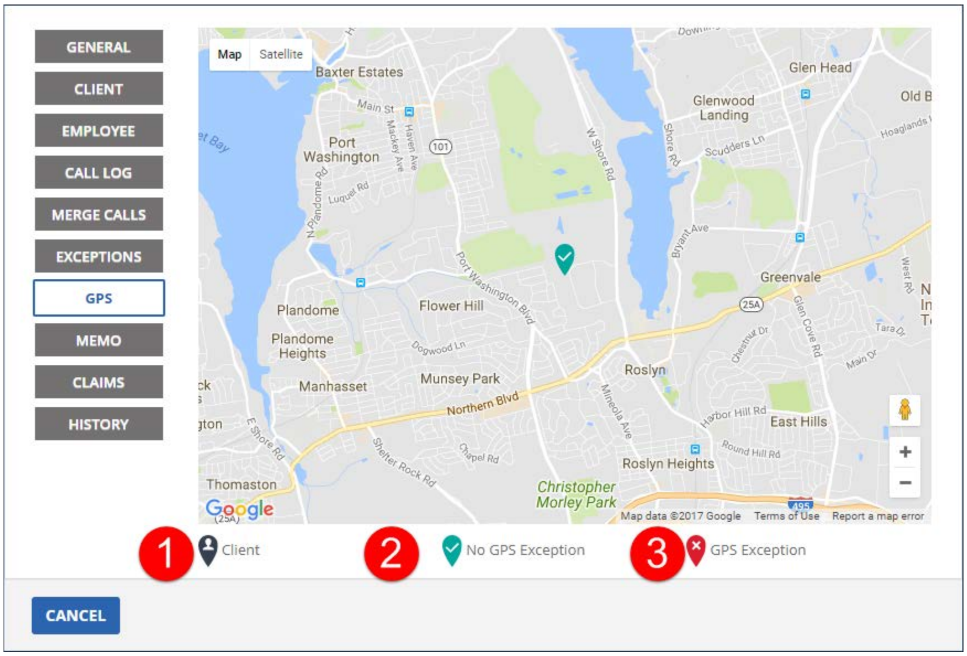
Add Reason Code Button



Update Successful Confirmation

Visit Details Screen – GPS

This section of the Visit Details screen displays the GPS position of the client's addresses and the various calls associated with a visit. This allows users to view the location the call was placed from on a map to ensure the calls are being placed from the proper location. The GPS drop pins may be on top of one another, use the plus and minus (+/-) to zoom in and out in order to see the individual pins. This information is also available using reporting.

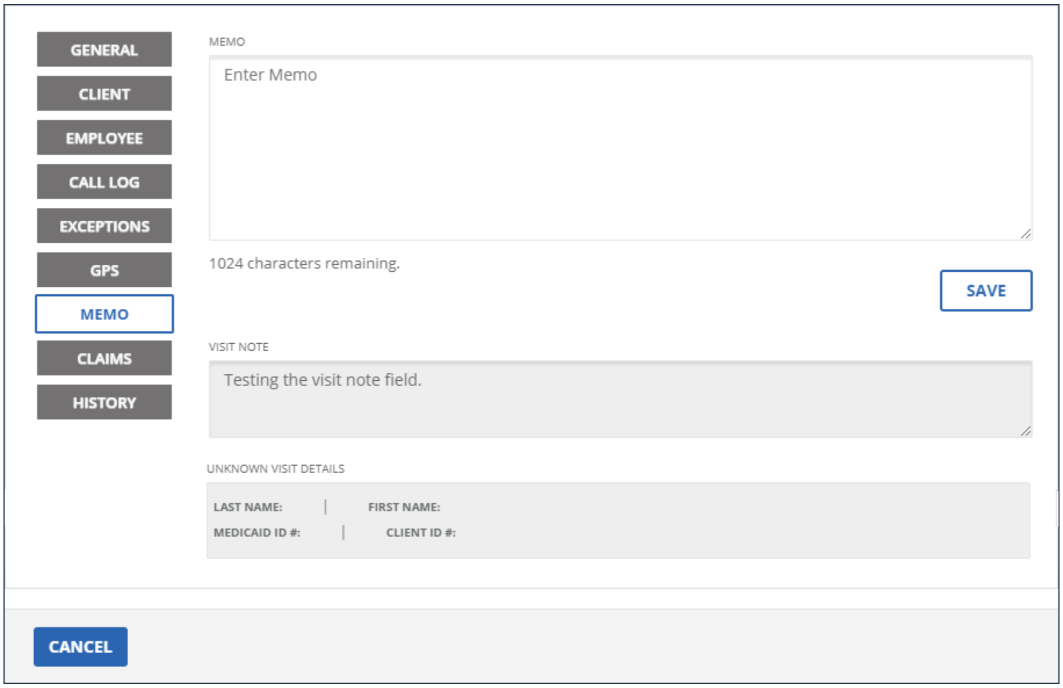


Visit Detail - GPS

Field/Button/Column	Description
Client	Drop pin that displays the client's primary address.
No GPS Exception	Drop pin that indicates that a GPS call (in or out) occurred within range of one of the client's addresses.
GPS Exception	Drop pin that indicates a GPS exception. GPS call (in or out) occurred outside of an acceptable distance from any of the client's addresses.

Visit Details Screen – Memo

The Memos tab displays all memos for the visit. Use the Memo section to enter any additional details about the visit. Visit notes received from Sandata Mobile Connect display in the read only **Visit Note** field. The Unknown Visit Details section displays the information captured by Sandata Mobile Connect when starting an Unknown Visit.

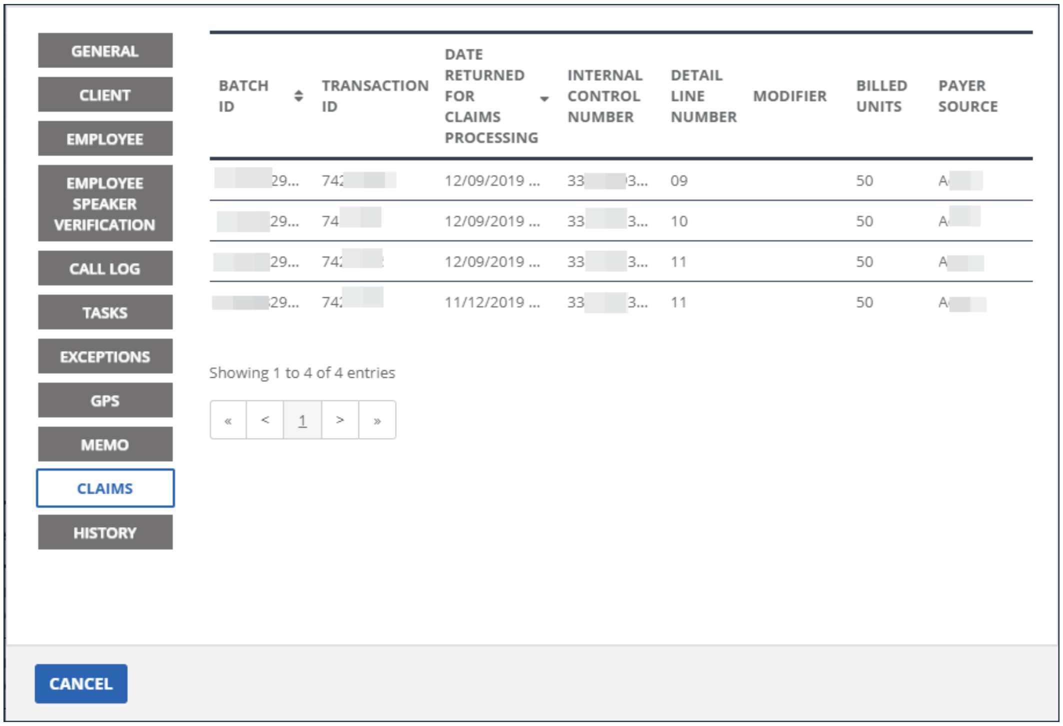


Visit Details - Memo Tab

Field/Button/Column	Description
MEMO	Use this field to record additional notes for the visit.
VISIT NOTE	Displays a read only Visit Note entered in the Sandata Mobile Connect application.
UNKNOWN VISIT DETAILS	Displays the details entered in the SMC application when an SMC user starts an Unknown Visit.

Visit Details Screen – Claims

The Claims Tab displays information about the Claims Validation interface. Each time a visit is returned to the claims adjudication system, the data is logged and displayed on this screen for reference.



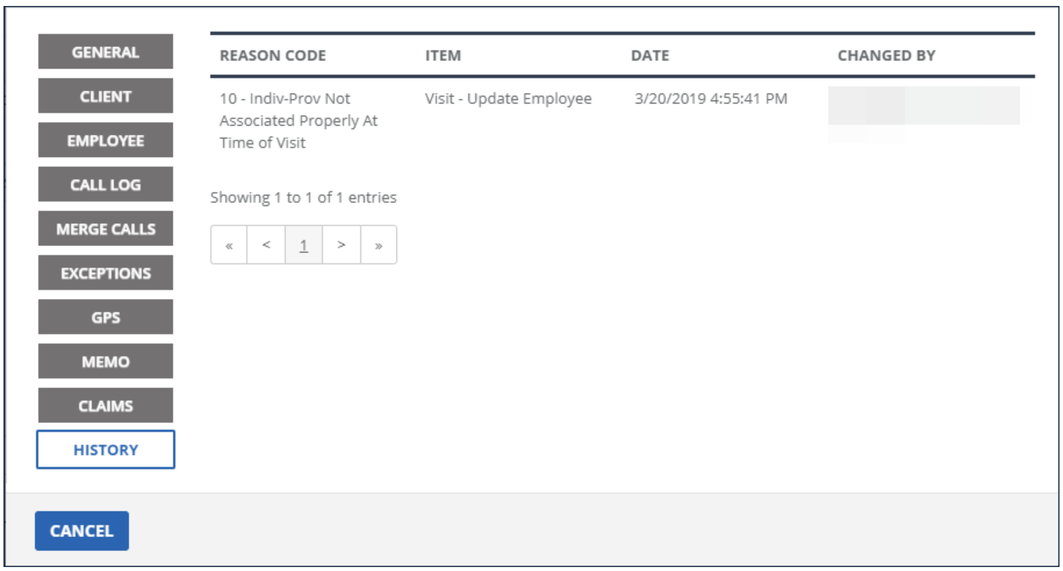
Visit Details – Claims Tab

Field/Button/Column	Description
BATCH ID	An adjudications system's unique number used to identify an individual or a group of claim requests.
TRANSACTION ID	A unique number used to identify individual items that are part of a batch.
DATE RETURNED FOR CLAIMS PROCESSING	The date the system returned the visit data in response to a claims request made by the payer.
INTERNAL CONTROL NUMBER	A unique number assigned to the submitted claim, by the payer's adjudication system.
DETAIL LINE NUMBER	A unique number assigned to individual lines of a submitted claim.
MODIFIER(s)	The modifiers, based on the claims submission, asked for as part of the claims validation request.
BILLED	The number of billed units calculated for the claims validation request.

Field/Button/Column	Description
PAYER SOURCE	The source of the claim request. For programs that receive claims requests from more than one source, this column allows users to identify which payer made the request for the visit as part of their adjudication process.

Visit Details Screen – History

This section of the Visit Details screen displays an abbreviated history of all manual changes made to the visit along with the reason code selected when the change was applied. Additional information about the changes logged on this screen is available using the various reports in the Reports section.



Visit Detail - History

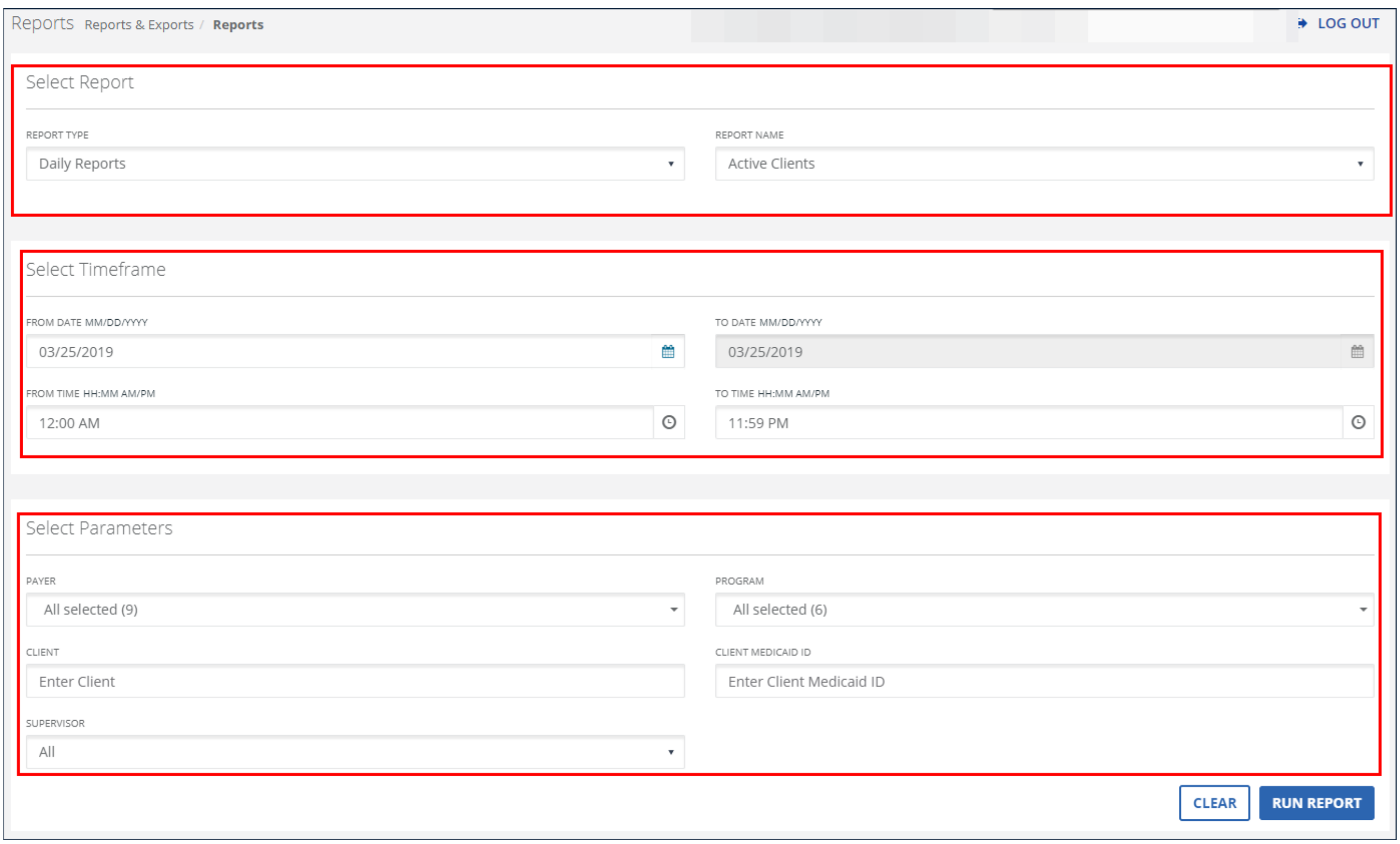
Field/Button/Column	Description
REASON CODE	Displays the reason code applied when the visit was manual updated. Roll over this field to view the resolution code applied along with the visit note.
ITEM	Displays the type of change that was made for the visit.
DATE	Displays the date the visit was modified.
CHANGED BY	Displays the user who made the modification.

Reports & Exports: Reports

Sandata EVV offers a variety of different reports that allow users to review detailed information about clients, employees and visit activity.

Reports are divided into several groups, allowing users to easily locate a specific report. These groups include: alerts, authorizations, billing, daily, date range, FVV and security. Alert reports are used to generate reports regarding specific alerts which are set up for the account, such as no shows. Authorization reports are used to report on authorization data within the system to ensure authorizations are kept up to date. Billing reports include all reports pertaining to billing, allowing users to easily reference billing data. Daily reports are used to return data for one selected day. Date range reports are used to return data for a selected timeframe. FVV reports allow users to reference FVV data about which clients have assigned FVV devices and FVV calls. Security reports allow users to reference system activity, such as logins to the system. Report Types only appear in the drop down if the account is configured to view a report within a group. Some reports have limitations for how large the timeframe can be set, for example 30 days.

Reports offer a variety of parameters allowing users to limit the report output as necessary to return more specific results. Available parameter filters change based on the report selected.



Reports Screen

Export Only Reports

Some reports can only be exported from the system. These reports will display a **RUN EXPORT** button instead of a **RUN REPORT** button. When exporting a report, users are prompted to download a copy of the report to their personal computer, where it can then be reviewed.

Sections of the screen

Based on the report selected the filters available in each section of this screen may vary.

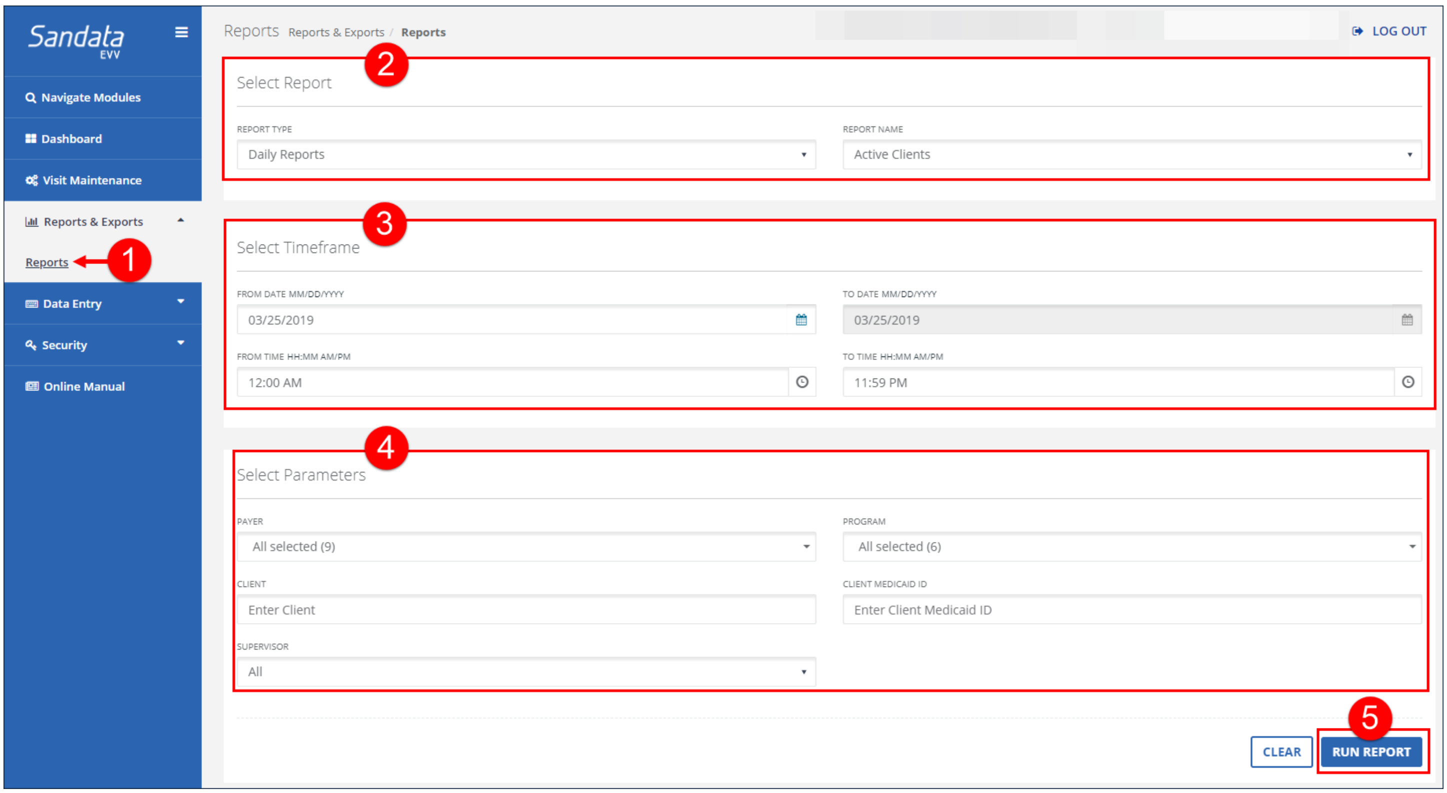
Parts of the Reporting Screen

Filter	Description
Select Report	Select the **Report Type** and **Report Name**. The reports listed in the **Report Name** field change based on the **Report Type** selected. • **Alerts Reports**: These reports display results regarding alerts set up for the account. • **Billing Reports**: • **Daily Reports**: These reports display results for a selected single date. • **Date Range Reports:** These reports display results for a selected date range.
Select Timeframe	Select the time and/or date range of the reports being run.
Select Parameters	Use the filters in this section to further limit the report output. Example: Payer, Program, Service etc. Parameters available vary by report. In some cases, parameters are required or ranges are limited.

Running a report

1. Navigate to the Reports screen. (**Repots and Exports** >**Reports**)
2. Select the **REPORT TYPE** and **REPORT NAME**.
3. Enter/Select the applicable fields in the Timeframe section.
4. Enter/Select the applicable fields in the Select Parameters section.
5. Click **RUN REPORT**.

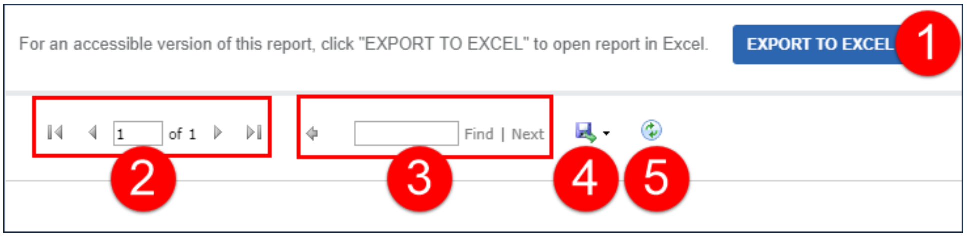
Note(s):
Reports run using longer date ranges or containing lots of data may require the selection of other parameters such as: Client, Employee or Supervisor to reduce the size of the report and ensure efficiency.



Running a Report

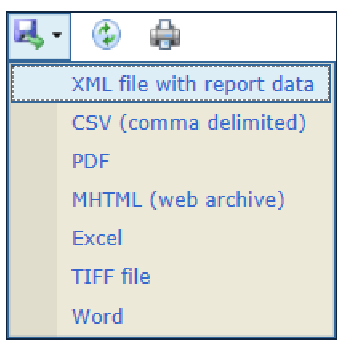
Navigating a Report

For accessibility, an **EXPORT TO EXCEL** button at the top of every report allows users to create an excel output so they are not required to navigate through the default report output.



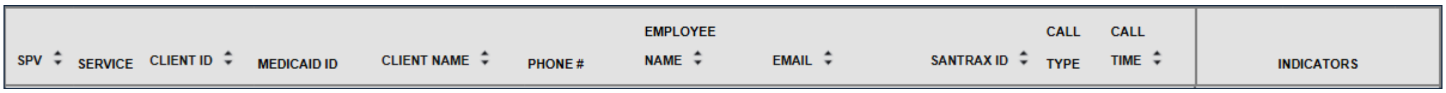
Highlighted Reporting Functions

1. **EXPORT TO EXCEL** - This button produces an Excel version of the report. It is formatted to look like the online report with each page break appearing on a different page. It can be sorted, filtered and manipulated in Excel. Excel versions sometimes do not look exactly the same as the printed versions. Depending on the report, the Excel output changes to better accommodate the Excel format.
2. **Page Navigation** - This section displays the current page vs. the total number of pages. Navigate to a specific page by typing a number into the current page field and pressing <**Enter**>. The arrows can be used to navigate to the first, next, previous and/or last page.
3. **Search Functionality** - Allows you to find data on any page in the report. The **Next** button jumps to the subsequent instance of the search criteria within the document.
4. **Export** - The report can be exported into several formats:
   Sandata validates exports to CSV, PDF and Excel. The output format can vary slightly from the default report output.



Reporting Export Options

5. **Refresh** - Updates the displayed data with the current data that exists in the system.
6. **Grouping Tab** - Displays at the top of most reports and indicates what information is being used to group results. When the group changes, the new group begins on the next page of the report.
7. **Column Header** - Clicking a column's header, when the arrows are present, will sort the results in ascending/descending order based on that column's content.

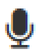
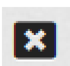


Example of Column Headers

8. **Report Legend page** - The last page of reports displays general information pertaining to the report including icons used.

Report Legend

Icon/Text	Text
	Client ID on call
	Secondary Mutual Client
	Cluster
	Multiple clients with the same phone
	Exported
	Unmatched Client/Phone
	Mobile
	The value has been changed
	Incomplete Call
	FVV Call
	FVV Parent
	FVV Attempt

Icon/Text	Text
	Manual Call
	Telephony Call
	Employee Voice Recording
	Client Voice Recording
	Employee Speaker Verification - Pass
	Employee Speaker Verification - Fail
	Client Speaker Verification - Pass
	Client Speaker Verification - Fail

Alerts Reports

Authorization Reports

Authorization Hours vs Actual Hours Used by Client

Description:

This report displays the number of authorized hours compared to the total number of verified hours recorded by the system. The report is grouped by client.

Use:

This report allows identify to compare the number of hours being utilized for each client versus the number of hours that client has authorizations for.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
CLIENT	the entered client
CLIENT AR#	the entered client AR number

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	The provider agency

Report Output

Each column of the report displays:

Columns	Description
NAME	The client's name
ID TYPE	The type of identifier displayed on the report for the client (M = Medicaid ID, P = Payer ID, C=Client ID, N=Newborn)
MEDICAID/PAYER ID	The client's identifier based on the type specified
PAYER	The authorization's payer
PROGRAM	The authorization's program

Columns	Description
SERVICE	The authorization’s service
START/END DATE	The start and end dates of the authorization
AUTH ID	the authorization’s reference ID number provided by the payer
AUTH TYPE	The type of authorization (hourly, units, visit)
LIMIT TYPE	The type of limitation set for the authorization
AUTHORIZED UNITS	the number of authorized units
USED UNITS	The number of units that have been associated with verified units The number of units displayed is based on EVV data only and does not represent adjustments or actual billing information.
AVAILABLE UNITS	The number of units remaining for the authorization (based on verified EVV visits)

Sample Report

Authorization Hours vs Actual Hours Used by Client

Report Parameters
Account: (37500)
For: 1/6/2020 - 1/20/2020 11:59:59 PM
Payer: All
Program: All
Service: All

Account: (37500)

CLIENT													
NAME	ID TYPE	MEDICAID/ PAYER ID	PAYER	PROGRAM	SERVICE	START DATE	END DATE	AUTH ID	AUTH TYPE	LIMIT TYPE	AUTHORIZED UNITS	USED UNITS	AVAILABLE UNITS
Kelly, Yoens	M	798721983721			ATCM	01/20/2020	01/20/2020	4324243543	Hourly	None	200	0	200
Finnez, Ramona	M	317236248763				01/20/2020	01/21/2020	43242164642	Unit	Month	25.81	0	25.81
Mann, Sumner	M	482342340928			RHHA	01/20/2020	01/25/2020	23234344553	Visit	Year	9.68	0	9.68

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Authorizations

Description:

This report displays a list of all authorizations in the system as of the selected day.

Use:

This report allows users to view all authorizations over the selected date range. This report displays any authorizations in effect on any day that falls within the selected date range. The report helps monitor overall authorization information.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
CLIENT	the entered client
CLIENT AR#	the entered client AR number

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	The provider agency

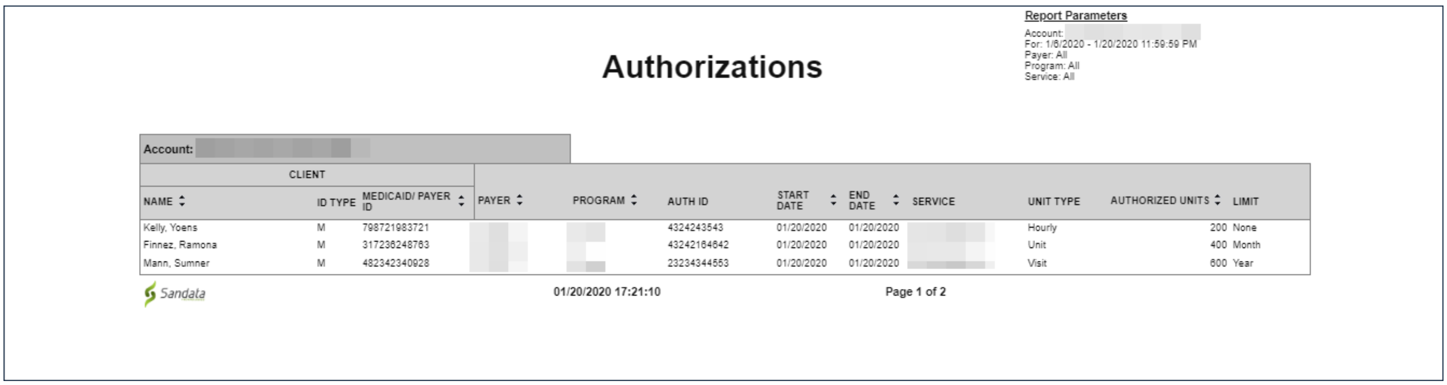
Report Output

Each column of the report displays:

Columns	Description
NAME	the client's name
ID TYPE	The type of identifier displayed on the report for the client (M = Medicaid ID, P = Payer ID, C=Client ID, N=Newborn)
MEDICAID/PAYER ID	The client's identifier based on the type specified
PAYER	the client's payer
PROGRAM	the program(s) for the visit
AUTH ID	the authorization's reference ID number provided by the payer

Columns	Description
START/END DATE	The start and end date for the authorizations Authorizations that are considered 'open ended' may display with an end date that is blank.
SERVICE	The authorization's service
UNIT TYPE	the type of unit (hourly, unit, visit)
AUTHORIZED UNITS	the number of authorized units
LIMIT	The type of limitation set for the authorization

Sample Report



Report Parameters
Account:
For: 1/6/2020 - 1/20/2020 11:59:59 PM
Payer: All
Program: All
Service: All

Authorizations

Account:

CLIENT											
NAME	ID TYPE	MEDICAID/ PAYER ID	PAYER	PROGRAM	AUTH ID	START DATE	END DATE	SERVICE	UNIT TYPE	AUTHORIZED UNITS	LIMIT
Kelly, Yoens	M	798721983721			4324243543	01/20/2020	01/20/2020		Hourly	200	None
Finnez, Ramona	M	317236248763			43242164642	01/20/2020	01/20/2020		Unit	400	Month
Mann, Sumner	M	482342340928			23234344553	01/20/2020	01/20/2020		Visit	600	Year

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Expired Authorizations

Description:

This report displays a listing of authorizations that have expired as of the selected date.

Use:

This report allows users to review all expired authorizations and using that data, determine whether or not replacement authorizations need to be obtained. Only authorizations that have not been replaced by a subsequent authorization for the save service are displayed on this report.

Fields and Columns

<u>Parameters</u>

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
CLIENT	client by name (format: last name, first name) When a partial value is entered the report displays results that begin with the entered value.
CLIENT AR#	the AR# associated with a client

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	The provider agency

Report Output

Each column of the report displays:

Columns	Description
NAME	the client's name
ID TYPE	The type of identifier displayed on the report for the client (M = Medicaid ID, P = Payer ID, C=Client ID, N=Newborn)
MEDICAID/PAYER ID	The client's identifier based on the **ID Type** specified
PAYER	The authorization's payer
PROGRAM	The authorization's program
SERVICE	The authorization's service
AUTH ID	The authorization's reference ID number. provided by the payer
SERVICE END DATE	The end date for the authorization's service(s)

Expired Authorizations

Sample Report

Expired Authorizations

Report Parameters

Account:
For: 1/20/2020 - 1/20/2020 11:59:59 PM
Payer: All
Program: All
Service: All

Account:

CLIENT							
NAME	ID TYPE	MEDICAID/ PAYER ID	PAYER	PROGRAM	SERVICE	AUTH ID	SERVICE END DATE
Kelly, Yoens	M	798721983721			AT	4324243543	01/20/2020
Finnez, Ramona	M	317236248763				43242164642	01/20/2020
Mann, Sumner	M	482342340928			RI	23234344553	01/20/2020

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Expiring Authorizations

Description:

This report displays a listing of authorizations that will expire within 31 days of the selected date.

Use:

This report allows users to review all expiring authorizations and quickly determine which authorizations require action to either end services or obtain an updated or new authorization for the client. It is best practice to run this report for the current date to identify authorizations that will be expiring.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
CLIENT	client by name (format: last name, first name) When a partial value is entered the report will display results that begin with the entered value.
CLIENT AR#	the AR# associated with a client

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	the selected provider

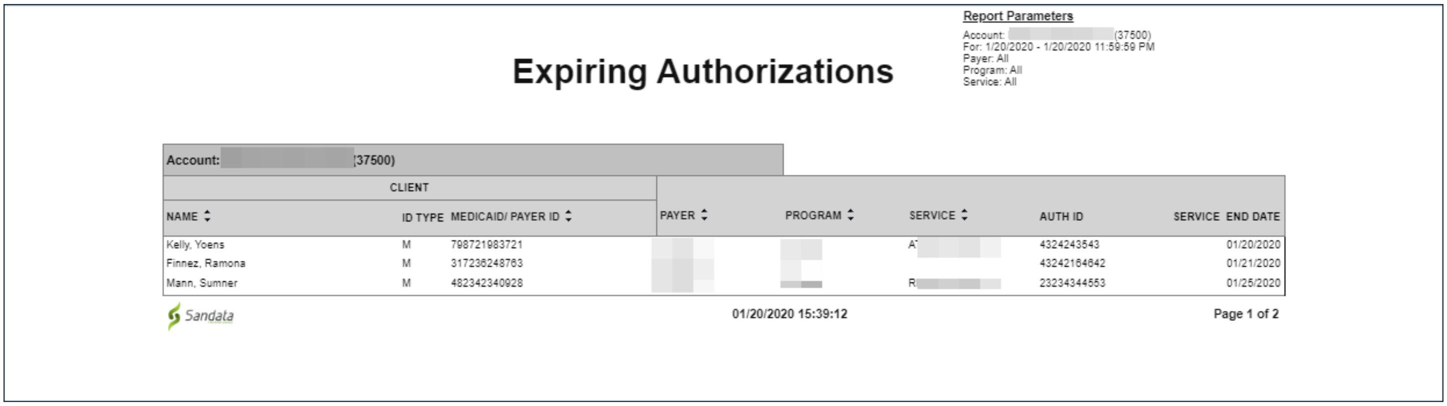
Report Output

Each column of the report displays:

Columns	Description
NAME	The client's name
ID TYPE	The type of identifier displayed on the report for the client (M = Medicaid ID, P = Payer ID, C=Client ID, N=Newborn)
MEDICAID/PAYER ID	The client's identifier based on the type specified
PAYER	The authorization's payer
PROGRAM	The authorization's program

Columns	Description
SERVICE	The authorization's service
AUTH ID	The authorization's reference ID number as provided by the Payer
SERVICE END DATE	The end date for the authorization's service(s)

Sample Report



Report Parameters
Account: (37500)
For: 1/20/2020 - 1/20/2020 11:59:59 PM
Payer: All
Program: All
Service: All

Expiring Authorizations

Account: (37500)

CLIENT							
NAME	ID TYPE	MEDICAID/ PAYER ID	PAYER	PROGRAM	SERVICE	AUTH ID	SERVICE END DATE
Kelly, Yoens	M	798721983721			A	4324243543	01/20/2020
Finnez, Ramona	M	317236248763				43242164642	01/21/2020
Mann, Sumner	M	482342340928			R	23234344553	01/25/2020

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Billing

Visits Claims Verification Status

Description:

This report displays all visits within the selected date range and shows the last time each visit was returned to the payer for validation.

Use:

Use this report to track the status of visits relative to claims validation. It can be used to review when a particular visit was returned to the adjudicating system.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits for the selected payer(s)
PROGRAM	Visits for the selected program(s)
SERVICE	Visits for the selected service(s)
CLIENT MEDICAID ID	Visits for the client's Medicaid ID
SUPERVISOR	Visits for the selected supervisor at the provider agency
VISIT STATUS	Visits for the selected visit status

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider
Provider Medicaid ID:	The provider's Medicaid ID and/or Alternate Medicaid ID

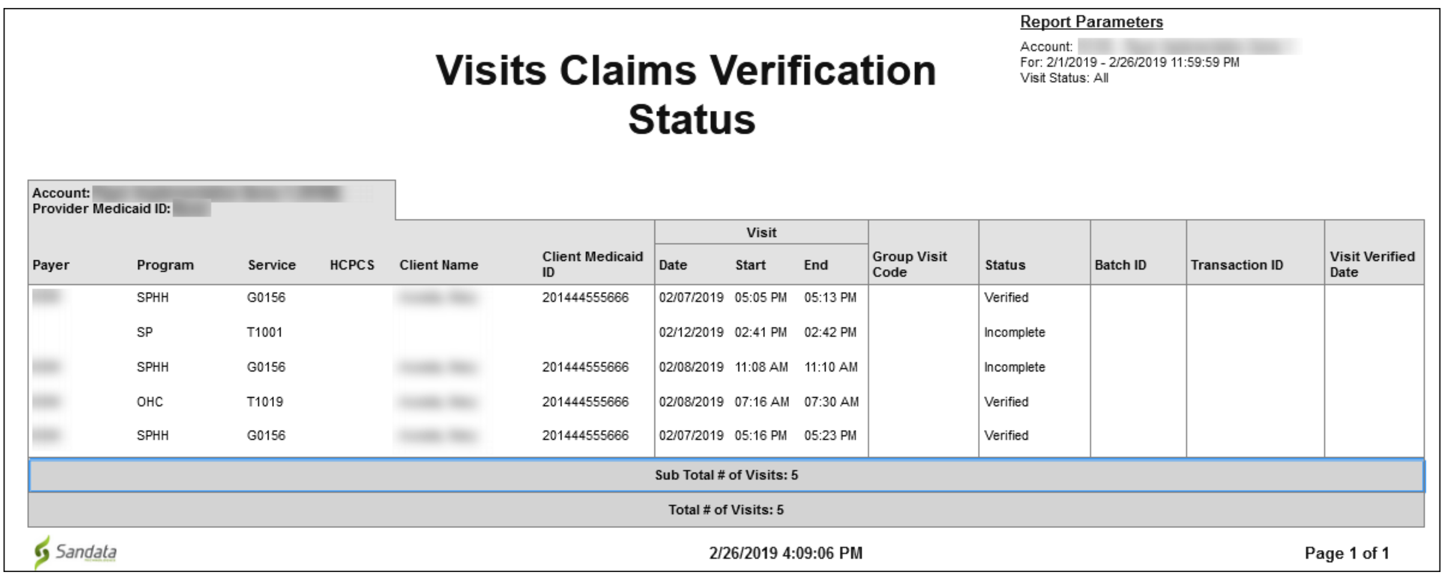
Report Output

Each column of the report displays:

Visits Claims Verification Status

Columns	Description
Payer	The payer for the related visit
Program	The program(s) for the visit
Service	The service performed for the visit
HCPCS	The HCPCS code used for billing
Client Name	The client's name Blank if unknown.
Medicaid ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
Visit Date/Start/End	The date, start time and end time of the visit
Group Visit Code	The group visit code associated with the visit, if applicable
Status	The status of the visit
Batch ID	Currently Unavailable
Transaction ID	Currently Unavailable
Visit Verified Date	Currently Unavailable

Sample Report



Visits Claims Verification Status

Report Parameters
Account:
For: 2/1/2019 - 2/26/2019 11:59:59 PM
Visit Status: All

Account:
Provider Medicaid ID:

Payer	Program	Service	HCPCS	Client Name	Client Medicaid ID	Visit Date	Visit Start	Visit End	Group Visit Code	Status	Batch ID	Transaction ID	Visit Verified Date
	SPHH	G0156			201444555666	02/07/2019	05:05 PM	05:13 PM		Verified			
	SP	T1001				02/12/2019	02:41 PM	02:42 PM		Incomplete			
	SPHH	G0156			201444555666	02/08/2019	11:08 AM	11:10 AM		Incomplete			
	OHC	T1019			201444555666	02/08/2019	07:16 AM	07:30 AM		Verified			
	SPHH	G0156			201444555666	02/07/2019	05:16 PM	05:23 PM		Verified			

Sub Total # of Visits: 5

Total # of Visits: 5

Sandata **2/26/2019 4:09:06 PM** **Page 1 of 1**

Visit Claims Verification Status

Daily Reports

Active Client Contacts

Description:

This report displays all contacts and designees associated with a client.

Use:

This report is used to review the current state of a client's contacts and designees. Contacts are for reference only, but designees may have privileges to use the system on behalf of the client. This report helps the responsible entity manage client designees to ensure that access is not permitted if it is not appropriate. If the current system configuration does not support designees, only contacts are displayed on this report.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
CLIENT	client by name (format: last name, first name) or Sandata client ID. When a partial value is entered the report will display results that begin with the entered value.
CLIENT MEDICAID ID	clients with the entered Medicaid ID The entered value must be an exact match to a client's Medicaid ID.

Report Grouping Tab

This report does not offer any groupings.

Report Output

Each column of the report displays:

Columns	Description
ACCOUNT	The provider agency's Sandata EVV account number
ACCOUNT NAME	The account name
CLIENT NAME	The client's name
MEDICAID ID	The client's Medicaid ID
TYPE	The type of contact. (Contact or Designee)
RELATIONSHIP	The relationship of the emergency contact to the client

Columns	Description
NAME	The name of the client’s emergency contact
EMAIL	The email address of the client’s emergency contact

Sample Report

Report Parameters
Account:
For: 1/16/2020 - 1/16/2020 11:59:59 PM

Active Client Contacts

				CONTACT			
ACCOUNT	ACCOUNT NAME	CLIENT NAME	MEDICAID ID	TYPE	RELATIONSHIP	NAME	EMAIL
37500		Bacon, James	583045834095	CONTACT	Spouse	Bacon, Chris	ChrisPBacoN@mailinator.com
37500		Barnett, Gary	429038423094	CONTACT	Sibling	Barnett, Joanie	JoeyBBB@mailinator.com
37500		Barnridge, Amanda	371298372139	CONTACT	Parent	Barnridge, James	JBARNZ@mailinator.com
37500		Botsman, Scott	490823409283	CONTACT	Sibling	Botsman, Rossana	ROBOTSm@mailinator.com
37500		Finnez, Ramona	317236248763	CONTACT	Child	Finnez, Ramone	SharkFinHat@mailinator.com
37500		Kelly, Yoens	798721983721	CONTACT	Friend	Ottovan, Stanley	slotto72902@gmail.com
37500		Mann, Sumner	482342340928	CONTACT	Other	Muffin, Max	mmffin7891@gmail.com
37500		McDonald, Rick	423409283409	CONTACT	Friend	Ortega, Tito	torg@torga.org
37500		Powers, Sarah	524354336765	CONTACT	Spouse	Powers, Samuel	spowers@orangetree.net
37500		Wells, Tiffany	492084032948	CONTACT	Sibling	Wells, Rex	rwells@trex.net
37500		Wrangla, Karen	890318230918	CONTACT	Child	Wrangla, Gary	gwrangler@wrangla.com

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Active Clients Report

Description:

This report lists all active clients as of the date selected.

Use:

Use this report to view client demographic, contact information and confirmed GPS verification of their primary address.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	The selected payer(s)
PROGRAM	The selected program(s)
CLIENT	Client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	The client's Medicaid ID
SUPERVISOR	The selected supervisor at the provider agency

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider

Report Output

Each column of the report displays:

Columns	Description
CLIENT ID	The Sandata client ID
CLIENT MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
PHONE #	The EVV phone number from which the call was made, if applicable
ADDRESS	The client's primary address

Active Clients Report

Columns	Description
CITY	The city from the client's primary address
ST (State)	The state from the client's primary address
ZIP	The client's zip code
LATITUDE	The latitude of the primary address shown in the report If this field is blank, the latitude could not be verified for GPS validation.
LONGITUDE	The longitude of the primary address shown in the report If this field is blank, the longitude could not be verified for GPS validation.
CLIENT ALTERNATE ID	The value entered in the Client Other ID field in the client's profile

Sample Report

Report Parameters
Account:
For: 2/11/2019 - 2/11/2019 11:59:59 PM

ACTIVE CLIENTS

Account:

CLIENT ID	CLIENT MEDICAID ID	CLIENT NAME	PHONE #	ADDRESS	CITY	ST	ZIP	LATITUDE	LONGITUDE	CLIENT ALTERNATE ID
					Floral Park	NY	11001-0000	40.731386	-73.711454	
					Floral Park	NY	11001-0000	40.731386	-73.711454	
					Floral Park	NY	11001-0000	40.731386	-73.711454	
					adsf	AL	23223-0000			
					New York	NY	10001-0000	40.70932480	-74.00714760	
					amarillo	TX	79107-0000	35.23151450	-101.76853840	
					forest	NE	11211-0000	40.62044930	-74.02933890	
					forest	NE	11212-0000	40.62044930	-74.02933890	
					Port Washington	NY	11050-0000	40.81072480	-73.66356730	
					Warrensburg	MO	64093-0000	38.76996470	-93.71035769999999	
					Great Neck	NY	11021-0000	40.777739	-73.73377810	CLOID0001

Grand Total of Active Clients: 2711

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Active Clients Report

Active Employees Report

Description:

This report displays all active employees as of the selected date.

Use:

Use this report to view current employee information and review the employee email address (for MVV) and Santrax ID (for telephony).

Parameters

Use the following fields to limit the report output to:

Field	Description
DEPARTMENT	The selected department
EMPLOYEE	Employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider

Report Output

Each column of the report displays:

Columns	Description
EMPLOYEE ID	The Employee ID
EMPLOYEE NAME	The employee's name Blank if unknown.
EMPLOYEE EMAIL	The employee's email address
EMPLOYEE SANTRAX ID	The employee's Santrax ID
PHONE #	The employee's phone number
DEP	The employee's department Depending on your agency's specific configurations, this field may display a different value.

Sample Report

Report Parameters
Account: [illegible]
For: 2/11/2019 - 2/11/2019 11:59:59 PM

ACTIVE EMPLOYEES

Account: [illegible]

EMPLOYEE ID	EMPLOYEE NAME	EMPLOYEE EMAIL	EMPLOYEE SANTRAX ID	PHONE #	DEP
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	-
	[illegible]	[illegible]	[illegible]	[illegible]	PCA
	[illegible]	[illegible]	[illegible]		-
	[illegible]	[illegible]	[illegible]		PT
	[illegible]	[illegible]	[illegible]	[illegible]	-
	[illegible]	[illegible]	[illegible]		-
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PCA
[illegible]	[illegible]	[illegible]	[illegible]		-
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PT
[illegible]	[illegible]	[illegible]	[illegible]		-
[illegible]	[illegible]	[illegible]	[illegible]		-
[illegible]	[illegible]	[illegible]	[illegible]		-
	[illegible]	[illegible]	[illegible]		-
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PT
	[illegible]	[illegible] m	[illegible]		-
	[illegible]	[illegible]	[illegible]		-
	[illegible]	[illegible]	[illegible]		PCA
	[illegible]	[illegible]	[illegible]		-
	[illegible]	[illegible]	[illegible]		PCA
	[illegible]	[illegible]	[illegible]		-
	[illegible]	[illegible]	[illegible]		-
Total of Employees:	111				

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Active Employees Report

Agency Master Schedule

Description:

This report provides a comprehensive list of all scheduled visits for the selected date-range.

Use:

This report lists all scheduled visits with a start date that falls within the selected date-range.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
Payer	The selected payer(s)
Program	The selected program(s)
Service	Calls from the selected service(s)
Client	Client by name (format: last name, first name) When a partial value is entered the report will display results that begin with the entered value.
Client AR#	The client AR number
Supervisor	The selected supervisor
Department	The selected department
Employee	Employee by name (format: last name, first name) When a partial value is entered the report will display results that begin with the entered value. Entering an exact Santrax ID into this field also limits the results to that employee.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

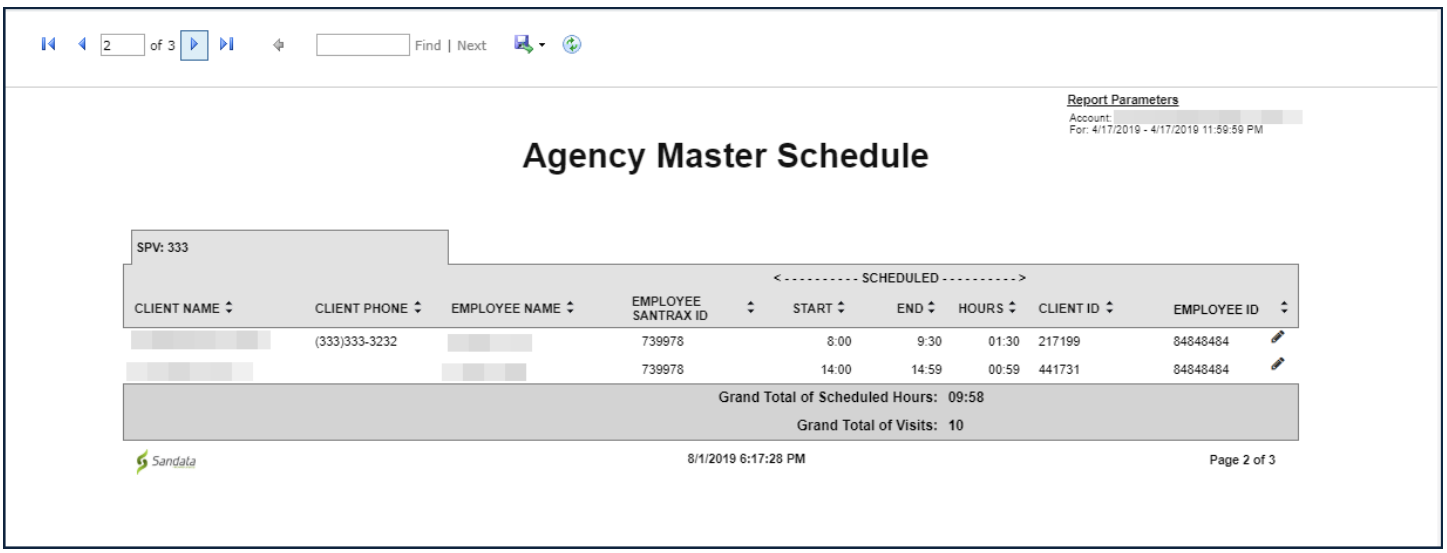
Field	Description
SPV	The supervisor at the provider agency

Report Output

Each column of the report displays:

Columns	Description
Client Name	The client's name
Client Phone	The client's phone number
Employee Santrax ID	The employee's name
Start	The visit's scheduled start time
End	The visit's scheduled end time
Hours	The number of hours scheduled for the visit
Client ID	The client's ID number
Employee ID	The postal code from the client's primary address

Sample Report



Agency Master Schedule

Call Listing Report

Description:

This report displays all call activity (using all call methods) for the selected day and time range specified. The calls are listed sequentially, beginning with calls that are missing data.

Use:

Use this report to review call activity for the day and time selected. This report allows users to monitor trends in call activity and identify calls that require editing, verification, or exception handling.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Calls from the selected payer(s)
PROGRAM	Calls from the selected program(s)
SERVICE	Calls from the selected supervisor at the provider agency
CLIENT	Calls from the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Calls from the client's Medicaid ID
SUPERVISOR	Calls from the selected supervisor at the provider agency
DEPARTMENT	Calls from the selected department
EMPLOYEE	Calls from the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

	Description
Account:	The selected provider
Payer:	The selected payer
Program:	The selected program

Report Output

Each column of the report displays:

Columns	Description
SPV	The supervisor at the provider agency
SERVICE	The service performed for the visit
CLIENT ID	The Sandata client ID
MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
PHONE #	The EVV phone number from which the call was made, if applicable
EMPLOYEE NAME	The employee's name Blank if unknown.
EMAIL	The employee's email address
SANTRAX ID	The employee's Santrax ID
CALL TYPE	The call type for the related visit (TVV/MVV/Manual/Other)
CALL TIME	The time of the visit
INDICATORS	Any symbols used to indicate additional information for the report data (For example: manual changes ( ), GPS call type ( ), verification status ( ), etc.) For icon definitions, hover over the icon or refer to the legend on the last page of the report.

Sample Report

Report Parameters
Account: [illegible]
For: 8/6/2018 - 8/6/2018 11:59:59 PM

Call Listing

Account: [illegible]
Payer: [illegible]
Program: [illegible]

SPV	SERVICE	CLIENT ID	MEDICAID ID	CLIENT NAME	PHONE #	EMPLOYEE NAME	EMAIL	SANTRAX ID	CALL TYPE	CALL TIME	INDICATORS
`	S5125	42815361	[illegible]	[illegible]					MVV	11:53 PM	#
`	S5125	313065	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	IVR	12:00 AM	#
`	S5125	276075	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	IVR	12:00 AM	#
`	S5125	95413450	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MANUAL	03:00 AM	#
`	S5125	95413450	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MANUAL	03:40 AM	#
`	S5125	69986142	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	10:52 AM	#
`	S5125	69986142	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	10:53 AM	#
`	T1002	75470842	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	05:13 AM	#
`	T1002	878778	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	03:50 AM	#
`	T1002	878778	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	03:54 AM	#
`	S5125	924881	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	03:31 AM	#
`	S5125	924881	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	03:32 AM	#
`	T1019	924881	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MVV	03:35 AM	#
`	S5125	377024	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	MANUAL	04:00 AM	#

Grand Total of Actual Calls: 171

Sandata 1/11/2019 1:23:02 PM Page 10 of 13

Call Listing Report

Call Summary Report

Description:

This report pairs the Start and End calls together as visits and shows the visit hours.

Use:

Use this report to review the selected day's visit information and identify the incomplete visits from previous days that need correction or follow up. This report allows users to monitor trends in call activity and exception handling.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Calls from the selected payer(s)
PROGRAM	Calls from the selected program(s)
SERVICE	Calls from the selected service(s)
CLIENT	Calls from the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Calls from the client's Medicaid ID
SUPERVISOR	Calls from the selected supervisor at the provider agency
DEPARTMENT	Calls from the selected department
EMPLOYEE	Calls from the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider
Payer:	The selected payer
Program:	The selected program

Report Output

Each column of the report displays:

Columns	Description
SERVICE	The service performed for the visit
CLIENT ID	The Sandata client ID
MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
EMPLOYEE NAME	The employee's name Blank if unknown.
EMAIL	The employee's email address
SANTRAX ID	The employee's Santrax ID
CALLS START	The start time for the visit
CALLS END	The end time for the visit
CALLS HOURS	The actual length of the visit
BILL HRS	The total billable hours for the visit
INDICATORS	Any symbols used to indicate additional information for the report data (For example: manual changes (), GPS call type (), verification status (), etc.) For icon definitions, hover over the icon or refer to the legend on the last page of the report.
BILL UNITS	The billable units for the visit where applicable

Sample Report

Report Parameters
Account: [redacted]
[redacted]
For: 11/6/2017 - 11/6/2017 11:59:59 PM

Call Summary

Account: [redacted]
Payer: [redacted]
Program: [redacted]

SERVICE	CLIENT ID	MEDICAID ID	CLIENT NAME	EMPLOYEE NAME	EMAIL	SANTRAX ID	CALLS START	CALLS END	HOURS	BILL HRS	UNITS
G0300	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	09:08 PM	07:38 AM	10.50	10.50	42
G0300	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	08:05 AM	08:09 AM	0.07	0.07	1
G0299	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	09:42 AM	09:47 AM	0.08	0.08	1
G0299	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	09:35 AM	09:40 AM	0.08	0.08	1
G0156	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	09:42 AM	09:49 AM	0.12	0.12	1

Total of Bill Hours: 10.85

Total of Completed Visits: 5

Total of Visits: 5

Grand Total of Billed Hours: 11.18

Grand Total of Completed Visits: 8

Grand Total of Visits: 9

Sandata 12/19/2018 3:25:50 PM Page 4 of 5

Call Summary Report Sample

GPS Distance Exception Report

Description:

This report displays calls entered by a mobile user from a GPS location that is further from any of the client's GPS validated addresses than the configured distance threshold.

Use:

Use this report to identify calls that were not made from an expected location. The report also indicates the distance the call was made from the client's closest address.

Parameter

Use the following fields to limit the report output to:

Field	Description
PAYER	Calls for the selected payer(s)
PROGRAM	Calls for the selected program(s)
SERVICE	Calls for the selected service(s)
CLIENT	Calls for the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Calls for the client's Medicaid ID
SUPERVISOR	Calls for the selected supervisor at the provider agency
DEPARTMENT	Calls for the selected department
EMPLOYEE	Calls for the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
ACCOUNT:	The selected provider
PAYER:	The selected payer
PROGRAM:	The selected program

Report Output

Each column of the report displays:

Columns	Description
CLIENT ID	The Sandata client ID
CLIENT NAME	The client's name Blank if unknown.
CLIENT MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
EMPLOYEE ID	The Employee ID
EMPLOYEE EMAIL	The employee's email address
ACTUAL CALL DATE	The date the call was received
ACTUAL CALL TIME	The time the call was received
SERVICE	The service performed for the visit
DISTANCE (FT)	The distance in feet from the client's closest address
CLOSEST CLIENT ADDRESS	The client's address closest to the call's GPS coordinates

Sample Report

Report Parameters

Account: [illegible]

For: 8/6/2018 - 8/6/2018 11:59:59 PM

GPS Distance Exception

ACCOUNT: [illegible]

PAYER: [illegible]

PROGRAM: [illegible]

CLIENT ID	CLIENT NAME	CLIENT MEDICAID ID	EMPLOYEE ID	EMPLOYEE NAME	EMPLOYEE EMAIL	ACTUAL CALL DATE	ACTUAL CALL TIME	SERVICE	DISTANCE (FT)	CLOSET CLIENT ADDRESS
[illegible]	[illegible]	[illegible]				08/06/2018	09:56 AM	G0156		
[illegible]	[illegible]	[illegible]				08/06/2018	09:22 AM	G0156		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	08/06/2018	09:48 AM	G0299		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	08/06/2018	09:50 AM	G0299		
[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	08/06/2018	10:18 AM	G0300		
[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	08/06/2018	10:21 AM	G0300		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	08/06/2018	10:56 AM	G0300	13027395	7301 Santa Fe Avenue,Huntington Park,CA,90255-0000
[illegible]	[illegible]	[illegible]				08/06/2018	10:59 AM	G0299		
[illegible]	[illegible]	[illegible]				08/06/2018	11:41 AM	G0299		
[illegible]	[illegible]	[illegible]				08/06/2018	04:55 PM	G0300		
[illegible]	[illegible]	[illegible]				08/06/2018	04:53 PM	G0156		
[illegible]	[illegible]	[illegible]				08/06/2018	04:46 PM	G0156		
Sub Total # of Visits		12								
Total # of Visits		44								

Sandata 2/12/2019 10:11:36 AM Page 7 of 7

GPS Distance Exception Report

Members without Authorizations - Agency

Description:

This report displays a listing of all clients that do not have an authorization as of the selected date. Clients with one or more authorizations active as of the selected date do not appear on this report. This report is only available when Authorization functionality is enabled. Authorizations are generally received from a payer using an interface.

Use:

This report allows users to review all clients that do not have a current authorization to identify where the appropriate actions to end services or obtain an authorization from the payer are required. While a client can have multiple authorizations, based on service, this report only displays clients without any authorizations as of the selected date.

Fields and Columns

Parameters

This report has no parameters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	The provider agency

Report Output

Each column of the report displays:

Columns	Description
CLIENT NAME	The client's name
ID TYPE	The type of identifier displayed on the report for the client (M = Medicaid ID, P = Payer ID, C=Client ID, N=Newborn)
MEDICAID / PAYER ID	The client's identifier based on the **ID Type** specified
AUTHORIZATION EXPIRED	The date the last authorization for the client expired Blank if there is no previous authorization.

Sample Report

Members Without Authorizations - Agency

Report Parameters
Account: (37500)
As of Date: 2/6/2020

Account:

CLIENT NAME	ID TYPE	MEDICAID / PAYER ID	AUTHORIZATION EXPIRED
Kelly, Yoens	M	798721983721	01/20/2020
Wrangla, Karen	M	890318230918	
Powers, Sarah	M	524354336765	
Bacon, James	M	583045834095	
Barnett, Gary	M	429038423094	
Wells, Tiffany	M	492084032948	
Finnez, Ramona	M	317236248763	01/20/2020
McDonald, Rick	M	423409283409	
Barnridge, Amanda	M	371298372139	
Botsman, Scott	M	490823409283	
Mann, Sumner	M	482342340928	01/20/2020

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Speaker Verification Enrollment

Description:

This report displays a list of all employees enrolled in speaker verification.

Use:

This report can be used to see which employees have not yet enrolled in speaker verification by comparing it to the full list of employees.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
DEPARTMENT	The selected department
EMPLOYEE	Employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	The provider agency

Report Output

Each column of the report displays:

Columns	Description
ACCOUNT	The provider's Sandata EVV account number
EMPLOYEE ID	The Employee ID
EMPLOYEE NAME	The employee's name. Blank if unknown
SANTRAX ID	The employee's Santrax ID
DEPT	The employee's department Based on the configuration, this field may display a different value or may not be used.
ENROLLMENT DATE	The date the employee enrolled in speaker verification
TIME	The time the employee enrolled in speaker verification

Columns	Description
SUPERVISOR NAME	The name of the employee's supervisor if available This is the staff member who enrolled the user in speaker verification.
SUPERVISOR ID	The supervisor's Santrax ID

Sample Report

Report Parameters
Account: [redacted] (37500)
For: 1/23/2020 - 1/23/2020 11:59:59 PM

Speaker Verification Enrollment (Employee)

Account: [redacted] (37500)

EMPLOYEE ID	EMPLOYEE NAME	SANTRAX ID	DEPT	ENROLLMENT DATE	TIME	SUPERVISOR NAME	SUPERVISOR ID
-	Carter, Julie	235895		01/23/2020	12:04		000235895
-	Frank, Aidan	866985		01/23/2020	11:31		000866985

Sandata 01/23/2020 12:34:27 Page 1 of 1

Visit Verification Report

Description:

This report provides information for visits that occurred on the selected date. Report includes all call, adjustment and client verification information for each visit.

Use:

Use this report to view all information about a visit.

Parameter

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits from the selected payer(s)
PROGRAM	Visits from the selected program(s)
SERVICE	Visits from the selected service(s)
CLIENT	Visits from the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Visits from the client's Medicaid ID
SUPERVISOR	Visits from the selected supervisor at the provider agency
DEPARTMENT	Visits from the selected department
EMPLOYEE	Visits from the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider
Payer:	The selected payer
Program:	The selected program
Service:	The selected service

Report Output

Each column of the report displays:

Columns	Description
CLIENT MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
PHONE #	The client's phone number
EMPLOYEE NAME	The employee's name Blank if unknown.
EMPLOYEE SANTRAX ID	The employee's Santrax ID
VISIT DATE	The date of the visit
SCHEDULED START/END/HOURS	The scheduled start time, end time, and the total hours scheduled for the visit
ACTUAL START/END/HOURS	The call in time, call out time, and the total actual hours elapsed for the visit
ADJUSTED START/END/HOURS	Any manual edits to the start time, end time, and/or hours elapsed for the visit
BILL HOURS	The total billable hours for the visit
CLIENT VERIFIED SERVICE/TIME/SIGNATURE	Indicates whether the client verified the service, times and whether a client's signature exists for the visit

Sample Report

Report Parameters
Account: [illegible]
For: 1/11/2019

Visit Verification

Account: [illegible]
Payer: [illegible]
Program: [illegible]
Service: [illegible]

CLIENT MEDICAID ID	CLIENT NAME	PHONE #	EMPLOYEE NAME	EMPLOYEE SANTRAX ID	VISIT DATE	SCHEDULED START	SCHEDULED END	SCHEDULED HOURS	ACTUAL START	ACTUAL END	ACTUAL HOURS	ADJUSTED START	ADJUSTED END	ADJUSTED HOURS	BILL HOURS	CLIENT VERIFIED SERVICE	CLIENT VERIFIED TIME	CLIENT VERIFIED SIGNATURE
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				01:00 AM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				01:00 AM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				01:00 AM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				01:00 AM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				01:00 AM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	09:00 AM	01:00 PM	04:00								No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				01:00 AM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	01:00 AM	01:59 AM									No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				12:06 AM	01:00 AM	00:54					No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				12:00 AM	12:06 AM	00:06					No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]											No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]											No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				12:06 AM	01:00 AM	00:54					No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]											No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]											No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				02:52 PM							No	No	No
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				02:55 PM							No	No	No
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]				01:00 PM							No	No	No

Reason Codes
10

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Visit Verification Report

Visit Listing Report

Description:

This report displays all actual calls for all visits across all agencies for the selected day. It allows the user to see all activity for a specific day across agencies, allowing users to perform further analytics on activity.

Use:

Use this report to view all visits for the selected day and review the visit status and call in/out times in one report.

Parameter

This report does not offer any parameters. All visits are included.

Report Grouping Tab

This report does not offer any groupings.

Report Output

Each column of the report displays:

Columns	Description
Account	The provider's Sandata EVV account number
Account Name	The account name
Provider Medicaid ID	The provider's Medicaid ID and/or Alternate Medicaid ID
Client Name	The client's name Blank if unknown.
Client Medicaid ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
Employee Name	The employee's name Blank if unknown.
Employee SSN	The employee's social security number
Call In	The call in time for the visit
Call Out	The call out time for the visit
Status	The status of the visit

Sample Report

Visit Listing

Report Parameters
For: 9/28/2017 - 9/28/2017 11:59:59 PM

ACCOUNT	ACCOUNT NAME	PROVIDER MEDICAID ID	CLIENT NAME	CLIENT MEDICAID ID	EMPLOYEE NAME	EMPLOYEE SSN	CALL IN	CALL OUT	STATUS
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			04:59 PM		Incomplete
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			04:59 PM		Incomplete
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			05:16 PM		Incomplete
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			05:16 PM		Incomplete
[illegible]	[illegible]		[illegible]	[illegible]			05:00 PM		Incomplete
[illegible]	[illegible]		[illegible]	[illegible]			05:00 PM		Incomplete
[illegible]	[illegible]		[illegible]	[illegible]			05:17 PM		Incomplete

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Sample Visit Listing Report

Date Range Reports

Auto Verification Details

Description:

This report displays all visits for the selected date range and shows how they were confirmed (manually or automatically) as well as the number of manual updates made to the visit.

Use:

This report allows users to review all visits in detail and monitor trends in how frequently manual updates are made per visit. This helps support overall program compliance by showing the details of visit verification activity. For any program, the goal is typically to have as many auto-verified visits as possible to reduce manual editing. This helps improve the quality of visit capture and minimize the amount of work a provider agency must do.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)

Report Grouping Tab

This report does not offer any groupings.

Report Output

Each column of the report displays:

Columns	Description
VISIT DATE	The date of the visit
AUTO VERIFIED	An indicator that displays whether or not the visit was automatically verified This indicator is only displayed next to visits in a verified status.
PROVIDER ID	The state assigned identifier for the provider (e.g Provider Medicaid ID)
# OF MANUAL UPDATES	The number of manual updates made to a visit
STATUS	The status of the visit
CALL: START/END	The call in time and call out time for the visit
ADJUSTED: START/END	The manually entered start and end times for the visit
REASON CODES	Any reason codes applied when editing the related visit

Sample Report

1 of 1 Find | Next

Report Parameters

Account:
For: 12/31/2019 - 1/14/2020 11:59:59 PM

Auto Verification Details

					CALL		ADJUSTED		
VISIT DATE	AUTO VERIFIED	PROVIDER ID	# OF MANUAL UPDATES	STATUS	START	END	START	END	REASON CODES
1/6/2020			2	Incomplete	01:00 AM		01:00 AM	02:00 AM	10
1/14/2020	N		5	Verified	04:00 PM	04:20 PM			40
1/14/2020			0	Incomplete	03:29 PM	03:42 PM			
1/14/2020			0	In Process	03:44 PM				
1/14/2020			1	Incomplete		04:15 PM			40
1/14/2020			0	Incomplete	03:52 PM	03:59 PM			
1/14/2020			0	Incomplete		04:05 PM			
1/14/2020			0	In Process	04:01 PM				
1/14/2020	N		8	Verified	04:11 PM	05:01 PM			40
1/14/2020	N		3	Verified	04:15 PM	04:23 PM			40
1/14/2020			0	Incomplete	11:29 AM	11:43 AM			
1/14/2020			0	Incomplete		03:53 PM			
Grand Totals:			Auto Verified Visits: 0			Avg # of Manual Updates: 1.58			

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Auto Verification Report Summary

Description:

This report displays auto verification statistics for each provider agency.

Use:

This report allows users to compare the number of automatically verified visits versus manually confirmed visits across agencies. The report also displays all visits pending verification as well as schedules for which a visit was not started.

This report displays cross agency visit verification trends, which is intended to help overall program compliance. For any program, the goal is typically to have as many auto-verified visits as possible to reduce manual editing. This helps improve the quality of visit capture and minimize the amount of work a provider agency must do.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)

Report Grouping Tab

This report does not offer any groupings.

Report Output

Each column of the report displays:

Columns	Description
ACCOUNT	The provider’s EVV account number
ACCOUNT NAME	The account name
PROVIDER ID	The state assigned identifier for the provider (e.g Provider Medicaid ID)
WITHOUT MANUAL UPDATES	The number of visits in the selected date range that did not have any manual updates applied
PERCENT	The percentage of visits in the selected date range that did not have manual updates applied
WITH MANUAL UPDATES	The number of visits in the selected date range that have manual updates applied

Auto Verification Report Summary

Columns	Description
PERCENT	The percentage of visits in the selected date range that have manual updates applied
AVERAGE UPDATES PER VISIT	The average number of updates made to visits in the selected date range
% VERIFIED VISITS	The percentage of verified visits
% NON-VERIFIED VISITS	The percentage of visits that have not been verified
INCOMPLETE VISITS	The number of visits that have not been completed and are still pending manual updates
SCHEDULED ONLY	The number of schedules that do not have any call information (electronic or manual) associated with them

Sample Report

Report Parameters
Account:
For: 1/1/2020 - 1/15/2020 11:59:59 PM

Auto Verification Summary

			VERIFIED VISITS					ALL VISITS			
ACCOUNT	ACCOUNT NAME	PROVIDER ID	WITHOUT MANUAL UPDATES	PERCENT	WITH MANUAL UPDATES	PERCENT	AVERAGE UPDATES PER VISIT	% VERIFIED VISITS	% NON-VERIFIED VISITS	INCOMPLETE VISITS	SCHEDULED ONLY
			0	0.00%	3	100.00%	5.33	25.00%	75.00%	8	0
Grand Totals:	Verified Visits : 3		0		3					8	0

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Client Visit Summary

Description:

This report displays all visits without exceptions for the selected date range sorted by client, with each client on its own page. Results are sorted per visit, per service. The report includes basic information such as: visit date, Santrax ID, employee name, number of visits, visit start and end times, and visit hours as well as summary level information.

Use:

Use this report to review visit hours and information by client. It is a useful tool to review what services were provided to a client for a given time. It also assists in monitoring trends in the services clients are receiving.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	The selected payer(s)
PROGRAM	The selected program(s)
SERVICE	The selected service(s)
CLIENT	Client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	The client's Medicaid ID
SUPERVISOR	The selected supervisor at the provider agency
DEPARTMENT	The selected department
TASK	The selected task(s)
EMPLOYEE	Employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider
Payer:	The selected payer
SPV:	The supervisor at the provider agency
Client ID:	Sandata client ID
Client Medicaid ID:	The client's Medicaid ID
Client Name:	The client's name Blank if unknown.

Report Output

Each column of the report displays:

Columns	Description
PROGRAM	The program(s) for the visit
SERVICE	The service performed for the visit
EMPLOYEE SANTRAX ID	The employee's Santrax ID
EMPLOYEE EMAIL	The employee's email address
EMPLOYEE NAME	The employee's name Blank if unknown.
VISIT DATE	The date of the visit
# OF VISITS	The total number of visits conducted (populates only on the Client Totals and Grand Totals lines)
HOURS	The length of the visit in hours
INDICATORS	Any symbols used to indicate additional information for the report data (For example: manual changes ( ), GPS call type ( ), verification status ( ), etc.) For icon definitions, hover over the icon or refer to the legend on the last page of the report.

Sample Report

Report Parameters
Account:
For: 1/1/2019 - 3/6/2019 11:59:59 PM

Client Visit Summary

Account:
Payer:
SPV:
Client ID:
Client Medicaid ID:
Client Name:

PROGRAM	SERVICE	EMPLOYEE SANTRAX ID	EMPLOYEE EMAIL	EMPLOYEE NAME	VISIT DATE	# OF VISITS	HOURS
	G0300				01/02/19		02:04
	G0300				01/02/19		01:07
					Client/Date Sub-Total:	2	03:11
	T1001				01/21/19		02:00
	T1001				01/21/19		01:00
					Client/Date Sub-Total:	2	03:00
					Client Totals:	4	05:11

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Client Client Summary Report

Daily and Weekly Hours Worked - Detail

Description:

This report displays a detailed view of the hours worked by each employee (DCW or Direct Care Worker) for each agency, daily and weekly.

Use:

This report allows users to view the total hours being worked per DCW and should be used with the Summary version for analysis. This information can be compared across agencies to locate discrepancies and trends. Users can also review this report to identify workers who may be working more than a given number of hours per day or week.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
EMPLOYEE	the selected employee

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break

Field	Description
Account	The provider agency
Provider ID	The state assigned identifier for the provider (e.g. Provider Medicaid ID)

Report Output

Each column of the report displays:

Columns	Description
EMPLOYEE NAME	The employee’s name
EMPLOYEE ID	The assigned Employee ID
SANTRAX ID	The employee’s Santrax ID
SUN/MON/TUES/WED/THUR/FRI/SAT	The total number of hours worked by employees for each day of the week.

Columns	Description
TOTAL	The total number of hours worked by the employee (for the week) Individual values are displayed as minutes.
AVERAGE	The average number of daily hours worked by the employee (for the week)
Page Totals	The totals for the page total and average numbers of hours worked by all employees, across all agencies in the program, for the week
Grand Totals	The grand totals for the total and average numbers of hours worked by all employees, across all agencies in the program, for the week

Sample Report

Report Parameters
Account: (37500)
For: 1/11/2020 - 1/17/2020 11:59:59 PM

Daily and Weekly Hours Worked by a DCW - Detail

ACCOUNT: (37500)
PROVIDER ID: None

EMPLOYEE NAME	EMPLOYEE ID	SANTRAX ID	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	AVERAGE
Carter, Julie		235895			00:08					00:08	00:01
Osborne, Santiago		612250			00:50					00:50	00:07
Lowri, Kelley		100255			00:20					00:20	00:03
									Page Totals:	01:18	00:04
									Grand Totals:	01:18	00:04

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Daily and Weekly Hours Worked - Summary

Description:

This report displays the number of hours worked per employee (Direct Care Worker (DCW)), by agency, for the selected week.

Use:

This report is intended to help users to understand the total amount of hours being worked per agency and review the total number of employees and the average hours worked, per employee. This information can be compared across agency in order to identify discrepancies and trends.

Fields and Columns

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	the selected payer(s)
PROGRAM	the selected program(s)
SERVICE	the selected service(s)
EMPLOYEE	the selected employee

Report Grouping Tab

This report does not offer any groupings.

Report Output

Each column of the report displays:

Columns	Description
PROVIDER ID	The state assigned identifier for the provider (e.g. Provider Medicaid ID)
ACCOUNT NAME	The account name
ACCOUNT	The provider agency's Sandata EVV account number
# 0F EMPLOYEES	The number of employees
SUN/MON/TUE/WED/THUR/FRI/SAT TOTAL	The total number of hours worked by all employees for each day of the week.
SUN/MON/TUE/WED/THUR/FRI/SAT AVERAGE	The average number of hours worked by all employees for each day of the week.
TOTAL	The total number of hours worked by all employees for the week

Daily and Weekly Hours Worked - Summary

Columns	Description
AVERAGE	The average number of daily hours worked by all employees for the week
Grand Totals:	The grand totals for the total and average numbers of hours worked by all employees, across all agencies in the program, for the week

Sample Report

Report Parameters
Account: (37500)
For: 1/11/2020 - 1/17/2020 11:59:59 PM

Daily and Weekly Hours Worked by a DCW - Summary

PROVIDER ID	ACCOUNT NAME	ACCOUNT	# OF EMPLOYEES	SUN-TOTAL	SUN-AVG	MON-TOTAL	MON-AVG	TUE-TOTAL	TUE-AVG	WED-TOTAL	WED-AVG	THU-TOTAL	THU-AVG	FRI-TOTAL	FRI-AVG	SAT-TOTAL	SAT-AVG	TOTAL	AVERAGE
		37500	3					01:18	00:26									01:18	00:04
																	Grand Totals:	01:18	00:04

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Detail Visit Status

Description:

This report displays a detailed view of all visits based on the selected date range and parameters. The report groups client and employee information associated with the visit details such as: exceptions, services, dates and the actual/adjusted call in and call out times.

Use:

Use this report to review a detailed overview of all visits within a selected date range. It assists in identifying visits that have statuses that need to be corrected. The report can also be printed based on exceptions or visits that need exception handling in order to be verified for claims validation.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits for the selected payer(s)
PROGRAM	Visits for the selected program(s)
SUPERVISOR	Visits for the selected supervisor at the provider agency
VISIT STATUS	Visits for the selected visit status

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
ACCOUNT:	The selected provider
PAYER:	The selected payer
PROGRAM:	The selected program
SPV:	The supervisor at the provider agency
STATUS:	Current status of the visit

Report Output

Each column of the report displays:

Columns	Description
VISIT ID	The visit ID related to the visit
CLIENT MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
PHONE #	The client's phone number
EMPLOYEE NAME	The employee's name Blank if unknown.
SERVICE	The service performed for the visit
VISIT DATE	The date of the visit
GROUP VISIT CODE	The group visit code associated with the visit, if applicable
SCHEDULED START/END	The scheduled start time and end time of the visit
CALL IN/OUT	The call in and call out times for the visit
ADJUSTED IN/OUT	The manual call in and call out times for the visit
UNRESOLVED EXCEPTIONS	The exceptions for the visit that are not fixed/resolved

Sample Report

Report Parameters
Account: [illegible]
For: 2/1/2017 - 6/30/2017 11:59:59 PM
Visit Status: All

Detail Visit Status

ACCOUNT: [illegible]
PAYER: [illegible]
PROGRAM: [illegible]
SPV: [illegible]
STATUS: Incomplete

								SCHEDULED		CALL		ADJUSTED		
VISIT ID	CLIENT MEDICAID ID	CLIENT NAME	PHONE #	EMPLOYEE NAME	SERVICE	GROUP VISIT CODE	VISIT DATE	START	END	START	END	START	END	UNRESOLVED EXCEPTIONS
[illegible]	[illegible]	[illegible]		[illegible]			05/15/2017			01:00 AM	02:15 PM			Client Signature Exception, Missing Service, Visit Verification Exception
[illegible]	[illegible]	[illegible]		[illegible]			05/16/2017			01:00 AM				Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]		[illegible]			05/17/2017			02:15 PM	04:32 PM			Missing Service, Visit Verification Exception
[illegible]	[illegible]	[illegible]		[illegible]			06/14/2017			06:04 AM		01:00 AM	02:00 AM	Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]		[illegible]			06/14/2017			07:00 AM				Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			06/14/2017			06:38 AM				Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]		[illegible]			06/14/2017			06:30 AM				Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			06/14/2017			07:10 AM				Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			06/14/2017			11:53 PM				Missing Service, Visit Verification Exception, Visits Without Out-Calls
[illegible]	[illegible]	[illegible]		[illegible]			06/15/2017			11:25 PM	11:45 PM			Missing Service
[illegible]			[illegible]	[illegible]			06/16/2017			03:57 AM				Missing Service, Unknown Clients, Visit Verification Exception, Visits
[illegible]			[illegible]	[illegible]			06/26/2017			03:36 AM	03:48 AM			Missing Service, Unknown Clients, Visit Verification Exception
[illegible]			[illegible]	[illegible]			06/26/2017			03:51 AM	04:14 AM			Missing Service, Unknown Clients, Visit Verification Exception

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Detail Visit Status Report

Summary Visit Status

Description:

This report displays a summary view of the status of all visits based on the selected date range and parameters. The results are grouped by the duration of time each visit has remained in the same status. It displays visits in a 31 day or monthly range.

Use:

Use this report to review the status of all visits within a selected date range at a summary level. The report provides a way to quickly identify those visits requiring exception handling. Once visits are identified, users may run a more detailed report to identify and correct exceptions.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits for the selected payer(s)
PROGRAM	Visits for the selected program(s)
SUPERVISOR	Visits for the selected supervisor at the provider agency

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
ACCOUNT:	The selected provider
PAYER:	The selected payer
PROGRAM:	The selected program

Report Output

Each column of the report displays:

Columns	Description
STATUS	The status of the visit
AGE, <1 DAYS, 1-5 DAYS, 6-10 DAYS, 11-15 DAYS, 16-31 DAYS	The amount of days a visit status has remained unchanged
TOTAL #	The total number of visits for the related status

Sample Reports

Report Parameters
Account: [redacted]
For: 2/1/2018 - 2/28/2018 11:59:59 PM

Summary Visit Status

ACCOUNT: [redacted]
PAYER: [redacted]
PROGRAM: [redacted]

	AGE					
STATUS	<1 DAYS	1 - 5 DAYS	6 - 10 DAYS	11 - 15 DAYS	16 - 31 DAYS	TOTAL #
In Process	9	0	0	0	0	9
Incomplete	3	28	165	41	0	237
Verified	0	0	0	0	0	0
Processed	0	0	0	0	0	0
Omit	1	1	0	0	0	2
TOTAL #	13	29	165	41	0	248

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Summary Visit Status Report

Visit Log

Description:

This report displays all visits associated with each client within the selected date range, grouped by client.

Use:

Use this report to track a client's visits by monitoring call times, bill information, and reason codes applied.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits for the selected payer(s)
PROGRAM	Visits for the selected program(s)
SERVICE	Visits for the selected service(s)
CLIENT	Visits for the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Visits for the client’s Medicaid ID
SUPERVISOR	Visits for the selected supervisor at the provider agency
DEPARTMENT	Visits for the selected department
EMPLOYEE	Visits for the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
ACCOUNT:	The selected provider
PAYER:	The selected payer
CLIENT NAME:	The client’s name Blank if unknown.
PHONE #:	The client’s phone number If client is unknown, the last four digits of the phone number.
CLIENT MEDICAID ID:	The client’s Medicaid ID

Report Output

Each column of the report displays:

Columns	Description
PROGRAM	The program(s) for the visit
SERVICE	The service performed for the visit
SPV	The supervisor at the provider agency
PRIORITY	The priority assigned to the visit
EMPLOYEE NAME	The employee's name Blank if unknown.
VISIT DATE	The date of the visit
SCHEDULE START/END/HOURS	The scheduled start time, end time, and the total hours scheduled for the visit
CALL START/END	The call in and call out times for the visit
ACTUAL HOURS	The start time, end time, and the time elapsed for the related visit
ADJUSTED START/END/HOURS	Any manual edits to the start time, end time, and/or hours elapsed for the visit
BILL HOURS/RATE	The billable hours and rate for the visit
REASON CODES	Any reason codes applied when editing the related visit

Sample Report

Report Parameters
Account #:
Account Name:
For: 1/30/2019 - 2/13/2019 11:59:59 PM

Visit Log

ACCOUNT:
PAYER:
CLIENT NAME:
PHONE #:
CLIENT MEDICAID ID:

						SCHEDULE			CALL		ACTUAL	ADJUSTED			BILL		
PROGRAM	SERVICE	SPV	PRIORITY	EMPLOYEE NAME	VISIT DATE	START	END	HOURS	START	END	HOURS	START	END	HOURS	HOURS	RATE	REASON CODES
ODMP2	T1000	333	1		Thu 01/31				11:02 AM	12:10 PM	01:08	11:02 AM	12:10 PM	01:08	10:00		02
	Change Reason Memo 9223																
	Grand Totals:			105 Visits							129:14			115:29	576.98		

Sandata 2/13/2019 2:50:56 PM Page 97 of 98

Visit Log Report

Visit Verification Activity Summary Report

Description:

This report displays a list of modifications for each visit. Only modified visits are included in this report. The report is sorted by the user who modified the visit on the *Visit Maintenance* screen.

Use:

Use this report to review visit modifications. It includes what change was made, who made the change, when and why the change was made and the reason code related to the change.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits for the selected payer(s)
PROGRAM	Visits for the selected program(s)
SERVICE	Visits for the selected service(s)
CLIENT	Visits for the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Visits for the client's Medicaid ID
SUPERVISOR	Visits for the selected supervisor at the provider agency
DEPARTMENT	Visits for the selected department
EMPLOYEE	Visits for the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
Account:	The selected provider
Payer:	The selected payer
Program:	The selected program

Report Output

Each column of the report displays:

Columns	Description
CLIENT MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
EMPLOYEE NAME	The employee's name Blank if unknown.
EMPLOYEE SANTRAX ID	The employee's Santrax ID
SERVICE	The service performed for the visit
GROUP VISIT CODE	The group visit code associated with the visit, if applicable
VISIT DATE	The date of the visit
SCHEDULED START/END/HOURS	The scheduled start time, end time, and the total hours scheduled for the visit
ACTUAL START/END/HOURS	The call in time, call out time, and the total actual hours elapsed for the visit
ADJUSTED START/END/HOURS	Any manual edits to the start time, end time, and/or hours elapsed for the visit
BILL HOURS	The total billable hours for the visit
UNITS	The total billable units for the related visit, if applicable
REASON CODE	Any reason codes applied when editing the related visit
OMIT	N=No or Y=Yes, indicating whether there are omissions for the related visit
INDICATORS	Any symbols used to indicate additional information for the report data (For example: manual changes ( ), GPS call type ( ), verification status ( ), etc.) For icon definitions, hover over the icon or refer to the legend on the last page of the report.

Sample Report

Visit Verification Activity Summary

Report Parameters
Account: [illegible]
For: 2/1/2017 – 12/31/2018 11:59:59 PM

Account: [illegible]
Payer: [illegible]
Program: [illegible]

							SCHEDULED			ACTUAL			ADJUSTED			BILL		REASON	
CLIENT MEDICAID ID	CLIENT NAME	EMPLOYEE NAME	EMPLOYEE SANTRAX ID	SERVICE	GROUP VISIT CODE	VISIT DATE	START	END	HOURS	START	END	HOURS	START	END	HOURS	HOURS	UNITS	CODE	OMIT
Visit - Update Employee - STXADMIN - 8/12/2018 02:28 AM																			
		[illegible]				Fri 08/10				09:58 AM	08:43 AM	22:45				22:45		47	N
Visit - Update Employee - STXADMIN - 8/10/2018 06:32 AM																			
		[illegible]				Thu 08/09				10:43 AM	11:54 AM	01:11				01:11		47	N
Visit - Assign Call to Visit - STXADMIN - 8/12/2018 01:04 AM																			
						Fri 08/10				07:01 AM	10:00 AM	02:59				02:59		47	N
Visit - Update Employee - STXADMIN - 10/10/2018 03:56 AM																			
		[illegible]				Tue 10/09				09:21 AM								47	N
Visit - Assign Call to Visit - STXADMIN - 8/10/2018 01:51 AM																			
						Thu 08/09				11:48 AM								47	N
Visit Exception - Acknowledge Visit Verification Exception - STXADMIN - 8/10/2018 02:00 AM																			
						Thu 08/09				10:18 AM	11:52 AM	01:34				01:34		47	N
Visit Exception - Acknowledge Client Signature Exception - STXADMIN - 8/10/2018 02:00 AM																			
						Thu 08/09				10:18 AM	11:52 AM	01:34				01:34		47	N
Visit Exception - Acknowledge Visit Verification Exception - STXADMIN - 8/12/2018 01:05 AM																			
						Fri 08/10				07:01 AM	10:00 AM	02:59				02:59		46	N
Visit Exception - Acknowledge Client Signature Exception - STXADMIN - 8/12/2018 01:05 AM																			
						Fri 08/10				07:01 AM	10:00 AM	02:59				02:59		46	N

Total Visit Updates: 9

Grand Total Visits: 284

Grand Total Visit Updates: 2014

Sandata 2/13/2019 3:14:45 PM Page 111 of 113

Visit Verification Activity Summary Report

Visit Verification Exception

Description:

This report lists all visits grouped by exception type. Example: GPS Distance Exception.

Use:

Use this report to review the visit verification information and activity for a date range. It lists currently applied exceptions.

Note(s):
Visits with multiple exceptions will appear on multiple pages.

Parameters

Use the following fields to limit the report output to:

Field	Description
PAYER	Visits for the selected payer(s)
EXCEPTION	Visits with the selection exception(s)
PROGRAM	Visits for the selected program(s)
SERVICE	Visits for the selected service(s)
CLIENT	Visits for the client by name (last name, first name) or Sandata client ID When a partial name is entered the report displays results that begin with the entered characters.
CLIENT MEDICAID ID	Visits for the client’s Medicaid ID
SUPERVISOR	Visits for the selected supervisor at the provider agency
DEPARTMENT	Visits for the selected department
EMPLOYEE	Visits for the employee by name (last name, first name) or Santrax ID When a partial name is entered the report displays results that begin with the entered characters.

Report Grouping Tab

Reports are grouped by the following fields. Each change in these fields results in a page break.

Field	Description
ACCOUNT:	The selected provider
PAYER:	The selected payer
PROGRAM:	The selected program
SERVICE:	The selected service

Field	Description
EXCEPTION TYPE:	The selected exception type(s)

<u>Report Output</u>

Each column of the report displays:

Columns	Description
SPV	The supervisor at the provider agency
CLIENT MEDICAID ID	The client's Medicaid ID and/or Alternate Medicaid ID If not available, Payer ID. If newborn support is enabled and the client is flagged as a newborn, is shown as "N".
CLIENT NAME	The client's name Blank if unknown.
PHONE #	The client's phone number
EMPLOYEE NAME	The employee's name Blank if unknown.
GROUP VISIT CODE	The group visit code associated with the visit, if applicable
VISIT DATE	The date of the visit
ACTUAL START/END/HOURS	The call in time, call out time, and the total actual hours elapsed for the visit
ADJUSTED START/END/HOURS	Any manual edits to the start time, end time, and/or hours elapsed for the visit
BILLED HOURS	The total billable hours for the visit
REASON CODES	Any reason codes applied when editing the related visit
TASKS	The task(s) performed for the related visit
EX	Indicates whether the report was exported
INDICATORS	Any symbols used to indicate additional information for the report data (For example: manual changes ( ), GPS call type ( ), verification status ( ), etc.) For icon definitions, hover over the icon or refer to the legend on the last page of the report.

Sample Report

Report Parameters
Account: [illegible]
For: 8/1/2018 - 2/26/2019 11:59:59 PM

Visit Verification Exception

ACCOUNT: [illegible]
PAYER: [illegible]
PROGRAM: [illegible]
SERVICE: [illegible]
EXCEPTION TYPE: [illegible]

							ACTUAL			ADJUSTED						
SPV	CLIENT MEDICAID ID	CLIENT NAME	PHONE #	EMPLOYEE NAME	GROUP VISIT CODE	VISIT DATE	START	END	HOURS	START	END	HOURS	BILLED HOURS	REASON CODES	TASKS	EX
	[illegible]	[illegible]	(***)***-7067	[illegible]		Fri 12/14	09:24 AM									
	[illegible]	[illegible]	(***)***-7067	[illegible]		Mon 01/14	12:24 PM									
	[illegible]		(***)***-4601	[illegible]		Wed 01/23		11:41 AM								
	[illegible]	[illegible]	(***)***-7067	[illegible]		Tue 12/18	03:36 PM									
	[illegible]	[illegible]														
	[illegible]	[illegible]	(***)***-7753	[illegible]		Wed 08/22	06:14 PM									
	[illegible]	[illegible]	(***)***-7067	[illegible]		Fri 12/28	10:54 AM									
	[illegible]	[illegible]	(***)***-7067	[illegible]		Fri 12/14	09:31 AM	09:34 AM	00:03				00:03			

Total of Actual Hours: 00:03

Total of Adjusted Hours: N/A

Total of Billed Hours: 00:03

Total of Visits: 7

Sandata 2/26/2019 3:47:33 PM Page 2 of 76

Visit Verification Exception Report

Messaging

The Messaging section is only displayed when this feature is enabled in both the Aggregator and Provider accounts. Messages are created by the primary payer in Sandata Aggregator and can be viewed in Sandata EVV. Messages can be directed by the payer to or more accounts. All users within the account have access to view the message if they have the correct privilege.

The Messaging section displays messages sent to the EVV account. Messages are read only and cannot be responded to within the system. Use the arrow icons next to the column headers on the Messages screen to sort the messages by message text, start date or end date. Users must have the appropriate permissions to view this section. All active messages are shown in this section.

Fields and Buttons on the Messages Screen

Messages Screen

Field	Description
Message	The text of the message.
Start Date	The date when the message displays.
End Date	The date the message no longer displays.

Scheduling

The Scheduling section of Sandata EVV allows the viewing and creation of schedules by client and employee. Scheduling for Consumer Directed programs is generally optional. This is the basic version of Sandata scheduling, intended for a consumer directed user. Agencies will have enhanced scheduling available.

Note(s):
When scheduling, clients or designees can only view and select themselves and/or the clients they are associated with.

Fields and Buttons on the Select Client tab

Here is a description of the fields on the Select Client tab.

Field	Description
CLIENT FIRST NAME	Enter the client's first name. When a partial name is entered, results display that begin with the entered characters.
CLIENT LAST NAME	Enter the client's last name. When a partial name is entered, results display that begin with the entered characters.
CLIENT MEDICAID ID	Use this field to search for a single client based on the client's Medicaid ID.
CATEGORY	Select the category.
SUPERVISOR	Select the supervisor.
PAYER	Select the payer.
LAST ACTIVE DATE	Adds the Last Active Date column to search results.

Fields and Buttons on the Select Employee tab

Here is a description of the fields on Select Employee tab.

Field	Description
EMPLOYEE FIRST NAME	Enter the employee's first name. When a partial name is entered, results display that begin with the entered characters.
EMPLOYEE LAST NAME	Enter the employee's last name. When a partial name is entered, results display that begin with the entered characters.
LAST ACTIVE DATE	Adds the Last Active Date column to search results.

Fields and Buttons on the Create Schedules Tab

Here is a description of the fields and buttons on the create schedules tab.

Field	Description
DATE * MM/DD/YYYY	Enter or select the date the visit is scheduled to start.
FROM TIME * HH:MM AM/PM	Enter the time the visit is scheduled to begin.
TO TIME * HH:MM AM/PM	Enter the time the visit is scheduled to end.
SERVICE	Select the service.
MEDICAID ID	If the client being entered does not have a Medicaid ID or a uses a different Medicaid ID for this visit only, enter it in this field.
SELECT A CONTRACT	Select the contract.
MEMO	Enter any additional notes for the visit.
PAY RATE	Enter the pay rate for the visit.
DEPARTMENT	Enter the department.
BILL RATE	Enter the bill rate for the visit.
PROCEDURE CODE	Enter the procedure code.
DISCIPLINE	Enter the discipline.

Field	Description
DUTY FREE	Select this box to indicate the visit includes a paid break. For programs not configured to use this functionally, selecting this checkbox without enabling the required functionality has no effect.
LIVE IN	Select this box to indicate a live-in visit.

Scheduling a Visit

1. Navigate to the Create Schedule screen

2. Enter/select the appropriate fields on the Select Client tab.
3. Click **Search.**
4. Select a client.
5. Click **Next**.

6. Enter /select the appropriate fields on the Select Employee tab.
7. Click **Search.**
8. Select the employee.
9. Click **Next**.

10. Enter/select the appropriate fields on the Create Schedule screen
11. Click **Finish.**
12. Clock **OK**.

Security

The Security section allows users with the correct privileges to create and update new and existing users. Using a combination of assignable privileges and customizable roles, access to the system and specific functionality can be defined and controlled. Security settings allow users with appropriate system permissions to:

- Change your own password.
- Create and update users and user roles.
- Reset user passwords.
- Lock/Unlock users, which restricts or restores that users' access to the system.
- Create user roles and assign security privileges to those roles. Assigning multiple roles grants users all privileges assigned to each role.
- Assign one or more roles to specific users.
- Assign individual security privileges to users.

Unified User Passwords

User IDs are based on email addresses and a single email address has the same password across Sandata EVV. Changing the password for an email address changes it across all accounts.

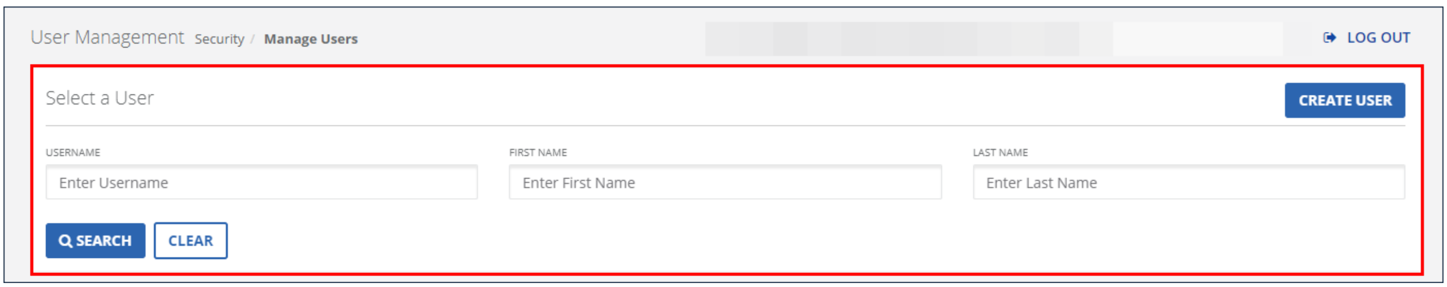
Available Assignments

Access to the system is based on assignments made in this section. Available assignments change based on system configuration. Users can be assigned:

1. User Roles, which are a set of privileges. It is best practice to create and assign a role instead of assigning individual privileges, as privileges may change.
2. Privileges, which grant access to individual screens and functions.
3. Clients, which can be assigned to consumer directed users.
4. Employees, which can be assigned to consumer director users.
5. Supervisors, who are typically the person assigned to supervise that user.

Manage Users

The Manage Users tab allows users with the appropriate security permissions to create and update users. ‘Users’ are staff members authorized to use the Sandata EVV system. Use this section of the application to search for, create and deactivate users.



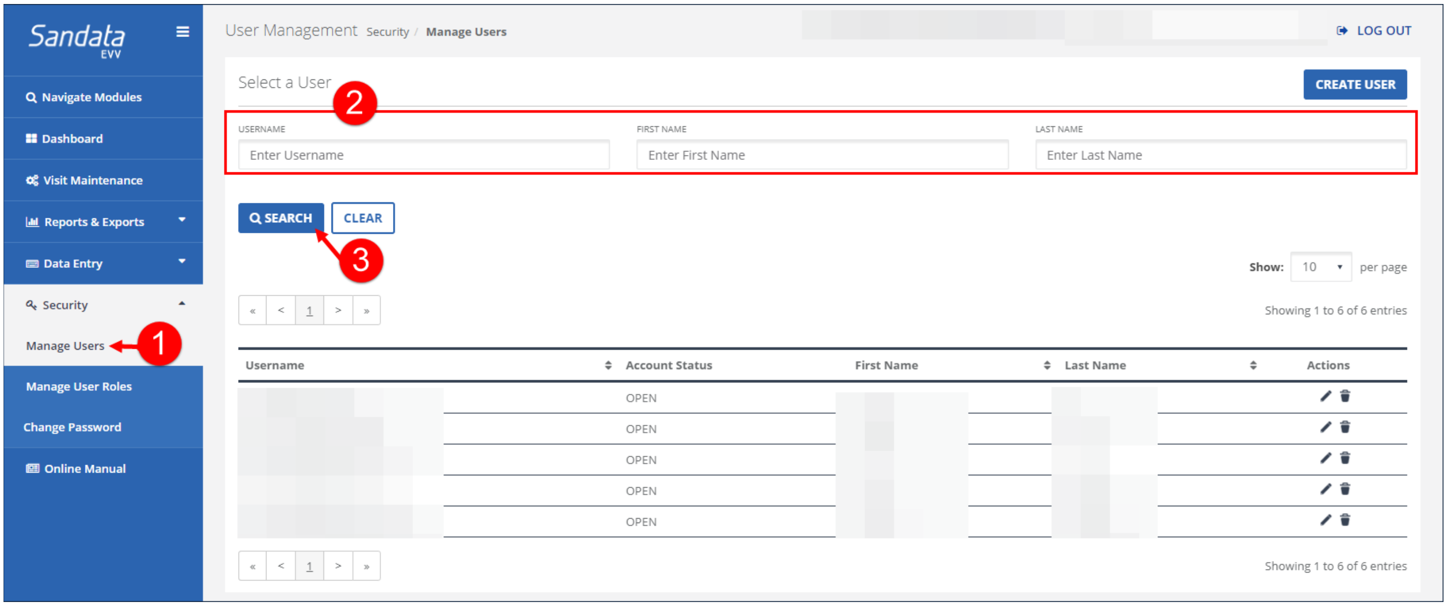
Select a User Screen

Field	Description
CREATE USER	Use this button to create a new user.
USERNAME	Use this field to search based on a user’s email address, which is also the username.
FIRST NAME	Use this field to search based on a user’s first name.
LAST NAME	Use this field to search based on a user’s last name.

Searching for Users

Use the Select a User section of the Manage Users screen to search for existing users.

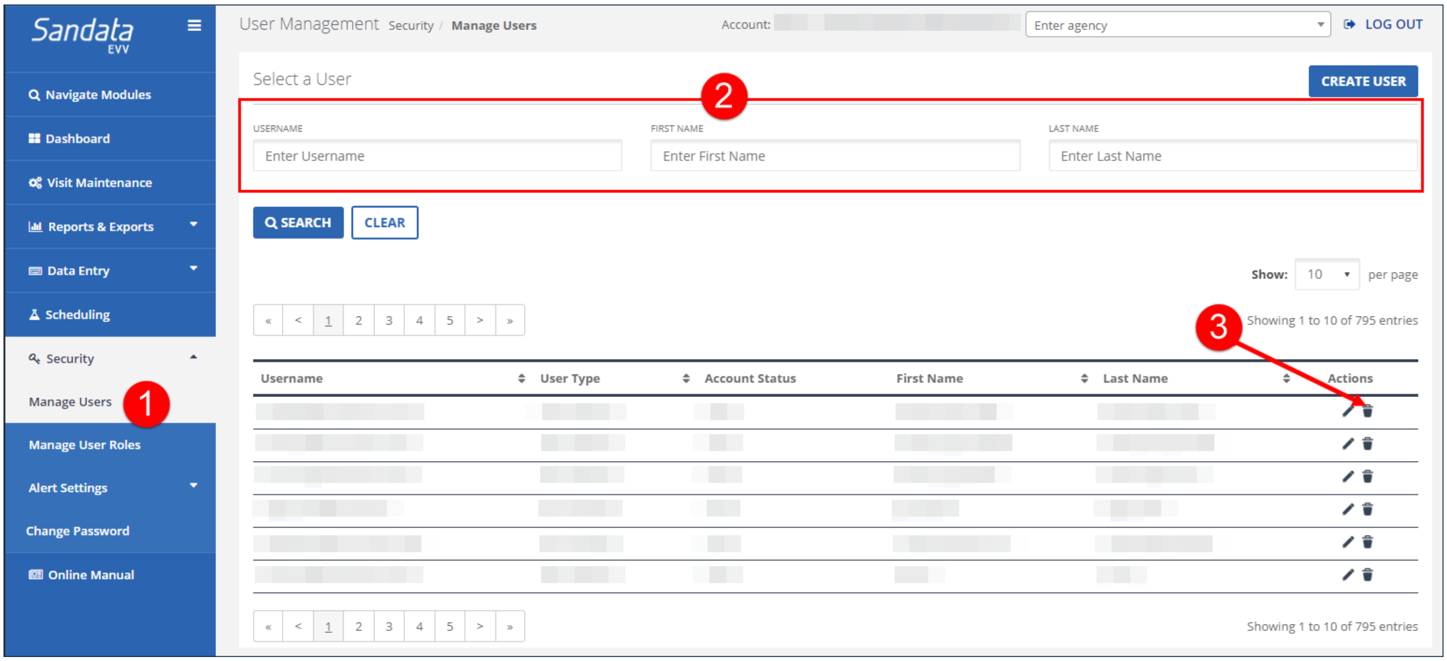
1. Navigate to the Manage Users screen. (**Security > Manage Users**)
2. Enter search criteria.
3. Click **SEARCH**.



Search Users

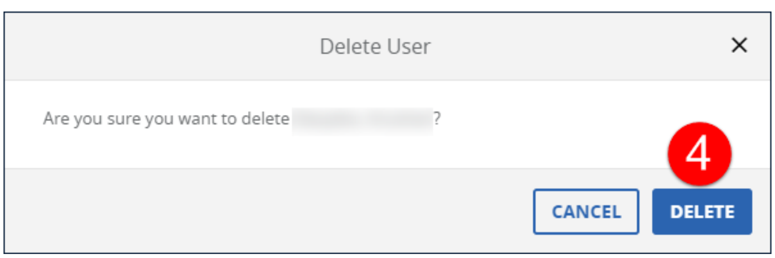
Deactivating a User

1. Navigate to the Manage Users screen. (**Security** > **Manage Users**)
2. Search for a user.
3. Click the **Deactivate** icon (🗑).



Deactivating a User

4. Click DELETE.

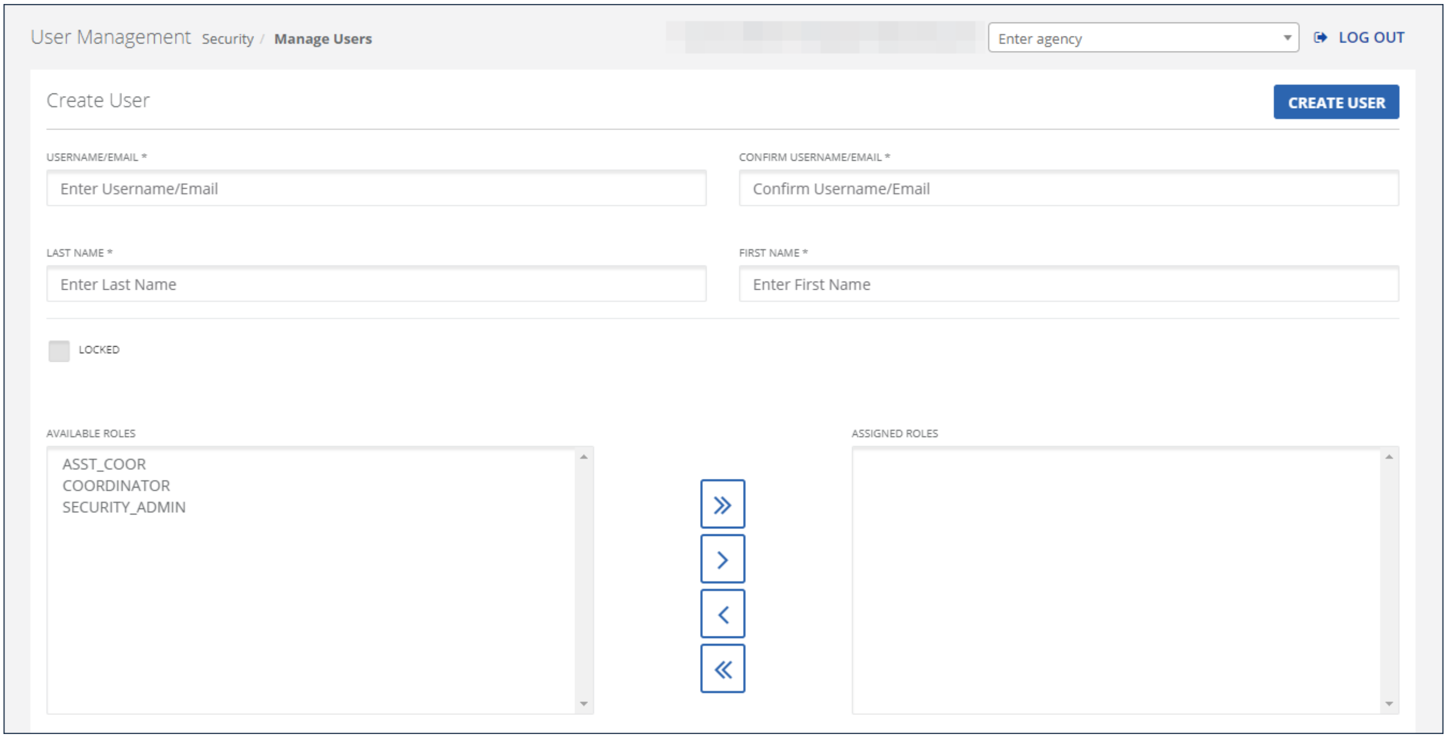


Delete User

Note(s):
While the pop-up says Delete, the user is only deactivated.

Create/Edit User

The Create Users screen is where new users are created.



Create New User Screen

Field	Description
CREATE USER	Click this button to save the user's profile.
USERNAME/EMAIL	Use this field to enter a user's email address, which will also be the username. A user's email can't be changed once the profile is saved. The email address entered must be unique and can only be used once within the account.
CONFIRM USERNAME/EMAIL	Use this field to confirm a user's email address, which will also be their username.
LAST NAME	Use this field to enter the user's last name.
FIRST NAME	Use this field to enter the user's first name
LOCKED	Select this checkbox to prevent a user from logging into the system. Uncheck the box to allow access. • The **Locked** checkbox is used to temporarily restrict the users access to Sandata EVV. Deselect this checkbox to restore access.

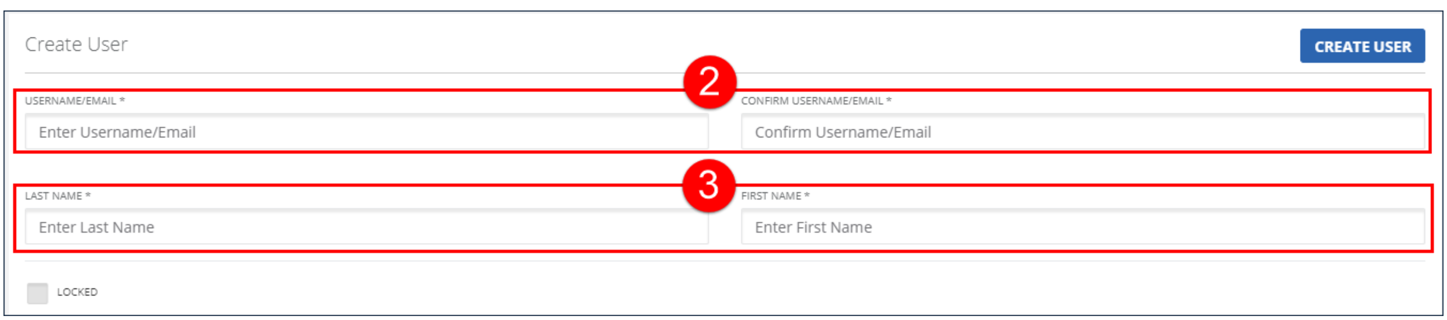
Field	Description
NON-AGENCY USER	Select this checkbox to indicate this user is not affiliated with a provider agency. This field is visible based on system configuration and is only available for use in non-agency providers accounts.
AVAILABLE ROLES/PRIVILEGE/CLIENTS EMPLOYEES/SUPERVISORS	The items in these fields are available for assignment. • Each system begins with a standard set of roles that can be updated and changed as required. • Privileges should be assigned to roles rather than individual users, whenever possible.
Assignment Buttons	Use these buttons to move items between the **Available** and **Assigned** fields.
ASSIGNED ROLES/PRIVILEGE/CLIENTS EMPLOYEES/SUPERVISORS	The items in these fields are assigned to the user.

Creating a New User

1. Navigate to the Manage Users screen. (**Security > Manage Users > Create User**).

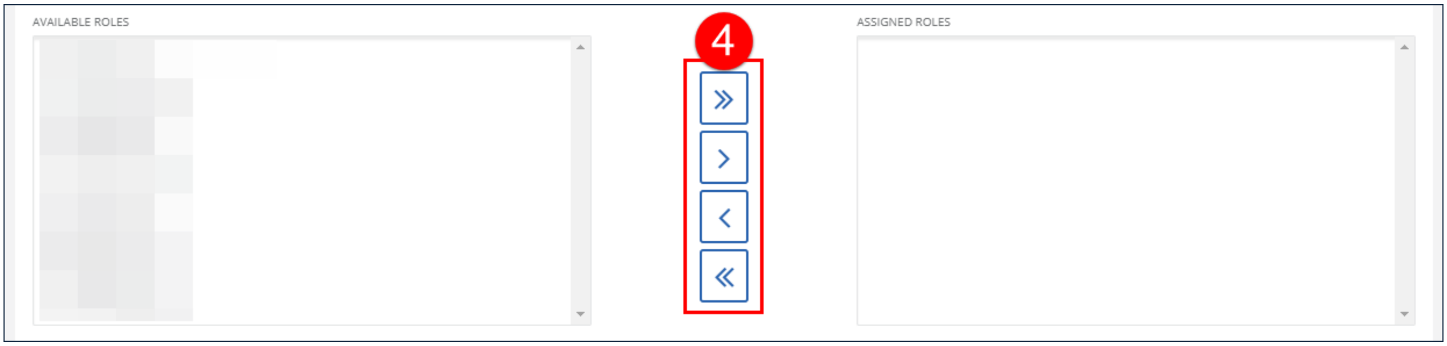
> Note:
> To prevent duplicate user profiles, search to ensure there is not an existing profile before creating a new user profile.

2. Enter and confirm the new user's email address, this is also the username for this user.
3. Enter the user's **Last Name** and **First Name.**



Create New User

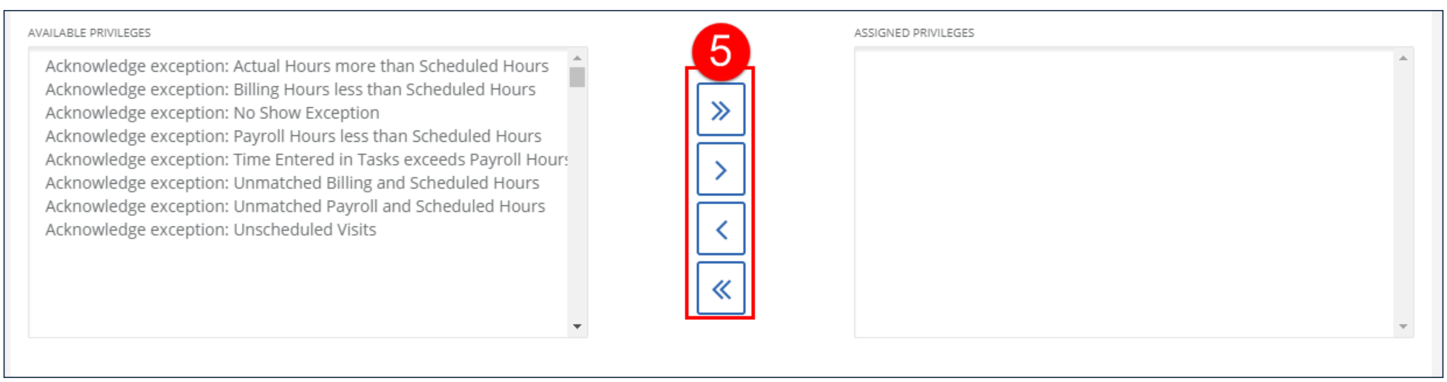
4. Click on a role and use the assignment buttons to move roles between the **AVAILABLE ROLES** and **ASSIGNED ROLES** fields.
   The roles in the **Available Roles** field represent all roles that can be assigned to a user. The roles in the **Assigned Roles** field represents which roles are assigned to the user. Assigning multiple roles to a user gives them the privileges assigned to each assigned role.



Managing Roles

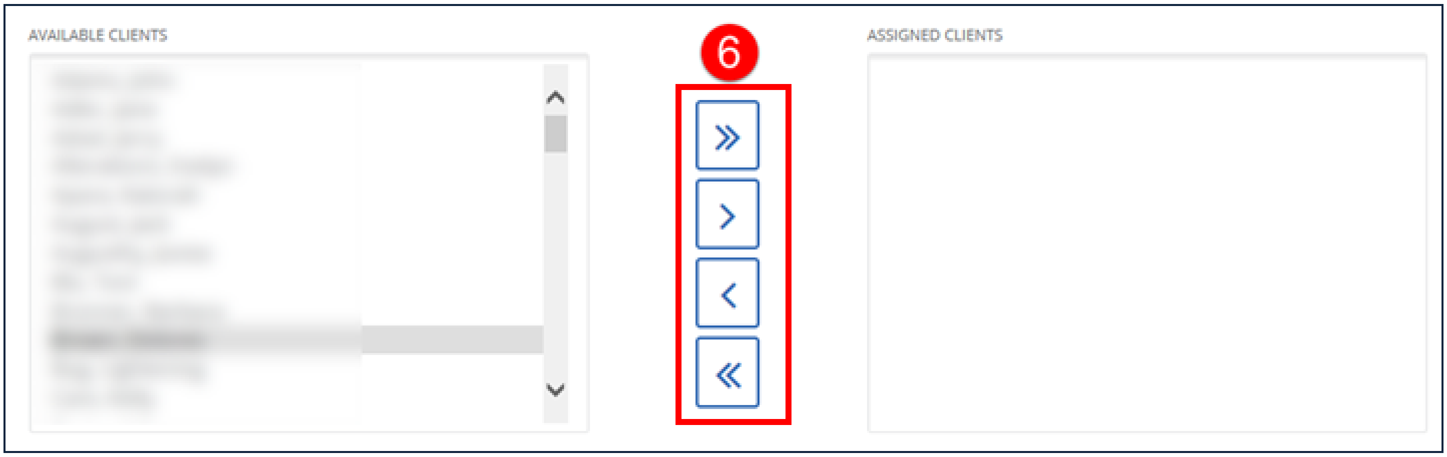
5. Click on a privilege and use the assignment buttons to move privileges between the **AVAILABLE PRIVILEGES** and the **ASSIGNED PRIVILEGES** fields.
   The privileges in the **AVAILABLE PRIVILEGES** field represent all privileges that can be assigned to a user. The privileges in the **ASSIGNED PRIVILEGES** field represent all privileges assigned to the user.

Note(s):
It is best practice to use privileges to create a User Role rather than assigning individual privileges. This is because Privileges may change over time and if changed must be updated for each user assigned that privilege. Updating a user role with a new privilege grants that privilege to every user assigned that user role, making it much easier to manage.



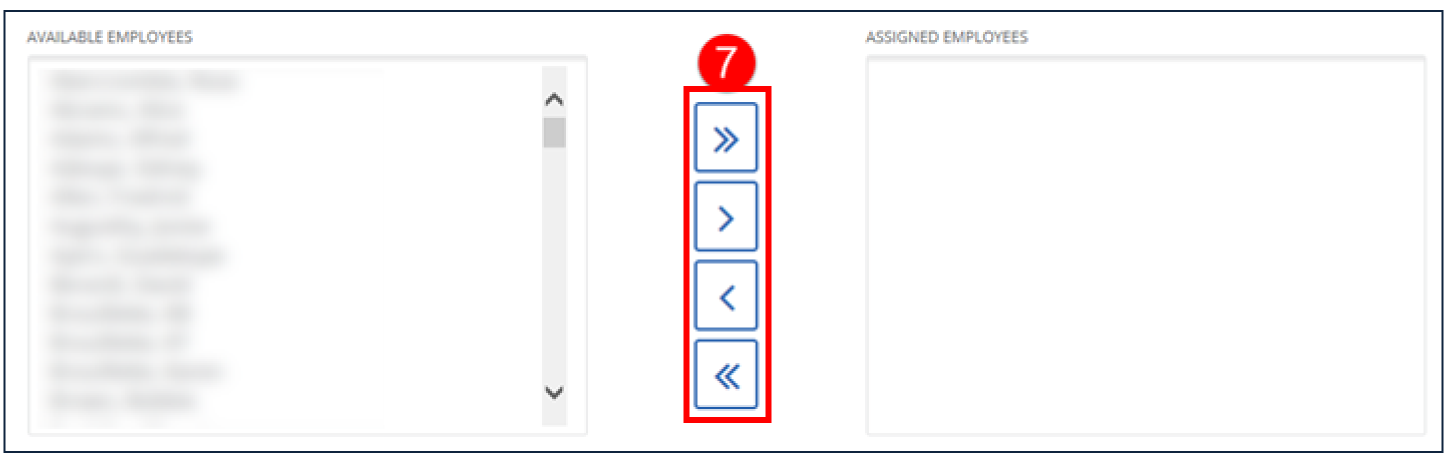
Managing Privileges

6. Click on a client and use the assignment buttons to move clients between the **AVAILABLE CLIENTS** and **ASSIGNED CLIENTS** fields.
   The clients in the **AVAILABLE CLIENTS** field represents all clients that can be assigned to the user. The **ASSIGNED CLIENTS** field represents all clients currently assigned to the user. These fields are only available for consumer direct and non-agency accounts.



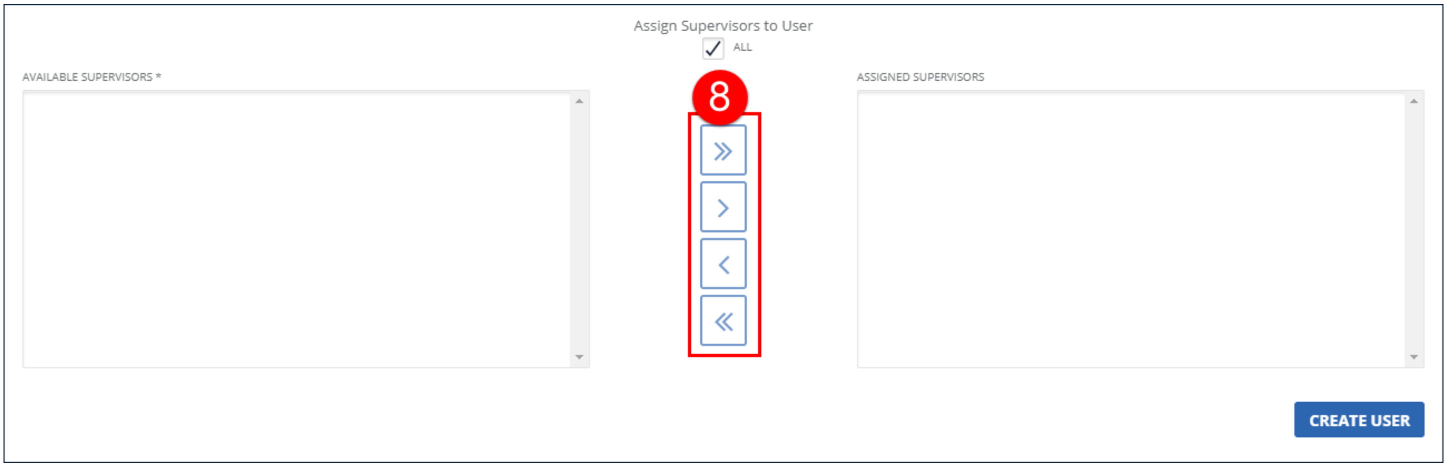
Manage Clients

7. Click on an employee and use the assignment buttons to move employees between the **AVAILABLE EMPLOYEES** and **ASSIGNED EMPLOYEES** fields.
   The **AVAILABLE EMPLOYEES** field represents all employees available to be assigned to this user. The **ASSIGNED EMPLOYEES** field represents all employees currently assigned to this user. These fields are only available for consumer direct and non-agency accounts.



Manage Employees

8. Click on a supervisor and use the assignment buttons to move employees between the **AVAILABLE SUPERVISOR** and **ASSIGNED SUPERVISOR** fields.
   The **AVAILABLE SUPERVISORS** field represents all supervisors available to be assigned to this user. The **ASSIGNED SUPERVISORS** field represents all supervisors currently assigned to this user. When no show alerts are enabled, the user receives alerts for the clients of all assigned supervisors.



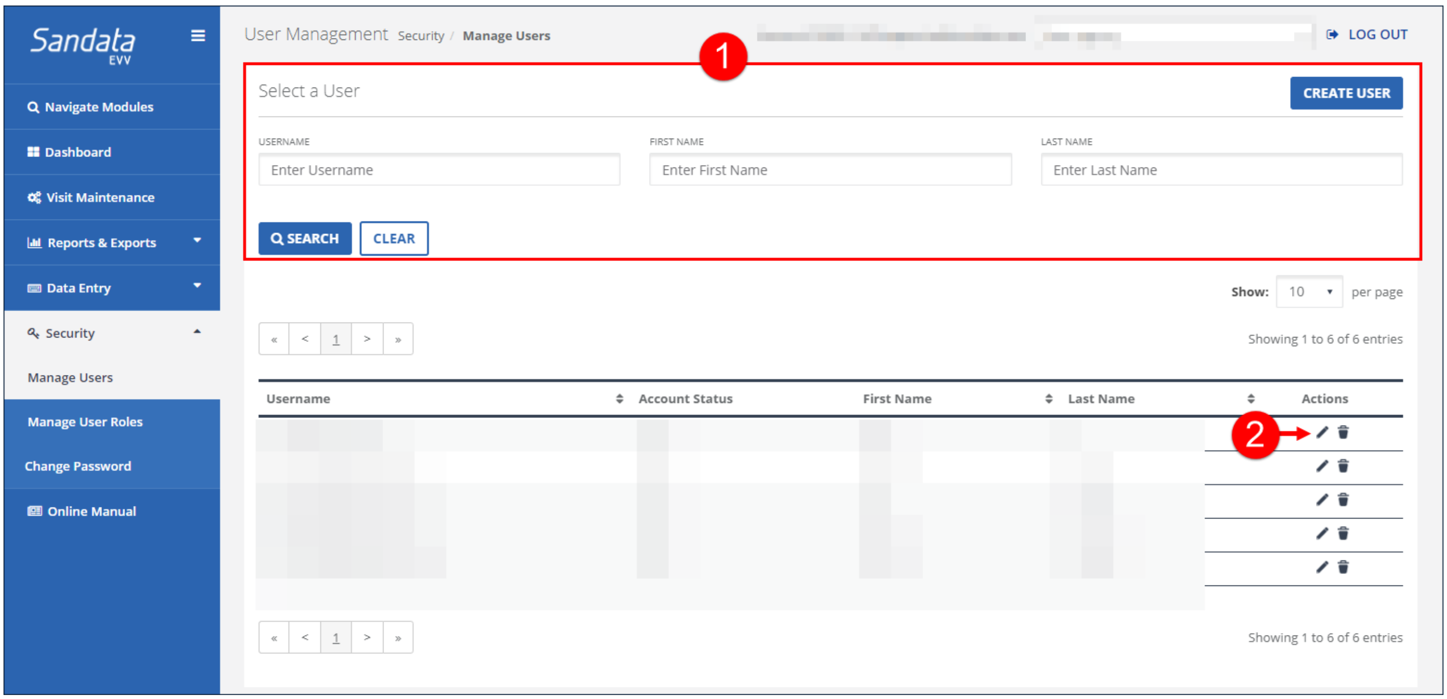
Assign Supervisors

9. Click CREATE USER.
   The system creates a new user and displays a confirmation message. An email is sent to the new user's email address (also their username) with a temporary password.

Create User Button

Modifying a User

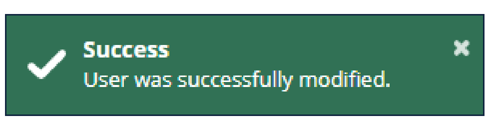
1. Navigate to the Select a User section of the Manage Users screen and search for a user. (**Security** > **Manage Users**).
2. Click the **Edit** Icon () for the user.



Select a User Screen

3. Make any changes to the user.
4. Click Modify User.
   A notification of confirmation or error displays at the top of the screen.

Modify User Button

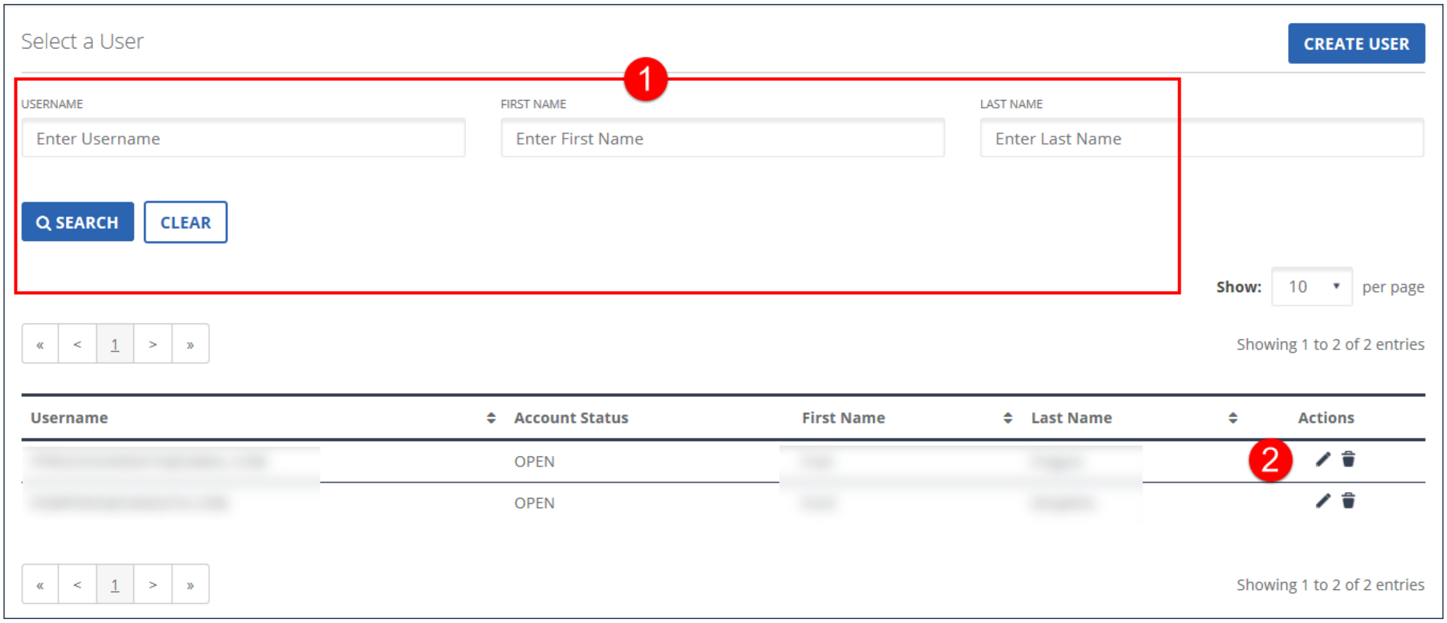


Save Confirmation and Confirmation/Error Notification

Resetting a User's Password

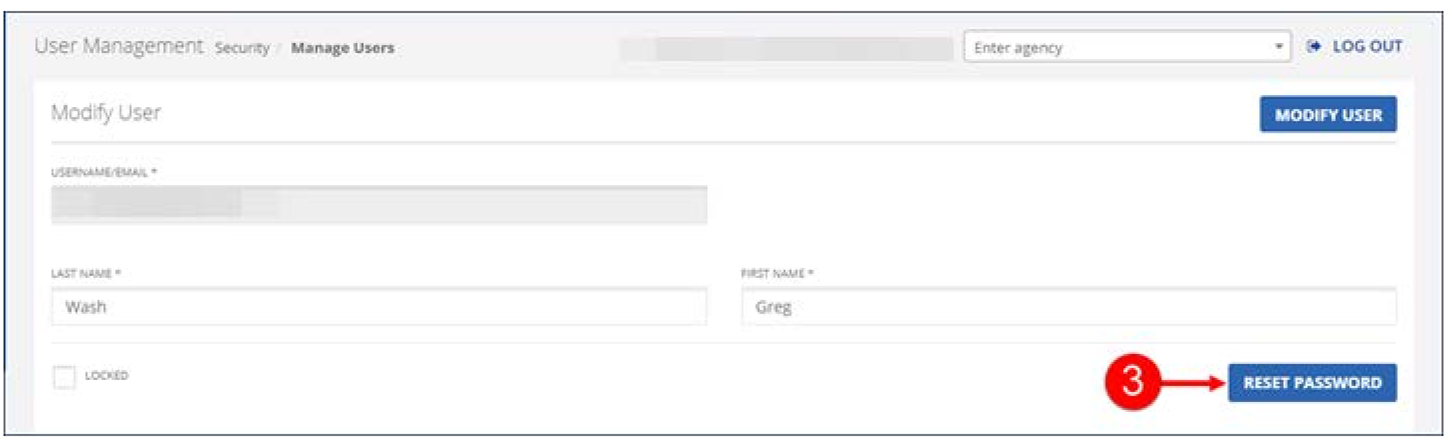
Users with the proper permissions can send a reset password email for another user's password.

1. Navigate to the Modify User screen. (**Security** > **Manage Users** > search for a user)
2. Click the **Edit** icon ( ) for the user.



User Search

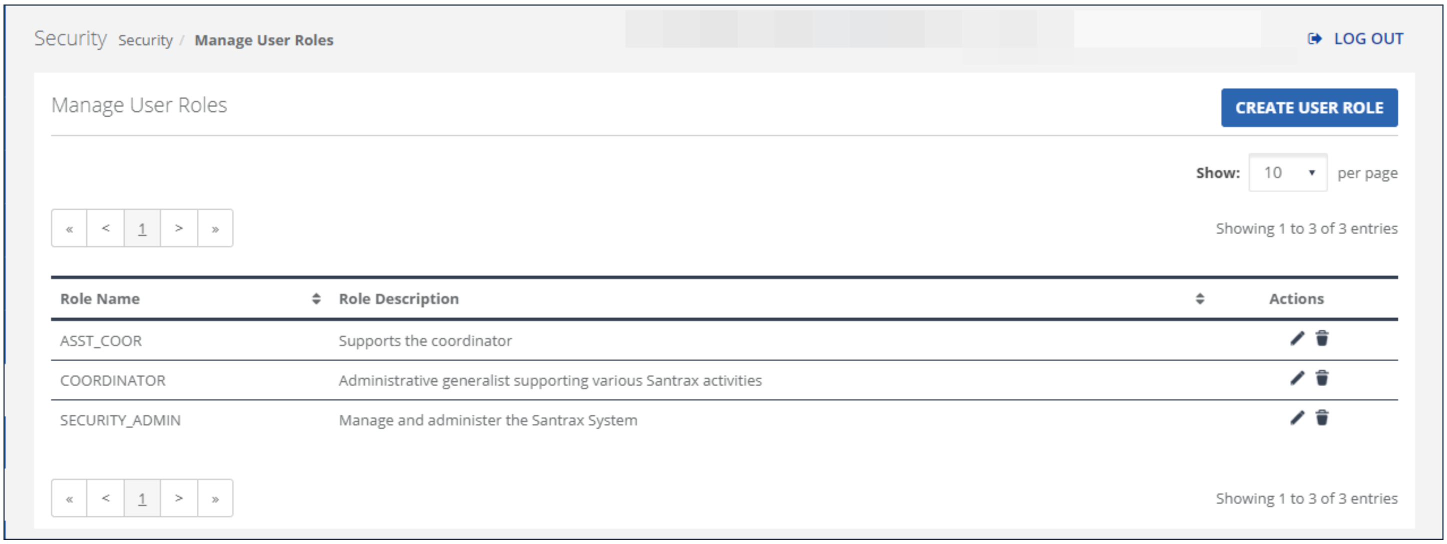
3. Click **RESET PASWORD**.
   A temporary password is emailed to the user. The temporary password expires if it is not used to log into the system within a set period of time. When logging into the system using a temporary password, users are prompted to create a new permanent password.



Reset Password Button

Manage User Roles

User Roles allows users to create a group of system privileges combined into a single, assignable role. A user assigned a User Role is given all the privileges assigned to that role. Edits made to a User Role affect all users assigned that role.



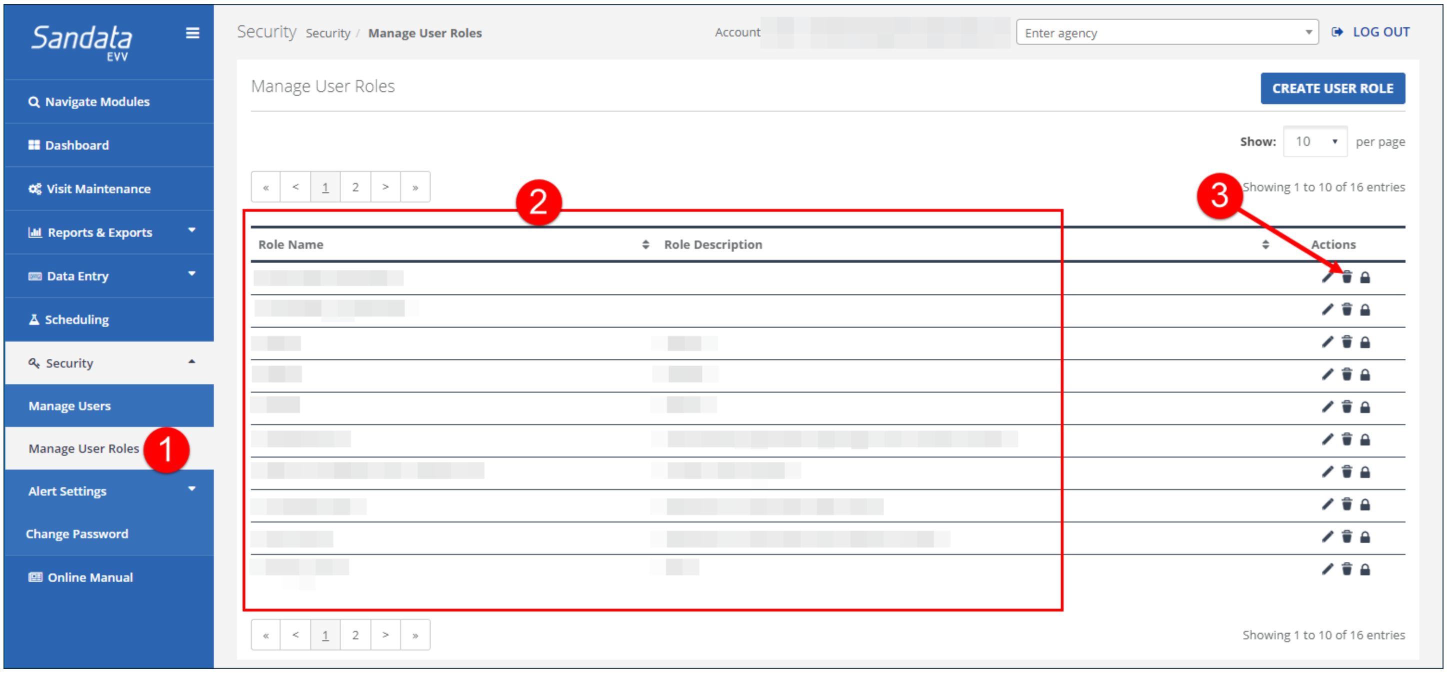
Manage User Roles Screen

Field	Description
CREATE USER ROLE	Click this button to create a new user role.
ROLE NAME	Name of the role.
ROLE DESCRIPTION	Short description of what each role is used for.

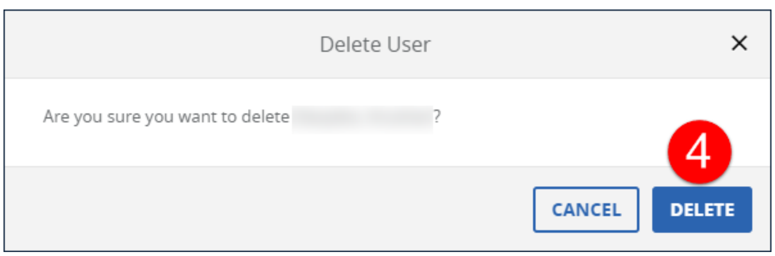
Deactivating Roles

1. Navigate to the Manage User Roles screen. (Security > Manage User Roles > Search)
2. Review the available roles.
3. Click the **Deactivate** icon ( ).
4. Click **DELETE**.

Note(s):
Use caution when deleting user groups as they will be permanently removed from the system.

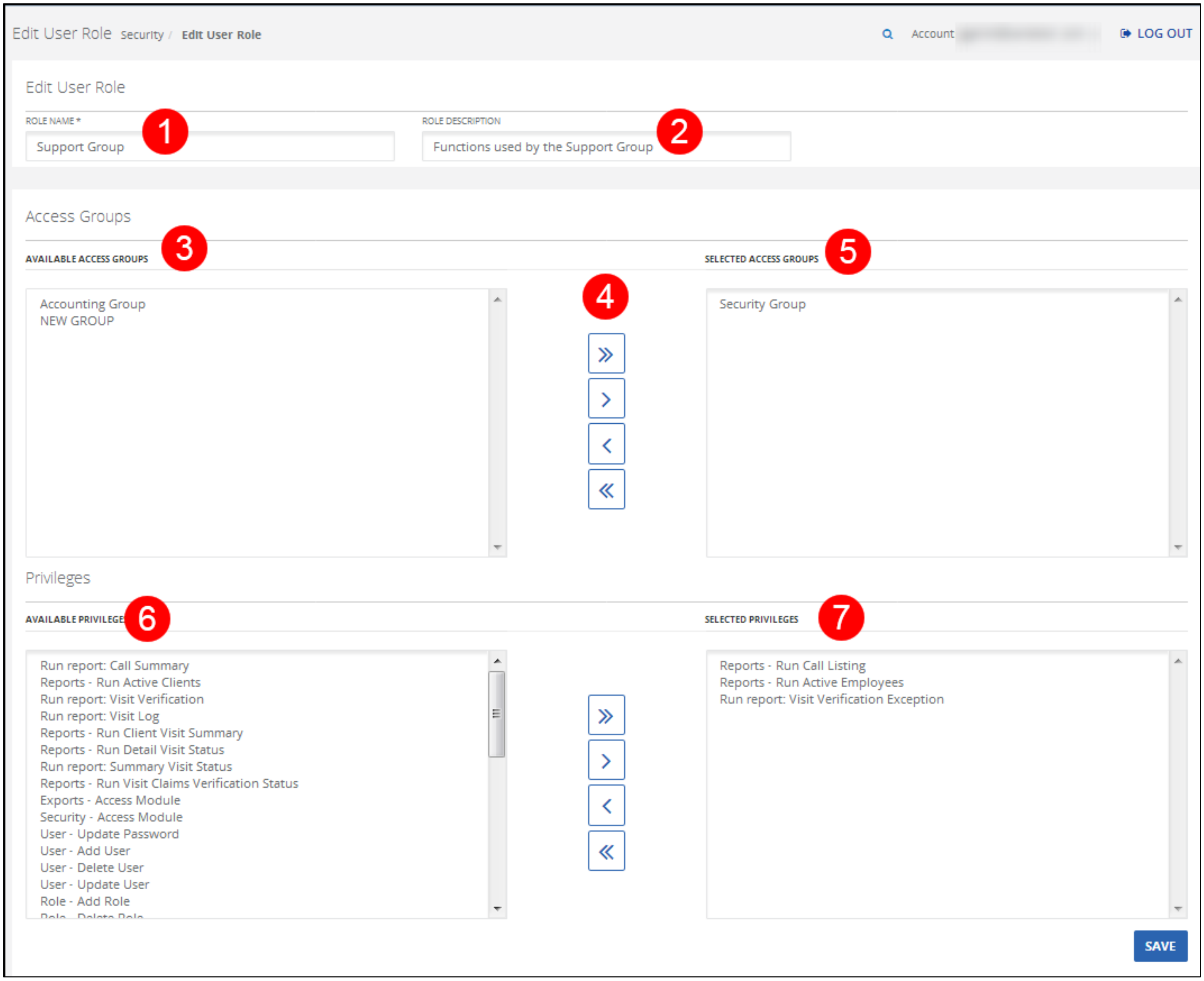


Deactivating Roles



Manage User Roles Screen

Create/Edit User Role



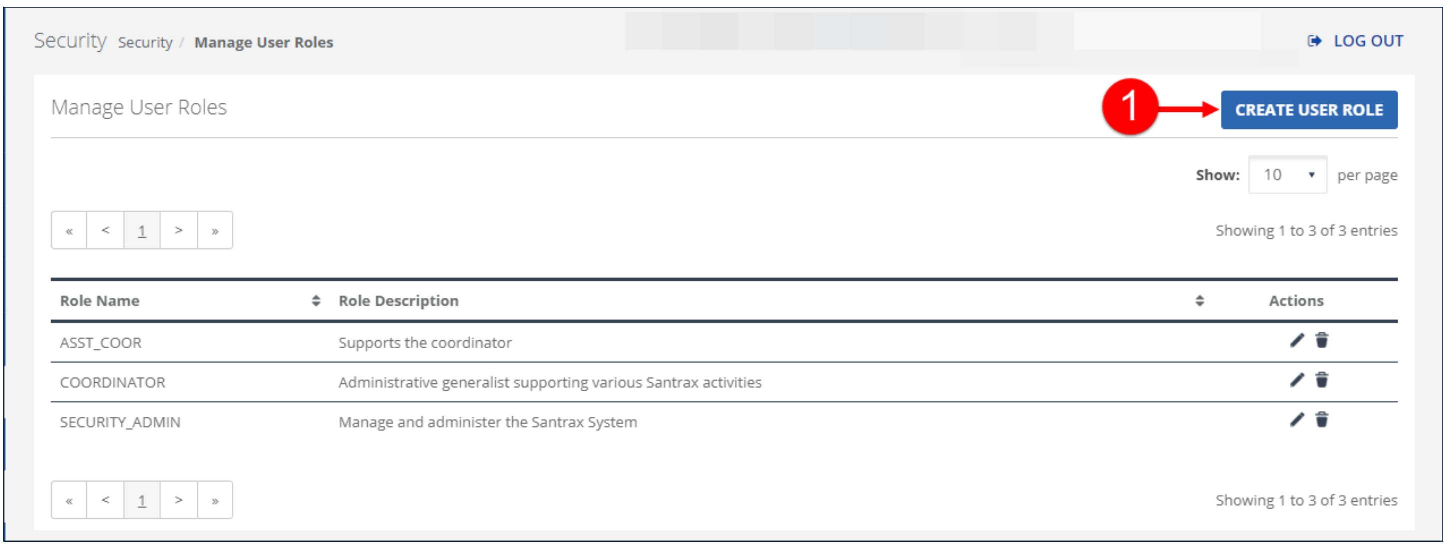
Edit User Role Screen

	Field	Description
1	**Role Name**	Name of user role
2	**Role Description**	Short description of what each role is used for.
3	**Available Access Groups**	The access groups in this field are available to be assigned to the user role but have not been.

	Field	Description
4	**Assignments Buttons**	Use these buttons to move items between the **Available** and **Assigned** fields.
5	**Assigned Access Groups**	The access groups in this field have been assigned to this user role. All users who are assigned this role will have access to the accounts specified for these groups.
6	**Available Privileges**	The system privileges in this field are available to be assigned to the user role but have not been. Privileges shown will vary based on account configuration.
7	**Assigned Privileges**	The system privileges in this field have been assigned to this user role. All users who are assigned this role will have access to these privileges.

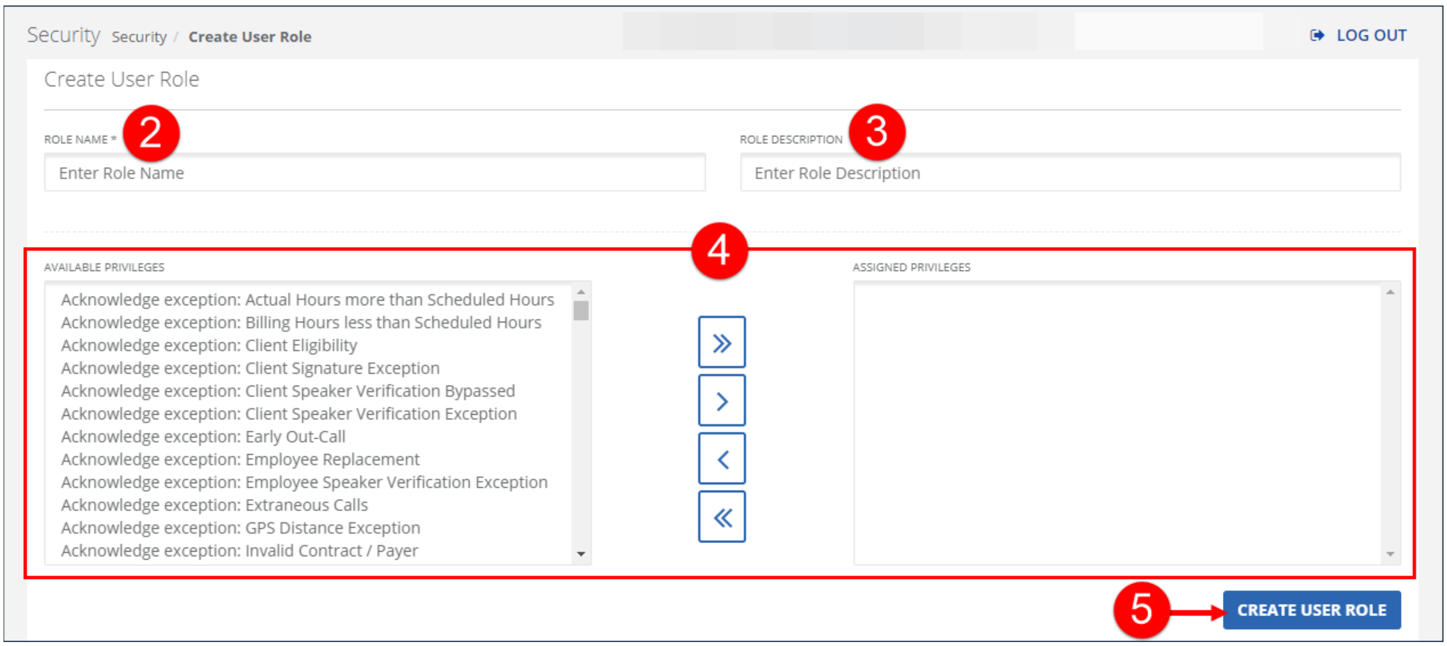
Creating a New User Role

1. Navigate to the User Roles screen. (**Security** > **Manage User Roles** > Click **CREATE USER ROLE)**



Manage User Roles Screen

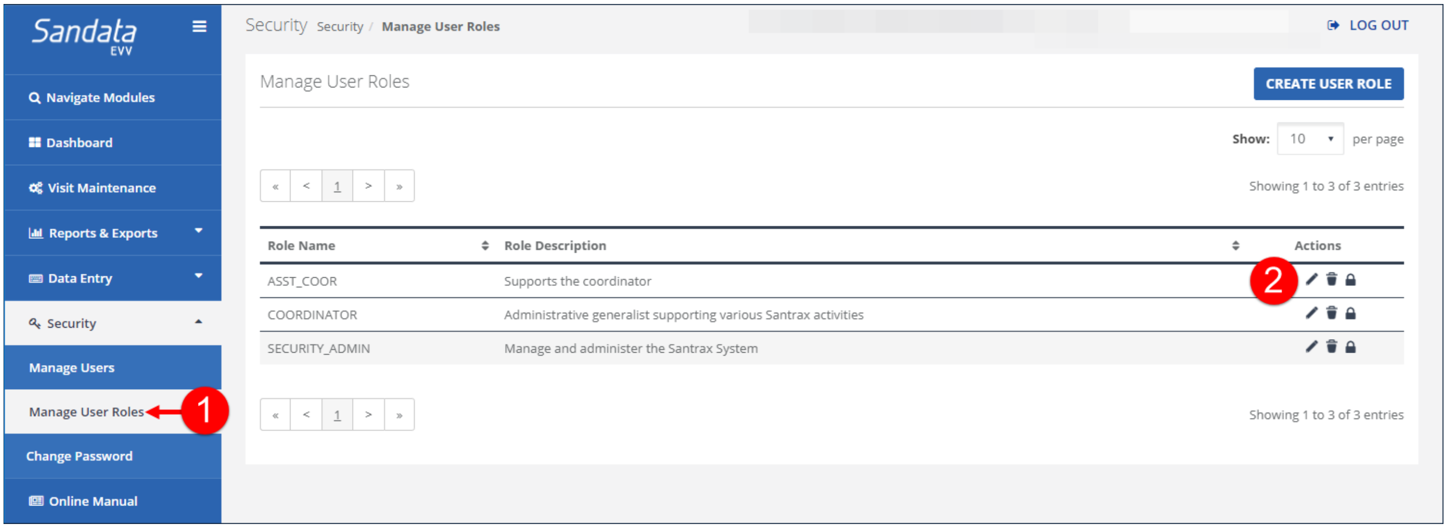
2. Enter the **ROLE NAME**.
3. Enter the ROLE DESCRIPTION.
4. Click on privilege and use the assignment buttons to move privileges between the **AVAILABLE PRIVILEGES** and **ASSIGNED PRIVILEGES** fields.
   The **AVAILABLE PRIVILEGES** field represents all privileges available to be assigned to this User Role. The **ASSIGNED PRIVILEGES** fields represent all privileges currently assigned to this user.
5. Click CREATE USER ROLE.



Create User Roles

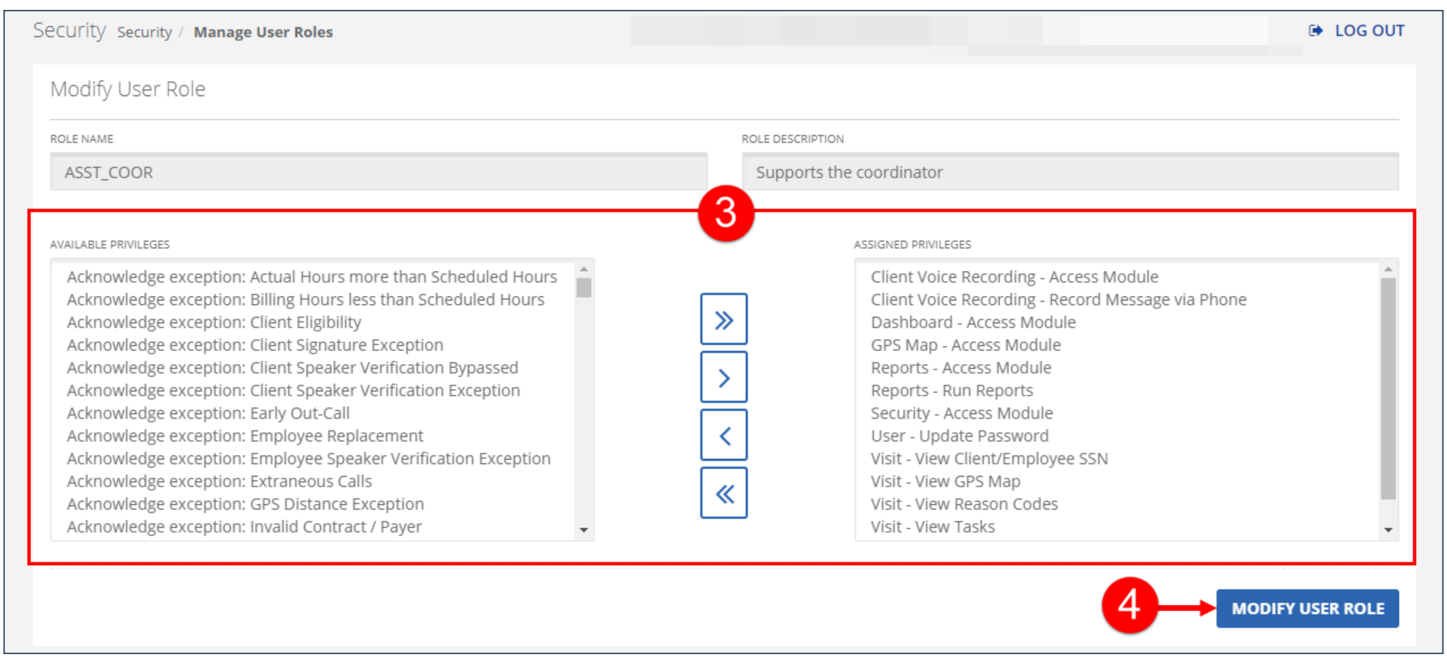
Modifying User Roles

1. Navigate to the Manage User Roles screen. (Security > Manage User Roles)
2. Click the **Edit** icon ( ) for the role.



Manage User Roles Screen

3. Change the system privileges for the role by moving them between the **AVAILABLE PRIVILEGES** field and the **ASSIGNED PRIVILEGES** field.
4. Click MODIFY USER ROLE.
   A notification of confirmation or error displays at the top of the screen.



Modify User Role Screen

Save Confirmation and Confirmation/Error Notification

Alert Settings

From the Alert Setting section users can control who receives alerts and how or when those alerts are delivered.

Alerts, if configured, are sent when a scheduled visit has not received the call in within a configurable window. Up to 5 escalating alerts can be configured and sent.

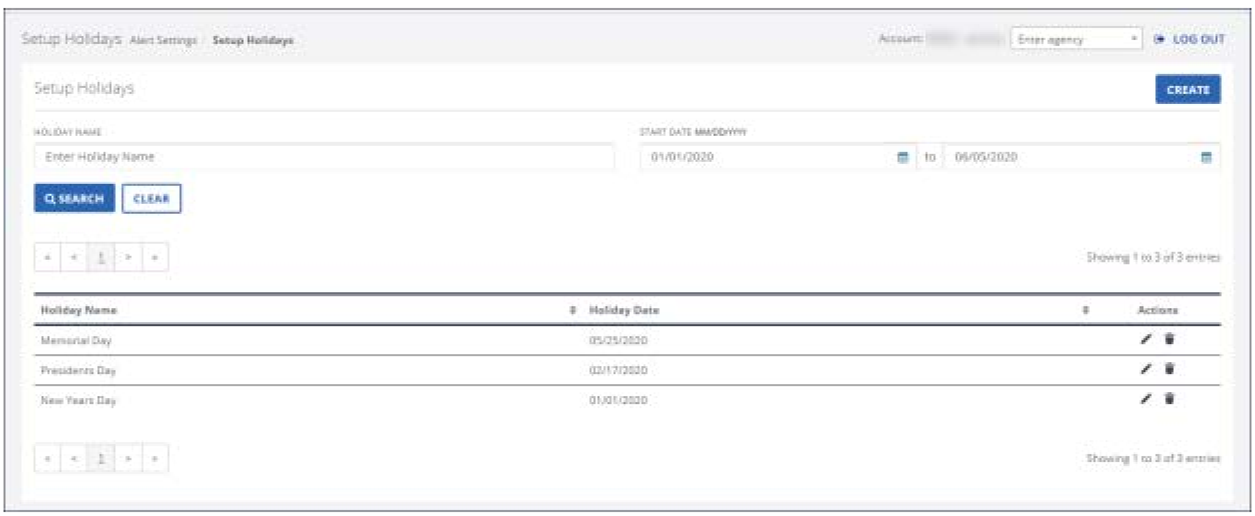
Clients are assigned a 'supervisor'. This a code which is associated with an individual or set of individuals. Based on user security setup, the associated user(s) can receive either an email or text message for missed schedules. For example, supervisors may wish to only receive alerts during non-work hours.

The following screens allow for further setup of the alerting function.

Setup Holidays

From the Setup Holidays screen users can temporarily suspend alerts for a specified holiday or date.

(**Security** > **Alert Settings** > **Setup Holiday**)



Setup Holiday Screen

Fields

Field	Description
HOLIDAY NAME	Used to limit results based on the holiday's name.
START DATE MM/DD/YYYY	Used to select the date range, all holidays that occur within the selected date range display in the search results.

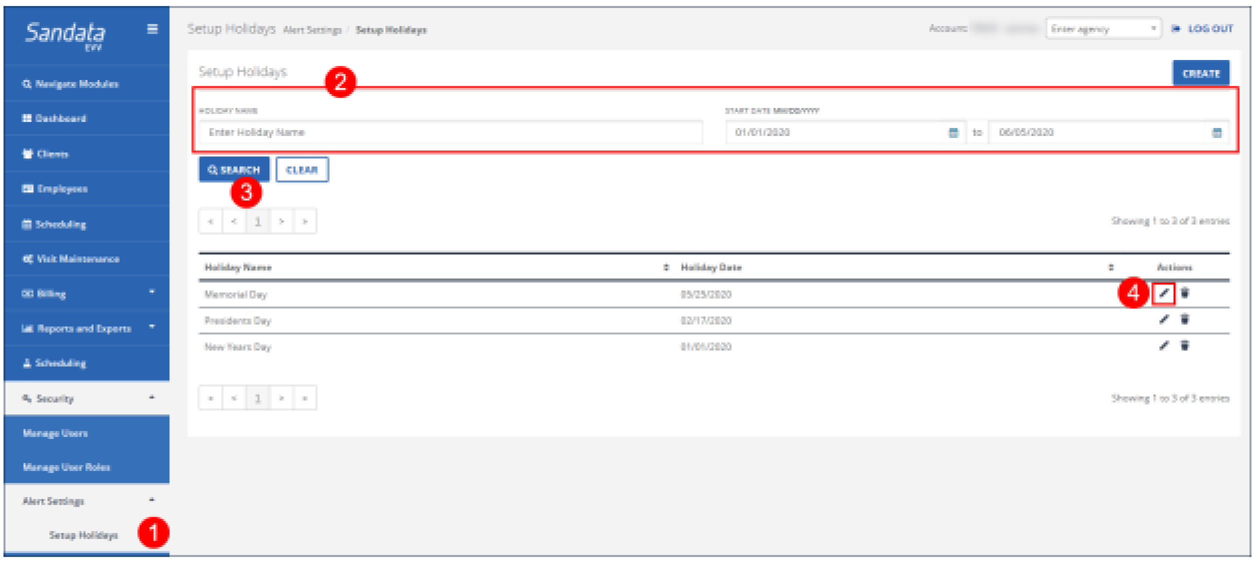
Columns

Column	Description
Holiday Name	Displays the name of the holiday.

Column	Description
Holiday Date	Displays the date the holiday occurs.

Searching for Holidays

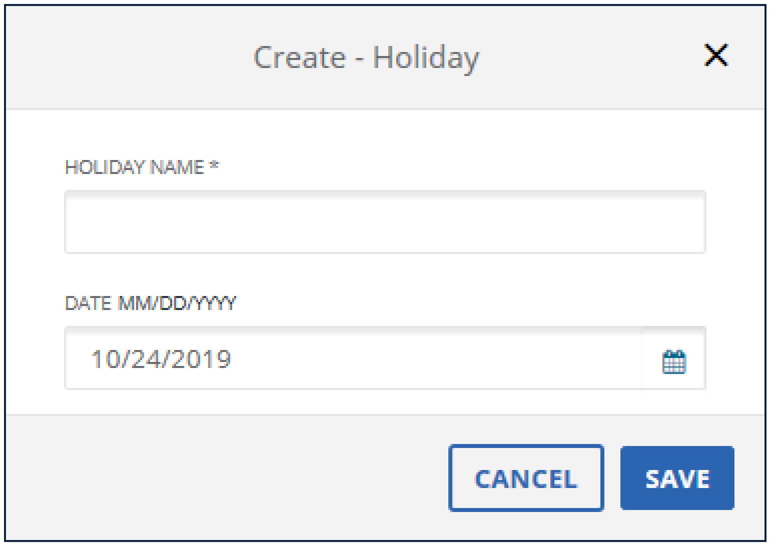
1. Navigate to the Setup Holiday screen. (**Security** > **Alert Settings** > **Setup Holiday**)
2. Enter the search criteria.
3. Click **SEARCH**.
4. Click the **Edit** icon ( ) to view the **Edit Holiday** screen.



Setup Holiday Screen

Create Holiday

The following screen allows account level configuration of a holiday calendar.



Create Holiday Screen

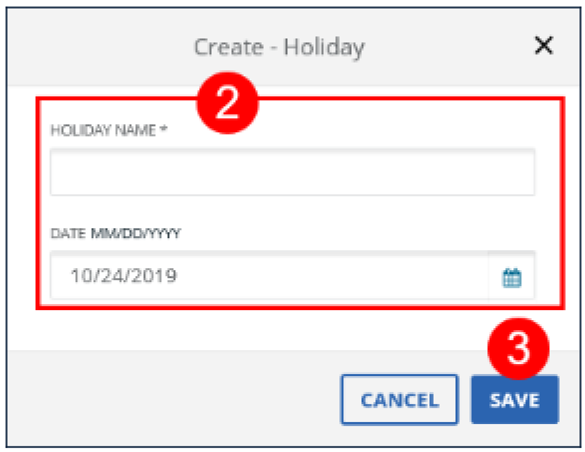
Field	Description
HOLIDAY NAME	Enter the name of the holiday.
DATE MM/DD/YYYY	Select the date the date the holiday occurs.

Creating a Holiday

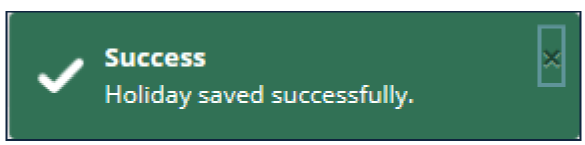
1. Navigate to the Create - Holiday screen. (**Security** > **Alert Settings** > **Setup Holiday** > **Create**)

Create Button

2. Enter/Select all applicable fields.
3. Click **SAVE**.
   A notification of confirmation or error displays at the top of the screen.



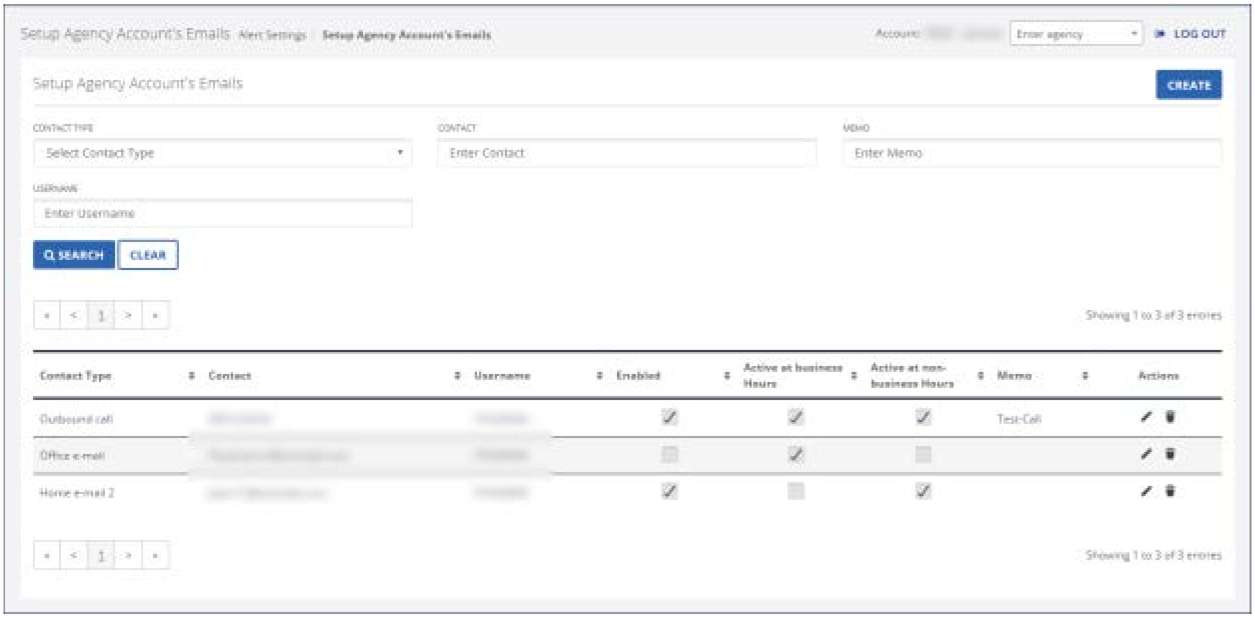
Create Holiday Screen



Save Confirmation and Confirmation/Error Notification

Setup Agency Account's Emails

From the Setup Agency Account's Emails screen users manage which email addresses will receive alerts.



Setup Ageny Account’s Emails Screen

Fields

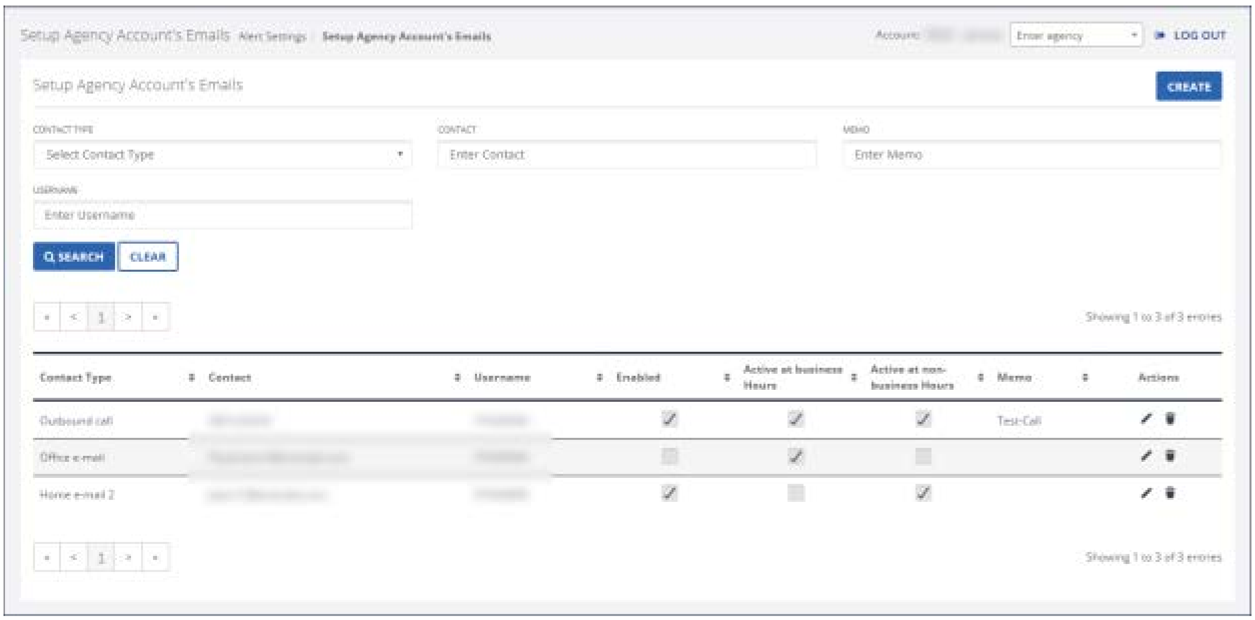
Field	Description
CONTACT TYPE	Used to limit results based on the assigned contact type.
CONTACT	Used to limit the results to email addresses that contain the text entered.
MEMO	Used to limit the results to those with memos that contain the text entered.
USERNAME	Used to limit the result based on the associated username. The username entered must be an exact match for the one on the record.

Columns

Column	Description
Contact Type	Displays the name of the type of email address.
Contact	Displays the email address that will receive the alert.
Username	Displays the username of the user that entered the contact.
Enabled	Indicates if the email address is currently able to receive alerts.
Active at business Hours	Indicates the email address only receives alerts during business hours.
Active at non-business Hours	Indicates the emails address receives alerts after business hours and during holidays.
Memo	Displays any additional notes affiliated with the record.

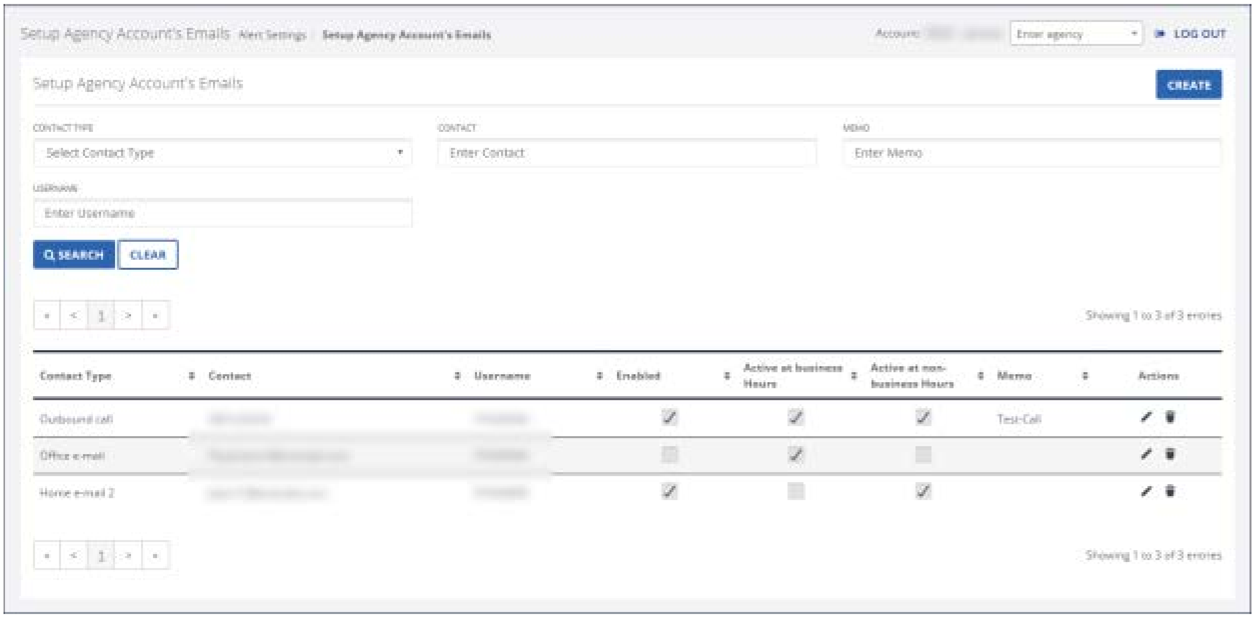
Searching for Agency Account's Email

1. Navigate to the Setup Agency Account's Emails screen. (**Security** > **Alert Setting** > **Setup Agency Account's Emails**)
2. Enter the search criteria.
3. Click **SEARCH**.
4. Click the **Edit** icon () to view the **Edit - Agency Account's Email** screen.



Setup Ageny Account’s Emails Screen

Create Agency Accounts Email



Create - Agency Account’s Email Screen

Field	Description
CONTACT TYPE	Select the name of the type of emails address. This allow a single user to have different rules at different time (Example: emails during the work day and text after hours)
CONTACT	Enter the email address that will receive the alert. Each contact type can be used once to identify a single email address.
ENABLED	Select this checkbox to Indicate the email address is currently able to receive alerts.
ACTIVE AT BUSINESS HOURS	Select this checkbox to Indicate the email address only receives alerts during business hours.
ACTIVE AT NON_BUSINESS HOURS	Select this checkbox to Indicate the emails address receives alerts after business hours and during holidays.
MEMO	Enter any additional notes affiliated with the record.
SEND TEST MESSAGE SEND TEST MESSAGE	Click this button to send a test message to the email address.

Creating a Holiday Agency Accounts Email

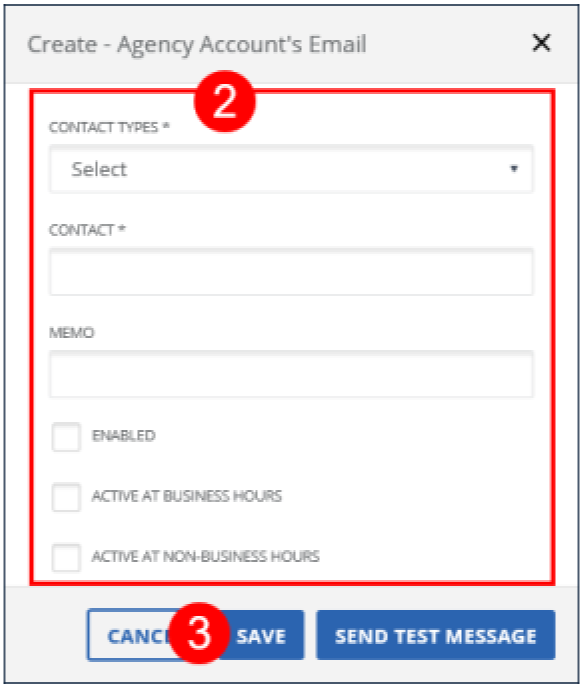
1. Navigate to the Create - Agency Account's Email screen. (**Security** > **Alert Settings** > **Setup Agency Account's Emails** > **Create**)

CREATE

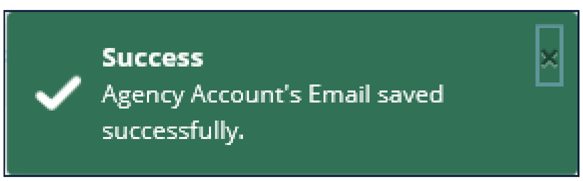
Create Button

2. Enter/Select all applicable fields.
3. Click **SAVE**.

A notification of confirmation or error displays at the top of the screen.



Create - Agency Account's Email Screen



Save Confirmation and Confirmation/Error Notification

Setup Work Schedules

From the Setup Work Schedules screen users can create a schedule to define the workdays and control when alerts are sent (during the workday or after hours).

Setup Work Schedules Screen

<u>Fields</u>

Field	Description
NAME	Used to limit results based on the schedule’s name.

<u>Columns</u>

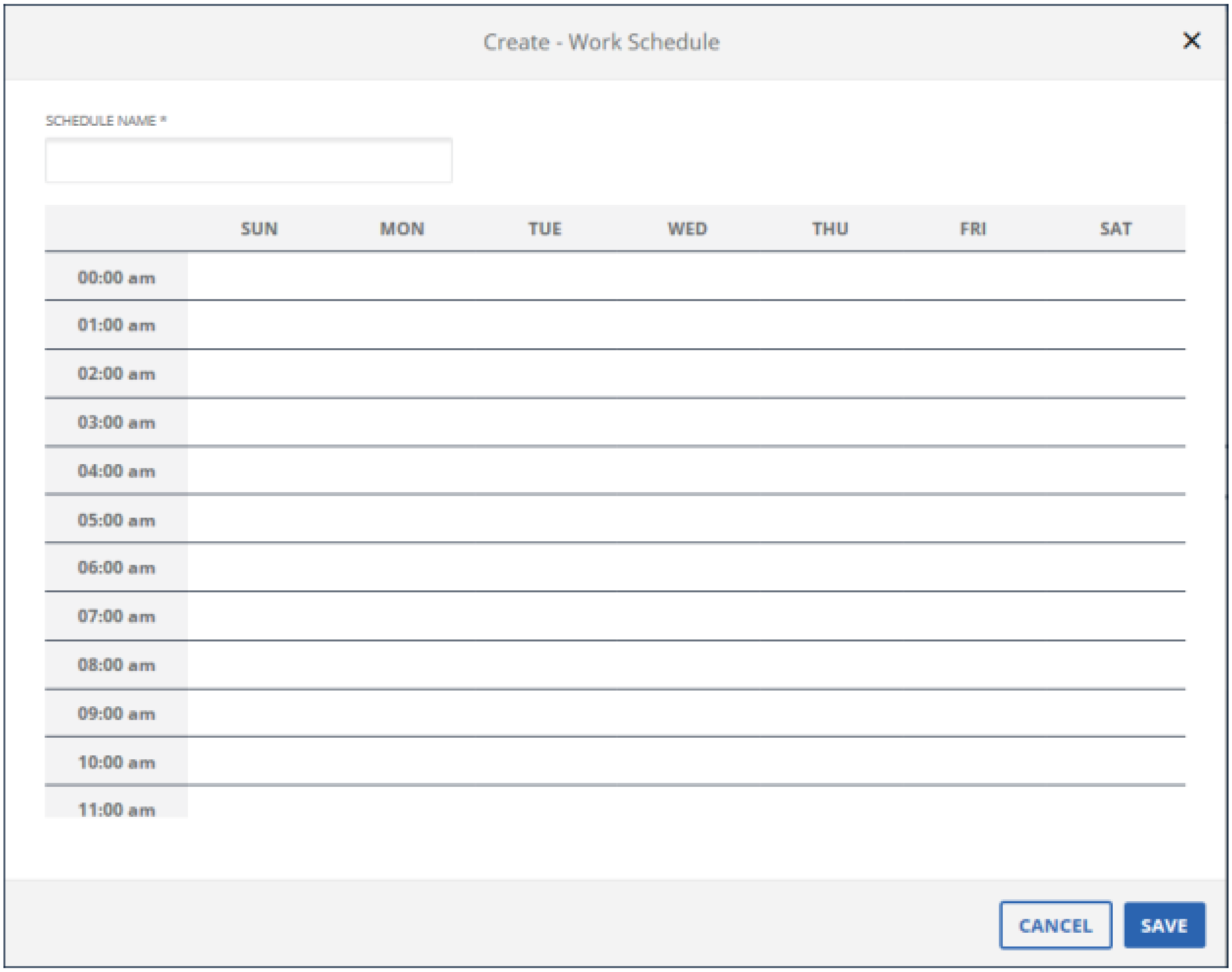
Column	Description
Schedule Name	Displays the name of the schedule.
Created Date	Displays the schedule's creation date.

<u>Searching for Work Schedules</u>

1. Navigate to the Setup Agency Account's Emails screen. (**Security** > **Alert Setting** > **Setup Work Schedules**)
2. Enter the search criteria.
3. Click **SEARCH**.
4. Click the **Edit** icon () to view the **Edit - Work Schedules** screen.

Setup Work Schedules Screen

Create Work Schedule



Create - Work Schedule

Field	Description
SCHEDULE NAME	Enter the schedule's name/description.
Calendar/time grid	Click a time/date cell to turn the cell green and indicate work hours can be sent. These schedules identify work vs. off hours to define when alerts are sent.

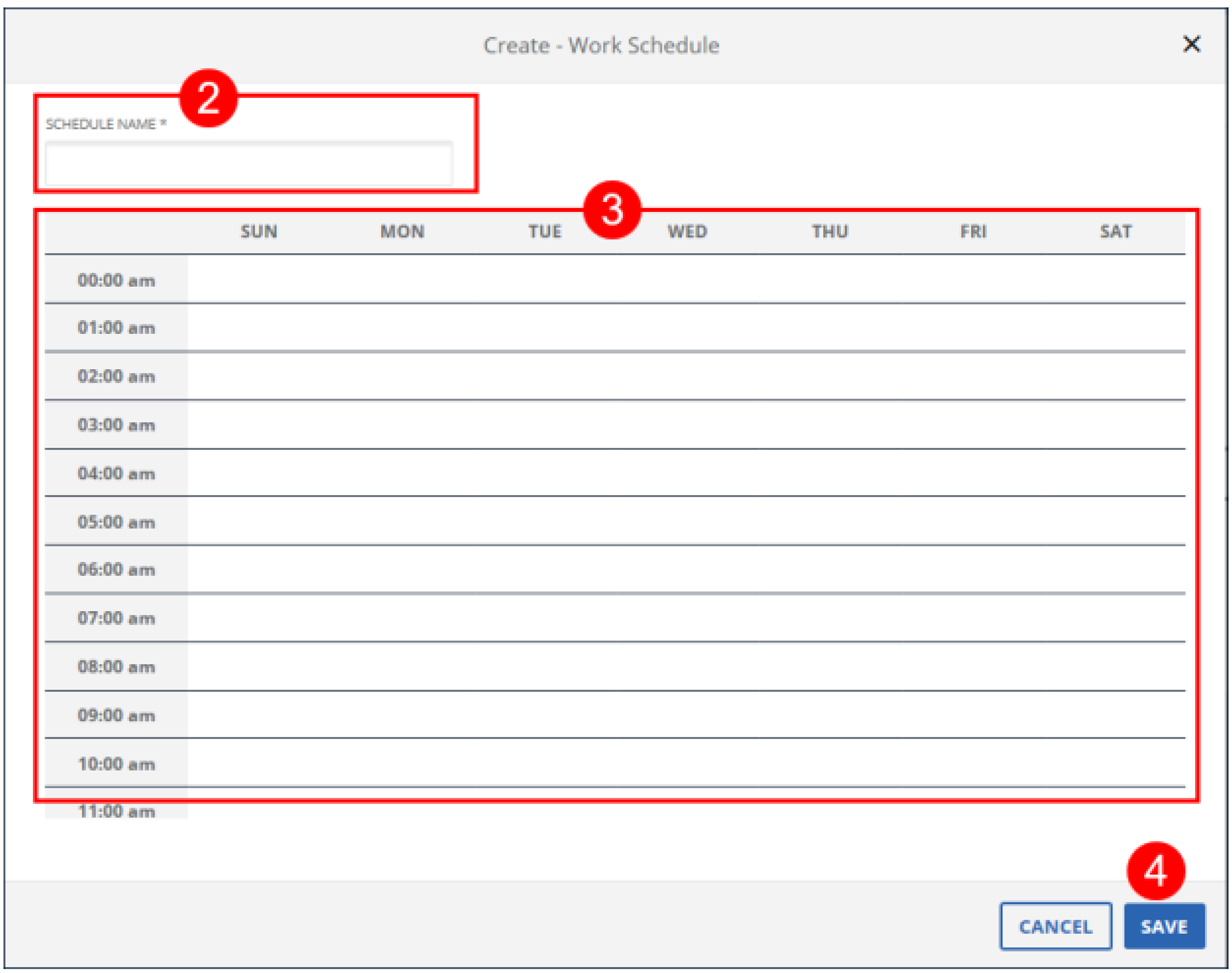
Creating a Work Schedule

1. Navigate to the Create - Work Schedule screen. (**Security** > **Alert Settings** > **Setup Work Schedules** > **Create**)

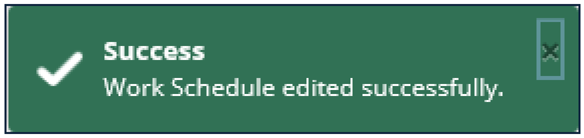
Create Button

2. Enter the **Schedule Name** (description).
3. Click all applicable fields date/time cells.
4. Click **SAVE**.

A notification of confirmation or error displays at the top of the screen.



Create - Work Schedule



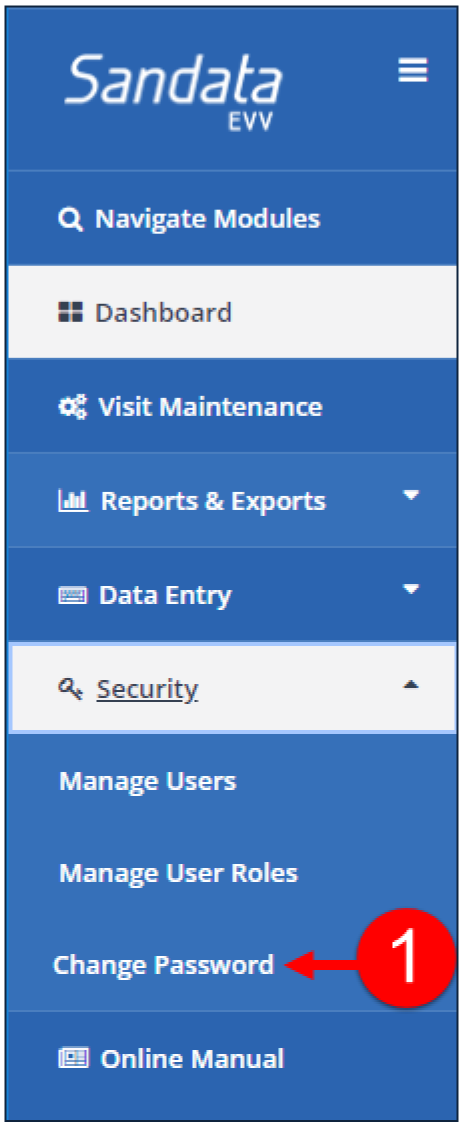
Save Confirmation and Confirmation/Error Notification

Change Password

Users with the correct permissions can use the **Change Password** link to reset the password used to log into Sandata EVV.

Change Password Instructions

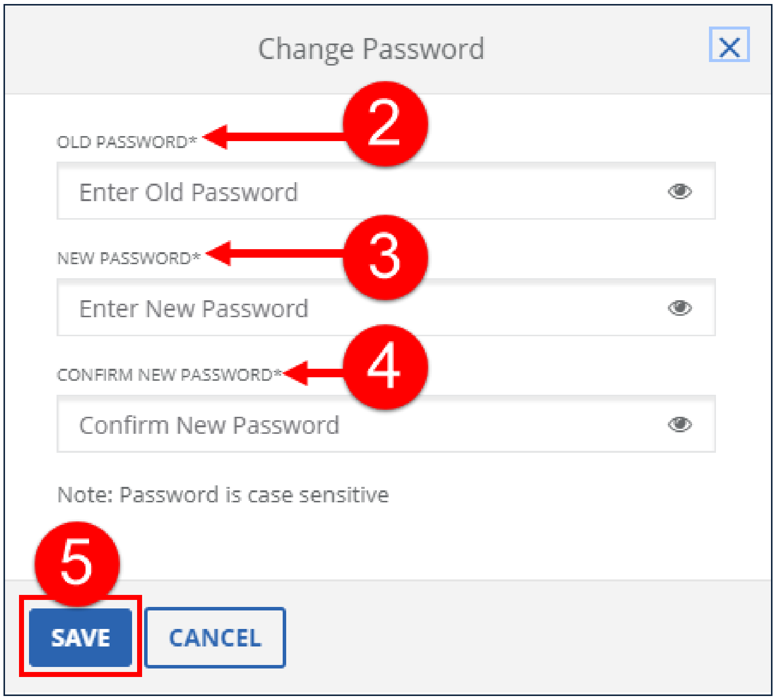
1. Navigate to the Change Password screen. (**Security** > **Change Password**)



Path to Change Password Screen

2. Enter the current password in the **OLD PASSWORD** field.
3. Enter the new password in the **NEW PASSWORD** field.
4. Re-Enter the new password in the **CONFIRM PASSWORD** field.
5. Click **SAVE**.

A notification of confirmation or error displays at the top of the screen.



Change Password Screen

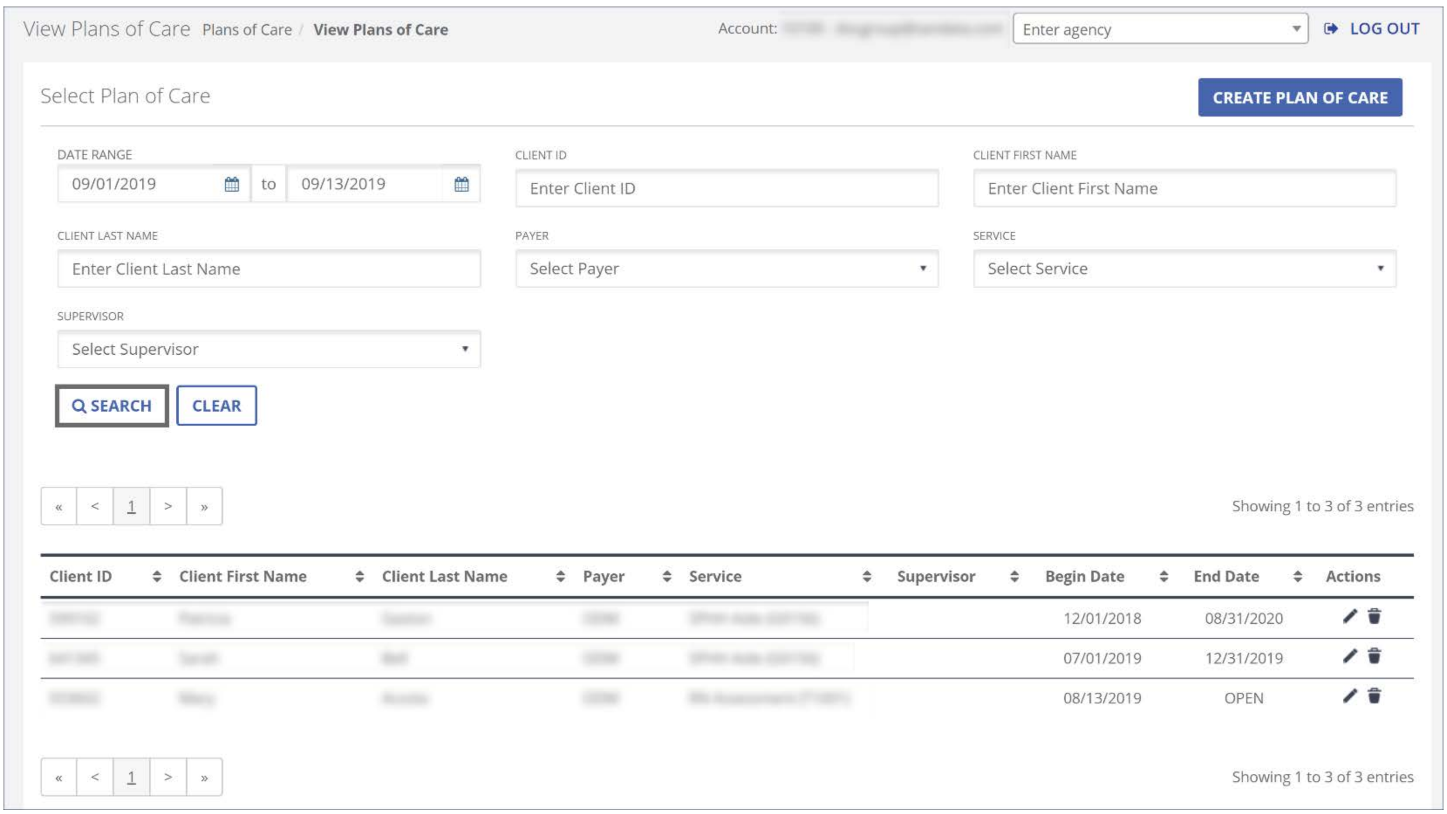
Plan of Care

The Plan of Care section details how to search for, edit, and create a client Plan of Care (PoC) in the Sandata Electronic Visit Verification system. Plan of Care information is important to ensure the consistency of care. If the Plan of Care is received from a third party via an interface feed, the following screens are available in a view-only mode.

A Plan of Care is a record of tasks to be performed within a defined time frame for each individual client. A PoC acts as a schedule for tasks including when various tasks should be performed. It can be used to compare tasks which should have been performed to the tasks actually performed during each visit. Clients can have multiple PoCs with overlapping date ranges, if each PoC is for a different service.

View Plans of Care Screen

The screen below allows the user to search for Plans of Care using the search criteria shown.



View Plans of Care Screen

<u>Fields and Buttons</u>

Field	Description
DATE RANGE	Use these fields to select the start and end dates of the search. All visits that began within the selected date range will display in the search results.

Field	Description
CLIENT ID	Use this field to search for a single client based on the assigned client's ID. **NOTE:** Client ID is always numeric and may be provided by a third party or assigned by Sandata.
CLIENT FIRST NAME	Use this field to search for clients based on first name. If a partial name is entered, matches will display based on the entered characters.
CLIENT LAST NAME	Use this field to search for clients based on last name. If a partial name is entered, matches will display based on the entered characters.
PAYER	Use this drop-down field to limit the results to a single payer. All payer drop-down options have defined date ranges identifying when the payer was valid for the account. If a date range has already been entered, payers that fall outside the date range will not display in the drop-down.
SERVICE	Use this field to limit the results by the selected service. All service drop-down options have defined date ranges when the service is valid for the account. If a date range has already been entered, services that fall outside the date range will not display in the drop-down.
SUPERVISOR	Use this field to limit the results to client's associated with the selected supervisor/supervisor code.
CREATE PLAN OF CARE CREATE PLAN OF CARE	Click this button to create a new plan of care.

View Plans of Care Screen Results List

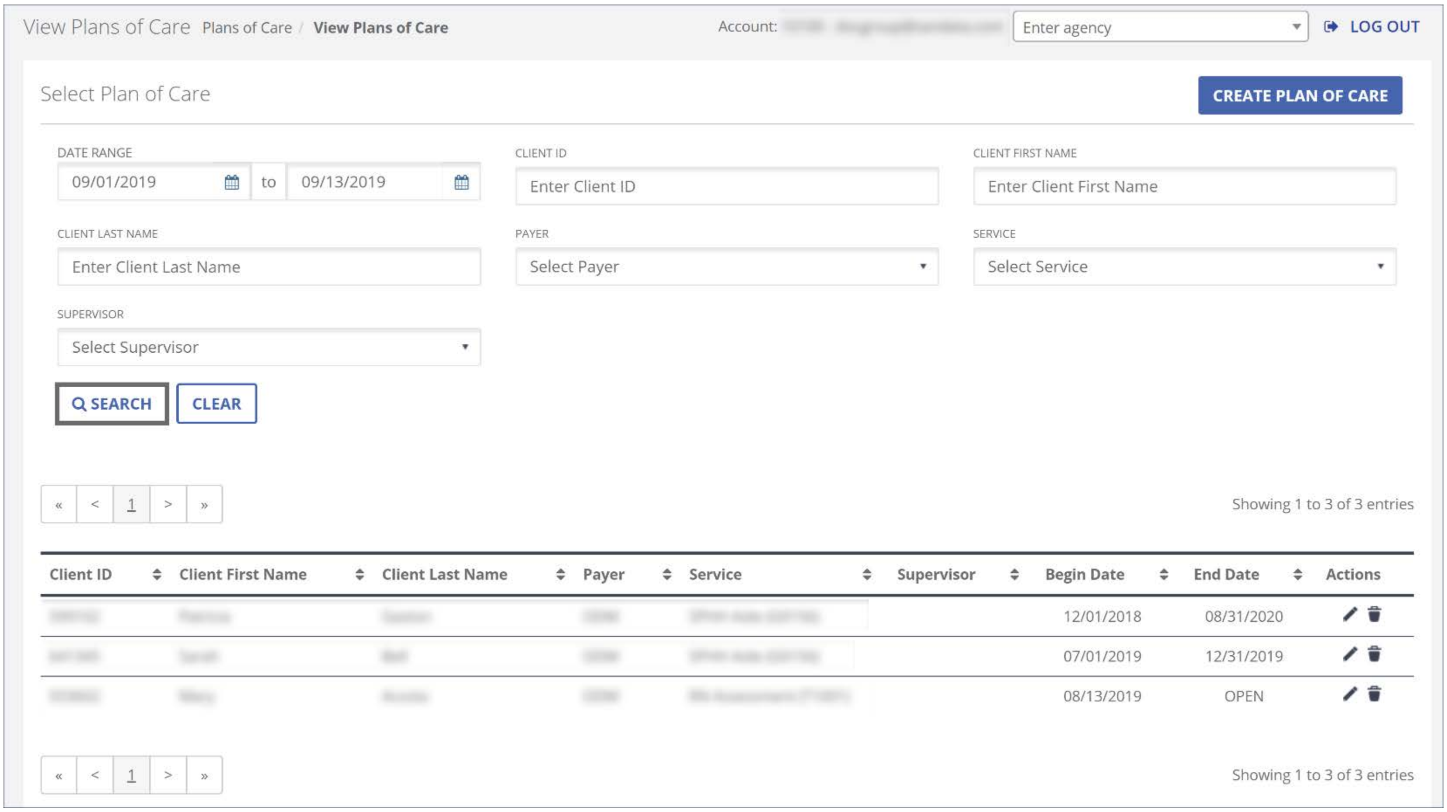
Columns

Field	Description
Client ID	Displays the client's ID #.
Client First Name	Displays the client's first name.
Client Last Name	Displays the client's last name.
Payer	Displays the payer for the plan of care.
Service	Displays the service for the plan of care. This may be the same as the HCPCS code.
Supervisor	Use this field to limit the results to client's associated with the selected supervisor/supervisor code.
Begin Date	Displays the Begin Date on the plan of care.
End Date	Displays the End Date on the plan of care.

Searching for a Plan or Care

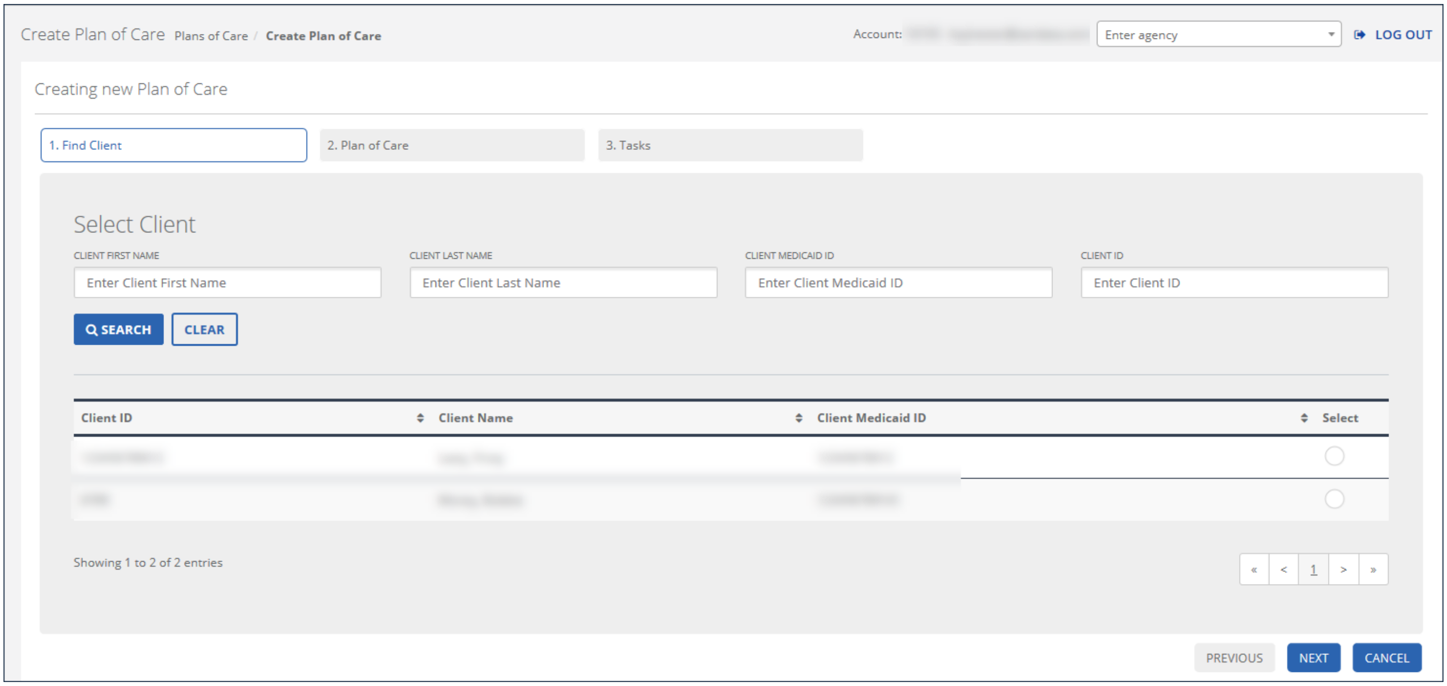
1. Navigate to the View Plans of Care screen. (**Plan of Care**).
2. Enter the search criteria.
3. Click **SEARCH**.
4. Click the **Edit** icon () icon to view the Creating new/Editing Plan of Care screen.

Note:
Searching with no criteria selected displays a complete list of all Plans of Care which were active during the selected date range.



Searching for a Plan of Care

Creating New/Editing Plan of Care Screen

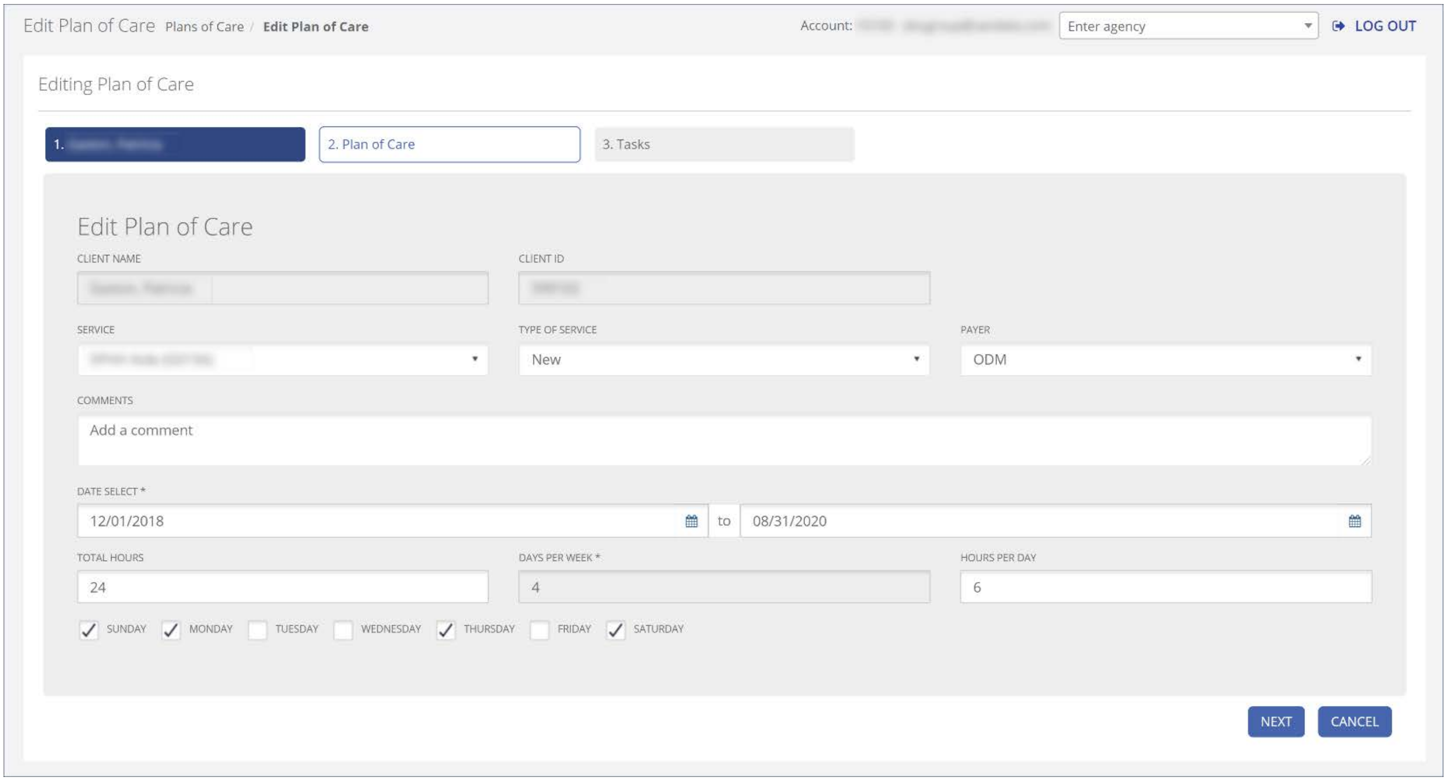


Create/Edit Plan of Care: Find Client Tab

<u>Fields and Buttons: Find Client Tab</u>

The following fields are available on the Find Client tab.

Field	Description
CLIENT FIRST NAME	Enter the client’s first name.
CLIENT LAST NAME	Enter the client’s last name.
CLIENT MEDICAID ID	Enter the client’s Medicaid ID number.
CLIENT ID	Enter the client’s ID number.



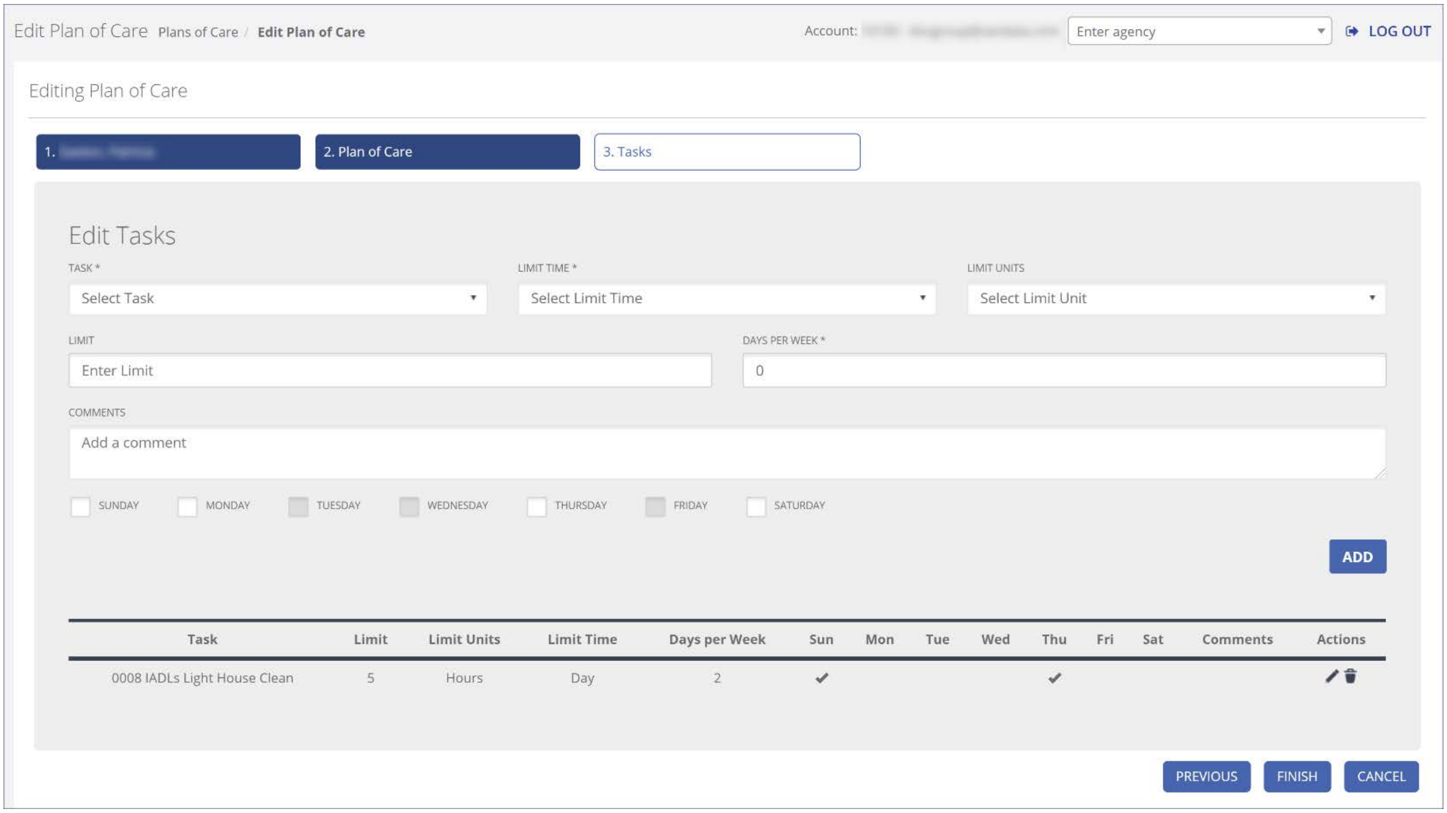
Create/Edit Plan of Care: Plan of Care Tab

<u>Fields and Buttons: Plan of Care Tab</u>

The following fields are available on the Plan of Care tab.

Field	Description
CLIENT NAME	Displays the client's last and first name based on the selected client.
CLIENT ID	Displays the client's ID number.
SERVICE	Select the service.
TYPE OF SERVICE	Select a drop-down option to Indicate if the service entered is new, a replacement, or a resumption of care.
PAYER	Select the client's payer.
COMMENTS	Enter comments related to the client's plan of care, if applicable.
DATE SELECT	Select the beginning and ending dates of the client's plan of care.
TOTAL HOURS	Displays the total number of task hours permitted for the client's plan of care. This field automatically populates based on the days of the week selected and the **HOURS PER DAY** entered.
DAYS PER WEEK	Displays the total number of days tasks may be performed.

Field	Description
	This field automatically populates when the boxes below indicating day of the week are selected or de-selected.
HOURS PER DAY	Enter the total number of hours permitted each day.



Create/Edit Plan of Care: Tasks Tab

<u>Fields and Buttons: Tasks Tab</u>

The following fields are displayed on the Tasks tab.

Field	Description
TASK	Select the task to be added to the plan of care.
LIMIT TIME	Select the time frame for the task.
LIMIT UNITS	Select the units for the limit.
LIMIT	Enter the number of units to limit the task. This field will only accept numeric characters.

Field	Description
DAYS PER WEEK	Displays the number of days the task must be performed/scheduled. This field automatically populates when the boxes below indicating day of the week are selected or de-selected.
COMMENTS	Comments for the task.
ADD	Adds the task to the plan of care.

Note:
The Finish button does not display on a Plan of Care that has been closed.

Creating a Plan of Care

Note:
Only one Plan of Care can be created per client.

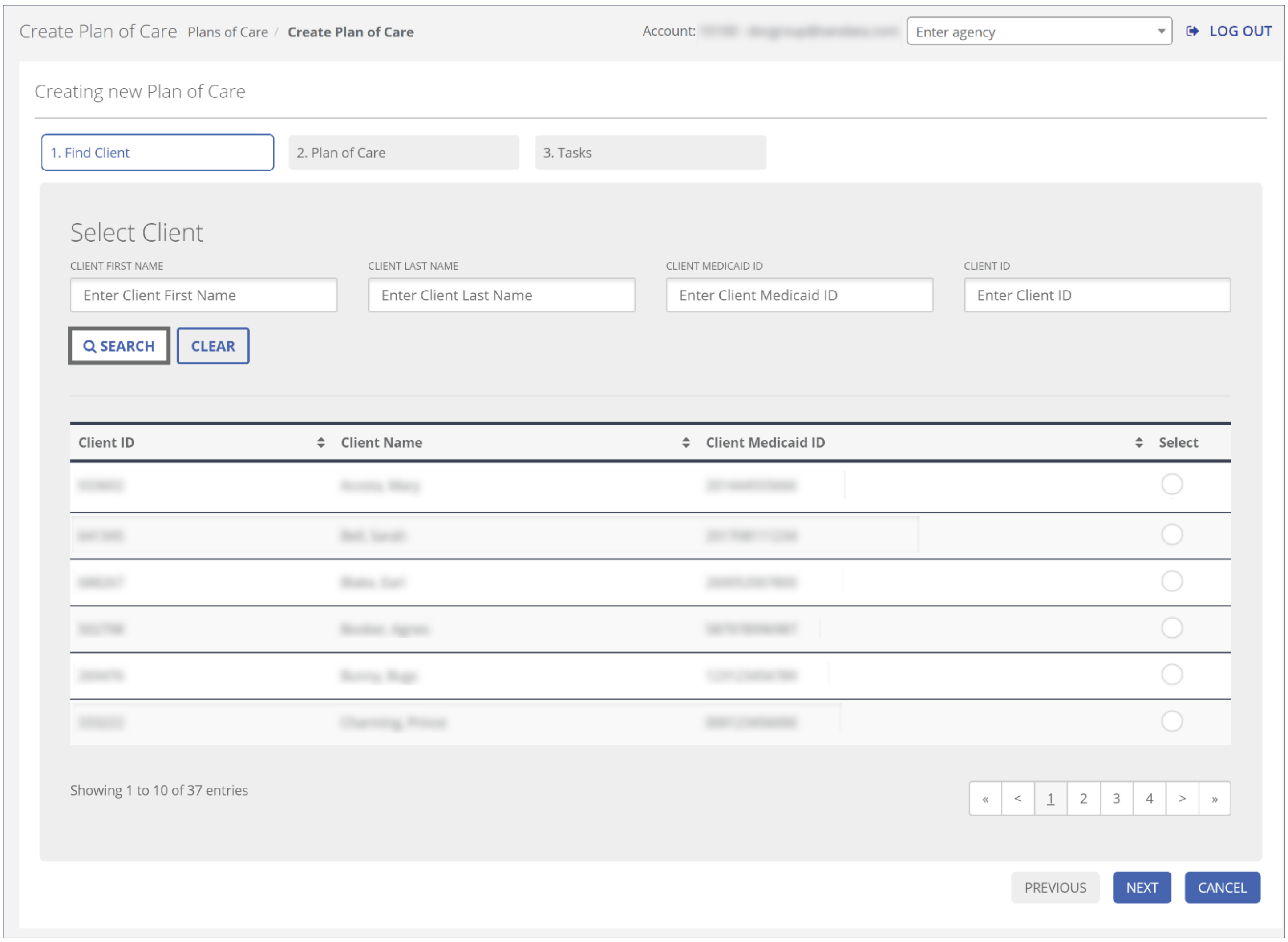
1. Navigate to the Creating New Plan of Care screen. (**Plan of Care** > **Create Plan of Care**)

Create Plan of Care Button

2. Enter the search criteria.
3. Click **SEARCH**.

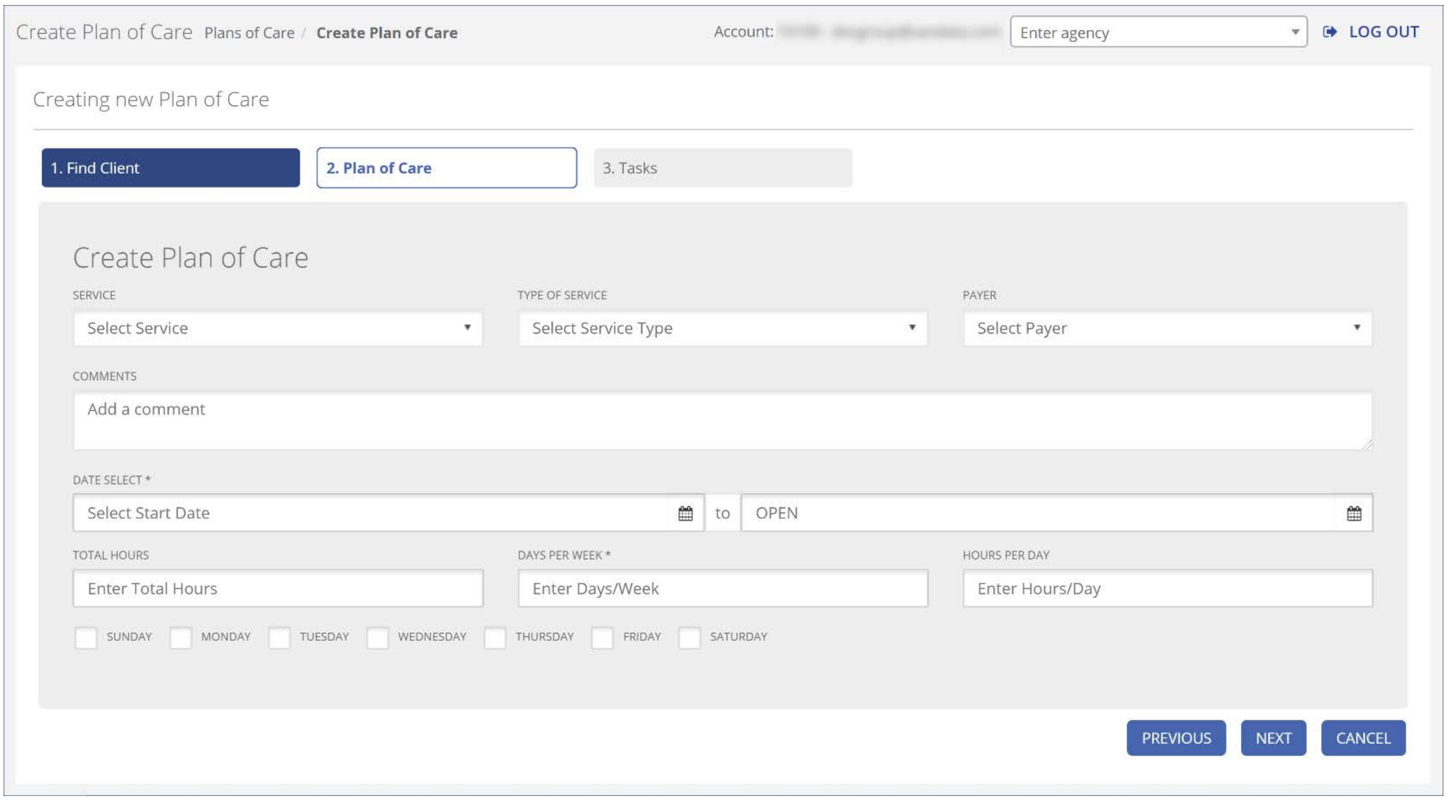
> **Note:**
> Searching with no criteria entered displays a complete list of clients.

4. Select the client using the Select column.
5. Click **NEXT**.



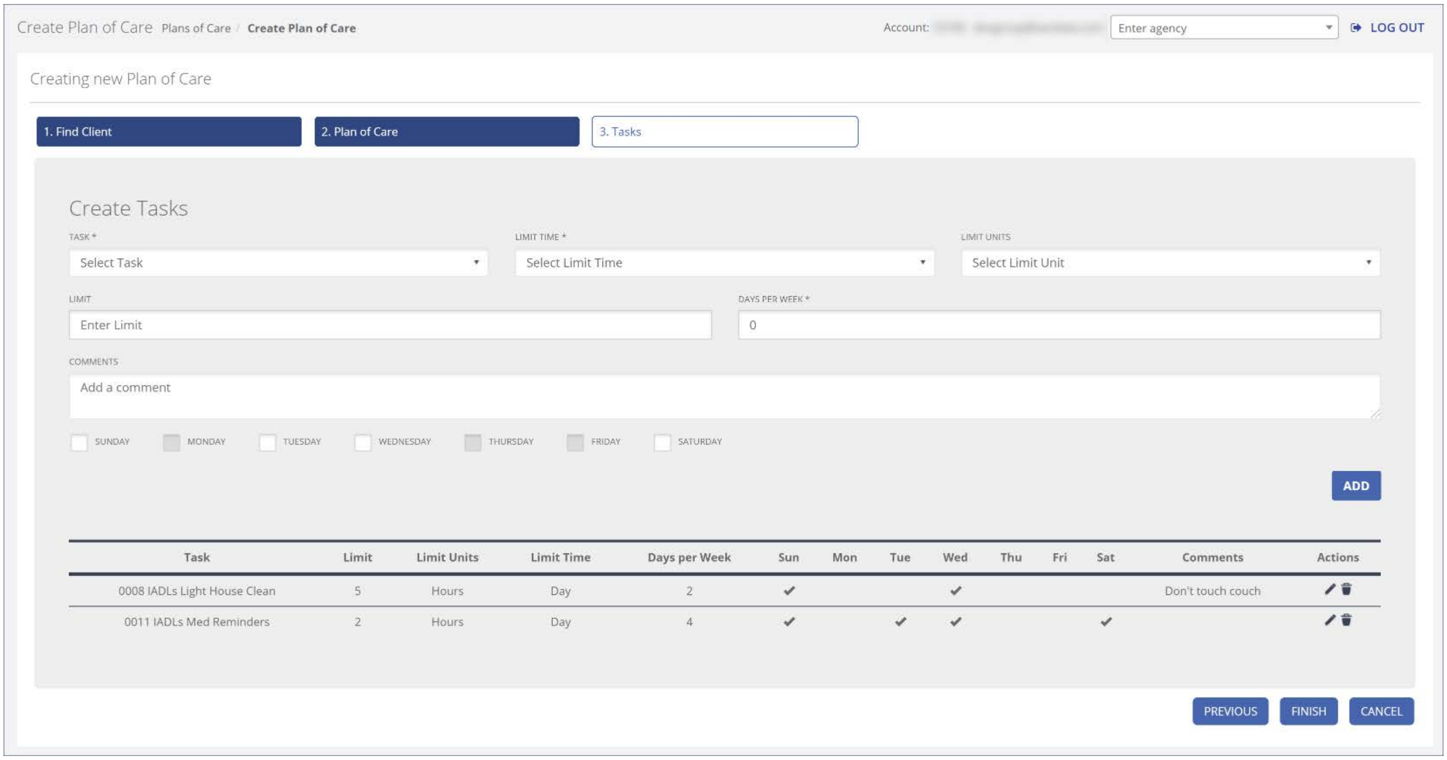
Create Plan of Care: Select Client

6. Enter/Select all applicable fields on the Plan of Care tab.
   The **DAYS PER WEEK** field will automatically populate based on the days of the week selected.
   The **TOTAL HOURS** field will automatically populate based on the **HOURS PER DAY** field and the days of the week selected.
   For example, 6 **HOURS PER DAY** X 4 days selected= 24 **TOTAL HOURS**
7. Click **NEXT**.



Create Plan of Care: Plan of Care Tab

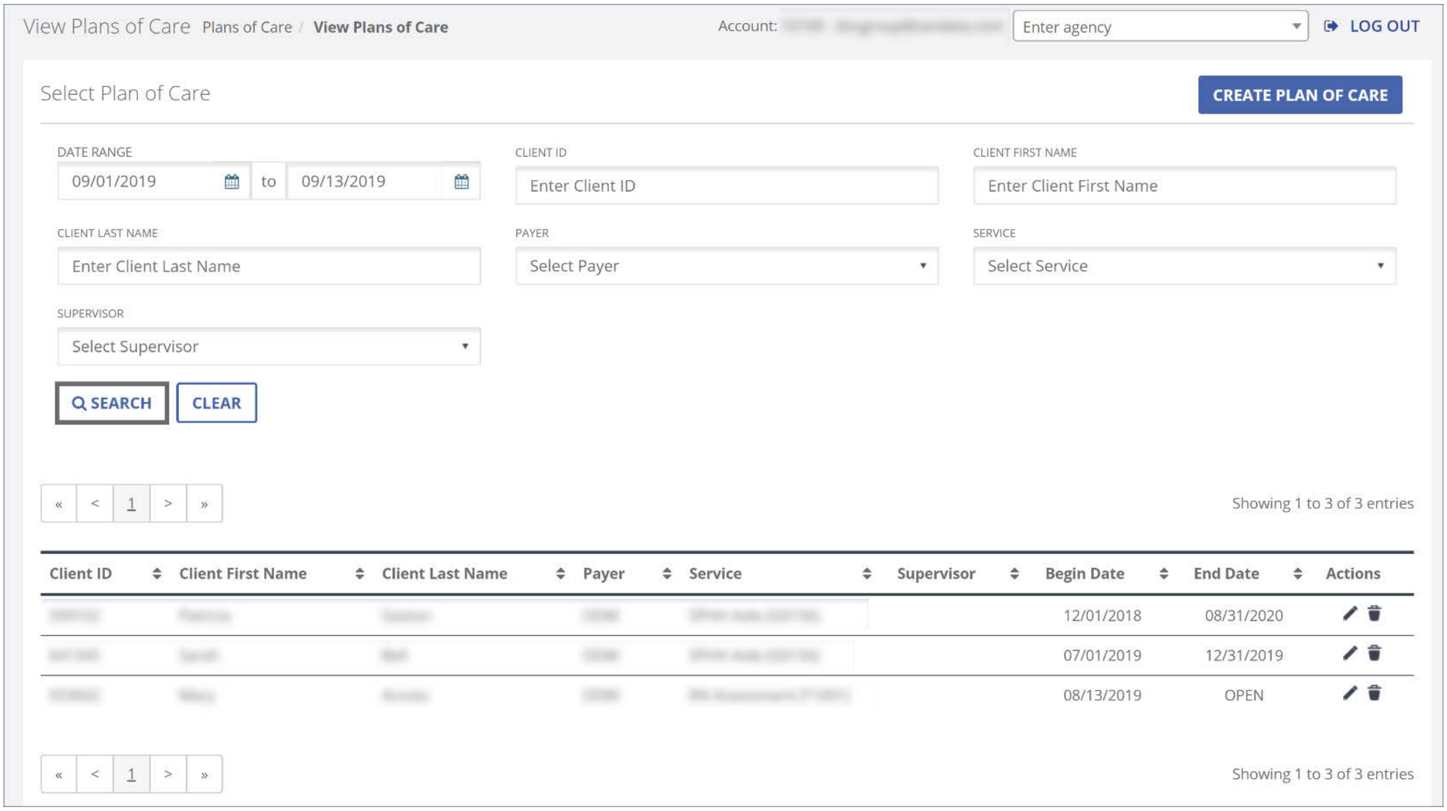
8. Enter/Select all applicable fields on the Tasks tab.
9. **Add**, **Edit** ( ), or **Remove** ( ) tasks.
   The Plan of Care can be saved with no tasks or limit time entered.
10. Click **FINISH**.



Create Plan of Care: Tasks Tab

Editing a Plan of Care

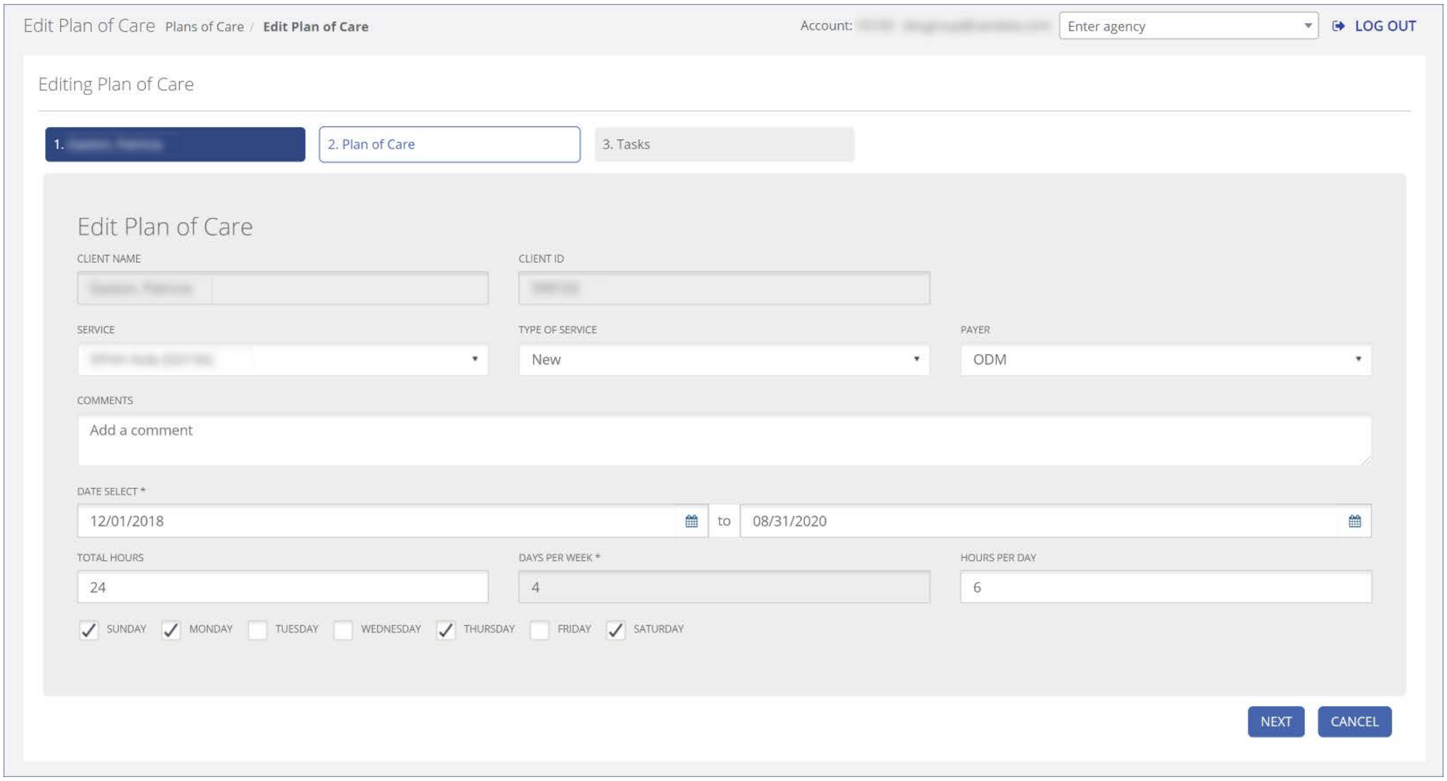
1. Navigate to the Editing Plan of Care screen. (**Plan of Care**)
2. Click the **EDIT** ( ) button for the appropriate client.



Searching for a Plan of Care

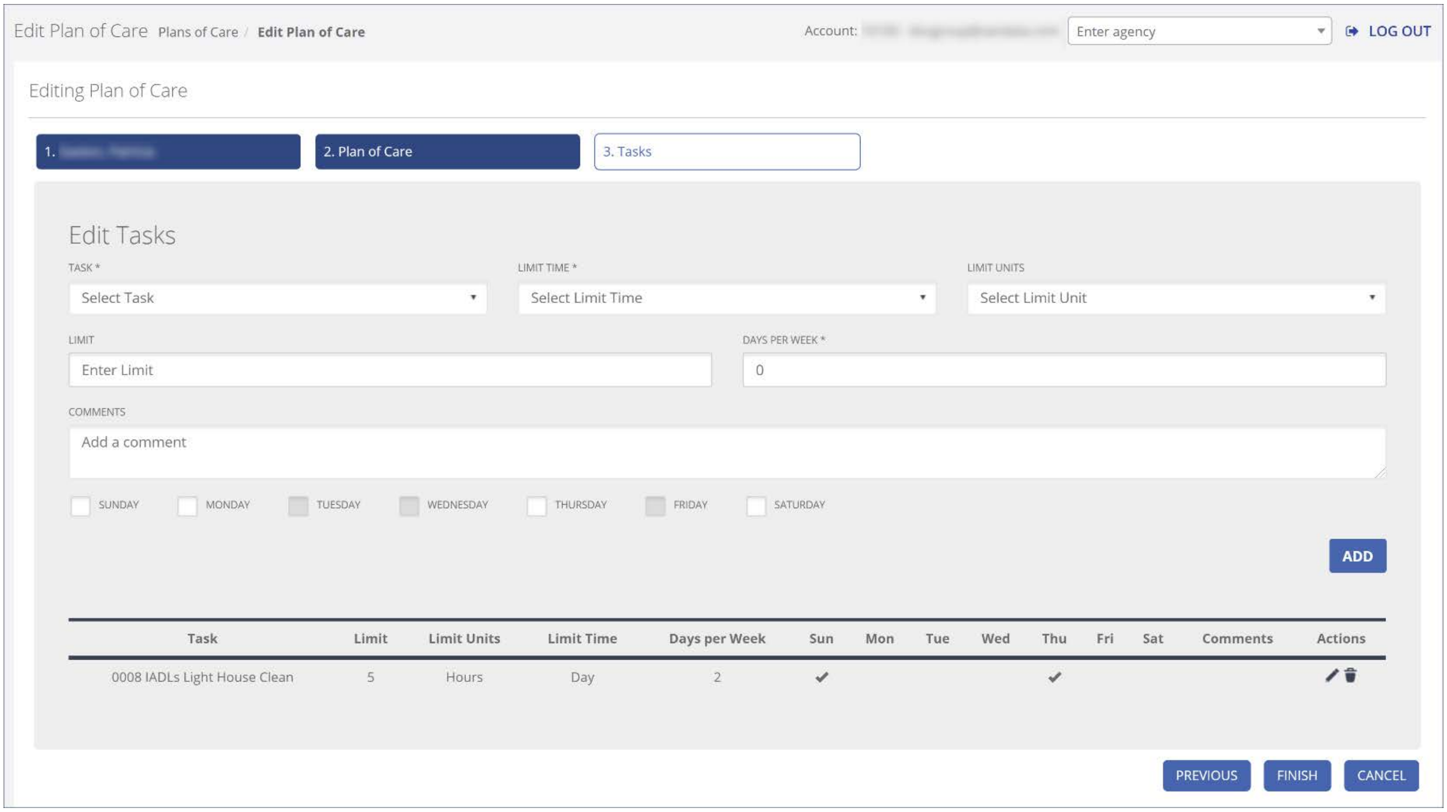
3. Modify the desired fields on the Plan of Care tab.
   The **CLIENT NAME** and **CLIENT ID** cannot be changed.

4. Click **NEXT**.



Edit Plan of Care

5. **Add**, **Edit** ( ), or **Remove** ( ) tasks.
   The plan of care can be saved with no tasks or limit time entered.
6. Click **FINISH**.



Edit Plan of Care Tasks

Appendix A: Exceptions:

Below is a list of all exceptions available. Available exceptions and thresholds will differ based on agency or payer configuration.

Exception	Description
Actual Hours more than Scheduled Hours	The total amount of time calculated between the call in and the call out is greater than the amount of time scheduled for the visit.
Bill Hours less than Scheduled Hours	The total amount of time billed for the visit is less than the amount of time scheduled for the visit.
Client Eligibility	The client was not eligible to receive the service associated with the visit, based on the authorization.
Client Signature Exception	The client did not provide a signature for the visit.

Appendix A: Exceptions:

Exception	Description
Client Speaker Verification Bypassed	Client speaker verification was bypassed during the call process. Requires the Client Speaker Verification option.
Client Speaker Verification Exception	The client speaker verification voice recording did not match the enrollment voice print. Requires the Client Speaker Verification option.
Early Out Call	The call out was received before the configurable threshold of the visit's scheduled end time.
Employee Speaker Verification Exception	The employee speaker verification voice recording did not match the enrollment voice print on record. Requires the Employee Speaker Verification option.
GPS Distance Exception	The call in or call out was placed outside of a configurable distance from any of the client's addresses. (SMC Only)
Late In-Call	The call in was received after the configurable threshold of the visit's scheduled start time.
Location Required	The call in or call out was placed outside of a configurable distance from any of the client's addresses and the 'Alternate Location' task was entered during the call by the caregiver. When acknowledging the exception users must enter a location. This exception may also be applied if the Client ID was entered during the call, but the telephone number used is not on the client's profile.
Missing Critical Tasks	Required critical tasks were not entered for the visit.
Missing Service	A service was not selected for the visit.
Missing Tasks	Required tasks were not entered for the visit.
Missing Location	Required location was not selected for the visit.
No Show Exception	An employee did not call in for a scheduled visit.
Pay Hours greater than Scheduled Hours	The total amount of time paid for the visit is more than the scheduled time.
Payroll Hours less than Scheduled Hours	The payroll hours are less than the scheduled hours.
Service Verification Exception	The client did not confirm the selected service.
Short Visit	The length of the visit is less than the scheduled time based on a configurable threshold for the visit.

Appendix A: Exceptions:

Exception	Description
Unauthorized Service	The employee selected a service for the visit that does not match a service the client is authorized to receive.
Unknown Clients	The client for the visit could not be matched to a known client in the system.
Unknown Employees	The Santrax ID entered during a telephony call does not match to a known employee in the system.
Unmatched Billing and Payroll Hours	The total amount of hours billed for the visit does not match the visit's total amount of payroll hours.
Unmatched Billing and Scheduled Hours	The total amount of time billed does not match the total amount of time scheduled for the visit.
Unmatched Client ID / Phone	The Client ID was entered on a call placed from a number not associated with that client (Telephony only).
Unmatched Payroll and Scheduled Hours	The total amount of time paid for the visit does not match the total amount of time scheduled for the visit.
Unscheduled Visits	A call was received that does not match to a schedule.
Visit Verification Exception	The client did not verify start or end times of the visit.
Visits without Any Calls	No calls were made for a scheduled visit.
Visits without In-Calls	A call in was not received for the visit.
Visits without Out-Calls	A call out was not received for the visit.