

HHSC Electronic Visit Verification (EVV) Technical Documentation

Appendix N1 - EVV Member Information File Layout

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Data File transfers will be in Pipe-Delimited ("|") format .txt files

Authorization Data Fields				
Field Name	Type	Description	Required	Data_Example
EVV_LANDLINE_PHONE1	Number (10)	Member Landline Phone number		1234567890
PHONE2	Number (10)	Member Alternate Phone number		1234567890
PHONE_TYPE2	Varchar (10)	Type of Alternate Phone number		Cell Phone
PHONE3	Number (10)	Member Alternate Phone number		1234567890
PHONE_TYPE3	Number (10)	Type of Alternate Phone number		Cell Phone
DOB	Date (MM/DD/YYYY)	Member Date of birth	Yes	2/13/2000
MEDICAID	Number (9)	Member ID	Yes	987654321
EVV_LAND_LINE_2	Number (10)	Member Alternate Landline Phone number		1234567890
EVV_LAND_LINE_3	Number (10)	Member Alternate Landline Phone number		1234567890