

HHSC Electronic Visit Verification (EVV) Technical Documentation

Appendix N2 - EVV Service Attendant Information File Layout

Published Date: 02/25/2022

Effective Date: 05/31/2022

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

Service Provider Data Fields					
Field Name	Type	Description	Required	Data_Example	Comments
EMPNUMBER	Number(30)	An identifier assigned to the Service Provider by his or her employer for HR and payroll		100002	
SOCIALSEC	Number (4)	First 4 digits of Attendant SSN	Yes	6789	This could be the last four of the passport number as well, if there is no SSN.
STATUS	Varchar	Employment Status. Acceptable values are: Active,Inactive,Suspend		ACTIVE	
LASTNAME	Varchar (30)	Attendant Last Name	Yes	Smith	
FIRSTNAME	Varchar (30)	Attendant First Name	Yes	John	
ADDRESS	Varchar (50)	Attendant Address		123 Standard Dr.	
CITY	Varchar (50)	Attendant City		Harlingen	
STATE	Varchar (2)	Attendant State		TX	
ZIP	Number (5)	Attendant Zip Code		78550	
PHONE1	Number (10)	Attendant Phone		123-456-7890	
PHONE_TYPE1	Number (10)	Attendant additional Phone		Cell Phone	
EVV_ID	Varchar (30)	The Service Provider EVV System identifier number. This Identifier is assigned by the EVV System.		71238	
PROFTITLE	Varchar	Service Provider Title. Acceptable values are : Attendant, Nurse, CNA, PT, OT, SLP, Other	Yes	Attendant	
DOH	Date (MM/DD/YYYY)	Attendant Date of Hire	Yes	2/1/2020	
BRANCH	Varchar (30)	Attendant Branch		RIO HONDO	
EMAIL	Varchar (100)	Attendant Email Address		JOHNSMITH@ATTENDANT.COM	