

Electronic Visit Verification (EVV) Training & Technical Assistance Series

Session 1 – ProviderOne Roster Upload Process

September 27, 2022 10:30am-12:00pm

September 29, 2022 1:30pm-3:00pm

DSHS Staff Resources

Jennifer Smith, Program Manager

Barbara Hanneman, Interim Office Chief, Home & Community Programs

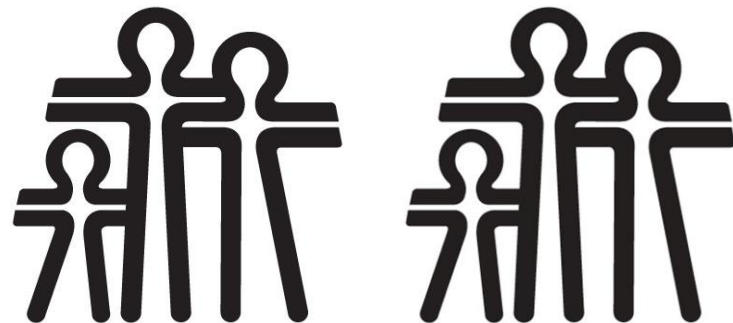
Dustin Quinn Campbell, Payment Systems Unit Manager

Jacqueline Pinkerton, Payment Systems Unit Billing Program Manager

Cheryl Timmons, Program Integrity Manager

Paula Renz, Program Manager, AAA Specialist

Josh Church, DDA Payment Systems & Eligibility Unit Manager



Agenda

- Welcome & Intro – 5 Mins
- Review of EVV Requirements – 10 Mins
- ProviderOne Roster Upload Template – 45 Mins
- Upload Errors
- Q&A – 30 Mins

Section 12006(a) of the 21st Century Cures Act

The 21st Century Cures Act was passed by Congress in 2016. Electronic Visit Verification is required for all Medicaid funded **personal care services, respite care services, and home health care services** delivered in the Home setting, as a verification that care services were provided.

- States that do not implement EVV penalized with an escalating federal match disallowance
- EVV compliance was initially required on January 1, 2019, later delayed to January 1, 2020
- CMS granted a “Good Faith Exemption” request which delayed implementation of EVV for **Personal Care Services** to January 1, 2021
- ProviderOne was updated to receive the required elements in 2018

Electronic Verification Elements Required

What is Required?

Must **electronically** verify the following:

- **Type** of service performed;
- **Individual receiving** the service;
- **Date** of the service;
- **Location** of the service;
- **Individual providing** the service;
- **Time** the service begins and ends.

Claims for personal care services and respite care services submitted must collect & submit these specific elements **electronically**.

How Requirement is Met

Claim elements:

- Procedure Code - T1019-U6 , T1005
- Client ID
- Date of caregiver visit
- GPS coordinates at beginning & end of shift
- Social Services Servicing-Only ProviderOne ID + Location ID
- Times of caregiver shift Begin & End (Time-In/Time-Out)

Individual Providing the Service

- Information about the **individual providing** the service – the agency caregiving staff – must be collected and submitted to ProviderOne
- Servicing-Only Provider IDs issued to enumerate the caregiving workforce
- IDs issued through a Rostering process
 - Information to P1, ID is issued, Agency assigns this ID
- Agencies ingest ProviderOne ID for Servicing Providers, submit with all other EVV elements on claims submission
 - *More about Rosters...*

Roster Upload Template

	A	B	C	D	E	F	G	H	I	J	K
1	National Provider Identifier	First Name	Middle Name or Middle Initial	Last Name	Agency (Basic Info screen)	Correspondence Address Line 1	Correspondence Address Line 2 (optional)	Correspondence Address Line 3 (optional)	Correspondence Zip Code	Administration (to be used with Taxonomy)	Taxonomy code 1
2		Seattle		Sounders	DSHS					ADSA-D	3747P1801X
3		Seattle		Sounders	DSHS					ADSA-H	3747P1801X
4											
5											

L	M
Taxonomy 1 Start-Date MM/DD/YYYY	Taxonomy 1 End-Date MM/DD/YYYY
9/1/2022	12/31/2999
9/1/2022	12/31/2999

T	U
Social Security Number	Date of Birth
123-45-6789	12/11/1973
123-45-6789	12/11/1973

X	Y	Z	AA	AB	AC
NPI/P1 ID of Social Service Provider	Social Service Provider Location	Start-date of association with Group / Facility or Social Service Servicing Only Provider	End-date of association with Group / Facility or Social Service Servicing Only Provider	Yes to any question on the Enrollment Checklist?	Gender - ("M" for Male, "F" for Female)
1119828	01,05,11,22,04	9/1/2022	12/31/2999	NO	X
1119828	01	9/1/2022	12/31/2999	NO	X

Note: Some Data is Incorrectly Displayed – Not a Training Page

Roster Completion Instructions

Filling out the Roster Template.pdf

Column letter	Template Column Title	Cell Entry	Notes
A	National Provider Identifier	BLANK	There is no expectation that NPIs exist for employees being uploaded. Field can be left empty.
B	First Name	<i>Employee Specific</i>	No character limit; hyphens or spaces OK; should match SSN card.
C	Middle Name or Middle Initial	<i>Employee Specific</i>	Field can be left empty
D	Last Name	<i>Employee Specific</i>	No character limit; hyphens or spaces OK; should match SSN card.
E	Agency (Basic Info screen)	DSHS	Enter DSHS
F-I	Correspondence Fields, Not Used Here	BLANK	Fields can be left empty
J	Administration to be used with Taxonomy	ADSA-H ADSA-D	The current submission format requires a row for each employee, one for ADSA-H, and one for ADSA-D in this field. This associates the employee to authorizations created by each administration.
K	Taxonomy code 1	3747P1801X	Individual Provider taxonomy code will be used for both individual and agency providers
L	Taxonomy 1 Start-Date	<i>Event Specific</i>	Date that the template is completed; Format MM/DD/YYYY
M	Taxonomy 1 End-Date	12/31/2999	Enter default date of 12/31/2999
N-S	Add'l Taxonomy codes, Not Used Here	BLANK	Fields can be left empty
T	Social Security Number	<i>Employee Specific</i>	Format 123456789; do not include dash/hyphens. Format column as Text. This ensures SSNs with a leading zero retain that digit.
U	Date of Birth	<i>Employee Specific</i>	Format MM/DD/YYYY
V	NPI of associated Group / Facility (medical billing provider number)	<i>Billing Provider Specific</i>	Leave this field empty. Home Care Agencies enter ProviderOne ID in the next column.
W	Medical Provider Location ID	BLANK	Field can be left empty
X	P1 ID of associated Group / Facility (social service billing provider number)	<i>Billing Provider Specific</i>	Enter the 7-digit ProviderOne ID, same as the Domain # used to log into ProviderOne.
Y	Social Service Provider Location ID	<i>Billing Provider Specific</i>	Enter the 2-digit Location ID for your agency location, ie "01". To enter more than one Location ID, add a comma and a space between IDs, ie "01, 02, 05". Format column as Text.
Z	Start-date of association with Group / Facility or Social Service Servicing Only Provider	<i>Event specific</i>	This should be the 1st of the month that the template is completed; format used is MM/01/YYYY
AA	End-date of association with Group / Facility or Social Service Servicing Only Provider	12/31/2999	Enter the default date of 12/31/2999
AB	Yes to any question on the Enrollment Checklist?	<i>Employee Specific</i>	Enter YES or NO; one entry per employee; See Enrollment Checklist (pg. 6) for instructions.
AC	Gender - ("M" for Male, "F" for Female)	<i>Employee Specific</i>	Enter M or F; only two options are currently available.


Document Overview

- Yellow Highlighted Fields are **Required Elements**
- Avoid changing any document formatting, column or row size, layout, lines, font, size, or any document element
- Use Copy/Paste as needed but Check for Correct Entries
- Always include 2 Lines for each Employee for correct Agency/Administration association
 - DSHS/ADSA-H
 - DSHS/ADSA-D
- Perform Final QA Check on Columns to Find any Entry Errors before Upload/Send to DSHS

Roster Template

First Name	Middle Name or Middle Initial	Last Name	Agency (Basic Info screen)
			DSHS

Roster Template

Administration (to be used with Taxonomy)	Taxonomy code 1	Taxonomy 1 Start-Date MM/DD/YYYY	Taxonomy 1 End-Date MM/DD/YYYY
			

Roster Template

Social Security Number	Date of Birth	NPI of Associated Group / Facility (billing provider number)	Medical Provider Location

Roster Template

NPI/P1 ID of Social Service Provider	Social Service Provider Location	Start-date of association with Group / Facility or Social Service Servicing Only Provider	End-date of association with Group / Facility or Social Service Servicing Only Provider

Roster Template

Yes to any question on the Enrollment Checklist?	Gender - ("M" for Male, "F" for Female)	License # (if available)	State of Licensure

Roster Upload Template

B	C	D	E
First Name	Middle Name or Middle Initial	Last Name	Agency (Basic Info screen)
Seattle		Sounders	DSHS
Seattle		Sounders	DSHS

J	K	L	M
Administration (to be used with Taxonomy)	Taxonomy code 1	Taxonomy 1 Start-Date MM/DD/YYYY	Taxonomy 1 End-Date MM/DD/YYYY
ADSA-D	3747P1801X	9/1/2022	12/31/2999
ADSA-H	3747P1801X	9/1/2022	12/31/2999

T	U
Social Security Number	Date of Birth
999999999	12/11/1973
999999999	12/11/1973

X	Y	Z	AA	AB	AC
NPI/P1 ID of Social Service Provider	Social Service Provider Location	Start-date of association with Group / Facility or Social Service Servicing Only Provider	End-date of association with Group / Facility or Social Service Servicing Only Provider	Yes to any question on the Enrollment Checklist?	Gender - ("M" for Male, "F" for Female)
111968501		9/1/2022	12/31/2999	NO	M
111968501		9/1/2022	12/31/2999	NO	M

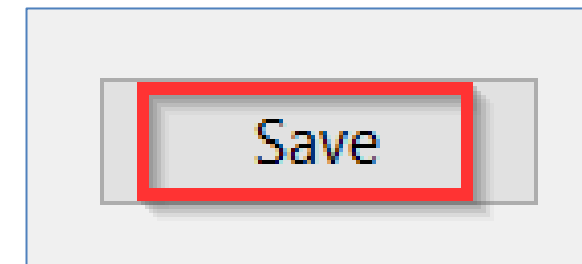
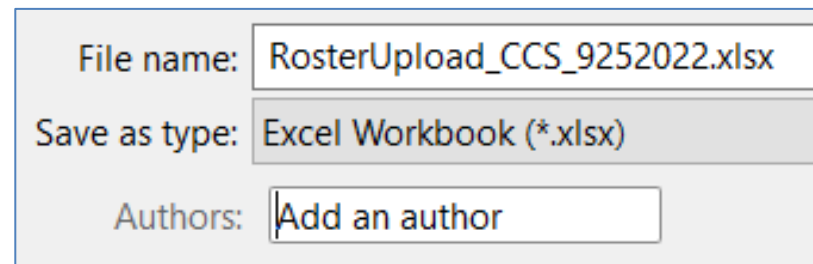
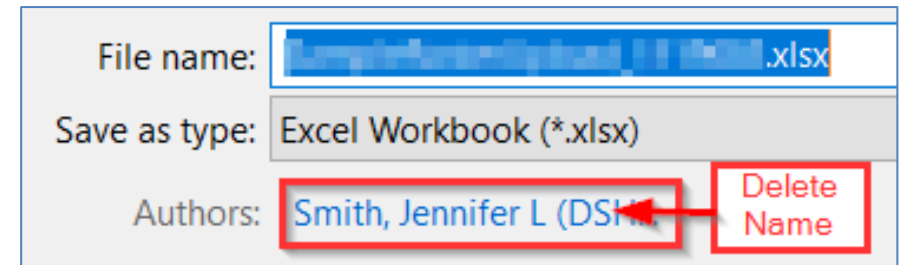
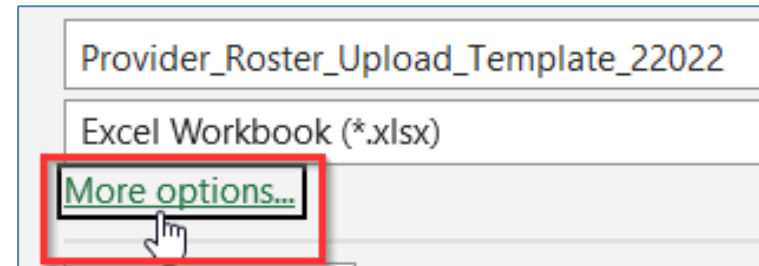
QA Review & Save

Perform final QA Review on roster before save & submit

- ✓ Filter On, Check Column Entries

Save file

- ✓ “Save As” then “More Options”
- ✓ Use Nomenclature: “RosterUpload_[Short Agency Name]_[Date]”
 - ✓ Example: **RosterUpload_CCS_9252022.xlsx**
- ✓ **No Author**
- ✓ **.xlsx** file type



Upload Roster to ProviderOne

1

Provider Portal

ProviderOne Id/NPI : ██████████

Online Services

Payments

[View Payment](#)

Provider

[Provider Inquiry](#)

[Manage Provider Information](#)

[Initiate New Enrollment](#)

[Track Application](#)

[Provider File Upload](#)

2

Print Help

Attachment

Please select the file to be uploaded:

Filename: No file chosen *

3

Print Help

Attachment

Please select the file to be uploaded:

Filename: SampleRos...119685.xlsx *

4

Info : Provider File has been successfully submitted, Uploaded Batch file Instance Number : 500085005

Provider File Upload List

Filter By: And: Go

<input type="checkbox"/>	File Name ▲▼	Batch Number ▲▼	Total Records In Source File ▲▼	Total Records Loaded ▲▼	Total Records Errored Out ▲▼	Total New Application Count ▲▼	Total Modification Count ▲▼	Upload Date ▲▼	Upload Status ▲▼
<input type="checkbox"/>	SampleRosterUpload_1119685.xlsx	500085005	2	2	0	0	2	09/21/2022 14:18:38	In Review

View Page: Go Viewing Page: 1

- Approval step happens separately
- Error Reports should be downloaded & reviewed immediately to either make corrections & reload or consult w/DSHS
 - *Don't wait until Claims Submission has a denial or error code*

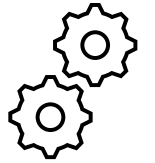
Roster Upload Errors

Error Code	Error Description	Resolution Needed
70080	First Taxonomy Start/End Date does not fall between the eligibility of the Provider	Edit Taxonomy Start Date 1 & reload roster – can also request HQ Consult
70045	Given Agency is not available in POne System	Check entry in Agency Column E – should show DSHS
70111	Given Agency and Administration in the file does not match	Check entry in Administration column J – must have a line for ADSA-D and one for ADSA-H
70030	Invalid End Date for Billing or Social Service only provider	Check entry in End Date columns – should be 12/31/2999
70084	Billing or Social Service only provider date does not fall between the eligibility of the Provider	HQ consult
70067	Provider exists with the same Tax ID but different Legal Name	HQ consult
70075	SSN/FEIN and NPI combination duplicated and already approved same data.	HQ consult
15	Required BPW Transaction SID Missing	HQ consult

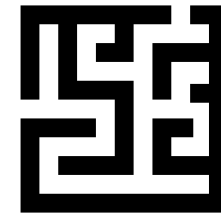
Reminder – EVV is a NEW Requirement



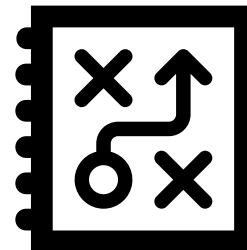
❖ Each step is a new part of the implementation & there will be speedbumps, issues to resolve, and a learning curve



❖ Please be patient & extend grace



❖ ProviderOne EVV edit changes will be shared well in advance of implementation



Resources

- ❖ **ProviderOne Resources:** <http://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services#training-materials>
- ❖ **DSHS EVV Website:** <https://www.dshs.wa.gov/altsa/stakeholders/electronic-visit-verification>
- ❖ **Email:** EVVQuestions@dshs.wa.gov

Questions





Thank You for Attending!

*See you in October
for Session 2*