# ProviderOne Roster Template Layout and Instructions
## to obtain
## Social Service Servicing Only ProviderOne ID

*Updated and Revised October 2024*

# Definitions

| Term | Definition |
|---|---|
| **Electronic Visit Verification (EVV)** | A federal requirement from the 21st Century Cures Act, passed by Congress in 2016, and mandated to be in place by January 1, 2021. This means that EVV is required for all Medicaid funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided.<br>The elements required for EVV compliance are six specific data elements collected and submitted electronically, which serves as verification that services were provided in the allowed setting. |
| **ProviderOne** | Washington's primary Medicaid provider payment processing system, for medical and social service providers. |
| **Billing Provider** | A person, business, or a facility that has contracted with the Department of Social and Health Service (DSHS) to provide services to one or more persons (Client) under programs administered by DSHS. |
| **Social Service Servicing Only ProviderOne ID** | The number assigned in ProviderOne to the caregiver employees of home care agencies and the CDE during the rostering process. Include this 9-digit number on claims submitted for payment to meet the EVV required claim element *Individual who provided the service*. |
| **Roster (Rostering)** | The method to associate the caregiver employee to the Billing Agency in ProviderOne and obtain the Social Service Servicing Only ProviderOne ID number. This is done by submitting the Roster Template to ProviderOne for processing. |
| **Roster Template** | An excel document filled out and submitted by the billing provider to complete caregiver employee rostering in ProviderOne. This template is provided by Health Care Authority and is posted online at the EVV Resources page. |

# ProviderOne Bulk Enrollment Roster Template

Use the Roster Template to enroll a single or multiple caregiver employees into ProviderOne with one document.

The Roster Template is an Excel document where you will enter information required to enroll your caregiver employees into ProviderOne and create an association between the caregiver employee's ProviderOne domain and your agency's ProviderOne domain. The required fields are highlighted in yellow. These must be completed, or the template submission will error out. The other fields should be left blank. Do not change any template formatting.

Once you complete the required fields, please review the document for accuracy, save it using the suggested nomenclature found in the **Training & Technical Assistance Roster Upload Process** resource, and upload the completed roster template to ProviderOne.

This rostering process will create the 7-digit Domain number plus the 2-digit Location ID code for each caregiver employee and links the employee to the billing agency's domain number.

An excerpt from the template (columns A – J), showing highlighted required columns, appears below.

| A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| 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) |
| | | | | DSHS | | | | | ADSA-H |
| | | | | DSHS | | | | | ADSA-D |
| | | | | | | | | | |
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# Roster Template Layout Specification

| Column letter | Template Column Title | Required Field (Y/N) | Cell Entry | Data Type | Maximum Size | String Format | Notes |
|---|---|---|---|---|---|---|---|
| A | National Provider Identifier | N | Leave Blank | String – 10 | 10 digits | Numeric | Most employees being uploaded will not have an NPI. Therefore, this field may remain blank. |
| B | First Name | Y | *Employee Specific* | String – 20 | 20 digits | Alphanumeric | No special characters; Hyphens and spaces okay; Should match SSN Card |
| C | Middle Name or Middle Initial | N | *Employee Specific* | String – 20 | 20 digits | Alphanumeric | Field may be left empty |
| D | Last Name | Y | *Employee Specific* | String – 20 | 20 digits | Alphanumeric | No special characters; Hyphens and spaces okay; Should match SSN Card |
| E | Agency (Basic Info screen) | Y | DSHS | String – 4 | 4 digits | Alphanumeric | Enter "DSHS" |
| F-I | Correspondence Fields, Not Used Here | N | Leave Blank | | | | |
| J | Administration to be used with Taxonomy | Y | ADSA-H | String – 4 | 4 digits | Alphanumeric | Two rows are required for employees. One row has ADSA-H in this field, and one row has ADSA-D here. This associates the employee to Agency's authorizations for both ALTSA and DDA client services. |
| | | Y | ADSA-D | String – 4 | 4 digits | Alphanumeric | |
| K | Taxonomy code 1 | Y | 3747P1801X | String – 10 | 10 digits | Alphanumeric | Enter code |
| L | Taxonomy 1 Start-Date | Y | *Event Specific* | String – 10 | 10 digits | MM/DD/YYYY | Enter 1st of the Current Month/Year, whenever roster is submitted |
| M | Taxonomy 1 End-Date | Y | 12/31/2999 | String – 10 | 10 digits | MM/DD/YYYY | Enter default date of 12/31/2999 |
| N—S | Additional Taxonomy codes, Not Used Here | N | Leave Blank | | | | |
| T | Social Security Number | Y | *Employee Specific* | String – 9 | 9 digits | 123456789 | **No** dashes or hyphens. Column must be formatted as **Text** to ensure SSNs with a leading zero retain that digit. |
| U | Date of Birth | Y | *Employee Specific* | String – 10 | 10 digits | MM/DD/YYYY | Format MM/DD/YYYY |

# Roster Template Layout Specification

| Column letter | Template Column Title | Required Field (Y/N) | Cell Entry | Data Type | Maximum Size | String Format | Notes |
|---|---|---|---|---|---|---|---|
| V | NPI of associated Group / Facility (medical billing provider number) | N | Leave Blank | | | | Leave this field empty. Home Care Agencies enter ProviderOne ID in column X. |
| W | Medical Provider Location ID | N | Leave Blank | | | | |
| X | P1 ID of associated Group / Facility (social service billing provider number) | Y | *Billing Provider Specific* | String – 7 | 7 digits | Alphanumeric | Enter Agency's billing ProviderOne ID (aka Domain #) |
| Y | Social Service Provider Location ID | Y | *Billing Provider Specific* | String – 2 | 2 digits | Alphanumeric | Social Service Location ID, i.e., "01". To enter more than one Location ID, add a comma and a space between IDs, i.e., "01, 02, 05". Column must be formatted as **Text.** |
| Z | Start-date of association with Group / Facility or Social Service Servicing Only Provider | Y | *Event specific* | String – 10 | 10 digits | MM/DD/YYYY | Enter 1st of the Current Month/Year, whenever roster is submitted |
| AA | End-date of association with Group / Facility or Social Service Servicing Only Provider | Y | 12/31/2999 | String – 10 | 10 digits | MM/DD/YYYY | Enter default date of 12/31/2999 |
| AB | "Yes" to any question on the Enrollment Checklist? | Y | *Employee Specific* | String – 2 | 2 digits | Alphanumeric | Enter YES or NO; one entry per employee; See Enrollment Checklist for questions. |
| AC | Gender - ("M" for Male, "F" for Female) | Y | *Employee Specific* | String – 1 | 1 digit | Alphanumeric | Enter M or F; only two options are currently available. |
| AD - AJ | License & DEA information – Not Used Here | N | Leave Blank | | | | |
| AK | Billing Agency Email Address | Y | *Billing Provider* | String – 2 | 2 digits | Alphanumeric | Enter an email address for use by HCA to send communication to the agency regarding the employee. |
| AL - AU | Columns not used here | N | Leave Blank | | | | |

# Enrollment Checklist Questions

The Roster Template has *a* column (AB) titled **"Yes" to any Enrollment Checklist Questions.** This field requires a 'YES' or 'NO' answer *for each employee.*

HCA requires the below questions be asked as part of the rostering process. To the best of your agency's knowledge, please determine the response for all questions as it applies to the employee being rostered, in order to enter either a YES or NO on the Roster Template for each caregiver employee. If Yes to ANY question below, enter a single YES; If No for ALL questions, enter a single NO.

➢ Has the employee had an exclusion action under Medicare, Medicaid, or any other federal health care program taken against them?

➢ Has the employee had any civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More information: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm

➢ Has the employee had any restriction or sanction imposed on their professional license, accreditation, or certification?

➢ Has the employee had any program exclusion taken against them? More information: http://exclusions.oig.hhs.gov and  https://www.sam.gov/

➢ Has the employee been convicted of any health-related crimes as defined by Washington State Department of Health? More information: RCW 18.130.180 and WAC 246-16

➢ Has the employee been convicted of a criminal offense as described in section 1128A (1), (2), or (3) of the Social Security Act? More information: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm

➢ Has the employee been convicted of a crime involving the abuse, neglect, abandonment, or exploitation of a vulnerable person? More information: WAC 388-71-0540 and RCW 74.34

# Questions?

Contact the DSHS Electronic Visit Verification Program Manager directly or email EVVQuestions@dshs.wa.gov