



Electronic Visit Verification (EVV)  
Training and Technical Assistance:  
**ProviderOne Roster Upload Process  
Instructions and Screenshot Examples**

*Updated and Revised October 2024*



# Contents

- Glossary of Terms
- Requirements Review
- Completing the Roster Template
- Upload Roster to ProviderOne
- Resources and Contact Information

# Glossary of Terms

Term	Definition
<b>Electronic Visit Verification (EVV)</b>	<p>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.</p> <p>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.</p>
<b>ProviderOne</b>	<p>Washington’s primary Medicaid provider payment processing system, for medical and social service providers.</p>
<b>Billing Provider</b>	<p>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 under programs administered by DSHS.</p>
<b>Social Service Servicing Only ProviderOne ID</b>	<p>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 <i>Individual who provided the service</i>.</p>
<b>Roster (Rostering)</b>	<p>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.</p>
<b>Roster Template</b>	<p>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 <a href="#">EVV Resources page</a>.</p>



## Section 12006(a) of the 21<sup>st</sup> Century Cures Act

The 21<sup>st</sup> 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 could be assessed an escalating federal match disallowance\*
- EVV compliance was initially required on January 1, 2019, later delayed to January 1, 2020. CMS granted Washington state a “Good Faith Exemption” request to delay implementation of EVV for **Personal Care Services** and **Respite Care Services** to January 1, 2021
- ProviderOne was updated to receive the required elements in 2018
- **Home Health Care Services:** EVV implemented by [Health Care Authority](#)

# Provider Roster Template Info

To obtain the Social Service Servicing Only ProviderOne ID number needed for EVV compliant claim submission, use the template linked below to enroll your caregiver employees into ProviderOne.

➤ [Provider Roster Template](#) (rev. 03/2024)

- The required fields are highlighted in yellow
- Do not change any template formatting, including column size or format, font, column names, etc. This will cause the document to be rejected by ProviderOne.



# Roster Template Columns: Employee Name, Agency

- Example Text entry displayed in **Green**
- Enter Employee's **First Name** (column B) and **Last Name** (column D)
- Enter **DSHS** in **Agency** (column E)

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



# Roster Template Columns: Administration & Taxonomy

- Enter **ADSA-H** and **ADSA-D** on two separate lines in **Administration** (column J)
- Enter **3747P1801X** in **Taxonomy Code** (column K)
- Enter **1<sup>st</sup> of Current Month/Year** in **Taxonomy 1 Start Date** (column L)
- Enter **12/31/2999** in **Taxonomy 1 End Date** (column M)

J	K	L	M
<b>Administration (to be used with Taxonomy)</b>	<b>Taxonomy code 1</b>	<b>Taxonomy 1 Start-Date MM/DD/YYYY</b>	<b>Taxonomy 1 End-Date MM/DD/YYYY</b>
<b>ADSA-H</b>	<b>3747P1801X</b>	<b>MM/01/20XX</b>	<b>12/31/2999</b>
<b>ADSA-D</b>	<b>3747P1801X</b>	<b>MM/01/20XX</b>	<b>12/31/2999</b>



# Roster Template Columns: **SSN and DOB**

- Enter employee's **SSN** in **Social Security Number** (column T)
  - NO Dashes or spaces between digits
  - The column is formatted as Text to retain any leading zeros in the SSN. If the SSN is copy/pasted, check to ensure cell formatting remains as Text and entry is correct
- Enter employee's **DOB** in **Date of Birth** (column U)
  - MM/DD/YYYY

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





# Roster Template Columns: Agency Data, Dates

- Enter agency's **7-digit ProviderOne Domain ID** in **NPI/P1 ID of Social Service Provider** (column X)\*
- Enter agency's **2-digit Social Service Contract Location ID(s)** in **Social Service Provider Location** (column Y)\*\*
  - Format column as Text to retain leading zero.
- Enter **1<sup>st</sup> of Current Month/Year** in **Start Date of Association** (column Z)
- Enter **12/31/2999** in **End Date of Association** (column AA)

X	Y	Z	AA
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
2XXXXX2	01	MM/01/20XX	12/31/2999
2XXXXX2	01	MM/01/20XX	12/31/2999



# *Roster Template Columns:* **Bulk Enrollment Checklist, Gender**

- Enter **Yes** or **No** in **Yes to ... Enrollment Checklist?** (column AB)
  - The [Bulk Enrollment Checklist](#) is a separate document posted on the [EVV Resources page](#) with questions about any disqualifying history or conviction regarding the employee. If the caregiver answers 'Yes' to any of the questions on this checklist, they cannot be rostered in ProviderOne.
- Enter employee's indicator **M** or **F** in **Gender** (column AC)

AB	AC
<b>Yes to any question on the Enrollment Checklist?</b>	<b>Gender - ("M" for Male, "F" for Female)</b>
No	M
No	M



# *Roster Template Columns:* **Billing Provider Email Address**

- Enter an **agency email address** in **Billing Provider Email Address** (column AK)
  - Please create an account at Billing Agency to receive email from ProviderOne regarding employee credential(s). Not anticipated to be high volume. Should not be the employee's email address.

AK
<b>Billing Provider Email Address</b>
<a href="mailto:info@agency.com">info@agency.com</a>
<a href="mailto:info@agency.com">info@agency.com</a>



# Example of Completed Roster Upload Template

B	C	D	E	J	K	L	M
First Name	Middle Name or Middle Initial	Last Name	Agency (Basic Info screen)	Administration (to be used with Taxonomy)	Taxonomy code 1	Taxonomy 1 Start-Date MM/DD/YYYY	Taxonomy 1 End-Date MM/DD/YYYY
Seattle		Sounders	DSHS	ADSA-H	3747P1801X	MM/01/20XX	12/31/2999
Seattle		Sounders	DSHS	ADSA-D	3747P1801X	MM/01/20XX	12/31/2999

T	U	X	Y	Z	AA
Social Security Number	Date of Birth	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
999999999	12/11/1973	2XXXXX2	01	MM/01/20XX	12/31/2999
999999999	12/11/1973	2XXXXX2	01	MM/01/20XX	12/31/2999

AB	AC	AK
Yes to any question on the Enrollment Checklist?	Gender - ("M" for Male, "F" for Female)	Billing Provider Email Address
No	M	info@agency.com
No	M	info@agency.com

# Review & Save Roster

➤ Perform final Quality Assurance Review on roster before save & submit

✓ Check each column for correct entries

➤ Save file

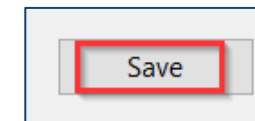
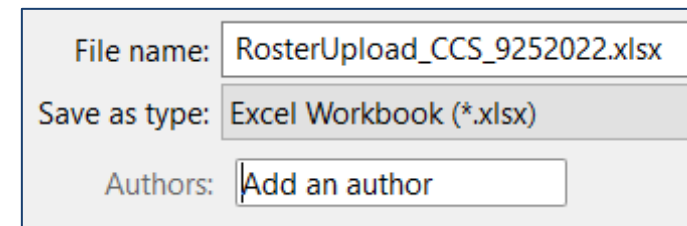
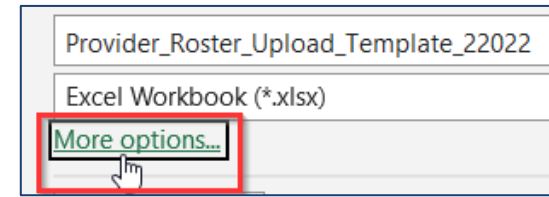
✓ **“Save As”** then **“More Options”**

✓ Use Suggested file name: “Roster\_[Short Agency Name]\_[Date]”

Example: **Roster\_CCS\_9012024.xlsx**

✓ **No Author**

✓ **.xlsx** file type





# Upload Roster to ProviderOne

1

Provider Portal

ProviderOne Id/NPI : [REDACTED]

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

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
SampleRosterUpload_1119685.xlsx	500085005	2	2	0	0	2	09/21/2022 14:18:38	In Review

- Rosters are Auto-Approved in P1 after upload
- When **Upload Status** says "Approved", SSSOP ID report is ready
- Review hyperlinked report under **Total Records Errored Out** to either make corrections & reload or consult with DSHS to resolve any errors preventing rostering
  - Include the Batch number on any request for research from DSHS



# Common Roster Upload Errors

Error Code	Error Description	Resolution Needed
70045	Given Agency is not available in ProviderOne System	Check entry in <b>Agency</b> Column E – should show <b>DSHS</b>
70111	Given Agency and Administration in the file does not match	Check entry in <b>Administration</b> 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 <b>End Date</b> columns – should be 12/31/2999
70080	First Taxonomy Start/End Date does not fall between the eligibility of the Provider	Consult EVV PM
70084	Billing or Social Service only provider date does not fall between the eligibility of the Provider	Consult EVV PM
70067	Provider exists with the same Tax ID but different Legal Name	Consult EVV PM
70075	SSN/FEIN and NPI combination duplicated and already approved same data.	Check SSSOP ID Report – employee likely already rostered to agency. Consult EVV PM if needed.
15	Required BPW Transaction SID Missing	Consult EVV PM – will need a Ticket to Resolve
70001	“Oracle” Error	Consult EVV PM – will need a Ticket to Resolve

*To Consult EVV PM, email the EVV Program Manager listed in Resource slide with your research request. Include Batch #*





# EVV Resource Links

**[ProviderOne Social Services Resources](#)**

**[DSHS EVV Website](#)**

**[EVV Resources page](#)**

**[Provider Roster Template \(rev. 03/2024\)](#)**

**[Roster Completion Instructions \(rev. 10/2024\)](#)**

**[Bulk Enrollment Checklist](#)**

## **DSHS Staff Contact:**

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**EVV Questions (DSHS) <[EVVQuestions@dshs.wa.gov](mailto:EVVQuestions@dshs.wa.gov)>**