

# Electronic Visit Verification (EVV) Training & Technical Assistance Series

## Session 2 – ProviderOne Claims Submission Tips

October 25, 2022 10:30am-12:00pm

October 27, 2022 1:30pm-3:00pm

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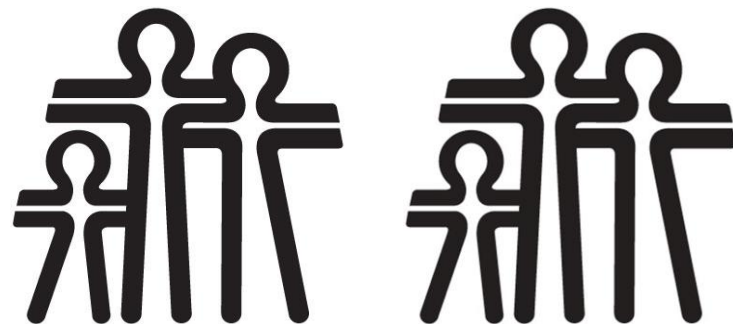
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# Agenda

- Welcome & Intro – 5 Mins
- Review of EVV Requirements – 10 Mins
- Claims Submissions Review – 30 Mins
- Q&A – 45 Mins

## 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 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)


# ProviderOne Resource Review

- Billing guides for
  - Direct Data Entry (DDE)
    - HCA assistance <https://www.hca.wa.gov/about-hca/contact-hca#lamanAppleHealthMedicaidbillerorprovider> (MACSC)
  - Template Batch Billing
    - HCA assistance <https://www.hca.wa.gov/about-hca/contact-hca#lamanAppleHealthMedicaidbillerorprovider> (MACSC)
  - Batch Upload
    - HCA assistance via email [hipaa-help@hca.wa.gov](mailto:hipaa-help@hca.wa.gov) (Jodi Micas)

# DDE Billing Guide


- Direct Data Entry Billing Guide
- Good for submitting and adjusting individual claims.
- Fields have been updated to reflect EVV details.

<https://www.hca.wa.gov/assets/billers-and-providers/Submit-Social-Service-Claim.pdf>



Washington State  
Department of Social  
& Health Services  
*Transforming lives*

## Submit Basic Bill



**Electronic Visit Verification (EVV) Items:**

If you are billing for a Home Care Agency or Consumer Directed Employer providing personal care services to independent living clients, then EVV information is required to be submitted with your claims. Click on the red + to expand this section.

**Note:**  
If you are not billing for a Home Care Agency or Consumer Directed Employer providing personal care services to independent living clients you can skip this and the next page (14, 15, & 16) and resume on page 17.

**BASIC SERVICE LINE ITEMS**

mm    dd    ccyy

\*Service Date From:

\* Service Code:

Patient Account No:

+ **ELECTRONIC VISIT VERIFICATION (EVV) ITEMS**

**ELECTRONIC VISIT VERIFICATION (EVV) ITEMS**

SS Servicing Only ProviderOne ID:

Service Start Time:    Hours Minutes Seconds

Service End Time:    Hours Minutes Seconds

Service Start Time Geo-Data:   Longitude (+/-00.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)

Service End Time Geo-Data:   Longitude (+/-00.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)

Client-Provider Proximity for Start Time:  Yes  No

Client-Provider Proximity for End Time:  Yes  No

Client Verification for End Time:  Yes  No

14

Submit Basic Bill

- ◆ In order to meet the Cures Act requirements, these fields are required:

- ⇒ SS Servicing Only ProviderOne ID,
- ⇒ Service Start/End Time,
- ⇒ Service Start/End Time Geo-Data.

- ◆ These fields are optional at this time:

- ⇒ **Client-Provider Proximity for Start/End Time**, this refers to if your EVV solution verifies that the provider and the client are nearby at the time the service starts/ends, such as through location technology or an affixed electronic device at the client's location.
- ⇒ **Client Verification for End Time**, this refers to if your EVV solution includes having the client verify that the service was performed at the end of the service episode.

**ELECTRONIC VISIT VERIFICATION (EVV) ITEMS**

SS Servicing Only ProviderOne ID:

Service Start Time: Hours:  Minutes:  Seconds:

Service End Time: Hours:  Minutes:  Seconds:

Service Start Time Geo-Data: Longitude (+/-00.00000 to 180.00000):  Latitude (+/-00.00000 to 90.00000):

Service End Time Geo-Data: Longitude (+/-00.00000 to 180.00000):  Latitude (+/-00.00000 to 90.00000):

Client-Provider Proximity for Start Time:  Yes  No

Client-Provider Proximity for End Time:  Yes  No

Client Verification for End Time:  Yes  No



## Notes about Geo-Data:

- ◆ All Geo-Data entries must be entered to at least 4 decimal places.
- ◆ Geo-Data is required if the **Service Start/End Time** is at the client's home.
- ◆ Geo-Data is optional if the **Service Start/End Time** is in the community, however, your claim will be denied if either of these fields are left blank.
  - ⇒ Please include the generic Longitude/Latitude values of 000.0000 and 00.0000 if you do not capture Geo-Data in the community.

**ELECTRONIC VISIT VERIFICATION (EVV) ITEMS**

SS Servicing Only ProviderOne ID:

Service Start Time: Hours:  Minutes:  Seconds:

Service End Time: Hours:  Minutes:  Seconds:

Service Start Time Geo-Data: Longitude (+/-000.00000 to 180.00000):  Latitude (+/-00.00000 to 90.00000):



Service End Time Geo-Data: Longitude (+/-000.00000 to 180.00000):  Latitude (+/-00.00000 to 90.00000):

Client-Provider Proximity for End Time:  Yes  No

Client Verification for End Time:  Yes  No


# Create & Submit Social Service Template Batch

- Template batch billing is suited for providers who bill with daily and/or monthly unit types and serve smaller client populations and are submitting claims for the same dates of service.
- Template & Batch Creation steps
- Batch Upload
  - Validation
  - Claims Creation
  - System Generated Claim ID (batch #)

 **Create & Submit Social Service Batch** 

The "Create & Submit Social Service Batch" How To provides instructions on:

- Create Batch ..... 2
- Submit Batch ..... 13
- Revalidate Batch ..... 22



A Batch (template) is a group of claims which **share the same date of service**. The Batch allows the provider to create a group (batch) of templates, change the date of service on all the templates at one time, and submit the batch all at once.

The process has two steps:

1. Create the batch
2. Submit the batch

[https://www.hca.wa.gov/assets/billers-and-providers/Create\\_and\\_Submit\\_Social\\_Service\\_Batch.pdf](https://www.hca.wa.gov/assets/billers-and-providers/Create_and_Submit_Social_Service_Batch.pdf)

# Create & Submit Social Service Template Batch

## 6 Claims created from Batch List

Close Submit Selected Submit Entire Batch Delete

Social Service Claims created from Batch List

Filter By : And Go

Link	System Generated Claim ID	Template Name	Client ID	Client Name	Authorization Number	From Date Of Service	To Date Of Service
<input type="checkbox"/>	1280764612715-0003					05/01/2013	05/31/2013
<input type="checkbox"/>	1280764612715-0002					05/01/2013	05/31/2013
<input type="checkbox"/>	1280764612715-0001					05/01/2013	05/31/2013

Viewing Page 1

8 Click on →

7 ↗

System Generated Claim ID
1280764612715-0003
1280764612715-0002
1280764612715-0001

The System Generated Claim ID is the batch number and saved claim number.

## 9 Basic Billing Screen

Provider Social Services Profile

Welcome [Name] you have logged in with EXT

Path: Provider Portal / Social Service Billing Screen

Close Save Claim Submit Claim Reset

Social Service Billing Screen:

Note: asterisks (\*) denote required fields.

Basic Claim Information

PROVIDER INFORMATION

BILLING PROVIDER

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

CLAIM INFORMATION

CLAIM INFORMATION

BASIC LINE INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: Service Date To:

Service Code: Modifiers: Units:

Patient Account No:

Add Service Line Item Update Service Line Item

Previously Entered Line Items Information

Click a Line No. below to view/update that Line Item information. Total Charges Submitting: \$ 15.00

Line No.	From	To	Service Code	Modifiers	Units	Delete
1	0306/2013	0306/2013	SA 400	1 2 3 4	10	Delete

# Create & Submit Social Service Batch Upload

- The .dat batch upload billing method is suitable for large providers and/or providers who are required to bill by date of service such as home care agencies.

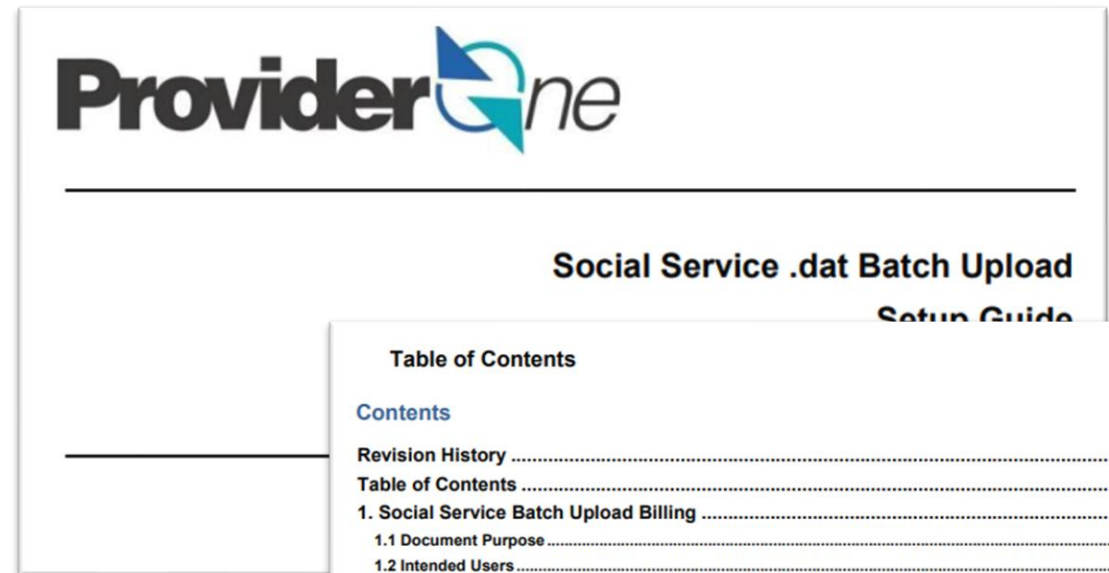


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## Based on Questions

- .DAT file layout
- SS Servicing Provider ID + Location ID for claims submission
- Authorized billing provider location and billed location
- Rounding of Units
- Multiple Servicing Providers for Claims
- Multiple Shifts worked
- Shift which spans Midnight

	Required Field (Y / N)	Data Type	Maximum Size	String Format	Development Notes
Provider ID	Y	string-9	9 digits	numeric	9 digit Provider ID
Client ID	Y	string – up to 20	20 characters	alphanumeric	Client ID
Authorization Number	Y	string – 10	10 digits	Numeric	Authorization Number
Service Date From	Y	string – 8	8 digits	Date (mmddccyy)	Service Date From
Service Date To	Y	string – 8	8 digits	Date(mmddccyy)	Service Date To
Service code	Y	string – 5	5 digits	alphanumeric	Service code
Modifier 1	N (place holder required)	string – 2	2 digits	alphanumeric	Modifier 1
Modifier 2	N (place holder required)	string – 2	2 digits	alphanumeric	Modifier 2
Modifier 3	N (place holder required)	string – 2	2 digits	alphanumeric	Modifier 3
Modifier 4	N (place holder required)	string – 2	2 digits	alphanumeric	Modifier 4
Units	Y	string – up to 16	16 digits	numeric	Units (use whole numbers/not decimals)
Patient Account Number	N (place holder required)	string – up to 13	13 digits	alphanumeric	<b>“Optional”</b> Patient Account Number
SS Servicing Only ProviderOne ID	N (place holder required)	string-9	9 digits	numeric	SS Servicing Only ProviderOne ID
Service Start Time	N (place holder required)	string-6	6 digits	numeric	Service Start Time
Service End Time	N (place holder required)	string-6	6 digits	numeric	Service End Time
Service Start Time Geo-Data Latitude	N (place holder required)	string-9	6 or 7 digits with Sign and a decimal	numeric	Service Start Time Geo-Data – Latitude This will contain Sign. EX: “-12.99999” The system accepts either 4 or 5 digits after decimal
Service Start Time Geo-Data Longitude	N (place holder required)	string-10	7 or 8 digits with Sign and a decimal	numeric	Service Start Time Geo-Data – Longitude This will contain Sign. EX: “-12.99999” The system accepts either 4 or 5 digits after decimal
Client-Provider Proximity for End Time	N	string – 1	1 Character	alphanumeric	Client-Provider Proximity for End Time
Client Verification for End Time	N	string – 1	1 Character	alphanumeric	Client Verification for End Time

# .DAT File Layout

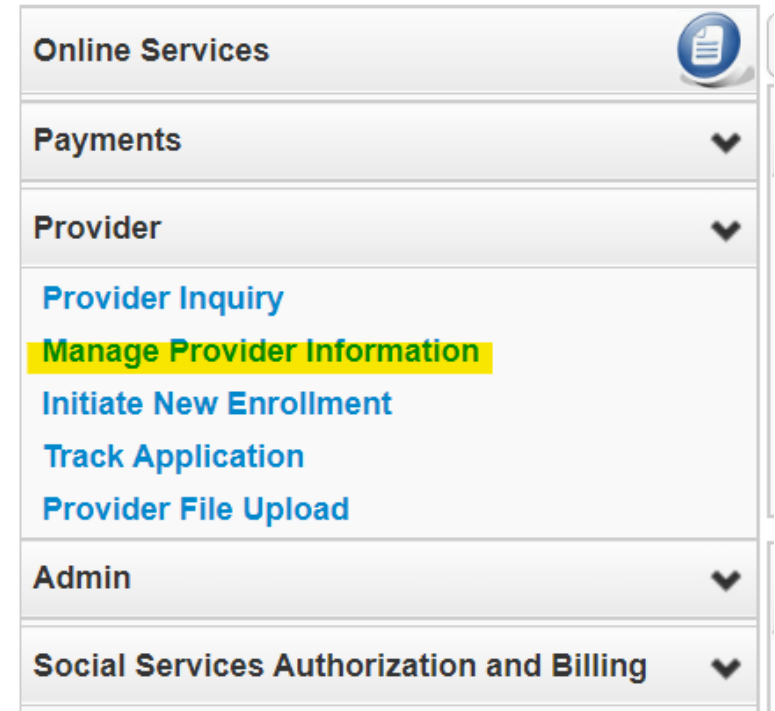
<https://www.hca.wa.gov/assets/billers-and-providers/DAT-File-Format.pdf>

# Social Services Servicing Provider Location ID

- 7 Digit “Domain” + 2 Digit “SS Servicing Location Code” =  
9 digit ProviderOne ID

# Social Services Servicing Provider Location ID

- To verify the SS Servicing Location ID
  1. Click “Manage Provider Information”
  2. Select “Step 14: Servicing Provider Information”
  3. Refer to “SS Servicing Location Code” column
  4. “Save to XLS” to view in Excel





# Social Services Servicing Provider Location ID

- To verify the SS Servicing Location ID
  1. Click “Manage Provider Information”
  2. Select “Step 14: Servicing Provider Information”
  3. Refer to “SS Servicing Location Code” column
  4. “Save to XLS” to view in Excel

The screenshot shows the 'Provider Portal > FAOI Modification' interface. At the top, there is a breadcrumb trail and a search field for 'ProviderOne Id/NPI Id:'. Below this are buttons for 'Close', 'Required Credentials', 'Undo Update', and 'Communication History'. The main heading is 'View/Update Provider Data - Facility/Agency/Organization/Institution'. A sub-heading reads 'Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to fir Review.' Below this is a table with columns for 'Step', 'Required', and 'Last Modification D'. The table lists several steps, with 'Step 14: Servicing Provider Information' highlighted in yellow.

<input type="checkbox"/>	Step	Required	Last Modification D
<input type="checkbox"/>	Step 1: Basic Information	Required	08/28/2014
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	08/28/2014
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	08/28/2014
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	08/28/2014
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	08/28/2014

# Social Services Servicing Provider Location ID

- To verify the SS Servicing Location ID
  1. Click “Manage Provider Information”
  2. Select “Step 14: Servicing Provider Information”
  3. Refer to “SS Servicing Location Code” column
  4. “Save to XLS” to view in Excel

Provider Portal > FAOI Modification

ProviderOne Id/NPI Id: [REDACTED] Name: [REDACTED]

Close Add

Servicing Provider List

Add

Social Service Servicing Only Provider

Filter By : [ ] And [ ]

And Operational Status: Active Go Save Filter My Filters

ProviderOne ID	SS Serv Only Provider Name	SS Servicing Only Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date	SS Billing Location Code	SS Billing Location Name	SS Servicing Location Code	SS Servicing Location Name
[REDACTED]	Ka [REDACTED] A [REDACTED]		09/14/2021	12/31/2999	Approved	Active		01	HOME CARE - 01	00	[REDACTED] A [REDACTED]

# Social Services Servicing Provider Location ID

- Most SS Servicing Providers will have 00 as their location code.
- If an SS Servicing Provider is a billing provider or known to the system as a W2 IP then the location code for SS Servicing Provider could be something other than 00.

Social Service Servicing Only Provider

Filter By :  And

And Operational Status: Active

<input type="checkbox"/>	ProviderOne ID	SS Serv Only Provider Name	SS Servicing Only Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date	SS Billing Location Code	SS Billing Location Name	SS Servicing Location Code	SS Servicing Location Name
<input type="checkbox"/>	11	S A		09/01/2021	12/31/2999	Approved	Active		01		02	S A
<input type="checkbox"/>	11	A Ir		09/01/2021	12/31/2999	Approved	Active		01		01	A Iri
<input type="checkbox"/>	11	R L		09/01/2021	12/31/2999	Approved	Active		01	01	00	R L

View Page: 3   Viewing Page: 2

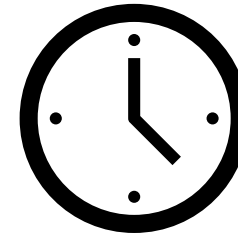
## Billing Provider Location ID

- When resolving claim denials review the authorization to ensure correct Location is Authorized.
  - Outreach to CM/authorizing office to correct Auth if wrong location is authorized.

# Rounding

- # units billed need to fit within the time-in/time-out captured
- Units available to bill determined by authorization
- After 7 minutes round up to the next whole unit

# Rounding Example



Clock In: 1:55p  
Clock Out: 4:04p

**Shift worked: 2hr 9min**

**Units to Bill: 8**

**8 units for 2 hrs\***

**\*no round up because rounding up to 2hr 15min (9 units) would exceed the clock in clock out window)**

Clock In: 1:55p  
Clock Out: 4:19p

**Shift worked: 2hr 9min, caregiver took 15 minute break**

**Units to Bill: 9**

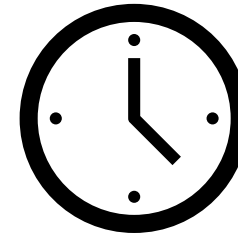
**8 units for 2 hrs + 1 round-up**

## Multiple Shifts Worked in 1 Day, Single Servicing Provider

- **Grouping**
- More than one shift worked same day by the **same** servicing provider.
  - Also referred to as “Split shifts”
  - Example, 2 3-hr shifts in 1 day for same client
- Claim submitted should include **Start time** for *earliest shift worked* and **End time** is end of *latest shift worked*
- Units submitted cover both shifts worked in the day (ie, 24 units)
- Multiple claim lines for same day, same servicing provider, & same client will be adjudicated by ProviderOne as duplicate billing, and be Denied

# Multiple Shift Example

1 caregiver 1 client 2 shifts 1 day



Clock In: 8:55a  
Clock Out: 11:01a

**Shift worked: 2hr 6min**  
**Units to Bill: 8**  
**8 units for 2 hrs**

Clock In: 3:55p  
Clock Out: 7:05p

**Shift worked: 3hr 10min**  
**Units to Bill: 13**  
**12 units for 3 hrs + 1 round-up**

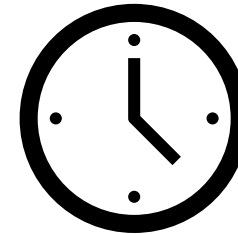
## **One Claim Line**

Start Time **8:55am** End Time **7:05pm**  
**Units Claimed 21 units**



# Multiple Shift Example

1 caregiver 2 client 2 shifts 1 day



## 1<sup>st</sup> Client

Clock In: 8:55a  
Clock Out: 11:04a

Shift worked: 2hr 9min

Units to Bill: 8

8 units for 2 hrs\*

\*no round up because units  
would exceed shift start/end

## 2<sup>nd</sup> Client

Clock In: 3:55p  
Clock Out: 7:15p

Shift worked: 3hr 20min

Units to Bill: 13

13 units for 3.25 hrs\*

\*no round up because  
remaining minutes are less  
than 7

## Two Claims

### Claim 1

*Client A* Start Time 8:55a  
End Time 11:04a

Units Claimed 8 units

### Claim 2

*Client B* Start Time 3:55p  
End Time 7:15p

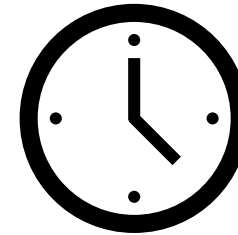
Units Claimed 13 units

## Multiple Shifts Worked in 1 Day, Multiple Servicing Providers

- More than one shift worked same day by Different servicing providers for same Client
  - Claim submitted should reflect multiple Servicing Providers for the billing units (quarter hour) **each Servicing Provider** worked
- **3 servicing providers = 3 separate claim lines**

# Multiple Shift Example

3 caregiver 1 client 3 shifts 1 day



1

Clock In: 8:55a  
Clock Out: 11:01a

Shift worked: 2hr 6min  
Units to Bill: 8  
8 units for 2 hrs

2

Clock In: 1:55p  
Clock Out: 4:15p

Shift worked: 2hr 20min  
Units to Bill: 9  
9 units for 2.25 hrs

3

Clock In: 3:55p  
Clock Out: 7:30p

Shift worked: 3hr 27min  
Units to Bill: 14  
13 units for 3.25 hrs + 1 round-up\*

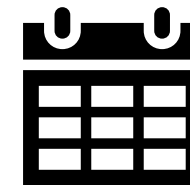
\*provider start/end longer than worked time so you can round up the remaining 12 minutes

## Three Claim Lines

CG 1	Units Claimed	8
CG 2	Units Claimed	9
CG 3	Units Claimed	14

# Shift Spans Midnight

- Example, shift Start time is 10:00pm – 3:00am End time
- Claims submitted need to be separated into **2 different days** with hours worked submitted for each date of service
  - Date 1 has 2 hrs worked, claim 8 ¼-hr units
  - Date 2 has 3 hrs worked, claim 12 ¼-hr units



# Claim Submission Error

- “Servicing Provider Not Found in ProviderOne”
  - Means roster data for this employee may be missing a critical component to successfully connect Agency with Employee & Authorizing Administration for adjudication
- HQ can research & identify resolution
  - Please outreach to DSHS staff, include claim & error details

# Questions





*Thank You for Attending!*

*“Office Hours” Planned for  
Nov & Dec, Dates TBA*