Electronic Visit Verification Desk Aid

Overview

Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016, and mandated to be in place by January 1, 2021. 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.

This Desk Aid provides technical assistance and details related to the most common EVV claim issues encountered by billing providers.

This aid is provided in support of the ProviderOne for Social Services: Billing & Resource Guide located on the Health Care Authority's ProviderOne for Social Services website. Refer to the Billing Guide for full claim submission and adjustments instructions.

If your agency is newly contracted visit the Electronic Visit Verification DSHS webpage for more information. Agency staff can also schedule an EVV Consultation with the EVV Program Manager to learn the rostering process and review claim submission requirements. Additional information about EVV requirements can also be found in the EVV Systems Requirement Guide.

- EVV Systems Requirements Guide, Version 3 (rev. 04/2026)

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ProviderOne EVV Edits

EVV edits were set to "Pay and Report" from 2021-2025. Between January 1 and July 1, 2026, all EVV edits were set to "Deny" when they post on a submitted claim in ProviderOne. Each of the EVV edits, descriptions, effective dates, and associated remark codes on the Remittance Advice are found in the EVV Systems Requirements Guide, section 2: EVV in ProviderOne. This information will assist you to determine which field entry or entries caused the claim to deny.

Social Services Servicing Only ProviderOne ID

The Social Services Servicing Only ProviderOne (SSSOP) ID number is a unique identifier issued by ProviderOne for the caregiver employee of either the home care agency or CDE. This number meets the EVV requirement to verify and identify the **Individual providing the service** and must be added to claims for Personal Care Services and Respite Care Services in the field "**SS Servicing Only ProviderOne ID**". System edits in ProviderOne related to SSSOP ID were set to deny claims without a valid SSSOP ID on January 1, 2026.

The Consumer Directed Employer (CDE) and home care agencies must complete and submit a roster template to ProviderOne to obtain the SSSOP ID. Billing providers are expected to complete rostering activity before the caregiver employee sees a Medicaid client. Rostering caregiver employees as part of the hiring and onboarding of new employees is best practice and will ensure the SSSOP ID is available for all dates of service when submitting to ProviderOne for payment.

Rostering Resources:

- ❖ Provider Roster Template (rev. 03/2024)
- ❖ ProviderOne Roster Template Layout and Instructions (rev. 10/2024)

The SSSOP ID:

- Is a 9-digit number comprised of
  - The 7-digit ProviderOne ID
  - And the 2-digit Social Services Location Code
- Has a Start Date determined through the rostering process
  - First date the SSSOP ID can be added to a claim
- The SSSOP ID and Start Date are found in ProviderOne and can be exported to an excel file
- The SSSOP ID file
  - Is cumulative – ProviderOne will always pull a full report of caregiver employees rostered to a home care agency or CDE's billing domain
  - The report shows each Social Services Location ID an agency rostered the caregiver to on its own line.
    - 01, 02, 03 etc.
- ❖ Instructions to Retrieve Servicing Provider IDs in ProviderOne (rev. 10/2024)

Home care agencies can download the SSSOP IDs assigned to caregivers in an excel file using the instructions in the link above. To obtain the 9-digit SSSOP ID in this excel worksheet, concatenate the 7-digit ID found in column A with the 2-digit Location ID found in column K using these instructions:

- After downloading the excel file from ProviderOne, highlight table contents (put cursor in cell **A1** and press **Ctrl-A**). Select **Format as Table** from menu ribbon and follow onscreen prompts.
- Hide columns C and H
- Delete column O (row numbers not needed)
- Add a new column, title it "**9-digit SSSOP ID**". In the second row of the column (O2), enter the concatenation formula below and press Enter to populate all rows in the table.
  - **=concat(A2,K2)**
- Transfer the resulting 9-digit number in this column to your agency's EVV system to populate the SSSOP ID number in DAT reports.

As of January 1, 2026, Edit 32040 *Missing Servicing Provider ID* (RA code N290) will deny claims without the SSSOP ID per MB H25-064, *Updated Electronic Visit Verification (EVV) Systems Requirements Guide and ProviderOne EVV Edit Schedule*.

Reminder: Billing providers are expected to roster new caregiving employees as part of onboarding and prior to them seeing Medicaid clients. If a new employee is unable to be rostered prior to their first shift(s) then the Billing provider can temporarily use the Billing ProviderOne ID in the SSSOP ID field. DSHS staff will be monitoring claims for overuse of this workaround. More information available in MB H24-045, *Electronic Visit Verification (EVV) Compliant Rostering and Claim Submission Recommendations*.

See Scenario 1 for example DAT claim lines.

Start Time and End Time

The time the service begins and ends are required EVV elements. The claim field names in ProviderOne for these elements are "Service Start Time" and "Service End Time." System edits in ProviderOne related to Start and End Time were set to deny claims without these elements on April 1, 2026. The following list of time-related ProviderOne edits includes technical details to assist with resolving claim denials.

- Edit *32010, Missing Start or End Time* (Scenario 3)
  - Both Service Start Time and Service End Time fields must be populated with a time entry
  - 24-Hour Format, HHMMSS

  - **RA Remark Code: N890** Electronic Visit Verification Data Element Requirements were not met

- Edit *32013, Start Time Greater than End Time* (Scenario 3)
  - T1019 and T1005 codes can only span a single date of service on one claim line. Overnight shifts must be split into their respective dates of service and billed on their own claim lines.
  - ProviderOne only accepts Time entries in the 24-hour format, HHMMSS. All Service End Time values should be a later time than Service Start Time values.
  - Midnight in the Service End Time field should be indicated as 235959 (HHMMSS)
  - Midnight in the Service Start Time field should be indicated as 000000 (HHMMSS)
  - **RA Remark Code: N890** Electronic Visit Verification Data Element Requirements were not met

- Edit *32060, Claimed Units exceed time span* (Scenario 3)
  - ProviderOne calculates a shift duration from the Start Time and End Time entries for each claim line.
  - ProviderOne compares the calculated shift duration to the billed units for each claim line.
  - If the billed units exceed the calculated shift duration, the claim is denied.
  - Review and reduce the billed units to fall within the Service Start Time and Service End Time or correct the Service Start Time and Service End Time entries if they were not previously billed correctly.
  - **RA Remark Code: N820** Electronic Visit Verification System units do not meet requirements of visit.

- Edit *32061, Claimed units for Servicing Provider exceed 96 units for date of service* (Scenario 2)
  - Adjust claim so that units claimed do not exceed the maximum units allowed per 24-hour period.
  - **RA Remark Code: N640** Exceeds number/frequency approved/allowed within time period.

Providers will need to correct the Service Start Time, Service End Time, or Units fields on denied claims prior to resubmitting for payment. Please follow the process outlined for direct data entry or DAT file submission in the ProviderOne for Social Services: Billing & Resource Guide.

Rounding Units

The Service Start Time and Service End Time claim fields submitted to ProviderOne should reflect the accurate shift Start and End Times as captured in the Billing Provider's EVV solution. Units billed should not exceed shift duration. Refer to your contract for directions on rounding and ensure your EVV solution has the correct rounding settings in place.

Geo-Data and Manual Claims Indicator Code

The location of the caregiver at the time the service begins and ends are required EVV elements. System edits in ProviderOne related to Location field entries were set to deny claims without these elements on July 1, 2026. The field names for these elements are as follows:

- Service Start Time Geo-Data Latitude
- Service Start Time Geo-Data Longitude
- Service End Time Geo-Data Latitude
- Service End Time Geo-Data Longitude

Actual locations should be submitted in the Geo-Data fields. Placeholder entries in the Geo-Data fields, such as "00.00000", are not acceptable. It is the Billing Provider's responsibility to ensure the actual locations of the caregiver at the start and end of their shift are recorded and submitted on claims.

When a caregiver is unable to use the EVV solution to capture shift Start or End information (time, location) the home care agency and CDE must capture the caregiver's location as well as time for these "administrative check-ins" so that these elements can be included on the claim. **Any data not captured electronically must be**

accompanied by a Manual Claims Indicator code on the DAT file claim submission. Ensure your agency's EVV system has fields to enter the caregiver location as well as the time, along with a way to select the applicable Manual Claims Indicator code so that these entries are included in the DAT file submission. The Manual Claims Indicator code is not a substitute for required EVV data such as Geo-Location.

NOTE: If you do not use the DAT file to submit your claims (e.g., you submit claims via direct data entry) a Manual Claims Indicator must be added to the claim even if the data was collected using your EVV Solution. See ProviderOne for Social Services: Billing & Resource Guide for more information.

The following location-related ProviderOne edit information includes technical details to assist with resolving claim denials.

- Edit *32020, Missing Start-End Geo Location* (Scenario 3)
    - Location at Start Time
        - Latitude & Longitude; 5 digits to the right of the decimal point are required.
    - Location at End Time
        - Latitude & Longitude; 5 digits to the right of the decimal point are required.
    - **RA Remark Code: N890** Electronic Visit Verification Data Element Requirements were not met

Split Shift Billing

Split shift billing is when a caregiver employee works two or more shifts in one day for the same client, and a claim is submitted for each shift worked. The claims have the following common fields:

- Billing Provider ID
- Client ID
- Date of Service
- Procedure Code & Modifier
- Social Services Servicing Only ProviderOne ID

Effective May 2026, ProviderOne allows multiple claim lines with different Service Start and Service End Time values on the same date of service. This allows the billing provider to submit multiple shifts worked per day on distinct claim lines. See Scenario 4. Billing providers must ensure any rounding of units submitted does not exceed the duration of all shifts for each date of service (see edit 32060 above).

Claims for split shifts may be submitted as a single claim line with the first start time of the first shift worked and the last end time of the last shift worked. The Units billed for the claim line will be for all units worked on that date of service. For additional information refer to the EVV Systems Requirements Guide.

Scenarios

The following scenarios contain examples of claim submissions to ProviderOne with various EVV elements.

Scenario 1

Agency rosters newly hired caregivers once per month instead of completing rostering activities as part of hiring and onboarding prior to caregiver seeing a Medicaid client. Claims are submitted with dates of service before the rostered start date.

Consequence

- For claims submitted using the DAT file format Billing Providers will see error code 92145 when the DAT file is submitted to ProviderOne and rejected.
- For claims submitted via direct data entry the dates of service before the rostered date will deny with RA code N290, Edit 32040, *Missing Servicing Provider*

ACTION TO TAKE

1. Verify the caregiver SSSOP ID number and ProviderOne Start Date from your SSSOP ID report, to ensure date of service claimed is after SSSOP ID Start Date.
    - If the ID is incorrect – verify accurate ProviderOne ID and SS Location ID for caregiver and resubmit a new claim with the correct information.
    - If the ID ProviderOne Start Date is after the Date of Service (DOS) – replace the caregiver SSSOP ID with the agency's 9-digit Billing ID. ***This should be an exception not the rule.***

Example 1

*Sally is a new caregiver employee of the MyHomeCare agency and was rostered **02/01/2026**, but has been seeing Medicaid clients since **01/05/2026**, when she finished her employee hiring, training, and onboarding processes. Because the agency rosters caregiver employees only once a month (on the first of each month) Sally did not get rostered until February 2026. The DAT file created by MyHomeCare's EVV vendor populated her SSSOP ID in all claims for January dates of service, and the agency submitted this file to ProviderOne. The DAT file was rejected. All lines in the DAT file with January 2026 dates of service had code 92145 in the rejection report.*

The agency must:

- Substitute the agency's billing ID into the SSSOP ID field of all claim lines from **01/05/2026 to 01/31/2026** that Sally worked with Medicaid clients.
- Manually review DAT file before submitting to check the SSSOP ID field in each claim line for this client-caregiver pair. The caregiver's SSSOP ID cannot be on a claim until the Start Date of **02/01/2026** is the DOS being claimed.
    - To avoid this data management task, DSHS recommends new caregiver employees are rostered to the agency as part of hiring and onboarding activities, so the SSSOP ID is available for all possible dates of service the caregiver worked.

Example 2

DAT Claim Line with Billing Provider ID in SSSOP ID field:

Start Date for Sally, a newly rostered caregiver employee, is **02/01/2026**. Any claims for that client-caregiver pair for dates of service **before** the Start Date must include the Billing Provider ID in the SSSOP ID field, for example:

299999901^100000000WA^9999999999^01102026^01102026^T1019^U6^^^16^**299999901**^080000^120000^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

After 02/01/2026 the SSSOP ID can be included in the claim, for example:

299999901^100000000WA^9999999999^02012026^02012026^T1019^U6^^^16^**234567801**^080000^120000^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Scenario 2

Two caregivers worked for the same client for multiple shifts spanning midnight. When submitting the claim, the Billing Provider repeated the agency ID number in the SSSOP ID field and billed the total units for both caregivers on one claim line, for 136 units.

Consequence

- Claims denied with RA code N640, Edit 32061, *Claimed units for Servicing Provider exceed 96 units for DOS*

ACTION TO TAKE

1. Verify that both caregivers have an SSSOP ID that precedes the Date of Service (DOS).
2. If the entire claim denied, resubmit the denied claim via direct data entry (make corrections to each line before resubmitting) or submit a new DAT file with the corrected information. If the claim is in paid status with denied lines, adjust the claim and fix the denied lines. See ProviderOne for Social Services: Billing & Resource Guide for directions.
    - ProviderOne can now accept shift billing so multiple claim lines for the same caregiver, client, and DOS can be submitted.
    - Claims lines for T1019 and T1005 must have a “service date from” and “service date to” for a single date of service.
    - For shifts that begin or end at midnight, enter the following times:
        - Midnight at Service Start Time = 000000
        - Midnight at Service End Time = 235959

Example 1

Sally and Lisa worked multiple shifts for the same client beginning June 20 and Sally’s shift spanned midnight going into June 21, 2026. Sally and Lisa worked a total of 34 hours between the two days. The original claim showed 136 units billed for DOS 6/20/2026. This is in excess of 96 units (24 hours) in a single day, so ProviderOne denied this line appropriately.

The provider then rebilled for Sally’s shifts with Sally’s SSSOP ID on three claim lines for 6/20/2026, 40 units (10 hours) and one on 6/21/2026, 32 units (8 hours). The agency rebilled for Lisa’s shifts with Lisa’s SSSOP ID on 6/20/2026 for 64 units (16 hours).

Sally’s claim lines for both days are:

299999901^100000000WA^9999999999^**06202026^06202026**^T1019^U6^^^**16^123456901^080000^120000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

299999901^100000000WA^9999999999^**06202026^06202026**^T1019^U6^^^**16^123456901^140000^180000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

299999901^100000000WA^9999999999^**06202026^06202026**^T1019^U6^^^**8^123456901^220000^235959**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

299999901^100000000WA^9999999999^**06212026^06212026**^T1019^U6^^^**32^123456901^000000^080000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Lisa's claim lines are:

299999901^100000000WA^9999999999^**06202026^06202026**^T1019^U6^^^**24^234567901^020000^080000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

299999901^100000000WA^9999999999^**06202026^06202026**^T1019^U6^^^**16^234567901^100000^140000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

299999901^100000000WA^9999999999^**06202026^06202026**^T1019^U6^^^**24^234567901^160000^220000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Scenario 3

Sally worked on 07/04/2026 and started her shift at the client's home and ended her shift at the park, where the client's other caregiver Lisa, started her shift so that the client could continue with the 4th of July festivities. When Sally's cell battery died, she was unable to use the EVV app on her phone to clock out. She borrowed Lisa's phone to call the office to inform them of her clock out time and location. When billing, the agency did not review the DAT file generated by their vendor software program prior to submitting the DAT file to ProviderOne, and the claim was denied.

Consequence

- Claims denied with RA code N890, Edit 32010, Missing Start-End Time of Service
- Claims denied with RA code N890, Edit 32013, Start Time Greater Than End Time
- Claims denied with RA code N890, Edit 32020, Missing Start-End Geo Location
- Claims denied with RA code N820, Edit 32060, *Claimed Units Exceed Time Span*

ACTION TO TAKE

1. Review the denied claims against the remark codes on your RA.
2. If the entire claim denied, make corrections to each line and resubmit the denied claim via direct data entry or submit a new DAT file with the corrected information. If the claim is in paid status with denied lines, adjust the claim and fix the denied lines. See the ProviderOne for Social Services: Billing & Resource Guide for directions.
    - When making corrections, follow the correct format for each claim element:
        - Time entries are six digits and in 24-hour time format with no punctuation
            - 080000 = 8:00am
            - 200000 = 8:00pm
        - T1019 cannot be used for a single claim line that spans Midnight. This must be split into two claim lines for each date of service worked
            - Midnight Start Time = 000000
            - Midnight End Time = 235959
        - Location at Start and End Time
            - Latitude & Longitude; 5 digits to the right of the decimal point are required.
3. Anytime EVV elements are not gathered electronically and are manually entered into the agency's EVV system, a Manual Claim Indicator code must be entered at the end of the DAT file claim line,

just before the tilde (~).

Example 1

*Sally used Lisa's cell phone to call in her End Time and Location to the MyHomeCare agency. The Office Manager entered the End Time and Location into the Vendor software system and selected the Manual Indicator Code **SPET01.** The claim line looks like:*

299999901^100000000WA^9999999999^07042026^07042026^T1019^U6^^^32^123456901^100000**^180000**^47.03031^-122.83870^**47.03031^-122.83870**^^^^1^^^^^^^^^^**SPET01**~

Example 2

When the office billed for Lisa's shift, they forgot that a claim for T1019 cannot span midnight in ProviderOne. T1019 is a single day code. This claim line denied under edit 32013, Start Time Greater Than End Time:

299999901^100000000WA^9999999999^07042026^07042026^T1019^U6^^^32^234567901^**220000^060000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

To correct this, submit a new DAT file and split the time worked for each date of service, 07/04/2026 and 07/05/2026, into two separate claim lines with midnight as the End and Begin Times.

299999901^100000000WA^9999999999^**07042026^07042026**^T1019^U6^^^**8**^234567901^**220000^235959**^ 47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

299999901^100000000WA^9999999999^**07052026^07052026**^T1019^U6^^^**24**^234567901^**000000^060000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Example 3

When rebilling for Lisa the units were not updated and the claim denied a second time, under edit 32060, Claimed Units Exceed Time Span. The submitted claim line for the six hours worked (24 units) on 7/5/2026 was:

299999901^100000000WA^9999999999^07052026^07052026^T1019^U6^^^**32**^234567901^000000^060000^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Agency submits a new claim to align with the 6-hour shift worked by the caregiver. The new claim submission is:

299999901^100000000WA^9999999999^07052026^07052026^T1019^U6^^^**24**^234567901^000000^060000^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Scenario 4

Caregiver employee Chris works 2 hours from 6am to 8am and returns to work 3 more hours from 5pm – 8pm, for the same client. Agency is not sure how to submit claims for each of these shifts.

Consequence

- Claims deny as duplicates.

ACTION TO TAKE

1. Billing provider can either:
   - Submit one claim line with the start time of the first shift and the end time of the last shift worked and total number of units provided, or
   - Submit two claim lines, one for each shift worked by Chris.

Example 1

*Claim submitted by agency for this date of service with **aggregated shift** data on a single claim line is:*

299999901^100000000WA^9999999999^06012026^06012026^T1019^U6^^^**20**^777777701^**060000^200000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

Example 2

Split shift *claims submitted by agency for this date of service:*

2 Hour shift:

299999001^100000000WA^9999999999^06012026^06012026^T1019^U6^^^**8**^777777701^**060000^080000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~

3 Hour shift:

299999001^100000000WA^9999999999^06012026^06012026^T1019^U6^^^**12**^777777701^**170000^200000**^47.03031^-122.83870^47.03031^-122.83870^^^^1^^^^^^^^^^~