

### Third-Party Electronic Visit Verification (EVV) Vendor Requirements for State of Alaska Department of Health & Social Services (2/9/2021)

Providers electing to use an Electronic Visit Verification (EVV) system that is different from the State provided solution are responsible for ensuring that their implemented EVV solution meets the intent of the 21st Century Cures Act and other State Specific requirements as described below. Providers using third party EVV systems must use this form to attest that their system meets the requirements.

**Part 1:** Please complete the following information regarding your agency and EVV system.

Agency Name	
Agency Provider ID Number(s)	
Agency NPI	
Agency Contact Person	
Agency Contact Title	
Agency Contact Email	
Agency Contact Phone	
Agency Street Address	
Agency City	
Agency State	
Agency Zipcode (9 digits)	
Name of EVV System Vendor/Company	
Name of EVV System/Solution	
EVV System Contact Name	
EVV System Contact Email	
EVV System Contact Phone	

**Part 2:** To engage in the State of Alaska (DHSS) EVV Program, third-party EVV vendors must meet the following minimum requirements. Review the following requirements and determine whether your system meets each requirement. If you determine that your 3rd party EVV solution does not meet these requirements then you must use Therap EVV Solution as your EVV solution.

**1. Be compliant with the 21st Century Cures Act by electronically verifying the following:**

- a. Specific type of services performed
- b. Identity of the individual receiving services to include their Medicaid identification number
- c. Date, time, and location the service begins
- d. Date, time, and location the service ends
- e. Identity of the Individual providing the service to include Medicaid Rendering Provider Number

**2. Allow authorized users to enter participant information, which includes:**

- a) Name;
- b) Residential Address;
  - i) To be associated with each participant for verification purposes.
  - ii) Include, at minimum, street address, city, state, and zip code.
  - iii) Any additional addresses entered will not remove previously entered addresses from the system records.
- c) Phone Number;
- d) State Assigned ID (Medicaid ID #)
- e) Any other identifiers need to uniquely identify the participant for services and billing.

**3. Allow authorized users to enter Worker/Rendering provider (i.e. employee, caregiver, contractor, etc.) information, to include the following:**

- a. Name;
- b. Address;
- c. Include, at minimum, street address, city, state, and zip code.
- d. Phone Number;
- e. Rendering Provider Number, (Medicaid ID #)
- f. Email Address

**4. User access will be controlled, so as to limit any unauthorized entry, manipulation, or review of EVV data, to include the following:**

- a. The individual is not authorized by the Medicaid and billing provider to enter information in the EVV system on behalf of that provider;
- b. The individual is not permitted to see participant or agency provider data; and

- c. Must be Health Insurance Portability and Accountability Act (HIPAA) compliant and provide appropriate security and privacy controls to protect personally identifiable information (PII) and protected health information (PHI) data.
- d. Ensures all Protected Health Information (PHI) is encrypted at all times in transit and at rest.

**5. To ensure providers and provider agencies have EVV capability in all areas being serviced, the third-party vendor, at minimum, must utilize one (1) or more of the following. (Alternate EVV Data Collection Systems are responsible for providing latitude and longitude on all individual/client addresses provided. Latitude and longitude must be provided for both the visit start and end time, assuming it is collected via a GPS enabled device):**

- a. Mobile application which utilizes Global Positioning Systems (GPS) will be the primary method of collecting visit information;
- b. Must operate in offline mode to capture visit data when cellular or Wi-Fi connectivity is unavailable.
- c. Fixed Visit Verification (FVV) which utilizes a device, affixed and registered to a specific location, capable of generating a random code, that will establish the date and time the user was present at the FVV device
- d. Only when Mobile app is unavailable will the use of the participant's landline, registered to their address or service location, to record the visit via Interactive Voice Response (IVR) be permitted; and
- e. As a last resort, allow manual entry of visit information into the EVV system.
  - i. Must require authorized users to enter a DHHS approved Exception reason for each modification or manual entry of verification data.
  - ii. In the instance where a visit is manually entered, the provider will be required to attest to the presence of hard copy documentation (i.e. timesheet).

**6. Must utilize unique sign in credentials for each user who accesses the system and retain information about any changes to electronically captured visit information.**

- a. Role based access, only allowing access to the system by properly credentialed users, to the parts of the system they need for their job duties;
- b. Be able to suspend or terminate a User access to the system when required
- c. Only provider agency administrators will be allowed to manually edit visit data system of record/electronic log; and
- d. Tracks all entries of data and edits to data completed by administrators, recording user name and date/time stamp in an audit log.
- e. Be protected with a password policy requiring
  - i. 8 Characters minimum
  - ii. 1 Uppercase Letter
  - iii. 1 Number
  - iv. 1 Special Character
  - v. Require passwords to be updated every 90 days or sooner

- vi. Prevent Users from reusing the last 5 passwords
- 7. Be capable of retrieving current and archived data to produce reports of services delivered, tasks performed, participant identity, beginning and ending times of service, and date of services in summary fashion that constitute adequate documentation of services delivered.**
  - a. Must make the system and its data available to any State or Federal agency upon request for audit purposes. Additionally, the provider is required to submit reports upon request to the State or Federal agency
  - b. Any report shall include an explanation of codes utilized by the provider/vendor (i.e., Personal Care) and include the vendor/provider's identity by either name of vendor/provider and/or National Provider Identifier (NPI)
- 8. Maintain reliable backup and recovery processes that ensure that all data is preserved in event of a system malfunction or disaster. Data must be backed up, at a minimum, weekly, and retained for 7 years if no longer active, or 20 years if active.**
- 9. Must support expansion of the DHHS EVV Program by allowing.**
  - a. Addition of potential future services;
  - b. Addition of participants;
  - c. Addition of tasks; and
  - d. Addition of any requirements or functionality based on any applicable state or federal laws.
- 10. Providers and vendors shall:**
  - a. Accommodate more than one (1) participant and/or provider in the same home at the same phone number.
  - b. Customize, collect, verify, document, and transmit specific provider services and visit tasks (i.e., bathing, meal assistance, etc.) delivered to each participant.
- 11. Verify components within the program requirements when the provider initiates visit verification and flag a visit for review when any required verification elements are missing, or if the recorded service location is not on a participant's list of approved locations.**
- 12. Notify the provider if the visit data is incomplete or invalid when received.**
- 13. Any training required for third-party EVV system functionality must be provided by the third-party EVV vendor. Therap aggregator training will be provided by Therap.**
- 14. Third-party vendors must share client integration documents with Therap.**
- 15. Must meet published Therap requirements in regards to integration messaging format, transport protocol, and security.**
- 16. Is responsible for ensuring the quality of the data submitted to Therap.**

**17. Must provision functionality for the monitoring and correction of any errors returned by Therap, and a mechanism to resend corrected transactions.**

**18. Each third-party vendor will be required to electronically transmit EVV data to Therap per Therap Specifications. A partial list of key requirements are as follows:**

- a. Data format & layout to comply with Therap Third-Party Integration Data Dictionary.
- b. Transmit data from all of your represented providers to a Therap-hosted single SFTP directory or HTTPS endpoint.
- c. Manage error responses from Therap through the interface, including, error resolution, and resubmission of failed transactions.
- d. Transmit at least visit created/scheduled and visit ended (completed, cancelled, etc.) status.
- e. Transmit changes in visit status in near real time, 24x7, within a minimum of fifteen (15) days from date of service.

**19. Is able to electronically collect provider and participant authentication and confirmation of service delivery as part of EVV. Such confirmation will be delivered as part of the visit record to Therap.**

**20. Must use approved encryption algorithms.**

**21. Must execute the Therap Trading Partner Agreements, which includes a Non-Disclosure Agreement (NDA) and a Business Associate Agreement (BAA).**

**Part 3:** If your 3rd party EVV system meets all these requirements, sign the attestation below.

**ATTESTATION**

I attest to my knowledge and belief that [COMPANY NAME] is fully compliant with the requirements of the EVV VENDOR REQUIREMENTS as outlined above.

PROVIDER EVV SYSTEM USER

Print Name of Agency Owner Director \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

EVV SYSTEM VENDOR

EVV Vendor Company Name \_\_\_\_\_

EVV Vendor Representative Printed Name \_\_\_\_\_

EVV Vendor Title \_\_\_\_\_

EVV Vendor Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

RECEIVED

Therap Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_