

Arkansas DHS Electronic Visit Verification (EVV) Alternative EVV (altEVV) System Attestation

EVV System Vendor:

Your company has been identified as a chosen EVV system vendor for one or more provider agencies in the State of Arkansas. The purpose of this document is to:

- 1) Confirm that you are providing an EVV system for an Arkansas Medicaid provider agency, and
- 2) Make you are aware of the system requirements, DHS certification requirements, and attestation requirements for your EVV system.

Per the State and Federal requirements, you need to attest that you have met the items in the attestation form, as well as meet the Arkansas DHS System Rules. These elements are listed in the following pages. This information will stay within DHS and will not be shared externally.

If during audit review of provider Medicaid visit data, DHS finds that your system is not meeting the requirements listed below, additional documentation (screenshots and similar evidence) will be required. You will be given notice to correct and/or provide further evidence that your system is meeting DHS requirements.

Important Reminders:

- Please note that Arkansas DHS is certifying the provider agency to use your specific EVV system within the State of Arkansas. The EVV product itself for use in other states is not included as part of Arkansas certification.
- Please be prepared to re-attest on a yearly basis or as DHS requires.
- If State or Federal requirements change or Arkansas DHS policy updates occur, your EVV system must make updates in accordance with the requirements and/or policy. Policy information will be communicated in a timely manner.
- Failure to follow the State and Federal requirements will lead to your account with the State EVV system to be revoked, and other penalties may occur.
- The State reserves the right to request your system audit trail for auditing purposes

The certification process involves four entities: Arkansas DHS, Sandata (the State-sponsored EVV vendor), you as the system vendor, and the provider agency or agencies who use your EVV system. It is critical that all parties are engaged, monitoring emails regularly, and take prompt action for all necessary steps to make this process as seamless as possible. Any delays in the process may result in the inability to send EVV data. **Each provider agency must have a completed form signed by an agency representative and the EVV vendor.**

ACTION: Review and confirm that your EVV system meets the system requirements below.

Evidence Number	Requirement	CMS REF#
DHSEVV1	Users can retrieve records by searching on one or more of the individual elements (i.e., service type, date, individual, date, etc.)	EVV1
DHSEVV2	Data elements received by the state's EVV data aggregator that are not compliant with the state's EVV data definitions are rejected and that the system returns an error message to the sender.	EVV4
DHSEVV3	Must have System Architecture documentation	EVV6
DHSEVV4	Communication to stakeholders regarding changes to the EVV system.	EVV6
DHSEVV5	For each alternative submission method, the required EVV data is correctly received and stored.	EVV7
DHSEVV6	Training materials must exist for users that explain how visit information can be submitted should the primary method of submission be out of service.	EVV7
DHSEVV7	System must be HIPAA compliant.	DHS requirement
DHSEVV8	Training plan and materials, record of when trainings occurred or are scheduled, and for which stakeholder groups.	EVV9
DHSEVV9	System security must meet the following requirement at a minimum: <ul style="list-style-type: none"> 1. Passwords must meet the following criteria: <ul style="list-style-type: none"> ○ Minimum of 9 characters, at least 1 uppercase letter, 1 lowercase letter, 1 number, and 1 special character ○ The user's password cannot be one of the last 10 passwords ○ Passwords are required to be changed every 60 days ○ The user will be locked out after 3 failed login attempts 2. Access must be role-based driven access 	DHS requirement
DHSEVV10	System must have the ability to receive client membership information based on agency preference.	DHS Requirement
DHSEVV11	Data elements received by the EVV data aggregator are compliant with the state's EVV data definitions are accepted.	EVV4
DHSEVV12	EVV solution captures service type.	EVV1
DHSEVV13	EVV solution captures service location.	EVV1

DHSEVV14	EVV solution captures which individual provided the service and which individual received the service.	EVV1
DHSEVV15	EVV solution captures and sends actual, start and end times for each service provided. All modified visits must have the modifier indicator sent.	EVV1
DHSEVV16	Can provide evidence that the EVV solution correctly and completely 1) stores and 2) transmits all required data elements to the State's chosen database (EVV1
DHSEVV17	Can provide an automated test report and screenshot(s) verifying that the EVV solution identifies incomplete visit records.	EVV1
DHSEVV18	Can provide an explanation of how the solution (primary and alternate taken together) can store and transmit data in cases where the communication service is interrupted. Include relevant screenshots (such as timestamp logs showing the delay between the time the visit ended and was logged and when the data was received.)	EVV2
DHSEVV19	Can provide an automated test report and screenshot verifying that EVV visit information is captured, even if the visit is not verified by the beneficiary.	EVV3
DHSEVV20	Can provide an automated test report(s) and screenshot(s) verifying that the EVV solution correctly transfers and receives data to/from all interfacing systems and that incorrect transmissions are flagged, and error messages are generated.	EVV6
DHSEVV21	EVV system is configured with the following rules: <ol style="list-style-type: none"> 1. English and Spanish languages must be available 2. Check in and out must be available via mobile application and Interactive Voice Response (IVR) landlines 3. Geo Fence must be set to within 1/8th of a mile of the legal address of the client 	EVV and DHS requirement

ACTION: Please complete the attestation form below and submit to:
arthirdpartyevv@dhs.arkansas.gov

Providers enrolled in the Arkansas Medicaid Program must agree to and meet the conditions of participation contained in Arkansas Medicaid Policy Sections I, II, III, IV and V. Failure to comply with the requirements contained within these sections may result in termination from the Medicaid Program and/or recovery of money paid for services by the Division of Medical Services. Nothing in the conditions of participation is a limitation on the ability of DMS to take any action that is authorized by federal or state laws, regulations, or rules or to refrain from taking any action that is not mandated by federal or state laws, regulations, or rules.

The agency and their selected third-party vendor attest to meeting the above requirements and confirm that they are currently providing or will provide an EVV system for an Arkansas Medicaid provider agency and will integrate with the State-sponsored aggregator. All information provided below will be used to update the Arkansas Department of Human Services (DHS) EVV records only. All areas below must be completed to be accepted as a completed attestation.

Agency Tax ID:

Agency name:

Agency EVV representative printed name:

Agency EVV representative signature:

Agency EVV contact printed name:

Agency EVV contact email:

Agency EVV contact phone number:

Date:

Third-party EVV vendor name:

Third-party EVV vendor representative printed name:

Third-party EVV vendor representative email:

Third-party EVV vendor representative phone number:

Third-party EVV vendor representative signature:

Date: