

Arkansas DHS Electronic Visit Verification (EVV) Third-Party System Certification Process & Checklist

Quick Reference Guide

This document assumes that your agency has chosen to use a third-party system to comply with the EVV mandate. System certification is required for the use of a third-party EVV system. This document is intended to guide you through the third-party certification process.

If your agency is currently using an EVV system:

Please refer to the technical documents (Hardware and Software Requirements - AuthentiCare Data Aggregator Interface Guide, and DHS Rules) to ensure that your current EVV system meets all mandatory requirements. This is required to obtain certification from DHS, and to ensure no interference with your current claim billing process. Your third-party system must be certified by October 15, 2020.

Please note that the certification process involves four entities: DHS, Fiserv (the State-selected vendor), your agency, and your third-party EVV system vendor. It is critical that all parties are engaged, monitor 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 your inability to send EVV data.

Please Note:

If your agency has multiple Provider Medicaid numbers, that certification would apply to all your numbers. If your agency uses different EVV solutions, then each solution would need to be certified.

The following checklist will take you through the third-party certification process. Should you have questions, please contact: <u>ARthirdpartyevv@dhs.arkansas.gov</u>.

| EVV THIRD-PARTY SYSTEM CERTIFICATION CHECKLIST | | | | | | | | |
|--|--|--|--|---------|------|-------|--------|--|
| Agency Employee | | | System Vendor (| Contact | | | | |
| Name, Title | | | Name, Title | | | | | |
| Medicaid ID | | | | | | | | |
| Email | | | Email | | | | | |
| Phone | | Phone | | | | | | |
| | | ltem | Responsibility | Ow | vner | Start | Finish | |
| | PREPARATION STEPS | | | | | | | |
| | Medicaid website - Hardwa | are and Software Requirements tiCare Data Aggregator Interface | Provider Agency | | | | | |
| | - | V Declaration Form via DocuSign the Arkansas Medicaid website. | Provider Agency | | | | | |
| | Reach out to your Third Party EVV System Vendor to validate/confirm that the system will be able to aggregate to the AR EVV AuthentiCare aggregation solution | | Provider Agency and/or Third Party EVV Solution Vendor | | | | | |
| | Sign up for EVV Aggregator Training provided by Fiserv via Training Registration on the Arkansas Medicaid Website | | Provider Agency | | | | | |
| | Complete EVV Aggregator Training | | Provider Agency and/or Third Party EVV Solution Vendor | | | | | |
| | Testing environment user ID and password are created and emailed to provider agency post training for testing environment access. | | Fiserv | | | | | |
| | data to Authenti SFTP. As part of training the technical pre | rree (3) options to upload EVV Care: manually, web services, and g, Fiserv will send provider agency paration checklist to set up the g environment with Fiserv. | Fiserv | | | | | |
| CERTIFICATION STEPS | | | | | | | | |
| | document provid upload method v <u>ARthirdpartyevv@</u> of training compl | <mark>⊉dhs.arkansas.gov</mark> within 2 week etion | Provider Agency | | | | | |
| | - Send ba | checklist and either: ack to agency to complete ding items, or Validate as ete" | Fiserv | | | | | |
| | System Vendors o to exchange cred | ontact will engage Third Party EVV or providers as necessary in order entials and complete setup and on of connectivity for testing | | | | | | |
| | items and email k | plete any outstanding checklist back to DHS at @dhs.arkansas.gov and re-test in | Provider Agency | | | | | |

| the testing environment until everything is successful. | | | | |
|--|-----------------|--|--|--|
| Upon completion of testing, provider agency will be granted production credentials | | | | |
| If provider agency has connectivity issue in production environment, contact Fiserv | Fiserv | | | |
| PRODUCTION PHASE | | | | |
| Confirm the date of data will be exchanged with provider agency | Fiserv | | | |
| Confirm the date of data exchange with Fiserv | Provider Agency | | | |
| Confirm the data on production, if any data is absent or incorrect, work with Fiserv to troubleshoot issues. | Provider Agency | | | |
| Once successful data transmission is confirmed, email Fiserv to confirm successful transition of data | | | | |
| Fiserv to validate successful completion of the data exchange and integration of data | Fiserv | | | |
| CONTINUED ACTION | | | | |
| Third-party system needs to be re-certified when the agency switches to another EVV vendor | Provider Agency | | | |