



DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid and Medical Assistance

Third Party EVV System Attestation

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.

Step 1: Please complete the following information regarding your agency and EVV system:

Agency Name	
Agency Medicaid ID	
Agency NPI	
Agency Contact Person Name	
Agency Contact Person Phone	
Agency Contact Person Email	
Agency Street Address	
Agency City	
Agency State	
Agency Zip Code	
Name of EVV Vendor/Company	
Name of EVV Solution	

Step 2: Review the third party EVV system requirements below and determine whether your system meets each requirement. If you determine that your third party EVV solution does not meet these requirements than you must use AuthentiCare as your EVV solution.

To participate in the Delaware EVV program, providers using third party EVV vendors must ensure that their systems meet the following minimum requirements:

1. Be compliant with the 21st Century Cures Act by electronically collecting and storing the following data elements:
 - a. Individual receiving the service(s);
 - b. Individual (Direct Service Worker (DSW) providing the service(s);
 - c. Location of service(s) delivery, including latitude and longitude of check in and check out;
 - d. Exact date of service(s) delivered;
 - e. Exact time the service(s) began;
 - f. Exact time the service(s) ended;
 - g. Service performed.



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2. Source of visit data must be collected either through the member's home phone via an Interactive Voice Response (IVR) system, an alternate device, or a mobile application.
3. Must offer an alternative form for recording data in the event of system failure or natural disaster. This may include manual entry, although manual entry is only to be used as a last option for the recording of visit data. Manual entry of visits cannot exceed 10% of all EVV visits.
4. Alternate EVV Data Collection Systems are responsible for providing latitude and longitude on all client addresses provided. Latitude and longitude must be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device.
5. Must upload visit data to the AuthentiCare Aggregator in the formats prescribed in the AuthentiCare EVV Data Aggregator Toolkit within at least 30 days from the date of service. Weekly uploads of visit data is strongly encouraged:
 - a. Visit data that is not accepted as part of upload must be corrected within AuthentiCare.
6. 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. All Protected Health Information (PHI) is encrypted at all times in transit and at rest.
7. 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. Only allow access to the system by properly credentialed users;
 - b. Only provider agency administrators will be allowed to manually edit visit data system of record/electronic log; and
 - c. Track all edits to data completed by administrators, recording user name and date/time stamp in an audit log.
8. Must make 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.
9. Must support expansion of the DMMA EVV Program by allowing:
 - a. Addition of potential future services;
 - b. Addition of participants; and
 - c. Addition of any requirements based on any applicable state or federal laws.
10. Additionally, providers using third party systems must agree to:

All providers must enter their DSWs into AuthentiCare, regardless of whether the provider uses AuthentiCare or a Third Party EVV system. The table below describes the data elements related to DSWs. Please note that providers uploading visit data from a 3rd Party EVV system, may use the



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providers address, telephone number and email address in lieu of workers specific information. Please note that this information is only viewable by the provider for whom the DSW is employed along with the State and other payers.

Field Name	Required	Comments
AuthentiCare Provider ID	Yes	Provider AuthentiCare ID. Format: 123456789. Please note that providers will receive their AuthentiCare ID as part of the AuthentiCare credentialing process.
First Name	Yes	Worker First Name
Middle Name	No	Worker Middle Name
Last Name	Yes	Worker Last Name
Gender	No	Worker Gender. Valid values are: Male, Female, Unknown
Birth Date	Yes	Worker Birth Date. Format: MM/DD/YYYY
Begin Date	Yes	Worker Effective Start Date. Format: MM/DD/YYYY
Email Address	Yes	Worker Email Address
Primary Language	No	Worker Language Preference. Valid values are: English, Spanish, Other
SSN/Visa/Passport (Last 4)	Yes	Last 4 values of Worker SSN/Visa/Passport
ID	No	Worker External ID. Format: 123456789
Phone Type	Yes	Worker Phone Type. Valid values are: Home, Work, Mobile or Fax.
Phone Number	Yes	Worker Phone Number. Format: (555) 555-5555
Address Type	Yes	Worker External ID. Valid values are: Home, Work, Billing, Other
Address Line 1	Yes	Worker External ID. Format: 123456789
Address Line 2	No	Worker External ID. Format: 123456789
City	Yes	Worker City. Format: 123456789
State	Yes	Worker State. Format: DE
Zip	Yes	Worker Zip Code. Format: 12345

- a. Follow DMMA EVV requirements unless specifically indicated otherwise; and
- b. Notify DMMA, Fiserv, DMMA MCOs, as appropriate, of a change in third party EVV vendors at least 45 days in advance of the change via the DMMA third party EVV Vendor



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Change Form. (This includes providers seeking to change from a third party system to AuthentiCare.)

Step 3: If your third party EVV system meets all the requirements, sign the attestation below.

By signing this attestation, the provider attests that they understand and will comply with the requirements outlined above. In the event of an investigation or audit, this attestation binds the provider and their EVV vendor to follow any applicable state or federal regulations.

Printed Name of Provider Agency Owner/Executive Director _____

Provider Agency Signature _____

Provider Agency Signature Date _____

EVV Vendor/Company Name _____

EVV Vendor Representative Printed Name/Title _____

EVV Vendor Representative Signature /Date _____

Step 4: Submit the signed and dated form to: DHSS_DMMA_EVV@delaware.gov

Step 5: The DMMA EVV administrator will notify the provider of attestation approval or denial via email within 10 business days of receipt.