



Attestation for Providers Utilizing Their Own EVV System

Providers electing to use an Electronic Visit Verification (EVV) system other than the State's EVV system are responsible for ensuring that the third party EVV system meets the intent of the 21st Century Cures Act, and other State-specific requirements outlined in the *Data Integration Process* and *Data Bridge Elements* documents found at www.ldh.la.gov/index.cfm/page/3819. Providers seeking to utilize a third party EVV system are responsible for ensuring:

- The third party EVV vendor is aware of, reads, and understands the *Data Integration Process* and *Data Bridge Elements* documents (see above), including any changes issued during the data integration process required by State or Federal laws, rules, regulations, policies, procedures, manuals, or guidance.
- The third party EVV vendor communicates with the **provider** and the **State's EVV system** via email and meets all required timelines for EVV implementation.
- The third party EVV vendor complies with the requirements set forth in the *Data Integration Process* document.
- The provider has entered into a HIPAA Business Associate Agreement (BAA) with the third party EVV vendor that requires the third party EVV vendor to comply with the [Louisiana Information Security Policy](#), including, but not limited to, the following:
 - No Protected Health Information (PHI) is sent to servers or Internet Protocol (IP) addresses outside of the physical United States (U.S.).
 - Remote access to PHI or systems containing PHI by resources physically located outside of the U.S. is strictly prohibited.

Once implemented, **providers are also responsible** for ensuring the following:

- The third party EVV system and/or data must be made available to any State or Federal agency upon request, including any requested reports.
- The EVV data housed in the third party EVV system must be maintained by, or on behalf of, the provider through the required records retention period (per program requirements).
- Changes to the third party EVV system required by State or Federal laws, rules, regulations, policies, procedures, manuals, or guidance must be implemented **at no cost to the State**.
- The third party EVV system must have the functionality to provide all reports to the provider that would have previously been available in the State's EVV system.
- All service data in the third party EVV system must be submitted to the State's EVV system via the bridge on a **daily** basis (first business day after the service is delivered/collected).

This attestation verifies the following:

- All iterations of an EVV record, including ALL manual edits, are uploaded from the third party EVV system to the State's EVV system.
- Original geolocation(s) of an EVV record is uploaded from the third party EVV system to the State's EVV system.

- Any change to an EVV record is tagged and reported by the third party EVV system as a manual edit to that record.

Manually edited records must capture and report the following information:

- Date and time of edit
 - Person editing the record
 - Geolocation of where the edit originated
- The third party EVV system does not allow changes to data through a back-end process, and prohibits manual manipulation of data. Changes to data are allowed through the front-end process only, which automatically captures and logs required edited information.

By signing this attestation, both the provider and their third party EVV vendor attest that they understand and will comply with the requirements set forth herein. In the event of an investigation or audit, this attestation binds the provider and the third party EVV vendor to follow any applicable State and/or Federal laws, rules, regulations, policies, procedures, manuals, or guidance.

The signed and dated document must be submitted to the following address, with a copy of the signed HIPAA Business Associate Agreement BEFORE Statistical Resources, Inc., the State’s EVV vendor, is authorized to work with a provider and their third party EVV vendor.

**Louisiana Department of Health
c/o Medicaid Program Support and Waivers Section
P.O. Box 91030, Bin 24
Baton Rouge, LA 70821**

Provider’s Name (Please print.)

Name of Provider’s Owner/Executive Director (Please print.) / _____ Title

Signature of Provider’s Owner/Executive Director / _____ Date

Provider Numbers (7 Digit Medicaid Provider Number(s)) Utilizing the EVV System

EVV Vendor/Company Name (Please print.)

Name of EVV Vendor Representative (Please print.) / _____ Title

Signature of EVV Vendor’s Representative / _____ Date