HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

NM EVV Third-Party Compliance Guidance

Third-party Electronic Visit Verification (EVV) solutions must adhere to the following requirements:

1. Compliant with HIPAA, PHI, and 21st Century Cures Act by electronically verifying the following:
   Individual receiving the service(s) — Location of service(s) delivery
   Individual providing the service(s) — Exact date of service(s) delivered
   Exact time the service(s) begins and ends — Type of service(s) performed
   Execute the Fiserv Trading Partner Agreements, which includes a Non-Disclosure Agreement (NDA) and a Business Associate Agreement (BAA).
2. Must use technology that is both HIPAA compliant and accessible to all participants and providers.
3. Utilize unique sign-in credentials for each user who accesses the system and retain information about any changes to electronically capture visit information:
4. Only provider agency administrators will be allowed to manually edit visit data system of record/electronic log
5. Tracks all edits to data completed by administrators, recording username and date/timestamp in an audit log
6. No sharing of provider credentials with any other party.
7. The vendor must submit a monthly report that includes how many visits were manually edited and why.
8. Allow manual entry of visit information into the EVV system as an alternate method
9. Only administrative users may manually enter visit information. Caregivers must not be capable of manually entering visit information
10. Must require authorized users to enter a reason for each modification or manual entry of verification data that will be reviewed during claims audits.
11. In the instance where a visit is manually entered, the provider will be required to attest to the presence of hard copy documentation
12. Operate in offline mode to capture visit data when cellular or Wi-Fi connectivity is unavailable.

13. EVV solutions must have the ability to electronic visit verification via GPS tracking and geofencing. The Vendor EVV solution is required to set geofencing parameters of 1/8 mile.
14. Support expansion of the NM HCA EVV Program by allowing the addition of potential future services; participants; caregiver tasks; and any requirements based on any applicable state or federal laws.
15. Responsible for ensuring the quality of the data submitted to Fiserv. If the recorded service location is not on a participant's list of approved locations, then the provider initiates visit verification and flags a visit for review.
16. Each third-party vendor will be required to electronically transmit EVV data to Fiserv per Fiserv 3rd-Party Implementation Guide.
17. Third Party Vendors solution must track mobile visit exceptions when a provider is outside the allowed geofence. The vendor must provide HCA monthly reports for time entry outside the geofencing parameters.
18. NM EVV AuthentiCare Aggregator training will be provided by Fiserv.

Dana Flannery, Medicaid Director

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NM EVV Third-Party Compliance Attestation

In order to be compliant with the EVV requirements within the 21st Century Cures Act and bill in the State of NM, I attest to the following by initialing each item:

_____ 1. My agency will utilize an EVV system for all EVV applicable services as outlined above.

_____ 2. My agency attests that the third vendor meets all the compliance requirements listed above.

_____ 3. I understand that my agency can choose to use the NM HCA supplied statewide system through Fiserv Technologies or an alternate compliant EVV system that my agency procures.

_____ 4. I understand that if my agency chooses an alternate compliant EVV system that all required data will need to be sent to the Fiserv aggregator.

_____ 5. I understand that I will not get paid for EVV services not submitted through the Fiserv Aggregator. My agency will comply with EVV system to record visits and submit the required visit data for the services performed during the visit.

_____ 6. I have read and agree to the above NM EVV Third-Party Compliance Guidance.

Dana Flannery, Medicaid Director

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Provider Name: _____ Email: _____

Organization: _____ Provider ID: _____

Signature: _____ Date: ____/_____/_____

Third-Party Vendor: _____ Contact Name: _____

Signature: _____ Date: ____/_____/_____