



TEXAS

**Health and Human
Services**

**Electronic Visit Verification
Proprietary System Request Form
Effective Date: 02/10/2023**

IMPORTANT

Instructions for Completing the EVV Proprietary System Request Form

To use the automated features of the EVV Proprietary System Request Form (including the ability to select responses, the ability to use an electronic signature to sign the form, and the ability to submit the form to TMHP as an email attachment using the **Submit** button):

- a) The user must successfully download and install [Adobe Reader](#) to their local computer.
- b) The user must download and open the EVV Proprietary System Request Form in Adobe Reader.

If the user cannot download the EVV Proprietary System Request Form, or cannot successfully download and install Adobe Reader, the user may fill out the PDF form as before and print the completed form to manually sign and date the form.

1.0 Introduction

A program provider or financial management services agency (FMSA) must complete this form to request approval to use an Electronic Visit Verification (EVV) proprietary system. Program providers and FMSAs that wish to use a state-approved EVV vendor system should not submit this form. Visit the [TMHP EVV Vendors web page](#) for more information about selecting an EVV vendor.

The program provider or FMSA will complete this EVV Proprietary System Request Form to provide details to the Texas Health and Human Service Commission (HHSC) about their business and the EVV proprietary system they propose to use to comply with HHSC EVV requirements. HHSC will use the responses on this form to determine which rules in its *EVV Business Rules for Proprietary Systems* will apply to the program provider or FMSA and which rules HHSC will waive. When necessary, please work with your information technology (IT) systems or support personnel to complete this form.

Program providers and FMSAs must coordinate onboarding activities with the selected EVV proprietary system contact before submitting this form.

For additional questions regarding the EVV Proprietary System Request Form, email the Texas Medicaid & Healthcare Partnership (TMHP) at EVV_PSO@TMHP.com.

For additional questions regarding business rules and requirements, email HHSC at EVVPSO@hhs.texas.gov.

2.0 Entity and System Information

2.1 Entity Information

1. Legal Entity Name: _____

2. Doing Business As (DBA) Name: _____

3. Entity Type (select all that apply):

Program Provider

FMSA for Consumer Directed Services

4. List all **National Provider Identifiers (NPIs)** and **Atypical Provider Identifiers (APIs)** associated with your entity that will use this EVV system:

5. List all **Taxpayer Identification Numbers (TINs)** associated with your entity that will use this EVV system:

6. List all **HHSC Provider/Contract Numbers** associated with your entity that will use the EVV system (required for LTC services):

2.2 Key Personnel

Note: Key personnel roles can be filled by the same person or different people.

1. Signature Authority

The signature authority must have the legal authority to sign contracts and make transactional decisions for the program provider or FMSA listed in Section 2.0. The signature authority is responsible for:

- Signing the EVV Proprietary System Request Form.
- Certifying compliance with the HHSC EVV Business Rules for Proprietary Systems and HHSC EVV policies.
- Selecting a start date for use of the proprietary system after HHSC approves the EVV system.
- Receiving and responding to HHSC correspondence regarding proprietary system noncompliance.

Name: _____

Telephone: _____

Email: _____

Mailing Address: HHSC will use this address to send written correspondence to the signature authority.

Street Address or PO Box: _____ Suite or Apt No: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

2. Onboarding Project Manager

The onboarding project manager:

- Manages the proprietary system operator (PSO) onboarding process for the program provider or FMSA.
- Acts as the program provider's or FMSA's primary point of contact during the PSO onboarding process.
- Provides progress updates and escalates issues that may arise to TMHP and HHSC during the PSO onboarding process.
- May be a program provider or FMSA representative or a proprietary system software vendor representative.

Name: _____

Telephone: _____

Email: _____

3. EVV System Administrator

The EVV system administrator:

- Manages EVV system access.
- Acts as the PSO's primary point of contact after the start date.
- Is listed in the *EVV Proprietary System Access and Training Guide* on the HHSC EVV Proprietary Systems web page.
- May be a program provider or FMSA representative or a proprietary system software vendor representative.

Name: _____

Telephone: _____

Email: _____

4. EVV Training Contact

The EVV training contact:

- Is responsible for providing EVV system training.
- Is listed in the *EVV Proprietary System Access and Training Guide* on the HHSC EVV Proprietary Systems web page.
- May be a program provider or FMSA representative or a proprietary system software vendor representative.

Name: _____

Telephone: _____

Email: _____

2.3 Proprietary System Information

1. Are you requesting approval to use an existing operational EVV system that HHSC has previously approved? To view a list of approved systems, see [EVV Proprietary Systems Approved by HHSC](#), which is also available on the TMHP EVV Proprietary Systems web page.

Yes

No

If the answer is "Yes," then you will be using the expedited onboarding process.

If the answer is "No," then you will be using the standard onboarding process.

2. Do you currently use an HHSC-approved EVV vendor system or an HHSC-approved EVV proprietary system to comply with HHSC EVV requirements? Note that you must stop using your current EVV system if HHSC approves your use of a proprietary system.

Yes

I currently use DataLogic/Vesta.

I currently use First Data/Authenticare.

I currently use an HHSC-approved proprietary system: _____

No

3. Provide the following information about the selected EVV proprietary system you are requesting approval to use:

a. EVV System Details:

i. Software Company Name: _____

ii. System Name: _____

iii. System Version: _____

3.0 Proprietary System Features and EVV Services to Be Implemented

Proprietary System Clock-In and Clock-Out Methods

1. Which clock-in and clock-out methods do you plan to implement in your proprietary system? Check all that apply.

Landline phone

Mobile device

Alternative device

2. If you plan to use an alternative device to collect EVV visit data at the time of service delivery, please provide the following information:

What type of alternative device will you use?	
Does the alternative device collect the service location using Global Positioning System (GPS) coordinates?	
Does the alternative device generate codes? If so, how long are the codes valid?	
How is the location of service delivery determined through the use of the alternative device?	

3. Does your EVV system support and will your service providers have the option of using multiple clock-in and clock-out methods for a single visit (for example, clocking in with a landline phone and clocking out with a mobile device)?

Yes

No

Web Services and Eligibility

4. Which HHSC EVV web services do you plan to implement in your proprietary system? Check all that apply. Refer to the [TMHP EVV Proprietary Systems web page](#) for the current Web Services appendices:

Provider web service

Service Authorization web service

Payer/plan code web service

5. Do you plan to use the [TMHP Electronic Data Interchange \(EDI\) X12 270/271 Medicaid Eligibility Transaction](#) to obtain client eligibility information?

Yes

No

Provider Operations Background

6. a. Do your service providers perform non-EVV services during an EVV service delivery visit?

Yes

No

- b. If so, do you plan to deduct service delivery time for non-EVV services prior to billing?

Yes

No

7. Do you plan to have your service providers clock in and clock out for any EVV optional services (identified in the relevant Appendix B EVV Bill Code Services Table) during an EVV service delivery visit?

Yes

No

Schedules

8. Do you create and manage schedules for any of your members receiving EVV services? If no, skip to the next section.

Yes

No

- a. If you use schedules, select all schedule types that apply:

Daily fixed – Select the daily fixed schedule type when service delivery must follow the member’s plan of care exactly. You can select this schedule type if the program requires the service provider to deliver EVV services in accordance with the member’s plan of care.

Daily variable – Select the daily variable schedule type when the service delivery allows for flexibility when scheduling EVV services based on the member’s plan of care. You can select this schedule type if the program requirements allow flexible service delivery within a day based on the schedule entered in the EVV system.

Weekly variable – Select the weekly variable schedule type when the member’s plan of care allows for maximum flexibility in service delivery. You can select this schedule type if the program requirements allow service delivery throughout the week based on the needs and schedule of the member rather than the schedule entered in the EVV system.

Alternate – An alternate schedule type is a variation of the HHSC-defined schedule types listed above.

- b. If you use daily fixed or daily variable schedules, do you plan to use the Optional Expanded Time for Auto-Verification visit maintenance reduction feature for either the daily variable or daily fixed schedule type as described in the HHSC *EVV Policy Handbook*?

Yes

No

- c. If you use daily fixed or daily variable schedules, do you plan to use the Optional Automatic Downward Adjustment visit maintenance reduction feature for either the daily variable or daily fixed schedule type as described in the HHSC *EVV Policy Handbook*?

Yes

No

Service Authorizations

9. If your organization is providing services as an FMSA under the CDS model, answer the following question.

Do you allow or plan to allow your service providers to clock in and clock out for EVV without an active service authorization in the EVV system? An active service authorization is defined as an electronic service authorization within the EVV system where the begin and end dates include the visit date.

Yes

No

Services Delivered

For more information, please refer to the [HHSC Programs, Services, and Service Delivery Options Required to Use Electronic Visit Verification](#).

10. Which of the following HHSC long-term care (LTC) services that require providers to use EVV under the fee-for-service (FFS) model do you provide? Check all that apply.

Community Attendant Services (CAS), Family Care (FC), or Primary Health Care (PHC)

Community First Choice (CFC)

Community Living Assistance and Support Services (CLASS)

Deaf Blind with Multiple Disabilities (DBMD)

Home and Community-based Services (HCS)

Personal Care Services (PCS)

Texas Home Living (TxHmL)

None of the above

11. Which of the following Texas Department of State Health Services (DSHS) and HHSC acute care services under the FFS model do you provide? Check all that apply.

Youth Empowerment Services (YES) Waiver

Home and Community-based Services Adult Mental Health (AMH)

Traditional Medicaid

None of the above

12. Which of the following managed care services do you provide? Check all that apply.

STAR

STAR Health

STAR Health MDCP

STAR Kids

STAR Kids MDCP

STAR+PLUS

STAR+PLUS Medicare Medicaid Plan (MMP)

STAR+PLUS Home and Community-based Services (HCBS)

None of the above

13. Please select all MCOs that you are contracted with or planning to contract with prior to the start date:

Aetna	El Paso Health Premier Plan
Amerigroup	Molina
Blue Cross Blue Shield	Parkland Community Health Plan
Community First	Superior
Community Health Choice	Texas Children's
Cook Children's	United Health Plan
Dell Children's	None
Driscoll Children's	

Technology Connectivity and Operations

14. Do you or your third-party claims biller currently have a submitter ID for claim submission with TMHP?
If so, please provide your submitter ID below.

15. How often will your EVV system transmit visit data to the EVV aggregator?

Daily

Weekly

Other _____

4.0 Program Provider or FMSA Signature

To complete the form, the signature authority identified in Section 2.2, #1 must review the following statements and sign.

By signing below, I confirm that:

- I have an owner or an authority relationship with the legal entity identified on this form.
- I am authorized to view the program provider's or FMSA's historical health-related data.
- I understand that unauthorized access of health-related data usage by the PSO or PS software vendor violates federal and state laws protecting the privacy of protected health information.
- I have read and will adhere to all HHSC regulations in *EVV Business Rules for Proprietary Systems*, the *EVV Policy Handbook*, and applicable laws governing standards and policy requirements.
- I understand that I must demonstrate electronic data exchange and secure connectivity capabilities for TMHP as per the timelines given to us during the EVV proprietary system planning meeting.
- I understand that I cannot use my EVV proprietary system to comply with Texas EVV requirements before successfully completing an operational readiness review (ORR) and receiving HHSC approval.
- I designate the onboarding project manager listed in Section 2.2 of this document to be the person with whom TMHP and HHSC will coordinate all aspects of my EVV proprietary system implementation.

Printed Name: _____

Signature: _____ Date: _____

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Document Change Log

Revision History

Version	Date MM/DD/YYYY	Name	Description
1.0	06/01/2022		Original Document
1.1	02/10/2023		Updated for BR v3.0