

Electronic Visit Verification (EVV) Proprietary System Request Form

An EVV proprietary system is an HHSC-approved EVV system that complies with all requirements listed in the [Section 5000, EVV Proprietary System | Texas Health and Human Services](#) that a program provider or FMSA may opt to use instead of an EVV vendor system from the state vendor pool. The purpose of this form is only to request to use a proprietary system and not to select an EVV vendor system.

Instructions for Completing and Submitting This Form

You must complete each section of this form. Please note “N/A” if an item is not applicable. You may provide additional explanation for an item that does not apply by attaching it to this form in a separate document. Submit the completed form by emailing it to Texas Medicaid & Healthcare Partnership (TMHP) at EVV_PSO@tmhp.com or by faxing it to 512-506-6619.

Submit questions to EVVPSO@hhs.texas.gov.

A. Program Provider or Financial Management Services Agency (FMSA) Information

Legal Entity Name:

Entity Type: Program Provider FMSA

List all National Provider Identifiers (NPI) or Atypical Provider Identifiers (API):

Doing Business As (DBA) Name:

Taxpayer Identification Number (TIN) (One TIN per form):

HHSC Provider Number:

Street Address or PO Box:

Suite or Apt. No.:

City:

State:

ZIP Code:

Telephone:

Fax:

Email:

Do you currently deliver Medicaid services that require the use of EVV? Yes No

If Yes, which EVV system do you currently use?

First Data/AuthentiCare

DataLogic/Vesta

HHSC Approved Proprietary System

B. EVV Proprietary System Information

I am requesting Proprietary System onboarding with: (please select from one of the two Paths below)

Path 1: A proprietary system that has not been previously approved by HHSC

The proprietary system will be (select one of the following):

Developed within our organization

Purchased/leased from a software vendor, if selected, enter the software company name:

Once approved, I would like HHSC to publish my proprietary system information on the HHSC and/or TMHP website.

Path 2: An *Approved Proprietary System* selected from the list of EVV Proprietary Systems Approved by HHSC. If this option is selected, enter the *Approved Proprietary System* name from the list:

Please click here for list of [EVV Proprietary Systems Approved by HHSC](#) found on the TMHP EVV website.

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C. Designated EVV Contact Information

Name of Designated EVV Contact (print name):

Telephone:

Fax:

Email:

The Designated EVV Contact will:

- Act as the Program Provider's or FMSA's single point of contact for the EVV proprietary system implementation.
- Report progress and escalate issues that may arise to TMHP and HHSC during the EVV proprietary system implementation.

Name of Designated EVV Training Contact (print name):

Telephone:

Fax:

Email:

The Designated EVV Training Contact will:

- Act as the Program Provider's or FMSA's single point of contact for the EVV proprietary system training and documentation during implementation.
- Act as a contact for HHSC, MCOs (if applicable), and TMHP related to any training or system access required post deployment.

D. Program Provider or FMSA Signature Authority

The Signature Authority must be duly authorized to act on behalf of the program provider or FMSA listed in Section A and is responsible for certifying the organization's compliance with HHSC rules and policies by signing the Proprietary System Certification Form during the Readiness Review Phase.

Name of Signature Authority (print name):

Title of Signature Authority for Legal Entity:

Street Address or PO Box:

Suite or Apt. No.:

City:

State:

ZIP Code:

Telephone:

Fax:

Email:

By signing below, I confirm:

- I have an owner or an authority relationship with the Program Provider or FMSA identified in Section A.
- 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 violates federal and state laws protecting the privacy of protected health information.
- I have read all HHSC EVV Business Rules for Proprietary Systems and will adhere to those rules as well as all HHSC EVV policy.
- I understand that I must demonstrate electronic data exchange and secure connectivity capabilities with 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 prior to completing all required Readiness Review criteria and receiving HHSC approval.
- I designate the individual listed in Section C of this document to be the Designated EVV Contact with whom TMHP and HHSC will coordinate all aspects of my EVV proprietary system implementation.

Signature (*stamped signatures not accepted*)

Date