TEXAS Health and Human Services Commission

MEDICAID ELECTRONIC VISIT VERIFICATION PROVIDER SYSTEM SELECTION FORM

This form must be completed by each Medicaid-enrolled entity providing Medicaid services on or after February 1, 2015, who are subject to electronic visit verification (EVV). As a provider of Medicaid services subject to the EVV requirement, you are required to use a Health and Human Services Commission (HHSC) approved EVV system to record visitation upon arrival and departure for the services you provide to an individual.

Please send the completed form by fax or email to the selected EVV vendor **and** to each entity with which you are enrolled as a provider of services.

PROVIDER AGENCY or FMSA

Legal Entity Name

Provider NPI or API

DBA

Provider TPI

Billing Address:

Street or PO Box | Ste. or Apt.

Provider TIN

City | State | Zip

DADS 9 Digit Contract Number(s)
(attach additional sheet if necessary)

Phone Number | FAX | Email

EVV VENDOR SELECTION: (Choose only one vendor to be used with the Provider Agency or FMSA listed above.)

☐ Care Monitoring 2000 ☐ DataLogic (Vesta) ☐ MEDsys ☐ Sandata

Date EVV Vendor was Selected

PROVIDER AGENCY or FMSA PAYORS

Indicate all Payors with which Provider Agency has contracts and/or receives Medicaid reimbursements. (See instructions on back).

☐ Amerigroup Corporation ☐ Cigna-HealthSpring ☐ UnitedHealthcare

☐ Molina Healthcare ☐ Superior HealthPlan ☐ Texas Medicaid Healthcare Partnership (TMHP) / Accenture

PROVIDER AGENCY OR FMSA PRIMARY REPRESENTATIVE FOR EVV

The individual within provider agency who serves as the primary representative of record for administrative decisions related to EVV.

Name and Title

Phone Number

Address:

Street or PO Box | Ste. or Apt.

FAX

City | State | Zip

Email

PROVIDER AGENCY OR FMSA POINT OF CONTACT (POC) FOR EVV

The individual within the provider agency who serves as the POC for all general matters regarding EVV. For provider agencies with multiple locations, please submit POC contact information, if different, for each location. More space is provided on page 2.

(If the same as provider agency EVV Primary Representative, check this box ☐.)

Name and Title

Phone Number

Address:

Street or PO Box | Ste. or Apt.

FAX

City | State | Zip

Email

TEXAS Health and Human Services Commission

EVV PROVIDER SYSTEM SELECTION FORM INSTRUCTIONS

Beginning February 1, 2015, all Medicaid-enrolled service providers (provider agencies) who provide Medicaid services subject to electronic visit verification (EVV) are required to use a Health and Human Services Commission (HHSC) approved EVV system to record on-site visitation with the individual/member. Persons providing services to the individual/member must use the selected EVV system to record visit arrival and departure times. The provider agency will use the time recorded in the EVV system to determine billable units/hours prior to requesting payment. Billed units/hours that are not supported and verified in the selected EVV system are subject to recovery or recoupment.

All provider agencies that are subject to EVV requirements must complete the Medicaid Electronic Visit Verification Provider System Selection Form and send copies of the completed form via fax or email to the selected EVV vendor **and** to each provider agency payor that you indicate on the form. Completed forms must be sent to these respective fax or email addresses:

EVV VENDORS (as applicable)

Care Monitoring 2000
Fax #: (888)803-3808
Email: info@cm2000.com

DataLogic (Vesta)
Fax #: (956)412-1464
Email: info@vestaevv.com

MEDsys
Fax #: (866)437-9066
Email:jcalcaterra@medsyshcs.com

Sandata
Fax #: (516)484-6084
Email: texasevv@sandata.com

PROVIDER AGENCY OR FMSA PAYORS (as applicable)(All Department of Aging and Disability Services contractors must send to TMHP)

Amerigroup Corporation
Fax #: 888-762-3124
Email: txstarplusprovider@amerigroup.com

Cigna-HealthSpring
Fax #: 877-440-7260
Email: starplusproviderrelations@healthspring.com

Molina Healthcare
Fax #: 877-900-8452
Email: MHTXProviderServices@MolinaHealthCare.com

Superior HealthPlan
Fax #: 866-702-4626
Email: SHP_EVV@Centene.com

UnitedHealthcare
Fax #: 877-960-5525
Email: uhc_evv@uhc.com

Texas Medicaid Healthcare Partnership (TMHP) / Accenture
(Including all Department of Aging and Disability Services contracts)
Fax #: 512-506-6619
Email: EVV@tmhp.com

PROVIDER AGENCY OR FMSA POINT OF CONTACT (POC) FOR EVV
Provider agencies with multiple locations, each with its own point of contact, should list the POC for each location. (Note: If there are more than three additional locations, please attach a separate document with the information below listed for each separate location and POC.)

Name and Title _____ Phone Number _____

Address: _____ _____
Street or PO Box Ste. or Apt. FAX

City _____ State _____ Zip _____ Email _____

Name and Title _____ Phone Number _____

Address: _____ _____
Street or PO Box Ste. or Apt. FAX

City _____ State _____ Zip _____ Email _____

Name and Title _____ Phone Number _____

Address: _____ _____
Street or PO Box Ste. or Apt. FAX

City _____ State _____ Zip _____ Email _____