MEDICAID ELECTRONIC VISIT VERIFICATION PROVIDER SYSTEM SELECTION FORM

This form must be completed by each Medicaid-enrolled entity providing Medicaid services on or after June 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 service visitation upon arrival and departure for the services you provide to an individual/member.

Submission Date
(The date this form is submitted)

Send the completed form by fax or email (provided on page 2) to Texas Medicaid and Healthcare Partnership (TMHP).

PROVIDER AGENCY or FMSA

Legal Entity Name (check one) ☐ Provider Agency or ☐ FMSA

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

Select the EVV Services Provided: ☐ CDS ☐ CFC ☐ PAS ☐ PCS ☐ Respite

EVV VENDOR SYSTEM SELECTION: (Choose **only one** EVV vendor system to be used by the Provider Agency or FMSA listed above. If you are a Texas Department of Aging and Disability Services contractor, **you may only select one EVV vendor system** per contract number listed above.)

☐ Data Logic (Vesta) ☐ Initial Selection ☐ No. of SADs with Current Vendor (Small Alternative Devices)

Date EVV System was Selected

-or- -or-

☐ MEDsys ☐ Vendor Change

Signature
(Signature of the EVV Primary Representative identified below)

Date of Signature

Effective Date
(Complete **only** if Changing Vendors – Effective Date must be no less than 120 calendar days from the Submission Date of this form)

PROVIDER AGENCY or FMSA PAYORS
Indicate all Payors with which Provider Agency has contracts and/or receives Medicaid reimbursements. (See instructions on page 2).

☐ Amerigroup Corporation ☐ Cigna-HealthSpring ☐ UnitedHealthcare

☐ Molina Healthcare ☐ Superior HealthPlan ☐ Texas Medicaid Healthcare Partnership (TMHP) / Accenture
(Includes DADS Contracted Providers)

PROVIDER AGENCY OR FMSA PRIMARY REPRESENTATIVE FOR EVV
The individual within the provider agency who serves as the primary representative of record for administrative decisions related to EVV.

Name and Title of EVV Primary Representative

Phone Number

Street Address or PO Box

Ste. or Apt.

Fax Number

City

State

Zip

Email

PROVIDER AGENCY OR FMSA POINT OF CONTACT (POC) FOR EVV (If the same as EVV Primary Representative, check this box ☐**.)**
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. Additional space is provided on page 2.

Name and Title

Phone Number

Street Address or PO Box

Ste. or Apt.

Fax Number

City

State

Zip

Email

MEDICAID ELECTRONIC VISIT VERIFICATION
PROVIDER SYSTEM SELECTION FORM INSTRUCTIONS

INITIAL SELECTION AND IMPLEMENTATION OF EVV FOR NEW PROVIDERS

All Medicaid-enrolled service providers (provider agencies) who provide Medicaid services subject to EVV are required to use an HHSC-approved EVV system to record on-site service visitation with the individual/member. As a provider agency, you are required to ensure your employees who provide covered services use the selected EVV system to record service visit arrival and departure times beginning the first business day following successful installation of the EVV system. The EVV system will be used to determine billable units/hours prior to requesting payment. Billed units/hours not supported and verified in the EVV system are subject to recovery or recoupment. As a new provider of EVV covered services, your payor may afford you a one-time grace period to learn the system you have chosen and to educate and train staff and the individuals/members to whom you provide services, after which time you may be subject to the following: corrective actions, claim denial or recoupment, or assessed liquidated damages should you fail to meet EVV compliance. Contact your respective payor(s) for more information. Please refer to your payor(s) website for additional information regarding EVV compliance requirements.

Please complete the Medicaid Electronic Visit Verification Provider System Selection Form on page one and send a copy to TMHP. They will notify your appropriate payor(s) and vendor you indicate on page one.

Texas Medicaid Healthcare Partnership
(TMHP) / Accenture
Fax #: (512) 506-6619
Email: EVV@tmhp.com

CHANGING EVV SYSTEMS AFTER INITIAL IMPLEMENTATION

A service provider requesting to change from one EVV system to another must complete and submit a new Medicaid Electronic Visit Verification Provider System Selection Form 120 calendar day in advance of the effective change date (Effective Date). The Effective Date must be 120 calendar days or more from the date of form submission (Submission Date). The Medicaid Electronic Visit Verification Provider System Selection Form must be completed in its entirety and sent via fax or email to Texas Medicaid & Healthcare Partnership (TMHP).

This 120-calendar-days policy allows the current vendor and the new vendor time to coordinate and perform a successful transition. EVV vendors must complete system set up and data transition by the Effective Date on the form, as determined by the service provider. EVV services provided by the new vendor must begin on the Effective Date. Unlike the Initial Selection and Implementation process described previously, a service provider who elects to change their EVV vendor must be in full compliance (no grace period) with EVV requirements beginning their first day with the new EVV vendor.

Note:
A provider is allowed to change providers twice the life of their Medicaid contract.

Providers should evaluate an alternate vendor system prior to submitting a change request. Once a change request has been submitted, the process must be completed and cannot be modified or stopped.

EVV VENDORS Contact Information:

Data Logic (Vesta)
(888) 880-2400
Email: info@vestaevv.com

MEDsys
(877) 698-9392/Option 2
Email: info@medsyshcs.com