

MEDICAID ELECTRONIC VISIT VERIFICATION (EVV) PROVIDER SYSTEM SELECTION FORM

Submission Date (The date the form is submitted)

INITIAL SELECTION AND IMPLEMENTATION OF EVV FOR PROVIDERS

All Medicaid-enrolled providers who provide specific services subject to EVV are required to use an approved EVV system to record visit verification for their Medicaid recipients. As a provider agency, you are required to ensure your PCAs use the selected EVV system to record service visit arrival and departure times. 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 effective January 1, 2020. As a new provider of EVV covered services, you must learn the system you have chosen and educate and train staff and the recipients to whom you provide services. This also includes personal care services covered through a Medicaid Managed Care Organization (MCO).

<input type="checkbox"/> INITIAL VENDOR CHANGE (effective date: _____)
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This form must be completed by each Medicaid-enrolled entity providing Medicaid services subject to electronic visit verification (EVV) on or after August 2019.

REVALIDATING PROVIDERS: complete this form and upload to your provider enrollment electronic application through the Medicaid portal.

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 in advance of the effective change date. This form must be completed in its entirety and sent via email to [DCHCP: pcsprogram@dhcp.nv.gov](mailto:pcsprogram@dhcp.nv.gov).

The current vendor and the new vendor must 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.

Check ONE: **PROVIDER AGENCY** – or – **INDEPENDENT CONTRACTOR (IC)**

(Each location will need its own form.)

DBA Name: _____ **Provider NPI:** _____

Servicing Address: _____ **Provider Medicaid ID:** _____

City, State, ZIP: _____ **Phone Number:** _____

Email: _____

Select the EVV Services Provided by your agency: PT30 PT48 PT58 PT83

PRIMARY REPRESENTATIVE FOR EVV

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

Name of EVV Representative: _____ Title: _____

Phone Number: _____ Email: _____

EVV VENDOR SYSTEM SELECTIONS: (Choose **only one** EVV vendor system to be used by the Provider Agency or IC listed above)

AuthentiCare -- or -- OTHER (w/Data Aggregator) If OTHER, what system: _____

Does this system meet the 21st Century Cures Act requirements? _____

Signature (Signature of the EVV Representative identified above)	Date of Signature	Effective Date (Complete only if changing vendors)
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