



Electronic Visit Verification Provider Onboarding Form Instructions

Program Providers and Financial Management Services Agencies (FMSAs) that have selected Datalogic Vesta as their EVV Vendor or need to request an EVV Vendor transfer must fill out the Vesta EVV Provider Onboarding Form. The Vesta EVV Provider Onboarding Form is a fillable form that can be completed, signed and submitted electronically from the Datalogic Vesta website or can be filled out online, printed, signed and sent to Datalogic by either fax to 956-412-1464 or via email to info@vestaevv.com.

A new Provider Onboarding Form must be completed and submitted to DataLogic Vesta for each individual agency National Provider Identifier (NPI) or Atypical Provider Identifier (API).

Section 1: Program Provider/Financial Management Services Agency (FMSA) Information

Please select if you are a new Program Provider, a new FMSA or requesting an EVV Vendor change. You must add the name of your current EVV Vendor if you are requesting an EVV Vendor change.

The following information is required if applicable.

Program Provider or FMSA information used here should match Program Provider information used to obtain an HHSC or MCO contract(s) for programs that require the use of EVV.

- **Legal Entity Name:** Legal Name of Business that will use Vesta EVV
- **DBA Name:** Doing Business as Name
- **NPI Number:** National Provider Identification Number (10 digits)
- **TIN:** Tax Identification Number (11 digits)
- **API Number:** Atypical Provider Identification Number (10 digits)
- **TPI Number:** Texas Provider Identification Number (9 digits)
- **Provider Number(s):** (also known as HHSC Contract Number, 9 digits)
- **Address, City, State, Zip:** Physical location of the Contracted Entity
- **Phone Number:** Include area code
- **Fax Number:** Include area code

Section 2: Program Provider/Financial Management Services Agency (FMSA) Contact Information

The following information is required if applicable:

- **Provider EVV System Administrator Name:** This person will be responsible for onboarding activities and the primary onboarding contact. An ink or digital signature is required.
- **Provider Administrator:** This person is the designated Administrator responsible for the agency's licensure and contract requirements.
- **Alternate Provider Administrator:** This person is the designated Alternate Administrator responsible for the agency's licensure and contract requirements.

Section 3: Vesta EVV Version Information

Please select whether your agency will use Vesta EVV only or will utilize a Third-Party Management System. A Third-Party software is a program used in the office to manage required forms, scheduling, billing and payroll. Please include Third-Party Software name and email.

Section 4A: Managed Care Programs

Check all applicable services.

Section 4B: MCO Payers

Check all applicable MCO Payers.

Section 5A: Fee-for-Service

Check all applicable services.

Section 5B: Payer

Check if applicable.

Section 6: Signature Authority This person has agency authority to make transactional decisions. All fields are required. An ink or digital signature is required.

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Electronic Visit Verification (EVV) Provider Onboarding Form

This form must be completed in its entirety. Include "N/A" where not applicable. All applicable fields must be completed in print format. Incomplete or illegible forms will not be processed and will delay the onboarding process. The listed Program Provider/Financial Management Services Agency (FMSA) EVV System Administrator will receive onboarding and training communications. A new onboarding form must be completed and submitted for each individual National Provider Identifier or Atypical Provider Identifier (NPI/API). **Fax completed form to 956-412-1464 or email to info@vestaevv.com.**

Section 1: Program Provider/FMSA Information (Select one.)

New Program Provider New FMSA EVV Vendor Change: *Current EVV Vendor:* _____

Legal Entity Name:		DBA Name:
National Provider Identifier (NPI) No.:		
Taxpayer Identification No. (TIN):	Atypical Provider Identifier (API) No.:	Texas Provider Identifier (TPI) No.:
Provider Number(s):		
Physical Address:		City/State/Zip:
Phone No.:		Fax No.:

Section 2: Program Provider/FMSA Contact Information

Program Provider/FMSA EVV System Administrator Name:	
Signature:	Email:
Program Provider/FMSA Administrator: <i>(N/A if same as Program Provider/FMSA EVV System Administrator)</i>	
Email:	
Program Provider/FMSA Alternate Administrator: <i>(N/A if same as Program Provider/FMSA EVV System Administrator)</i>	
Email:	

Section 3: Vesta EVV Version Information (Select one.)

Program Provider/FMSA will use EVV only version.
*(Check this box if you do not use a *third-party software system.)*

Program Provider/FMSA uses/will use *third-party software system.
*(Check this box if you currently use or plan to use a *third-party software system to integrate with Vesta EVV.)*

**Third-party software is a program used in the office to manage required forms, scheduling, billing and payroll.*

*Third-Party Software Name: _____ *Third-Party Software Email: _____

Section 4A: Managed Care Programs *(Select all that apply.)*

STAR Health
 STAR Health MDCP
 STAR Kids
 STAR Kids MDCP
 STAR+PLUS
 STAR+PLUS Medicare-Medicaid Plan
 STAR+PLUS Home and Community Based Services

Section 4B: MCO Payers *(Select all that apply.)*

Aetna Better Health Driscoll
 Amerigroup Molina
 BCBS of Texas Superior
 Children's Medical Texas Children's
 Cigna-HealthSpring United Healthcare
 Community First
 Cook Children's

Section 5A: Fee-for-Service Programs *(Select all that apply.)*

AMH CLASS PCS
 CAS/FC/PHC DBMD TxHmL
 CFC HCS YES

Section 5B: Payer *(Select if applicable.)*

HHSC/TMHP

Section 6: Signature Authority

Name:	Title:
Email:	Phone No.:
Signature:	Date: