Electronic Visit Verification (EVV) Provider Onboarding Form Instructions

Program providers and financial management services agencies (FMSAs) that have selected DataLogic as their EVV vendor, or need to request an EVV vendor transfer, must fill out the EVV Provider Onboarding Form. The EVV Provider Onboarding Form can be edited, signed and submitted electronically from the DataLogic website. The form can also be filled out online, printed, signed and faxed to DataLogic at 956-412-1464 or emailed to info@vestaevv.com. A new Provider Onboarding Form must be completed for each individual agency National Provider Identifier (NPI) or Atypical Provider Identifier (API).

Section 1: Program Provider/FMSA Information

Please select if you are a new program provider, a new FMSA, or are 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 entered here should match program provider information used to obtain an HHSC or MCO contract(s) for programs that require EVV.

- **Legal Entity Name:** Legal name of business that will use Vesta EVV
- **DBA Name:** Doing Business as Name
- **NPI Number:** National Provider Identifier number (10 digits)
- **TIN:** Taxpayer Identification Number (11 digits)
- **Provider Number(s):** A nine-digit number assigned to the program provider by HHSC in order to submit claims to TMHP
- **API Number:** Atypical Provider Identifier number (10 digits)
- **TPI Number:** Texas Provider Identifier 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/FMSA Contact Information

The following information is required (if applicable):

- **Program Provider/FMSA EVV System Administrator Name**: This individual will be granted initial access to the EVV vendor system and is responsible for completing the onboard process, system training, setting up user profiles in the EVV system and signing this form (handwritten signature in ink or digital signature and email is required).
- **Program Provider/FMSA Administrator (N/A if same as Program Provider/FMSA EVV System Administrator)**: This individual has authority to make decisions related to EVV. Email is required.
- **Program Provider/FMSA Alternate Administrator (N/A if same as Program Provider/FMSA EVV System Administrator):** This person is authorized to make EVV decisions on behalf of the Program Provider/FMSA Administrator. Email is required.

Section 3: Vesta EVV Version Information

Please select whether your agency will use Vesta EVV only, or a third-party software system. A third-party software system is a software program used to manage scheduling, billing and payroll. If you indicated you will use a third-party software system, enter the third-party software's name and a contact email address.

Section 4A: Managed Care Programs

Check all applicable services.

Section 5A: Fee-for-Service Programs

Check all applicable services.

Section 4B: MCO Payers

Check all applicable MCO payers.

Section 5B: Payer

Check if applicable.

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

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 (NPI) or Atypical Provider Identifier (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: (*N/A if same as Program Provider/FMSA EVV System Administrator)*	
Email:	
Program Provider/FMSA Alternate Administrator: (*N/A if same as Program Provider/FMSA EVV System Administrator)*	
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
☐ Amerigroup
☐ BCBS of Texas
☐ Children's Medical
☐ Cigna-HealthSpring
☐ Community First
☐ Cook Children's
☐ Driscoll
☐ Molina
☐ Superior
☐ Texas Children's
☐ United Healthcare

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: