



## 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/Atypical Provider Identifier (NPI/API). **Fax completed form to 956-412-1464 or email to [info@vestaevv.com](mailto: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 (TIN) No.:	(Atypical Provider Identifier (API) No.):	Texas Provider Identifier (TPI) No.:
Provider Number(s):		
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  
*(Select if Program Provider/FMSA does not currently use or plans to use an in-house or paid for third-party software system)*

Program Provider/FMSA uses/will use third-party software system  
*(Select if Program Provider/FMSA currently uses or plans to use an in-house or paid for third-party software system to integrate with Vesta EVV)*

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.:	Date:
Signature:		