

## Electronic Visit Verification (EVV) Form

This form must be completed and attached to a new provider enrollment application or an enrollment update via the Provider Web Portal.

### Provider Request

Health First Colorado Provider Program ID: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Provider/Provider Representative Name (please print): \_\_\_\_\_

Provider/Provider Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this form and submit via the Provider Web Portal using the following steps (do not mail to DXC Technology):**

1. Log in to the Provider Web Portal.
2. Click "Provider Maintenance."
3. Click "Provider Maintenance" again.
4. Complete the Provider Web Portal Maintenance Request.
5. Click "Attachments and Submit" on the left-hand side of the page.
6. Add the completed EVV Attestation form.
7. Select the Attachment Type "Other" with the document labeled "EVV Attestation."
8. Submit.

Once the application has been processed, a welcome email that explains next steps for training and obtaining production credentials from Sandata will be sent.

Please visit the EVV web page for more information on implementation in Colorado and training options.

Note: If using an alternate vendor for Electronic Visit Verification, ensure proper interfacing with Sandata.

**Provider Services Call Center**

**1-844-235-2387**

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