

Instructions for Completing the AuthentiCare Electronic Visit Verification (EVV) Provider Onboarding Form

This form is used for program providers and financial management services agencies (FMSAs) who would like to use AuthentiCare as their Electronic Visit Verification (EVV) provider solution. This form may be edited online using Adobe Reader except signature fields. Program providers and FMSAs must print and sign the form and email to AuthentiCareTXSupport@firstdata.com or fax to 402-991-9340. All form fields with an asterisk (*) are required fields.

EVV Administrator Information

Program Provider/FMSA EVV System Administrator: This user is identified as the primary EVV contact. Please provide name, title, phone number and email address. The Program Provider/FMSA EVV System Administrator must sign and date this form.

AuthentiCare Administrator: This user may be the same or different user as the Program Provider/FMSA EVV System Administrator. This is the user who will be accessing AuthentiCare to perform visit maintenance, scheduling, and other tasks such as running reports, adding service attendants, adding other provider users, training users, adding and editing authorizations and adding members. AuthentiCare recommends two users per program provider/FMSA to be named to ensure there is always one AuthentiCare administrator to reset passwords.

Will you be using AuthentiCare to submit claims? If the answer is "Yes," it means that AuthentiCare will be used to submit EVV claims based on visit data. If the answer is "No," it means the program provider/FMSA will not use AuthentiCare to submit EVV claims.

Program Provider/FMSA Information

TIN: Tax Identification Number

DBA (Doing Business As): Please provide the business name under which EVV services will be provided.

Street Address: Physical address should be provided here with street address, city, state and zip code.

NPI (National Provider Identifier) or API (Atypical Provider Identifier): For each individual NPI or API, a new onboarding form must be completed and submitted.

Category of Provider (only one can be chosen per NPI or API)

- Program Provider
- FMSA

Are you new to EVV or transitioning from another EVV System?

- New
- Transitioning (if transitioning, you must identify your current EVV vendor)

Provider No.(s): Contract provider numbers as assigned by HHSC. If you are enrolled with fee-for-service, the TPI and/or Provider Number is required. Separate provider numbers with commas. If there are more than three, include the additional numbers during your onboarding appointment.

TPI No.(s): Texas Provider Identifier numbers as assigned by TMHP. If you are enrolled with fee-for-service, the TPI and/or Provider Number is required. Separate TPI numbers with commas. If there are more than three, include the additional numbers during your onboarding appointment.

Which Medicaid Programs do you serve? (select all that apply)

Managed Care Programs:

- STAR+PLUS
- STAR+PLUS Home and Community Based Services
- STAR+PLUS Medicare-Medicaid Plan
- STAR Health
- STAR Health - Medically Dependent Children Program (MDCP) Covered Services
- STAR Kids
- STAR Kids - Medically Dependent Children Program (MDCP) Covered Services

Fee-for-Service:

- AMH: Adult Mental Health
- CAS/FC/PHC: Community Attendant Services/Family Care/Primary Home Care
- CFC: Community First Choice
- CLASS: Community Living Assistance and Support Services
- DBMD: Deaf Blind with Multiple Disabilities
- HCS: Home and Community-Based Services
- PCS: Personal Care Services
- TxHmL: Texas Home Living
- YES: Youth Empowerment Services

Signature Authority: The signature authority for the program provider/FMSA is the person who signs the Medicaid contract. You must include the person's name, title, phone and email. This person must sign and date the form at the bottom in the signature authority fields.

Questions go to: AuthentiCareTXSupport@firstdata.com

AuthentiCare

EVV Provider Onboarding Form

EVV Administrator Information

(AuthentiCare recommends two AuthentiCare Administrators for each Program Provider/FMSA)

Program Provider/FMSA
EVV System Administrator Name* Title *

Phone * Email *

Signature * Date *

Program Provider/FMSA EVV System Administrator

Note: We recommend that 2 AuthentiCare administrators be identified.

Name *	Name
Email *	Email
Phone *	Phone

Will you be using AuthentiCare to submit claims? Yes No Note: There is no additional charge for submitting claims through AuthentiCare.

Program Provider/FMSA Information

Legal Entity Name *

DBA

Street Address *

City * State* Zip *

TIN * NPI or API * Phone* Fax*

Category of Provider * Are you a new or transitioning program provider/FMSA? * Previous Vendor:

Program Provider FMSA New Transitioning

Provider No.(s):		TPI No.(s):	
Fee-for-Service Programs (select all that apply):	Fee-for-Service Payer:	Managed Care Programs (select all that apply):	Managed Care Payers (select all that apply):
AMH HCS	HHSC/TMHP	STAR+Plus	Aetna Better Health Cook Children's
CAS/FC/PHC PCS		STAR+Plus - HCBS	Amerigroup Driscoll
CFC TxHmL		STAR+Plus - Medicare/Medicaid	BCBS Of Texas Molina
CLASS YES		STAR Health	Children's Medical Superior
DBMD		STAR Health - MDCP	Cigna-HealthSpring Texas Children's
		STAR Kids	Community First United Healthcare
		STAR Kids - MDCP	

Signature Authority

Signature Authority Name *	Signature Authority Title *
Signature Authority Phone *	Signature Authority Email*
Signature *	Signature Date*

When you have completed this form and all signatures have been captured, please email to: AuthentiCareTXSupport@firstdata.com or fax to: 402-991-9340

If you need assistance, please feel free to call Customer Support at 877-829-2002 or email Customer Support at: AuthentiCareTXSupport@firstdata.com