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*PROVIDER AGENCY NAME:*

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*DATE*

**Electronic Visit Verification (EVV) – Use of Alternate EVV System Attestation**

As the Chief Executive of a provider agency that provides services to AHCCCS members subject to Electronic Visit Verification (EVV), I attest to the following:

1. My agency will NOT utilize the Sandata EVV system, but will instead utilize an Alternate EVV System for EVV beginning January 1, 2021. I understand that my agency can make a different business decision at any time, but as of today we intend to use Alternate EVV System named \_\_\_\_\_. The Alternate EVV Vendor chosen by my agency will be able to comply with all required technical and business requirements outlined in the Alternate EVV System Requirements and Technical Specifications documents available on the AHCCCS website ([www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV)) and send required data to Sandata's Aggregator no later than January 1, 2021.
  - a. I understand that if our Alternate EVV Vendor's system will not be compliant by January 1, 2021, my agency will be expected to complete all required training offered by Sandata in preparation to use their EVV system.
  - b. I understand that I will be notified when training registration occurs. If my Alternate EVV Vendor's system is not able to successfully complete the Alternate EVV System Certification process by 10/16/2020, I will be required to register for training and begin using the Sandata EVV system.
  - c. I understand that when my Alternate EVV Vendor's system is compliant, I may opt to discontinue use of the Sandata EVV system and transition to using my Alternate EVV Vendor system for EVV services.
  - d. I understand my agency is responsible for ensuring vendor participation during the setup of transmission of data to the Sandata data aggregator
2. For EVV services that don't require prior authorization, my agency will input/upload required information including updates and changes into the AHCCCS Service Confirmation Portal to inform AHCCCS and Managed Care Organizations (MCOs) of the following information to support monitoring access to care through the EVV system and the certification of the EVV system by the Centers for Medicare and Medicaid Services no later than December 29, 2020.
  - Service codes, units and modifiers
  - Beginning and end date of the services
  - Medical necessity determination date
3. I understand that while AHCCCS will allow an interim "grace" period to process claims with nonexistent or incomplete EVV visit information, ultimately claims will not be paid unless all required EVV information is provided. I also understand that AHCCCS and the MCOs will send a claims remit when a claim has been submitted with nonexistent or incomplete EVV visit information to help inform us of issues. AHCCCS will also be using that information to help inform any further provider training or guidance.
4. I understand and will adhere to the step by step process and timeline to obtain certification of my EVV system for Sandata. The step by step Certification process and timeline are outlines on the AHCCCS website and can be found at [www.azahcccs.gov/evv](http://www.azahcccs.gov/evv).

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*CHIEF EXECUTIVE NAME*

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*DATE*

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*CHIEF EXECUTIVE SIGNATURE*

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*CHIEF EXECUTIVE EMAIL*

Please verify the name and contact information for the administrative representative within your organization who will be responsible for serving as the primary contact for EVV. This person will receive primary communications and notices from Sandata and AHCCCS.

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*EVV CONTACT NAME*

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*EVV CONTACT EMAIL*

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*EVV CONTACT TITLE*

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*EVV CONTACT PHONE NUMBER*

If the organization has multiple AHCCCS Provider Registration IDs that may be subject to EVV, please include all relevant Provider IDs.

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*AHCCCS PROVIDER ID*

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*AHCCCS PROVIDER ID*

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*AHCCCS PROVIDER ID*

\*Please attach a list if additional room is needed to include all AHCCCS provider IDs.