



# **EVV CONTACT ADD/UPDATE USER MANUAL**

EFFECTIVE 05/13/2022

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## EVV Service Confirmation Portal

EVV Service Confirmation Portal will allow for applicable providers to input and capture key data elements for defined services not subject to PA or CA165 Authorizations. The State's Electronic Visit Verification (EVV) system must comply with standards set forth by Centers for Medicare and Medicaid Services (CMS) to ensure the system meets the requirements of the 21st Century Cures Act. As part of the CMS certification process of the EVV system, the State must demonstrate the use of the EVV System supports the State to avoid payment for unauthorized or unapproved services by reconciling the linkage of providers, services, units and visits prior to claims payment. The Service Confirmation Portal is being required by AHCCCS to ensure compliance with the CMS requirements for EVV. More information on the EVV program may be found at [www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV).

**For the purposes of adding or updating an EVV Contact, the Service Confirmation Portal can also be used for providers to add or update EVV Contact information.** An EVV Contact must be on file for initial account access to the Sandata EVV System and the Sandata EVV Aggregator for alternate EVV users. Please use the directions below to add an EVV Contact or update the existing contact when needed.

### Accessing the Portal - AHCCCS Online Website

The new EVV Service Confirmation Portal will only be available to a specific group of provider types. For provider types permitted to use the portal, the account administrator (Master account holder) will have the ability to grant system access to users. If the provider is not permitted to use the EVV Service Confirmation Portal, the "EVV Service Confirmations" option will not be visible in the list of sub-systems.

**For the purposes of adding or updating an EVV Contact, providers must access the Service Confirmation Portal** even if their services are Prior Authorized and there is no intent to use the Service Confirmation Portal for any other reason.

**User Authorization**

- AIMH Services Program
- Claim Status
- Claim Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Newborn Notification
- NewOperation
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Re-Enrollment/Revalidation
- Provider Verification
- Members Supplemental Data
- Targeted Investments Program

Users, who have been granted access to the EVV Service Confirmation Portal, log-in to the AHCCCS Online website and you will see the option under the "Menu" section.



## To obtain access to AHCCCS Online Portal

<https://azweb.statedicaid.us/Help/LearnMore.aspx>

To use the AHCCCS Online website, you must have an active account. Accounts are created by the user. They are not assigned by AHCCCS. To create an account, click on the [Register](#) link under the "New Account" menu. For assistance, please contact the AHCCCS Customer Support Group at **(602) 417-4451**.

There are two types of accounts that can be created with this system, MASTER Accounts and INDIVIDUAL Accounts. Both types of accounts will allow providers to view eligibility/enrollment information for any valid recipient in the system. However, providers will only be able to view claim status information for claims submitted by the provider under which the account is created, or an affiliated provider. For instance, creating an account under a Billing ID, rather than a Provider ID, will allow the account holder to view claims for all providers associated to the Billing ID. This association is often created for multiple providers using the same Tax ID. For privacy reasons, providers are restricted from viewing claims submitted by other providers, unless a provider group affiliation is established. Please contact AHCCCS Provider Registration at **602-417-7670 Option 5** for questions concerning provider group affiliation.

### MASTER ACCOUNTS

The option to create a Master account is only available if no other master accounts have been created for the provider. A Master account has all the functionality of Individual accounts. However, a Master account holder will also have the ability to administer all the Individual accounts for the same provider. This provides an authorized representative from a provider, such as a supervisor or manager, the ability to monitor and maintain who can and cannot access information from the system. If you are not a representative from an AHCCCS contracted provider, please do not attempt to create an account.

- When the registration process is complete for a Master account, a letter will be generated and sent to the mailing address specified by the account holder. The account holder specifies the address by selecting one of the options in the drop-down list during the sign up process. The letter will contain the authentication code necessary to activate the Master account.
- If the Master account is not activated within 15 days of creation, it will be deleted from our system. Please keep in mind that during this time, no other Master accounts can be created. Therefore, please do not attempt to create a Master account unless you are authorized to do so since this will delay your setup process.
- If the Master account is not accessed for more than 90 days, the account will automatically be locked. The master account holder will receive email alerts, sent to the email address registered with the account, prior to the account being locked.
- There can be multiple Master accounts. To create additional Master accounts, an existing Master account holder simply promotes an Individual account to a Master.
- Once the Master account is activated, the Master account holder will have the ability to activate new Individual accounts.
- If an active Master account does not exist for a given provider, Individual accounts cannot be created. Master account holders who are planning to leave the organization should make sure to designate another account holder to a Master status to prevent disruption in service for the provider.
- All Master account holders will receive an email each time an Individual account is created. This email is sent to notify the Master that the account was created and is awaiting activation.

### INDIVIDUAL ACCOUNTS

Individual accounts can be created regardless of whether a master account already exists for a provider. However, you cannot use an individual account until a master account holder activates it.

- When the registration process is complete for an Individual account, an email will be sent to the Master account holder(s) for the same provider, if a Master account exists. The purpose of the email is to notify the Master account holder(s) that a new Individual account has been created and is awaiting activation.
- The account will remain inactive for up to 120 days unless it is activated by a Master account holder. If 120 days pass, it will be deleted from our system.

**NOTE:** For questions or concerns regarding security to EVV Service Confirmation Portal or Providers listings, please open a ticket by email [isdcustomersupport@azahcccs.gov](mailto:isdcustomersupport@azahcccs.gov) with the details. The appropriate team will assist you.



Main | FAQ | Terms Of Use | LogOut | Reaching across Arizona to provide comprehensive, quality health care for those in need.

EVV Provider Contact Information | Upload File

**EVV Service Confirmations**

**Service Record Search**

\* Indicates required fields

AHCCCS ID:

\* Service Provider ID: --SELECT--

Begin Date of Service:  (MM/DD/YYYY)

End Date of Service:  (MM/DD/YYYY)

Search provider contact information by selecting a Provider ID from the dropdown list

**Provider Contact Information**

Please select the Provider ID for which the contact information needs to be added or updated.

AHCCCS Provider ID: --SELECT--

If the provider contact information already exists, the system will populate the existing data in a grid

**Provider Contact Information**

Please select the Provider ID for which the contact information needs to be added or updated.

AHCCCS Provider ID: 000001

	First Name	Last Name	Street 1	Street 2	City	State	Zip	Zip4	County	Phone	Fax	Email	Begin Date	End Date
<input type="button" value="Edit"/>	TESTF	TESTL	STE 400	3003 N CENTRAL AVE	PHOENIX	AZ	85012		MARICOPA	602-685-6000		TEST@AZAHCCCS.GOV	06/01/2055	

Users can click on the **Edit** button to modify the record. The **Provider ID** and **Begin Date** are not editable

**Add/Update Provider Contact Information**

\* Indicates required fields

AHCCCS Provider ID: 000001

\* Contact First Name: TESTF

\* Contact Last Name: TESTL

\* Street Line 1: STE 400

Street Line 2: 3003 N CENTRAL AVE

\* City: PHOENIX

\* State: Arizona

Zip: 85012 Zip+4:

\* County: MARICOPA

\* Contact Phone: 602 - 685 - 6000

Contact Fax:  -  -

\* Contact Email: TEST@AZAHCCCS.GOV

Begin Date: 06/01/2055

End Date: 12/31/2055 (MM/DD/YYYY)

If there is no contact information for the provider or the user decides to add a new one, the system will allow the user to enter the data element values.

**Add/Update Provider Contact Information**

\* Indicates required fields

AHCCCS Provider ID: 000001

\* Contact First Name:

\* Contact Last Name:

\* Street Line 1:

Street Line 2:

\* City:

\* State:

Zip:  Zip+4:

\* County:

\* Contact Phone:  -  -

Contact Fax:  -  -

\* Contact Email:

\* Begin Date:  (MM/DD/YYYY)

End Date:  (MM/DD/YYYY)

Enter the information values and click the **Next** button

**Add/Update Provider Contact Information**

\* Indicates required fields

AHCCCS Provider ID: 000001

\* Contact First Name:

\* Contact Last Name:

\* Street Line 1:

Street Line 2:

\* City:

\* State:

Zip:  Zip+4:

\* County:

\* Contact Phone:  -  -

Contact Fax:  -  -

\* Contact Email:

\* Begin Date:  (MM/DD/YYYY)

End Date:  (MM/DD/YYYY)

User can verify the values and submit it

**Add/Update Provider Contact Information**

AHCCCS Provider ID: 000001

Contact First Name: TESTF

Contact Last Name: TESTL

Street Line 1: STE 400

Street Line 2: 3003 N CENTRAL AVE

City: PHOENIX

State: AZ

Zip: 85012

County: MARICOPA

Contact Phone: 602-685-6000

Contact Fax:

Contact Email: TEST@AZAHCCCS.GOV

Begin Date: 06/01/2055

End Date: 12/31/2055

Submission confirmation

**Add/Update Provider Contact Information**

AHCCCS Provider ID: 000001

Contact First Name: TESTF

Contact Last Name: TESTL

Street Line 1: STE 400

Street Line 2: 3003 N CENTRAL AVE

City: PHOENIX

State: AZ

Zip: 85012

County: MARICOPA

Contact Phone: 602-685-6000

Contact Fax:

Contact Email: TEST@AZAHCCCS.GOV

Begin Date: 06/01/2055

End Date: 12/31/2055

TRANSACTION SUCCEEDED. RECORD(S) SUCCESSFULLY CHANGED