Electronic Visit Verification (EVV) Data Access Request Form

This form should be completed by any Medicaid-enrolled entity who previously utilized the MEDsys VinCENT or DataLogic Vesta Electronic Visit Verification (EVV) vendor system, but cannot access their EVV data from the vendor system. This request will grant 30 days of read-only access to the data in the DataLogic Vesta EVV System.

All information on this form is required. Put "N/A" for information that is not applicable.
Email EVV@tmhp.com for questions and to submit the completed form.
Completed forms may also be faxed to Texas Medicaid & Healthcare Partnership (TMHP) at 512-506-6619.

A. Provider Agency Information

Legal Entity Name:		
National Provider Identifier (NPI) or Atypical Provider Identifier (API) (One NPI/API per form):	Doing Business As (DBA) Name:	
Taxpayer Identification Number (TIN) (One TIN per form):	Provider Contract Number (Attach additional sheet if applicable):	
Street Address:		Suite or Apt. No.:
City:	State:	ZIP + 4:
Telephone:	Fax:	Provider Email:
Name of EVV Vendor Used: MEDsys Datalogic		
Dates Enrolled With EVV Vendor: through		

B. Reason for Request

Change of Ownership (CHOW)	No Longer in Business
No Longer Providing Medicaid Services that are Subject to EVV	Other (Please describe):

C. Provider Agency Payers (Select all that apply)

Aetna Better Health of Texas Inc.	Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX)
Amerigroup Corporation	Molina Healthcare
Children's Medical Center	Superior HealthPlan
Cigna-HealthSpring	Texas Children's Health Plan, Inc.
Community First Health Plans, Inc.	TMHP/HHSC
Cook's Children's Health Plan	UnitedHealthcare
Driscoll Children's Health Plan	Other:

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D. Provider Agency Primary Representative for EVV		
Name and Title of Provider Agency Signature Authority:		
Street Address:		Suite or Apt. No.:
City:	State:	ZIP + 4:
Telephone:	Fax:	Email:
Provider Signature *(stamped signatures not accepted)*		Date
By signing, I confirm that I have an owner or an authority relationship with the Provider identified above, and that I am authorized to view the Provider Agency's historical health-related data. I understand that unauthorized access of health-related data violates federal and state laws protecting the privacy of protected health information.		