

# Electronic Visit Verification (EVV) Compliance Attestation

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

1. My agency will utilize an EVV system for all EVV applicable services as outlined on the AHCCCS website at [www.azahcccs.gov/evv](http://www.azahcccs.gov/evv). I understand that my agency will need to have a contract in place with an EVV vendor of my choice and share visit data with the AHCCCS aggregator.

\_\_\_\_\_ Initial

2. I understand that I will not get paid for EVV services until my agency is using an EVV system to record visits and the required visit data is present for claimed services.

\_\_\_\_\_ Initial

3. I understand and will adhere to the AHCCCS Medical Policy Manual (AMPM) Electronic Visit Verification policy (540).

\_\_\_\_\_ Initial

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Direct Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider** - please return this form directly to your health plan (AHCCCS or a Managed Care Organization) and maintain a copy for your records. Do **NOT** send to AHCCCS if you are contracting with a Managed Care Organization.

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

| AHCCCS Provider IDs |  |
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**Provider** - please return this form directly to your health plan (Managed Care Organization) and maintain a copy for your records. Do **NOT** send to AHCCCS if you are contracted with a Managed Care Organization.

NOTE FOR Managed Care Organizations - **Please maintain this document in the organization’s credentialing and contract files.** The attestation is only required as part of initial request to join the network. It is not required for recredentialing.