DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid and Medical Assistance

Alternate Electronic Visit Verification (EVV) Vendor Change Form

Providers using an alternate EVV Vendor must notify DMMA, Sandata and the Diamond State Health Plan MCOs (as appropriate) of a change in alternate EVV Vendors at least 45 days in advance of the change. (This includes providers seeking to change from an alternate EVV system to Sandata.)

Please use this form to communicate the details of the anticipated change. Please complete all fields (if switching to Sandata vendor contact information not needed) and email this form to the following:

DMMA: DHSS_DMMA_EVV@delaware.gov

Sandata: DEaltevv@sandata.com

AmeriHealth Caritas of Delaware: EVV_Provider_Notification@amerihealthcaritasde.com

Highmark Health Options: EVVProviderCommunication@highmark.com

Delaware First Health: EVVProviderCommunication@delawarefirsthealth.com

Providers must also submit a new Alternate EVV System Attestation form to DMMA attesting that the new system meets State EVV requirements. Please use one form for each NPI, MCDID, location. The form can be found @ https://dhss.delaware.gov/dhss/dmma/info_stats.html.

Agency Name	
Agency Medicaid ID (MCDID)	
Agency NPI	
Agency Contact Person Name	
Agency Contact Person Phone	
Agency Contact Person Email	
Agency Street Address	
Agency City	
Agency State	
Agency Zip Code	

Name of Current EVV Vendor/Company	
Name of Current EVV Product/Solution	

Implementation Date of New System	
Name of New EVV Vendor/Company	
Name of New EVV Product/Solution	
If switching to Sandata, are state-issued devices needed?	

If state-issued devices are needed, how many are needed?	
New EVV Vendor/Company Contact Name	
New EVV Vendor/Company Contact Phone	
New EVV Vendor/Company Contact Email	