Electronic Visit Verification (EVV) Form

This form must be completed and attached to a new provider enrollment application or an enrollment update via the Provider Web Portal.

Health First Colorado Provider Program ID: ________________________________

Provider Name: ________________________________

Contact Information: Phone: __________________ Email: __________________

Provider/Provider Representative Name (please print): ________________________________

Provider/Provider Representative Signature: __________________ Date: ____________

Complete this form and submit via the Provider Web Portal using the following steps (do not mail to DXC Technology):

1. Log in to the Provider Web Portal.
2. Click “Provider Maintenance.”
3. Click “Provider Maintenance” again.
5. Click “Attachments and Submit” on the left-hand side of the page.
6. Add the completed EVV Attestation form.
7. Select the Attachment Type “Other” with the document labeled “EVV Attestation.”
8. Submit.

All providers requiring Electronic Visit Verification must also have an account with Sandata, the EVV Vendor, to view and submit documentation.

Contact Sandata at (855) 871-8780 or cocustomercare@sandata.com to set up an account.

Note: If using an alternate vendor for Electronic Visit Verification, ensure proper interfacing with Sandata.

Provider Services Call Center

1-844-235-2387

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