



# DELAWARE HEALTH AND SOCIAL SERVICES

## Division of Medicaid and Medical Assistance

### Third Party Electronic Visit Verification (EVV) Vendor Change Form

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

Please use this form to communicate the details of the anticipated change. Please complete all fields and email this form to the following:

DMMA: [DHSS\\_DMMA\\_EVV@delaware.gov](mailto:DHSS_DMMA_EVV@delaware.gov)

Fiserv: [AuthenticareDESupport@firstdata.com](mailto:AuthenticareDESupport@firstdata.com)

AmeriHealth Caritas of Delaware: [EVV\\_Provider\\_Notification@amerihealthcaritasde.com](mailto:EVV_Provider_Notification@amerihealthcaritasde.com)

Highmark Health Options: [HHO – EVV Provider Change Forms](#)

Agency Name	
Agency Medicaid ID	
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 AuthentiCare, 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	