HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

New Mexico EVV System Declaration Form

This form is to be completed and signed by agencies. This will enable us to identify whether you will be using the State/MCO-sponsored EVV solution, AuthentiCare, or using a Third-Party EVV solution. If you use a Third-Party EVV solution it must be approved by Conduent on behalf of New Mexico Health Care Authority or Turquoise Care MCOs.

Please submit the completed form, along with any questions you may have, to:

ConduentEVVaggregatorsupport@conduent.com Please fill in your agency/provider information:

Name	
Medicaid Provider ID	
Contact Person Name	
Contact Person Phone	
Contact Person Email	
Mailing Address 1	
Mailing Address 2	
City	
State & Zip Code	

HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

Please fill in your EVV solution vendor selection and information:

☐ I will be using the State Sponsored EVV Solution, NM AuthentiCare.

☐ I will be using a Third Party EVV solution and will complete the box below for:

☐ **MCO**

☐ **FFS**

☐ **Both (MCO and FFS)**

Name of Vendor/Company	
Name of EVV solution	
Vendor Contact Person Name	
Vendor Contact Person Phone	
Vendor Contact Person Email	

☐ I agree that the information I have provided is accurate and that I will comply with the State of New Mexico EVV requirements.

Name:_____ Email:_____

Signature:_____

Date:_____