



CalEVV

Quick Reference Guide (QRG)

Registering in the CalEVV Provider (Vendor) Self-Registration Portal



Only one representative should register on behalf of the provider agency.

To register in the Provider Self-Registration Portal as a CalEVV Provider (Vendor):

1. Click the link below to navigate to the Self Registration Portal.
<https://vendorregistration.calevv.com>

California EVV Phase II Provider (Vendor) Self-Registration Form

This EVV Self Registration form must be completed by California Providers (Vendors) that will use Electronic Visit Verification (EVV) for the California EVV Phase II Program. EVV is required per the 21st Century Cures Act. If you are a provider of Personal Care Services (PCS) for programs and services listed in the 'Help'/Payer and Services Included in the California EVV Phase II Project' section on the navigation pane to your left, you must complete this form.

The information gathered on this form is required for the California EVV Phase II EVV Project implementation, including if you intend to use the State Supplied EVV system (known as CalEVV system) or an alternate EVV system. You may have already been asked to provide this information, but you will also need to complete this form.

Please note that you will not be able to save the form unless all required fields are completed. Additional information about each field on the form is available in the 'Help' section on the navigation page.

Basic Information ^

PROVIDER AGENCY NAME *

| | |
|---|---|
| <p>SERVICE TYPES *</p> <p>select one ▼</p> | <p>PROGRAMS (SELECT ONE OR MORE) *</p> <p>select one or more ▼</p> |
| <p>APPROXIMATE # OF PROGRAM RECIPIENTS *</p> <p>_____</p> | <p>APPROXIMATE # OF CAREGIVERS/STAFF *</p> <p>_____</p> |



2. Use the fields in the Basic, Address, and Agency Contact Information sections to enter your information as an agency provider. Required fields are indicated with an *.

Hover over a field with your cursor to get definitions and help on what you need to enter in that field.

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Basic Information ^

PROVIDER AGENCY NAME *

SERVICE TYPES * PROGRAMS (SELECT ONE OR MORE) *

select one select one or more

_____ _____

APPROXIMATE # OF PROGRAM RECIPIENTS * APPROXIMATE # OF CAREGIVERS/STAFF *

_____ _____

3. In the Provider Identifier section, click the **ADD** button to add your Provider Identifier(s).

You must add at least one Provider Identifier.

Provider Identifiers ^

The Provider Identifiers section of this form will collect all your unique identifiers per California Department. These identifiers are used by your jurisdictions in billing. You are required to enter at least one identifier. Please provide account information for each contracted service you provide to the State of California. You will be able to manage these identifiers in the CalEVV system or CalEVV Aggregator system after program launch.

| Department | Jurisdictional Entity / Jurisdiction | Identifier Type | Identifier | ADD |
|------------|--------------------------------------|-----------------|------------|-----|
| | | | | ADD |

NOTE: A minimum of one Provider Identifier must be added.

Address ^

Add Provider Identifier

DEPARTMENT *
 ▼

JURISDICTIONAL ENTITY / JURISDICTION *
 San Francisco ▼

IDENTIFIER TYPE *
 EIN ▼

IDENTIFIER *
 54-5345454

SUBMIT
CANCEL

4. In the Additional Information section, click the buttons to confirm if your provider agency is going to use the CalEVV System or an alternate system to electronically collect visit data.
5. Depending on which button you choose, you will be prompted to answer a few additional questions and/or complete additional fields.

Additional Information ^

For the California EVV Phase II Program, providers have the option to use CalEVV (the State provided EVV system) or an alternate EVV system.

If you will be using the CalEVV system, you can provide your member and caregiver information using CalEVV's data entry tool; via upload from your Agency Management system; or using an Excel spreadsheet tool which will be provided.

For Provider Agencies wishing to use an alternate EVV system, please select "NO" and specify the Software Vendor who will be collecting and transmitting your visit data.

WILL YOUR AGENCY BE USING CALEVV TO ELECTRONICALLY COLLECT VISIT DATA? *

YES NO UNKNOWN

6. Click **Submit**.

Once you click Submit, your system generated CalEVV Identifier will show on the screen. The CalEVV Identifier will also be emailed to you.

NOTE: Keep your CalEVV Identifier in a place where you will find it later. It is the ID that uniquely identifies you as a provider in the CalEVV system. You will need this CalEVV Identifier to register for Learning Management System training and to retrieve your Welcome Kit.

Additional Information

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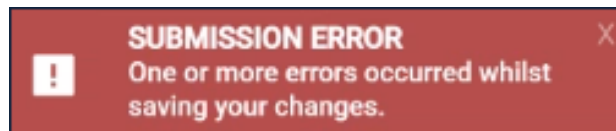
For Provider Agencies wishing to use an alternate EVV system, please select "NO" and specify the Software Vendor who will be collecting and transmitting your visit data.

WILL YOUR AGENCY BE USING CALEVV TO ELECTRONICALLY COLLECT VISIT DATA? *

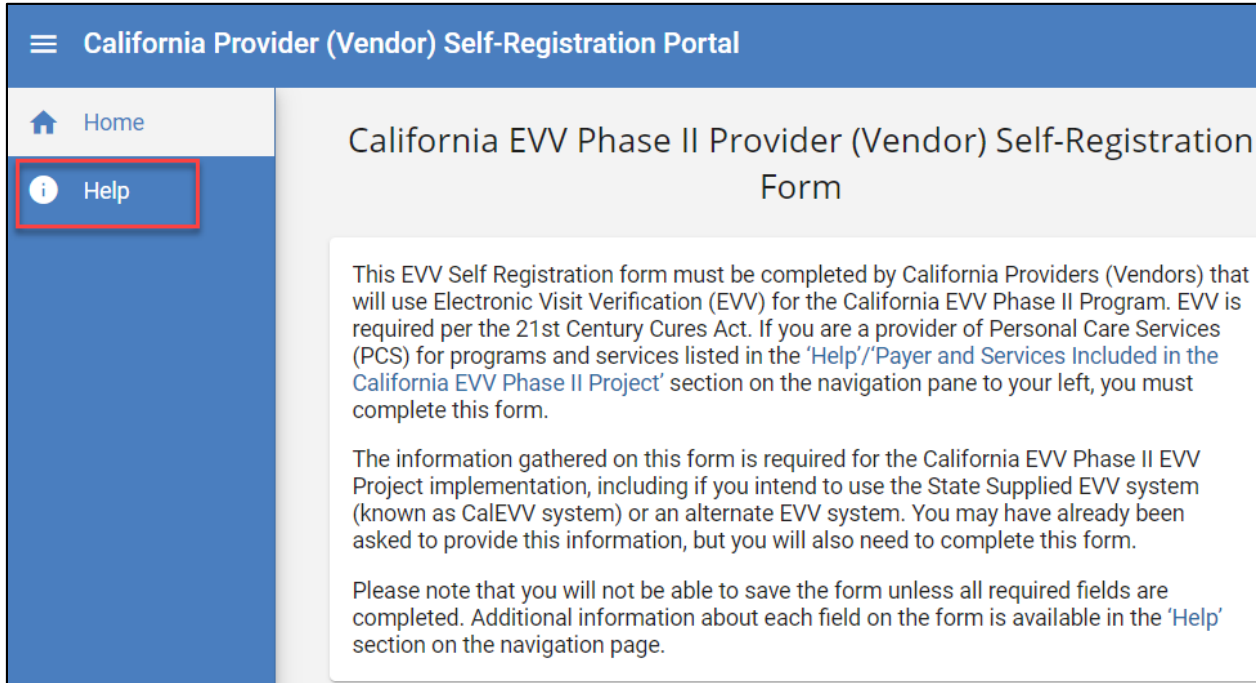
YES NO UNKNOWN

SUBMIT

If you receive an error message, please review the information you have entered for registration and resubmit.



If you have questions regarding the CalEVR Provider (Vendor) Self-Registration Portal form or the CalEVR program, click the **Help** section in the form menu.



California Provider (Vendor) Self-Registration Portal

Home

Help

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