

# eVOLV<sup>CS</sup> Contract Setup Worksheet

Facility

Today's Date

Unit Number

Program Enrollment

MCO / Contract

Last Active Date (m/y)

Status

Billing Format

- Implementation
- Exist. Evolv Facility - add new contract
- Exist. Regional/Statewide Contract - add facility
- Exist. Contract - add/change services

- Billing Statement - mailed/emailed
- 837 electronic file
- CMS 1500

Other:

Client ID / MA ID required?

Authorizations

Yes

Yes

No

No

Group?

Yes

**Paid Time:**

No

Minutes over units

Exact time

Service	Procedure Code/ Modifier	Unit Rate	Pay Rate	Billing Unit (1.00, .25, .50, etc)	Min Service Time/ Bill @
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**Reporting Requirements/Additional Details:**

**Billing Statement**

Agency:

Contact/Attn:

Address:

City:

State:

Zip:

**Completed by:**

**Fiscal Review by:**