



Department
of Health

Office of
Health Insurance
Programs

EVV Attestation Form Instructions

As a requirement of the New York State Electronic Visit Verification (EVV) Program, all provider agencies and fiscal intermediaries (FI) must submit an annual EVV Attestation to the EVV Program through the eMedNY portal. The EVV Attestation presents provider and FI responsibilities and helps ensure explicit provider and FI understanding of and compliance with New York State's EVV requirements and policies. If a provider or FI fails to submit a complete and accurate EVV Attestation by their specified deadline, the provider or FI will be referred to the Office of the Medicaid Inspector General (OMIG) for review.

This document provides two sets of instructions. The first describes how to sign up for an eMedNY account, if necessary, and how to complete and submit an EVV Attestation. The second describes tasks that can be performed after submission: checking an attestation's status or updating its information.

Step-by-Step Attestation Instructions



Begin Provider Enrollment (PE) Portal Account Creation

1. Go to www.emedny.org.
2. Click on [Electronic Visit Verification \(EVV\)](#) on the right-hand side of the main page.

3. Click on [Provider Enrollment Portal](#) on the right-hand side of the page (under **Useful Links**).



Electronic Visit Verification (EVV)

[Section 12006\(a\) of the 21st Century Cures Act](#) mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

EVV is a system that may include multiple point-of-care verification technologies, such as telephonic, mobile, and web-based verification inputs. The system electronically verifies the occurrence of home-or community-based service visits, identifying the time that service provision begins and ends to ensure accurate claims disbursement and safeguarding that beneficiaries who are authorized to receive services get the expected care. EVV is used to:

- Verify visits on a real-time basis, including date, location, type of service, individual(s) providing and receiving services, and duration of service(s)
- Validate hours of work for home health employees
- Eliminate billing data entry mistakes
- Reduce costs related to paper billing and payroll
- Help combat fraud, waste, and abuse

Important: EVV Attestation Information

FAQs

Guides

PDF EVV Technical User Guide

Useful Links

- [Change Email for Attestation](#)
- [Provider Enrollment](#)
- [Provider Enrollment Portal](#)
- [Web Portal](#)
- [Interface Control Document](#)
- [Published Rate Codes and Procedure Codes subject to EVV](#)
- [Technical Assistance Information](#)

Web Portal



Sign Up for the PE Portal

1. Click on **Sign up** at the bottom of the [PE Portal](#) window.

Sign In

Username

Password

Remember me

Sign In

[Need help signing in?](#)

Don't have an account? [Sign up](#)

2. The following stipulations are required:
- A valid email address is required.

- Your phone number must start with **+1**.
- Your password must contain a lower-case letter.
- Your password must contain an upper-case letter.
- Your password must contain a special character.
- Your password must contain a number.
- Your password must contain at least 16 characters.

Note: For any questions regarding the PE Portal, please call the eMedNY Call Center at 1-800-343-9000.

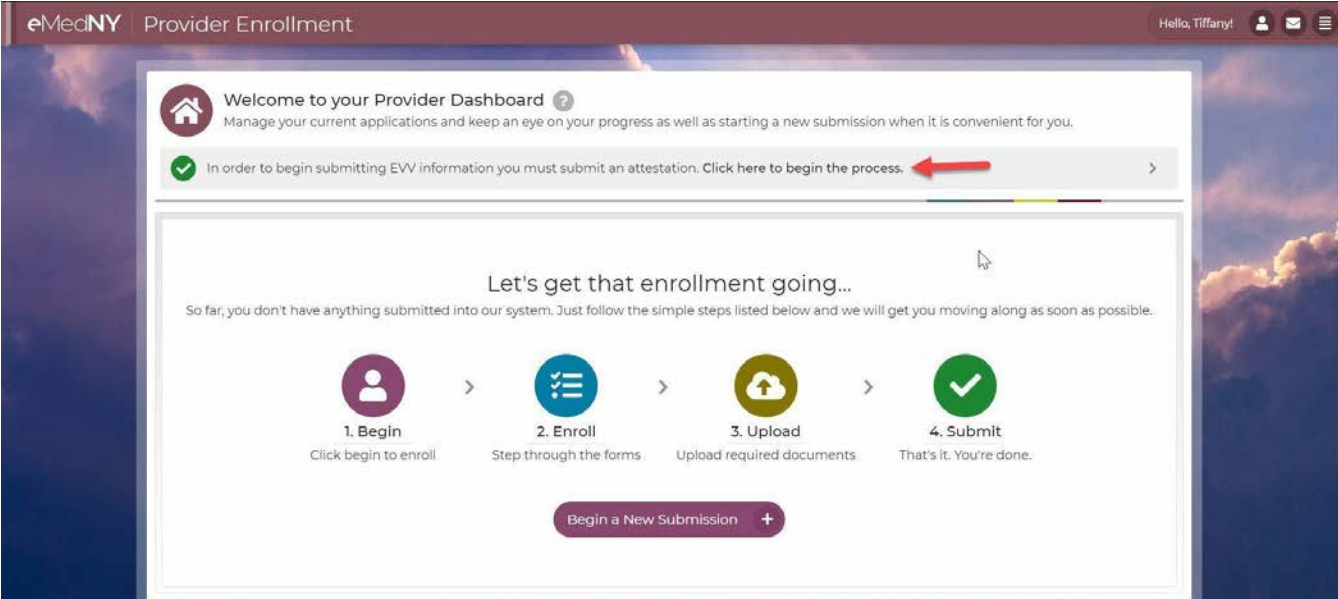
Confirm Your PIN

1. You will be told a PIN was sent to the email address you used to create your account.
2. Go to your email to retrieve the PIN and enter it in the **Verification Code** box.
3. Click **Confirm Account**.



Begin the EVV Attestation Process

1. Enter the Provider Dashboard on the PE Portal.
2. Click on **Click here to begin the process** near the top of the page.





Enter Provider Information

1. Enter the PID or NPI of the provider or FI you are submitting the attestation for.
Note: The PID is the provider ID (also known as an MMIS ID).
2. Click **Next**.

EVV Attestation [Close]

We'll guide you through the EVV Attestation process
To get started, please provide the organization's MMIS Provider ID or NPI number.

Organization's PID or NPI

Cancel Next | >

3. The information for the provider or FI you entered will be displayed. If this is correct, click **Next**.

EVV Attestation [Close]

This is the information we found
Please verify that everything looks correct, and select 'Next' to continue.

Provider Name: **Name**

Provider ID: **1111111111**

NPI:

< | Go Back Cancel Next | >



Link Your Provider or FI to Your PE Portal Account

EVV Attestation [Close]

Your user account is not currently linked to this provider
To link your account to this provider, please select "Send PIN". A 6 digit PIN number will be sent to the correspondence email address we have on file for this provider.

Cancel Send PIN

1. Click **Send PIN**.

Note: A PIN will be sent to the email address that eMedNY has on file as the correspondence address attached to the provider ID. The PIN is not sent to the email address you used to create an account for the PE Portal.

- a. Your correspondence email address can be verified by contacting the eMedNY Call Center at 1-800-343-9000.
- b. If you need to change your correspondence email address, click on [Change Email for Attestation](#) under **Useful Links** on the right-hand side of the [eMedNY EVV page](#).



Confirm Your PIN

1. After the PIN has been sent to the correspondence email address, it can be retrieved and entered in the **PIN Number** box.

2. Click **Submit**.

Note: For assistance with any part of this process, please contact the eMedNY Call Center at 1-800-343-9000.



Begin Entering Information on the Attestation Form

1. You can start the attestation form after you have successfully submitted the PIN.
2. The electronic attestation form has three sections: **Introduction**, **Attestation**, and **Submitters**.
3. Read the **Introduction** and click **Next**.

4. Read the attestation information.
5. Enter your email, name, and title.

New York Electronic Visit Verification (EVV) Provider Attestation

New York State has chosen to implement an EVV Aggregator System allowing Providers/Fiscal Intermediaries to select an EVV System of their choice that meets the requirements of the 21st Century Cures Act. Therefore, I (Provider Organization/Fiscal Intermediary) understand that I am responsible for meeting the requirements of the 21st Century Cures Act federal law passed December 2016, and New York State specific requirements outlined in the New York State Electronic Visit Verification Guidelines and Requirements document posted on the NYS EVV Website.

I hereby agree that training has been provided to all required users and will be provided to future users (prior to use) of the implemented Electronic Visit Verification (EVV) system and that training will be provided on an ongoing basis.

I hereby agree that all caregivers who meet the definition of EVV live-in caregiver exemption status outlined in the New York State Electronic Visit Verification Program Guidelines and Requirements document have current permanent residency established between the consumer and caregiver on file.

I hereby agree to keep such records as are necessary to demonstrate that I met all 21st Century Cures Act provider requirements and New York State requirements and to furnish those records to the New York State Department of Health (DOH) and the Office of Medicaid Inspector General (OMIG) upon request by such agency(ies).

Failure to furnish requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

This is to certify that the foregoing information is true, accurate, and complete. I understand that by electronically signing and submitting this attestation it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

Organization/Individual Email * COMPLETE

Owner/Officer Name * COMPLETE Owner/Officer Title * COMPLETE

Add Submitter(s)

1. Click **Add Submitters** to start entering information for the submitters you are attesting will be sending EVV data on your behalf. This includes yourself if you will be submitting EVV data.

Submitters
Identify EVV submitters

Let's add your submitters
You can add as many submitters as you need. When you're done, click "Next" to move on.

What Do I Need to Do?
 Add a submitter > Name and Complete > Repeat to A

My submitters
You haven't added any submitters yet
 Add submitters +

2. Enter the Submitter Name and click **Next**.

My submitters
Adding a new submitter

Choose a name for your submitter and then click "Continue" to fill it out

submitter Name *
Submitter

3. Enter the Submitter NPI or MMISID and click **Validate**.

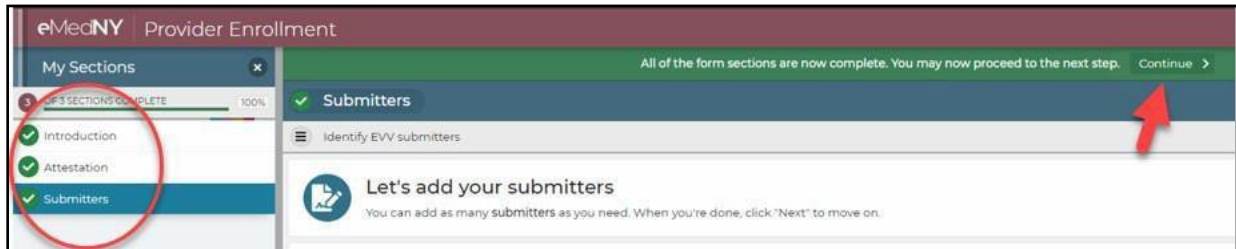
4. Click **Confirm** if the information is correct.



Save / Add Another Submitter

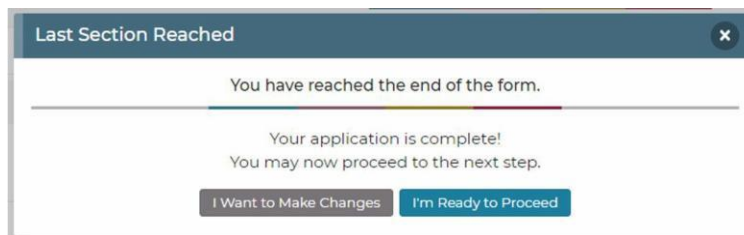
1. If you need to add another submitter, click **SAVE & ADD ANOTHER**.
2. If you do not need to add another submitter, click **SAVE & CLOSE**.

- Each of the three sections of the attestation will now have green check boxes.
- When you are done adding all of your information and submitters, click **Continue** at the top right-hand corner of the page.

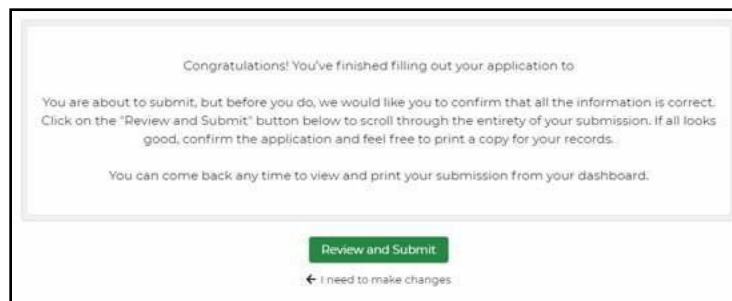


Review Your EVV Attestation

- If you need to make changes to your attestation, click **I Want to Make Changes**.
- If you are ready to review your attestation, click **I'm Ready to Proceed**.



- If you need to revise any information, navigate to your provider information at the top of the page and go back.
- To view all of the information you entered and submit your form, click **Review and Submit**.



Confirm Your Information and Submit Your EVV Attestation

- Be sure all the information on the screen is correct.
- If the information is not correct, click **I need to make changes**.

3. If all of the information is correct, click **Confirm and Submit**. Clicking **Confirm and Submit** submits your EVV Attestation.

Note: EVV Attestations are processed within 24 hours.



Save Your Information



Once you have submitted your EVV Attestation, you will see a confirmation page. It is important to save and/or print this page, as it is not stored in the eMedNY Provider Enrollment Portal.

Post-Submission Tasks









Check Attestation Status

Providers and FIs are able to search the submission status of their EVV Attestation at any time using the Provider Enrollment Dashboard. To check the status of a submitted EVV Attestation, navigate to the search bar of the Dashboard. All submitted EVV Attestations and their statuses are listed under the **My Submissions** section. Each attestation will be listed as either “In Progress” or “Complete.”

 **Welcome to your Provider Dashboard**  Manage your current applications and keep an eye on your progress as well as starting a new submission when it is convenient for you. Begin a New Submission +

 In order to begin submitting EVV information you must submit an attestation. [Click here to begin the process.](#) 

My Submissions All - 2 Records

  Maintenance for Billable Business	67% COMPLETE 	In Progress	 Continue 
  Maintenance for Billable Business	100% COMPLETE 	Completed	

 **Update Attestation**

Providers and FI's are required to have an accurate EVV Attestation on record with NYSDOH as long as they are providing applicable Medicaid services.