



# **Electronic Visit Verification**

## **Frequently Asked Questions (FAQ)**

**September 15, 2026**

New York State Department of Health  
**Office of Health Insurance  
Programs**

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## 1 Disclaimer

This document serves as an informational reference for stakeholders participating in the NY Medicaid Electronic Visit Verification (EVV) Program. Although reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, it is the responsibility of each provider and fiscal intermediary to comply with the current policies and requirements for the program.

The following FAQs have been asked through the [EVVHelp@health.ny.gov](mailto:EVVHelp@health.ny.gov) inbox or during Technical Assistance calls by various stakeholders. These FAQs can help resolve common inquiries and assist providers and fiscal intermediaries in achieving and maintaining EVV compliance in New York State.

## 2 EVV FAQs

### 2.1 General

#### **Q: What is Electronic Visit Verification?**

A: Electronic Visit Verification, or EVV, is an electronic system that verifies when a provider visit occurs and captures the date and time of the visit, the location of the visit, the person who received the services, the person who provided the services, and the services provided. In most cases, a signature or voice verification from the individual receiving the services can also be captured.

#### **Q: Why is New York State implementing an EVV system?**

A: New York Medicaid is required by federal law to implement an EVV system for certain home- and community-based services. The law, referred to as the 21st Century Cures Act (the Cures Act), can be found in [Public Law 114–255, Section 12006\(a\)\(4\)\(B\)](#).

#### **Q: What are the goals of EVV?**

A: The goals of EVV are to ensure timely service delivery for members, including real-time service gap reporting and monitoring, reduce the administrative burden associated with paper timesheet processing, and generate cost savings from the prevention of fraud, waste, and abuse.

#### **Q: What is the selected Model for implementing EVV in New York State?**

A: New York selected the Choice Model for the following reasons: (1) it best ensures that consumers will have EVV options from which to consider when selecting a provider; (2) it gives providers of service the flexibility to select an option that best meets their business needs and the needs of the consumers they serve; and (3) it recognizes that many providers serving New York's Medicaid consumers have already implemented EVV systems that meet the requirements of the Cures Act, preserving the investment that has already been made, avoiding duplicative costs, and eliminating disruption to consumers and caregivers.

The New York State Department of Health (NYSDOH) requires that providers and fiscal intermediaries (FI) who provide or support Medicaid-funded personal care services (PCS) employ EVV systems that meet the requirements of the 21st Century Cures Act. Providers and FIs who provide or support Medicaid-funded home health care services (HHCS) will be required

to select and implement such systems by January 1, 2023. In addition, providers and FIs are required to submit EVV data to NYSDOH, where it will be aggregated for reporting and audit purposes.

**Q: What is the Choice Model?**

A: Under the Choice Model, providers and fiscal intermediaries are able to implement an EVV system that best meets the needs of the recipients they serve and that they determine is best suited to meet their individual administrative needs. Such systems must meet the requirements of the 21st Century Cures Act and must be able to submit EVV data to NYSDOH, where it will be aggregated for reporting and audit purposes.

As recommended by Centers for Medicare and Medicaid Services (CMS) guidance, NYSDOH is providing statewide EVV data aggregation through New York’s Medicaid Management Information System (MMIS). In keeping with the Cures Act requirement to implement EVV in a way that is “minimally burdensome,” and in response to concerns from stakeholders regarding privacy and self-direction, only the minimum set of EVV data elements necessary to meet the obligations under the Cures Act are currently aggregated. NYSDOH will continue to assess the EVV program and may, as a result, modify data aggregation to support future initiatives to improve quality and access to services.

**Q: What happens if a State Medicaid Program does not implement the EVV requirement?**

A: If EVV is not implemented, federal law requires CMS to reduce the Federal Medical Assistance Percentage (FMAP) rate, the amount of federal payments given to a State for personal care and home health care services. Potential FMAP reductions for PCS and HHCS are reflected in the chart below.

*Table 1 – FMAP Reductions*

| FMAP Reductions   |       |       |
|-------------------|-------|-------|
| Year              | PCS   | HHCS  |
| 2021              | .25%  |       |
| 2022              | .50%  |       |
| 2023              | .75%  | .25%  |
| 2024              | 1.00% | .25%  |
| 2025              | 1.00% | .50%  |
| 2026              | 1.00% | .75%  |
| 2027 & thereafter | 1.00% | 1.00% |

*Reduction percentages **do not** compound each year.*

**Q: When must EVV be implemented?**

A: New York began requiring EVV for all Medicaid-funded PCS on January 1, 2021. States must require EVV for all Medicaid-funded HHCS by January 1, 2023.

**Q: How has NYSDOH collected input from stakeholders?**

A: NYSDOH has carefully considered feedback from Medicaid beneficiaries, family caregivers, providers, advocates, and other stakeholders on the State’s implementation of EVV. We have received input during EVV Listening Sessions as well as responses to the EVV Readiness Survey and conducted a Request for Information (RFI) for EVV solutions. NYSDOH has also

established an email address, [EVVHelp@health.ny.gov](mailto:EVVHelp@health.ny.gov), dedicated to responding to questions and comments related to EVV.

**Q: Will NYSDOH continue to collect input from stakeholders?**

A: Yes. NYSDOH will continue to engage with stakeholders through webinars and technical assistance calls to ensure a smooth and well-informed HHCS implementation. We will monitor the implementation and work to address issues that may arise. NYSDOH will also continue stakeholder engagement that helps ensure all PCS and HHCS providers and FIs are able to achieve and maintain compliance with all EVV requirements.

Upcoming opportunities for stakeholder engagement will be posted to the NYS EVV website at [www.health.ny.gov/EVV](http://www.health.ny.gov/EVV). NYSDOH will also notify the public via the EVV Listserv.

To sign up for the EVV Listserv, email [listserv@listserv.health.state.ny.us](mailto:listserv@listserv.health.state.ny.us) with the following in the body of your email: SUBSCRIBE EVV-L YourFirstName YourLastName.

Any questions, comments, or additional feedback is welcomed to the EVV Help Email at [EVVHelp@health.ny.gov](mailto:EVVHelp@health.ny.gov).

**Q: Can providers and fiscal intermediaries opt out of using EVV?**

A: No. Providers and fiscal intermediaries are not able to opt out of using EVV.

**Q: Is there cost sharing or increased reimbursement rates to account for the additional costs associated with implementing EVV?**

A: Under the Choice Model, providers and fiscal intermediaries self-select an EVV vendor that meets the needs of their constituents and self-fund its implementation. Providers and fiscal intermediaries with an existing EVV solution must ensure it meets federal and state requirements and configure data collection to meet NYS standards as published and periodically updated on the NYS EVV website.

**Q: What level of compliance is required of providers and fiscal intermediaries for EVV?**

A: All EVV services are required to have complete EVV data in order to be considered a verified visit. If NYSDOH detects steady non-compliance over time, NYSDOH reserves the right to conduct a compliance review. Depending on the results of the compliance review, NYSDOH may refer a provider agency or FI to the Office of the Medicaid Inspector General (OMIG) for audit, which may result in the review and recovery of overpayments.

## 2.2 Affected Services and Programs

**Q: What services does the federal law apply to?**

A: The federal law applies to Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS). These services are defined in the state regulations as follows:

“Personal cares services shall mean assistance to the patient with personal hygiene, dressing, feeding, and household tasks essential to his/her health.” [10 NYCRR 700.2\(c\) \(16\)](#)

“Home health aide services shall mean health care tasks, personal hygiene services, housekeeping and other related supportive services essential to the patient’s health.” [10 NYCRR 700.2\(c\) \(15\)](#)

**Q: Which NYS programs does the EVV requirement apply to?**

A: The EVV requirement applies to services provided under the following NYS programs:

- 1905(a)(24) State Plan Personal Care Benefit

- Consumer Directed Personal Assistance (CDPA)
  - Personal Care Assistance (PCA I & II)
- 1905(a)(7) State Plan Home Health Services
  - Home health services authorized under a waiver of the plan
- 1915(c) Home and Community Based Services waivers
  - Children's Waiver
  - Nursing Home Transition and Diversion (NHTD) waiver
  - Traumatic Brain Injury (TBI) waiver
  - Office for People with Developmental Disabilities (OPWDD) comprehensive waiver
- 1115 Demonstration
  - CDPA
  - PCA I & II

The 21st Century Cures Act does not require EVV for specific programs, but rather for specific services. Regardless of the program, if services rendered are Medicaid-funded PCS or HHCS that begin or end in the home and service activities of daily living (ADL) or instrumental activities of daily living (IADL), the services are subject to EVV.

**Q: Is EVV required for both Medicaid FFS and Medicaid Managed Care?**

A: EVV is required for both Medicaid Fee-for-Service (FFS) and Medicaid Managed Care (MC).

**Q: Is EVV required for dually eligible consumers? For example, someone who is on both a Medicare Advantage plan and a Medicaid plan?**

A: EVV is required for dually eligible consumers when the service is whole or partial Medicaid. EVV is not required if the service is performed by a Medicare provider and Medicaid is supplemental.

**Q: Our agency does not meet the \$15 million minimum of the VO program; do we still need to participate in EVV?**

A: Yes. The 21st Century Cures Act is a federal law, passed by Congress in December 2016, that required all state Medicaid programs to implement an EVV system by January 1, 2021 for personal care services (PCS) that begin or end in the home, regardless of revenue. Home health care services (HHCS) will take effect on January 1, 2023.

**Q: Is EVV required for in-home hospice?**

A: EVV is not required when hospice specific billing codes are utilized (To view hospice specific rate and procedure codes, please click [here](#)), however EVV information must be submitted when [EVV Applicable Billing Codes](#) are utilized, including for individuals receiving in-home hospice care. For example, if an individual is receiving both in-home hospice care and personal care services, the personal care services remain EVV applicable but the in-home hospice services are not EVV applicable.

**Q: Is the Children's Waiver applicable to EVV?**

A: Yes, EVV does apply to Medicaid-funded PCS that begin or end in the home under the Children's Waiver. A [list of applicable rate and procedure codes](#) are posted on the EVV website.

**Q: Are Care Coordination Organization Health Homes required to use EVV?**

A: Care Coordination Organization Health Homes are not service providers and therefore not subject to EVV. EVV information must be submitted for Medicaid-funded PCS that begin or end in the home.

**Q: Some Community Habilitation (CH) services are provided in the community. Is EVV still required if the services are not provided in the home?**

A: Community Habilitation (CH) services are frequently provided in the community outside of the person's home. A CH service claim would not require EVV reporting if the services being claimed are delivered entirely in the community. CH services that are delivered entirely in the community are CH services that are not provided completely or partially in the home. Please see the [EVV Applicable Billing Codes document](#) for OPWDD CH rate codes that are impacted.

**Q: Are Supported Employment Programs (SEMP) through OPWDD subject to EVV?**

A: No, the Supported Employment Program (SEMP) and the Employment Training Program (ETP) are not subject to EVV. To confirm that the service you are currently providing is within the scope of EVV, please see the [EVV Applicable Billing Codes document](#) for procedure and rate codes that are impacted.

**Q: What is considered an EVV 'in-home' visit and how does it differ from an EVV 'community' visit?**

A: A visit is considered an EVV-applicable 'in-home' visit when the service occurs within the home, includes ADLs or IADLs, and is billed to NYS Medicaid as a claim. It is not considered an 'in-home' visit if the aide is picking up or dropping off a consumer at their residence and briefly touches the home to assist that consumer in and out of the home; the site of service did not occur within the home.

**Q: Are services delivered through telehealth subject to EVV? For example, services provided by a nurse or therapist via telephone or telehealth.**

A: At this time, EVV-applicable services that occur via telehealth are not required to have data submitted to the NYS EVV Data Aggregator; however, NYSDOH cautions that further guidance is likely on this issue as telehealth utilization has increased during the COVID-19 pandemic and may continue as an emergent care method moving forward.

**Q: Does compliance with EVV eliminate the need for a Consumer Directed Personal Assistance Program (CDPAP) consumer to sign off on the visit note?**

A: The signature is not required to be submitted to the NYS Aggregator. However, EVV does not replace the need for consumer authorization as stated in the Consumer Directed Personal Assistance Program Agreement

**Q: Are nursing services delivered by visit and not tracked by time (for example for LHCSAs) subject to EVV?**

A: Please review the EVV Applicable Billing Codes document for the most recent set of EVV applicable rate and procedure codes. If the codes being billed for the visits are within the list of EVV applicable codes, EVV applies.

**Q: Does EVV apply to Health Homes serving children?**

A: The 21st Century Cures Act does not require EVV for specific programs, but rather for specific services. Regardless of the program, if the service rendered is a Medicaid-funded personal care service (PCS) or home health care service (HHCS) that begins or ends in the home and services ADLs or IADLs, that service is subject to EVV.

**Q: Does EVV apply to services provided to a resident who participates in an Assisted Living Program (ALP)?**

A: No. Services received through ALP are considered congregate care and therefore are not subject to EVV requirements.

**Q: Will Skilled Nursing services be required to participate in EVV starting in 2023?**

A: Please review the EVV Applicable Billing Codes document to determine which services will be applicable beginning 1/1/2023.

## 2.3 Devices/Technology

**Q: What type of EVV system must be used?**

A: Federal law does not require the use of one particular or uniform EVV system. However, it does require that the system can electronically verify visits conducted as part of personal care services (PCS) or home health care services (HHCS). The following must be captured:

- type of service performed;
- individual receiving the service;
- date of the service;
- location of service delivery;
- individual providing the service; and
- time the service begins and ends

New York State, along with guidance from the Centers for Medicare and Medicaid Services (CMS), determined the following technologies are compliant methods for collecting EVV data:

- Telephony: Telephone calls can be used to capture service period and verify location. Typically captured with a landline telephone.
- Mobile App: Apps can be downloaded and used to capture service period and verify location. This option allows the worker to record visits using a smart phone or tablet, even when no cellular, satellite, or other data services are available at the service location.
- Fixed Object (FOB): In-home Fixed Object devices with a unique ID verify location.

Note: Under the Choice Model, **NYSDOH will not endorse, approve, or recommend any specific EVV systems** or provide a list of systems from which providers and fiscal intermediaries must select.

**Q: Must I purchase an EVV system?**

A: The Choice Model allows providers and fiscal intermediaries to self-select and self-fund their EVV system of choice or modify their current system to meet federal and state requirements.

Providers and fiscal intermediaries who have already invested in an EVV system may continue to use that system, modifying it as needed to meet the federal requirements of the Cures Act as well as NYS requirements.

Providers and fiscal intermediaries who do not have an EVV system have the flexibility and freedom to choose a solution that best fits the needs of their organization and the consumers they serve.

**Q: Will New York State provide a list of approved systems?**

A: New York State will not endorse, approve, or recommend a vendor or EVV system. Under the Choice Model, providers and fiscal intermediaries have the flexibility to select a system that

best meets the needs of their practice and consumers and fulfills the 21st Century Cures Act requirements.

**Q: Will New York State certify EVV systems?**

A: No. Currently, NYSDOH does not plan to certify EVV vendor systems.

**Q: How do we know if our current EVV provider/component is compliant with the requirements?**

A: Providers and fiscal intermediaries have the flexibility and freedom to utilize their current EVV systems or choose an EVV solution that best fits the needs of the consumers they serve and their organization, so long as it meets the requirements of the 21st Century Cures Act and is capable of submitting EVV data to eMedNY. There is currently no NYSDOH process for certifying that individual EVV solutions meet these requirements.

Providers and fiscal intermediaries must make independent decisions about what EVV systems they will purchase or continue to utilize. Providers and fiscal intermediaries should ensure that they review the 21st Century Cures Act and reference the NYSDOH EVV website for recommended considerations for selecting an EVV system.

**Q: What if the consumer has no phone for the aide to use and/or the aide has no phone to capture EVV services?**

A: It is the responsibility of the provider agency or fiscal intermediary to determine how EVV data will be captured by the aide to ensure EVV compliance.

**Q: Can the aide use the consumer's cell phone to capture EVV services?**

A: It is the responsibility of the provider agency or fiscal intermediary to determine how EVV data will be captured by the aide to ensure EVV compliance.

**Q: Is a Global Positioning System (GPS) mandatory for EVV?**

A: No. GPS is not currently required for EVV in New York State. If a provider agency or FI chooses to utilize a GPS system to capture EVV data, it is the responsibility of the provider agency or FI to maintain and store the GPS data points in the event of an audit for verification purposes. For more information on data submission, please review the [Interface Control Document \(ICD\)](#).

**Q: If GPS coordinates will not be collected, how will locations be submitted for visits using a mobile app?**

A: Location of service is not a required field for EVV data submission. In lieu of GPS coordinates or an address, Start and End Locations must be populated using the following valid values: 'Home' or 'Community.' Please reference the [Interface Control Document \(ICD\)](#) for further details. Visits validated by GPS are auditable by OMIG and reviewed on a case-by-case basis due to the situational circumstances of each consumer's location and acceptable range that is considered 'home.'

**Q: When using GPS, is it required to be on during the full duration of the visit or only the start and end times?**

A: New York State will only collect the start and end times of the visit.

**Q: When utilizing GPS for EVV data collection, how close to a designated location will the visit need to be recorded to be considered a valid visit? What is the acceptable range?**

A: It is the providers' and fiscal intermediaries' responsibility to determine that visit data collected through GPS is collected within the means of the EVV company's validating capabilities. It is the responsibility of the provider and fiscal intermediary to monitor GPS clock in and clock out coordinates against clients' locations on the date of service. Visits validated by GPS are auditable by OMIG and reviewed on a case-by-case basis due to the situational circumstances of each consumer's location and acceptable range that is considered 'home.'

## 2.4 EVV Data Submission/Billing

### **Q: Who should submit the EVV data to NYSDOH (Provider, MCO, EVV system)?**

A: NYSDOH selected the Choice Model to provide flexibility and enable providers and FIs to select solution options that best address the wide range of needs and preferences of New York State Medicaid consumers while preserving existing investments in EVV solutions. Providers and FIs should decide how EVV data will be submitted based on the arrangement that best fits their chosen solution.

NYSDOH is designing the data submission interface to handle a wide variety of submitters, including "third parties" or "proxies" such as Managed Care Organizations (MCO) and Verification Organizations (VO). Providers and FIs may choose to submit EVV data directly to NYSDOH. However, NYSDOH anticipates that the most convenient arrangement for many providers and FIs will be to have MCOs and VOs submit a subset of the EVV data elements that most of them already collect to NYSDOH on the providers' and FIs' behalf.

### **Q: Are providers and FIs required to enroll with eMedNY for EVV data to be accepted?**

A: Yes, if you are not currently enrolled with eMedNY, please visit the [eMedNY website](#) to learn more about how to enroll.

\* Note NYS Medicaid Enrollments can take up to 90 days. Enrollment in NYS Medicaid is necessary for testing and signing EVV attestations.

### **Q: Our agency is National Provider Identifier (NPI) exempt, and we have a Medicaid provider ID. Can we use our Medicaid provider ID, or should we get an NPI?**

A: Your Medicaid ID can be used to get web portal credentials and to request an API key. Atypical providers do not require an NPI.

### **Q: Which data elements are required to be submitted for EVV?**

A: New York State has a required list of elements that must be submitted to the NYS EVV Data Aggregator. The required elements can be found in the [Interface Control Document \(ICD\)](#) on the NYSDOH EVV website. Selected systems must comply with the federal 21st Century Cures Act requirements. Providers and FIs are responsible for reviewing the Cures Act and making sure that they select systems that comply.

### **Q: Will New York State be conducting testing with submitters?**

A: EVV testing and production are currently available. Testing allows EVV submitters to test connectivity with the API and submit EVV data. Validations are also enabled in the test environment, so providers and FIs are able to test various use cases. Please email [emednyapirequest@gdit.com](mailto:emednyapirequest@gdit.com) to get started with testing. As a tester, you will be able to utilize your current eMedNY credentials to begin the process of submitting EVV data with the interface. Outlined below are the steps providers and FIs should follow:

Step 1: Enroll as a NYS Medicaid Provider and get an MMIS ID, if necessary

Step 2: Determine who will be your “submitter” (you can be your own submitter)

Step 3: If your submitter is not yet enrolled as a Medicaid Provider, have them enroll too

Step 4: Have the submitter obtain the login credentials for the eMedNY API Developer Portal from the eMedNY Provider Web Portal

Step 5: Using web portal credentials, log in to <https://developer.emednytest.io> (for testing) OR <https://developer.emedny.io> (for production) to request API keys

**Q: If we have multiple provider IDs, does each one need to be registered in the developer portal?**

A: No, one provider ID can be used to register for a portal account, request API keys, and submit EVV data.

(Please note that Registration is a separate process from *Attestation*. Attestations are required for each MMIS ID or NPI that is used to bill for services subject to EVV. Also note that all of your provider IDs have to be enrolled in NYS Medicaid.)

If you are a billing provider, you should use your MMIS ID as your Submitter ID to submit EVV data on behalf of the provider (i.e., Caregivers/Aides) that you represent. See Step 3 (choose your submitter) in the FAQ above.

Any one of your MMIS IDs can be used to create an account on the eMedNY Provider Web Portal. The chosen MMIS ID will become your Submitter ID for your EVV data submissions and can be used to submit EVV data for the various programs in your organization. It is important to note that the Submitter ID may be different from the Provider ID that is in the Billing Provider field in the EVV payload.

For example, if your organization has MMIS ID1, MMIS ID2, and MMIS ID3, and you use MMIS ID2 to create an account on the eMedNY API Developer Portal, then MMIS ID2 will be the Submitter ID for your organization. MMIS ID2 will submit EVV data containing a Billing Provider ID which can be any one of the three MMIS IDs that your organization uses.

**Q: When should EVV data be submitted to the API? For example, should data be submitted before the claim is submitted?**

A: NYSDOH recommends that EVV data be submitted after the service has been rendered and before the claim is billed.

**Q: When a submitter sends EVV data, will eMedNY create a claim for the submitter?**

A: eMedNY will not be creating claims based on an EVV submission. The EVV data and claims data are submitted separately. The State prefers that the EVV data be sent prior to the claims data. Claims will still need to be submitted in accordance with NYSDOH policy.

**Q: How would we integrate EVV into our current billing and payroll system? Would we bill in batch format directly to eMedNY via 837i transmission files?**

A: Submission of EVV data to NYSDOH is done via the eMedNY EVV webservice and is separate from claims adjudication at this time. Providers should continue to bill claims via the 837i transaction.

**Q: How is New York State going to identify the provider we are submitting data for and how will you match claims data from the provider’s billing software?**

A: The provider is identified by their NPI or their MMIS ID in the EVV payload. This identifier will be used when the EVV data is matched with the claims data.

**Q: Is EVV requiring that the Social Security number of the worker be submitted to CMS in order to bill?**

A: A Caregiver ID field has been added in lieu of the servicing provider's SSN and TaxPayer ID. Please reference the [Interface Control Document \(ICD\)](#) for further details.

**Q: When retrieving EVV data, will we be able to see which API key that record was sent from?**

A: No, the API key will not be part of the response. A submitter may retrieve an EVV record by performing a GET request containing the Transaction ID used to submit the EVV record.

**Q: Are there any sample files (records) available?**

A: Sample requests can be found in the [Interface Control Document \(ICD\)](#) located on the EVV website.

**Q: Do I need to send non-compliant EVV methods to the NYS EVV Data Aggregator?**

A: Not currently. NYSDOH requires that providers and fiscal intermediaries maintain all EVV data documentation and write a brief justification for why a non-compliant EVV method, such as a paper timesheet was used instead of using a compliant EVV method.

**Q: Do I need to send edited EVV entries to the NYS EVV Data Aggregator?**

A: Yes. Services that have been edited should still be sent to the NYS EVV Data Aggregator, but providers and fiscal intermediaries must retain both the original set and edited set of data with a brief justification explaining why the entry was edited in the event of an audit or other review.

**Q: Can a paper timesheet, or other non-compliant EVV method be used to capture services when necessary?**

A: All EVV services are required to have complete EVV data in order to be considered a verified visit. Non-compliant EVV methods should only be used when absolutely necessary. Non-compliant EVV methods are auditable by OMIG and NYSDOH and will be monitored and reviewed on a case-by-case basis due to the situational circumstances of each agency and their need to utilize non-compliant EVV methods as an option for capturing services. The provider agency or fiscal intermediary must retain and maintain documentation of the reason for the non-compliant EVV methods.

**Q: As a provider, should I round my EVV data to align with the current universal billing codes rounding guidance?**

A: No. The submission of EVV data is separate from your current billing practices. The EVV data submitted should be the exact time the service started and ended. Providers should continue to bill as they currently do for those services. NYSDOH will continuously assess EVV data needs and requirements and update the EVV stakeholder community appropriately.

**Q: In the ICD, it states that there will be a 99.98% uptime excluding planned outages. How often will outages be planned and how will notice be sent to users?**

A: Planned outages will occur very infrequently. Notices will be sent through the eMedNY listserv to notify users in advance in the event of an outage.

**Q: Will we be able to export the EVV data in a csv format into our current database system (MySQL)?**

A: There is currently no functionality in the eMedNY EVV web service API to download EVV data.

**Q: Do you expect that in the future EVV data will be submitted on the 837?**

A: NYSDOH will continue to evaluate EVV data needs and will consider modifying New York State requirements based on statewide compliance rates. The option for EVV data to be submitted on the 837 will be one of the options considered.

**Q: Can EVV visit data be adjusted prior to sending to the NYS Data Aggregator?**

A: In the circumstance that EVV-applicable visit data was captured inaccurately, the data can be adjusted prior to submission to the NYS Data Aggregator. For example, if a caregiver forgets to clock in upon providing services, the EVV data can be adjusted to reflect actual hours worked. All edited entries require agency management approval or CDPAS consumer approval prior to adjustment and submission to the NYS Data Aggregator. In the event of review or audit, providers and FIs must be able to show the original and edited data sets for comparison, along with the documented reason for adjustment.

**Q: Has NYS made any changes to the aggregation process or the data elements that must be submitted to the NYS Data Aggregator for home health care services (HHCS)?**

A: No. Currently, there are no changes to the EVV data submission process or requirements. To review current EVV data element requirements, please review the Interface Control Document (ICD).

**Q: Does the NYS Data Aggregator confirm that submissions have been received?**

A: Yes, the EVV Data API adheres to REST design principles and returns HTTP response status codes to acknowledge the submission. For more details on the response status codes, please review the Interface Control Document (ICD).

**Q: Is a separate registration required to get access to the EVV web portal?**

A: To begin submitting data to the NYS Data Aggregator, submitters must use their eMedNY Web Portal credentials to access the API Developer Portal and request the EVV API Key for data submission. Please review the Technical User Guide for specific steps on how to connect and submit data to the NYS Data Aggregator.

**Q: If EVV-applicable services begin and end outside the residence (such as Community Habilitation) how should a provider or FI submit a claim to ensure the aggregator data matches the billed claims?**

A: If an EVV service occurs entirely within a community setting, it is not subject to EVV and therefore does not need to be submitted to the NYS Data Aggregator. The provider or FI can bill as they normally would for the service. Community Habilitation (CH) services which are frequently provided in the community outside of the person's home are an example of a service which may begin and end outside of the residence. OPWDD guidance on Community Habilitation services can be found at the following link [CH ADM #2015-01](#).

**Q: Will NYS contact providers and FIs if their EVV transactions fail to match the claim billed?**

A: Yes, NYSDOH will be conducting compliance reviews. Please ensure both the email on the provider or FI EVV Attestation and the provider or FI enrollment email are up to date.

**Q: If a claim is submitted, and there is no matching EVV transaction, will the claim pend or deny?**

A: Currently, there is no automatic claim denial or pending if the claim does not match to an EVV transaction. NYSDOH reserves the right to conduct a compliance review, which may lead to the review and discovery of overpayments, for every provider and FI.

**Q: Do submissions have to match claims within eMedNY to be considered compliant?**

A: Yes. EVV-applicable claims submitted for billing are required to have a matching EVV transaction to be considered compliant.

**Q: If a provider or FI did not implement an EVV solution by the 1/1/2021 deadline for personal care services (PCS), is EVV-applicable service data that was collected prior to the solution implementation required to be submitted to the NYS Data Aggregator?**

A: If a PCS provider or FI did not have an EVV solution in place by the 1/1/2021 deadline, any EVV-applicable service data collected between 1/1/2021 and the solution implementation date would not be considered compliant. Starting 1/1/2021, only data collected by a compliant EVV method can be sent to the NYS Data Aggregator. All EVV-applicable services are required to have complete EVV data in order to be considered a verified visit.

However, if EVV-applicable service data was collected through a compliant EVV method before an API connection had been established with the NYS Data Aggregator, that EVV data can still be sent to the NYS Data Aggregator once the API connection is established.

The State is reviewing EVV compliance rates for PCS. Missing data will impact a provider's or FI's compliance rate and could lead to remediation or audit by the State.

**Q: Will NYS do claims matching for HHCS providers? If so, when will that occur?**

A: Compliance measuring and monitoring will begin on 1/1/2023.

## 2.5 EVV Attestation Support

**Q: What is the annual deadline for the EVV Attestation?**

A: The EVV Attestation renewal date is based on the previous year's submission date.

**Q: If a provider or FI has already completed an EVV Attestation for PCS, are they required to do so again for HHCS?**

A: An EVV Attestation needs to be submitted annually, regardless of whether the EVV-applicable services fall under PCS or HHCS. If an EVV Attestation was completed in 2021, another EVV Attestation will be needed for 2022, and so on.

**Q: Are Managed Care Organizations (MCO) required to submit an annual EVV Attestation to New York State?**

A: No. An EVV Attestation is not required to be submitted by an MCO. Providers and FIs are required to submit an EVV Attestation annually.

**Q: Where can information be found for a previous year's EVV Attestation?**

A: All EVV Attestations, current and previous, are completed in the eMedNY provider enrollment portal. When signed in, you will see your EVV Attestations that have been submitted in the Provider Dashboard.

**Q: If a provider or FI has not submitted an EVV Attestation and is subject to EVV and/or is submitting EVV data to NYS, is it too late to complete an Attestation?**

A: No, it is never too late to submit an EVV Attestation. If you have missed the initial deadline or your renewal date, please submit as soon as possible. Every provider or FI must submit an EVV Attestation annually.

## 2.6 Help and Support

**Q: Where can I find more information on Electronic Visit Verification (EVV) from the Centers for Medicare and Medicaid Services (CMS)?**

A: Information released by CMS related to EVV can be found on [Medicaid.gov](https://www.Medicaid.gov).

**Q: How do I contact the State regarding EVV if I have any questions or concerns?**

A: You may contact New York State with any questions or comments at [EVVHelp@health.ny.gov](mailto:EVVHelp@health.ny.gov).

**Q: Who do I contact regarding testing, the API Developer Portal, or other technical issues?**

A: Please contact eMedNY Tier 2 Operations at [providerservices@gdit.com](mailto:providerservices@gdit.com) or [emednyapirequest@gdit.com](mailto:emednyapirequest@gdit.com).

**Q: Who do I contact about eMedNY Enrollment or the EVV Attestation Portal?**

A: Please contact the eMedNY Call Center at (800) 343-9000.

**Q: How do I sign up for the EVV Listserv to ensure I am receiving necessary updates?**

A: To sign up for the EVV Listserv, email [listserv@listserv.health.state.ny.us](mailto:listserv@listserv.health.state.ny.us) with the following in the body of your email: SUBSCRIBE EVV-L YourFirstName YourLastName.

## 3 Appendix

### 3.1 Glossary

*Table 2 – Glossary*

| Glossary |                                       |
|----------|---------------------------------------|
| Acronym  | Explanation                           |
| ADL      | Activity of Daily Living              |
| API      | Application Programming Interface     |
| CDPA     | Consumer Directed Personal Assistance |
| CMS      | Centers for Medicare and Medicaid     |
| CH       | Community Habilitation                |
| ETP      | Employment Training Program           |
| EVV      | Electronic Visit Verification         |
| FAQ      | Frequently Asked Question             |
| FMAP     | Federal Medical Assistance Percentage |
| FFS      | Fee-for-Service                       |
| FI       | Fiscal Intermediary                   |

| Glossary |                                                  |
|----------|--------------------------------------------------|
| Acronym  | Explanation                                      |
| FOB      | Fixed Object                                     |
| GFE      | Good Faith Effort                                |
| GPS      | Global Positioning System                        |
| HHCS     | Home Health Care Services                        |
| IADL     | Instrumental Activity of Daily Living            |
| ICD      | Interface Control Document                       |
| MC       | Managed Care                                     |
| MCO      | Managed Care Organization                        |
| MMIS     | Medicaid Management Information System           |
| NHTD     | Nursing Home Transition and Diversion            |
| NPI      | National Provider Identifier                     |
| NYSDOH   | New York State Department of Health              |
| OMIG     | Office of the Medicaid Inspector General         |
| OPWDD    | Office of People with Developmental Disabilities |
| PCA      | Personal Care Assistance                         |
| PCS      | Personal Care Services                           |
| PACE     | Program of All-Inclusive Care for the Elderly    |
| RFI      | Request for Information                          |
| SEMP     | Supported Employment Program                     |
| TBI      | Traumatic Brain Injury                           |
| VO       | Verification Organization                        |