

eMedNY Provider Enrollment Portal

FOR WAGE PARITY ATTESTATION



WAGE PARITY ATTESTATION

- Compliance with wage parity is required for Medicaid reimbursed home care aide services provided by the following organization types in New York City, Westchester, Nassau and Suffolk counties:
- Wage Parity attestation forms must be annually submitted to the Department of Health by:
 - Medicaid Managed Care Organizations (MMCO)
 - Managed Long Term Care (MLTC) plans
 - Certified Home Health Agencies (CHHA)
 - Long Term Home Health Care Programs (LTHHCP)
 - Licensed Home Care Services Agencies (LHCSA)
 - Consumer Directed Personal Assistance Program - Fiscal Intermediaries (CDPAP - FI).

WAGE PARITY ATTESTATION

- **By June 1st 2021** and annually thereafter, updated Wage Parity attestation forms must be submitted **electronically** to the Department of Health through the eMedNY Provider Enrollment Portal
- The eMedNY Provider Enrollment Portal can be found at:
<https://pe.emedny.org/>
- Wage Parity Compliance & Certification Guidance can be found at:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm

WWW.EMEDNY.ORG – WAGE PARITY

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with links for 'home', 'self help', 'glossary', and 'site map'. Below this is a search bar labeled 'ENHANCED BY Google'. A secondary navigation bar contains buttons for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The main content area features two promotional banners: 'COVID-19 Provisional Temporary PROVIDER ENROLLMENT' with an 'ENROLL NOW' button, and 'Important Information PHARMACY CARE-OUT' with a 'LEARN MORE NOW' button. A large graphic in the center says 'welcome to eMedNY' with an image of the Statue of Liberty and a city skyline. On the right side, there is a vertical menu with a yellow warning banner 'Are you compliant with NYSDOH EFT Requirement?'. Below this are buttons for 'Login ePACES' (with 'ePACES Information' link), 'Login eXchange' (with 'eXchange Information' link), 'Login PTAR' (with 'PTAR Information' link), 'Provider Portal' (with 'Web Portal Information' link), 'Wage Parity' (highlighted in yellow), and 'Electronic Visit Verification (EVV)'. At the bottom, there are four green buttons: 'NEW MEDICARE CARDS', 'MEDICAID MANAGED CARE NETWORK', 'PTAR click here for more information', and 'REVALIDATION click here for more information'.

HOME CARE WORKER WAGE PARITY – CHANGE EMAIL FOR ATTESTATION

Home Care Worker Wage Parity

In accordance with Section 3614-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-reimbursed work within New York City and the counties of Nassau, Suffolk and Westchester may be paid both a base wage and a supplemental benefit to satisfy a minimum rate of total compensation.

The wage parity requirement can be satisfied entirely through a payment of wages or through a combination of both wages and supplemental benefits. For more information about Total Compensation and Overtime obligations, please visit the [NYS Department of Health website](#).

3 Simple Steps for Attestation



Enroll as eMedNY Medicaid Provider



Sign up on the PE Portal

Guides

 [Attestation User Guide](#)

Useful Links

- [Change Email for Attestation](#)
- [Provider Enrollment](#)
- [Attestation Form](#)
- [NYS Department of Health website](#)

 PE Portal

Webinars

[5/26/2021 - 10:00 AM - 10:30 AM -- Wage Parity Attestation](#)

Email Change Request for Wage Parity Attestation

Please fill out the form below to change your email address on file for the Wage Parity Attestation Form.

Name:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
NPI:	<input type="text"/> (If exempt, enter "EXEMPT" in field)
MMIS ID (only if NPI exempt)	<input type="text"/>
ReCaptcha:	<input type="checkbox"/> I'm not a robot 
<input type="submit" value="Submit"/>	

HOME CARE WORKER WAGE PARITY – PROVIDER ENROLLMENT

Home Care Worker Wage Parity

In accordance with Section 3614-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-reimbursed work within New York City and the counties of Nassau, Suffolk and Westchester may be paid both a base wage and a supplemental benefit to satisfy a minimum rate of total compensation.

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3 Simple Steps for Attestation



1 Enroll as eMedNY Medicaid Provider

2 Sign up on the PE Portal

3 Complete Attestation

Enroll as eMedNY Medicaid Provider



Sign up on the PE Portal

Guides

 [Attestation User Guide](#)

Useful Links

- [Change Email for Attestation](#)
- [Provider Enrollment](#)
- [Attestation Form](#)
- [NYS Department of Health website](#)

 [PE Portal](#)

Webinars

[5/26/2021 - 10:00 AM - 10:30 AM -- Wage Parity Attestation](#)

Provider Enrollment & Maintenance



IF ANY OF THESE QUESTIONS APPLY TO YOU, CLICK ON YOUR PROVIDER TYPE ON THE RIGHT →

Useful Information



Provider List Filter

Select a radio button to filter the list of providers below



- Adult Day Health Care (ADHC) Program
- Ambulatory Surgery Centers (ASC)
- Assisted Living Program (ALP)
- Audiologist
- Bridges to Health Waiver (B2H)
- Care at Home Waiver (CAH)
- Case Management
- Certified Asthma Educator (CAE)
- Certified Diabetes Educator (CDE)
- Chemical Dependency Program (CDP)
- Child (Foster) Care Agency

HOME CARE WORKER WAGE PARITY – ATTESTATION FORM / PORTAL

Home Care Worker Wage Parity

In accordance with Section 3614-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-reimbursed work within New York City and the counties of Nassau, Suffolk and Westchester may be paid both a base wage and a supplemental benefit to satisfy a minimum rate of total compensation.

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3 Simple Steps for Attestation



Enroll as eMedNY Medicaid Provider



Sign up on the PE Portal

Guides

 [Attestation User Guide](#)

Useful Links

- [Change Email for Attestation](#)
- [Provider Enrollment](#)
- [Attestation Form](#)
- [NYS Department of Health website](#)

 PE Portal

Webinars

[5/26/2021 - 10:00 AM - 10:30 AM -- Wage Parity Attestation](#)

eMedNY ID

Sign in with your username and password

Username

Password

[Forgot your password?](#)

Sign in

[Need an account? Sign up](#)

HOW TO SIGN UP FOR eMedNY ID

<https://pe.emedny.org>

- Step 1: Sign In Screen – Click Sign up

eMedNY ID

Sign in with your username and password

Username

Password

[Forgot your password?](#)

Sign in

Need an account? [Sign up](#)

HOW TO SIGN UP

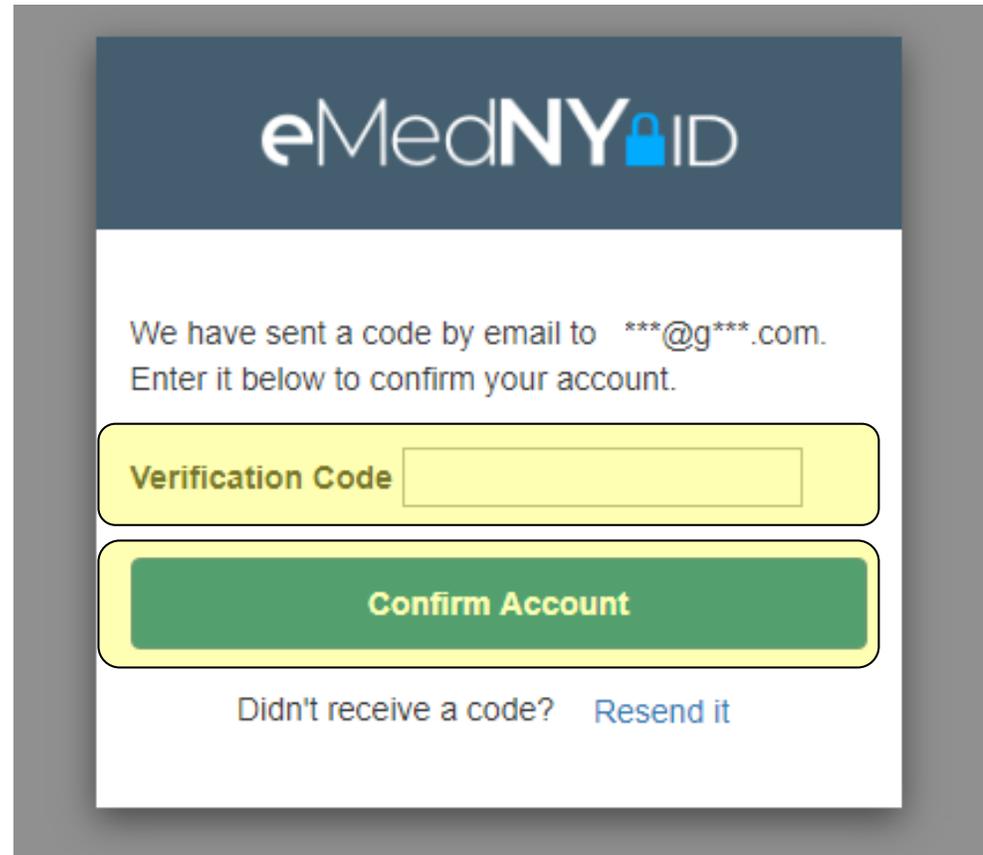
- Step 2: Fill out the fields
- Phone number must start with "+1" followed by the 10 digit phone number
- A valid email address is required

The screenshot shows the eMedNY ID sign-up interface. At the top is the eMedNY ID logo. Below it is the heading 'Sign up with a new account'. The form contains five input fields: Username (with placeholder 'Username'), Name, Phone number (with placeholder '+12125551234'), Email (with placeholder 'name@host.com'), and Password (with placeholder 'Password'). A red arrow points to the Password field. Below the form is a green 'Sign up' button and a link that says 'Already have an account? Sign in'.

- ✓ Password must contain a lower case letter
- ✓ Password must contain an upper case letter
- ✓ Password must contain a special character
- ✓ Password must contain a number
- ✓ Password must contain at least 16 characters

HOW TO SIGN UP

- Step 3: Validate your account with the PIN sent to the email address used to sign up



The screenshot shows the eMedNY ID verification interface. At the top, the logo 'eMedNY ID' is displayed with a blue padlock icon. Below the logo, a message states: 'We have sent a code by email to ***@g***.com. Enter it below to confirm your account.' There is a yellow input field labeled 'Verification Code' with a text cursor. Below the input field is a green button labeled 'Confirm Account'. At the bottom, there is a link that says 'Didn't receive a code? Resend it'.

PROVIDER DASHBOARD – SUBMITTING WAGE PARITY ATTESTATION

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.

Here to submit EVV information?
Click here to begin by submitting your attestation >

Submitting your Wage Parity attestation?
Click here to begin the process >

Let's get that enrollment going...

So far, you don't have anything submitted into our system. Just follow the simple steps listed below and we will get you moving along as soon as possible.

- 1. Begin**
Click begin to enroll
- 2. Enroll**
Step through the forms
- 3. Upload**
Upload required documents
- 4. Submit**
That's it. You're done.

Begin a New Submission +

WAGE PARITY ATTESTATION – SEARCH NPI / PROV ID

Wage Parity Attestation ✕

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

Organization's PID or NPI

NOTE: MMIS Provider ID number is the preferred search

Cancel **Next | >**

WAGE PARITY ATTESTATION – PROVIDER FOUND

Wage Parity Attestation

This is the information we found

Please verify that everything looks correct, and select 'Next' to continue.

Provider Name:
Provider ID:
NPI:

[< | Go Back](#) [Cancel](#) [Next | >](#)

WAGE PARITY ATTESTATION – PIN NOT NEEDED / LINKED PROVIDER

Wage Parity Attestation ✕

You may proceed to the Attestation form

This provider is already linked to your account. You may now proceed to the Wage Parity attestation form to complete the process.

Select 'Proceed' to continue to the form.

WAGE PARITY ATTESTATION – LINK TO PROVIDER / SEND PIN

Wage Parity Attestation ✕

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.

WAGE PARITY ATTESTATION – CORRESPONDENCE EMAIL ISSUE

Wage Parity Attestation ✕

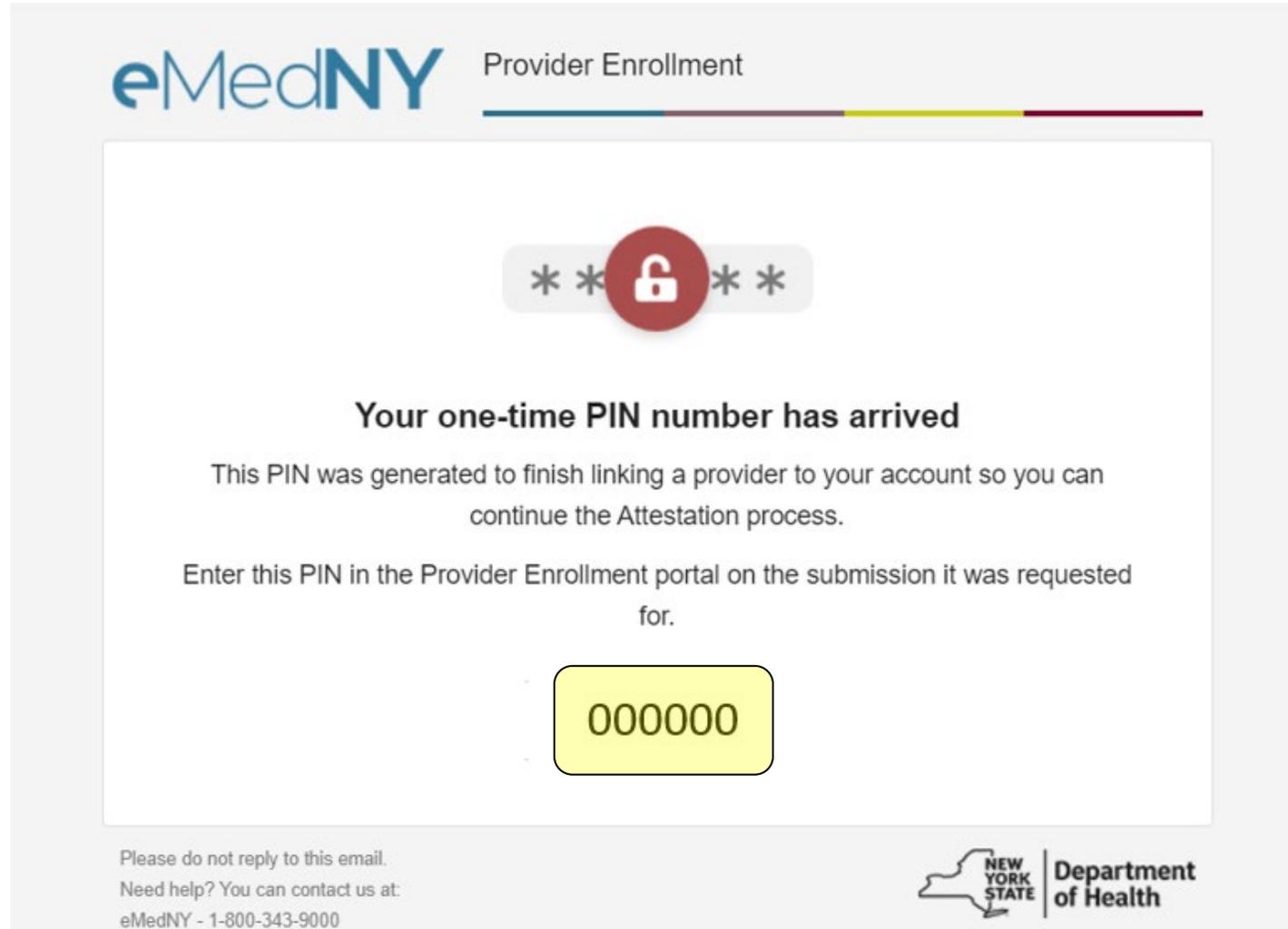
This provider does not have a Correspondence email on file

We need to send a 6-digit PIN number to the provider's correspondence email address to verify before linking them to your account.

In order to continue with this provider, please update their correspondence information with eMedNY and then try again.

[< | Go Back](#) [Close](#)

WAGE PARITY ATTESTATION – PIN EMAIL



The screenshot shows an email notification from eMedNY. At the top left is the eMedNY logo, and to its right is the text "Provider Enrollment". Below this is a horizontal bar with four colored segments: blue, orange, yellow, and red. The main content area is white and contains a red padlock icon with asterisks on either side, indicating a PIN. Below this is the heading "Your one-time PIN number has arrived" and a paragraph explaining that the PIN is for linking a provider to an account. It instructs the user to enter the PIN in the Provider Enrollment portal. A yellow box displays the PIN "000000". At the bottom left, there is a disclaimer and contact information. At the bottom right is the New York State Department of Health logo.

eMedNY Provider Enrollment

* * * * *

Your one-time PIN number has arrived

This PIN was generated to finish linking a provider to your account so you can continue the Attestation process.

Enter this PIN in the Provider Enrollment portal on the submission it was requested for.

000000

Please do not reply to this email.
Need help? You can contact us at:
eMedNY - 1-800-343-9000

NEW YORK STATE | Department of Health

WAGE PARITY ATTESTATION – ENTER PIN

Wage Parity Attestation

Please enter your 6-digit PIN number below

We have sent the PIN number to the correspondence email address we have on file for the provider. Select 'Submit' to finish linking this provider to your account and continue to the attestation form.

PIN Number

ATTESTATION SELECTION – PROVIDER TYPE

eMedNY Provider Enrollment

My Sections

Attestation Selection

0 OF 1 SECTIONS COMPLETE 0%

Attestation Selection

Attestation Selection

PREVIOUS

LOCK

NEXT

Select the Financial Intermediary (FI) or Certified Home Health Agency (CHHA) Wage Parity Attestation.

Please select the option that applies *

COMPLETE

I am submitting this Wage Parity Attestation on behalf of one of the following

- A Financial Intermediary (FI)
- A Certified Health Home Agency (CHHA)
- A Licensed Home Care Services Agency (LHCSA)
- A Long Term Home Health Care Program (LTHHCP)
- A Managed Care Organization (MCO)

Please select the option that applies *

The provider entity is one of the following

- Not-For-Profit or Voluntary
- Government or Public Entity
- For-Profit and Proprietary

NOTE: Attestations must be completed for each entity that is enrolled in Medicaid and providing Medicaid-reimbursed services

PREVIOUS

LOCK

NEXT

ATTESTATION SELECTION – PROVIDER ENTITY

eMedNY Provider Enrollment

My Sections

Attestation Selection

0 OF 1 SECTIONS COMPLETE 0%

Attestation Selection

Attestation Selection

Select the Financial Intermediary (FI) or Certified Home Health Agency (CHHA) Wage Parity Attestation.

PREVIOUS

LOCK

NEXT

Please select the option that applies *

I am submitting this Wage Parity Attestation on behalf of one of the following

- A Financial Intermediary (FI)
- A Certified Health Home Agency (CHHA)
- A Licensed Home Care Services Agency (LHCSA)
- A Long Term Home Health Care Program (LTHHCP)
- A Managed Care Organization (MCO)

COMPLETE ?

Please select the option that applies *

The provider entity is one of the following

- Not-For-Profit or Voluntary
- Government or Public Entity
- For-Profit and Proprietary

COMPLETE ?

PREVIOUS

LOCK

NEXT

ATTESTATION SELECTION – FISCAL INTERMEDIARY

eMedNY Provider Enrollment

My Sections ×

1 OF 3 SECTIONS COMPLETE 33%

- Attestation Selection
- FI Wage Parity Attestation**
- Not-For-Profit or Voluntary Entity Attestation

FI Wage Parity Attestation

Read and attest to the following.

Fiscal Intermediary Annual Certification of Compliance with Home Care Worker Wage Parity

For all Medicaid services provided or arranged for by Fiscal Intermediary for the period June 1, 2021 and subsequent, the individual submitting this attestation having authority to sign this Certification on behalf of the Fiscal Intermediary, does hereby certify to the following:

1. That the services are in full compliance with the Home Care Worker Wage Parity terms of section 3614-c of the Public Health Law and any regulations promulgated pursuant to this provision of law;
2. That no portion of the dollars spent or to be spent to satisfy the wage or benefit portion under section 3614-c of the Public Health Law will be returned to a certified home health agency, licensed home care services agency, long term home health care program, managed care organization, fiscal intermediary, or related persons or entities, other than to a home care aide as defined in section 3614-c of the Public Health Law to whom the wage or benefits are due, as a refund, dividend, profit, or in any other manner;
3. [RESERVED UNTIL JUNE 1, 2022] That the Fiscal Intermediary has provided each managed care organization an annual statement of wage parity hours and expenses on [Department of Labor Form LS-300](#) accompanied by an independently-audited financial statement verifying such expenses and [Department of Labor Form LS-301](#); and
4. That the Fiscal Intermediary will maintain all records necessary to verify compliance with the terms of this section for a period of no less than ten years from the end of the latest calendar year covered by the certification; and that such records will be subject to audit by the Department of Health and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

The Department reserves the right to request additional information in the future to ensure compliance with terms of section 3614-c of the Public Health Law.

By checking this box, I have read and attest to all of the above *

PREVIOUS NEXT

ATTESTATION SELECTION – LHCSA

eMedNY Provider Enrollment

My Sections × ✓ LHCSA Wage Parity Attestation ← PREVIOUS 🔒 NEXT →

2 OF 3 SECTIONS COMPLETE 67%

- ✓ Attestation Selection
- ✓ LHCSA Wage Parity Attestation
- Not-For-Profit or Voluntary Entity Attestation

Read and attest to the following

LHCSA Annual Certification of Compliance with Home Care Worker Wage Parity

For all Medicaid services provided or arranged for by LHCSA for the period June 1, 2021 and subsequent, the individual submitting this attestation having authority to sign this Certification on behalf of the LCHSA, does hereby certify to the following:

1. That the services are in full compliance with the Home Care Worker Wage Parity terms of section 3614-c of the Public Health Law and any regulations promulgated pursuant to this provision of law;
2. That no portion of the dollars spent or to be spent to satisfy the wage or benefit portion under section 3614-c of the Public Health Law will be returned to a certified home health agency, licensed home care services agency, long term home health care program, managed care organization, fiscal intermediary, or related persons or entities, other than to a home care aide as defined in section 3614-c of the Public Health Law to whom the wage or benefits are due, as a refund, dividend, profit, or in any other manner;
3. [RESERVED UNTIL JUNE 1, 2022] That LHCSA has provided each managed care organization, certified home health agency or long-term home health care program an annual statement of wage parity hours and expenses on [Department of Labor Form LS-300](#) accompanied by an independently-audited financial statement verifying such expenses and [Department of Labor Form LS-301](#); and
4. That LHCSA will maintain all records necessary to verify compliance with the terms of this section for a period of no less than ten years from the end of the latest calendar year covered by the certification; and that such records will be subject to audit by the Department of Health and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

The Department reserves the right to request additional information in the future to ensure compliance with terms of section 3614-c of the Public Health Law.

By checking this box, I have read and attest to all of the above *

← PREVIOUS 🔒 NEXT →

ATTESTATION SELECTION – CHHA

eMedNY Provider Enrollment

My Sections ×

1 OF 3 SECTIONS COMPLETE 33%

- Attestation Selection
- CHHA Wage Parity Attestation**
- Not-For-Profit or Voluntary Entity Attestation

CHHA Wage Parity Attestation

Read and attest to the following.

CHHA Annual Certification of Compliance with Home Care Worker Wage Parity

For all Medicaid services provided or arranged for by the CHHA for the period June 1, 2021 and subsequent, the individual having authority to submit this Certification on behalf of the CHHA, does hereby certify to the following:

1. That the services are in full compliance with the Home Care Worker Wage Parity terms of section 3614-c of the Public Health Law and any regulations promulgated pursuant to this provision of law;
2. That no portion of the dollars spent or to be spent to satisfy the wage or benefit portion under section 3614-c of the Public Health Law will be returned to a certified home health agency, licensed home care services agency, long term home health care program, managed care organization, fiscal intermediary, or related persons or entities, other than to a home care aide as defined in section 3614-c of the Public Health Law to whom the wage or benefits are due, as a refund, dividend, profit, or in any other manner;
3. [RESERVED UNTIL JUNE 1, 2022] That CHHA has received, reviewed and assessed the annual compliance statement(s) of wage parity hours and expenses provided by each licensed home care services agency on [Department of Labor Form LS-300](#) accompanied by an independently-audited financial statement verifying such expenses and [Department of Labor Form LS-301](#). CHHA certifies that it will make a written referral to the Department of Labor for any reasonably suspected failure of those parties to conform to the wage parity requirements defined in section 3614-c of the Public Health Law; and
4. That CHHA will maintain all records necessary to verify compliance with the terms of this section (including required licensed home care service agency attestations and information) for a period of no less than ten years from the end of the latest calendar year covered by the certification; and that such records will be subject to audit by the Department of Health and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

The Department reserves the right to request additional information in the future to ensure compliance with terms of section 3614-c of the Public Health Law.

By checking this box, I have read and attest to all of the above *

PREVIOUS NEXT

ATTESTATION SELECTION – LTHHCP

The screenshot displays the eMedNY Provider Enrollment portal interface. At the top, the header reads "eMedNY Provider Enrollment". Below this, a navigation bar shows "My Sections" with a close icon and "LTHHCP Wage Parity Attestation" selected. A progress indicator shows "1 OF 3 SECTIONS COMPLETE" with a 33% completion bar. The left sidebar lists three sections: "Attestation Selection" (checked), "LTHHCP Wage Parity Attestation" (selected), and "Not-For-Profit or Voluntary Entity Attestation". The main content area is titled "LTHHCP Annual Certification of Compliance with Home Care Worker Wage Parity" and contains the following text:

Read and attest to the following

 **LTHHCP Annual Certification of Compliance with Home Care Worker Wage Parity**

For all Medicaid services provided or arranged for by LTHHCP for the period June 1, 2021 and subsequent, the individual submitting this attestation having authority to sign this Certification on behalf of the LTHHCP, does hereby certify to the following:

1. That the services are in full compliance with the Home Care Worker Wage Parity terms of section 3614-c of the Public Health Law and any regulations promulgated pursuant to this provision of law;
2. That no portion of the dollars spent or to be spent to satisfy the wage or benefit portion under section 3614-c of the Public Health Law will be returned to a certified home health agency, licensed home care services agency, long term home health care program, managed care organization, fiscal intermediary, or related persons or entities, other than to a home care aide as defined in section 3614-c of the Public Health Law to whom the wage or benefits are due, as a refund, dividend, profit, or in any other manner;
3. [RESERVED UNTIL JUNE 1, 2022] That LTHHCP has received, reviewed and assessed the annual compliance statement(s) of wage parity hours and expenses provided by each licensed home care services agency on [Department of Labor Form LS-300](#) accompanied by an independently-audited financial statement verifying such expenses and [Department of Labor Form LS-301](#). LTHHCP certifies that it will make a written referral to the Department of Labor for any reasonably suspected failure of those parties to conform to the wage parity requirements defined in section 3614-c of the Public Health Law; and
4. That LTHHCP will maintain all records necessary to verify compliance with the terms of this section (including required licensed home care service agency attestations and information) for a period of no less than ten years from the end of the latest calendar year covered by the certification; and that such records will be subject to audit by the Department of Health and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

The Department reserves the right to request additional information in the future to ensure compliance with terms of section 3614-c of the Public Health Law.

By checking this box, I have read and attest to all of the above *

Navigation buttons at the bottom include "PREVIOUS" and "NEXT".

ATTESTATION SELECTION – MANAGED CARE

eMedNY Provider Enrollment

My Sections ×

1 OF 3 SECTIONS COMPLETE 33%

- Attestation Selection
- MCO Wage Parity Attestation**
- Not-For-Profit or Voluntary Entity Attestation

MCO Wage Parity Attestation

PREVIOUS [lock] NEXT

Read and attest to the following

MCO Annual Certification of Compliance with Home Care Worker Wage Parity

For all Medicaid services provided or arranged for by MCO for the period June 1, 2021 and subsequent, the individual submitting this attestation having authority to sign this Certification on behalf of the MCO, does hereby certify to the following:

1. That the services are in full compliance with the Home Care Worker Wage Parity terms of section 3614-c of the Public Health Law and any regulations promulgated pursuant to this provision of law;
2. That no portion of the dollars spent or to be spent to satisfy the wage or benefit portion under section 3614-c of the Public Health Law will be returned to a certified home health agency, licensed home care services agency, long term home health care program, managed care organization, fiscal intermediary, or related persons or entities, other than to a home care aide as defined in section 3614-c of the Public Health Law to whom the wage or benefits are due, as a refund, dividend, profit, or in any other manner;
3. [RESERVED UNTIL JUNE 1, 2022] That MCO has received, reviewed and assessed the annual compliance statement(s) of wage parity hours and expenses provided by each licensed home care services agency and fiscal intermediary on [Department of Labor Form LS-300](#) accompanied by an independently-audited financial statement verifying such expenses and [Department of Labor Form LS-301](#). MCO certifies that it will make a written referral to the Department of Labor for any reasonably suspected failure of those parties to conform to the wage parity requirements defined in section 3614-c of the Public Health Law; and
4. That MCO will maintain all records necessary to verify compliance with the terms of this section (including required licensed home care service agency attestations and information) for a period of no less than ten years from the end of the latest calendar year covered by the certification; and that such records will be subject to audit by the Department of Health and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

The Department reserves the right to request additional information in the future to ensure compliance with terms of section 3614-c of the Public Health Law.

By checking this box, I have read and attest to all of the above *

PREVIOUS [lock] NEXT

ATTESTATION SELECTION – PROVIDER ENTITY REMINDER

eMedNY Provider Enrollment

My Sections ×

Attestation Selection ×

0 OF 1 SECTIONS COMPLETE 0%

Attestation Selection

Attestation Selection

PREVIOUS 🔒 NEXT

Select the Financial Intermediary (FI) or Certified Home Health Agency (CHHA) Wage Parity Attestation.

Please select the option that applies * ✓ COMPLETE ?

I am submitting this Wage Parity Attestation on behalf of one of the following

- A Financial Intermediary (FI)
- A Certified Health Home Agency (CHHA)
- A Licensed Home Care Services Agency (LHCSA)
- A Long Term Home Health Care Program (LTHHCP)
- A Managed Care Organization (MCO)

Please select the option that applies * ✓ COMPLETE ?

The provider entity is one of the following

- Not-For-Profit or Voluntary
- Government or Public Entity
- For-Profit and Proprietary

PREVIOUS 🔒 NEXT

ENTITY ATTESTATION – NOT-FOR-PROFIT / VOLUNTARY ATTESTATION

eMedNY Provider Enrollment

My Sections × **Not-For-Profit or Voluntary Entity Attestation** PREVIOUS LOCK NEXT

2 OF 3 SECTIONS COMPLETE 67%

- Attestation Selection
- CHHA Wage Parity Attestation
- Not-For-Profit or Voluntary Entity Attestation**

Complete the following regarding the individual submitting the attestation on behalf of the provider

Wage Parity Attestation submitter information

Answer the questions below.

Please note the individual submitting the Wage Parity Attestation whose information is entered here must be the highest-level management person in the provider entity.

Name of Individual submitting attestation *

First *	Middle	Last *	Suffix
John	D	Dowe	

Select the Title of the attesting Individual *

- Chief Executive Officer
- Chief Financial Officer
- Chairperson of the Governing Board
- Officer (President, Vice President, Secretary or Treasurer)

PREVIOUS LOCK **NEXT**

ENTITY ATTESTATION – GOVERNMENT / PUBLIC ENTITY ATTESTATION

eMedNY | Provider Enrollment

My Sections ×

2 OF 3 SECTIONS COMPLETE 67%

- Attestation Selection
- CHHA Wage Parity Attestation
- Government or Public Entity Attestation**

Government or Public Entity Attestation PREVIOUS LOCK NEXT

Complete the following about the individual submitting this Wage Parity Attestation

Wage Parity Attestation submitter information

Answer the questions below.

Please note the individual submitting the Wage Parity Attestation whose information is entered here must be the highest-level management person in the provider entity.

Person Name *

First *	Middle	Last *	Suffix
John	D	Dowe	

Please select the option that applies *

Select the Title of the attesting Individual

- Public Official Responsible for the Operation of the Fiscal Intermediary
- Individual not responsible for the operation of the Fiscal Intermediary

PREVIOUS LOCK **NEXT**

ENTITY ATTESTATION – FOR PROFIT ATTESTATION

eMedNY Provider Enrollment

My Sections × **For-Profit and Proprietary Attestation Information** PREVIOUS NEXT

2 OF 3 SECTIONS COMPLETE 67%

- Attestation Selection
- CHHA Wage Parity Attestation
- For-Profit and Proprietary Attestation Information**

Wage Parity Attestation submitter information

Answer the questions below.

Please note the individual submitting the Wage Parity Attestation whose information is entered here must be the highest-level management person in the provider entity.

Name of Individual submitting the Attestation *

First *	Middle	Last *	Suffix
John	D	Dowe	

Select the Title of the individual submitting the Attestation *

- Chief Executive Officer
- Operator
- Owner

PREVIOUS NEXT

ENTITY ATTESTATION – FOR PROFIT ATTESTATION

eMedNY Provider Enrollment

My Sections × **For-Profit and Proprietary Attestation Information** < | PREVIOUS NEXT | >

2 OF 3 SECTIONS COMPLETE 67%

- Attestation Selection
- CHHA Wage Parity Attestation
- For-Profit and Proprietary Attestation Information**

Complete the fields below.

Wage Parity Attestation submitter information

Answer the questions below.

Please note the individual submitting the Wage Parity Attestation whose information is entered here must be the highest-level management person in the provider entity.

Name of Individual submitting the Attestation *

First *	Middle	Last *	Suffix
John	D	Dowe	

Select the Title of the individual submitting the Attestation * COMPLETE

Chief Executive Officer

< | PREVIOUS NEXT | >

ATTESTATION – READY TO PROCEED

The screenshot displays the eMedNY Provider Enrollment portal. The top navigation bar includes the eMedNY logo and the text 'Provider Enrollment'. A green banner at the top of the main content area states: 'All of the form sections are now complete. You may now proceed to the next step. Continue >'. On the left, a 'My Sections' sidebar shows a progress bar for '3 OF 3 SECTIONS COMPLETE' at 100%. The sections listed are: 'Attestation Selection', 'CHHA Wage Parity Attestation', and 'For-Profit and Proprietary Attestation Information', which is currently selected. The main content area is titled 'For-Profit and Proprietary Attestation Information' and contains the heading 'Wage Parity Attestation submitter information' with the instruction 'Answer the questions below.'. A modal dialog titled 'Last Section Reached' is centered on the screen, containing the text: 'You have reached the end of the form. Your application is complete! You may now proceed to the next step.' Below this text are two buttons: 'I Want to Make Changes' and 'I'm Ready to Proceed'. The background form shows fields for 'Name of Individual submitter', 'First *' (with 'John' entered), 'Suffix', and 'Select the Title of the submitter' (with 'Chief Executive Officer' selected). Each of these fields has a 'COMPLETE' status indicator. At the bottom right of the form, there are 'PREVIOUS' and 'NEXT' navigation buttons.

ATTESTATION – REVIEW AND SUBMIT

The screenshot displays the eMedNY Provider Enrollment Portal interface. At the top left, the text "eMedNY | Provider Enrollment" is visible. In the top right corner, there are icons for a user profile, a message, and a menu. The main content area features a large, white, rounded rectangular box with a thin border. Inside this box, the text reads: "CHHA LLC, you are almost done ?" followed by a horizontal line. Below the line, it says "Congratulations! You've finished filling out your application to". A larger text block follows: "You are about to submit, but before you do, we would like you to confirm that all the information is correct. Click on the 'Review and Submit' button below to scroll through the entirety of your submission. If all looks good, confirm the application and feel free to print a copy for your records." Below this, it states: "You can come back any time to view and print your submission from your dashboard." At the bottom of the box, there is a prominent green button with the text "Review and Submit" and a smaller link below it that says "← I need to make changes". The background of the portal is a scenic image of a sunset or sunrise over a body of water, with vibrant orange and yellow clouds against a blue sky.

ATTESTATION – PRINT SUBMISSION / CONFIRM AND SUBMIT

eMedNY | Provider Enrollment

Review and Submit [Close]

Please review the summary of your application before submitting [Print Submission]

CHHA LLC ID: []

Maintenance for Billable Business

Attestation Selection

I am submitting this Wage Parity Attestation on behalf of one of the following: A Certified Health Home Agency (CHHA)

The provider entity is one of the following: For-Profit and Proprietary

CHHA Wage Parity Attestation

By checking this box, I have read and attest to all of the above: Yes

For-Profit and Proprietary Attestation Information

Name of Individual submitting the Attestation

- Last Name: Dowe
- Suffix: N/A
- Middle Name: D
- First Name: John

Select the Title of the individual submitting the Attestation: Chief Executive Officer

By submitting this application, you confirm that the above information is accurate

Confirm and Submit

← I need to make changes

REMINDERS

- Attestations must be completed for each entity that is enrolled in Medicaid and providing Medicaid-reimbursed services, i.e., if a parent organization owns or controls more than one agency, the attestation must be signed for every separately incorporated entity and for every provider enrollment type.
- For example, if a parent company owns or controls separately incorporated and enrolled entities that provide Medicaid services as a CHHA, as a LHCSA and as an FI, they would log in and complete three attestations—one for each entity based on their type of Medicaid enrollment.
- Similarly, if a parent company owns or controls four LHCSAs, they would log in and complete four attestations, one for each entity.
- Finally, if a single legal entity is enrolled as a CHHA and as a LHCSA, then it would complete two attestations—one as a CHHA and one as a LHCSA, even though it is a single legal entity.

RESOURCES

- eMedNY Website
 - www.emedny.org
- Provider Enrollment Portal
 - <https://pe.emedny.org/>
- Wage Parity Compliance & Certification Guidance
 - https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm
- Questions on Guidance Document
 - hcworkerparity@health.ny.gov
- eMedNY Call Center
 - 800-343-9000

QUESTIONS

QUESTIONS?