| Question |
|---|

**With the removal of the type of EVV from the Interface Control Document, how do you know if GPS is required or not?**

A: Providers may implement any verification method(s) that meet the requirements of the Cures Act.  As a reminder, although eVisitMethod is no longer a required data element for submission to the statewide aggregator, electronic verification and an auditable confirmation of the visit are still required.

Please refer the EVV Program Guidelines and Requirements document for EVV compliance details.https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/evv_prog_guidelines.htm

**Can a Licensed Home Care Services Agency (LHCSA) that has a fiscal intermediary (FI) use the LHCSA's MMIS ID for FI services (data submission) if the LHCSA does not have a separate MMIS number for the FI?**

A: If the LHCSA is going to submit data to the statewide aggregator, then the LHCSA's MMIS ID may be used to log into the API portal and set up data submission.  If the FI is going to be the submitter, they need to have previously enrolled and obtained an MMIS ID in order to submit the EVV Transactions to eMedNY. EVV Data Submitters must be enrolled with eMedNY. For those not already enrolled:

- Please visit the website at www.emedny.org
- Click on the Provider Enrollment tab to get the process started
- Support staff for enrollment with NYS Medicaid can be reached by calling eMedNY Provider Enrollment at (800) 343-9000.

**How is the State ensuring that duplicate data is not being submitted?**

A: The statewide aggregator solution allows EVV records to be submitted by more than one source for the same visit.  Providers may use one **or more** of the workflows in Section 6 of the EVV Technical User Guide, available on eMedNY.org, in order to ensure that their EVV transactions are submitted. (Selected submitters should be identified on the EVV attestation form.)

The Choice Model was designed to offer maximum flexibility for Providers to integrate their EVV data capture into their workflow as well as use their existing technology and existing trading partners to submit that data.  Although the API allows the same EVV transaction to be received from more than one submitter, the aggregator can accurately identify, and filter duplicate transactions based on the combination of Provider and Transaction ID.

**Per the recent technical guidance released (https://www.emedny.org/evv/EVV_Technical_User_Guide.pdf), we would like to obtain clarity on the multiple paths and workflows that a provider may use when submitting their EVV data. Are providers required to connect with individual Managed Care Organization EVV aggregators if providers are submitting EVV information directly to the eMedNY aggregator?**

A: Providers have the flexibility to choose how they would like to submit the EVV transactions to eMedNY, including direct submission or submission by a separately contracted vendor. Providers are not required to connect with Managed Care Organizations (MCO) for the purposes of submitting to eMedNY. MCO networks may have separate requirements.

**Can I have an example of a procedureModCode looks like when it's related to a to one or multiples procedureCodes?**

A: The procedureModCode should be submitted the same way as used to bill the claim. Please refer to the sample transaction (Appendix G) in the Interface Control Document located here:
https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/index.htm.

**Our organization intends on using existing eMedNY credentials for the development of the EVV interface. Do eMedNY credentials expire?  Do API Keys expire?**

A: eMedNY Web Portal accounts do not expire. API Keys issued in Production in the eMedNY API Developer Portal will expire every 6 (six) months; which is best practice for API Keys and Key security. Renewal of API Keys is done through the eMedNY API Developer Portal.

**If a visit is unverified, will there need to be reason codes listed as to why it was unverified? For example, if a staff forgets to clock in or out for a shift, will there need to be a reason listed why that visit was unverified?  If so, is there a set list of reason we will need to use when submitting data?**

A: Although a reason code need not be submitted, the provider agency or FI must retain and maintain documentation of unverified visits. Please refer to the EVV Program Guidelines and Requirements document for additional information.

**If we have an application that gathers all of the information required, is it acceptable to download the data collected from the application to an Excel Spreadsheet for upload to eMedNY since the application can't communicate directly with eMedNY?**

A: Excel spreadsheet upload is not supported. eMedNY accepts EVV Data through the API. Please refer to the Interface Control Document for guidelines on conforming to the API specifications. The ICD is located here:
https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/index.htm.

**Is there an option to "upload" EVV data to NY DOH without using a specific EVV system?**

A: Please refer to the EVV Program Guidelines and Requirements document for information on compliant technologies located here:
https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/evv_prog_guidelines.htm.

eMedNY accepts EVV Data through the API. Please refer to the Interface Control Document for guidelines on conforming to the API specifications, located here: https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/index.htm.

**Can electronic Protected Health Information (ePHI) be submitted for test processing via the testing URL? Does all the ePHI information need to be mocked up data when submitted to the testing URL?**

A: We do not recommend that submitter use PHI/PII in test. We recommend they use valid test (mocked) data.