eMedNY Provider Enrollment Portal

FOR 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 1\(^{st}\) 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/](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](https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm)
Home Care Worker Wage Parity

In accordance with Section 3634-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-home-based 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

1. Enroll as eMedNY Medicaid Provider
2. Sign up on the PE Portal

Useful Links
- Change Email for Attestation
- Provider Enrollment
- Attestation Form
- NYS Department of Health website

Webinars
- 6/28/2023 - 10:00 AM - 10:30 AM - Wage Parity Attestation
In accordance with Section 3634-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-covered 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

1. Enroll as eMedNY Medicaid Provider
2. Sign up on the PE Portal

Guides
- Attestation User Guide
- Change Email for Attestation
- Provider Enrollment
- Attestation Form
- NYS Department of Health website

Useful Links
- PE Portal
- Webinars

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:
- Email:
- Phone Number:
- PIN:
- NYS ID
- (only if HR exempt)
- ReCaptcha:
  - I’m not a robot

Submit
Home Care Worker Wage Parity

In accordance with Section 3634-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-encumbered 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

1. Enroll as eMedNY Medicaid Provider
2. 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

Webinars
6/18/2021 - 10:30 AM - 12:30 PM - Wage Parity Attestation

Provider Enrollment & Maintenance

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

Useful Information
- COVID-19 Response
- Maintenance Forms
- Enrollment Guide
- Revalidation
- How Do I?
In accordance with Section 3634-c of the New York State Public Health Law, or the Home Care Worker Wage Parity Law, home care aides who perform Medicaid-covered 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

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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](https://www.health.ny.gov).
HOW TO SIGN UP FOR eMedNY ID

- Step 1: Sign In Screen – Click Sign up

https://pe.emedny.org
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
HOW TO SIGN UP

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

PROVIDER DASHBOARD – SUBMITTING 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

Enter PID or NPI...

NOTE: MMIS Provider ID number is the preferred search
WAGE PARITY ATTESTATION – PROVIDER FOUND

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 | >
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.
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.
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.
WAGE PARITY ATTESTATION – PIN EMAIL

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 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

000000

Cancel   Submit
NOTE: Attestations must be completed for each entity that is enrolled in Medicaid and providing Medicaid-reimbursed services.
ATTESTATION SELECTION – PROVIDER ENTITY
**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 14-300 by an independently-audited financial statement verifying such expenses and Department of Labor Form 14-300;
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 * ☑
ATTESTATION SELECTION – LHCSA

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 LHCSA, 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-302](#) 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.

*
ATTESTATION SELECTION – CHHA

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-360 accompanied by an independently-audited financial statement verifying such expenses and Department of Labor Form LS-306, 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 *
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 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-500, accompanied by an independently-audited financial statement verifying such expenses and Department of Labor Form LS-30). 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 *
ATTESTATION SELECTION – MANAGED CARE

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;
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 *
ATTESTATION SELECTION – PROVIDER ENTITY REMINDER

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 Home Health Agency (CHHA)
- A Licensed Home Care Services Agency (LHCSSA)
- 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
eMedNY Provider Enrollment Portal For Wage Parity Attestation

ENTITY ATTESTATION – NOT-FOR-PROFIT / VOLUNTARY 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.

Name of Individual submitting attestation *

First *  Middle  Last *

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)
ENTITY ATTESTATION – GOVERNMENT / PUBLIC ENTITY ATTESTATION

eMedNY Provider Enrollment Portal For 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 *  
John
Middle  
D
Last *  
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

COMPLETE ✅
eMedNY Provider Enrollment Portal For Wage Parity Attestation

ENTITY ATTESTATION – FOR PROFIT ATTESTATION

Wage Parity Attestation submitter information

Name of Individual submitting the Attestation *

- First: John
- Middle: D
- Last: Dowe

Select the Title of the Individual submitting the Attestation *

- Chief Executive Officer
- Operator
- Owner
eMedNY Provider Enrollment Portal For Wage Parity Attestation

ATTESTATION – READY TO PROCEED

Last Section Reached
You have reached the end of the form.
Your application is complete!
You may now proceed to the next step.

I Want to Make Changes
I'm Ready to Proceed
ATTESTATION – REVIEW AND SUBMIT

CHHA LLC, you are almost done

Congratulations! You've finished filling out your application to
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.
You can come back any time to view and print your submission from your dashboard.

Review and Submit

I need to make changes
eMedNY Provider Enrollment Portal For Wage Parity Attestation

ATTESTATION – PRINT SUBMISSION / CONFIRM AND SUBMIT

Review and Submit

Please review the summary of your application before submitting

CHHA LLC

Maintenance for Billable Business

Attestation Selection

I am submitting this Wage Parity Attestation on behalf of one of the following: [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 attested to all of the above: [Yes]

For-Profit and Proprietary Attestation Information

Name of Individual submitting the Attestation:
- Last Name: [Onew]
- Suffix: [Jr.
- Middle Name: [O]
- 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
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](http://www.emedny.org)

- Provider Enrollment Portal  
  • [https://pe.emedny.org/](https://pe.emedny.org/)

- Wage Parity Compliance & Certification Guidance  
  • [https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm](https://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm)

- Questions on Guidance Document  
  • [hcworkerparity@health.ny.gov](mailto:hcworkerparity@health.ny.gov)

- eMedNY Call Center  
  • 800-343-9000
QUESTIONS