



# Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Acting Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

APR 23 2015

RE: 2015 LTHHCP Hotline Rates

Dear Administrator:

Pursuant to Part 86-5.14 of the Commissioner's Administrative Rules and Regulations, the purpose of this letter is to inform you of revisions to your 2015 Long Term Home Health Care Provider (LTHHCP) Medicaid rate(s). The rates have been transmitted to the Department's Division of Program Operations and Systems for posting to the Department's eMedNY payment system. A copy of the revised Medicaid rate computation sheets for the period January 1, 2015 through December 31, 2015 is now available on the HCS website.

The rate computation sheets contain one or more of the following adjustments:

1. **Hotline**

A revision to the rates has been made to reflect acceptable "Hotline" item(s) properly submitted during the appropriate time frame. As a result of revised cost reports filed by providers during the "Hotline" period, both the statewide Administrative and General (A & G) cap and the peer group ceilings for each of the service rates have been recalculated.

2. **Trend Factor**

The rates effective January 1, 2015 reflect 0% trend factor adjustment. Both the 2014 and 2015 trend factor components have been reduced to 0% in accordance with the New York State budget adopted for fiscal year 2014-15.

3. **Recruitment, Training and Retention Adjustment**

In accordance with PHL Section 3614.9, the Department is authorized to adjust Medicaid rates of payment for certified home health agencies, long term home health care programs, AIDS home care programs, hospice programs, and approved managed long term care operating demonstrations to provide funding for purposes of improving recruitment, training and retention (RT&R) of home health aides or other personnel with direct patient care responsibility.

In accordance with PHL Section 3614.10, the rate adjustments are allocated proportionally based on each certified home health agency, long term home health care program, AIDS home care and hospice program's home health aide or other direct care services

total annual hours of service provided to Medicaid patients. In accordance with this statutory authority, your 2015 LTHHCP Medicaid rates have been determined to reimburse the appropriate agency-specific allocation of the total RT&R, based on the LTHHCP proportion of services to the total proportion of services for all of the eligible home care provider programs, as determined from Medicaid service utilization. The adjustments are based on uniform allocation percentage add-ons of 4.70% for the period of January 1, 2015 through December 31, 2015.

#### **4. Worker Recruitment and Retention**

Chapter 82 of the Laws of 2002 added subdivision 8 to Section 3614 of the Public Health Law. Paragraph (a) of this subdivision provides for a three percent Medicaid rate increase for Long Term Home Health Care Programs (LTHHCP's) "for purposes of improving recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility". These rates include an increase to reimburse you for your portion of the health recruitment and retention monies.

#### **Appeals**

An appeal by a provider whose rates have been changed by the hotline process must be filed with this office, and be postmarked no later than 30 days from receipt of this letter in an email submitted to the Bureau mail log at [BLTCR-LT@health.ny.gov](mailto:BLTCR-LT@health.ny.gov). The additional 30-day period applies only to programs whose rates have been newly affected by hotline changes.

In order to file an appeal with this office, the following information should be provided:

1. A scanned letter, signed by the Operator or Chief Executive Officer, containing a detailed summary of the items of appeal and the DCN of any revised cost report submission. Appeals will not be accepted from consultants or accountants.
2. Supporting schedules or any other pertinent data NOT related to the annual cost report may be attached in the email submission.
3. Any item of appeal that alters the cost data for the 2013 annual cost report requires that the revised report be filed electronically. The revised report must have a new Declaration Control Number and must be recertified by both the operator and the independent accountant.

**To be considered timely filed, the requirements described above must be met and the appeal email submitted no later than 30 days from the date of this letter. All other matters relating to the 2015 rates were subject to the April 15, 2015 deadline.**

#### **2014 Annual Cost Report**

The 2015 cost report will be available on the Health Commerce System (HCS) on June 1. Your program will be notified about the software under a separate letter posted on the HCS.

If you have any questions relating to the methodology utilized in the calculation of your 2015 LTHHCP Medicaid rates for the basic services, the 2013 annual cost report, or the waived service rate calculations please contact Russ Smith at (518) 473-4421.

Sincerely,



Steve Simmons  
Director  
Bureau of Managed Long Term Care/FFS  
Office of Health Insurance Programs

Enclosures