May 5, 2014

Mr. Jason A. Helgerson
Deputy Commissioner, NYS Medicaid Director
Office of Health Insurance Programs
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

On behalf of our respective associations and our statewide membership of home care agencies and Managed Long Term Care Plans (MLTCs), we write to request important clarifications on the criteria and operation of the Quality Incentive/Vital Access Provider Pool (QIVAPP) program being implemented through the Department of Health's (the Department or DOH) April 23, 2014 Dear Administrator Letter (DAL). We further write to address several additional, critical issues with the QIVAPP program and the broader matter of wage parity financing.

Our requested clarifications relate to thresholds for qualification/participation in the program. As such, the Department's expeditious response will help ensure that funds flow to the plans and providers with all deliberate speed. We urge that responses favor the greatest flexibility and qualification for plan-provider support under QIVAPP.

1. Will the MLTCs have to apply for the QIVAPP monies or will DOH award the funds based on the data the plans have provided to DOH as part of the survey request? If the MLTC is able to opt out of the process, is there a way to secure access to the program for their network providers? Or similarly, if for some reason a managed care plan does not qualify, how would network providers access QIVAPP funds? When does the Department anticipate QIVAPP monies to begin to flow?

2. Can the Department clarify how the $70 million QIVAPP will flow from MLTCs to network providers? If via a pass-through, please describe how this is intended.

3. When does the State expect to increase the MLTCs' rates to account for the QIVAPP? How long will the plans have to pass through those funds to their network providers?

4. Please clarify what is meant by "a base contracted amount." Is this referring to an overall base rate of payment from MLTCs to QIVAPP providers (and if so, what specifically does that mean) or is it intended to mean a base "add-on" QIVAPP amount only?

5. Can the Department confirm that included in the reference "network providers" are: Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Program (LTHHCP) providers that directly provide aide services under contract to MLTCs, as well as LHCSAs which subcontract with CHHAs and LTHHCPs under MLTCs?

6. Can the Department confirm that "specialty training" includes any of a range of possible training or orientation initiatives in skill development or specialty orientation for the agency's workers, and that it does not require that the home care agency itself is also the provider of the aide's basic training and certification? Also, please confirm that a standard, but high quality HHATP/PCATP meets the criteria for the QIVAPP.

7. Please confirm that if a QIPP can demonstrate a specialty training program, but cannot obtain a letter of support from a labor organization, then the QIPP meets the exception criteria.

8. The DAL states that "if a provider cannot meet any of the eligibility standards, the Department will consider exceptions on a case by case basis, if they can be justified." What will the application process be for a contracted home care provider that does not meet the eligibility standards to qualify as a QIPP? Will there be a process to appeal a determination of ineligibility?

9. We are concerned that the criteria seem to give priority to unionized home care agencies and place non-unionized agencies at a disadvantage. Please confirm that non-unionized agencies that meet the outlined criteria will be eligible on a level playing field for QIVAPP funding.

We also raise the following additional questions and requests below related to QIVAPP and the broader wage parity matter:

1. During our April 3, 2014 conference call with you and departmental staff, you clarified that the MLTC and provider reporting requirements would be very general in terms of the support of the QIVAPP agencies, and were not intended to involve specific reporting on the use of the QIVAPP dollars. The DAL does not afford this clarification and we ask that you please confirm the aforementioned general parameters for plan-provider reporting under QIVAPP.

2. Please provide further specificity and clarification for each of the three "phases" of MLTC rate development under QIVAPP, and how this affects QIVAPP monies to plans and to contracted home care providers.

3. Our associations are extremely concerned that the Department is targeting additional wage parity financing only to New York City providers, and is not similarly addressing the needs of workers, agencies and patients in Nassau, Suffolk and Westchester counties. Agencies serving those counties also need assistance, particularly because the State is no longer requiring that health plans pay their contracted personal care providers at the local department of social services rate. We ask that the rates for the providers serving these communities be increased to address worker and agency compensation needs for service to these areas, and that commensurate adjustments be made to health plan premiums to permit the requisite agency reimbursement.

4. Additionally, we are deeply concerned that no parallel wage parity/quality adjustment is being made for workers and agencies providing services to patients under fee-for-service payments under CHHA, LTHHCP and LHCSA-contracted arrangements. During the April 3, 2014 conference call with you, the Department clearly laid out its intention to provide zero rate

adjustments under the 2014-15 State budget agreement for CHHAs and LTHHCPs (and their contracted LHCSAs) if their existing fee-for-service aide rates were already at $20/hour. Thus, these providers are forced to bear the same unsustainable increases in wage parity cost over their current reimbursement as the providers who are contracting to health plans. This approach leaves these agencies, workers and patients in an inequitable and untenable position. We ask that parallel assistance be provided to these agencies.

We appreciate your consideration of these issues and look forward to your response. We stand ready to work with you to assist these agencies and health plans in need of increased support to meet the goals and compensation levels of the State's wage parity laws, and to continue to provide high quality care to the State's citizens.

Sincerely,

James W. Clyne Jr.
President/CEO
LeadingAge New York

Joanne Cunningham
President
Home Care Association of New York State

Christine L. Johnston
President
NYS Association of Health Care Providers

cc: Honorable Kemp Hannon, chair, Senate Health Committee
Honorable Richard Gottfried, chair, Assembly Health Committee