NEW YORK state department of HEALTH DEC 01 2014

Howard A. Zucker, M.D., J.D. Acting Commissioner of Health

Sue Kelly Executive Deputy Commissioner

Re: LTHHCP - 2015 Initial Rates

#### Dear Administrator:

A copy of your initial 2015 Medicaid rate computation sheet for the period beginning January 1, 2015 is now available on the HCS website.

For those agencies who failed to electronically file through the HCS website, either the 2013 cost report or the corresponding operator and certified public accountant certifications, the Department was unable to determine an initial 2015 rate. For those agencies who failed to submit a proper certification, the Department will not issue a final 2015 rate until the certification(s) are electronically submitted. Failure to comply with the reporting requirements of Title 10, Parts 86-5.2 and 5.5 may result in the implementation of penalties pursuant to Part 86-5.2(d) and Section 12-d of the Public Health Law. Failure to correct the submission during the rate "Hotline" period noted below will result in the Department's determination that the program will not receive reimbursement rates for 2015.

These initial rates are all-inclusive and are based on the lower of 2013 allowable costs, or regional ceilings, projected to the 2015 rate period as reported in your 2013 cost report.

#### **Trend Factor**

The rates effective January 1, 2015 reflect the application of a 0% roll factor adjustment. 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.

# Regional Ceilings and Administrative & General Cap

These rates reflect the 2015 peer group regional ceilings based on 2013 costs for each of the service rates, in accordance with Part 86-5.12(a). The statewide average cap on administrative and general costs of 25.75% is based on 2013 costs and applied to the 2015 rate pursuant to Section 3614 of the Public Health Law. Both the regional ceilings and statewide A&G calculation will be finalized based on the latest available 2013 cost report data after the rate Hotline process is completed.

## Worker Recruitment and Retention Adjustment

Chapter 82 of the Laws of 2002 added subdivision 8 to Section 3614 of the Public Health Law to provide payment to 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 adjustment for worker recruitment and retention. Each LTHHCP was required to submit to the Department of Health a signed certification statement attesting that the funds received will be utilized solely for the purpose of recruiting and retaining non-supervisory home care service workers or any worker with direct patient care responsibility. For those agencies that returned the signed attestation, their initial 2015 rates are increased by three percent (3%) for each service.

## 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 a uniform allocation percentage addon of 4.70% for the period of January 1, 2015 through December 31, 2015.

In accordance with PHL Section 3614.10 (b), programs which have their rates adjusted pursuant to this subdivision shall use such funds solely for the purposes of recruitment, training and retention of non-supervisory home care services workers or other personnel with direct patient care responsibility. Such purposes shall include the recruitment, training and retention of non-supervisory home care services workers or any worker with direct patient care responsibility employed in licensed home care services agencies under contract with such agencies. Agencies are prohibited from using such funds for any other purpose. In accordance with this section, each agency must complete and submit a written certification attesting that such funds will be used solely for the purpose of recruitment, training and retention of non-supervisory home health aides or any personnel with direct patient care responsibility. Only those agencies which properly submitted this attestation received RT&R funding. The statute further authorizes the Commissioner to audit each agency or program to ensure compliance with the written certification and recoup any funds determined to have been used for purposes other than recruitment and retention of non-supervisory home health aides or other personnel with direct patient care responsibility. Such recoupment shall be in addition to any other penalties provided by law.

PHL Section 3614.10(c) states that in the case of services provided by agencies or programs through contracts with licensed home care services agencies, rate increases received by such agencies or programs pursuant to this subdivision shall be reflected, consistent with the purposes of this subdivision, in either the fees paid or benefits or other supports, including training, provided to non-supervisory home health aides or any other personnel with direct patient care responsibility of such contracted licensed home care services agencies, and such fees, benefits or other supports shall be proportionate to the contracted volume of services attributable to each contracted agency. Such agencies or programs shall submit, to providers with which they contract, written certifications attesting that such funds will be used solely for the purposes of recruitment, training and retention of non-supervisory home health aides or other personnel with direct patient care responsibility and shall maintain in their files expenditure plans specifying how such funds are used. The Commissioner is authorized to audit such agencies or programs to ensure compliance with such certifications and expenditure plans and shall recoup any funds determined to have been used for purposes other than those set forth in this subdivision.

#### **NYC Wage Parity**

The enclosed 2015 fee-for-service rates for NYC LTHHCP providers continue to include a minimum rate for both home health aide and personal care aide of \$20.95 per hour, to address cost increases stemming from the wage increases required by implementation of the provisions of the wage parity law in PHL 3614-c. This is consistent with the March 1, 2014 NYC wage parity adjustment as explained in the Department's letter of June 20, 2014.

#### **Notice Rate Adjustments**

These initial 2015 rates are notice rates only, as required by PHL Section 3614.4, and they will not be transmitted to the Office of Health Insurance Programs - eMedNY payment system at this time.

### **Rate Hotline**

The Office of Health Insurance Programs has made every attempt to insure that your rate calculation is complete and accurate. However, mistakes do occur and the Bureau of Long Term Care Reimbursement has instituted an accelerated administrative process to correct any errors. This process, the "Rate Hotline," will be continued this year and will be in effect until February 2, 2015.

Providers may phone the Bureau of Long Term Care Reimbursement with inquiries as to the accuracy of the rates; however, no rate change will be made unless the Bureau has received such inquiry, in writing, properly documented in accordance with Part 86-1. All such expedited "hotline" appeals must be submitted in a letter scanned to an e-mail to the new Bureau mail log at doh.sm.BLTCR-LTHHCP and be submitted no later than February 2, 2015 to effect a change in your rate through this accelerated administrative process.

### Revisions to the 2013 Annual Cost Report

Any Hotline appeal item that alters the 2013 cost data requires the 2013 annual report to be filed electronically through the Health Commerce System (HCS) by February 2, 2015. The revised reports must have a new Declaration Control Number (DCN) and must be electronically certified by both the operator and the independent accountant. The electronic certification must be submitted no later than February 2, 2015. Revised cost reports will not be used for Hotline appeal adjustments unless an acceptable appeal is filed in accordance with the above underlined instructions.

### **Appeals**

An appeal to the initial 2015 rate computation must be filed with this office and postmarked no later than <u>April 15, 2015</u> in an e-mail submitted to the Bureau mail log at doh.sm.BLTCR-LTHHCP.

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

- 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.
- Supporting schedules or any other pertinent data NOT related to the annual cost report may be attached in the e-mail 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 above-mentioned requirements must be met and the appeal e-mail submitted no later than April 15, 2015.

If you have any questions related to the methodology utilized in the calculation of your 2015 Medicaid rates or the accuracy of your rate, please contact Russ Smith at (518) 473-4421.

Sincerely,

Steven M. Simmons

Director

Bureau of Managed Long Term Care Office of Health Insurance Programs

Enclosures