

# REGULATORY MANDATORY REPORTING

**TABLE OF CONTENTS**

REGULATORY MANDATED REPORTING ..... 767

NEW YORK CITY-SPECIFIC REPORTING REQUIREMENTS ..... 767

    New York City Resources ..... 767

AGENCIES ..... 767

HOME CARE WORKER WAGE PARITY LAW ..... 769

    Submitting Your Certifications to EmblemHealth ..... 769

    Consequences of Noncompliance ..... 770

    Required Record Keeping ..... 770

    More Information ..... 770

# REGULATORY MANDATORY REPORTING

In order to track conditions that affect the public health at large, agencies within New York State, the New York State Department of Health and the New York City Department of Health and Mental Hygiene have enacted laws that require practitioners to follow in order to ensure public safety. Our practitioners are required to participate in these government reporting procedures.

## REGULATORY MANDATED REPORTING

New York State has a number of rules, regulations and laws that require regular reporting. For more information, visit the New York State Department of Health (NYSDOH) website at [www.health.ny.gov](http://www.health.ny.gov) and search for “Rules, Regulations and Laws”.

Further, physicians are required to report communicable diseases, including cases, suspected cases and certain carriers, to local health departments. For mandatory physician reporting of patient information, visit the NYSDOH website at [www.health.ny.gov](http://www.health.ny.gov) and search for “Infection Control Reporting Requirements”.

## NEW YORK CITY-SPECIFIC REPORTING REQUIREMENTS

For Medicaid/CHPlus members, EmblemHealth and our participating practitioners are also required to provide data exchange services to support the Citywide Immunization Registry (CIR) and Lead Poisoning Prevention Program (LPPP).

### New York City Resources

The *Compendium of Public Health Requirements and Recommendations: For Health Care Providers Working with Managed Care Organizations*, published by the New York City Department of Health and Mental Hygiene (NYCDOHMH), contains public health requirements focusing on two areas:

- Reporting requirements for communicable diseases and injuries, immunizations, lead test results, termination of pregnancy and school health
- Guidelines for prevention, diagnosis and management focusing on the following topics: communicable diseases, immunizations, emergency preparedness, child development, breast-feeding, child safety, adolescent health, domestic violence, reproductive health, oral health, chronic diseases and chronic health problems

For additional guidelines and information, visit the New York City Web site at [www.nyc.gov](http://www.nyc.gov).

## AGENCIES

To ensure public safety and track conditions that affect public health, New York State agencies, NYSDOH and NYCDOHMH have enacted laws practitioners must follow. Our network practitioners are required to participate in these government reporting procedures and, as part of this mandate, may need to report to one or more of the following agencies:

# REGULATORY MANDATORY REPORTING

- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- New York City Department of Health and Mental Hygiene (NYCDOHMH)
- New York State Cancer Registry (NYSCR)
- New York State Central Register (SCR) of Child Abuse and Maltreatment
- New York State Department of Health (NYSDOH)
- New York State Immunization Information System (NYSIIS)
- New York State Penal Code
- New York State Pesticide Poisoning Registry
- New York State Rules and Regulations on Controlled Substances-Public Health Law
- NYCDOHMH Citywide Immunization Registry (CIR)
- NYCDOHMH Lead Poisoning Prevention Program (LPPP)
- NYSDOH Alzheimer's Disease and Other Dementias Registry
- NYSDOH Bureau of Communicable Disease Control
- NYSDOH Bureau of Occupational Health - Occupational Lung Disease Registry
- NYSDOH Center for Environmental Health
- NYSDOH Congenital Malformations Registry
- NYSDOH Division of Quality and Surveillance for Nursing Homes and ICFs/MR (DQS)
- NYSDOH Hospital Complaints
- NYSDOH Office of Professional Medical Conduct

## HOME CARE WORKER WAGE PARITY LAW

This law establishes a minimum wage requirement for home care aides who perform Medicaid-reimbursed work (including partial payment for dual-eligible Medicaid and Medicare plans) for certified home health agencies (CHHAs), long-term home health care programs (LTHHCPs), licensed home care service agencies (LHCSAs), limited licensed home care service agencies (LLHCSAs) and other organizations that employ home care aides in New York City or in Nassau, Suffolk or Westchester County. This law is in effect in New York City for services provided on or after **March 1, 2012**, and in Nassau, Suffolk and Westchester counties for services provided on or after **March 1, 2013**.

If your organization, hospital or hospital system is a contracted entity providing home care services for EmblemHealth Medicaid or Managed Long Term Care (MLTC) members in New York City or Nassau, Suffolk or Westchester County, you are required to provide EmblemHealth with quarterly written certification of your organization's or hospital's compliance with the minimum wage requirements of the Home Care Worker Wage Parity – Public Health Law of §3614-c. This certification must also be sent to the New York State Department of Health (NYSDOH) annually.

### **Certified Home Health Agencies (CHHAs)**

Contracted CHHAs providing home care services to EmblemHealth Medicaid, Partial Capitated MLTC and/or MAP MLTC members in New York City or in Nassau, Suffolk and/or Westchester counties are required to provide EmblemHealth with **annual** written certification of their organization's or hospital's compliance with the minimum wage requirements of the Home Care Worker Parity law. Certifications must be made using the approved NYSDOH **certification form**.

### **Licensed Home Care Services Agencies (LHCSAs)**

Contracted LHCSAs providing home care services to EmblemHealth Medicaid, Partial Capitated MLTC and/or MAP MLTC members in New York City or in Nassau, Suffolk and/or Westchester counties are required to provide EmblemHealth with **quarterly** written certification of their organization's compliance with the minimum wage requirements of the Home Care Worker Wage Parity law. Certifications must be made using the approved NYSDOH **certification form**.

**Note:** Entities that are or have a CHHA or LTHHCP that contracts with LHCSAs or other third parties are required to submit an **annual** certification to the NYSDOH and obtain **quarterly** written certification from the contracted entities, attesting those contracted entities are also in compliance with this provision.

### **Submitting Your Certifications to EmblemHealth**

Quarterly certifications are due to EmblemHealth on March 1, June 1, September 1 and December 1 of each year. Annual certifications are due to the NYSDOH by March 1 of each year.

# REGULATORY MANDATORY REPORTING

Please fax the certification (and subcontractor list, if applicable) to EmblemHealth's Provider Network Operations department at **1-212-510-5330**.

## **Consequences of Noncompliance**

EmblemHealth is required to annually certify that all of its contracted CHHAs, LTHHCPs and LHCSAs are in compliance with the Home Care Worker Wage Parity law. Therefore, any CHHA, LTHHCP or LHCSA that fails to certify will inhibit EmblemHealth's ability to accurately comply with its certification requirement. As such, noncompliance with the certification requirements detailed herein may result in termination of our agreement with your organization.

## **Required Record Keeping**

All providers must maintain records of compliance for at least 10 years. These records must be made available to the NYSDOH upon request. If you have any questions about complying with this request, please contact your EmblemHealth provider representative.

## **More Information**

For more information about the Home Care Worker Wage Parity provision and its implementation, please send an email to **homecare@health.state.ny.us** with "Home Care Worker Parity" in the subject line.

# REGULATORY MANDATORY REPORTING

## Attachment A-2

### NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS

#### CERTIFIED HOME HEALTH AGENCY Annual Certification of Compliance with Home Care Worker Wage Parity

I hereby certify that all Medicaid services provided by \_\_\_\_\_ (CHHA Name) for the period March 1, 2014 and subsequent 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. I further certify that I 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 applicable calendar year; and that such records will be subject to audit by the Department and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

Name of CHHA \_\_\_\_\_

Operating Cert No \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Please note that only the following individuals may sign the attestation

form: Proprietary Sponsorship – Operator/ Owner

Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive officer, Chief Financial Officer or Chairperson

Public Sponsorship – Public Official Responsible for the Operation of the Facility

Please note that 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.

New York State Department of Health

Rev. 2/2014

# REGULATORY MANDATORY REPORTING

## Attachment A-2

### NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS

#### CERTIFIED HOME HEALTH AGENCY Annual Certification of Compliance with Home Care Worker Wage Parity

I hereby certify that all Medicaid services provided by \_\_\_\_\_ (CHHA Name) for the period March 1, 2014 and subsequent 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. I further certify that I 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 applicable calendar year; and that such records will be subject to audit by the Department and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

Name of CHHA \_\_\_\_\_

Operating Cert No \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Please note that only the following individuals may sign the attestation

form: Proprietary Sponsorship – Operator/ Owner

Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive officer, Chief Financial Officer or Chairperson

Public Sponsorship – Public Official Responsible for the Operation of the Facility

Please note that 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.

New York State Department of Health

Rev. 2/2014

# REGULATORY MANDATORY REPORTING

## Attachment A-3

### NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS

#### LONG TERM HOME HEALTH CARE PROGRAM Annual Certification of Compliance with Home Care Worker Wage Parity

I hereby certify that all Medicaid services provided by \_\_\_\_\_ (LTHHCP Name) for the period March 1, 2014 and subsequent 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. I further certify that I 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 applicable calendar year; and that such records will be subject to audit by the Department and/or its agents for possible retroactive recoupment of Medicaid payments for services that are determined to be in less than full compliance.

Name of LTHHCP \_\_\_\_\_

Operating Cert. No. \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Please note that only the following individuals may sign the attestation

form: Proprietary Sponsorship – Operator/ Owner

Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive Officer, Chief Financial Officer or Chairperson of the Governing Board

Public Sponsorship – Public Official Responsible for the Operation of the Facility

Please note that 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.

New York State Department of Health

Rev. 2/2014



**Attachment A-4**

**NEW YORK STATE DEPARTMENT OF HEALTH  
OFFICE OF HEALTH INSURANCE PROGRAMS**

**LICENSED HOME CARE AGENCY  
Annual Certification of Compliance with Home Care Worker  
Wage Parity**

I hereby certify that services provided by my organization for the period March 1, 2014 and subsequent 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.

In addition, I will provide the CHHA/LTHHCP/MCO, on a quarterly basis, all information to verify my compliance with the terms of this section (including this certification), that I will maintain all such information for a period of no less than ten years from the end of the applicable calendar year and that such information shall be made available to the Department upon request.

Name of LHCSA \_\_\_\_\_

License No. (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Please note that in accordance with Parts 86-1.2 of Title 10 of the Commissioner’s Administrative Rules and Regulation, only the following individuals may sign the certification form:

Proprietary Sponsorship – Operator/ Owner

Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive Officer, Chief Financial Officer or any Member of the Board of Directors

Public Sponsorship – Public Official Responsible for the Operation of the Facility

Please note that 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.