



EmblemHealth[®]

FAX TOTAL PAGES <<X>> (Including Cover Sheet)

DATE: <<Date>>

RE: **Attest by <<Date>>, to Your Compliance With the
Home Care Worker Wage Parity Law**

TO: <<Contact Name>>

 <<Site_Name>>

FAX: <<Fax>> PHONE: <<Phone>>

FROM: EmblemHealth DEPT: Provider Network Management

Dear <<Salutation>>:

This is a reminder that home care organizations are required to file annual and/or quarterly certifications to EmblemHealth showing that your organization, hospital or hospital system is in compliance with the minimum wage requirements of Public Health Law §3614-c — Home Care Worker Wage Parity.

If your organization, hospital or hospital system is a contracted certified home health agency (CHHA) providing home care services to EmblemHealth Medicaid members in New York City or Nassau, Suffolk or Westchester counties, you are required to provide EmblemHealth with an annual written certification of your organization’s or hospital’s compliance with the minimum wage requirements of the Home Care Worker Parity law.

If your organization is a contracted licensed home care services agency (LHCSA) providing home care services to EmblemHealth Medicaid members in New York City or Nassau, Suffolk or Westchester counties, you are required to provide EmblemHealth with an annual and quarterly written certification of your organization’s compliance with the minimum wage requirements of the Home Care Worker Wage Parity law.

If your organization, hospital or hospital system contracts with LHCSA’s or other third parties and your organization is or has a CHHA or long term home health care program (LTHHCP), you are required to submit an **annual** certification to the New York State Department of Health (NYSDOH) and obtain a quarterly written certification attesting that those contracted entities are also in compliance with this provision.

Note: Certification of your organization or hospital must include a list of all subcontractors you work with, if applicable, and reflect the status of your subcontractors’ collective bargaining agreements (CBAs), including the entities with whom your subcontractors have entered into CBAs.

(Continued)

Submitting Your Certification to EmblemHealth

If you have already sent this certification to NYSDOH, please fax us a copy of your completed certification (and subcontractor list, if applicable). If you have not already submitted this certification, we are providing you with a copy of the applicable certification form(s) to use. Please submit this certification to NYSDOH and then fax us a copy of the completed document (and subcontractor list, as applicable).

Fax your certification by to EmblemHealth at **1-212-510-5330**

Attention: Provider Network Operations

**Annual certifications are due to EmblemHealth on March 1 every year.
Quarterly certifications are due June 1, September 1 and December 1 each year.**

To continue to receive quarterly reminders about these certifications, please ensure any change to your fax number is faxed to Provider File Operations at **1-877-889-9061**.

Consequences of Noncompliance

As required by Public Health Law §3614-c(2), failure to fully comply with the terms of the Home Care Worker Parity requirements will result in nonpayment of services rendered. In addition, failure to provide EmblemHealth with these certifications is considered a breach of contract that could result in termination of our agreement with your organization.

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 CHHAs, LTHHCPs, licensed home care services agencies (LHCSAs), limited licensed home care services agencies (LLHCSAs) or other organizations that employ home care aides in New York City, as well as Nassau, Suffolk and Westchester counties.

Required Record Keeping

All providers must maintain records of compliance for at least 10 years, and the records made available to NYSDOH upon request.

Questions?

If you have any questions about these annual and quarterly certifications, please contact your EmblemHealth provider representative. General questions about the Home Care Worker Parity Law and its implementation should be e-mailed to **homecare@health.state.ny.us** with Home Care Worker Parity in the subject line.

Thank you for your cooperation with this important regulatory matter, and for the care you provide to our members — your patients.

Sincerely,



Shawn M. Fitzgibbon
Senior Vice President, Provider Network Management

Attachment B-2

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
DIVISION OF HEALTH CARE FINANCING
BUREAU OF LONG TERM CARE REIMBURSEMENT**

**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, 2013 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. _____

Does organization currently have a collective bargaining agreement (CBA) that covers home care aides?
Please indicate Yes or No _____. If yes, attach the names of the entities the CBAs are with.

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

Attachment B-4

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
DIVISION OF HEALTH CARE FINANCING
BUREAU OF LONG TERM CARE REIMBURSEMENT**

**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, 2013 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)._____

Does organization currently have a collective bargaining agreement (CBA) that covers home care aides? Yes/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