

MCO Name	Disbursement Methodology	Disbursement Date
Aetna Better Health of New York (MLTC)	If a provider has a paid claim and submitted a signed FLSA attestation, Aetna Better Health of New York will have \$0.34 applied to each service hour that was paid for dates of service between 10/13/2015 and 3/31/2016.	4/11/2016, 4/29/2016
AgeWell New York, LLC	1. Provider Relations prepared a survey and distributed it to Home Care providers. The provider was asked to indicate the total number of hours of service provided to AgeWell New York members between October 13, 2015 and February 29, 2016. 2. AgeWell compared hours of service in the survey response to information obtained from paid claims to verify the reasonableness of the provider's response. (If the provider reported hours which exceeded the hours calculated based on paid claims by more than 10% the provider's hours were adjusted based on the claims data). 3. A review of the reported overtime and calculation of overtime as percentage of total hours was done (there was no penalty for those that were unable to specifically identify overtime hours. 4% was established as the floor and 12% was established as the overtime percentage ceiling). 4. An applied of the overtime percentage to the hours by provider to calculate an estimated hours of overtime for the period October 13, 2015 through February 29, 2016. The plan summarized the overtime hours calculated in Step 4 and determined each provider's calculated overtime hours as a percentage of the total overtime hours. The percentages calculated were applied to the FLSA funds received by the Plan to determine the distribution to each provider	4/6/2016
AlphaCare of New York, Inc.	AlphaCare intends to distribute FLSA funds to its contracted LHCSAs based on member attribution. Specifically, AlphaCare's lump sum will be divided by the number of member months with PCA/PCW services for the period of October 2015 – March 2016. This will provide a base rate for FLSA payment that will then be multiplied by the number of members receiving services from a particular LHCSA for each of the six months, the sum of which will equal the total FLSA payment.	4/29/2016
Catholic Managed Long Term Care, Inc. d/b/a ArchCare Senior Life and d/b/a ArchCare Community Life	Funds were disbursed on a percentage of hours. Each provider has been sent a check in an amount that represents the same percentage of the total funds available as the percentage of hours of services rendered in relation to all hours rendered by all providers.	4/12/2016
Centers Plan for Healthy Living	Overtime and travel hour percentages were based on FLSA survey data submitted by LHCSAs. For each organization, the following was calculated- a) the organizations historical percentage of travel and overtime hours, b) all hours authorized from claims processed for dates of service October 13, 2015 through February 26, 2016, c) the historical percentage was multiplied by all hours to calculate the "Individual FLSA Vendor Total", d) the "Individual FLSA Vendor" total was added to the Grand Total for all FLSA Vendors, e) to determine the percentage of the overall FLSA payment to be disbursed, the "Individual Vendor Total" was divided by the Grand Total, f) the percentage of the overall FLSA payment to be disbursed was multiplied by \$633,710 to determine the portion to be paid to the vendor NOTE: Any vendor with a payment less than \$500 was removed and steps were recalculated	4/1/2016
CenterLight Healthcare, Inc. (Select MLTC)	Centerlight utilized relative hours to the total hours for the period and applied the percentage to the total that CenterLight received.	
Elant Choice Inc. d/b/a EverCare Choice	The allocation method used was based on actual claims during the identified time period of October 13, 2015 through March 31, 2016.	4/8/2016
Elderplan, Inc.	EP/HF analyzed all authorized hours for each LHCSA, for the six month period (10/1/2015-3/31/2016) and assigned a weighting to the total hours as a percentage of the grand total. The resulting percentage for each LHCSA is applied to the total dollar amount awarded to EP/HF by the DOH. This determines how the FLSA dollars will be allocated to each LHCSA who submitted an FLSA attestation.	4/4/2016
ElderServe Health, Inc.	ElderServe passed on all funds as an allocation based on hours provided to ElderServe.	4/1/2016
Empire BCBS Health Plus	Home care providers were surveyed and asked for information regarding dates of service from October 13, 2015 through March 12, 2016. Information requested included- the number of overtime hours paid at time and one half associated with out MLTC membership and the dollars associated with any travel time associated with our MLTC membership. The Plan will reimburse any/all travel expenses from the FLSA funds. The remaining funds will be allocated to each provider based on the prorated share of total overtime hours reported by all agencies.	by 5/27/2016
Erie Niagara d/b/a Kalos Health	Funds were distributed based on hours provided to the plan.	4/29/2016
Extended MLTC, LLC	The allocation method was based upon hours provided by the Licensed Home Care Agency (LHCSA) to the Plan.	3/11/2016
Fallon Health Weinberg	Funds will be disbursed based on a percentage of service provided by each agency for the 4th quarter of 2015. Each agency will submit the total number of hours of aide service provided to members during the months of October, November, and December 2015. The plan will compare the numbers reported with what is on file and will disburse the funds to each provider as a percentage of total hours.	by 5/31/2016

GuildNet	In order to arrive at each vendor's allocation of our FLSA award we calculated each vendor's authorized hours for the period October 16, 2015 – February 29, 2016. Each vendor received the percentage that their hours were to the total hours authorized for that period. Before any funds were distributed we obtained a copy of the attestation that they are filing with NYSDOH.	4/8/2016
Hamaspik Choice, Inc.	Hamaspik compiled a list of all the authorized service units by vendor for the applicable home care services for the dates of service between October 13, 2015 through March 31, 2016. The total amount of services authorized per vendor was then divided in accordance with the FLSA funding received to determine each vendor's amount to be allocated. Hamaspik then applied that percentage (authorized services per vendor/ total amount received) to the total dollar amount received from the state for distribution.	4/5/2016
Health Insurance Plan of Greater New York d/b/a EmblemHealth	Funds were distributed in proportion to the percentage of total claims paid to each participating provider with dates of services that postdate the FLSA revisions. Due to claims and processing delays only claims with dates of service in the first three months of the consideration period would be representative of the proportion of claims across the entire span. All participating home care providers and Fiscal Intermediaries were included in the Claims report and only home care services that were relevant to the recent changes to the FLSA were included in the analysis.	4/6/2016
iCircle Services of the Finger Lakes, Inc.	iCircle pulled a listing of payments to home care service providers that provided services during the period. A percentage of the total amount paid to providers was determined. A percentage of the total paid to the provider was used to calculate the amount of the FLSA paid.	3/29/2016
Independence Care System	Distribution of funds based on hours paid for the period October 1, 2015 through January 31, 2016 as a percentage of the total PCA/CDPAS hours paid for the same time period. The resulting percentage for each agency paid was multiplied by the State share.	3/25/2016
Integra MLTC, Inc.	Integra allocated FLSA funding to individual providers based on a percentage of total applicable claims for dates of service in the measurement period of 10/31/2015 - 3/31/2016.	4/7/2016
MetroPlus Health Plan	The Plan reviewed the number of hours that each home care agency billed for the period of 10/13/15 through 3/31/15. The Plan then divided the specific number of hours billed (by each contracted home care provider) by the total number of Plan hours for services. This allowed the Plan to arrive at a vendor specific percentage, which was then used to derive the amount of FLSA funding that would be distributed to each provider.	4/6/2016
Montefiore HMO, LLC	Funding was distributed proportionally amongst contracted vendors based on Personal Care Hours authorized for the period October 2015 through March 2016.	4/8/2016
North Shore-LIJ Health Plan, Inc. (Managed Long Term Care)	Claims data from network providers with services codes (t1016,t1020,s5125,s5126, and s5136) and dates of service between 10/1/2016 and 1/31/16 were included. Claims with hold codes were excluded. Allowed hours were calculated based on the code, s5125, s5123 or t1019 were divided by 4 to get the total hours. Service codes of s5136 or t1020 were multiplied by 13 to get the total hours. Four months of claims of ending in January 2016 to six months of claims ending on March 2016. The actual hours were divided by 4 and multiplied by 6. To distribute the award amount the aggregate hours were divided by the total number of hours allowed to the vendor and the dollar amount to be distributed to each vendor was calculated.	4/7/2016
New York State Catholic Health Plan, Inc. (d/b/a Fidelis Care)	Fidelis Care based the distribution of the lump sum payment on the proportionate hours of service provided to Fidelis Care members during the 3rd quarter of 2015	3/30/2016
Prime Health Choice, LLC MLTC	Used authorized hours from 10/1/2015 thru 3/31/2016 and allocated the State share funds to the vendors providing services based on their % of total hours.	

	<ul style="list-style-type: none"> - Billable codes were included in the scope of payment for attendant care, escort services, homemaker services, personal care services, including mutual personal care and per diem (live-in) personal care and home health aide services. - All providers who had rendered services were included in the population for distribution of payment, with dates of service from 10/13/2015 through payment date 2/24/16. - Incurred But Not Received (IBNR) factoring was used to account for claims that may be rendered through 3/31/16 that had not yet been received or paid. - Completed units were converted to hours (per hour units billed in quarter-hour increments and per diem services billed as one unit) - Total hours were allocated by provider based on the above rationale and methodology. - Final allocation was converted to a percentage by provider, which was then applied to a portion of the total funds received. - Any provider who would have been paid \$10 or less was excluded (13 providers), due to the likelihood that these services were unrelated to overtime. - Funds previously allocated to the providers excluded from payment in accordance with the above criteria (as noted, 13 providers) were reallocated to be distributed to the other providers in scope in accordance with the established percentages. 	
Senior Health Partners		4/8/2016
Senior Network Health, LLC	Dollars were allocated based on hours billed by vendors.	4/6/2016
Senior Whole Health of New York Managed Long Term Care Plan (MLTC)	Distribution of funds to all agencies based on the percentage of members with eligible claims from the October to March time period and divided by total members with home care services. Funds to be distributed similar to a per patient per month basis.	4/4/2016
United Healthcare of NY, Inc.	Each MLTC vendor's PCS services hours were reviewed (T1019 and T1020) the proportion of total PCS hours each vendor provided was determined. The determined proportion was used to distribute funds.	4/8/2016, 4/25/2016, 19 still pending
Village Senior Services Corp. d/b/a VillageCareMAX	The distribution methodology used was based on a combination of paid claims and authorizations. Proportion of the funds each provider received was based on actual claims submitted to the plan by provider for personal care and home care services form 10/13/15 to 12/31/15 paid by 3/9/16 and based on authorizations issued by the plan to each provider for the dates of services from 1/1/16 to 3/31/16.	3/29/2016
VNS Choice	Payments will be based upon the percent total of hours provided to CHOICE by each Home Care Service Provider.	
VNA Homecare Options, LLC	VNA Homecare Options used the hours that were paid for services provided between October 2015 to March 9th, 2016 to calculate the amount that was distributed to each provider.	3/24/2016
WellCare of New York, Inc.	The allocation paid to providers was based on authorized MLTC home care hours by provider during the October 15-March 16 period.	4/12/2016