

Complaints to DOH

Providers wishing to report inadequate reimbursement rates may do so at the contacts below. Be cautioned that DOH will ask for proof that reimbursements don't cover costs of service.

Partial Capitation, MAP and PACE:

Rates - mltcrs@health.ny.gov

Complaints - mltctac@health.ny.gov

Mainstream and HARP:

Rates - bmcr@health.ny.gov

Complaints - managedcarecomplaint@health.ny.gov

Be sure to include:

- Your agency's name and contact information
- Your hourly cost of service
- Each contracted plan's offered reimbursement rate and how it was communicated to you
- How much the offered rate falls short of covering your cost of service
- *Proof that what you are saying is true*

Do NOT include HCP staff on this communication as doing so may violate state and federal anti-trust laws.

Sample email communication to DOH:

Subject: Formal Complaint of Rate Inadequacy

I wish to raise a complaint about **XXXX**, an MLTC plan with whom I am contracted to provide services to **XX** number of people in the **XXXX** area.

It currently costs me **XXXX** to provide an hour of personal care services, as evidenced by [whatever documentation you wish to provide], which I have attached. The Plan is offering my agency **XXXX**/hour, a rate which is not sustainable as it falls short of the actual cost of services.

I have included copies of communications with the Plan as proof of the rate it has offered me. As you can see from the email, my agency was not afforded an opportunity to negotiate in good faith [adjust to reflect facts and details specific to your case].

I look forward to your response. Please contact me with any questions or additional documentation needs at **XXX-XXX-XXXX** or by email at XXX@XXXXX.XXX.

Sincerely,

[Your Signature]