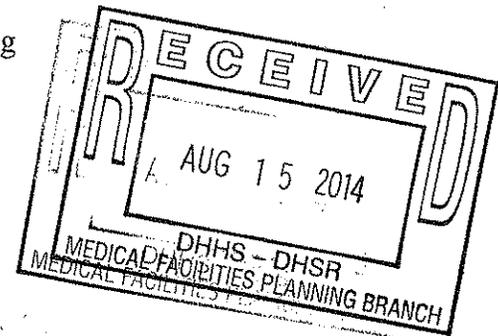


NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL

**COMMENTS REGARDING PETITION
FILED ON JULY 30, 2014 BY MYRIAD HOMECARE AGENCY, LLC
TO ADJUST THE NEED DETERMINATION TO ALLOCATE AN ADDITIONAL
HOME HEALTH AGENCY FOR WAKE COUNTY**

United Home Care, Inc. d/b/a PruittHealth Home Health, Inc. d/b/a PruittHealth Home Health ("PruittHealth") submits these comments in response to a petition filed on July 30, 2014 by Myriad Homecare Agency, LLC (Myriad) to adjust the need determination for home health agencies to allocate an additional home health agency in the 2015 SMFP specifically to serve the needs of Hispanic and Latino patients in Wake County (the Petition). For the reasons stated below, the Myriad Petition should be denied.

Submitted by: Aneel S. Gill, Director of Health and Financial Planning
PruittHealth Corporation
1626 Jeurgens Court
Norcross, Georgia 30093
(678) 533-6699
asgill@pruitthealth.com



I. OVERVIEW

PruittHealth Home Health - Wake County (PruittHealth)¹ received a Certificate of Need (CON) to operate a Medicare-certified home health agency (HHA) in Wake County in 2011. PruittHealth opened for business in 2012, and since that time has enjoyed robust support from the community and has experienced growing utilization. PruittHealth cares for a wide range of patients, including Hispanic-Latino patients. PruittHealth has not experienced any difficulties in serving these patients. PruittHealth has already provides a language line, has the ability to utilize interpreter services and maintains all of its patient documents in Spanish. *See Exhibit A* to these comments, a letter from Joe Saint Lucia, the administrator of PruittHealth Home Health - Wake County.

According to Chapter 12 of the Proposed 2015 SMFP, there is no need for any additional Medicare-certified home health agencies (HHAs) in Wake County. The only county in North Carolina that shows a need in 2015 is Granville County. One petitioner, Myriad, seeks to have a need determination created for 2015 in Wake County. The Myriad Petition focuses on addressing the Hispanic-Latino population in Wake County. The needs of this population are already adequately addressed by HHAs currently operating in Wake County, including PruittHealth. In fact, according to Table 12A of the Proposed 2015 SMFP,

¹ This Agency was formerly known as UniHealth Home Health.

there are already 28 Medicare-certified HHAs serving residents of Wake County. Wake County is among the most-well served counties in North Carolina.

II. THE MYRIAD PETITION

The Myriad petition appears to be seeking a change in the standard SMFP methodology for Medicare-certified HHAs. See discussion on page 5 of the Petition entitled "Problems with the Proposed SMFP 2014 Methodology." Thus, the Myriad Petition was filed in the wrong cycle and should not be considered. The Winter petitioning cycle is the time to consider petitions for changes in the methodology.

To the extent that the SHCC is inclined to consider this petition now, it fails for lack of information showing that there is an actual problem to be solved that existing providers are not addressing. Page 1 of Chapter 12 of the Proposed 2015 SMFP notes that HHA use rates are declining across all four age groups for HHA services across the state. Table 12B of the Proposed 2015 SMFP shows that the use rate has gone down in Wake County from 2011 to 2013 for two of the key age groups likely to use Medicare-certified HHA services, the Age 65-74 population and the Age 75 and over population. Table 12B in the Proposed 2015 SMFP shows that in 2011, the use rate in Wake County for the 65-74 age range was 63.79 and it declined to 59.06 in 2013. For the 75 and over age range, the use rate in Wake County was 204.27 in 2011 and it declined to 188.64 in 2013. Table 12C of the Proposed 2015 SMFP reflects declining use rates in Wake County in 2016 for both of these age ranges. Declining use rates do not suggest a need for additional Medicare-certified HHAs in Wake County and do not suggest that there is an access problem.

The Petition is devoid of information showing that members of the Hispanic-Latino communities do not have access to Medicare-certified HHA services in Wake County, or that they experience difficulties accessing the services of the existing providers. The Petition states on page 3 that "Wake County Hispanics are substantially more likely to report not having health insurance, not being able to see a doctor due to cost, or not having a personal doctor; this means less opportunity to diagnose chronic conditions." But the data used to support this statement was from 2005-2008. See page 2 of the Petition. To the extent the data is still relevant (which the Petition does not explain), the Petition does not explain how having an additional HHA in an already-well served county will solve these problems. Since a physician must prescribe HHA services, it would appear that a more fundamental problem would be addressing the issue of increasing access to physician services in the first instance; adding another HHA will not solve that problem. Nor can a connection be drawn between rates of poverty and a need for an additional HHA in Wake County.

On page 6, the Petition vaguely refers to some of Myriad's Medicaid patients trying to use existing HHA services and states that "at this very direct and personal level of care the lack of resources is insurmountable." It is not explained if these patients were Hispanic or Latino, what the difficulties were in accessing services or what is meant by "the lack of resources is insurmountable." The Petition does not contain any letters of support from Medicaid patients currently served by Myriad. Nor does it contain any letters from physicians, other HHA

referral sources or community advocates indicating that access to Medicare-certified HHAs in Wake County is difficult for Hispanic and Latino residents. There is simply no information in the Petition indicating that members of the Hispanic and Latino community in Wake County have had difficulty being served by the existing HHAs who serve Wake residents. On the contrary, Exhibits B and C to these comments, which are letters from PruittHealth–Raleigh and The Oaks at Whitaker Glen-Mayview, both of which are skilled nursing facilities that serve as referral sources to HHAs, state that they have not had any difficulty placing Hispanic and Latino patients in need of Medicare HHA services.

To the extent that members of the Hispanic and Latino communities (or any community) encounter barriers to Medicare-certified HHA services in Wake County, (a point which is not substantiated in the Petition), barriers to care regarding language, culture, diet, and social needs could be easily addressed through additional training and education of staff employed by existing home health agencies within the service area. PruittHealth already does this, and serves many Spanish-speaking patients. Therefore, the Petition begs the question why existing HHAs that serve Wake County residents could not be a less costly and more effective option than establishing another HHA. This question is not answered in the Petition.

The Petition also indicates that financial reasons prompted Myriad to file the Petition. *See* Petition, pages 6 and 9. Myriad refers to the fact that it has tried to buy an existing HHA and has attempted to form partnerships with others, but has been unsuccessful. Whatever Myriad's difficulties may have been with these ventures, it still must demonstrate a cognizable need for an additional HHA in Wake County, which its Petition fails to do.

Another problem with Myriad's Petition is that it does not explain whether or how the needs of non-Hispanic or non-Latino patients would be met at its proposed Medicare-certified HHA. This is of particular importance because the Medicare Rights and Protections, published by the Department of Health and Human Services (please see Exhibit D), expressly prohibit any Medicare provider from discriminating because of race, color, national origin, disability, age, religion or sex. As a condition to such participation in the Medicare program, a nursing facility must provide for admission and services without regard to race, color, national origin, disability, or age, as required by Federal law. Indeed, Title VI of the federal Civil Rights Act of 1964 prohibits any recipient of federal financial assistance from excluding, denying benefits to, or otherwise discriminating against any person on the ground of race, color, or national origin. 42 U.S.C. § 2000d; 45 C.F.R. § 80.3.

In summary, the Petition does not provide concrete data showing that there is an actual problem to be solved in Wake County. There are already 28 Medicare-certified HHAs in Wake County, and presumably all of them serve patients regardless of ethnicity, or they could not be Medicare-certified. PruittHealth is firmly committed to serving any patient, regardless of ethnicity, who is eligible for its services. PruittHealth already serves many Spanish-speaking patients.

Accordingly, PruittHealth respectfully requests that the SHCC deny the Myriad Petition.



North Carolina State Health Coordinating Council
809 Ruggles Drive
Raleigh, NC 27603

August 15, 2014

To Whom It May Concern:

My name is Joe Saint Lucia and I represent PruittHealth Home Health – Wake County, a home health agency that has been meeting the needs of Wake County’s elderly residents for more than three years. I would like to take this opportunity to formally oppose the petition filed by Myriad Homecare Agency, LLC (Myriad) to allocate an additional home health agency in the 2015 SMFP specifically to serve the needs of Hispanic and Latino patients in Wake County.

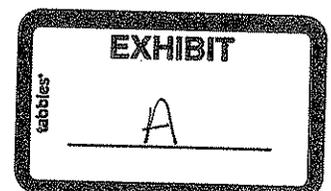
I disagree with Myriad’s central claim that access to home health services has been limited for the Hispanic and Latino population in Wake County. Our agency does not discriminate based on race or any other affiliation and would welcome the individuals of this population to our agency and affiliated agencies. Accordingly, we feel that we have adequate resources in place to meet the needs of this population as we already provide a language line, interpreter services and maintain all of our patient documents in Spanish. Therefore, it is my opinion that the introduction of a new provider to this county is not needed would only serve to diminish market share for existing providers like mine, already putting forth great effort to maintain adequate census levels. I trust that you will make the best decision for this county and would welcome any questions that you may have.

Thank you,

A handwritten signature in black ink, appearing to read "Joe Saint Lucia", written over a circular scribble.

Joe Saint Lucia
Administrator

PruittHealth Home Health – Wake County
513 East Whitaker Mill Road
Raleigh, NC 27608
(919) 838-2768





North Carolina State Health Coordinating Council
809 Ruggles Drive
Raleigh, NC 27603

August 15, 2014

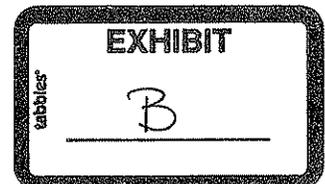
To Whom It May Concern:

My name is Darryl Taylor and I represent PruittHealth - Raleigh, a skilled nursing facility that has been meeting the needs of Wake County's elderly residents for more than 10 years. I would like to take this opportunity to formally oppose the petition filed by Myriad Homecare Agency, LLC (Myriad) to allocate an additional home health agency in the 2015 SMFP specifically to serve the needs of Hispanic and Latino patients in Wake County.

I disagree with Myriad's central claim that access to home health services has been limited for the Hispanic and Latino population in Wake County. Our facility has not had any issues placing this population into home health agencies in Wake County in the past and have no reason to believe that this might be an issue in the future. Accordingly, we feel that the existing home health agencies in Wake County already have the adequate resources in place to meet the needs of this population. Therefore, it is my opinion that the introduction of a new provider to this county is not needed would only serve to diminish market share for existing providers already putting forth great effort to maintain adequate census levels. I trust that you will make the best decision for this county and would welcome any questions that you may have.

Thank you,

Darryl Taylor
Administrator
PruittHealth - Raleigh
2420 Lake Wheeler Road
Raleigh, NC 27603
(919) 755-0226
darryltaylor@pruitthealth.com





North Carolina State Health Coordinating Council
809 Ruggles Drive
Raleigh, NC 27603

August 15, 2014

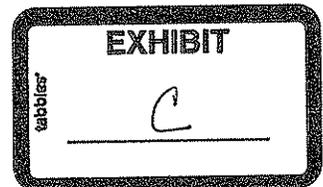
To Whom It May Concern:

My name is Ginger Baker and I represent The Oaks at Whitaker Glen - Mayview, a skilled nursing facility that has been meeting the needs of Wake County's elderly residents for more than 62 years. I would like to take this opportunity to formally oppose the petition filed by Myriad Homecare Agency, LLC (Myriad) to allocate an additional home health agency in the 2015 SMFP specifically to serve the needs of Hispanic and Latino patients in Wake County.

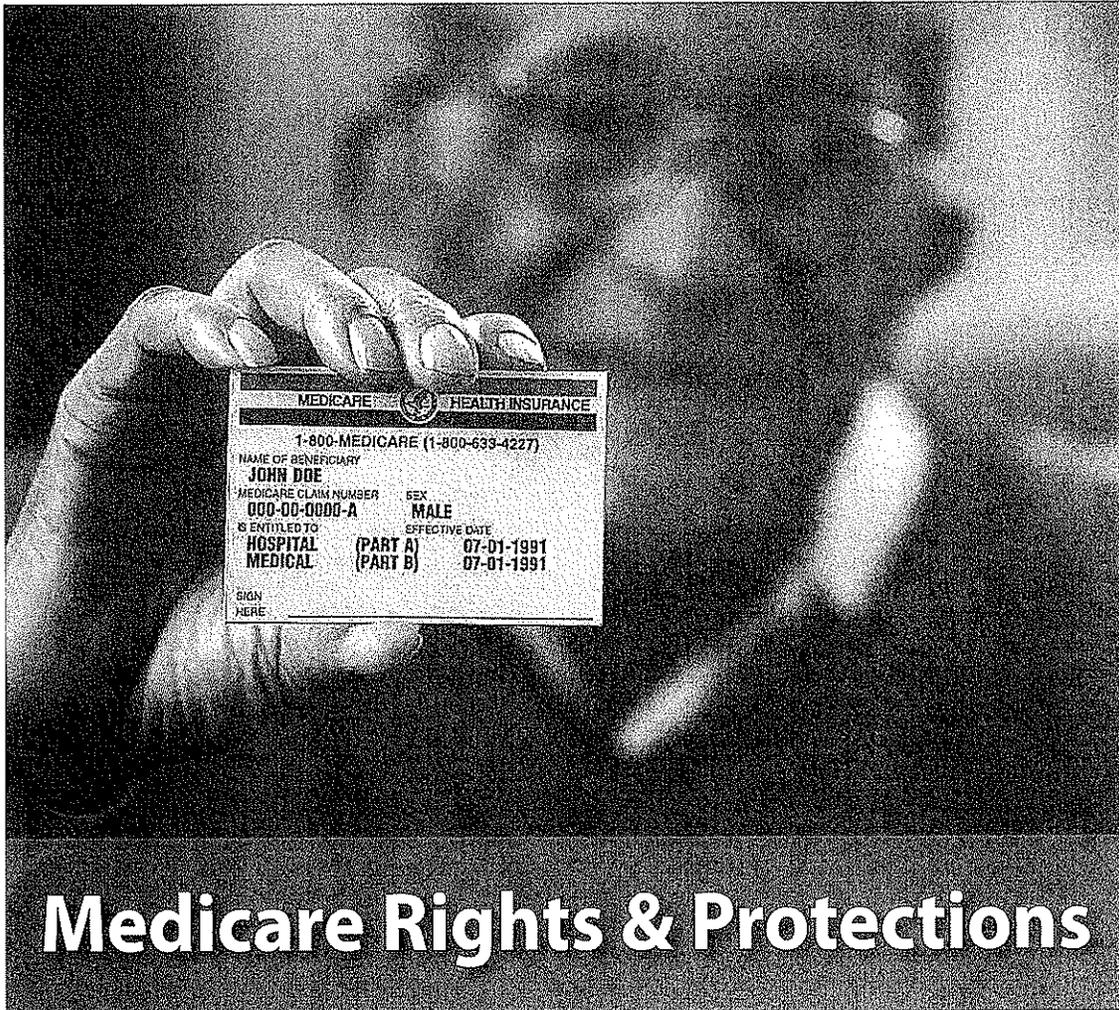
I disagree with Myriad's central claim that access to home health services has been limited for the Hispanic and Latino population in Wake County. Our facility has not had any issues placing this population into home health agencies in Wake County in the past and has no reason to believe that this might be an issue in the future. Accordingly, we feel that the existing home health agencies in Wake County already have the adequate resources in place to meet the needs of this population. Therefore, it is my opinion that the introduction of a new provider to this county is not needed would only serve to diminish market share for existing providers already putting forth great effort to maintain adequate census levels. I trust that you will make the best decision for this county and would welcome any questions that you may have.

Thank you,

Ginger Baker
Administrator
The Oaks at Whitaker Glen - Mayview
513 East Whitaker Mill Road
Raleigh, NC 27608
(919) 828-2348
GABaker@pruitthealth.com



CENTERS FOR MEDICARE & MEDICAID SERVICES



This official government booklet has important information about:

- ★ Your rights & protections in Original Medicare
- ★ Your rights & protections in a Medicare Advantage Plan or other Medicare health plan
- ★ Your rights & protections in a Medicare Prescription Drug Plan
- ★ Where to get help with your questions

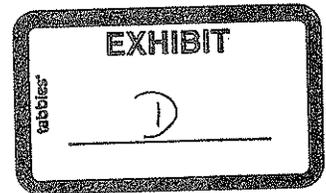


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The information in this booklet was correct when it was printed. Changes may occur after printing. Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

“Medicare Rights & Protections” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.



Section 1: Rights & Protections for Everyone with Medicare

No matter how you get your Medicare, you have certain rights and protections designed to:

- Protect you when you get health care.
- Make sure you get the health care services that the law says you can get.
- Protect you against unethical practices.
- Protect your privacy.

All people with Medicare have certain guaranteed rights and protections, including the right to:

- **Be treated with dignity and respect at all times.**
- **Be protected from discrimination.**
 - Discrimination is against the law. Every company or agency that works with Medicare must obey the law, and can't treat you differently because of your race, color, national origin, disability, age, religion, or sex.
 - If you think you haven't been treated fairly for any of these reasons, visit www.hhs.gov/ocr/office/index. You can also get the phone number for your state's Office for Civil Rights by visiting www.medicare.gov/contacts.
- **Have your personal and health information kept private.**
 - If you have Original Medicare, see the "Notice of Privacy Practices for Original Medicare." You can view this notice in the "Medicare & You" handbook. Visit www.medicare.gov/publications to view the handbook.
 - If you have a Medicare Advantage Plan (like an HMO or PPO), other Medicare health plan, or a Medicare Prescription Drug Plan, read your plan materials.
- **Get information in a way you understand from Medicare, health care providers, and under certain circumstances, contractors.**

- **Get clear and simple information about Medicare to help you make health care decisions, including:**
 - What's covered.
 - What Medicare pays.
 - How much you have to pay.
 - What to do if you want to file a complaint or an appeal.

- **Have your questions about Medicare answered.**
 - Visit www.medicare.gov.
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
 - Call your State Health Insurance Assistance Program (SHIP). To get the most up-to-date SHIP phone numbers, visit www.medicare.gov/contacts, or call 1-800-MEDICARE.
 - Call your plan if you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare Prescription Drug Plan.

- **Have access to doctors, specialists, and hospitals.**

- **Learn about your treatment choices in clear language that you can understand, and participate in treatment decisions.**

You have the right to participate fully in all your health care decisions. If you can't fully participate, ask a family member, friend, or someone you trust to help you make a decision about what treatment is right for you.

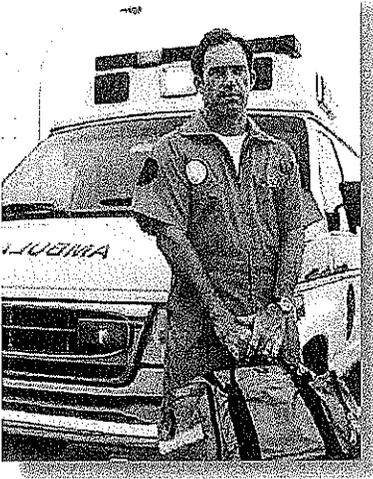
- **Get health care services in a language you understand and in a culturally-sensitive way.**

For more information about getting health care services in languages other than English, visit www.hhs.gov/ocr/office/index. You can also get the phone number for your state's Office for Civil Rights by visiting www.medicare.gov/contacts.

- **Get emergency care when and where you need it.**

If your health is in danger because you have a bad injury, sudden illness, or an illness quickly gets much worse, call 911. You can get emergency care anywhere in the U. S.

To learn about emergency care in Original Medicare, visit www.medicare.gov, or call 1-800-MEDICARE.



If you have a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, your plan materials describe how to get emergency care. You don't need to get permission from your primary care doctor (the doctor you see first for health problems) before you get emergency care.

If you're admitted to the hospital, you, a family member, or your primary care doctor should contact your plan as soon as possible. If you get emergency care, you'll have to pay your regular share of the cost (copayment). Then, your plan will pay its share. If your plan doesn't pay its share for your emergency care, you have the right to appeal.

- **Get a decision about health care payment, coverage of services, or prescription drug coverage.**

When you request coverage for items or services, or a claim is filed for items or services you got, you'll get a notice from Medicare or be notified by your Medicare Advantage Plan, other Medicare health plan, or Medicare Prescription Drug Plan letting you know what it will and won't cover. If you disagree with this decision, you have the right to file an appeal.

- **Request a review (appeal) of certain decisions about health care payment, coverage of services, or prescription drug coverage.**
If you disagree with a decision about your claims or services, you have the right to appeal.

For more information on appeals:

- Visit www.medicare.gov/appeals.
- Visit www.medicare.gov/publications to view or print the booklet “Medicare Appeals,” or call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users should call 1-877-486-2048.
- If you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare Prescription Drug Plan, read your plan materials.
- Call the SHIP in your state. To get the most up-to-date SHIP phone numbers, visit www.medicare.gov/contacts, or call 1-800-MEDICARE.



- **File complaints (sometimes called “grievances”), including complaints about the quality of your care.**
 - You can file a complaint about services you got, other concerns or problems you have in getting health care, or the quality of the health care you got.
 - If you’re concerned about the quality of the care you received, you have the right to file a complaint.
 - If you have Original Medicare, call the Quality Improvement Organization (QIO) in your state to file a complaint. Visit www.medicare.gov/contacts or call 1-800-MEDICARE to get your QIO’s phone number.
 - If you have a Medicare Advantage Plan (like an HMO or PPO), or other Medicare health plan, call the QIO, your plan, or both.

If you have End-Stage Renal Disease (ESRD) and have a complaint about your care, call the ESRD Network for your state. ESRD is permanent kidney failure that requires a regular course of dialysis or a kidney transplant. To get this phone number, visit www.medicare.gov/contacts, or call 1-800-MEDICARE.

Section 2: Your Rights in Original Medicare

If you have Original Medicare, in addition to the rights and protections described in Section 1, you have the right to:

- See any doctor or specialist (including women's health specialists), or go to any Medicare-certified hospital, that participates in Medicare.
- Get certain information, notices, and appeal rights that help you resolve issues when Medicare may not or doesn't pay for health care.
- Request an appeal of health care coverage or payment decisions.
- Buy a Medicare Supplement Insurance (Medigap) policy.
There are certain times, including during your Medigap open enrollment period, when an insurance company must sell you a Medigap policy, even if you have pre-existing health problems.





Section 3: Your Rights in a Medicare Advantage Plan or Other Medicare Health Plan

If you're in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, in addition to the rights and protections described in Section 1, you have the right to:

- **Choose health care providers within the plan, so you can get the health care you need.**
- **Get a treatment plan from your doctor.**

If you have a complex or serious medical condition, a treatment plan lets you directly see a specialist within the plan as many times as you and your doctor think you need. Women have the right to go directly to a women's health care specialist without a referral within the plan for routine and preventive health care services.
- **Know how your doctors are paid.**

When you ask your plan how it pays its doctors, the plan must tell you. Medicare doesn't allow a plan to pay doctors in a way that could interfere with you getting the care you need.
- **Request an appeal to resolve differences with your plan.**

You have the right to ask your plan to provide or pay for an item or service you think should be covered, provided, or continued. If your plan denies your request, you have the right to appeal that decision.
- **File a complaint (called a "grievance") about other concerns or problems with your plan.**

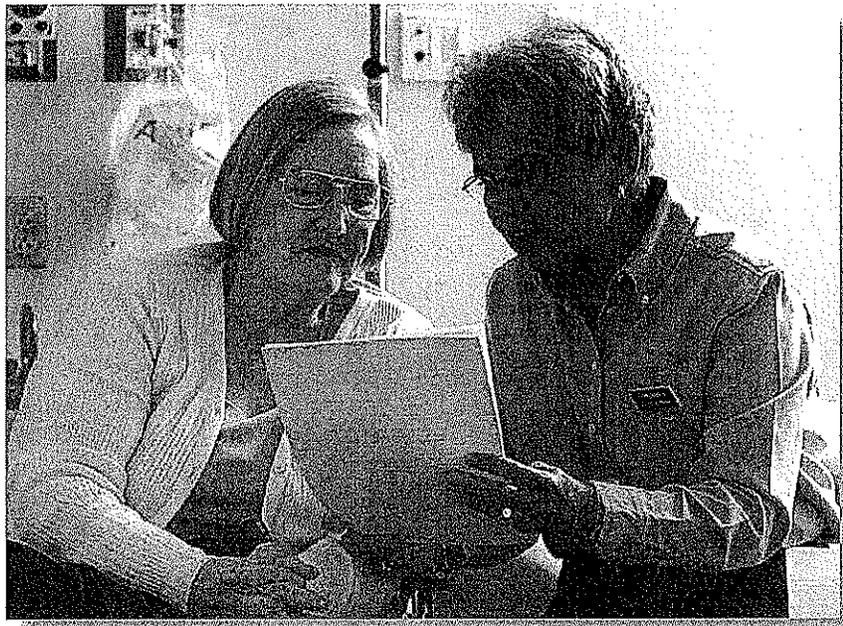
For example, if you believe your plan's hours of operation should be different, or there aren't enough specialists in the plan to meet your needs, you can file a grievance. Check your plan's membership materials, or call your plan to find out how to file a grievance.

- **Get a coverage decision or coverage information from your plan before getting services.**

Before you get an item, service, or supply, you can call your plan to find out if it will be covered or get information about your coverage rules. You can also call your plan if you have questions about home health care rights and protections.

Your plan must tell you if you ask.

If you want to know more about your rights and protections, including rights and protections you may have in addition to those discussed in this booklet, read your plan's membership materials, or call your plan.



Section 4: Your Rights in a Medicare Prescription Drug Plan

If you have Medicare prescription drug coverage, your plan will send you information that explains your rights. Read the information carefully, and keep it where you can find it when you need it. Call your plan if you have questions.

In addition to the rights described in Section 1, if you have a Medicare Prescription Drug Plan or Medicare Advantage Prescription Drug Plan (MA-PD), you have the right to:

- **Request a coverage determination or appeal to resolve differences with your plan.**

If your pharmacist, doctor, or other prescriber tells you that your Medicare drug plan won't cover a drug you think should be covered, or it will cover the drug at a higher cost than you think you're required to pay, you can request a coverage determination from your plan.

If your plan denies your request, you have the right to appeal that decision. For more information on the appeals process, visit www.medicare.gov/appeals.

- **File a complaint (called a "grievance") with the plan.**

For more information on filing a grievance, visit www.medicare.gov/appeals.

- **Have the privacy of your health and prescription drug information protected.**

For more information about your right to privacy, look in your plan materials or call your plan.

Section 5: The Medicare Beneficiary Ombudsman



The Medicare Beneficiary Ombudsman is a person who reviews complaints and helps resolve them. They make sure information about your Medicare coverage, your Medicare rights and protections, and how you can get issues resolved is available to all people with Medicare. The Medicare Beneficiary Ombudsman shares information with the Secretary of Health and Human Services, Congress, and other organizations about what works well and what doesn't work well to improve the quality of the services and care you get through Medicare.

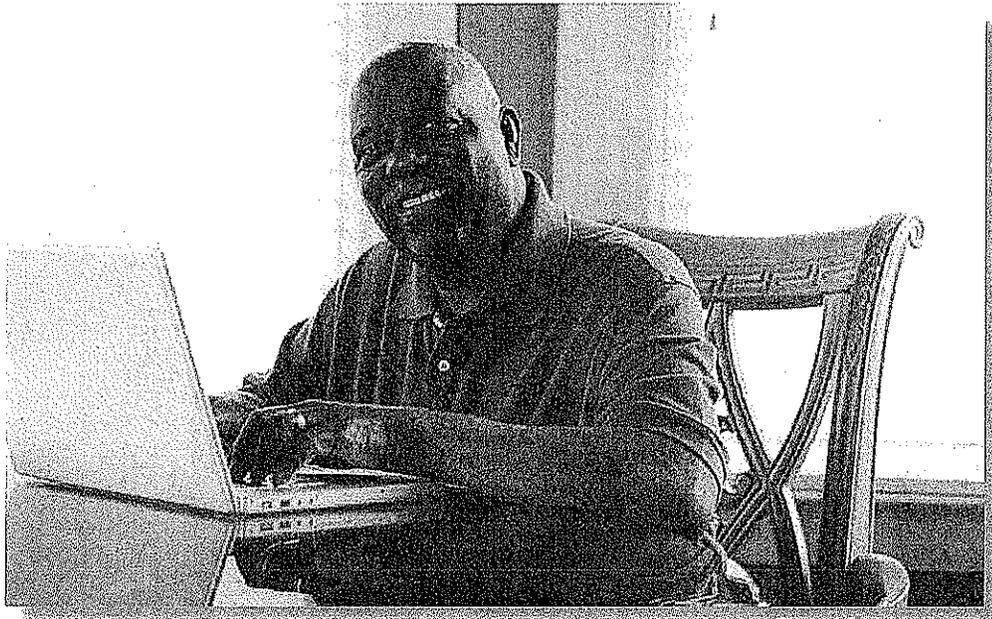
How does the Medicare Beneficiary Ombudsman help through other organizations?

The Medicare Beneficiary Ombudsman works with organizations like State Health Insurance Assistance Programs (SHIPs) and Quality Improvement Organizations (QIOs) to help resolve your issues in a timely way. SHIPs and QIOs provide information and counseling to help you with:

- Your Medicare questions, including your benefits, coverage, premiums, deductibles, and coinsurance
- Complaints (“grievances”)
- Appeals
- Problems joining or leaving a Medicare Advantage Plan (Part C) (like an HMO or PPO), or any other Medicare health plan, or Medicare Prescription Drug Plan (Part D)

For more information

- Visit www.medicare.gov/ombudsman/resources.asp.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your QIO if you have a complaint about the quality of Medicare-covered services. A QIO is a group of doctors and health care experts who check on and improve the care given to people with Medicare. To get the phone number for your state's QIO, visit www.medicare.gov/contacts, or call 1-800-MEDICARE.
- Call your SHIP if you have questions about Medicare rights and protections, appeals, buying other insurance, choosing a Medicare health or prescription drug plan, or buying a Medigap policy. To get the phone number for your state's SHIP, visit www.medicare.gov/contacts, or call 1-800-MEDICARE.



**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300

CMS Product No. 11534
Revised January 2013



This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

¿Necesita usted una copia en español?
Para obtener su copia GRATIS, llame al
1-800-MEDICARE (1-800-633-4227).