

December 6, 2010

Hon. Kirsten Gillibrand  
United States Senator  
478 Russell Senate Office Building  
Washington, DC 20510-3203

Dear Senator Gillibrand:

This letter is in response to your inquiry regarding the funding mechanism for the World Trade Center clinics.

The New York City Health and Hospitals Corporation's WTC Environmental Health Center (HHC's WTC EHC) has been providing medical care to community residents, area workers and other WTC survivors since shortly after September 11, 2001. Most of this care was initially funded by various philanthropic organizations and the City of New York. In the fall of 2008, after responding to an RFP to provide care to WTC community members, we were awarded \$30 million of federal funding – \$10 million each year – for three years, which ends September 30, 2011.

Currently, we receive this funding through a grant from the Center for Disease Control's National Institute for Occupational Safety and Health (CDC/NIOSH). We submit the requisite quarterly and annual financial, programmatic and clinical reports to CDC/NIOSH as specified in the federal grant award. Ad hoc reports are also submitted as requested. While individual charges to each cost category can be tracked back to a specific invoice related to providing care for a WTC patient, this grant accounting mechanism does not attribute costs to a specific patient encounter as is done for a medical claim billed to an insurance company or Medicare. However, in addition to detailed clinical data, our reporting includes financial expenditures related to total cost of service types as well as medications charged to the grant, insurance status of patients served, revenue from third party payors and staffing costs of the program.

We understand and support the need for more detailed cost accounting for this program and have worked with NIOSH to provide additional patient cost data. For the last few years, we have also provided similar information upon request to House and Senate staff (including Senate HELP Committee staff) and have explained to them the difficulties imposed by the accounting system required by our grant. However, it is not possible to provide the full cost accounting information available from a medical claims system through our current grant award. To attempt to fully translate all of these individual medical care charges from the grant accounting system to the equivalent of a medical claims reimbursement database would be a monumental task.

HHC fully supports the reimbursement system and safeguards included in HR847, and believes that the reimbursement method required by the legislation will help to provide better patient cost information for the program that will benefit both the program and those providing oversight of the program.

Sincerely,



Alan D. Aviles