



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

April 21, 2022

Dear Administrator:

We are transmitting for your review the calculation of your hospital's initial inpatient acute, exempt hospital and exempt unit reimbursement rates for Medicaid Fee-for-Service (FFS), Medicaid Managed Care (MMC) and Workers Compensation/No-Fault (WCNF), which are effective January 1, 2022. These rates have been promulgated in accordance with Article 2807-c and, for the acute rates, Article 2807-c (35)(c). The MMC rates provided are informational only and were calculated based on the approved FFS rates.

The January 1, 2022 Medicaid FFS rates have been approved by the New York State Division of the Budget and have been transmitted to eMedNY for payment and automatic retroactive claims processing in cycle #2332. For those hospitals eligible for lump sum transformation payments, in lieu of the 2% rate add-ons, payment information for the eligible periods will be forthcoming once available.

These rates are based upon the same information and methodology as the inpatient rates effective October 1, 2021, but take into consideration the updates provided in the Attachment to this letter. Please read the Attachment carefully for any updates that were incorporated since the January 1, 2022 rates that were previously noticed to hospitals on November 3, 2021.

Providers can expect that revised inpatient rates will be issued, effective April 1, 2022, to reflect rate enhancements that were included in the recently enacted State Fiscal Year 2022-2023 State Budget. A communication will be sent once the necessary approvals have been received and the rates are available on the Health Commerce System (HCS).

Appeals:

With the exception of the 2022 budgeted capital, capital reconciliations and minimum wage updates, all data associated with these rates was previously subjected to the appeal process. Therefore, only appeals related to these updates or mathematical errors by the Department will be accepted for this rate period.

Part 86-1.32 of the New York Codes, Rules and Regulations sets forth the rules governing appeals, which does not include issues regarding methodology. In filing an appeal, a facility must provide the following:

A cover letter signed by the Operator or Chief Executive Officer of the hospital containing a summary of the item(s) of appeal.

Supporting schedules or any other pertinent data is to be included with the facility's appeal letter.

All rate appeals and supporting documentation pertaining to items revised in this publication of inpatient rates for services for Title XIX (Medicaid) beneficiaries should be submitted to the Bureau of Hospital and Clinic Rate Setting and must be received by this office **no later than August 19, 2022**. Due to bureau staff working remotely, it is requested that providers submit a copy of their appeal request via email to HospFFSunit@health.ny.gov. Given that many hospital staff may also be working remotely, the Department is **not requiring that the original signed appeal request letter be physically mailed**. Providers can expect a written acknowledgement from the Department once the letter has been received and an appeal# has been established and assigned to a rate analyst.

Where possible, original appeal letters may be mailed to:

*Monique Grimm
Chief Health Care Fiscal Analyst
Bureau of Hospital and Clinic Rate Setting
One Commerce Plaza, Room 1430
99 Washington Ave
Albany, New York 12210*

Should you have any questions regarding the above information, please send an email to the hospital rate setting unit at HospFFSunit@health.ny.gov and either Tami Berdi or John Neuberger will respond to your inquiry.

Sincerely,

Monique Grimm
Chief Health Care Fiscal Analyst
Bureau of Hospital and Clinic Rate Setting