

FAQs from the Lessons Learned Outreach Session on May 5, 2021 for the 2020 Home Care Cost Report

Topic:

General

Q.1 How were the 2021 Medicaid reimbursement rates calculated?

A.1 If you have questions regarding your agency's 2021 rate, please reach out to the Department at PersonalCare-Rates@health.ny.gov and CHHA-Rates@health.ny.gov.

Q.2. When will agencies receive their 2022 Medicaid reimbursement rate? Will DOH communicate details of how the 2022 rate was calculated?

A.2. DOH will hold a webinar to help explain how the 2020 cost report inputs were factored into the 2022 rates once the process and rate calculation is finalized. There was no set date at the time of the webinar for when the 2022 rates would be released or when the calculation would be finalized.

Q. 3. What is the anticipated filing deadline for the 2021 Home Care Cost Report?

A. 3. DOH is preparing to move the cost report submission and audit timeline up from previous years to better align with the timeline for rate-setting in the future. At the date of the webinar, the 2021 submission launch date had not yet been determined. **Once determined, a communication will be distributed to providers with the relevant dates and timeline for the 2021 Home Care Cost Report activities from the following mailboxes:** Homecare.reports@health.ny.gov and us-advrisknyshc@kpmg.com. These communications will include:

- The kickoff date and timeline for the submission of the 2021 cost report
- The kickoff webinar information

Q.4. What is hard-coded supporting documentation data that was referred during the webinar on slide 11?

A.4. Hard-coded data refers to any supporting documentation that does not include formulas, links, or references. For example, PDF documents are considered hard-coded, in addition to Excel spreadsheets in which numbers are manually entered into each cell and do not include formulas or references. In those instances, the audit team is unable to trace back hard-coded data to a reliable source. For example, if supporting documentation for the allocation percentages that is being used to allocate costs, do not include formulas, and instead the agency provides a PDF with the allocation percentages, the audit team cannot determine how that allocation was calculated and whether it was calculated appropriately.

Cost Reporting

Q.1. How should costs be reported for a LHCSA providing subcontractor services to a CHHA compared to a LHCSA providing services through a Managed Long Term Care Contract?

A.1. If a LHCSA agency serves as the subcontractor to a CHHA for the delivery of direct care services, the costs the LHCSA incurs providing the subcontractor services are non-allowable and should be reported in the Program Aide (Direct Care) Column 005 within the "Other non-allowable services" row of Schedule 3b. Costs related to contracts with MCOs/MLTCs should not be reported in the Contracted Purchased Services column on Schedule 3a (CHHA) or Schedule 3b (LHCSA). Instead, these costs should be reported as allowable in the appropriate service type row of the Program Aide (Direct Care) Column 005.

Q. 2. Is an electronic visit verification (EVV) contractor considered administrative or direct care-related, and how should EVV costs be reported on Schedules 3 and 4?

A.2. EVV would be considered an administrative-related cost and therefore, should be reported in the Program Administration (Column 004) on Schedule 3 and Schedule 4.

Q. 3. How can agencies account for WR&R revenue in future cost reports if they do cannot identify the WR&R rate add-on component from their 2020 rate?

A. 3. All Fee-for-service agencies should be able to identify their WR&R rate add-on on their rate sheet. However, DOH will be updating the cost report instructions for the 2021 Cost Report submission period to include updated reporting guidance on how to calculate for WR&R revenue and costs for Managed Care agencies.