



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 20, 2019

Dear Administrator:

This letter provides you with information regarding your Cash Receipts Assessment (CRA) reimbursement rates effective January 1, 2017.

In accordance with §2807-d(2)(b) of the Public Health Law, a separate rate is available to reimburse your facility for the cash receipts assessment program. The rates have been reconciled utilizing the actual assessment liability. The processing for the 2017 CRA will take effect in cycle 2197, with a release date of 10/16/2019. The Department has posted the 2017 CRA backup to:

http://health.ny.gov/facilities/long_term_care/reimbursement/nhr/.

Facilities have 30 days from the date of this letter to submit appeals. Any appeals to these rates must be the result of technical errors in the calculation and/or implementation of the cash receipts assessment rate (see attached for CRA correction form).

If you have any questions, or need to submit the attached correction form, please send an email to NFRATES@health.ny.gov and Robert Yankowski will respond to your inquiry.

Sincerely,

Laura Rosenthal
Director
Bureau of Residential Health Care Reimbursement
Division of Finance and Rate Setting
Office of Health Insurance Program

Attachment: *CRA Correction Form*

New York State Department of Health Revision of Cash Receipts Assessment Nursing Homes		
	CRA - DOH CALCULATED	CRA FACILITY REVISION
CRA Year:		
Facility Name:		
Opcert:		
MMIS No:		
Locator Code		
Total Paid Amount at 6.8%	_____	
Total Reimbursable Amount at 6%	_____	
Non - Medicare Patient Days		

CRA Per Diem