



Department of Health

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

January 17, 2024

Dear Administrator:

**RE: 2023 Medicaid Fee-for-Service Initial Rates:
Certified Home Health Agencies (CHHA – Pediatric),
Licensed Home Care Service Agencies (LHCSA – Personal Care),
Consumer Directed Personal Care Assistance Program/ Fiscal Intermediary (CDPAP – FI)**

The initial 2023 Medicaid rate computation sheets for January 1, 2023 are now available on the Health Commerce System (HCS) website. These Medicaid Fee-for-Service (FFS) rates were developed based on the data submitted in the 2021 Home Care Cost Reports.

As part of the Department of Health's cost reporting and rate development process, all FFS rates for Personal Care, CDPAP, and Pediatric CHHA services will be based on the data entered within the agencies' Home Care Cost Report submissions. Agencies are encouraged to review the initial rate sheets posted on the HCS (rate sheet templates provided as Attachment A) and confirm that the calculated rate is consistent with their 2021 cost reporting. The Department is allowing providers the opportunity to review and appeal their initial rates prior to loading those rates to eMedNY. Attachment B to this letter provides instructions on how to access the 2023 initial rate sheets on the HCS.

Providers may appeal their 2023 rates by logging into the 2021 web-based Home Care Tool and accessing the rate certification tab to file an adjusted cost report reflecting changes in schedule 3, 4, 5 and 7 data. The corrections must be electronically certified by either the Operator or Chief Executive Officer of the Agency (Attachment C provides instructions on how to submit the rate certification and Adjusted Cost Report within the 2021 Tool). No certifications will be accepted from accountants or consultants. Any appeals and submission of adjusted cost reports must be completed within the 90 day appeal period. The deadline to file an appeal in the Tool is the end of business, **April 16, 2024**. The Tool can be found at the following site:

<https://desoto.certisphere.com/doh/HomeCareDashboard.html>

In an effort to support providers that either have minimal or no changes, providers may access the 2021 Tool and certify that they have no changes, or appeal within the first 30 days. The Department will draw down the first group of certifications and appeals after 30 days (**February 16, 2024**). These adjusted submissions will be used to calculate rates, which will then go through the standard approval process and be loaded to eMedNY. Providers that require more time will have until the deadline of **April 16 2024**, at which point the Department will again draw down that information for rate setting purposes.

For those agencies that did not submit their 2021 Home Care Cost Report, the Department is not able to calculate a 2023 rate until the cost report(s) are submitted. Please also be reminded that failure to

comply with the reporting requirements of Title 10, Parts 86-1.2, 1.3, 1.6 and 1.7 may result in the implementation of penalties pursuant to Part 86-1.2(c) and Section 12-d of the Public Health Law. Also, failure to make necessary corrections to the cost report during the appeals period will result in the rates currently posted on the HCS taking effect, and being loaded into eMedNY as calculated, based on the originally submitted 2021 cost report. Once the appeals period has concluded, rates will be finalized and further guidance will be provided.

On May 2, 2022, the Department hosted an informational webinar on the calculation and certification of the initial 2022 Medicaid rates, in which the Department discussed: the rate development methodology/calculation; the web-based Tool and appeals process; and how the filed 2020 cost report data impacts the 2022 rate calculation. The same process is being followed for the 2023 home care rates, and the 2022 webinar can be used as review from the following links:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/
https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/
https://www.health.ny.gov/facilities/long_term_care/reimbursement/cdpap/

This letter is being sent to the agency contacts who provided their email addresses with their 2021 cost report submissions. Please share this correspondence with any additional agency personnel who may find it useful and who were not included in the original email list.

If you have any questions regarding the information contained in this correspondence please contact the Bureau of Nursing Home and Long Term Care Rate Setting email inboxes as follows: for CHHAs CHHA-Rates@health.ny.gov or LHCSAs and FIs PersonalCare-Rates@health.ny.gov.

Sincerely,



Laura Rosenthal, Director
Bureau of Nursing Home and
Long Term Care Rate Setting
Division of Finance and Rate Setting
Office of Health Insurance Programs

Enclosures:

Attachment A – January 1, 2023 Rate Sheet Templates

Attachment B – Instructions to Access the 2023 Initial Rates Posted to the Health Commerce System

Attachment C – Home Care Rate Appeal and Certification Guidance

Attachment A – January 1, 2023 Rate Sheet Templates

(Included as separate PDF copies to this letter)

ATTACHMENT B – Instructions to Access the 2023 Initial Rates Posted to the Health Commerce System

Health Commerce System (HCS) Instructions:

- 1) Login to HCS: https://commerce.health.state.ny.us/public/hcs_login.html;
- 2) Under “My Applications”, select **Healthcare Finance Data Gateway** (or go to “My Content” from the top line menu, then All Applications to search for the application under “C” for CHHA or “P” for Personal Care);
- 3) Click on the **Publications** section of this new application;
- 4) Under **Organization Type**, select either “**Home Health Agency**” or “**Personal Care**” from the drop down menu;
- 5) Under **Collection**, select the following “**January 2023 Initial Rates**” from the drop down menu;
- 6) Under **Package**, select “**January 2023 Initial Rates**” from the drop down menu and
- 7) Under **Organization**, select your agency, then click the **Search** button.
- 8) Next select **Download**.

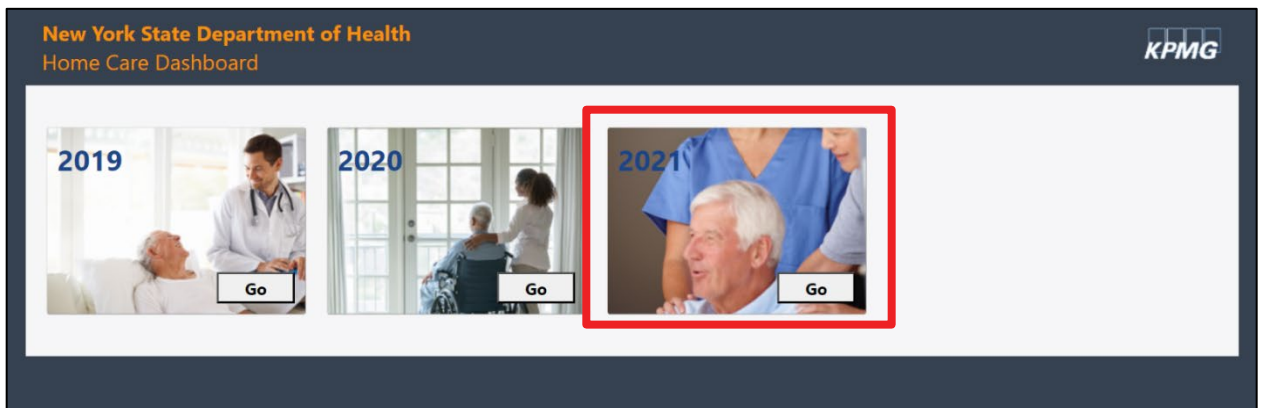
Please note:

If you have problems accessing your HCS account due to the expiration of your password, please contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.

ATTACHMENT C – HOME CARE COST REPORT RATE CERTIFICATION

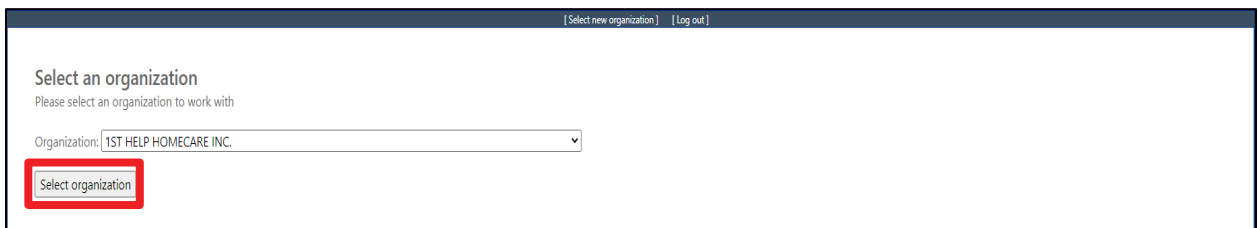
Steps to appeal or accept the Medicaid rates in the 2021 Home Care Cost Report Tool:

Step 1: Navigate to the Home Care web-based Tool page at the following link: <https://desoto.certisphere.com/doh/HomeCareDashboard.html>. Once you enter the link, please select the “2021” option (shown below) and click “Go.”



Step 2: Enter your username (email address) and password to log in to the Tool. If you forgot your password, please click the “Forgot Password?” link on the Web-based Tool log-in page. You will then receive an email containing the steps to reset your password. If you have any other difficulties logging in, please send an inquiry to the KPMG Home Care Cost Report mailbox at us-advrisknyshc@kpmg.com.

Step 3: Once you have successfully logged in, you will be prompted to select your agency using the drop-down menu as shown below. Click the drop-down option, select the applicable agency, and click “Select organization.”



Step 4: Navigate to the “Rate Certification” tab pictured below. Please review the information within this tab carefully. Then, enter the name, title, and email address of the executive-level individual completing the certification and use the multiple-choice options to accept or appeal the 2023 Medicaid reimbursement rate(s) calculated by the Department. You may include an explanation for your acceptance or appeal within the text box provided.

Test Organization | Select new organization | Log out |

Instructions | Frequently Asked Questions (FAQ) | Reporting Hierarchy | Budgeted Cost Report Schedules | Budgeted Cost Report Submission | Agency Representation | Extensions | Contact Information | Data Representation | **Rate Certification** | Provider Questions | Reporting

Rate Certification

The New York State Department of Health communicated the initial 2023 Medicaid rates within a Dear Administrator Letter sent to Test Organization via email on 01/16/2024. These rates were calculated by the Department using the data submitted within the 2021 Home Care Cost Report. Please review the rate(s) communicated to you by the Department. If you have not received this communication, or have questions regarding the rate calculation, please send an inquiry with the subject line "2023 rate calculation" to CHHA-Rates@health.ny.gov (for CHHA related questions) or PersonalCare-Rates@health.ny.gov (for LHCSA and FI questions). Please note that rate-related questions should not be sent to us-advrisknysdc@kpmg.com.

Using the options below, please indicate whether you accept the 2023 rate(s), or would like to appeal the rate(s). If you choose to appeal the 2023 rates communicated by the Department, you will have 90 calendar days from receipt of the Dear Administrator Letter (by 04/16/2024) to refile Schedules 3, 4, 5, and 7 of the 2021 cost report, within the "Adjusted Cost Report Schedules" tab in the Tool. If you chose to appeal your 2023 rate, once you select the submit button below, you will be directed to the "Adjusted Cost Report Schedules" tab of the Tool, where you will be required to complete and submit updated cost report data for Schedules 3, 4, 5, and 7. If the appeal submission is not accompanied by an adjusted cost report submission, the appeal will not be considered. If the Adjusted Cost Report is submitted, the adjusted cost report data will be used by the Department to calculate new 2023 rates. If the Adjusted Cost Report is not submitted within the 90 days allotted, the original 2021 Cost Report and the current 2023 rate(s) will be considered final.

The Department requires that the rate certification process should be completed by an officer of the home care agency or a member of the home care agency's senior management team. It is strongly recommended that this individual be the agency's CEO, CFO, VP of Finance, or equivalent.

Please provide the name and title of the official certifying the 2023 Medicaid reimbursement rate(s) communicated by the Department.

Name: Title: Email Address:

Please respond accordingly and submit

I accept the 2023 Medicaid rates calculated by the Department

I would like to appeal the 2023 Medicaid rates calculated by the Department and refile the 2021 cost report within 90 days of receipt of the 2023 Notice Rate Dear Administrator Letter

Explanation:

Step 5: Submit your acceptance or appeal by clicking the “Submit” button.

Please respond accordingly and submit

I accept the 2023 Medicaid rates calculated by the Department

I would like to appeal the 2023 Medicaid rates calculated by the Department and refile the 2021 cost report within 90 days of receipt of the 2023 Notice Rate Dear Administrator Letter

Explanation:

Step 6 (Optional): If you would like to specify the specific rate(s) for which you agree or disagree to retain as a reference within the cost report web-based tool, you may complete the table(s) below in the bottom of the tab. Note that one table will appear for each entity type (CHHA, LHCSA, FI) that your agency operates. For example, if your agency operates LHCSA and FI entities, two tables will appear (one for LHCSA rates and one for FI rates).

The following section is optional. If your agency would like to further specify the rate(s) it agrees or disagrees with as a reference to retain in the Cost Report web-based tool, you may complete the following section.

In the chart below, please fill out the requested rate information for each CHHA rate received. Using the drop-down options, select the operating certificate and service type for the rate(s) received. Then, please enter the Medicaid rate dollar value communicated by DOH for that county and service type. Lastly, please select "agree" or "disagree."
 If you operate multiple entities and service types, please use the "add row" feature to the right of the chart to add a row for each rate received.

Operating Certificate	Service Type	Notice rate communicated by DOH	Agree/Disagree with the notice rate	Comments
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	xx
	--Select a Service Type--	0	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree	x
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	
	--Select a Service Type--		<input type="radio"/> Agree <input type="radio"/> Disagree	

Add row

Step 7 (for agencies that appeal their rate): After the rate appeal has been submitted, you must navigate to the "Adjusted Cost Report Schedules" tab in the Tool (see image on the following page). This tab will be unlocked for your agency to make changes to Schedules 3, 4, 5, and 7. Note that the information from your agency's original cost report submission will be copied into this tab, so that you can efficiently execute the adjustments to your original submission.

Once edits are complete, you will need to review the certification at the top of tab to verify the accuracy and completeness of the adjusted data, enter the name and title of the individual certifying and submitting the adjusted cost report, and click the "Submit Adjustments" button (shown in image on following page). Note that the Adjusted Cost Report is required to be certified and submitted by an officer of the agency or member of the agency's senior management team.

If the adjusted cost report was successfully submitted, you will see a "submitted" stamp in place of the previous "submit adjustments" button. The adjusted cost report data will be used by the Department to calculate new 2023 rate(s). Please note that the adjusted cost report must be submitted within 90 days of receiving the "Dear Administrator Letter" from the Department. If the Adjusted Cost Report is not submitted within these 90 days, the original 2021 Cost Report and the current 2023 rate(s) will be considered final.

Instructions	Frequently Asked Questions (FAQ)	Reporting Hierarchy	Cost Report Schedules	Financial Reconciliation	General Questionnaire	Cost Report Submission	Documentation Requests	Agency Representation	Extensions	Adjusted Cost Report Schedules	Contact Information	Audit / Questions
Data Representation	Rate Certification	Provider Questions	Reporting									

Adjusted Cost Report Submission

In the Adjusted Cost Report schedules below, please execute the necessary adjustments to Test Organization 2's original cost report submission. Once all adjustments have been entered, the Adjusted Cost Report Schedules tab must be submitted. Note that by submitting the Adjusted Cost Report Schedules, you are confirming the following:

I HEREBY CERTIFY THAT I HAVE EXAMINED THE INFORMATION CONTAINED IN THE ADJUSTED HOME CARE COST REPORT FOR THE PERIOD BEGINNING 1/1/2021 AND ENDING 12/31/2021, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE AGENCY IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED.

Please provide the name and title of the official taking responsibility for the confirmation and associated submission. This individual should be an officer of the home care agency or a member of the home care agency's senior management team or a staff-level person or consultant.

Name: Title:

Schedule 1	✓	Schedule 1: General Information - Agency	
Schedule 2	✓		
Schedule 3a		Agency Information	001
Schedule 3b		Name of Agency	001 Test
Schedule 3c	✓	Federal Tax ID	002 12345
		Agency Type (Proprietary, Voluntary, or Public)	003 Proprietary