



Department of Health

ANDREW M. CUOMO
Governor

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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

July 29, 2021

Dear Administrator:

This letter provides you with information regarding your Personal Care Medicaid reimbursement rates for calendar year 2020. This rate adjustment reflects a change in methodology from a rate add-on to a supplemental payment. The methodology can be found on Attachment A.

The attached excel file has 3 tabs as follows:

- Rate to Lump Sum – represents the difference between your losses and payments made through the rate add-ons. Column H entitled Payout/(Recoupments) provide the amount owed to providers (i.e. payout) or amounts owed to the State (i.e. recoupments).
- Salient Data – represents the amounts paid as a rate add-on in eMedNY.
- Rural County Losses - provides the calculation of the providers' 2020 losses based on 2018 cost report data.

The Department's regulations allow rate appeals to be filed within 90 days from the date of this letter (see Attachment B). The payment/recoupment will be processed in cycle 2293, check release date August 18, 2021. If you have any questions regarding the above information, please send an email to PersonalCare-Rates@health.ny.gov and Robert Yankowski will respond to your inquires.

Sincerely,

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

Attachments

ATTACHMENT A
Rural County Rate Enhancement Methodology

Effective January 1, 2019 Medicaid qualified Personal Care providers in Federally Designated Frontier and Remote (FAR) areas of New York State will be eligible for a rate adjustment to address losses between the amount the provider pays for Level II, Nursing Assessment and Nursing Supervision and the Medicaid reimbursement for these services. Effective July 1, 2020 and annually beginning January 1, 2021, the rate adjustment shall be a supplemental payment

The FAR areas are determined by the US Department of Agriculture Economic Research Service and are based on zip codes and use population and urban-rural data from the 2010 U.S. Census.

Eligibility

Eligibility is based on the provider experiencing a combined loss in the Medicaid Personal Care Level II, Nursing Supervision and Nursing Assessment services as identified using the most recent complete calendar year cost reports for providers in the FAR regions.

Methodology

- 1) A difference will be calculated between actual cost and current rates paid for the sum of Level II, Nursing Assessment and Nursing Supervisor using the Cost Report data.
- 2) Each provider's loss is divided by the sum of all eligible losses to establish a percentage of loss for each provider.
- 3) This percentage of loss is used to allocate up to \$3M, as a rate add-on through June 30, 2020, and as a supplemental payment beginning July 1, 2020 to qualifying FAR Personal Care providers, not to exceed the value of the provider's loss.

ATTACHMENT B RATE APPEAL PROCESS

Providers have **90 Days** from the date of this letter to submit appeal(s) to the rates posted herein.

The Department will consider only those appeal requests based on the following criteria as stated in Section 505.14(h)(7)(iii)(c):

- Mathematical, statistical, fiscal or clerical errors exist including, data submission errors on the cost report.
- By reason of costs associated with programs, services, activities or initiatives mandated or approved by the Commissioner.
- The agency is seeking a lower rate(s) in order to be more competitive among providers in their District.
- Changes in your charge to the general public not properly reported in the initial 2015 cost report submission.

The following information should be provided when submitting an appeal:

- A signed letter by the Operator or Chief Executive Officer, containing a detailed summary of the items of appeal and the Declaration Control Number (DCN) of any revised cost report submission.
- Supporting schedules or any other pertinent data not related to the annual cost report may be attached in the e-mail submission.
- Any item of appeal that alters the cost data for the 2016 annual cost report requires that the revised report be filed electronically. The revised report must have a **new** DCN and must be recertified by both the operator and the independent accountant.

Please submit appeals to PersonalCare-Rates@health.ny.gov and file revised cost reports electronically through the Health Commence System.