



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

April 10, 2018

Dear Administrator:

This letter is to provide you with information regarding your Residential Health Care Facility (RHCF) and Adult Day Health Care (ADHC) Medicaid reimbursement rates effective January 1, 2018. These rates have been promulgated in accordance with Article §2808 2-c of the Public Health Law.

The all-inclusive rates provided on Health Commerce System (HCS) include the following capital and non-capital (i.e., the sum of the operating component of the rate including other per diem adjustments) components:

- **Operating Component:** These rates reflect the pricing methodology and as prescribed by Title 10, Part 86-2.40 of the Commissioner's Administrative Rules and Regulations, found at the following link <https://regs.health.ny.gov/content/section-86-240-statewide-prices-non-capital-reimbursement>.
- **Minimum Wage adjustment:** The Department has incorporated increases to the Nursing Home rates based on survey data that was submitted and attested to by Nursing Homes.
- **Case Mix:** These rates include a case mix adjustment for the July 2017 collection, and may contain an adjustment to limit the impact for any facility that reported a case mix change of greater than plus or minus five percent from the January 2017 case mix.
- **Capital Component:** Reflects 2018 capital reimbursement rate that is based upon your facility's 2016 certified cost report and reflects approved attestations received during the preview period.

The Department's regulations allow rate appeals to be filed within **120 days** from the date of this letter (see *Attachment*). The payment for the January 1, 2018 rates will be made in cycle 2122, check release date May 9, 2018. If you have any questions regarding the rates or appeals, please send an email to [NFRATES@health.ny.gov](mailto:NFRATES@health.ny.gov) and appropriate staff will respond to your inquiry.

Sincerely,

Ann Foster  
Deputy Director  
Division of Finance and Rate Setting  
Office of Health Insurance Programs

Attachment

**ATTACHMENT  
RATE APPEAL PROCESS**

Facilities have **120 days** from the posting date of this letter to submit appeals to the rates provided herein.

***Operating Rate Appeals:*** Please be advised that the Department will only review operating rate appeals for the correction of computational errors or omissions of data by the Department in determining the operating rate based upon information submitted to the Department prior to the computation of the rate.

***Capital Rate Appeals:*** Facilities are reminded that a 2018 capital appeal submitted after a capital attestation has been accepted may result in the reversal of the original attestation adjustments.

**APPEAL SUBMISSIONS FOR ALL FACILITIES (RHCF-4, Hospital Based RHCF-4 and Hospital Based RHCF-2 filers)**

The Department's March 3, 2009 DAL (available on the HCS) provided that appeals submitted on or after April 15, 2009 by mediums other than the **Electronic Appeals Submission (EAS) System** would not be accepted. The EAS System is accessed through the HCS (<https://commerce.health.state.ny.us>) by selecting "Application" in the menu bar, then Browse by N and select "Nursing Home Appeal System" from the list. You can refresh your "My Applications" list by clicking on My Account > "Refresh My Application List", click the log out button, then log back in to see the update under My Applications. It should be noted that the publication date to be utilized is the date of this letter, input in the following format MM/DD/YYYY.

Questions or issues regarding using the EAS that cannot be resolved by the FAQs or Help links provided on the HCS should be submitted via email to the Bureau of Residential Health Care Reimbursement at: [nfrates@health.ny.gov](mailto:nfrates@health.ny.gov).