

February 7, 2013

Dear Administrator/Controller:

The Office of Health Insurance Programs is finalizing the reconciliation process to reimburse hospitals and nursing homes for Medicaid patients evacuated or received during the Hurricane Sandy emergency.

The attached standardized form (Excel file) requires completion by both evacuating and receiving hospitals and nursing homes. The data collected is the minimum documentation required in order to ensure that both the receiving and evacuated hospitals and nursing homes are paid for the appropriate number of Medicaid patients for the duration of the emergency. This payment reconciliation will follow the guidance contained in my February 6, 2013 letter which was developed by the work group including the Department of Health and health care associations. Please note, that if you did not send or receive patients during the Hurricane Sandy emergency, do not complete the form.

The attached Excel spreadsheet consists of (4) tabs:

- **Tab 1: H.S. RECONCILIATION SURVEY:** This is where the patient level data is to be reported and is to be completed by both receiving and sending facilities
- **Tab 2: INSTRUCTIONS:** Contains the instructions for completing survey and should be read before completing the survey
- **Tab 3 RATE CODE DESCRIPTIONS:** Contains the various rate codes with their descriptions to be used in completing the survey
- **Tab 4: NOTEPAD:** Contains space to provide notes related to each Medicaid patient as well as details on negotiated payments that may have already occurred between sending and receiving facilities.

The form is automated with several drop down menus and has limited flexibility. This was done to avoid data input errors and allow for the efficient aggregation of the data once received and to expedite payments. If you cannot complete a field and need assistance, please contact us via our email address at: [bpacr@health.state.ny.us](mailto:bpacr@health.state.ny.us) providing us with the issue so we can respond accordingly.

When the Excel file is completed, it must be submitted in Excel format (we will not accept a pdf format or hardcopy submissions) and please name the file with your 7 digit operating certificate number only. For example, ABC Nursing Home's operating certificate number is 1234567N. The excel file needs to be named 1234567.xls. Do not add any additional extensions or items in the name. This too is designed to ease the logging in and tracking of the data received as well as aggregating for payment. All Excel files must be submitted no later than **February 25, 2013** so that we can keep to the time frames laid out in the February 6, 2013 letter.

If you have any questions or require assistance, please email your questions to the **bpacr@health.state.ny.us** account or call 518-474-3352 and ask for Jane Casale or Haseeb Agha of my staff. Thank you very much; your continued cooperation is appreciated.

Sincerely,

*John W. Gahan Jr.*

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