



Department of Health

ANDREW M. CUOMO
Governor

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

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

June 20, 2019

Dear Administrator:

This letter provides you with information regarding your Residential Health Care Facility (RHCF) and Adult Day Health Care (ADHC) Medicaid reimbursement rates effective January 1, 2019. These rates have been promulgated in accordance with Article §2808 2-c of the Public Health Law.

The initial rates are provided on the new Health Commerce System (HCS) application (**Healthcare Financial Data Gateway**) and include the following operating and capital and non-capital 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>. Please note the initial rates include the 2019 minimum wage adjustment. Detail of the adjustments included in the miscellaneous adjustment line are posted on the Gateway along with the facility's rate sheets.
- **Case Mix:** These rates include a case mix adjustment for the July 2018 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 2018 case mix.
- **Capital Component:** Reflects 2019 capital reimbursement rate that is based upon your facility's 2017 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, 2019 rates will be made in cycle 2184, check release date 7/17/2019. If you have questions regarding the rates please send an email with "2019 NF Rate Inquiry" in the subject line to nfrates@health.ny.gov and Conor Petter or Cindy Treis will respond to your inquiry.

Sincerely,

Ann Foster for Laura Rosenthal

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

Attachment

ATTACHMENT

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 Gateway) 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 for 2019 appeals, should be 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.