

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

September 13, 2013

Administrator/Controller:

The Department of Health has finalized our calculations for the Hurricane Sandy Medicaid Payment Reconciliation. The delay in payments was due to the fact that we were matching your survey data to that of eMedNY's. We ran into many irregularities but we have now properly sorted out the data from the reported surveys to that in eMedNY.

The Department of Health is now providing each nursing home and hospital with their calculation sheet comparing the survey data to that which was found on eMedNY, including the net payable or receivable for the nursing home or hospital. Adjustments to this calculations sheet must be submitted no later than October 7, 2013. Any edits or changes that need to be made will be done so on the "Adjustment Form" only.

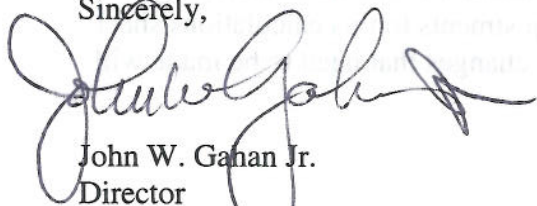
Each calculation sheet consists of 5 tabs which include:

1. **Sample:** This tab is a sample of your "Summary Payment" which includes our calculations and any matching data with eMedNY. This tab is just an example for you to understand how to read the summary payment if there is any confusion. Please thoroughly read through this tab and look over the "KEY" to understand each heading.
2. **Summary Payment:** This tab will show all of our calculations and any matching data with eMedNY. ANY disputes/changes or edits should NOT be made on this tab. ALL EDITS MUST BE MADE ON THE "ADJUSTMENT FORM".
3. **Instructions for Adjustment Form:** For those facilities that need to make any changes or edits to what they originally put on the survey (changing dates of services, patient ID, facility information, rate code), whatever it may be, should be done on the "Adjustment Form" ONLY. This tab will help guide you when filling out the "Adjustment Form" in case of any confusion.
4. **Adjustment Form:** This tab consists of your original survey data that was submitted to the Department of Health. If you need to make any changes or edits, then they should be done here. Please thoroughly read the "Instructions for Adjustment Form" to clearly understand how to make changes on this form. Please keep in mind that any data changed in this tab is FINAL and will override previous submitted data.
5. **Rate Code Descriptions:** This tab is just a reference for when filling out the "Adjustment Form" if needed.

An issue that was brought to the Departments attention are the facilities that may have treated patients transferred to their facility past February 7th (the last date listed on the survey). To help facilities get reimbursed for those patients, you will need to make those changes/edits to the "Adjustment Form" in order to get properly reimbursed for those days. We understand that we have already sent out an "UPDATED" survey on August 13th, and we apologize for the redundancy, however you will need to make those changes on the "Adjustment Form" in the calculation sheet that we are providing you with.

Once the form is reviewed carefully, please **ONLY** submit your file back to the Department of Health if you have made changes or edits to the "Adjustment Form". A no response from the facility will indicate that there are no changes needed and that the original data sent is accurate to the best of the facilities knowledge. In that case we will use the original data to calculate the payment or receivable. If you need submit your file back with changes to the Department of Health, please save in **EXCEL FORMAT ONLY** and email to **BVAPR@health.state.ny.us**.

Sincerely,



John W. Gahan Jr.
Director

Bureau of Vital Access Provider Reimbursement