

KATHY HOCHUL Governor

JAMES V. McDONALD, MD, MPH Commissioner

JOHANNE E. MORNE, MS Executive Deputy Commissioner

March 7, 2025

RE: CY 2024 Medicaid Fee-for-Service Notice Rates: Licensed Home Care Service Agencies (LHCSA – Personal Care), Consumer Directed Personal Care Assistance Program/ Fiscal Intermediary (CDPAP/FI) Certified Home Health Agencies (CHHA – Pediatric),

CY 2024 Notice Rates Certification or Appeal and Submission of Adjusted Cost Reports Due Date Is <u>April 21, 2025</u>

Dear Medicaid Provider Administrator:

The initial calendar year 2024 Medicaid Fee-for-Service (FFS) rate computation sheets are now available on the Health Commerce System (HCS) website. These rates are effective January 1, 2024 and were developed based on the data submitted in the 2022 Home Care Cost Reports.

All FFS rates for Personal Care, CDPAP, and Pediatric CHHA services are based on the agencies' Home Care Cost Report submissions data. As part of the transition to the current cost reporting tool, the Department is allowing providers the opportunity to review their initial rates prior to loading them into eMedNY to confirm the rates are consistent with their cost reporting. Agencies are encouraged to review these initial rate sheets posted on the HCS and either certify acceptance of their rates or appeal them. Note that this will be the final year in which a preliminary appeal period is supported. Starting next year, the Department will consider the transition to the current cost reporting tool complete. Prospective rates (2025 and on) will follow the regulatory requirements for appeals (Section 505.14(h)(7)(iii)(c) of NYCRR 18), opening a 90-day period to appeal once rates have been finalized, approved and loaded into eMedNY. Rate sheet templates are provided as Attachment A and instructions on how to access rate sheets are provided in Attachment B.

Providers may appeal their 2024 rates by logging into **the 2022** <u>Tool</u> and accessing the rate certification tab to file an adjusted cost report reflecting changes in schedule 3, 4, 5 and 7 data. The corrections must be electronically certified by either the Operator or Chief Executive Officer of the Agency (Attachment C provides instructions on how to submit the rate certification and adjusted cost report within the 2022 Tool). No certifications will be accepted from accountants or consultants. The Tool can be found by clicking on the following link: <u>https://desoto.certisphere.com/doh/HomeCareDashboard.html</u>

Any certifications, appeals, and submissions of adjusted cost reports must be completed within 45-days. The deadline to file an appeal via the web-based Home Care Tool is the end of business, **April 21, 2025**.

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After the April 21, 2025 deadline, the Department will draw down the certifications and appeals, and any adjusted submissions will be used to re-calculate rates. All rates, initially certified or re-calculated will then go through the standard approval process and be loaded to eMedNY. The 90-day regulatory appeals window (Section 505.14(h)(7)(iii)(c) of NYCRR 18) will then open for any rates that meet the standards as described below:

- the provider's claim that the rate contains mathematical, statistical, fiscal or clerical errors;
- the provider's claim that it has incurred new or unanticipated costs for programs or services mandated or approved by the Department and that the cost report that the provider submitted to the Department does not reflect the provider's actual costs for reasons beyond the provider's control; or
- the provider's desire to obtain a rate that is lower than the rate promulgated by the Department.

For those agencies that did not submit their 2022 Home Care Cost Report, the Department is not able to calculate a 2024 rate until the cost report(s) are submitted. Please be reminded that failure to comply with the reporting requirements of Title 10, Parts 86-1.2, 1.3, 1.6 and 1.7 may result in the implementation of penalties pursuant to Part 86-1.2(c) and Section 12-d of the Public Health Law.

This letter is being sent to the agency contacts who provided their email addresses with their 2022 cost report submissions. Please share this correspondence with any additional agency personnel who may find it useful and who were not included in the original email list.

If you have any questions please contact the Bureau of Nursing Home and Long Term Care Rate Setting at the following e-mail addresses: for CHHAs – <u>CHHA-Rates@health.ny.gov</u> or LHCSAs and FIs – <u>PersonalCare-Rates@health.ny.gov</u>.

Sincerely,

Laura Rosenthal, Director Bureau of Nursing Home and Long Term Care Rate Setting Division of Finance and Rate Setting Office of Health Insurance Programs

Enclosures:

- Attachment A CY 2024 Rate Sheet Templates
- Attachment B Instructions to Access the CY 2024 Medicaid FFS Rate Sheets in the Health Commerce System
- Attachment C Home Care Rate Certification or Appeal Process Guidance

ATTACHMENT A – CY 2024 Rate Sheet Templates

(Included as separate PDF copies to this letter)

ATTACHMENT B – Instructions to Access the CY 2024 Medicaid FFS Rate Sheets in the Health Commerce System

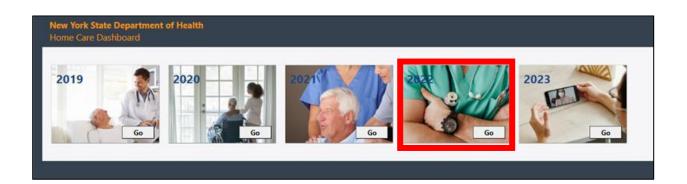
- 1. Login to HCS: https://commerce.health.state.ny.us/public/hcs_login.html;
- 2. Under "My Applications", select **Healthcare Finance Data Gateway** (or go to "My Content" from the top line menu, then All Applications to search for the application under "C" for CHHA or "P" for Personal Care);
- 3. Click on the **Publications** Tab;
- 4. Under **Organization Type**, select either "**Home Health Agencies**" or "**Personal Care**" from the drop down menu;
- 5. Under Collection, select either "2024 CHHA Pediatric Notice Rate Sheet", "Personal Care Rate Reports" or "CDPAP Rate Reports" from the drop down menu;
- 6. Under Package, select the "2024 Notice Rates" from the drop down menu;
- 7. Under **Organization**, select your agency, then select **Search**.
- 8. Next select the **Download** checkbox to save the Dear Administrator Letter and rate sheet pdf files as necessary.

<u>Please note:</u> If you encounter problems accessing your HCS account due to password expiration, please contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.

ATTACHMENT C – Home Care Rate Certification or Appeal Process Guidance

Steps to accept or appeal the Medicaid FFS rates in the 2022 Home Care Cost Report Tool:

Step 1: Navigate to the Home Care web-based Tool page at the following link: <u>Home Care Dashboard</u> <u>https://desoto.certisphere.com/doh/HomeCareDashboard.html</u>. Once you enter the link, please select the "2022" option (shown below) and click "Go."



Step 2: Enter your username (email address) and password to log in to the Tool. If you forgot your password, please click the "Forgot Password?" link on the Web-based Tool log-in page. You will then receive an email containing the steps to reset your password. If you have any other difficulties logging in, please send an inquiry to the KPMG Home Care Cost Report mailbox at <u>us-advrisknyshc@kpmg.com</u>.

Step 3: Once you have successfully logged in, you will be prompted to select your agency using the dropdown menu as shown below. Click the drop-down option, select the applicable agency, and click "Select organization."

	[Select new organization] [log out]
Select an organization	
Select all organization	
Please select an organization to work with	
Organization: 1ST HELP HOMECARE INC.	<u> </u>
Select organization	

Step 4: Navigate to the "Rate Certification" tab pictured below. Please review the information within this tab carefully. Then, enter the name, title, and e-mail address of the executive-level individual completing the certification and use the multiple-choice option to accept or appeal the 2024 Medicaid reimbursement rate(s) calculated by the Department. You may include an explanation for your acceptance or appeal within the text box provided.

Extensions	Adjusted Cost Report Schedules	Contact Information	Audit / Questions	Data Representation	Rate Certification	Provider Questions	Reporting				
Rate Certification The New York State Department of Health communicated the Initial 2024 Medicaid rates within a Dear Administrator Letter sent to Test Organization 2 via email on 03/05/2025. These rates were calculated by the Department using the data submitted within the 2022 Home Care Cost Report. Please review the rate(s) communicated to you by the Department. If you have not received this communication, or have questions regarding the rate calculation, please send an inquiry with the subject line "2024 rate calculation" to CHHA-Rates@health.ny.gov (for CHHA related questions) or PersonalCare-Rates@health.ny.gov (for LHCSA and Fl questions). Please note that rate-related questions should not be sent to us-advirksnyshc@kpmg.com.											
Using the options below, please indicate whether you accept the 2024 rate(s), or would like to appeal the rate(s). If you choose to appeal the 2024 rates communicated by the Department, you will have 45 calendar days from receipt of the Dear Administrator Letter (by 04/21/2025) for effile Schedules 3, 4, 5, and 7 of the 2022 cost report, within the "Adjusted Cost Report Schedules" tab in the Tool. If you chose to appeal your 2024 rate, once you select the submit button below, you will be directed to the "Adjusted Cost Report Schedules" tab in the Tool, where you will be required to complete and submit updated cost report data for Schedules 3, 4, 5, and 7. If the appeal submission is not accompanied by an adjusted cost report data will be used by the Department to calculate new 2024 rates. If the Adjusted Cost Report is not submitted, the original 2022 Cost Report and the current 2024 rates) will be considered final.											
The Departm or equivalent.	The Department requires that the rate certification process should be completed by an officer of the home care agency or a member of the home care agency's senior management team. It is strongly recommended that this individual be the agency's CEO, CFO, VP of Finance, or equivalent.										
Please provid	e the name and title of	the official certify	ing the 2024 M	edicaid reimbursem	ent rate(s) communic	ated by the D	epartment.				
Name: Name Title: Title Email Address: Email Address											
	Prease respond accordingly and submit										
O I would like to appeal the 2024 Medicald rates calculated by the Department and refile the 2022 cost report within 45 days of receipt of the 2024 Notice Rate Dear Administrator Letter											
Explanation	Explanation										
Submit	Submit										

Step 5: Submit your rate certification or appeal by clicking the "Submit" button.

Please respond accordingly and submit O I accept the 2024 Medicaid rates calculated by the Department	
O I would like to appeal the 2024 Medicaid rates calculated by the Department and refile the 2 within 45 days of receipt of the 2024 Notice Rate Dear Administrator Letter	022 cost report
Explanation	
Submit	

Step 6 (Optional): If you would like to indicate the specific rate(s) for which you agree or disagree to retain as a reference within the cost report web-based tool, you may complete the table(s) below in the bottom of the tab. Note that one table will appear for each entity type (CHHA, LHCSA, FI) that your agency operates. For example, if your agency operates LHCSA and FI entities, two tables will appear (one for LHCSA rates and one for FI rates).

ool, you may com	plete the following section.			
lease enter the Medi	ase fill out the requested rate information for each CHHA rate received. Using the drop- caid rate dollar value communicated by DOH for that county and service type. Lastly, ple entities and service types, please use the "add row" feature to the right of the chart to a	ease select "agri	ee" or "disagree."	ate and service type for the rate(s) received. Th
Operating Certificate	Service Type	Notice rate communicated by DOH		Comments
	-Select a Service Type 🗸	0		xx
	-Select a Service Type 🗸	0	O Agree 🕷 Disagree	x
	-Select a Service Type 🗸	0	Agree Disagree Disagree	
	-Select a Service Type		O Agree O Disagree	-

Step 7 (for agencies that appeal their rate): After the rate appeal has been submitted, you must navigate to the "Adjusted Cost Report Schedules" tab in the Tool (see image below). This tab will be unlocked for your agency to make changes to Schedules 3, 4, 5, and 7. Note that the information from your agency's original cost report submission will be copied into this tab, so that you can efficiently execute the adjustments to your original submission.

Once edits are complete, you will need to review the certification at the top of tab to verify the accuracy and completeness of the adjusted data, enter the name and title of the official certifying and submitting the adjusted cost report, and click the "Submit Adjustments" button (shown in image below). Note that the Adjusted Cost Report is required to be certified and submitted by an officer of the agency or member of the agency's senior management team.

If the adjusted cost report was successfully submitted, you will see a "submitted" stamp in place of the previous "submit adjustments" button. The adjusted cost report data will be used by the Department to calculate new 2024 rate(s). Please note that the adjusted cost report must be submitted within 45 days of receiving the "Dear Administrator Letter" from the Department. If the Adjusted Cost Report is not submitted within these 45 days, the original 2022 Cost Report and the current 2024 rate(s) will be considered final.

Instructions	Frequently Asked Questions (FAQ)	Reporting Hierarchy	Cost Report Schedules	Financial Reconciliation	General Questionnaire	Cost Repor Submission		Budgeted Projections Statement	Budgeted Projections Statement Submission	Budgeted Agency Representation	Documentation Requests	Agency Representation
Extensions	Adjusted Cost Report Schedules	Contact Information	Audit / Questions	Data Representation	Provider Questions	Reporting						
In the Adjuste	Adjusted Cost Report Submission In the Adjusted Cost Report Schedules below, please execute the necessary adjustments to Test Organization 2's original cost report submission. Once all adjustments have been entered, the Adjusted Cost Report Schedules tab must be submitted. Note that by submittin Adjusted Cost Report Schedules, you are confirming the following:											
I HEREBY CERTIFY THAT I HAVE EXAMINED THE INFORMATION CONTAINED IN THE ADJUSTED HOME CARE COST REPORT FOR THE PERIOD BEGINNING 1/1/2022 AND ENDING 12/31/2022, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, T TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE AGENCY IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED.												
Please provide the name and title of the official taking responsibility for the confirmation and associated submission. This individual should be an officer of the home care agency or a member of the home care agency's senior management team, not a staff-level person or consultant.												
Name: Title: Submit Adjustments												
Schedule 1	Schedule 1 Schedule 1: General Information - Agency											
Schedule 2												001
Schedule 3a	1	Agency Informatio	on									
Schedule 3b)	Name of Agency									001	Test
		Federal Tax. ID 002 12345									12345	