## eMedNy

## Nursing Home Transition Diversion

**NHTD Rate Changes** 



**Dear NHTD Waiver Service Providers:** 

This notice is to inform you that the Department of Health (NYSDOH) has adjusted the following NHTD 1915(c) Medicaid rates to address minimum wage requirements as well as implement a rural county rate adjustment. This adjustment applies to Home and Community Support Services (HCSS), Rate Code 9795 and assigned Locator Code(s). The effective date for the new rural rates is August 1, 2019 and applies to Allegany, Clinton, Delaware, Essex, Franklin, Hamilton and St. Lawrence counties only. These rates will be active in eMedNY as of cycle 2209, which is your EFT remittance dated December 23, 2019 scheduled to be released on January 8, 2020.

Contact Details: 1-800-343-9000 emednyalert@csra.com Medicaid claims previously submitted will automatically reprocess and produce a retroactive payment. Please review your remittance with particular attention to this service (rate code) for specific information on the retro payments and this transaction.

Rate Setting Region	Effective 1/1/18	Effective 1/1/19	Effective 8/1/19	Effective 1/1/20	Effective 1/1/21	Effective 1/1/22
NYC (Bronx, Kings, New York, Queens, Richmond)	\$25.34	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90
Long Island (Nassau, Suffolk, Westchester)	\$22.79	\$24.06	\$24.06	\$25.34	\$26.62	\$27.90
Rockland	\$23.68	\$24.57	\$24.57	\$25.47	\$26.37	\$26.37
Rest of State	\$24.76	\$25.65	\$25.65	\$26.55	\$27.45	\$27.45
Rural (Allegany, Clinton, Delaware, Essex, Franklin, Hamilton, St. Lawrence)	\$24.76	\$25.65	\$33.65	\$34.55	\$35.45	\$35.45

Please note: A rate load error occurred for the NYC Region, Rate Code 9795 (HCSS) for the period effective January 1, 2019. The Department inadvertently transmitted the rate as \$2.79 rather than \$27.90. For those affected, this error resulted in all billing for January 1, 2019 to current paid at a rate of \$2.79, which created a negative retroactive Medicaid liability being issued, likely resulting in providers receiving notice they owe the State money for overpayment. The Rates Unit has corrected the

error and the correction will appear in next immediate cycle 2210. Providers will receive the correct retro payment for all billing submitted January 1, 2019 to current at the correct rate of \$27.90 and the negative liability will be removed.

All inquiries related to this transaction or NHTD waiver rates should be addressed to <u>1915CR@health.ny.gov</u>.

If you are having problems viewing content within this newsletter, please email <u>emednyalert@csra.com</u> for further assistance

The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.