



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

May 9, 2024

Ms. Clarissa M. Rodriguez
Chair
New York State Workers' Compensation Board
328 State Street, Suite 2
Schenectady, New York 12305

Re: Hospital Inpatient Rate Appeal Approval
Hospital Name: Northern Dutchess Hospital
Operating Certificate#: 1327000H
Effective Date(s): 1/1/2020 – 12/31/2023
Reason for Appeal(s): New Teaching Hospital

Dear Ms. Rodriguez:

The Office of Health Insurance Programs (OHIP) has calculated revised inpatient rates of reimbursement for the above referenced hospital as a result of rate appeal #s 929503 and 320203, processed by OHIP and approved by the New York State Division of the Budget. These rates have been calculated for services rendered to patients covered under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit, and the Comprehensive Motor Vehicle Insurance Reparations Act. The revised rates for this provider are enclosed with this notification.

Pursuant to section 2807(4) of the Public Health Law, I hereby certify to you that the rates appearing on the enclosed schedule(s) have been developed in accordance with section 2807-c of the Public Health Law, as amended by the Health Care Reform Act, and Part 86-1 of the Title 10 (Health) of the Codes, Rules and Regulations of the State of New York.

If you have any questions regarding these rate revisions, please send an inquiry to hospffsunit@health.ny.gov and a rate analyst from the hospital fee-for-service rate setting unit will respond.

Sincerely,

Monique Grimm
Director
Bureau of Hospital and Clinic Rate Setting
Division of Finance and Rate Setting

Enclosure