



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

February 25, 2026

Ms. Freida D. Foster
Chair
New York State Workers' Compensation Board
328 State Street, Suite 2
Schenectady, New York 12305

Re: Hospital Inpatient Rate Appeal Approval
Hospital Name: Wyoming County Community Hospital
Operating Certificate#: 6027700C
Effective Date(s): 7/1/2024 – 12/31/2024
Reason for Appeal(s): Conversion to Critical Access Hospital

Dear Ms. Foster:

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 # 418500, 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,

A handwritten signature in brown ink that reads "Monique A. Grimm".

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

Enclosures