Christine Waters

From:

Sent:

Tuesday, November 10, 2015 4:57 PM

To:

Christine Waters

Subject:

Fwd: Out-of-State SNF (FOIL Number: 14-01-259)



"Be the change you want to see in the world."

~ Mahatma Gandhi

----- Forwarded message -----

From:

Date: Wed, Jan 22, 2014 at 2:19 PM

Subject: Re: Out-of-State SNF (FOIL Number: 14-01-259)

To: "John L. Harper" < jlh11@health.state.ny.us>

Hi John,

All the information provided thus far for FOIL number 14-01-259 was needed. The information we're still waiting for for that FOIL includes the specific states people were in for each of those years. Also, your ear for language is excellent. We are seeking both the number of NYers in out-of-state sites for each of those years, so, yes, the numbers would in many instances reflect the same people - and - the number of NYers sent/placed out of state for each of those years (and same numbers specific to NYers with TBI/ABI/BI). So, the total number of folks in out of state for each of those years and the number of folks sent out of state for each of those years and the same for people with TBI/BI/ABI.

Thanks, John.

Let me try and clarify.

• The number of NYS Medicaid Recipients placed in **each** of the provider states for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013. refers to New York State residents placed (admitted to) out of state facilities in those years and in what state they are in. In 2008 for example, NJ, VT, MA, PA, MD and CT were some of the states in which New Yorkers were placed/admitted to out of state sites.

The TBI request can best be answered by looking at the text of FOIL Number: 14-01-259 and adding the words with TBI, ABI, BI (Traumatic Brain Injury, Acquired Brain Injury, Brain Injury) to NYS Medicaid Recipents... so, for example, the above would read:

The number of NYS Medicaid Recipients with TBI ABI, BI placed in each of the provider states for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.

I hope this helps.

Hopefully the rest of this week is time off for you. I hope so. Again, thank you for being so responsive.

Be well, stay warm.

"Be the change you want to see in the world."

~ Mahatma Gandhi

On Wed, Jan 22, 2014 at 12:54 PM, John L. Harper < ilh11@health.state.ny.us> wrote:



No problem. I interpreted that item (7) as referring to persons in out-of-state SNFs, but now I see that it says "placed in each of the provider states".

Could you provide more information on how we should interpret placement?

Also, I don't think you need to file another FOIL for the additional question regarding brain injury. I will determine whether that is information that we can provide and get back to you on it. That additional question also specifies individuals "placed" out of state, so I will need to know how to proceed on that if I receive approval to provide that data.

As I said, I will be leaving the office soon but will be back on Monday.

Have a good one, John

response to FOIL number 14-01-259. The

To: John L. Harper/OHIP/DOH@NYSDOH,

Cc: Michael Jabonaski/DPPG/OMM/DOH@NYSDOH, Nancy E. VanDeusen/DOIT/OMM/DOH@NYSDOH, Woo P.

Hwang/DMCPE/OHIP/DOH@NYSDOH

Date: 01/22/2014 12:23 PM

Subject: Re: Out-of-State SNF (FOIL Number:

John,

Thank you so much for this quick response to FOIL number —————. The request also included

• The number of NYS Medicaid Recipients placed in **each** of the provider states for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.

And failed to include, but should have included (my mistake) identifying how many of those placed out of state in in the above years were individuals with brain injury and what mediciad paid for each of those years for their care. Let me know, please,

if it would make your life easier if we simply filed another FOIL request for the information related to TBI.

Please know my pointing out the request for provider states still needs to be met is not a complaint at all.

Again, thank you, John.





"Be the change you want to see in the world."

~ Mahatma Gandhi

On Wed; Jan 22, 2014 at 12:07 PM, John L. Harper < jlh11@health.state.ny.us > wrote:

243RKp

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To:

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christine.waters@disabilityrightsny.org

From: peterkahrmann@gmail.com

You received this message because the sender is on your allow list.

· 化二氯苯酚 [1] \$4664 \$

Christine Waters

From:

Tuesday, November 10, 2015 4:59 PM

Sent: To:

Christine Waters

Subject:

Fwd: Out-of-State SNF (FOIL Number:



"Be the change you want to see in the world."

~ Mahatma Gandhi

----- Forwarded message -----

From: Woo P. Hwang < wph01@health.state.ny.us>

Date: Thu, Jan 23, 2014 at 8:21 AM

Subject: Re: Out-of-State SNF (FOIL Number: To: "Woo P. Hwang" < wph01@notes.health.state.ny.us>

Cc: "John L. Harper" < ilh11@notes.health.state.ny.us>, Michael Jabonaski < mxi04@notes.health.state.ny.us>, "Nancy E. VanDeusen" < nev01@notes.health.state.ny.us >, Peter Kahrmann < peterkahrmann@gmail.com >

I just noticed this was sent out to all. This email was meant for John only. For his information purposes only. I clicked on the REPLY ALL button by mistake. My bad. Sorry about that. I blame it on the weather. Thanks.

_____ Woopill Hwang Bureau of Medicaid Statistics & Program Analysis One Commerce Plaza, Suite 720 99 Washington Avenue Albany, NY 12210 Email: wph01@health.state.ny.us

Woo P. Hwang---01/22/2014 05:05:55 PM---John, You may want to check with Mike. Normally we do not respond directly to FOIL requesters, assu

From: Woo P. Hwang/DMCPE/OHIP/DOH

To: John L. Harper/OHIP/DOH@NYSDOH,
Cc: Michael Jabonaski/DPPG/OMM/DOH@NYSDOH, Nancy E. VanDeusen/DOIT/OMM/DOH@NYSDOH, Peter Kahrmann < peterkahrmann@gmall.com >

Date: 01/22/2014 05:05 PM Subject: Re: Out-of-State SNF (FOIL Number: 14-01-259)

John.

You may want to check with Mike. Normally we do not respond directly to FOIL requesters, assuming FOIL requests came through the FOIL office. We always respond through the FOIL office. Also, we make it a rule to notify appropriate policy staff of such requests. Thanks.

Woopill Hwang Bureau of Medicaid Statistics & Program Analysis One Commerce Plaza, Suite 720 99 Washington Avenue Albany, NY 12210 Email: wph01@health.state.ny.us

John L. Harper---01/22/2014 12:07:10 PM---Please review the attached in response to your data request on NYS

From: John L. Harper/OHIP/DOH

Medicaid recipients in out-of-sta

To: P Cc: Nancy E. VanDeusen/DOIT/OMM/DOH@NYSDOH, Michael Jabonaski/DPPG/OMM/DOH@NYSDOH, Woo P. Hwang/DMCPE/OHIP/DOH@NYSDOH Date: 01/22/2014 12:07 PM

Subject: Out-of-State SNF (FOIL Number: 14-01-259)

Please review the attached in response to your data request on NYS Medicaid recipients in out-of-state SNFs.

I will be out tomorrow and Fri, but will be back in the office on Monday. Please let me know if there are any questions about this data.

I numbered the items you requested 1-7 as follows:

- 1. The number of NYS Medicald Recipients in Out-of-State Nursing Facilities for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013,
- 2. The total NYS Medicaid recipient count for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.
- 3. The number of Medicaid paid days for the NYS Medicaid Recipients in Out-of-State Nursing Facilities for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.
- 4. The total paid for NYS Medicaid Recipients in Out-of-State Nursing Facilities for each of the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.
- 5. The cost per day for NYS Medicaid Recipients in Out-of-State Nursing Facilities for each of the years: 2003, 2004, 2005, 2006, 2007, 2008.

2009, 2010, 2011, 2012, 2013.

- 6. The specific provider states for NYS Medicaid Recipients in Out-of-State Nursing Facilities for each of the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.
- 7. The number of NYS Medicaid Recipients placed in each of the provider states for the years: 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.

Please note that we used date of service as the date parameters (instead of date of payment).

The 3 tabs of the spreadsheet are named so that you can easily see which data items are included.

We routinely password protect spreadsheets such as the attached even if there is no private information included. The password will be sent in a subsequent email.

[attachment "foil______all__items_1_7.xlsx" deleted by Woo P. Hwang/DMCPE/OHIP/DOH]

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Login

To:

Remove this sender from my allow list

christine.waters@disabilityrightsny.org

From: peterkahrmann@gmail.com

You received this message because the sender is on your allow list.

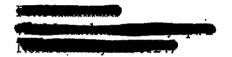
NEW YORK state department of

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

HEALTH

Sue Kelly Executive Deputy Commissioner

March 21, 2014



Re: FOIL Request #

Dear Mr.

This letter is in regards your Freedom of Information Law request received by this office on January 15, 2014, requesting:

- 1. "The number of NYS Medicaid Recipients in Out-of State Nursing Facilities for the years: [2003-2013]."
- 2. "The total NYS Medicaid recipient count for the years: [2003-2013]."
- 3. "The number of Medicaid paid days for the NYS Medicaid Recipients in Out-of State "Nursing Facilities for the years: [2003-2013]."
- 4. "The total paid for NYS Medicaid Recipients in Out-of-State Nursing Facilities for each of the years: [2003-2013],"
- 5. "The cost per day for the NYS Medicaid Recipients in Out-of-State Nursing Facilities for each of the years: [2003-2013]."
- 6. "The specific provider states for NYS Medicaid Recipients in Out-of-State Nursing Facilities for each of the years: [2003-2013]."
- 7. "The number of NYS Medicaid Recipients placed in each of the provider states for the years [2003-2013]."

I am informed that Mr. John Harper from the Office of Health Insurance Programs has sent you documents responsive to parts 1-7 of you request, using the date of service as the date parameters instead of date of payment. On Feburary 14, 2014, this office wrote you a letter confirming that you had since amended your request to specifically include:

- 8. "The number of NYS Medicaid recipients with TBI, ABI, BI placed in each of the provider states for the years: [2003-2013.]"
- 9. The total paid by NYS Medicaid for the care of NYS Medicaid recipients with TBI, ABI, BI placed in each of the provider states "each of those years for their care": 2003-2013.

Upon further review of your conversations with Mr. Harper, this office has determined that the following enclosed tables are responsive to your amended request:

- 1) Number of NYS Medicaid recipients in out-of-state facilities for 2003-2013 (including Skilled Nursing Facilities (SNF) and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)).
- 2) The specific provider states for NYS Medicaid Recipients in out-of-state facilities from 2003-2013 (including SNF and ICF/DD).
- 3) Number of NYS Medicaid recipients "placed" in out-of-state facilities for 2003-2013 (including SNF and ICF/DD).
- 4) The specific provider states for NYS Medicaid Recipients "placed" in out-of-state facilities from 2003-2013 (including SNF and ICF/DD).
- 5) Number of NYS Medicaid recipients "placed" in out-of-state facilities for 2003-2013 (including SNF and ICF/DD) and who participated in the NYS TBI Waiver program that during the same calendar year, and the total NYS Medicaid payments made to the out-of-state facilities "each of those years for their care."
- 6) The specific provider states for NYS Medicaid recipients "placed" in out-of-state facilities for 2003-2013 (including SNF and ICF/DD) and who participated in the NYS TBI Waiver program that during the same calendar year.
- 7) Number of NYS Medicaid recipients "placed" in out-of-state Skilled Nursing Facilities for 2003-2013 and who participated in the NYS TBI Waiver program that during the same calendar year, and the total NYS Medicaid payments made to the out-of-state Skilled Nursing Facilities "each of those years for their care."
- 8) The specific provider states for NYS Medicaid recipients "placed" in out-of-state Skilled Nursing Facilities for 2003-2013 and who participated in the NYS TBI Waiver program that during the same calendar year.
- 9) The number of NYS Medicaid Recipients who were repatriated from out-of-state Skilled Nursing Facilities from 2003-2013.
- 10) The number of NYS Medicaid Recipients who were repatriated from out-of-state facilities from 2003-2013 (including SNF and ICF/DD).
- 11) The number of NYS Medicaid Recipients who were repatriated from out-of-state Skilled Nursing Facilities from 2003-2013 and who participated in the NYS TBI Waiver program that during the same calendar year.
- 12) The number of NYS Medicaid Recipients who were repatriated from out-of-state facilities from 2003-2013 (including SNF and ICF/DD) and who participated in the NYS TBI Waiver program that during the same calendar year.

Please note that within the tables, cells with a sample size of less than 6 individuals have been marked "less than 6" to ensure the privacy of Medicaid recipients, as authorized by New

York Public Officers Law §87(2)(b). Please also note the following for the purposes of interpreting the data we have provided you with:

- The data is displayed for activity within a calendar year, and does not necessarily fully reflect occurrences in which the claims data used for the comparisons are also found in the previous year or the subsequent year.
- The data does not reflect that out-of-state placements may occur prior to the establishment of a recipient's NYS Medicaid eligibility.
- "A recipient placed out-of-state" is defined as an individual who had an out-of-state SNF or ICF/DD claim in one year, but did not have such a claim the previous year. For instance, if a recipient had such a claim in 2003 but no such claim in 2002, then the person was counted as a person placed out-of-state in 2003.
- "An out-of-state recipient with TBI, ABI or BI" is defined as an individual who participated in the NYS TBI Waiver Program during the same calendar year in which the person was in an out-of-state facility (including SNF and ICF/DD). We have provided you with information regarding those who have participated in the NYS TBI Waiver Program, rather than those with "TBI, ABI, BI," because the Department does not maintain Medicaid data for those diagnosed with TBI, ABI, BI, as no such coding exists exclusively for those specific diagnoses.
- "A recipient repatriated from out-of-state" is defined as an individual who had an out-of-state SNF or ICF/DD claim in one year but did not have such a claim the following year and had at least one NYS Medicaid claim (including nursing home claims) the following year. For instance, if a recipient had such a claim in 2002 but no such claim in 2003 and instead had at least one NYS Medicaid claim in 2003, then the person was counted as a person "repatriated from out-of-state in 2003."

Also, please be advised that none of the out-of-state ICF/DD residents were "placed out of state" nor "repatriated from out of state." In other words, only the out-of-state Skilled Nursing Facility residents were placed out of state or repatriated from out of state between 2003 and 2013. As a result, Tables 5, 6, 9, and 11 are identical to Tables 7, 8, 10 and 12, respectively.

This is the Department's final response to your request. Should you feel that you have been unlawfully denied access to records, you may appeal such denial in writing within 30 days to the Records Access Appeals Officer, Division of Legal Affairs, Empire State Plaza, 2438 Corning Tower, Albany, New York 12237-0026.

If you require additional information or wish to discuss this matter further please do not hesitate to contact me at (518) 474-8734.

Sincerely.

Elizabeth A. Sullivan, Esq.

Records Access Officer

NYS Medicaid Recipients in Out-of-State Skilled Nursing Facilities 2003-2013 (Run by JLH11 against the NYS OHIP Data Mart on 22-Jan-2014)

Service Date	Unique Recipient			Avg Medicaid Paid Per
Year	Count	Medicald Days	Medicaid Paid	Day
2003	2,057	565,353	104,991,023.79	185.71
2004	2,146	589,589	112,773,495.27	191.27
2005	2,197	614,786	123,074,028.59	200,19
2006	2,196	624,533	127,995,089.59	204.95
2007	2,151	606,385	131,681,270.02	217.16
2008	2,209	614,321	140,926,920.64	229.40
2009	2,264	632,235	150,221,064.68	237.60
2010	2,225	630,786	154,098,530.05	244.30
2011	2,187	618,850	154,468,147.42	249.61
2012	1,911	560,555	142,442,622.41	254,11
2013	1,636	476,355	123,421,084.04	259.09

OHIP: Office of Health Insurance Programs

#14-01-259 Fable

Distinct Counts of NYS Medicaid Recipients in Out-of-State
Skilled Nursing Facilities or ICF/DDs for the Years 2003 - 2013
By Service Date Year
(Recipient had at least 1 out-of-state provider claim with a service date within the year indicated)

Service Date Year	Distinct Recipient Count
2003	2058
2004	2147
2005	2198
2006	2197
2007	2152
2008	2210
2009	2265
2010	2226
2011	2187
2012	1911
2013	1649

Distinct Counts of NYS Medicaid Recipients in Out-of-State Skilled Nursing Facilities or ICF/DDs for the Years 2003 - 2013

By Service Date Year and State

(Recipient had at least 1 claim with a service date within the year indicated from a Provider located within the State indicated)

one out-of-state State during that year. you will see in Table 1 for that same service date year. This is due to some Recipients being in facilities in more than NOTE: Summing the distinct counts across all States listed for some service date years will result in higher counts than

677	MA	2006
144	잌	2006
less than 6	ΑZ	2006
100	\$	2005
243	PΑ	2005
1050	Z	2005
less than 6	MD	2005
655	MA	2005
152	ដ	2005
94	4	2004
287	PΑ	2004
905	Z	2004
less than 6	MD	2004
706	MA	2004
159	ဌ	2004
96	4	2003
323	PΑ	2003
729	Ζ	2003
less than 6	MD	2003
721	MA	2003
188	q	2003
Distinct Recipient Count	<u>State</u>	Service Date Year

		•
147	ኋ	2011
156	PA	2011
891	Ζ	2011
less than 6	MD	2011
875	MA	2011
122	디	2011
124	\$	2010
180	PA	2010
935	Z	2010
less than 6	MD	2010
854	MA	2010
136	러	2010
142	4	2009
192	PA	2009
987	2	2009
less than 6	MD	2009
828	MA	2009
133	J	2009
129	\$	2008
194	PA	2008
991	2	2008
less than 6	MD	2008
780	MA	2008
127	ဌ	2008
105	\$	2007
206	PA	2007
1001	2	2007
less than 6	MD	2007
718	MA	2007
128	ជ	2007
98	Y 1	2006
222	PΑ	2006
1056	2	2006
less than 6	MD	2006

less than 6 less than 6

All with the second

Distinct Counts of NYS Medicaid Recipients Placed in Out-of-State Skilled Nursing Facilities or ICF/DDs for the Years 2003 - 2013

By Service Date Year (Recipient had at least 1 out-of-state provider claim with a service date within the year indicated)

Thus, for example, 494 recipients had such a claim in 2003, but no such claim in 2002. in one year, but did NOT have such a claim the PREVIOUS year, that Recipient has been included. NOTE: "Placed" has been defined for this table as follows: if a Recipient had an out-of-state SNF/ICFDD claim

Service Date Year	Distinct Recipient Count
2003	494
2004	516
2005	494
2006	443
2007	383
2008	479
2009	470
2010	419
2011	417
2012	234
2013	157

Dated in the

Distinct Counts of NYS Medicaid Recipients Placed in Out-of-State Skilled Nursing Facilities or ICF/DDs for the Years 2003 - 2013

By Service Date Year and State (Recipient had at least 1 claim with a service date within the year indicated from a Provider located within the State indicated)

in one year, but did NOT have such a claim the PREVIOUS year, that Recipient has been included NOTE: "Placed" has been defined for this table as follows: if a Recipient had an out-of-state SNF/ICFDD claim

one out-of-state State during that year. you will see in Table 3 for that same service date year. This is due to some Recipients being in facilities in more than NOTE: Summing the distinct counts across all States listed for some service date years will result in higher counts than

less than 6 34	CI &	2006 2006
	≤	2005
	PΑ	2005
	Z	2005
	MA	2005
	ဌ	2005
	≤	2004
	PΑ	2004
	2	2004
	MA	2004
	ဌ	2004
38	Y	2003
	PΑ	2003
	Z	2003
	MA	2003
	ဌ	2003
Distinct Recipient Count	<u>State</u>	Service Date Year

수 중 도 종 다

13 42 6 12 13 12 6

Solution of the form

Table 3

AND participated in NYS TBI Waiver Program during the same calendar year. Distinct Counts of NYS Medicaid Recipients Placed in Out-of-State Skilled Nursing Facilities or ICFDD

Service Date: Calendar Year 2003-2013

By Service Date Year

(Recipient had at least 1 out-of-state provider claim with a service date within the year indicated)

in one year, but did NOT have such a claim the PREVIOUS year, that Recipient has been included. NOTE: "Placed" has been defined for this table as follows: if a Recipient had an out-of-state SNF/ICFDD claim

274,943	0	2013
77,045	less than 6	2012
613,542	13	2011
397,974	13	2010
163,661	less than 6	2009
351,310	8	2008
302,900	8	2007
341,576	7	2006
159,418	less than 6	2005
227,332	less than 6	2004
418	less than 6	2003
NYS Medicaid Paid Amount	Distinct Recipient Count	Service Date Year

Table 4 Alman

AND participated in NYS TBI Waiver Program during the same calendar year. Distinct Counts of NYS Medicaid Recipients Placed in Out-of-State Skilled Nursing Facilities or ICFDD

Service Date: Calendar Year 2003-2013

By Service Date Year and State

(Recipient had at least 1 claim with a service date within the year indicated from a Provider located within the State indicated)

in one year, but did NOT have such a claim the PREVIOUS year, that Recipient has been included. NOTE: "Placed" has been defined for this table as follows: if a Recipient had an out-of-state SNF/ICFDD claim

one out-of-state State during that year. you will see in Table 5 for that same service date year. This is due to some Recipients being in facilities in more than NOTE: Summing the distinct counts across all States listed for some service date years will result in higher counts than

Service Date Year State Distinct Recipient Count 2003 MA less than 6 2004 MA less than 6 2005 MA less than 6 2005 PA less than 6 2006 MA less than 6 2007 PA less than 6 2008 MA less than 6 2010 MA less than 6 2011 MA less than 6 2011 VT less than 6 2012 VT less than 6 2012 VT less than 6	0	MA	2013
MA M	less than 6	٧T	2012
State MA MA MA MA MA MA MA MA MA M	less than 6	MA	2012
State MA MA MA MA MA MA MA MA MA M	less than 6	ΥT	2011
State MA MA MA MA MA MA MA PA MA PA P	13	MA	2011
MA	less than 6	PΑ	2010
MA	11	MA	2010
State MA MA MA MA PA MA PA MA MA	less than 6	MA	2009
MA MA MA MA MA MA MA MA MA PA PA	8	MA	2008
MA MA MA MA MA	less than 6	PA	2007
MA MA MA MA	7	MA	2007
State MA MA MA PA	7	MA	2006
MA MA	less than 6	PΑ	2005
State MA MA	less than 6	MA	2005
State MA	less than 6	MA	2004
State	less than 6	MA	2003
	Distinct Recipient Count	State	Service Date Year

Table 5

AND participated in NYS TBI Waiver Program during the same calendar year. Distinct Counts of NYS Medicaid Recipients Placed in Out-of-State Skilled Nursing Facilities

Service Date: Calendar Year 2003-2013

By Service Date Year

(Recipient had at least 1 out-of-state provider claim with a service date within the year indicated)

in one year, but did NOT have such a claim the PREVIOUS year, that Recipient has been included. NOTE: "Placed" has been defined for this table as follows: if a Recipient had an out-of-state SNF claim

274,943	6	2013
77,045	less than 6	2012
613,542	13	2011
397,974	13	2010
163,661	less than 6	2009
351,310	8	2008
302,900	8	2007
341,576	7	2006
159,418	less than 6	2005
227,332	less than 6	2004
418	less than 6	2003
NYS Medicaid Paid Amount	Distinct Recipient Count	Service Date Year

2

Table 6

AND participated in NYS TBI Waiver Program during the same calendar year. Distinct Counts of NYS Medicaid Recipients Placed in Out-of-State Skilled Nursing Facilities

Service Date: Calendar Year 2003-2013

By Service Date Year and State

(Recipient had at least 1 claim with a service date within the year indicated from a Provider located within the State indicated)

in one year, but did NOT have such a claim the PREVIOUS year, that Recipient has been included NOTE: "Placed" has been defined for this table as follows: if a Recipient had an out-of-state SNF claim

one out-of-state State during that year. you will see in Table 7 for that same service date year. This is due to some Recipients being in facilities in more than NOTE: Summing the distinct counts across all States listed for some service date years will result in higher counts than

6	MA	2013
less than 6	M	2012
less than 6	MA	2012
less than 6	YI I	2011
13	MA	2011
less than 6	PΑ	2010
1-1-1	MA	2010
less than 6	MA	2009
8	MA	2008
less than 6	PA	2007
7	MA	2007
7	MA	2006
less than 6	PA	2005
less than 6	MA	2005
less than 6	MA	2004
less than 6	MA	2003
Distinct Recipient Count	State	Service Date Year

Table 7

(Recipient had at least 1 out-of-state provider claim with a service date within the year indicated) By Service Date Year Skilled Nursing Facilities for the Years 2003 - 2013 Distinct Counts of NYS Medicaid Recipients Repatriated from Out-of-State

claim the FOLLOWING year (2003), that Recipient has been included in 2003. in one year (e.g., 2002), but did NOT have such a claim the FOLLOWING year (2003) and had a New York State Medicaid NOTE: "Repatriated" has been defined for this table as follows: if a Recipient had an out-of-state SNF claim

140	2013
203	2012
164	2011
155	2010
149	2009
128	2008
145	2007
166	2006
151	2005
150	2004
244	2003
Distinct Recipient Count	Service Date Year

Table 8

Skilled Nursing Facilities or ICFDD for the Years 2003 - 2013 (Recipient had at least 1 out-of-state provider claim with a service date within the year indicated) By Service Date Year Distinct Counts of NYS Medicaid Recipients Repatriated from Out-of-State

Medicaid claim the FOLLOWING year (2003), that Recipient has been included in 2003. in one year (e.g., 2002), but did NOT have such a claim the FOLLOWING year (2003) and had a New York State NOTE: "Repatriated" has been defined for this table as follows: if a Recipient had an out-of-state SNF/ICFDD claim

2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	Service Date Year
140	203	164	155	149	128	145	166	151	150	244	Distinct Recipient Count

Distinct Counts of NYS Medicaid Recipients Repatriated from Out-of-State Skilled Nursing Facilities of $\mathcal{I}(\mathcal{F}|\mathcal{D})$ AND participated in NYS TBI Waiver Program during the same calendar year.

Service Date: Calendar Year 2003-2013

By Service Date Year

(Recipient had at least 1 out-of-state provider claim with a service date within the year indicated)

NOTE: "Repatriated" has been defined for this table as follows: if a Recipient had an out-of-state SNF claim

Medicaid claim the FOLLOWING year (2003), that Recipient has been included in 2003. in one year (e.g., 2002), but did NOT have such a claim the FOLLOWING year (2003) and had a New York State

17	2013
15	2012
11	2011
10	2010
8	2009
9	2008
less than 6	2007
0	2006
less than 6	2005
less than 6	2004
o	2003
Distinct Recipient Count	Service Date Year