

cc: John Ulberg/  
Karla Knuta-

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

APR 20 2016

Jason A. Helgeson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP - 1211)  
Albany, NY 12237

RECEIVED

APR 28 2016

NYS DOH-OFFICE OF  
HEALTH INSURANCE PROGRAMS

M-159

RE: State Plan Amendment (SPA) 16-0001

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 16-0001. Effective January 1, 2016 this amendment proposes to extend the methodology for the distribution of indigent care pool funds to general hospitals for the three-year period January 1, 2016 through December 31, 2018.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed extension complies with applicable requirements and, therefore, have approved the extension with an effective date of January 1, 2016. We are enclosing the CMS-179 and the amended approved plan pages.


If you have any questions, please contact Charlene Holzbaur at (609) 882-4103 Ext. 104 or Rob Weaver at (410) 786-5914.

Sincerely,

Kristin Fan  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>16-0001</b>	2. STATE <b>New York</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2016</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§ 1902(a) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/16-09/30/16 <b>\$298,237.50</b> b. FFY 10/01/16-09/30/17 <b>\$397,650.00</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-A: 161(d), 161(h), 161(j)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 4.19-A: 161(d), 161(h), 161(j)</b>	
10. SUBJECT OF AMENDMENT: <b>Indigent Care Pool Extender (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave - One Commerce Plaza Suite 1450 Albany, NY 12210	
13. TYPED NAME: <b>Jason A. Helgeson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>FEB 23 2016</b>			

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: <b>APR 20 2016</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JAN 01 2016</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Kristin Fan</b>	22. TITLE: <b>Director, FMC6</b>
23. REMARKS:	

New York  
161(d)

**Indigent Care Pool Reform – effective January 1, 2013**

The provisions of this section will be effective for the period January 1, 2013 through December 31, [2015] 2018.

**(a) Indigent Care Pool Reform Methodology.** Each hospital's uncompensated care nominal need will be calculated in accordance with the following:

**1. Inpatient Uncompensated Care.** Inpatient units of service for uninsured (self-pay and charity) patients, as reported in Exhibit 32 of the Institutional Cost Report (ICR) for the calendar year two years prior to the distribution year for each inpatient service area which has a distinct reimbursement rate, excluding hospital-based residential health care facility (RHCF) and hospice units of service, will be multiplied by the applicable Medicaid inpatient rates in effect for January 1 of the distribution year.

Medicaid inpatient rates for acute and psychiatric services will be the statewide base price adjusted for hospital-specific factors including an average case mix adjustment plus all rate add-ons except the public goods surcharge. Medicaid inpatient rates for all other inpatient services will be the per diem rate, excluding the public goods surcharge add-on. Units of service for acute care services will be uninsured patient discharges; units of service for all other inpatient services will be uninsured patient days, not including alternate level of care (ALC) days.

**2. Outpatient Uncompensated Care.** Outpatient units of service for those uninsured (self-pay and charity) patients reported in Exhibit 33 of the ICR for the calendar year two years prior to the distribution year, excluding referred ambulatory services and home health units of service, will be multiplied by the average paid Medicaid outpatient rates that reflect the exclusive utilization of the ambulatory patient groups (APG) rate-setting methodology; however, for those services for which APG rates are not available the applicable Medicaid rate in effect for January 1 of the distribution year will be utilized. The outpatient rates used are exclusive of the public goods surcharge.

Units of service for ambulatory surgery services will be uninsured procedures, not including those which result in inpatient admissions; units of service for all other outpatient services will be uninsured visits, not including those which result in inpatient admissions.

TN #16-0001 \_\_\_\_\_

Approval Date \_\_\_\_\_

APR 20 2016

Supersedes TN 13-0013 \_\_\_\_\_

Effective Date \_\_\_\_\_

JAN 01 2016



**New York  
161(h)**

- 3. Transition Pool.** A [three] six-year transition pool utilizing a floor/ceiling model has been established to help hospitals avoid large funding swings. The transition pool funding will be generated through a redistribution of dollars from those hospitals which experience an increase in distributions using the new Indigent Care Reform Methodology to those that experience a decrease. Transition amounts will be determined based on a comparison of the distributions for the applicable calendar year 2013 through [2015] 2018 to an average of the annual distributions for the three year period January 1, 2010 through December 31, 2012.

A separate transition pool will be established for major government general hospitals and voluntary general hospitals. Individual hospital gains and losses in each pool will be capped by means of the following transition adjustments.

- a. Distribution Amount.** A hospital's distribution will be determined by means of a comparison between their allocation as calculated in accordance with the Indigent Care Reform Methodology described in section (a)(1) through (a)(7), the Floor Amount in 3(c) below, and the Ceiling Amount in 3(d) below. If the Indigent Care Reform Methodology allocation is:
- i. less than or equal to the Floor Amount, the hospital will receive the Floor Amount.
  - ii. greater than or equal to the Ceiling Amount, the hospital will receive the Ceiling Amount.
  - iii. greater than the Floor Amount but less than the Ceiling Amount, the hospital will receive the Indigent Care Reform Methodology allocation payment.
- b.** Separate uniform Floor percentages and uniform Ceiling percentages are calculated for each of the major governmental and voluntary pools.
- c.** The Floor Amount For each hospital is equal to the average payment received in the three year period between 1/1/10 and 12/31/12 multiplied by the Floor Percentage for its respective pool. The Floor percentage is:
- i. 97.5% for 2013
  - ii. 95.0% for 2014
  - iii. 92.5% for 2015
  - iv. 90.0% for 2016
  - v. 87.5% for 2017
  - vi. 85.0% for 2018
- d.** The Ceiling Amount for each hospital is equal to the average payment received in the three year period between 1/1/10 and 12/31/12 multiplied by the Ceiling Percentage for its respective pool. The ceiling percentage is calculated using an iterative process to obtain the unique percentage value such that:
- i. The total payments to all providers in each pool equals the amount of the respective pool in subdivision (b)(1) or (b)(2) and
  - ii. The individual hospital payments will comply with the requirements described in paragraphs 3(a) through (c) above
- e.** For 2014 [and 2015] through 2018, these amounts will be further adjusted to carve out amounts used to fund the Financial Assistance Compliance Pool payments in paragraph 6.  
[An example of this methodology follows:]

**TN #16-0001** \_\_\_\_\_ **Approval Date** APR 20 2016

**Supersedes TN #13-0013** \_\_\_\_\_ **Effective Date** JAN 01 2016

**New York  
161(j)**

- 4. Voluntary UPL Payment Reductions.** The distributions in this section will be reduced by the final payment amounts paid to the eligible voluntary general hospitals, excluding government general hospitals, made in accordance with the [Additional Inpatient Hospitals] Voluntary Supplemental Inpatient Payments section.
- 5. DSH Payment Limits.** The distributions in this section are subject to the provisions of the Disproportionate share limitations section.
- 6. Financial Assistance Compliance Pool.** For calendar year 2014 [and 2015] through 2018, an amount equivalent to one percent of total DSH funds will be segregated into the Financial Assistance Compliance Pool (FACP) and allocated to all hospitals which prior to December 31, 2015 demonstrate substantial compliance with §2807-k(5-d)(b)(iv) of the Public Health Law (New York State Financial Aid Law) as in effect on January 1, 2013. There will be separate pool amounts for major governmental and voluntary hospitals. [The amounts are \$3.2 million for major governmental hospitals and \$23.2 million for voluntary hospitals.]

The DSH funds in the FACP will be proportionately allocated to all compliant hospitals using the Indigent Care Reform Methodology described in subparagraph (3)(a) of this section. Compliance will be on a pass/fail basis. When a hospital is deemed compliant, one hundred percent of its share of the FACP funds will be released; there will be no partial payment for partial compliance. Any unallocated funds resulting from hospitals being non-compliant will be proportionally reallocated to compliant hospitals in each respective group based on their relative share of the distributions calculated in subparagraph (3)(a).

TN #16-0001

Approval Date APR 20 2016

Supersedes TN #13-0013

Effective Date JAN 01 2016