

NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

OCT 23 2014

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health
26 Federal Plaza - Room 3800
New York, New York 10278

Re: SPA 11-016
Non-Institutional Services

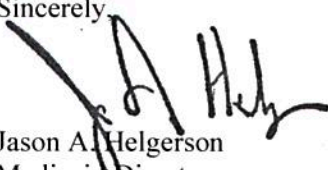
Dear Mr. Melendez:

After consulting with CMS, the State is requesting that amendment 11-016 be split into three separate SPAs, 11-016, 11-016-A, and 11-016-B. SPA 11-016 will maintain the present reimbursement methodology but at a reduced payment value that will be commensurate with hospital charges. The State is requesting to use this amendment to include state plan material that was inadvertently omitted. SPA 11-016-A will redistribute monies included in the State's original request to other hospitals that qualify under this proposal, and SPA 11-016-B will relate to disproportionate share hospital state plan rate years (DSH SPRY). We have enclosed each separate plan amendment.

Under separate cover the State will provide our response to the June 28, 2011 request for additional information which relates to SPA 11-016-B. For SPA 11-016, the State is requesting an expeditious approval. For SPAs 11-016-A and 11-016-B, it is the State's understanding these SPAs will remain off-the-clock until the State's submits its formal response for such.

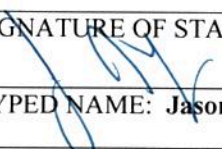
If you have any questions regarding this State Plan Amendment resubmission, please do not hesitate to contact Mr. John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, at (518) 474-6350.

Sincerely,


Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Attachments

cc: Mr. John Guhl
Mr. Robert Weaver

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #11-016	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <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 <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/11-09/30/11 \$8,520,420 b. FFY 10/01/11-09/30/12 \$8,520,420	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Contents, Page 161		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-A: Contents, Page 161	
10. SUBJECT OF AMENDMENT: 2012 Inpatient UPL Payments-Coney Island Hospital (HHC) (FMAP = 58.77% (1/1/11-3/31/11); 56.88% (4/1/11-6/30/11); 50% 7/1/11 forward)			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <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 Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 31 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**New York
Contents**

Hospital Inpatient Reimbursement – Effective December 1, 2009

- Definitions
- Statewide base price
- Exclusion of outlier and transfer costs
- Service Intensity Weights (SIWs) and average length-of-stay (LOS)
- Wage Equalization Factor (WEF)
- Add-ons to the case payment rate per discharge
- Outlier and transfer cases rates of payment
- Alternate level of care payments (ALC)
- Exempt units and hospitals
- Trend factor
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- Capital expense reimbursement
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- Graduate Medical Education – Medicaid Managed Care Reimbursement
- Disproportionate share limitations
- Reimbursable Assessment on Hospital Inpatient Services
- Government general hospital indigent care adjustment
- Additional Inpatient Hospital Payments
- Additional Hospital Inpatient Supplemental Payment Adjustment
- Medicaid disproportionate share payments
- Additional disproportionate share payments

TN # 11-016 _____

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Supersedes TN 10-033-B _____

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**New York
161**

Additional Inpatient Hospital Payments

Effective for the state fiscal years beginning April 1, 2001 and ending March 31, 2009, specialty hospital adjustments for services provided on or after April 1, 2001, are authorized to government general hospitals, other than those operated by the State of New York or the State University of New York, receiving reimbursement for all inpatient services under Title XIX of the federal Social Security Act (Medicaid) pursuant to this Attachment of this State Plan and located in a city with a population of over one million, of up to \$286 million annually, as medical assistance payments. For the period beginning April 1, 2008 through March 31, 2009, and April 1, 2009 through March 31, 2010, such payments shall total \$232.1 million and \$380,935,268 million, respectively. For the period beginning April 1, 2010 through March 31, 2011 such payments shall total \$445,115,542. For the period beginning April 1, 2011 through March 31, 2012 such payments shall total \$464,776,992.

For the period beginning April 1, 2012 through March 31, 2013 such payments shall total \$34,081,680. Such payments, when aggregated with other medical assistance payments, shall not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for non-state government owned or operated government general hospitals for the respective periods and shall be based on each such hospital's proportionate share of the sum of all inpatient discharges for all facilities eligible for an adjustment pursuant to this section for the base year two years prior to the rate year. Such proportionate share payment may be added to rates of payment or made as aggregate payments to eligible government general hospitals.

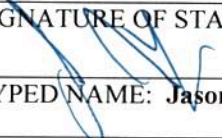
Effective for the period September 1, 2001 through March 31, 2002 and state fiscal years beginning April 1, 2002 and ending March 31, 2008, additional specialty hospital adjustments for services provided on or after September 1, 2001 are authorized to government general hospitals, other than those operated by the State of New York or the State University of New York, receiving reimbursement for all inpatient services under Title XIX of the federal social security act (Medicaid) pursuant to this Attachment of this State Plan and located in a city with a population of over one million, of up to \$463 million for the period September 1, 2001 through March 31, 2002 and \$794 million annually for state fiscal years, beginning April 1, 2002 and ending March 31, 2008, as medical assistance payments based on each such hospital's proportionate share of the sum of all inpatient discharges for all facilities eligible for an adjustment pursuant to this section for the base year two years prior to the rate year. Such proportionate share payments may be added to rates of payment or made as aggregate payments to eligible government general hospitals.

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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #11-016-A	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/11-09/30/11 \$107,673,828 b. FFY 10/01/11-09/30/12 \$107,673,828	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page 161(1.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: 2012 Inpatient UPL Payments-All Other HHC Hospitals (FMAP = 58.77% (1/1/11-3/31/11); 56.88% (4/1/11-6/30/11); 50% 7/1/11 forward)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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			
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23. REMARKS:			

New York
161(1.1)

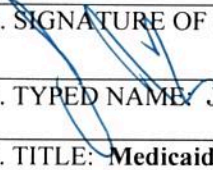
Additional Hospital Inpatient Supplemental Payment Adjustment

The State will provide an additional supplemental payment for all inpatient services provided by eligible government general hospitals. To be eligible, the hospital must (1) be a government general hospital, (2) not be operated by the State of New York or the State University of New York, (3) did not qualify for a supplemental payment under the immediately preceding provision, and (4) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$430,695,312. Medical assistance payments will be made for all inpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid inpatient discharges for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #11-016-B	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
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: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/11-09/30/11 \$0 b. FFY 10/01/11-09/30/12 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A - Part I: Contents, Page 150(a), 161(j) Attachment 4.19-A - Part II: Pages 7, 8, 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A - Part I: Contents, 161(j) Attachment 4.19-A - Part II: Pages 7, 8, 9	
10. SUBJECT OF AMENDMENT: DSH State Plan Rate Years (FMAP = 58.77% (1/1/11-3/31/11); 56.88% (4/1/11-6/30/11); 50% 7/1/11 forward)			
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			
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**New York
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- Additional disproportionate share payments

TN # 11-016-B _____

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Supersedes TN 10-033-B _____

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New York
150(a)

Disproportionate Share Hospital (DSH) State Plan Rate Years

The State Plan Rate Year for Disproportionate Share Hospital payments made to general hospitals in this Attachment and facility specific DSH caps shall be defined as running from January 1 through December 31 of the current calendar year and each subsequent calendar year thereafter.

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Effective Date _____

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 Payments section excluding the amount applicable to the Public Goods surcharge.
- 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 years 2014 and 2015, 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).

- 7. **Specialty Hospital Payment.** Effective October 1, 2014, a DSH payment in the amount of \$10,000 will be made annually to Terence Cardinal Cooke Health Care Center, which is a privately operated specialty hospital certified by the New York State Office of People With Developmental Disabilities. Any amount of such payment that is in excess of the provider’s DSH limits will be reallocated to other non-governmental hospitals, pursuant to the Indigent Care Pool Reform – effective January 1, 2013 section of this Attachment.

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New York
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Those OMH hospitals that qualify as a disproportionate share hospital will receive a payment adjustment to [fully] reimburse the hospital for the unreimbursed costs incurred in providing services to individuals who are either eligible for medical assistance or who have no health insurance or other source of third party coverage for the services provided. The OMH hospitals, in aggregate, will be paid DSH equal to 100% of the federal mental health facility DSH allotment.

For OMH hospitals, the State Plan rate year shall be defined as running from April 1 of a calendar year through March 31 of the subsequent calendar year. The four-digit State Plan rate year will be the year that contains the end date of period. For example, State Plan rate year 2011 will be the period from April 1, 2010 through March 31, 2011.

X. DISPROPORTIONATE SHARE LIMITATIONS

Effective April 1, 1994, and thereafter, for OMH facilities, disproportionate share payment distributions made pursuant to this Part of this Attachment shall be limited in accordance with the provisions of this section.

Effective April 1, [2]1994, OMH facilities whose inpatient Medicaid eligible patient days are less than one percent of total inpatient days shall not be eligible to receive disproportionate share distributions.

[Effective for the state fiscal year beginning April 1, 1994, disproportionate share payments to OMH facilities with inpatient Medicaid eligible patient days, as a percentage of total inpatient days, of at least one standard deviation above the statewide mean Medicaid patient day percentage shall be increased to 200 percent of the disproportionate share limit determined in accordance with this section. This increase shall be contingent upon acceptance by the Secretary of the federal Department of Health and Human Services of the Governor's certification that the hospital's applicable minimum amount is used for health services during the year. Federal funds associated with payments to OMH facilities in excess of 100 percent of unreimbursed costs shall not be distributed unless OMH submits to the Commissioner a written certification stating that all distributions in excess of the 100 percent limit will be used for health services.]

TN #11-016-B

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New York

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No OMH facility shall receive in total from disproportionate share payment distributions an amount which exceeds the costs incurred for furnishing inpatient and ambulatory hospital services to individuals who are eligible for Medicaid benefits pursuant to [t]Title XIX of the federal Social Security Act or to individuals who have no health insurance or other source of third party coverage, reduced by medical assistance payments made pursuant to Title XIX of the federal Social Security Act, other than disproportionate share payments, and payments by uninsured patients. For purposes of this section, payments to OMH facilities for services provided to indigent patients made by the State [of] or a unit of local government within the State shall not be considered a source of third party payment.

[For purposes of calculating disproportionate share (DSH) distributions pursuant to this section, if the hospital receiving the distribution is a public hospital (operated by the State, a city, county or other municipal subdivision), then the payments determined hereunder are further limited. Unless the hospital qualifies as a "high DSH" facility (as defined below), payments made during a distribution period shall not exceed the cost incurred by the hospital for furnishing hospital services to Medicaid recipients less non-DSH reimbursement and to uninsured patients less patient payments. In the case of a hospital defined as "high DSH", payments made during a distribution period shall equal 200 percent of the amount described in the previous sentence. To be considered a "high DSH" facility, a hospital must have a Medicaid inpatient utilization rate of at least one standard deviation above the mean Medicaid inpatient utilization rate for hospital receiving Medicaid payments in the State, or have the largest number of Medicaid inpatient days of any hospital in the State in the previous distribution period.]

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Effective Date _____

New York

Previous years' data for both uninsured and Medicaid cost and payments shall be used to estimate the limitation. A cost determination of both the uninsured and the Medicaid inpatient cost shall be made upon receipt of an appropriate report.

Facility specific limitations will be estimated before the beginning of each fiscal year. The estimate will be based on the most recently available actual cost and revenue information as adjusted for expected changes in cost and revenue. These estimated facility-specific limitations will be recalculated to reflect actual information after the year has been completed and the necessary information has been compiled. Once the actual limitations for the year are known, adjustments will be made as necessary to the disproportionate share amounts paid to the facility. If it is determined that disproportionate share payments to a particular facility exceeded the facility-specific calculation, a recoupment will be made. Alternatively, if it is determined that additional disproportionate share payments are due the facility, such additional payments will be made.

If it is determined that disproportionate share payments to a particular OMH facility exceeded the facility-specific calculation, such excess amounts will be recouped and reallocated to OMH facilities proportionally based on each facility's Medicaid and uninsured losses whose disproportionate share payments were less than their respective facility-specific calculations. If after such reallocation there remain additional unallocated amounts, such amounts will be allocated to governmental facilities, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million, whose disproportionate share payments were less than their respective facility-specific calculations, in accordance with the Disproportionate Share Limitations section of this Attachment. Such facilities will receive payments equivalent to any undistributed disproportionate share payment amount after all other statewide disproportionate share payments pursuant to the States' allotment under 1923(f) and (g) of the federal Social Security Act. Such payments will be made to each individual hospital based on the relative share of each hospital's medical assistance and uninsured patient losses for 2011, determined pursuant to 42 CFR 447, after considering all other medical assistance payments to such governmental general hospitals based on 2009 reconciled data as further reconciled to actual reported 2011 data. For periods beginning on and after April 1, 2011, such payments will be established based initially on reported reconciled data from the base year two years prior to the payment year, as adjusted for statutorily authorized Medicaid rate changes impacting this applicable payment year, and further reconciled to actual reported data from such payment year.

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