

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



Financial Management Group

JAN 30 2015

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

RE: State Plan Amendment (SPA) 14-0028

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 14-0028. Effective April 1, 2014, this amendment proposes to terminate a 2 percent rate cut on certain inpatient hospital services and disproportionate share hospital payments that the State had implemented under NY 13-20.

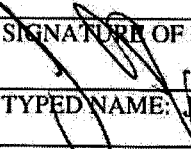
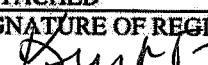
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of April 1, 2014. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Tom Brady at (518) 396-3810 or Rob Weaver at (410) 786-5914.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Hill", is written over the typed name and title.

Timothy Hill
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0028	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 April 1, 2014	
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: (in thousands) a. FFY 04/01/14-09/30/14 \$ 29,235.38 b. FFY 10/01/14-09/30/15 \$ 29,235.38	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page A(1)(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: Page A(1)(b)	
10. SUBJECT OF AMENDMENT: Elimination of 2% ATB Reduction - IP (FMAP = 50%)			
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 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: JUN 23 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JAN 30 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin FAN		22. TITLE: Deputy Director, FMCA	
23. REMARKS:			

New York
A(1)(b)

Across the Board 2% Payment Reduction – effective 4/1/13 - 3/31/[15]14

- (1) For dates of service on and after April 1, 2013 through March 31, 20[15]14, payments for services as specified in paragraph (2) of this Section will be reduced by 2%.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

Part I – Methods and Standards for Establishing Payments – Inpatient Hospital Care

- a) Hospital Inpatient Reimbursement as calculated pursuant to Part 1 of this Attachment. Pages 103-139
- b) Indigent Care Pool Reform – as calculated pursuant to Part 1 of this Attachment. Pages 161(d)-161(j)
- c) Graduate Medical Education – Medicaid Managed Care Reimbursement as calculated pursuant to Part 1 of this Attachment. Pages 149-150
- d) Hospital Disproportionate Share payments made to governmental general hospitals operated by the State of New York or the State University of New York as calculated pursuant to Part 1 of this Attachment. Pages 153-154
- e) Government General Hospital Indigent Care Adjustment as calculated pursuant to Part 1 of this Attachment. Page 160

TN #14-28

Supersedes TN #13-20

Approval Date JAN 30 2015

Effective Date APR 01 2014