



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237  
www.health.ny.gov

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

Sue Kelly  
Executive Deputy Commissioner

March 31, 2011

National Institutional Reimbursement Team  
Attention: Mark Cooley  
CMS, CMCS  
7500 Security Boulevard, M/S S2-01-16  
Baltimore, MD 21244-1850

Re: SPA #11-16  
Inpatient Hospital Services

Dear Mr. Cooley:

The State requests approval of the enclosed amendment #11-16 to the Title XIX (Medicaid) State Plan for inpatient hospital services to be effective January 1, 2011 (Appendix I). This amendment is being submitted based on guidance received from the Centers for Medicare and Medicaid Services (CMS). A summary of the proposed amendment is contained in Appendix II.

This amendment is submitted pursuant to §1902(a) of the Social Security Act (42 USC 1396a(a)) and Title 42 of the Code of Federal Regulations (CFR), Part 447, Subpart C.

The State of New York pays for inpatient general hospital services using rates determined in accordance with methods and standards specified in an approved State Plan, following a public process, which complies with Social Security Act §1902(a)(13)(A).

In accordance with 42 CFR §447.272(c), New York assures that its aggregate disproportionate share hospital payments do not exceed the disproportionate share hospital payment limit.

In accordance with §1923(g) of the Social Security Act, New York assures that it has calculated facility specific limits for disproportionate share payments for each disproportionate share hospital. New York assures that it will not make disproportionate share payments to a hospital in excess of the facility specific limits established for such hospital.

If you have any questions regarding this matter, please do not hesitate to contact John E. Ulberg, Jr., Director, Division of Health Care Financing at (518) 474-6350.

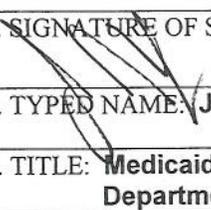
Sincerely,



Jason A. Helgerson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs

Enclosures

cc: Mr. Michael Melendez  
Mr. Tom Brady

|   |  |  |                          |
|---|--|--|--------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><br><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>  |  | 1. TRANSMITTAL NUMBER:<br>#11-16   | 2. STATE<br><br>New York |
|   |  | 3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE<br/>SOCIAL SECURITY ACT (MEDICAID)</b>  |                          |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br><b>January 1, 2011</b>   |                          |
| 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> ) |  |  |                          |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>  |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 01/01/11-09/30/11 \$0<br>b. FFY 10/01/11-09/30/12 \$0  |                          |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 4.19-A: Part I – Page 150(a)<br><br>Attachment 4.19-A: Part II – Pages 7 and 9  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN<br>SECTION OR ATTACHMENT ( <i>If Applicable</i> ):<br><br>Attachment 4.19-A: Part II – Pages 7 and 9 |                          |
| 10. SUBJECT OF AMENDMENT:<br><b>DSH State Plan Rate Year<br/>(FMAP = 50% 7/1/11 forward)</b>  |  |  |                          |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                          |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:<br><b>New York State Department of Health<br/>Corning Tower<br/>Empire State Plaza<br/>Albany, New York 12237</b>           |                          |
| 13. TYPED NAME: <b>Jason A. Helgerson</b>   |  |  |                          |
| 14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner<br/>Department of Health</b>  |  |  |                          |
| 15. DATE SUBMITTED:<br><b>March 31, 2011</b>  |  |  |                          |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |  |                          |
| 17. DATE RECEIVED:  |  | 18. DATE APPROVED:   |                          |
| <b>PLAN APPROVED – ONE COPY ATTACHED</b>  |  |  |                          |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:  |                          |
| 21. TYPED NAME:   |  | 22. TITLE:   |                          |
| 23. REMARKS:  |  |  |                          |

**Appendix I**  
**2011 Title XIX State Plan**  
**First Quarter Amendment**  
**Hospital Inpatient Services**  
**Amended SPA Pages**







**Appendix II**  
**2011 Title XIX State Plan**  
**First Quarter Amendment**  
**Hospital Inpatient Services**  
**Summary**

**SUMMARY**  
**SPA #11-16**

This state plan amendment proposes to clarify the State Plan Rate Year for hospital Disproportionate Share Hospital (DSH) payments and a reallocation methodology for DSH payments when an Institutions for Mental Diseases facility or facilities exceeds its facility specific calculation.