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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **15-0032**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

January 15, 2016

Jason Helgeson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Albany, New York 12237
RE: New York 15-0032

Dear Mr. Helgeson:

We have reviewed the proposed annual supplemental Medicaid fee-for-service payments to providers of emergency medical transportation services, TN 15-0032, which was submitted to Centers for Medicare & Medicaid Services New York Regional Office on June 26, 2015. This SPA, effective April 23, 2015, aims to make an annual aggregate amount of \$6 million to be available for the period April 23, 2015 through March 31, 2016 to emergency medical transportation services providers.

Based on the information provided, the Medicaid SPA 15-0032 is approved. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any additional questions or need further assistance, please contact Erica Kisiday at (212) 616-2483.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
15-0032

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
April 23, 2015

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
§1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 04/23/15-09/30/15 \$ 1,500.00
b. FFY 10/01/15-09/30/16 \$ 1,500.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B: Page 6.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-B: Page 6.1

10. SUBJECT OF AMENDMENT:
**Ambulance Supplemental Payments
(FMAP = 50%)**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Jason A. Helgeson**

14. TITLE: **Medicaid Director
Department of Health**

15. DATE SUBMITTED: **JUN 26 2015**

16. RETURN TO:

**New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave - One Commerce Plaza
Suite 1460
Albany, NY 12210**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
January 14, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 23, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Michael Melendez

22. TITLE:
Division of Medicaid & Children's Health

23. REMARKS:

New York
6.1

Emergency Medical Services Provider Supplemental Payment

The Department will supplement Medicaid fee-for-service reimbursements made to emergency medical services providers.

For the period July 1, 2006 to March 31, 2007, the aggregate amount of \$3.0 million and for the period April 1, 2007 to March 31, 2008, the aggregate amount of \$6 million will be available. For the period March 26, 2009 through March 31, 2009, the aggregate amount of \$4,512,000 will be available. For the period May 30, 2014 through March 31, 2015, the aggregate amount of \$6 million will be available. Annually, beginning with the period of April 23, 2015 through March 31, 2016, the aggregate amount of \$6 million will be available.

This payment will be based upon a ratio of individual provider payments to total Medicaid provider payments in each quarter of the state fiscal year.

The following methodology applies in each state fiscal year:

- The aggregate amount will be divided by four as a payment will be made in each quarter of the state fiscal year, and further divided as follows:
 - Twenty five percent of the total aggregate amount will be paid to providers within the City of New York.
 - ▶ The Department will determine the ratio of an emergency medical services Medicaid provider's Medicaid reimbursements to the total Medicaid payments made to emergency medical services providers during that quarter of the state fiscal year to providers within the City of New York, and will express that ratio as a percentage.
 - ▶ The Department will then multiply the percentage by one-quarter the supplemental amount available to be disbursed for emergency medical services providers based in the City of New York. The result of such calculation shall represent the "emergency medical service supplemental payment".
 - ▶ In each quarter of the state fiscal year, these steps shall be repeated.
 - Seventy-five percent of the total aggregate amount will be paid to Medicaid providers outside the City of New York.
 - ▶ The Department will determine the ratio of an emergency medical services Medicaid provider's Medicaid reimbursements to the total Medicaid payments made to emergency medical services providers during that quarter of the state fiscal year to providers outside the City of New York, and will express that ratio as a percentage.
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