

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

DMCHO: PM:SPA-NY-13-0009A

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

RE: TN 13-0009A

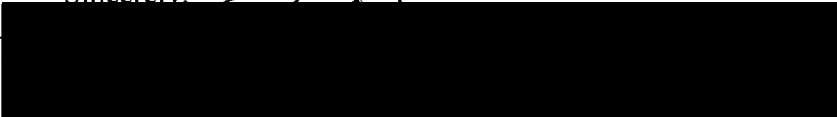
Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-0009A has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2013. The SPA provides supplemental payments to certain Non-State Government Operated Hospitals for Outpatient Services for the period April 1, 2013 thru March 31, 2014.

Enclosed are copies of SPA #13-0009A and the CMS-179 form, as approved.

If you have any questions, please contact Peter Marra at 518-396-3810, ext 104, or Rob Weaver at 410-786-5914.

Sincerely,


Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc. J. Ulberg
R. Gallagher
L. Tavener
R. Weaver
J. Guhl
R. Holligan
P. Marra
M. Lopez



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 16, 2016

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 Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #13-0009-A
Formerly SPA #13-0009
Non-Institutional Services

Dear Mr. Melendez:

This letter responds to the September 3, 2013 correspondence from CMS requesting additional information regarding State Plan Amendment (SPA) #13-0009. Effective April 1, 2013 this amendment proposes to authorize supplemental payments for the period April 1, 2013 through March 31, 2014 for hospital outpatient and emergency room services furnished by certain public general hospitals.

For your convenience, each issue and/or question is repeated below, followed by the State's response.

- a) **Pending SPAs 10-0023 and 11-0013, and the applicable 2011, 2012 and 2013 Outpatient UPL issues, have to be resolved prior to processing SPA 13-0009.**

Response: SPAs 10-0023 and 11-0013 have since been approved by CMS, as well as the 2011-2013 Outpatient UPLs. SPA 13-0009-A no longer has approval barriers.

- b) **Page 2(c)(v). The State is using this page in 10-0023 and 11-0013 and we believe should continue to do so for 13-0009. The State has been showing separate lines/sentences for each year since 2005 and the funding amount for each year depending on the Upper Payment Limits.**



Response: Page 2(c)(v) is no longer part of SPA 13-0009-A. Page 2(c)(v.1) has been revised and is attached along with a corrected CMS-179 form.

If you have any questions regarding this response, please do not hesitate to contact John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,

A black rectangular redaction box covering the handwritten signature of Jason A. Helgeson.

Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-0009-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 April 1, 2013	
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 04/01/13-09/30/13 \$5,525.37 b. FFY 10/01/13-09/30/14 \$5,525.37	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 2(c)(v.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Page 2(c)(v.1)	
10. SUBJECT OF AMENDMENT: 2013 Outpatient UPL Payments - All Other HHC Hospital (except Coney Island Hospital) (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 Division of Finance and Rate Setting 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: June 26, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 26, 2013		18. DATE APPROVED: 8/17/2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael J. Melendez		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

New York
2(c)(v.1)

Additional Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals

The State will provide an additional supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public 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, 2011 and ending March 31, 2012, the amount of the supplemental payment will be \$101,875,021. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$82,550,774. For state fiscal year beginning April 1, 2013 and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. Medical assistance payments will be made for outpatient 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 outpatient visits 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.

TN #13-0009-A

Approval Date

AUG 17 2016

Supersedes TN #11-0013-A

Effective Date

APR 01 2013