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Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10278

May 18, 2011

Jason A. Helgerson
Deputy Commissioner
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #08-29 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2008. The SPA concerns rates of payment for non-institutional services related to services provided by hospital based ambulatory surgery facilities and freestanding ambulatory surgery centers. The SPA continues the case based rates of payment in effect as of March 31, 2003 until the implementation of the Ambulatory Patient Group methodology, for hospital based and freestanding ambulatory surgery services (December 1, 2008 and September 1, 2009, respectively).

This SPA approval consists of 2 Pages. As New York has requested, we are approving the following Attachment 4.19B Pages which were submitted by the State on May 5, 2011 to CMS, which replaced the Pages sent by electronic transmission on March 10, 2011 to the CMS SPA Mailbox: Attachment 4.19-B-Page 2(a)(i) and Page 2(a)(ii). These Pages replace the Attachment 4.19-B-Page 2(a)(i), which was provided with the State's original June 23, 2008 SPA submission.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of SPA #08-29 and the HCFA-179 form, as approved. If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

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

Enclosure: SPA #08-29
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
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