



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &  
Medicaid Services

Refer to DMCH: SJ

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

August 25, 2011

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

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #09-10 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2009. The SPA continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency department services for public general hospitals, other than those operated by the State of New York or the State University of New York that are located in a city with a population of over one million people, for the period April 1, 2009 through March 31, 2010.

This SPA approval consists of 1 Page. We are approving the following Page which was submitted with the State's August 9, 2011 electronic submission to the CMS SPA Mailbox: Attachment 4.19-B-Page 2(c)(v). This page replaces the various copies of the pages which had been submitted earlier by the State for SPA 09-10. In addition, we are using the revised HCFA-179 which was submitted by the State on August 9, 2011.

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 #09-10 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 #09-10  
HCFA-179 Form

CC: JUlberg  
PMossman  
KKnuth  
RWeaver  
LTavener  
JFrandsen  
AHiggs  
PMarra  
SJew

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>09-10</b>	2. STATE  <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2009</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a) of the Social Security Act, and 42 CFR Part 447.204</b>		7. FEDERAL BUDGET IMPACT: a. FFY <b>04/01/09 - 09/30/09 \$ 54,554,747</b> b. FFY <b>10/01/09 - 03/31/10 \$ 55,181,916</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, pages 2(c)(v)</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B, pages 2(c)(v)</b>	
10. SUBJECT OF AMENDMENT: <b>Hospital Outpatient UPL</b> <b>(FMAP = 60.19% (4/1/09-6/30/09); 61.59% (7/1/09-3/31/10))</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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: <b>New York State Department of Health</b> <b>Corning Tower</b> <b>Empire State Plaza</b> <b>Albany, New York 12237</b>	
13. TYPED NAME: <b>Wason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner</b> <b>Department of Health</b>			
15. DATE SUBMITTED: <b>August 9, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>AUG 25 2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>APR 01 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>Approved with revisions state submitted page 4.19-B, page 2(c) (v) on August 9, 2011</b>			

**OFFICIAL**

New York  
2(c)(v)

Attachment 4.19-B  
(04/08)

**Hospital Outpatient Payment Adjustment**

Effective for the period January 1, 2002 through March 31, 2002, and state fiscal years beginning April 1, 2002, for services provided on or after January 1, 2002, the Department of Health will increase the operating cost component of rates of payment for hospital outpatient and emergency room services for public general hospitals other than those operated by the State of New York or the State University of New York, which experienced free patient visits in excess of 20 percent of their total self-pay and free patient visits based on data reported on Exhibit 33 of their 1999 Institutional Cost Report and which experienced uninsured outpatient losses in excess of 75% of their total inpatient and outpatient uninsured losses based on data reported on Exhibit 47 of their 1999 Institutional Cost Report, and are located in a city with a population of over one million. The amount to be paid will be up to thirty seven million dollars for the period beginning January 1, 2002 and ending March 31, 2002 and one hundred fifty-one million dollars annually for state fiscal years beginning April 1, 2002 and ending March 31, 2005.

For state fiscal year beginning April 1, 2005 and ending March 31, 2006, the amount to be paid will be \$222,781,000. For state fiscal year beginning April 1, 2006 and ending March 31, 2007, the amount to be paid will be \$229,953,000. For state fiscal year beginning April 1, 2007 and ending March 31, 2008, the amount to be paid will be \$224,050,000. For state fiscal year beginning April 1, 2007 and ending March 31, 2008, the amount to be paid will be \$211,865,219. For state fiscal year beginning April 1, 2008 and ending March 31, 2009, the amount to be paid will be \$183,365,199. For state fiscal year beginning April 1, 2009 and ending March 31, 2010, the amount to be paid will be \$179,191,153. 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 proportionate share payment may be added to rates of payment or made as aggregate payments to eligible public general hospitals.

TN #09-10

Approval Date AUG 25 2011

Supersedes TN #08-34

Effective Date APR 01 2009