

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

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

MAR -9 2011

RE: TN 10-36

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-36. The amendment proposes a temporary reduction of 1.1% to most inpatient hospital rates for services both provided and paid between September 16, 2010 and March 31, 2011.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. This is to inform you that New York 10-36 is approved effective September 16, 2010 and I have enclosed the HCFA-179 and the approved plan pages.

If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

Cindy Mann
Director, CMCS

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-36	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 September 16, 2010	
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: a. FFY 9/16/10-09/30/10 (\$ 1,844,053) b. FFY 10/01/10-09/30/11 (\$23,972,692)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page A and A(1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Across the Board Reduction -- Inpatient (FMAP = 61.59% based on effective period of 9/16/10-3/31/11)			
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			
13. TYPED NAME: Donna Frescatore		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: 12/14/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 03-09-11	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP 16 2010		20. [REDACTED]	
21. TYPED NAME: William Lasowski		22. TITLE: Deputy Director, CMCS	
23. REMARKS:			

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Attachment 4.19-A
(07/10)

Across the Board Reductions to Payments

- (1) For dates of service on and after September 16, 2010, through and including March 31, 2011, payments for services as specified in paragraph (2) of this Attachment shall be reduced by 1.1%, provided payment is made no later than March 31, 2011.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) include the following:

Part I – Methods and Standards for Establishing Payments – Inpatient Hospital Care

- a) Hospital Inpatient Reimbursement as calculated pursuant to Part 1 of this Attachment. Pages 103-139
- b) Supplemental Indigent Care Adjustments as calculated pursuant to Part 1 of this Attachment. Pages 144-144(d) and 161(b)-161(c)
- c) Graduate Medical Education – Medicaid Managed Care Reimbursement as calculated pursuant to Part 1 of this Attachment. Pages 149-150
- d) Hospital Disproportionate Share payments made to governmental general hospitals operated by the State of New York or the State University of New York as calculated pursuant to Part 1 of this Attachment. Pages 153-154
- e) Indigent Care Adjustments to hospitals operated by the State of New York or the State University of New York as calculated pursuant to Part 1 of this Attachment. Page 160
- f) Additional Disproportionate Share Payments to voluntary non-profit hospitals as calculated pursuant to Part 1 of this Attachment. Page 162

Part II – Methods and Standards for Setting Payment Rates for Inpatient Services Provided by Hospitals Operated by the NYS Office of Mental Health

- g) Inpatient Reimbursement for services provided by hospitals operated by the New York State Office of Mental Health as calculated pursuant to Part 2 of this Attachment. Pages 1-5(a)
- h) Disproportionate Share Adjustments as calculated pursuant to Part 2 of this Attachment. Pages 7-11

TN #10-36

Supersedes TN NEW

Approval Date MAR - 9 2011

Effective Date SEP 1 6 2010

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Part III – Methods and Standards of Setting Payment Rates for Hospitals Licensed by the Office of Mental Health

- k) Inpatient Reimbursement for services provided by hospitals licensed by the New York State Office of Mental Health as calculated pursuant to Part 3 of this Attachment. Pages 1-2(a) and 3-5
- l) Disproportionate Share Adjustments as calculated pursuant to Part 3 of this Attachment. Pages 2(c) and 7
- m) Hospital Inpatient Reimbursement for services in private psychiatric hospitals calculated pursuant to Part 3 of this Attachment. Pages 8-9
- n) Hospital Inpatient Reimbursement for psychiatric services for individuals under 21 who are admitted to Residential Treatment Services for Youth programs as calculated pursuant to Part 3 of this Attachment. Pages 10-14

Part VII – Methods and Standards for Establishing Payment rates for Specialty Hospitals

- o) Specialty Hospital Inpatient Reimbursement as calculated pursuant to Part 7 of this Attachment. Pages 7-20
- p) Disproportionate Share Adjustments as calculated pursuant to Part 7 of this Attachment. Page 24

TN #10-36
Supersedes TN NEW

Approval Date MAR - 9 2011
Effective Date SEP 16 2010