



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JH

November 6, 2013

Jason Helgeson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP 1211)
Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #13-22 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2013. This State Plan Amendment extends certain cost containment provisions through March 31, 2015. Enclosed are copies of SPA #13-22 and the HCFA- 179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew at (212) 616-2426 or Joanne Hounsell at (212) 616-2446.

Sincerely,

/s/

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

Enclosures: HCFA-179 Form
State Plan Pages

cc: J. Ulberg
P. Mossman
K. Knuth
I. Matthews
L. Tavener
R. Weaver
M. Cieslicki
J. Guhl
N. McKnight
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G. Critelli
J. Hounsell
M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-22	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: a. FFY 04/01/13-09/30/13 \$ (34.5M) b. FFY 10/01/13/09/30/14 \$ (68.9M)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 4(d), A(7), A(7.2), A(7.3), A(7.4) **Please see remarks		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: 4(d), A(7)	
10. SUBJECT OF AMENDMENT: 2% Across the Board Reduction – 2-Year Extension - NI (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 OFFICIAL:	16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210		
13. TYPE:			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 26, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: November 06, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 01, 2013		22. TYPED NAME: Michael Melendez Director Division of Medicaid and State Operations	
21. TYPED NAME: Michael Melendez			
23. REMARKS: **The SPA continues the 2% reduction uniformly across most payments made under the State's Non-Institutional State Plan Amendment (4.19-B) for non-institutional. Such payment reductions are to commence with payments made on or after April 1, 2013 through March 31, 2015.			

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**New York
A (7)**

2% Base Rate Reduction

The reduction for Ambulatory Patient Group (APG) reimbursement of freestanding clinic and ambulatory surgery center services will be effected through a 2% reduction in the base rates, which will be effective April 1, [2011] 2013 through March 31, [2013] 2015.

[Page 2(h)]
Page 2(g)(1)-2(t)

NOV 06 2013

TN #13-22 _____

Approval Date _____

Supersedes TN #11-72 _____

Effective Date APR 01 2013

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**New York
A (7.2)**

2% Across the Board Payment Reduction- Effective 4/1/2013-3/31/2015

(1) For dates of service on and after April 1, 2013 and ending on March 31, 2015, payments for services as specified in paragraph (2) of this Attachment will be reduced by 2%.

(2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

- a) Physician Services, except for those physician services provided in an office based setting. Page 1
- b) Statewide Patient Centered Medical Home and the Adirondack Medical Home Multipayor Program for physicians, hospital based clinics and freestanding clinics. Pages 1(A)-1(A)(iii);
1(c)(i)(A) -1(c)(i)(H)
- c) E-prescription financial incentive payments to physicians, dentists, podiatrists, optometrists, nurse midwives, and nurse practitioners. Page 1(A)(iii)-
1(A)(viii)
- d) Reimbursement for dental services, podiatrists, optometrists, chiropractic services, nurse midwives, nurse practitioners, and clinical psychologists; except for those services provided in an office based setting. Page 1(a)
- e) Methadone Maintenance Treatment Program (MMTP) services. Page 1(b)
- f) Outpatient reimbursement for Acute Care Children's Hospitals. Page 1(b)(i)-1(b)(ii)
- g) Ordered Ambulatory Services. Pages 1(c)-1(c)(i)
- h) Methadone maintenance Treatment Program (MMTP) services and day health care services rendered to patients with HIV/AIDS which are provided in Freestanding Clinics certified under Article 28 of the State Public health Law. Page 1(c)-1(c)(i);
1(c)(ii)-1(d)

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**New York
A (7.3)**

- i) Ambulatory Patient Group (APG) reimbursement for hospital outpatient departments, emergency departments, and ambulatory surgery services. Pages 1(e)(1)-1(p)
- j) Ordered Ambulatory Services performed by a freestanding clinic on an ambulatory basis. Pages 2-2(a)(ii)
- k) Services to AIDS/HIV positive patients provided in Hospital Outpatient Departments and Freestanding clinics. Pages 2(b)-2(b.1)
- l) Laboratory services. Page 4
- m) Home health services provided by Certified Home Health Agencies (CHHA), including services to patients diagnosed with AIDS. Pages 4-4(a)(i)(2);
4(a)(ii)-4(b)
- n) Personal Emergency Response Services (PERS). Page 4(a)(i)(3)
- o) Services provided to Medically Fragile Children. Page 4(a)(i)(3)
- p) Home Telehealth Services provided by CHAAs including those that provide AIDS home care services. Pages 4(a)(i)(4) –
4(a)(i)(5)
- q) Private Duty Nursing; including nursing services provided to medically fragile children and services provided to eligible residents of an adult home or enriched housing program that is issued a limited license by the Department of Health. Pages 5-5(a)(i)
- r) Physical Therapy, except for those services provided in an office based setting. Page 5(a)(i)
- s) Occupational Therapy, except for those services provided in an office based setting. Page 5(a)(i)
- t) Eyeglasses and Other Visual Services. Page 5(b)
- u) Hearing Aid Supplies and Services. Page 5(b)
- v) Prosthetic and Orthotic Appliances. Page 5(b)
- w) Durable Medical Equipment. Page 6

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A (7.4)

x) <u>Medical/Surgical Supplies.</u>	<u>Pages 5(b)(1)- 6</u>
y) <u>Enteral Formula.</u>	<u>Page 6</u>
z) <u>Transportation.</u>	<u>Page 6</u>
aa) <u>Out of State Services for fee-based providers.</u>	<u>Page 6(a)</u>
bb) <u>Personal Care Services.</u>	<u>Pages 6(a)-6(a)(iv)</u>
cc) <u>Case Management Services to Target Group F; Target Group A and E; Target Group C; and Target Group M.</u>	<u>Pages 10(4)-10(5)(a); 11-11(C); 11(g)</u>
dd) <u>Preferred Physician and Children's Program.</u>	<u>Page 12(2)-12(3)</u>
ee) <u>Medicaid Obstetrical and Maternal Services (MOMS).</u>	<u>Page 12(4)</u>
ff) <u>Child Teen Health Program.</u>	<u>Page 12(5)</u>
gg) <u>Emergency services for illegal aliens.</u>	<u>Page 13</u>
hh) <u>Primary Care Case Management.</u>	<u>Page 16</u>
ii) <u>Program of All-Inclusive Care for the Elderly (PACE).</u>	<u>Page 17</u>
jj) <u>Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT).</u>	<u>Pages 17(e)-17(i)</u>

TN #13-22Supersedes TN NEW

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NOV 06 2013

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