Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 10-0017

This file contains the following documents in the order listed:

1) NY Regional Office Approval Letter

- 2) Approved SPA pages
- 3) CMS-179 form

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: NY SPA-10-017

December 31, 2014

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

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #10-017 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2010. The SPA amends the Ambulatory Patient Group (APG) methodology for outpatient services, (hospital based clinics, ambulatory surgery services, and emergency room services), including peer groups and base rates for Article 28 hospital clinics duly licensed under Article 31 and Article 32.

Enclosed are copies of SPA #10-017 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,

Ricardo Holligan

Acting Associate Regional Administrator

Division of Medicaid and Children's Health Operations

Enclosures

FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): □ NEW STATE PLAN □ AMENDMENT TO BEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): □ NEW STATE PLAN □ AMENDMENT TO BEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 6. FEDERAL STATUL FEREDLATION CITATION 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 6. FEDERAL STATUL FEREDLATION CITATION 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THE SUPERSEDED PLAN SECTION OR ATTACHMENT (J. Fe) 4 July 10 In Substitute (Separate Transmitted for each amendment) 7. FEDERAL BLOCKS 6 THE SUPERSEDED PLAN SECTION OR ATTACHMENT (J. Fe) 4 July 11 In International Plansmitter (J. Fe) 4 July 11 International Plansmitter (J. Fe) 4 July 11 International Plansmitter (J. Fe) 4 July 11 International Plansmitter (J. Fe) 4 July 12 July 12 July 11 International Plansmitter (J. Fe) 4 July 12 July			
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 10. REGIONAL ADMINISTRATION 4. PROPOSED EFFECTIVE DATE July 1, 2010 10. REGIONAL ADMINISTRATION 4. PROPOSED EFFECTIVE DATE July 1, 2010 10. REGIONAL ADMINISTRATION 4. PROPOSED EFFECTIVE DATE July 1, 2010 10. REGIONAL ADMINISTRATION 4. PROPOSED EFFECTIVE DATE July 1, 2010 10. SECTION OR ALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (*Check One): 11. TYPE OF PLAN MATERIAL (*Check One): 12. SCHAPT 447.204 6. FEDERAL STATUTE REGULATION CITATION 7. FEDERAL BUDGET IMPACT: 8. FEDERAL STATUTION SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUPPRISEDED PLAN SECTION OR ATTACHMENT (*d. Applicable). 10. SUBJECT OF AMENDMENT: ARGAIN (*Hospital-based Outputient) - July 2010 Revisions (*FMAP ≈ 61.59% (07/01/10-12/31/10; 58.77% (01/01/11-03/31/11; 56.88% (04/01/11-06/30/11; 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (*Check One): 9. GOVERNOR'S OFFICE REPORTED NO COMMENT OF GOVERNOR'S OFFICE REPORTED NO COMMENT O	TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-017	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT (Separate Transmitted for cach amendment) COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for cach amendment) 6. FEDERAL STATUTE REGULATION CITATION: 6. FEDERAL STATUTE REGULATION CITATION: 6. FEDERAL BUDGET IMPACT: a. FFY 1001/10-09/30/10 \$ 0 b. FFY 1001/10-09/30/11 \$ 0 b. FFY 1001/10-09	FOR: HEALTH CARE FINANCING ADMINISTRATION		TITLE XIX OF THE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each umendment) 6. FEDERAL STATUTEREGULATION CITATION: 5. FEDERAL BUDGET IMPACT: 5. FY 1001/10-09/30/10 \$ 0 5. FFY 1001/10-09/30/11 \$ 0 5. FFY 1001/10-09/30/11 \$ 0 6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 10. SUBJECT OF AMENDMENT: Altachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3); 11. GOVERNOR S REVIEW (Check One): □ GOVERNOR S REVIEW (Check One): □ GOVERNOR S REVIEW (Check One): □ GOVERNOR S OFFICE REPORTED NO COMMENT □ COMMENTS OF GOVERNOR S OFFICE ENCLOSED □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SCNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2	TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	entere en
DEPARTMENT OF HEALTH AND HUMAN SERVICES I TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN	HEALTH CARE FINANCING ADMINISTRATION	a file of the control	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE REGULATION CITATION:	DEPARTMENT OF HEALTH AND HUMAN SERVICES		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendament) 6. FEDERAL STATUTE/REGULATION CITATION: 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT: 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 10. SECTION OR ATTACHMENT: 11. (e)(5): 1(e)(6): 1(h)(1) 10. SUBJECT OF AMENDMENT: APGS (Hospital-based Outpatient) — July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10; 58.77% (01/01/11-03/31/11; 56.88% (04/01/11-06/30/11; 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (Check One): 22. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE-Medicaid Director Department of Health 15. DATE SUBMITTED: 5EP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED — ONE COPY ATTACHMED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 20. TYPED NAME: 10. SEP 2 1 TITLE: ACTING ASSOCIATE REGIONAL OPPICIAL: 11. TYPED NAME: 12. SIGNATURE OF APPROVED MATERIAL: 13. TYPED NAME: 14. TITLE: ACTING ASSOCIATE REGIONAL OPPICIAL: 15. DATE SUBMITTED: 16. SEP 2 1 2010 17. DATE RECEIVED: 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED — ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 20. TYPED NAME: 10. SEP 2 1 TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATE DUNISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	S. TYPE OF PLAN MATERIAL (Check One):	rth-unithholium er inn 1994 gegilleri (1994 <u>1994) er inn 1994 gegilleri er inn 1994 geg</u>	**************************************
6. FEDERAL STATUTEREGULATION CITATION: 5. Section 1902(a)(30) of the Social Security Act and 42 CFR Part 447.204 5. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 6. SED RUMBER OF THE PLAN SECTION OR ATTACHMENT: 6. SED RUMBER OF THE PLAN SECTION OR ATTACHMENT: 6. SED RUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 6. Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3): 6. H(e)(5): 1(e)(6): 1(h)(1) 6. SUBJECT OF AMENDMENT: 6. APT 6. SUBJECT OF AMENDMENT: 6. SUBJECT OF AMENDMENT: 6. APT 7. FEDERAL BUDGET IMPACT: 6. APT 7. JOIN 1. SUBJECT OF AMENDMENT IN SUBJ			
Section 1902(a)(30) of the Social Security Act and 12 CFR Part 447,204 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3): 1(h)(1) Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3): 1(e)(3)			amendment)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 1(e)(5): 1(e)(6): 1(h)(1) 10. SUBJECT OF AMENDMENT: APPOS (Hospital-based Outpatient) – July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10: 58.77% (01/01/11-03/31/11: 56.88% (04/01/11-06/30/11: 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (Check One: SOURMENTS OF FICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SIGNATURE OF STATE AGENCY OFFICIAL: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza suite 1460 Albany, NY 12210 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: CARDO HOLLIGAN			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3); 1(e)(5); 1(e)(6); 1(h)(1) 10. SUBJECT OF AMENDMENT: APGS (Hospital-based Outputient) — July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10; 58.77% (01/01/11-03/31/11; 56.88% (04/01/11-06/30/11; 50% (07/01/11 forward)) 11. GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE REPORTED NO COMMENT ON REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave — One Commerce Plaza Stite 1460 Albany, NY 12210 16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave — One Commerce Plaza Stite 1460 Albany, NY 12210 17. DATE RECEIVED: 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED — ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 20. SIGNATURE OF REGIONAL APMINISTRATE DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA			
Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3): 1(e)(5): 1(e)(6): 1(h)(1) 10. SUBJECT OF AMENDMENT: APGS (Hospital-based Outpatient) — July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10: 58.77% (01/01/11-03/31/11: 56.88% (04/01/11-06/30/11: 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (Check One): SQ GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED PLAN APPROVED — ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 20. SIGNATURE OF REGIONAL ADMINISTRATE DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA			CARLO COMPANIA CONTROL
Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(5); 1(e)(6); 1(h)(1) Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3); 1(h)(1) APGs (Hospital-based Outpatient) − July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10; 58.77% (01/01/11-03/31/11; 56.88% (04/01/11-06/30/11; 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (Check One): □ GOVERNOR'S OFFICE REPORTED NO COMMENT □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SIGNATURE OF STATE AGENCY OFFICIAL: □ 18. RETURN 10: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave − One Commerce Plaza Suite 1460 Albany, NY 12210 15. DATE SUBMITTED: □ FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: □ 18. DATE APPROVED: □ DECEMBER 31, 2014 PLAN APPROVED − ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: □ JULY 01, 2010 21. TYPED NAME: □ 1. TYPED NAME: □ 1. TYPED NAME: □ 1. TYPED NAME: □ 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATE DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA			
APGS (Hospital-based Outpatient) — July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10; 58.77% (01/01/11-03/31/11; 56.88% (04/01/11-06/30/11; 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Jason A. Heigerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED PLAN APPROVED — ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: CARDO HOLLIGAN 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATC DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA		Attachment 4.19-B: Pages 1(e)(2), 1(e)(3); 1(h)(1)	f(e)(2.1), 1(e)(2.2),
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Heigerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED DECEMBER 31, 2014 PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN 16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED – ONE COPY ATTACHED 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATE ODIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA		• .	
APGS (Hospital-based Outpatient) — July 2010 Revisions (FMAP = 61.59% (07/01/10-12/31/10; 58.77% (01/01/11-03/31/11; 56.88% (04/01/11-06/30/11; 50% (07/01/11 forward)) 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	A CERTIFOR AT A MENERAL TO THE		
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN 10. THER, AS SPECIFIED: OTHER, AS SPECIFIED: OTHER AS SERVICE STATEMENT OF SERV	APGs (Hospital-based Outpatient) - July 2010 Revisions	. 999. (04:01/11 BA/20/11, 209/ (07:01	/13 Farman = 111
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:	1 (41/4) - 01.57 (6 (07/01/10-12/50) (7 56/77 /6 (01/01/11-05/57/11) 56	200 10 (04:01) [1-00) 20:11, 20 10 (01) (01)	/ii wiwaiujj
New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED – ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL: JULY 01, 2010 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA			
New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED – ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL: JULY 01, 2010 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED 		ECIFIED:
Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1460 Albany, NY 12210 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1460 Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 20. SIGNATURE OF REGIONAL OFFICIAL: DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 		ECIFIED:
14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN PSEP 2 1 2010 19. Washington Ave - One Commerce Plaza Suite 1460 Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 20. SIGNATURE OF REGIONAL OFFICIAL: DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 	16. RETURN TO:	
Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 20. SIGNATURE OF REGIONAL OFFICIAL: DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: New York State Department of He	alth
Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN Albany, NY 12210 18. DATE APPROVED: DECEMBER 31, 2014 20. SI@NATURE OF REGIONAL OFFICIAL: DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro	alth ovider Assessments
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN FOR REGIONAL OFFICIAL: 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460	alth ovider Assessments
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN 12. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460	alth ovider Assessments
17. DATE RECEIVED: 18. DATE APPROVED: DECEMBER 31, 2014 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN 18. DATE APPROVED: DECEMBER 31, 2014 20. SIGNATURE OF REGIONAL OFFICIAL: DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED:	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460	alth ovider Assessments
DECEMBER 31, 2014 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 20. SIGNATURE OF REGIONAL OFFICIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	S GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210	alth ovider Assessments
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010 20. SIØNATURE OF REGIONAL OFFICIAL: TYPED NAME: RICARDO HOLLIGAN 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFI	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210 CE USE ONLY	alth ovider Assessments
JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN 22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATO DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERA	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFI 17. DATE RECEIVED:	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210 CE USE ONLY 18. DATE APPROVED: DECEMBER 31, 2014	alth ovider Assessments
	S GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFI 17. DATE RECEIVED:	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210 CE USE ONLY 18. DATE APPROVED: DECEMBER 31, 2014 COPY ATTACHED	alth ovider Assessments rce Plaza
23. REMARKS:	Sep 2 1 2010 GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SENATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFI 17. DATE RECEIVED: PLAN APPROVED - ONE OF SEFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210 CE USE ONLY 18. DATE APPROVED: DECEMBER 31, 2014 COPY ATTACHED 20. SIØNATURE OF REGIONAL O	alth ovider Assessments rce Plaza DEFICIAL:
	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFI 17. DATE RECEIVED: PLAN APPROVED - ONE OF STATE AGENCY OFFICIAL: JULY 01, 2010	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210 CE USE ONLY 18. DATE APPROVED: DECEMBER 31, 2014 COPY ATTACHED 20. SIØNATURE OF REGIONAL O	alth ovider Assessments rce Plaza DEFICIAL:
	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYRED NAME: Jason A. Helgerson 14. TITLE: Medicaid Director Department of Health 15. DATE SUBMITTED: SEP 2 1 2010 FOR REGIONAL OFFI 17. DATE RECEIVED: PLAN APPROVED – ONE OF SUBMITTED OF APPROVED MATERIAL: JULY 01, 2010 21. TYPED NAME: RICARDO HOLLIGAN	16. RETURN TO: New York State Department of He Bureau of Federal Relations & Pro 99 Washington Ave – One Comme Suite 1460 Albany, NY 12210 CE USE ONLY 18. DATE APPROVED: DECEMBER 31, 2014 COPY ATTACHED 20. SIØNATURE OF REGIONAL O	alth ovider Assessments rce Plaza DEFICIAL:

OFF CALL

New York 1(e)(2)

APG Reimbursement Methodology – Hospital Outpatient

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk, version [3.3] 3.4; updated as of 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html Click on "Accept" at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of [04/01/10] 07/01/10:

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of [04/01/10]

http://www.health.ny.gov/health_care/medicaid/rates/bundling/2008/index.htm

APG 3M Definitions Manual Versions; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm

APG Investments by Rate Period; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of [04/01/10] <u>07/01/10</u>:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

Associated Ancillaries; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

TN #10-017	Approval Date	12/31/2014
Supersedes TN #10-005	Effective Date	07/01/2010



New York 1(e)(2.1)

[Base Rates,	Hospital	Outpatient	Clinics, u	indated	as of	04/01	/10-
frame creamont		~ acharicus	williams, w	puacea	(13 U)	UTIUL	/ 20.

Carve-outs; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicald/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of [04/01/10] 07/01/10:

If Stand Alone, Do Not Pay APGs; updated as of [04/01/10] 07/01/10:

If Stand Alone, Do Not Pay Procedures; updated as of [04/01/10] 07/01/10:

Modifiers; updated as of [04/01/10] <u>07/01/10</u>:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of [04/01/10] 07/01/10:

Never Pay Procedures; updated as of [04/01/10] <u>07/01/10</u>:

No-Blend APGs; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of [04/01/10] <u>07/01/10</u>:

TN #10-017	Approval Date <u>12/31/2014</u>
Supersedes TN <u>#10-005</u>	Effective Date 07/01/2010



New York 1(e)(2.2)

No Capital Add-on APGs; updated as of [04/01/10] 07/01/10: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

No Capital Add-on Procedures; updated as of [04/01/10] <u>07/01/10</u>: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on Procedures."

Non-50% Discounting APG List; updated as of [04/01/10] <u>07/01/10</u>: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Non-50% Discounting APG List."

Uniform Packaging Ancillaries; updated as of [04/01/10] 07/01/10: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm "Uniform Packaging APGs."

TN#	10-017	Approval Date _	12/31/2014
Supersedes TI	W <u>#10-005</u>	Effective Date_	07/01/2010



New York 1(e)(3)

Article 28 Hospital-Based APG Base Rate Table

Peer Group	Region	Rate Start Date	Base Rate Updated as of [04/01/10] 07/01/10
Ambulatory Surgery Services	Downstate	12/01/08	[\$228.00] <u>\$215.50</u>
Ambulatory Surgery Services	Upstate	12/01/08	[\$176.13] <u>\$166.47</u>
Clinic*	Downstate	12/0 1/0 8	[\$30 4 .39] <u>\$325.95</u>
Clinic*	Upstate	12/01/08	[\$2 3 3.97] <u>\$249.56</u>
Clinic Episode*	Downstate	07/01/09	[\$304.39] <u>\$325.95</u>
Clinic Episode*	Upstate	07/01/09	[\$233.97] <u>\$249.56</u>
Clinic MR/DD/TBI	Downstate	07/01/10	<u>\$391.14</u>
Clinic MR/DD/TBI	Upstate	07/01/10	\$299.47
Clinic MR/DD/TBI Episode	Downstate	07/01/10	\$391.14
Clinic MR/DD/TBI Episode	Upstate	07/01/10	\$299.47
Emergency Department	Downstate	01/01/09	[\$196.94] <u>\$184.98</u>
Emergency Department	Upstate	01/01/09	[\$153.81] <u>\$144.47</u>
School Based Health Center (SBHC)*	Downstate	04/01/09	[\$304.39] <u>\$325.95</u>
School Based Health Center (SBHC)*	Upstate	04/01/09	[\$2 3 3.97] <u>\$249.56</u>
SBHC Episode*	Downstate	10/01/09	[\$304.39] <u>\$325.95</u>
SBHC Episode*	Upstate	10/01/09	[\$233.97] <u>\$249.56</u>

^{*}For Clinic (effective 12/1/08) & School-Based Health Center (SBHC) (effective 4/1/09), while they share the same base payment rates, please note that their rate codes and effective dates differ.

Hospital-based Article 28 Medicaid rates can be found at the Department of Health's website at: http://www.health.ny.gov/health_care/medicaid/rates/apg/baserates.htm

TN #10-017	Approval Date	12/31/2014
Supersedes TN #10-005	Effective Date	07/01/2010



New York 1(e)(5)

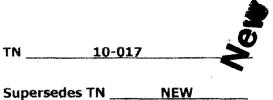
Dually Licensed Article 28 & Article 31 Hospital-Based APG Base Rate Table

Peer Group	Region	Rate Start Date	Base Rate as of 10/01/10
Mental Health Clinic	<u>Downstate</u>	10/1/10	<u>\$181.16</u>
Mental Health Clinic	<u>Upstate</u>	10/1/10	\$139.25

* Quality Improvement Supplement – Hospital-based clinics are not eligible for the Quality Improvement Supplement.

Hospital-based mental health clinic Medicaid blend rates can be found on the Office of Mental Health website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/



Approval Date _	12/31/2014
Effective Date	07/01/2010

OFFICIAL

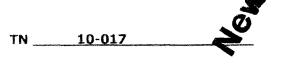
New York 1(e)(6)

Dually Licensed Article 28 & Article 32 Hospital-Based APG Base Rate Table

Peer Group	Region	Rate Start Date	Base Rate as of 10/01/10
Chemical Dependence Outpatient Clinic	<u>Downstate</u>	10/1/10	\$2 01.55
Chemical Dependence Outpatient Clinic	Upstate	10/1/10	<u>\$154.92</u>
Opioid Treatment Program (Clinic)	Downstate	1/3/11	\$180.99
Opioid Treatment Program (Clinic)	Upstate	1/3/11	<u>\$157.14</u>

Hospital-based OASAS clinic Medicaid rates can be found on the Office of Alcoholism and Substance Abuse website at:

https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm



Supersedes TN NEW

Approval	Date	12/31/2014
Effective	Date	07/01/2010

OFFICIAL

New York 1(h)(1)

Packaging shall mean those circumstances in which payment for routine ancillary services or drugs shall be deemed as included in the applicable APG payment for a related significant procedure or medical visit. Medical visits also package with significant procedures, unless specifically excepted in regulation. There is no packaging logic that resides outside the software. A link to a list of the uniform packaging APGs for all periods is available in the APG Reimbursement Methodology - Hospital Outpatient section.

"Peer Group" shall mean a group of providers or services that share a common APG base rate. Peer groups may be established based on a geographic region, service type, or categories of patients. The [six]fourteen hospital peer groups are: [outpatient department - upstate, outpatient department - downstate, ambulatory surgery - upstate, ambulatory surgery - downstate, emergency department - upstate, and emergency department - downstate]

- 1. Clinic Upstate;
- 2. Clinic Downstate;
- 3. Ambulatory Surgery Services Upstate;
- 4. Ambulatory Surgery Services Downstate;
- 5. Emergency Department Upstate;
- 6. Emergency Department Downstate;
- 7. Clinic Mental Retardation, Developmental Disability, Traumatic Brain Injured Upstate
- 8. Clinic Mental Retardation, Developmental Disability, Traumatic Brain Injured Downstate
- 9. Opioid Treatment Program (Clinic) Upstate
- 10. Opioid Treatment Program (Clinic) Downstate
- 11. Mental Health Clinic Upstate;
- 12. Mental Health Clinic Downstate;
- 13. Chemical Dependence Outpatient Clinic Upstate; and
- 14. Chemical Dependence Outpatient Clinic Downstate.

"Procedure-based Weight" shall mean a numeric value that reflects the relative expected average resource utilization (cost) for a given HCPCS/CPT code as compared to the expected average resource utilization for other HCPCS/CPT codes or APGs. If a procedure code has not been assigned a procedure-based weight, the APG relative weight for the APG to which that procedure code groups will be used as the basis for reimbursement for that procedure code (subject to the consolidation, discounting and packaging logic).

"Region" shall mean the counties constituting a peer group that has been defined, at least in part, on a regional basis. The downstate region shall consist of the five counties comprising New York City, as well as the counties of Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess. The upstate region shall consist of all other counties in New York State.

"APG Visit" shall mean a unit of service consisting of all the APG services and associated ancillary services performed for a patient that are coded on the same claim and share a common date of service.

TN #10-017	Approval Date _	12/31/2014
Supersedes TN #09-065 -A	Effective Date	07/01/2010