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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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-017	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 July 1, 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)(30) of the Social Security Act and 42 CFR Part 447.204		7. FEDERAL BUDGET IMPACT: a. FFY 07/01/10-09/30/10 \$ 0 b. FFY 10/01/10-09/30/11 \$ 0	
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)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Pages 1(e)(2), 1(e)(2.1), 1(e)(2.2), 1(e)(3); 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): <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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: SEP 21 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		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: RICARDO HOLLIGAN		22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS	
23. REMARKS:			

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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:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of [04/01/10] 07/01/10:

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] 07/01/10:

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."

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Effective Date 07/01/2010

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[Base Rates, Hospital Outpatient Clinics, updated as of 04/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "APG Rates" and then "Hospital."]

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

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

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

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

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

http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

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

http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay Procedures."

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

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:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

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] 07/01/10:

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

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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] 07/01/10:

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] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Non-50% Discounting APG List."

Rate Codes Carved Out of APGs; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

Rate Codes Subsumed by APGs; updated as of [04/01/10] 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Subsumed by APGs – Hospital Article 28."

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

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

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Attachment 4.19-B

**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] \$215.50
Ambulatory Surgery Services	Upstate	12/01/08	[\$176.13] \$166.47
Clinic*	Downstate	12/01/08	[\$304.39] \$325.95
Clinic*	Upstate	12/01/08	[\$233.97] \$249.56
Clinic Episode*	Downstate	07/01/09	[\$304.39] \$325.95
Clinic Episode*	Upstate	07/01/09	[\$233.97] \$249.56
Clinic MR/DD/TBI	Downstate	07/01/10	\$391.14
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] \$184.98
Emergency Department	Upstate	01/01/09	[\$153.81] \$144.47
School Based Health Center (SBHC)*	Downstate	04/01/09	[\$304.39] \$325.95
School Based Health Center (SBHC)*	Upstate	04/01/09	[\$233.97] \$249.56
SBHC Episode*	Downstate	10/01/09	[\$304.39] \$325.95
SBHC Episode*	Upstate	10/01/09	[\$233.97] \$249.56

*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

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Attachment 4.19-B

New York
1(e)(5)

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

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

* 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/

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Attachment 4.19-B

New York
1(e)(6)

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

<u>Peer Group</u>	<u>Region</u>	<u>Rate Start Date</u>	<u>Base Rate as of 10/01/10</u>
Chemical Dependence Outpatient Clinic	Downstate	10/1/10	\$201.55
Chemical Dependence Outpatient Clinic	Upstate	10/1/10	\$154.92
Opioid Treatment Program (Clinic)	Downstate	1/3/11	\$180.99
Opioid Treatment Program (Clinic)	Upstate	1/3/11	\$157.14

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>

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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.

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