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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **11-0013A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

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: SA

December 24, 2015


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

Dear Deputy Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #11-0013-A has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2011. The SPA provides supplemental payments to hospitals operated by Health and Hospitals Corporation other than Coney Island in New York City for the period April 1, 2011 through March 31, 2013, in the total amount of \$184,425,795.

I have enclosed copies of the approved SPA #11-013-A materials. If you have any questions or wish to discuss this SPA further, please contact Steve Abbott at (518) 396-3810 Ext. 113 or me at (212) 616-2438.

Sincerely,


John Guhl
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: MMelendez
JUlberg
KKnuth
RGallagher
RWeaver
LTavener
RHolligan
SJew
SAbbott
MLopez



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DEC 23 2015

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #11-0013-A
Formerly 11-0013
Non-Institutional Services

Dear Mr. Melendez:

This letter responds to the July 29, 2011 correspondence from you requesting additional information regarding State Plan Amendment (SPA) #11-0013. Effective April 1, 2011, this amendment proposes to continue 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 your convenience, each issue and/or question is repeated below, followed by our response.

- a) **Pending SPAs 09-0010 and 10-0023 and the applicable 2009, 2010 and 2011 Outpatient UPL issues have to be resolved prior to processing SPA 11-0013.**

Response: SPA #09-0010 was approved by CMS on August 25, 2011 and SPA #10-0023 was approved by CMS on November 8, 2012. The State and CMS have agreed to the re-submission of this SPA and continue to resolve any remaining issues related to the UPLs.

- b) **The State should use the Page 2(c)(v) that it is using in 10-23 to update 11-13. The State has been showing separate liens/sentences for each year since 2005 and the funding amount for each year, rather than simply extending the end date as shown in 11-13.**

Response: Page 2(c)(v) is now longer part of SPA 11-0013-A; new page 2(c)(v.1) has been revised and is attached.

- c) **In compliance with provisions of the Recovery Act, follow-up with the State is required to conclude that the State is in compliance with the terms of the Recovery Act concerning (1) Maintenance of Effort (MOE); (2) State or local match; (3) Prompt payment; (4) Rainy day funds; and (5) Eligible expenditures (e.g. no DSH or other enhanced match payments).**

Response: The State hereby provides assurances that it remains in compliance with the terms of the Recovery Act with regard to the requirements pertaining to the maintenance of effort, State or local match, prompt payment, rainy day funds, and eligible expenditures. In addition, the HHS Office of Inspector General has reviewed the State's compliance with the political subdivision requirement for increased FMAP under ARRA and found the State to be in compliance with this provision (Report A-02-09-01029).

- d) **The State needs to verify it is in compliance with the provisions of Section 5006 of the Recovery Act concerning tribal consultations for the SPA, or an explanation why the provisions did not apply in this instance.**

Response: A tribal consultation for SPA #11-0013 was mailed on May 5, 2011 (copies previously provided with the re-submission of SPA 11-0013). To date, no comments have been received.

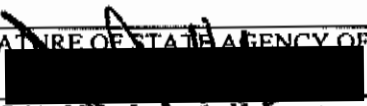
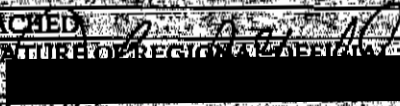
If you have any questions regarding this response, please do not hesitate to contact John E. Ulberg Jr., Director, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,



Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

Attachments

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-0013-A	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 April 1, 2011	
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: (in thousands) a. FFY 04/01/11 – 09/30/11 \$27,221.01 b. FFY 10/01/11 – 09/30/12 \$46,106.45	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 2(c)(v.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Outpatient UPL Payments—All Other HHC Hospitals (FMAP = 56.88% 4/1/11-6/30/11; 50% 7/1/11 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 Division of Finance & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Hogerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 6, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/23/2015		18. DATE APPROVED: 12/24/2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: John Guhl		22. TITLE: Acting Assistant Regional Administrator	
23. REMARKS:			

**New York
2(c)(v.1)****Additional Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals**

The State will provide an additional supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, (3) did not qualify for a supplemental payment under the immediately preceding provision, and (4) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011 and ending March 31, 2012, the amount of the supplemental payment will be \$101,875,021. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$82,550,774. 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 supplemental payments under this section will be made in a single lump-sum payment.

TN #11-0013-A
Supersedes TN NEW

Approval Date DECEMBER 24, 2015
Effective Date APRIL 01, 2011