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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 11-0016-A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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



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**Financial Management Group**

**MAY 27 2013**

Jason A. Helgerson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP - 1211)  
Albany, NY 12237

RE: State Plan Amendment (SPA) 11-16-A

Dear Commissioner Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-16-A. Effective April 1, 2012, this amendment proposes to make supplemental payments to hospitals operated by Health and Hospitals Corporation in New York City other than specialty hospitals for the period April 1, 2012 through March 31, 2013 in the amount of \$341,030,040.

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 implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of April 1, 2012. We are enclosing the CMS-179 and the amended approved plan page.



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

Sincerely,

A black rectangular box redacting the signature of Timothy Hill.

Timothy Hill  
Director

A handwritten signature in blue ink, appearing to be 'J. Hill'.

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: #11-0016-A	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, 2012	
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 04/01/12-09/30/12 \$85,257.51 b. FFY 10/01/12-09/30/13 \$85,257.51	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page 161(0)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Note: Impact \$ covers the period 4/1/12 through 3/31/13. 2012 Inpatient UPL Payments-All Other HHC Hospitals (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 OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Division of Health Care Financing 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: March 31, 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: 5/27/2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 27 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Deputy Director, FALC	
23. REMARKS:			

New York  
161(0)**Additional Inpatient Hospital Payments (Continued)**

For state fiscal year beginning April 1, 2012 and ending March 31, 2013 the State will provide an additional supplemental payment for all inpatient services provided by eligible government general hospitals except Coney Island, Coler-Bird Memorial, and Coler-Goldwater. To be eligible, the other hospitals must (1) be a government general hospital, (2) not be operated by the State of New York or the State University of New York, and (3) be located in a city with a population over one million.

The amount of the supplemental payment will be \$341,030,040. Medical assistance payments will be made for all inpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act initially using each such hospital's proportionate share of total Medicaid days of all eligible hospitals reported for the period from 1/1/2012 to 12/31/2012.

Upon completion of the annually required DSH audit for the rate year, a final reconciliation of the supplemental payment distribution to eligible facilities will be completed and such payments will be further adjusted, if necessary, to avoid payments from exceeding any hospital-specific DSH limit. Any adjustments will be calculated and redistributed proportionally using each hospital's remaining uncompensated care cost that is not in excess of their individual DSH limit.

TN #11-0016-ASupersedes TN NEW

Approval Date

Effective Date

5/27/2015  
4/1/2012