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State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0008-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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



Financial Management Group

JUN 03 2013

Jason A. Helgersen
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) 13-0008-A

Dear Commissioner Helgersen:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-0008-A. Effective April 1, 2013, 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, 2013 through March 31, 2014 in the amount of \$300,246,179.

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, 2013. 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,



Timothy Hill
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER
#13-0008-A

2. STATE
New York

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

10. 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)

☐ 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:
Section 1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 04/01/13-09/30/13 \$75,061.54
b. FFY 10/01/13-09/30/14 \$75,061.54

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A: Page 161(0)

Attachment 4.19-A: Page 161(0)

10. SUBJECT OF AMENDMENT: Notice Impact Services for period 12/13 - 2/14/14
2013 Inpatient UPL Payments-All Other HHC Hospitals
(FMAP = 50%)

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ COPY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME: [Redacted] person

14. TITLE: Medicaid Director
Department of Health

15. DATE SUBMITTED: JUN 6 2013

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JUN 03 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APR 01 2013

20. SIGNATURE: [Redacted]

21. TYPED NAME: Kristin Fan

22. TITLE: Deputy Director, FMG

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.]

For state fiscal year beginning April 1, 2013 and ending March 31, 2014 the State will provide an additional supplemental payment for all inpatient services provided by eligible government general hospitals except Coney Island, Coler-Bird Memorial, Coler-Goldwater/Henry J Carter Specialty Hospital. 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 \$300,246,179. 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 January 1, 2013 to December 31, 2013.

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 #13-0008-A

Approval Date

JUN 03 2013

Supersedes TN #11-0016-A

Effective Date

APR 01 2013