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**State/Territory Name: New York** 

State Plan Amendment (SPA) #: 13-0061

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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: PM:SPA-NY-13-0061-FCA

May 25, 2017

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

RE: TN 13-0061

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-0061 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2013. This SPA amends and updates the State's APG system for Outpatient Hospital Services.

Enclosed are copies of SPA #13-0061 and the CMS-179 form, as approved.

If you have any questions, please contact Peter Marra at 518-396-3810, ext 104.

Sincerely,

Michael Melendez, LMSW Associate Regional Administrator Division of Medicaid and Children's Health Operations

#### **Enclosures**

cc. J. Ulberg

R. Deyette

L. Tavener

R. Weaver

R. Holligan

P. Marra

M. Lopez

STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER:	2. STATE
	13-0061	2. STATE
FOR HEALTH GARE ENVISOR	New York	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF TH SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	■ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	OMENT (Separate Transmittal for each )	imendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in thousands)	
§1902(a) of the Social Security Act, and 42 CFR 447	a. FFY 10/01/13-09/30/14 S0	inousunds)
	b. FFY 10/01/14-09/30/15 S0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN	
1 ( 10 B B ( ) \( \alpha \)	SECTION OR ATTACHMENT (If A	pplicable):
Att 4.19-B: Pages 1(e)(2), 1(e)(2.1)		
	Att 4.19-B: Pages 1(e)(2), 1(e)(2.1)	
10 GUDUROT OU ALGOUDIANCE		
10. SUBJECT OF AMENDMENT:		
October 2013 Hosp OP APG Weight Adjustments (FMAP = 50%)		
(FMAP = 50%)		
11. GOVERNOR'S REVIEW (Check One):		
☑ GOVERNOR'S OFFICE REPORTED NO COMMENT	COTHER ASSESSED	
	L TOTHER, AS SPE	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPE	CIFIED:
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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 <a href="http://www.health.ny.gov/health\_care/medicaid/rates/apg/index.htm">http://www.health.ny.gov/health\_care/medicaid/rates/apg/index.htm</a>. 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 3.8; updated as of [07/01/13] 10/01/13:

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 01/01/11:

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 04/01/08, updated as of 10/01/11:

http://www.health.ny.gov/health\_care/medicaid/rates/bundling/ Click on "2011."

# APG 3M Definitions Manual Versions; updated as of [07/01/13] 10/01/13:

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

## APG Investments by Rate Period; updated as of 01/01/11:

### APG Relative Weights; updated as of [07/01/13] 10/01/13:

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 01/01/11:

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

TN #13-0061	Approval Date _	MAY 25, 2017
Supersedes TN #13-0051	Effective Date _	OCTOBER 01, 2013

# New York 1(e)(2.1)

Carve-outs;	updated	as of	10/0	1/12:
	-pauceu	43 01	TO/O	1/12:

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

# Coding Improvement Factors (CIF); updated as of 07/01/12:

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 [07/01/12] 10/01/13:

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 04/01/11:

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 [10/01/12] 10/01/13:

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

### Never Pay APGs; updated as of 07/01/12:

# Never Pay Procedures; updated as of [07/01/13] 10/01/13:

#### No-Blend APGs; updated as of 04/01/10:

### No-Blend Procedures; updated as of 01/01/11:

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

TN#13-0061	Approval Date	MAY 25, 2017
Supersedes TN #13-0051	Effective Date	OCTOBER 01, 2013