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State/Territory Name: New York

State Plan Amendment (SPA) #: 14-0004-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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

SEP 17 2015

Jason A. Helgeson
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) 14-0004-A

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 14-0004-A. Effective April 1, 2014, this amendment proposes supplemental payments to hospitals operated by Health and Hospitals Corporation in New York City other than specialty hospitals for the period April 1, 2014 through March 31, 2015 in the amount of \$274,284,787.

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 regulations at 42 CFR 447 Subpart C. This letter is to inform you that New York 14-0004-A is approved effective April 1, 2014. We are enclosing the CMS-179 and the approved plan page.

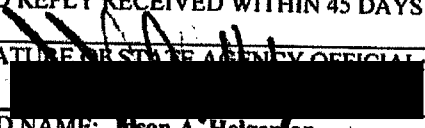

If you have any questions, please contact Rob Weaver at (410) 786-5914 or Betsy Pinho at 518-396-3810 ext 111.

Sincerely,

A solid black rectangular box used to redact the signature of Timothy Hill.

Timothy Hill
Director

A handwritten signature in black ink, appearing to be "Timothy Hill", written over the printed name and title.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0004-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, 2014	
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 04/01/14-09/30/14 \$68,571.19 b. FFY 10/01/14-09/30/15 \$68,571.19	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Pages 161(0)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: Pages 161(0)	
10. SUBJECT OF AMENDMENT: 2014 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 Finance & Rate Setting 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: June 23, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 17 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
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, [2013] 2014 and ending March 31 [2014] 2015, 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] \$274,284,787. 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] 2014 to December 31, [2013] 2014.

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 #14-0004-ASupersedes TN #13-0008-AApproval Date SEP 17 2013Effective Date APR 01 2014