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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **NY-14-005**

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 & 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: SJ

October 29, 2014

Jason Helgeson
Deputy Commissioner
New York State Department of Health
Corning Tower (OCP-1211)
Empire State Plaza
Albany, New York 12237

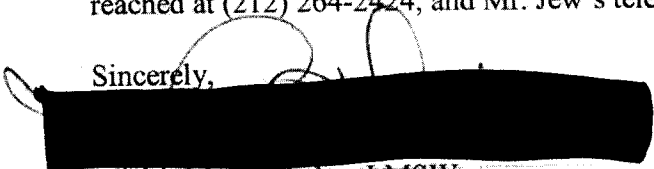
Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #14-005 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2014. The SPA provides supplemental payments for Coney Island Hospital of the Health and Hospitals Corporation (HHC) in New York City for the period April 1, 2014 through March 31, 2015, in the total amount of \$105,802,261.

This SPA is for Coney Island Hospital only. Payments for the other HHC hospitals will be made under a separate SPA, 14-005-A, which is currently under consideration. We will advise New York State under separate cover when we have completed action for SPA 14-005-A.


Enclosed are copies of SPA #13-005 as approved. If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 264-2424, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,


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

Enclosures

cc: JUlberg
KKnuth
RGallagher
RWeaver
LTavener
MCieslicki
RHolligan
JGuhl
PMarra
SJew
MLopez

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 14-005 | 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: a. FFY 04/01/14-09/30/14 \$26,450,565 b. FFY 10/01/14-09/30/15 \$26,450,565 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 2(c)(v) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Page 2(c)(v) | |
| 10. SUBJECT OF AMENDMENT: 2014 Outpatient UPL Payments – Coney Island Hospital (HHC) (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 Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 | |
| 13. TYPED NAME: Jason A. Helgersen | | | |
| 14. TITLE: Medicaid Director Department of Health | | | |
| 15. DATE SUBMITTED: June 23, 2014 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED | | 18. DATE APPROVED: JUN 24 2014 | |
| 19. EFFECTIVE DATE OF APPROVAL MATERIAL | | | |
| 20. TYPED NAME: Michael Malone | | 21. SIGNATURE OF REGIONAL OFFICIAL | |
| 22. REMARKS | | | |

OFFICIAL

Attachment 4.19-B

**New York
2(c)(v)**

Hospital Outpatient Payment Adjustment

Effective for the period January 1, 2002 through March 31, 2002, and state fiscal years beginning April 1, 2002, for services provided on or after January 1, 2002, the Department of Health will increase the operating cost component of rates of payment for hospital outpatient and emergency room services for public general hospitals other than those operated by the State of New York or the State University of New York, which experienced free patient visits in excess of 20 percent of their total self-pay and free patient visits based on data reported on Exhibit 33 of their 1999 Institutional Cost Report and which experienced uninsured outpatient losses in excess of 75% of their total inpatient and outpatient uninsured losses based on data reported on Exhibit 47 of their 1999 Institutional Cost Report, and are located in a city with a population of over one million. The amount to be paid will be thirty seven million dollars for the period beginning January 1, 2002 and ending March 31, 2002 and one hundred fifty-one million dollars annually for state fiscal years beginning April 1, 2002 and ending March 31, 2005. For state fiscal year beginning April 1, 2005 and ending March 31, 2006, the amount to be paid will be \$222,781,000. For state fiscal year beginning April 1, 2006 and ending March 31, 2007, the amount to be paid will be \$229,953,000. For state fiscal year beginning April 1, 2007 and ending March 31, 2008, the amount to be paid will be \$211,865,219. For state fiscal year beginning April 1, 2008 and ending March 31, 2009, the amount to be paid will be \$183,365,199. For state fiscal year beginning April 1, 2009 and ending March 31, 2010, the amount to be paid will be \$179,191,153. For state fiscal year beginning April 1, 2010 and ending March 31, 2011, the amount to be paid will be \$153,834,433.

For state fiscal year beginning April 1, 2011 and ending March 31, 2012, the amount to be paid will be \$55,223,767. For state fiscal year beginning April 1, 2012 through March 31, 2013, the amount to be paid will be \$45,880,761. For state fiscal year beginning April 1, 2013 through March 31, 2014, the amount to be paid will be \$101,247,036. For state fiscal year beginning April 1, 2014 through March 31, 2015, the amount to be paid will be \$105,802,261. 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 proportionate share payment may be added to rates of payment or made as aggregate payments to eligible public general hospitals.

TN #14-005

Approval Date

OCT 29 2014

APR 01 2014

Supersedes TN #13-009

Effective Date