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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **14-23**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

August 25, 2014

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Albany, New York 12237
RE: New Jersey 14-23

Dear Mr. Helgerson:

We have reviewed the proposed Emergency Medical Transportation Services Supplemental Payments, TN 14-23, which was submitted to the Centers for Medicare & Medicaid Services New York Regional Office on June 23, 2014. This SPA supplements Medicaid fee-for-service payments made to emergency medical transportation services providers for the period May 30, 2014 through March 31, 2015.

Based on the information provided, the Medicaid SPA 14-23 is approved with an effective date of May 30, 2014. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any additional questions or need further assistance, please contact Erica Kisiday at (212) 616-2483.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-23	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 May 30, 2014	
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		7. FEDERAL BUDGET IMPACT: a. FFY 05/30/14-09/30/14 \$ 1.5 million b. FFY 10/01/14-09/30/15 \$ 1.5 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 6.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Page 6.1	
10. SUBJECT OF AMENDMENT: Emergency Medical Transportation Services Supplemental Payments (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Jason A. Helgeson		New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1430 Albany, NY 12210	
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 23, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: August 25, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 30, 2014		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

OFFICIAL

Attachment 4.19-B

**New York
6.1**

Emergency Medical Services Provider Supplemental Payment

The Department will supplement Medicaid fee-for-service reimbursements made to emergency medical services providers.

For the period July 1, 2006 to March 31, 2007, the aggregate amount of \$3.0 million and for the period April 1, 2007 to March 31, 2008, the aggregate amount of \$6 million will be available. For the period March 26, 2009 through March 31, 2009, the aggregate amount of \$4,512,000 will be available. For the period May 30, 2014 through March 31, 2015, the aggregate amount of \$6 million will be available.

This payment will be based upon a ratio of individual provider payments to total Medicaid provider payments in each quarter of the state fiscal year.

The following methodology applies in each state fiscal year:

- The aggregate amount will be divided by four as a payment will be made in each quarter of the state fiscal year, and further divided as follows:
 - Twenty five percent of the total aggregate amount will be paid to providers within the City of New York.
 - ▶ The Department will determine the ratio of an emergency medical services Medicaid provider's Medicaid reimbursements to the total Medicaid payments made to emergency medical services providers during that quarter of the state fiscal year to providers within the City of New York, and will express that ratio as a percentage.
 - ▶ The Department will then multiply the percentage by one-quarter the supplemental amount available to be disbursed for emergency medical services providers based in the City of New York. The result of such calculation shall represent the "emergency medical service supplemental payment".
 - ▶ In each quarter of the state fiscal year, these steps shall be repeated.
 - Seventy-five percent of the total aggregate amount will be paid to Medicaid providers outside the City of New York.
 - ▶ The Department will determine the ratio of an emergency medical services Medicaid provider's Medicaid reimbursements to the total Medicaid payments made to emergency medical services providers during that quarter of the state fiscal year to providers outside the City of New York, and will express that ratio as a percentage.
 - ▶ The Department will then multiply the percentage by one quarter the supplemental amount available to be disbursed to providers based outside the City of New York. The result of such calculation shall represent the "emergency medical service supplemental payment".
 - ▶ In each quarter of the state fiscal year, these steps shall be repeated.

TN #14-23
Supersedes TN #09-47

Approval Date August 25, 2014
Effective Date May 30, 2014