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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 15-0005**

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**

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DMCHO:PM:SPA-NY-15-0005-FCA  
November 18, 2015

Jason A. Helgersen  
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 15-0005


Dear Commissioner Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #15-0005 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2015. The SPA adds Erie County Medical Center to the list of Eligible Providers regarding supplemental payments to certain professional practitioners. These supplemental payments are applicable only to the professional component of the eligible services provided.

Enclosed are copies of SPA #15-0005 and the CMS-179 form, as approved.

If you have any questions, please contact Peter Marra at 518-396-3810, ext 104, or Rob Weaver at 410-786-5914.

Sincerely,

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

Enclosures

cc. J. Ulberg  
K. Knuth  
L. Tavener  
R. Weaver  
J. Guhl  
R. Holligan  
P. Marra  
M. Lopez

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**15-0005**

2. STATE  
**New York**

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

4. PROPOSED EFFECTIVE DATE  
**July 1, 2015**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
**§ 1902(a) of the Social Security Act, and 42 CFR 447**

7. FEDERAL BUDGET IMPACT: (in thousands)

a. FFY 07/01/15-09/30/15 \$ 212.50

b. FFY 10/01/15-09/30/16 \$ 212.50

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B: Page 1.9**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

**Attachment 4.19-B: Page 1.9**

10. SUBJECT OF AMENDMENT:

**Supplemental Physician Payments – Erie County Medical Center  
(FMAP = 50%)**

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director  
Department of Health**

15. DATE SUBMITTED:

**SEP 30 2015**

16. RETURN TO:

**New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1460  
Albany, NY 12210**

17. DATE RECEIVED:

**FOR REGIONAL OFFICE USE ONLY**

18. DATE APPROVED:  
**November 18, 2015**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**July 01, 2015**

**PLAN APPROVED – ONE COPY ATTACHED**

21. TYPED NAME:  
**Michael Melendez**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid & Children's Health Operations**

23. REMARKS:

New York  
1.9

**Supplemental Medicaid Payments for Professional Services****3. Medicare Fee Equivalent Calculation**

- a. Effective April 1, 2011, supplemental payments will be made to physicians, nurse practitioners and physician assistants who are employed by a Public Benefit Corporation (PBC), or a non-state operated public general hospital operated by a PBC or who are providing professional services at a PBC facility as either a member of a practice plan or an employee of a professional corporation or limited liability corporation under contract to provide services to patients of such a public benefit corporation for those patients eligible for Medicaid. The supplemental payments will be applicable only to the professional component of the eligible services provided.
- b. Eligible providers are affiliated with:
- i. New York City Health and Hospital Corporation (HHC), excluding facilities participating in the Medicare Teaching Election Amendment.
  - ii. Nassau University Medical Center, [and]
  - iii. Westchester Medical Center, and
  - iv. Erie County Medical Center, effective July 1, 2015.
- Excluded facilities are Federal Qualified Health Centers and Rural Health Centers.
- c. Supplemental payments for eligible services will equal the difference between the Medicare Part B fee schedule rate and the average Medicaid payment per unit otherwise made under this Attachment.
- d. Supplemental payments will be made as an annual aggregate lump sum, and be based on the Medicaid data applicable to the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year. A final payment will be made one year following the initial payment to capture those claims for the payment year dates of service processed subsequent to the initial payment. Supplemental payments will not be made prior to the delivery of services.
- e. Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee-for-service payment has been made to an eligible provider. Non-commercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.

TN 15-0005Approval Date November 18, 2015Supersedes TN #11-0007-CEffective Date July 01, 2015