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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 15-0016**

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: JH:SPA-NY-15-0016-Approval

November 15, 2017

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

Dear Commissioner Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #15-0016 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2015. This SPA amends and updates the State's APG system for Freestanding Clinic services.

Enclosed are copies of the Plan Pages for SPA #15-0016 and the HCFA-179 form, as approved.

If you have any questions regarding this amendment, please call Joanne Hounsell at 212.616.2446 or e-mail at [joanne.hounsell@cms.hhs.gov](mailto:joanne.hounsell@cms.hhs.gov).

Sincerely,

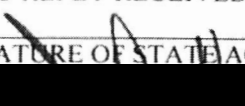
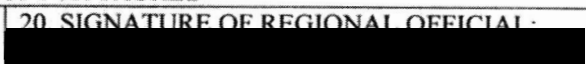
[Redacted Signature]  
Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form  
State Plan Pages

cc: J. Ulberg  
R. Deyette  
P. LaVenja  
M. Levesque

R. Weaver  
R. Holligan  
N. McKnight  
M. Tabakov

S. Jew  
J. Hounsell  
M. Lopez

|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                         |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>                                                                                                                                                                                                                                                |  | 1. TRANSMITTAL NUMBER:<br><b>15-0016</b>                                                                                                                                | 2. STATE<br><b>New York</b> |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>                                                                                                                                                                                                                                                                    |  | 3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE<br/>SOCIAL SECURITY ACT (MEDICAID)</b>                                                                                   |                             |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                       |  | 4. PROPOSED EFFECTIVE DATE<br><b>January 1, 2015</b>                                                                                                                    |                             |
| 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> ) |  |                                                                                                                                                                         |                             |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>§1902(a) of the Social Security Act, and 42 CFR 447</b>                                                                                                                                                                                                               |  | 7. FEDERAL BUDGET IMPACT: (in thousands)<br>a. FFY 01/01/15-09/30/15 \$ 600.98<br>b. FFY 10/01/15-09/30/16 \$ 801.30                                                    |                             |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>Attachment 4.19-B Pages: 2(g)(2), 2(g)(3), 2(g)(3.1)</b>                                                                                                                                                                                                |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN<br>SECTION OR ATTACHMENT ( <i>If Applicable</i> ):<br><br><b>Attachment 4.19-B Pages: 2(g)(2), 2(g)(3), 2(g)(3.1)</b>             |                             |
| 10. SUBJECT OF AMENDMENT:<br><b>January 2015 Freestanding Clinic APG Weight Adjustments<br/>(FMAP = 50%)</b>                                                                                                                                                                                                        |  |                                                                                                                                                                         |                             |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |                                                                                                                                                                         |                             |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>                                                                                                                                                                                      |  | 16. RETURN TO:<br>New York State Department of Health<br>Division of Finance & Rate Setting<br>99 Washington Ave – One Commerce Plaza<br>Suite 1432<br>Albany, NY 12210 |                             |
| 13. TYPED NAME: <b>Jason A. Hogerson</b>                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                         |                             |
| 14. TITLE: <b>Medicaid Director<br/>Department of Health</b>                                                                                                                                                                                                                                                        |  |                                                                                                                                                                         |                             |
| 15. DATE SUBMITTED: <b>March 18, 2015</b>                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                         |                             |
| <b>FOR REGIONAL OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                         |                             |
| 17. DATE RECEIVED:                                                                                                                                                                                                                                                                                                  |  | 18. DATE APPROVED:<br><b>NOVEMBER 15, 2017</b>                                                                                                                          |                             |
| <b>PLAN APPROVED – ONE COPY ATTACHED</b>                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                         |                             |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>JANUARY 01, 2015</b>                                                                                                                                                                                                                                                 |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>                                             |                             |
| 21. TYPED NAME:<br><b>MICHAEL MELENDEZ</b>                                                                                                                                                                                                                                                                          |  | 22. TITLE:<br><b>DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>                                                                                                       |                             |
| 23. REMARKS:                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                         |                             |

**New York  
2(g)(2)**

### **APG Reimbursement Methodology – Freestanding Clinics**

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 [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm). 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](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Contacts."

#### **3M APG Crosswalk\*:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "3M Versions and Crosswalks," then on "3M APG Crosswalk" toward bottom of page, and finally on "Accept" at bottom of page.

#### **APG Alternative Payment Fee Schedule; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Alternative Payment Fee Schedule."

#### **APG Consolidation Logic; logic is from version of 3.6.11.4, updated as of 10/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "2011"

#### **APG 3M Definitions Manual; version [3.9] 3.10 updated as of [07/01/14 and 10/01/14]**

**01/01/15:** [http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "3M Versions and Crosswalk."

#### **APG Investments by Rate Period; updated as of 07/01/10:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Investments by Rate Period."

#### **APG Relative Weights; updated as of [07/01/14] 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

#### **Associated Ancillaries; updated as of 07/01/11:**

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

\*Older 3M APG crosswalk versions available upon request.

TN                     #15-0016                    

Supersedes TN           #14-0034          

Approval Date                     11/15/2017                    

Effective Date                     01/01/2015

**New York  
2(g)(3)**

**Carve-outs; updated as of 10/01/12. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:**

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

**Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](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 [07/01/12] as of 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/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 07/01/14:**

[http://www.health.state.ny.us/health\\_care/medicaid/rates/methodology/index.htm](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 [10/01/13] 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

**Never Pay Procedures; updated as of [07/01/14] 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No-Blend Procedures."

**No Capital Add-on APGs; updated as of 10/1/12 and 01/01/13:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on APGs."

TN           #15-0016          

Supersedes TN           #14-0034          

Approval Date           11/15/2017          

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New York  
2(g)(3.1)

**No Capital Add-on Procedures; updated as of 04/01/12 and 07/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on Procedures."

**Non-50% Discounting APG List; updated as of 04/01/13:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Non-50% Discounting APG List."

**Rate Codes Carved Out of APGs; updated as of [09/05/12] 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

**Rate Codes Subsumed by APGs; updated as of 01/01/11 and 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Rate Codes Subsumed by APGs – Freestanding Article 28."

**Statewide Base Rate APGs; updated as of 01/01/14:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Statewide Base Rate APGs."

**Packaged Ancillaries in APGs; updated as of 01/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Packaged Ancillaries in APGs."

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Approval Date           11/15/2017          

Supersedes TN           #14-0002          

Effective Date           01/01/2015