## **Table of Contents**

**State/Territory Name: New York** 

State Plan Amendment (SPA) #: 20-0011

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



## **Financial Management Group**

May 29, 2020

Donna Frescatore Medicaid Director New York State Department of Health One Commerce Plaza, Suite 1211 Albany, NY 12210

RE: NY-20-0011

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0011. This amendment updates and extends the Ambulatory Patient Group (APG) methodology for hospital based clinics and ambulatory surgery services for the effective period January 1, 2020 thru December 31, 2020 and revise the APG methodology to reflect the recalculated weights with component updates.

Based upon the information provided by New York, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov

Sincerely,

Todd McMillion Director Division of Reimbursement Review

**Enclosures** 

	1. TRANSMITTAL NUMBER 2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL O	F 2 0 — 0 0 1 1 New York		
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL		
FOR: CENTERS FOR MEDICARE & MEDICARD SETTION	SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2020		
5. TYPE OF PLAN MATERIAL (Check One)	_		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	MENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 01/01/20-09/30/20 \$ 1,289.63		
§1902(a) of the Social Security Act, and 42 CFR 447	b. FFY 10/01/20-09/30/21 \$ 1,719.50		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	<ol> <li>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</li> </ol>		
	Attachment: 4.19(B) Pages: 1(e)(1), 1(e)(2), 1(e)(2.1), 1(e)(2.2)		
Attachment: 4.19(B) Pages: 1(e)(1), 1(e)(2), 1(e)(2.1), 1(e)(2.2)			
10. SUBJECT OF AMENDMENT			
January 2020 APG Extension and Updates - Hospita	al OP		
(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		
	New York State Department of Health		
13. TYPED NAME	<ul> <li>Division of Finance and Rate Setting</li> <li>99 Washington Ave – One Commerce Plaza</li> </ul>		
Donna Frescatore	Suite 1432		
14. TITLE  Medicaid Director, Department of Health	Albany, NY 12210		
15. DATE SUBMITTED March 24, 2020	7		
· ·	L OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED		
ALE SCOT 10 1	05/29/2020		
	- ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL		
1/1/2020			
21. TYPED NAME	22. TITLE		
Todd McMillion	Director, Division of Reimbursement Review		
23. REMARKS			

## New York 1(e)(1)

#### **Ambulatory Patient Group System: Hospital-Based Outpatient**

For dates of service beginning December 1, 2008, for hospital outpatient clinic and ambulatory surgery services, and beginning January 1, 2009, for emergency department services, through December 31, [2019] 2020, the operating component of rates for hospital based outpatient services shall be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates shall be made as an add-on to the operating component as described in the APG Rate Computation section.

If a clinic is certified by the Office of People with Developmental Disabilities (OPWDD), reimbursement will be as specified in the OPWDD section of the State Plan.

The Ambulatory Patient Group patient classification system is designed to explain the amount and type of resources used in an ambulatory visit by grouping patients with similar clinical characteristics and similar resource use into a specific APG. Each procedure code associated with a patient visit is assigned to an APG using the grouping logic developed by 3M Health Information Systems. When evaluation and management codes are coded, the APG grouping logic also uses the diagnosis code to make the APG assignment. Ultimately, the procedures and diagnoses coded for a patient visit will result in a list of APGs that correspond on a one-for-one basis with each procedure coded for the visit.

ΓN#20-0011		Approval Date_	05/29/20
Supersedes TI	N <u>#19-0011</u>	Effective Date_	January 1, 2020

## New York 1(e)(2)

#### **APG Reimbursement Methodology – Hospital Outpatient**

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 <a href="http://www.health.ny.gov/health\_care/medicaid/rates/apg/index.htm">http://www.health.ny.gov/health\_care/medicaid/rates/apg/index.htm</a>. 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 Click on "Contacts."

## 3M APG Crosswalk, version [3.14] <u>3.15</u>; updated as of [07/01/19 and 10/01/19] <u>01/01/20</u> and <u>04/01/20</u>:

http://www.health.ny.gov/health\_care/medicaid/rates/crosswalk/index.htm http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html Click on "Accept" at bottom of page to gain access.

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

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

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of 01/01/19: http://www.health.ny.gov/health\_care/medicaid/rates/bundling/ Click on "2019"

# APG 3M Definitions Manual Versions; updated as of [07/01/19 and 10/01/19] <u>01/01/20 and 04/01/20</u>:

http://www.health.ny.gov/health\_care/medicaid/rates/crosswalk/index.htm

#### APG Investments by Rate Period; updated as of 01/01/11:

#### **APG Relative Weights; updated as of [07/01/19] 01/01/20:**

#### Associated Ancillaries; updated as of [07/01/15] 01/01/20:

TN #20-00	)11	Approval Date _	05/29/20
Supersedes TN #	19-0049	Effective Date	January 1, 2020

## New York 1(e)(2.1)

Carve-outs:	undated	as of	10/01	/12.
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http://www.health.ny.gov/health\_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

#### Coding Improvement Factors (CIF); updated as of 07/01/12:

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 as of 01/01/15:

http://www.health.state.ny.us/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 01/01/19:

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 07/01/18:

http://www.health.ny.gov/health\_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

#### Never Pay APGs; updated as of [01/01/19] 01/01/20:

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

#### Never Pay Procedures; updated as of [07/01/19] 01/01/20:

#### No-Blend APGs; updated as of [04/01/10] 01/01/20:

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

TN #2	0-0011	Approval Date	05/29/20
Supersedes TN	#19-0049	Effective Date	January 1, 2020

## New York 1(e)(2.2)

## No Capital Add-on APGs; updated as of [07/01/13] 01/01/20:

#### No Capital Add-on Procedures; updated as of 07/01/17:

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 [07/01/17] <u>01/01/20</u>:

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 01/01/15:

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 10/01/12:

http://www.health.ny.gov/health\_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Subsumed by APGs – Hospital Article 28."

## Statewide Base Rate APGs; updated as of [01/01/19] 01/01/20:

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 [01/01/19] 01/01/20:

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

·	ersedes TN	#19-0011	• •	January 1, 2020
TN	#2	0-0011	Approval Date	05/29/20