

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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September 6, 2012

Jason Helgeson  
Medicaid Director, Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP - 1211)  
Albany, NY 12237

Dear Mr. Helgeson:

We have completed our review of New York State Plan Amendment (SPA) submittal 11-46-B, "Reduce Reimbursement for Other Provider Preventable Conditions (OPPCs)-NI" (Attachment 4.19-B: page A(8)), and find it acceptable for incorporation into New York's Medicaid Plan, effective July 1, 2011. Enclosed please find copies of State Plan Amendment 11-46-B and Form CMS-179.

Please note that we have substituted the originally submitted Attachment 4.19-B page A(8) with the revised A(8) page the New York transmitted to our office via e-mail on August 20, 2012.

This amendment satisfies all of the statutory requirements at Sections 1902(a)(13) and (a)(30) of the Social Security Act, and implementing regulations at 42 CFR 447.250 and 447.272

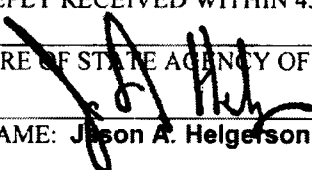
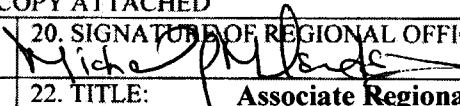
We would like to take this opportunity to thank you for the courtesies and assistance provided to our office by State staff during the approval process for this State Plan Amendment. If you have any questions, please contact Suzanne Gallagher at 212-616-2482.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Melendez". The signature is fluid and cursive, with a long horizontal line extending to the right.

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>#11-46-B</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2011</b>	
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: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: a. FFY 07/01/11-09/30/11 <b>\$0</b> b. FFY 10/01/11-09/30/12 <b>\$0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B: Page A(8)</b>  <b>**SEE REMARKS BELOW</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Reduce Reimbursement for Other Provider Preventable Conditions (OPPCs) (FMAP = 50% 7/1/11 forward)</b>			
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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason A. Helgeson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>August 20, 2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>September 06, 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 01, 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>** This amendment implements regulations for Provider Preventable Conditions (PPCs) and related payment adjustments for Medicaid and incorporates the CMS pre-print for PPCs for outpatient services into Attachment B. New York implemented the CMS pre-print for inpatient services in Attachment A under TN 11-046-A, approved on May 25, 2012.</b>			

**OFFICIAL**

**New York  
A(8)**

**Attachment 4.19-B  
(07/11)**

**Citation**

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

**Payment Adjustment for Provider Preventable Conditions**

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

**Other Provider-Preventable Conditions**

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19 (B) of this State plan.

X  Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Additional Other Provider-Preventable Conditions identified below:

Effective July 1, 2011, Medicaid will not pay the incremental cost associated with the above situations occurring within an ambulatory health care setting. Implementation of this provision will include a ramp-up period and will be fully implemented on July 1, 2012. During the ramp-up implementation period, in the event cases are identified, Medicaid payment will not be made for such cases.

**New**

TN  #11-46-B

Supersedes TN  NEW

Approval Date  SEP 06 2012

Effective Date  JUL 01 2011