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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **18-0049**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

Ms. Donna Frescatore
State Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

September 4, 2018

RE: State Plan Amendment (SPA) TN 18-0049

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 18-0049. Effective May 17, 2018, this amendment proposes a 2% penalty on nursing facility rates based on the facility's Quality Incentive Performance rating. Financially distressed nursing facilities will be excluded from the penalty.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you that New York 18-0049 is approved effective May 17, 2018. The CMS-179 and approved plan page are enclosed.

If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-0049	2. STATE New York
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE May 17, 2018	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: §1902(r)(5) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 05/17/18-09/30/18 \$ (7,670.00) b. FFY 10/01/18-09/30/19 \$ (7,670.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Page: Part I :110(d)(6), 110(d)(7), 110(d)(26.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D Page: Part I:110(d)(6), 110(d)(7), 110(d)(26.1)	
10. SUBJECT OF AMENDMENT: 2% Penalty on Poor Performing Nursing Homes / NH Transportation Technical Correction (FMAP = 50%)			
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: New York State Department of Health Division of Finance & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Donna Frescatore			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 22 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 04 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 17 2018		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMCO	
23. REMARKS:			

**New York
110(d)(7)**

Direct Component of the Price Medicare Ineligible Price, Medicare Part D Eligible Price (NS300- Peer Group)					
Effective Date of Prices	Direct NSF Price (a)	50% of Direct NSF Price (b)	Direct NS300-Price (c)	50% of Direct NS300-Price (d)	Total Direct Component of Price for NS300- Peer Group (b)+(d)
January 1, 2012	\$105.79	\$52.90	\$99.30	\$49.65	\$102.55
January 1, 2013	\$111.82	\$55.91	\$104.95	\$52.48	\$108.39
January 1, 2014	\$116.58	\$58.29	\$109.43	\$54.72	\$113.01
January 1, 2015	\$117.94	\$58.97	\$110.70	\$55.35	\$114.32
January 1, 2016	\$118.48	\$59.24	\$111.21	\$55.61	\$114.85
April 1, 2016	\$118.04	\$59.02	\$110.77	\$55.39	\$114.41
January 1, 2017	\$119.02	\$59.51	\$111.71	\$55.86	\$115.37
April 1, 2018	\$118.93	\$59.46	\$111.62	\$55.81	\$115.27
May 17, 2018	\$118.94	\$59.47	\$111.63	\$55.62	\$115.29
Direct Component of the Price Medicare Part B Eligible Price, Medicare Part B and Part D Eligible Price (NS300- Peer Group)					
Effective Date of Prices	Direct NSF Price (a)	50% of Direct NSF Price (b)	Direct NS300-Price (c)	50% of Direct NS300-Price (d)	Total Direct Component of Price for NS300- Peer Group (b)+(d)
January 1, 2012	\$104.34	\$52.17	\$97.90	\$48.95	\$101.12
January 1, 2013	\$110.28	\$55.14	\$103.47	\$51.74	\$106.88
January 1, 2014	\$114.98	\$57.49	\$107.88	\$53.94	\$111.43
January 1, 2015	\$116.33	\$58.17	\$109.14	\$54.57	\$112.74
January 1, 2016	\$116.86	\$58.43	\$109.64	\$54.82	\$113.25
April 1, 2016	\$116.42	\$58.21	\$109.20	\$54.60	\$112.81
January 1, 2017	\$117.39	\$58.70	\$110.14	\$55.07	\$113.77
April 1, 2018	\$117.28	\$58.64	\$110.04	\$55.02	\$113.66
May 17, 2018	\$117.31	\$58.66	\$110.06	\$55.03	\$113.68

As used in this subdivision, Medicare Ineligible Price shall mean the price applicable to Medicaid patients that are not Medicare eligible, Medicare Part B Eligible Price shall mean the price applicable to Medicaid patients that are Medicare Part B eligible, Medicare Part D Eligible Price shall mean the price applicable to Medicaid patients that are Medicare Part D eligible, and Medicare Part B and Part D eligible Price shall mean the price applicable to Medicaid patients that are Medicare Part B and Part D eligible.

TN #18-0049

Approval Date SEP 04 2018
 MAY 17 2018

Supersedes TN #18-0044

Effective Date

**New York
110(d)(26.1)**

Effective May 17, 2018, and every January 1 thereafter, low quality performing residential health care facilities will have their rates reduced as described in this section based on the most recent two years of Nursing Home Quality Initiative (NHQI) data. A low quality performing facility is one that was ranked in the lowest two quintiles for the second most recent year, and ranked in the lowest quintile for the most recent year. In the rate year immediately following the two-year measurement period, a low quality performing facility's computed Medicaid rate will be reduced by 2 percent. Financially distressed providers will be excluded from this penalty.

TN #18-0049
Supersedes TN NEW

Approval Date SEP 04 2018
Effective Date MAY 17 2018