

## **Table of Contents**

**State/Territory Name:** **NEW YORK**

**State Plan Amendment (SPA) #:** **11-0013A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) 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: SA

December 24, 2015


Jason Helgeson  
Deputy Commissioner  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

Dear Deputy Commissioner Helgeson:

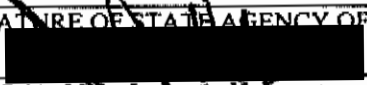
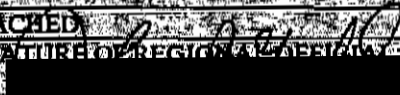
This is to notify you that New York State Plan Amendment (SPA) #11-0013-A has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2011. The SPA provides supplemental payments to hospitals operated by Health and Hospitals Corporation other than Coney Island in New York City for the period April 1, 2011 through March 31, 2013, in the total amount of \$184,425,795.

I have enclosed copies of the approved SPA #11-013-A materials. If you have any questions or wish to discuss this SPA further, please contact Steve Abbott at (518) 396-3810 Ext. 113 or me at (212) 616-2438.

Sincerely,

  
John Guini  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: MMelendez  
JUlberg  
KKnuth  
RGallagher  
RWeaver  
LTavener  
RHolligan  
SJew  
SAbbott  
MLopez

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 11-0013-A	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2011	
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: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/11 – 09/30/11 \$27,221.01 b. FFY 10/01/11 – 09/30/12 \$46,106.45	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 2(c)(v.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Outpatient UPL Payments—All Other HHC Hospitals (FMAP = 56.88% 4/1/11-6/30/11; 50% 7/1/11 forward)			
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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Hogerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 6, 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/23/2015		18. DATE APPROVED: 12/24/2015	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: John Guhl		22. TITLE: Acting Assistant Regional Administrator	
23. REMARKS:			

New York  
2(c)(v.1)

**Additional Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals**

The State will provide an additional supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, (3) did not qualify for a supplemental payment under the immediately preceding provision, and (4) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011 and ending March 31, 2012, the amount of the supplemental payment will be \$101,875,021. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$82,550,774. Medical assistance payments will be made for outpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

TN #11-0013-A  
Supersedes TN NEW

Approval Date DECEMBER 24, 2015  
Effective Date APRIL 01, 2011