

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:SPA-NY-14-0005A

August 19, 2016

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

RE: TN 14-0005A

Dear Deputy Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #14-0005A has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2014. The SPA provides supplemental payments to certain Non-State Government Operated Hospitals for Outpatient Services for the period April 1, 2014 thru March 31, 2015.

Enclosed are copies of SPA #14-0005A and the CMS-179 form, as approved.

If you have any questions, please contact Stephen Abbott at 518-396-3810, ext. 113, or Robert Weaver at 410-786-5914.

Sincerely,

A black rectangular redaction box covers the signature of Michael Melendez. A blue ink scribble is visible below the redaction.

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

Enclosures

cc. J. Ulberg S. Abbott  
R. Gallagher M. Lopez  
L. Tavener  
R. Weaver  
J. Guhl  
R. Holligan

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**14-0005-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, 2014**

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       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 04/01/14-09/30/14 **\$6,724.56**  
b. FFY 10/01/14-09/30/15 **\$6,724.56**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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*):

**Attachment 4.19-B: Page 2(c)(v.1)**

10. SUBJECT OF AMENDMENT:  
**2014 Outpatient UPL Payments – All other HHC Hospitals  
(FMAP = 50%)**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Jason A. Heigerson**

14. TITLE: **Medicaid Director  
Department of Health**

15. DATE SUBMITTED:

**JUN 23 2014**

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**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
**June 23, 2104**

18. DATE APPROVED:  
**August 19, 2016**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**April 01, 2014**

20. SIGNATURE:

21. TYPED NAME:  
**Michael Melendez**

22. TITLE:  
**Associate 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 \$98,610,666. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$107,953,672. For state fiscal year beginning April 1, 2013 and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. For state fiscal year beginning April 1, 2014 and ending March 31, 2015, the amount of the supplemental payment will be \$26,898,232. 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 #14-0005-A

Supersedes TN #13-0009-A

Approval Date 08/19/2016

Effective Date 04/01/2014