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State/Territory Name: New York

State Plan Amendment (SPA) #: 14-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

DMCHO:PM:SPA-NY-14-0001-FCA

June 21, 2017

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 14-0001

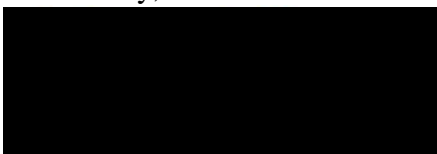
Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #14-0001 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2014. This SPA amends and updates the State's APG system for Outpatient Hospital Services and extends the reimbursement methodology until March 31, 2014.

Enclosed are copies of SPA #14-0001 and the CMS-179 form, as approved.

If you have any questions, please contact Peter Marra at 518-396-3810, ext. 104.

Sincerely,



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

Enclosures

cc. J. Ulberg
R. Deyette
L. Tavener
R. Weaver
R. Holligan
P. Marra
M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0001	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 January 1, 2014	
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: §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/14-09/30/14 (\$70.09) b. FFY 10/01/14-09/30/15 (\$93.46)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att 4.19-B: Pages 1(e)(2), 1(e)(2.2), 1(e)(3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 4.19-B: Pages 1(e)(2), 1(e)(2.2), 1(e)(3)	
10. SUBJECT OF AMENDMENT: Jan 2014 Hospital OP APG Reweights (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. STATE AGENCY OFFICIAL: [REDACTED]		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: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 24 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUNE 21, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2014		[REDACTED]	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: STRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

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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 http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. 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 [3.8] 3.9; updated as of [10/01/13] 01/01/14:

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 04/01/08, updated as of 10/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2011."

APG 3M Definitions Manual Versions; updated as of [10/01/13] 01/01/14:

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

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of [10/01/13] 01/01/14:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

Associated Ancillaries; updated as of 01/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

TN #14-0001

Supersedes TN #13-0061

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No Capital Add-on APGs; updated as of 07/01/13:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

No Capital Add-on Procedures; updated as of 04/01/12 and 07/01/12:

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 04/01/13:

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 01/01/11:

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 [01/01/12] 01/01/14:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Statewide Base Rate APGs."

Uniform Packaging Ancillaries; updated as of 01/01/12:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Uniform Packaging APGs."

TN #14-0001

Supersedes TN #13-0051

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**New York
1(e)(3)**

Hospital-Based APG Base Rate Table

Peer Group	Region	Rate Start Date	Base Rate Updated as of 05/01/12
Ambulatory Surgery Services	Downstate	12/01/08	\$195.59
Ambulatory Surgery Services	Upstate	12/01/08	\$151.09
Clinic*	Downstate	12/01/08	\$183.53
Clinic*	Upstate	12/01/08	\$140.52
Clinic Episode*	Downstate	07/01/09	\$183.53
Clinic Episode*	Upstate	07/01/09	\$140.52
Clinic MR/DD/TBI*(¹)	Downstate	07/01/10	\$220.23
Clinic MR/DD/TBI*(¹)	Upstate	07/01/10	\$168.63
Clinic MR/DD/TBI Episode*(¹)	Downstate	07/01/10	\$220.23
Clinic MR/DD/TBI Episode*(¹)	Upstate	07/01/10	\$168.63
Emergency Department	Downstate	01/01/09	\$197.38
Emergency Department	Upstate	01/01/09	\$154.15
<u>Statewide Base Price(²)</u>	<u>Statewide</u>	<u>01/01/11</u>	<u>\$160.00</u>

*For Clinic (effective 12/1/08) & School-Based Health Center (SBHC) (effective 4/1/09), while they share the same base payment rates, please note that their rate codes and effective dates differ.

(²) Statewide Base Price is not a service but used for APGs which do not have a payment differentiation for upstate and downstate providers.

Hospital-based Article 28 Medicaid rates can also be found at the Department of Health's website at:

http://www.health.ny.gov/health_care/medicaid/rates/apg/baserates.htm

TN #14-0001

Supersedes TN #12-0031

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