

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 15-0033-A**

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: SA

December 28, 2017

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) #15-0033A has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2015. SPA #15-0033A authorizes supplemental payments for certain general hospitals for outpatient services furnished in 2015. Enclosed is a copy of the approved SPA #15-0033A materials.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2424, and Mr. Abbott at (518) 396-3810, ext. 113.

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

cc: M. Melendez  
J. Ulberg  
R. Dayette  
R. Weaver  
S. Abbott  
S. Jew  
M. Lopez

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>15-0033-A</b>	2. STATE <b>New York</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>April 1, 2015</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§ 1902(a) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: ( <b>in thousands</b> ) a. FFY 04/01/15-09/30/15 <b>\$ 6,142.69</b> b. FFY 10/01/15-03/31/16 <b>\$ 6,142.69</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B: Page 2(c)(v.2)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>2015 Voluntary UPL Payments - Outpatient (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgeson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>OCT 19 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>12/28/2017</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>04/01/2015</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>RICARDO HOLLIGAN</b>		22. TITLE: <b>ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH OPERATIONS</b>	
23. REMARKS:			

**New York  
2(c)(v.2)**

**Hospital Outpatient Supplemental Payments – Non-government Owned or Operated General Hospitals**

Effective for the period April 1, 2015 through March 31, 2016, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the 2015 calendar year. Payments under this provision shall not exceed \$24,570,776.

To receive payment under this provision, a general hospital, as defined in Attachment 4.19-A of the state plan, must meet all of the following:

- (i) must be non-government owned or operated;
- (ii) must operate an emergency room; and
- (iii) must have received an Indigent Care Pool payment for the 2015 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the 2015 rate year that is greater than zero.

The amount paid to each eligible hospital shall be determined based on an allocation methodology utilizing data reported in eligible hospitals' most recent Institutional Cost Report submitted to the New York State Department of Health as of October 1, 2014:

- (a) Thirty percent of the payments under this provision shall be allocated to eligible general hospitals classified as a safety net hospital, based on each hospital's proportionate share of all safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

For this purpose, a safety net hospital is defined as an eligible general hospital having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.

- (b) Seventy percent of the payments under this provision shall be allocated to eligible general hospitals based on each hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

Eligible Hospitals shall receive payment under (a) and/or (b), as eligible, with each hospital's payment made in a lump sum distribution that is proportionately allocable across the hospital's share of the \$501,941,380 in outpatient services reimbursed all eligible hospitals in the 2015 calendar year.

**TN #15-0033-A** \_\_\_\_\_

**Approval Date** 12/28/2017

**Supersedes TN NEW** \_\_\_\_\_

**Effective Date** 04/01/2015