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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **08-34**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Refer to DMCH: SJ

Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10278

December 13, 2010

Donna Frescatore
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #08-34 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2008. The SPA provides for hospital outpatient payment adjustments that increase the operating cost components of the rates of payment for hospital outpatient and emergency department services for public general hospitals, other than those operated by the State of New York or the State University of New York, that are located in a city with a population of over one million people.

The SPA provides \$183,365,199, total, for the period April 1, 2008 through March 31, 2009. For this period, the federal matching rate was 50% for April 1-September 30, 2008, and for October 1, 2008-March 31, 2009, it was 58.78%; therefore, the federal financial participation associated with this SPA is \$99,732,332. In order to receive federal funding for this full period, you have to submit a timely filing waiver request.

This SPA approval consists of 1 Page. As New York has requested, we are approving the Attachment 4.19B-Page 2(c)(v) which was submitted with the State's December 9, 2010 electronic submission to the CMS SPA Mailbox, which replaced the Attachment 4.19-B-Page 2(c)(v) and Page 2(c)(vi) which were provided with the State's original June 25, 2008 SPA submission. Attachment 4.19B-Page 2(c)(vi) has been withdrawn and is not part of the final approval of SPA 08-34.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of SPA #08-34 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #08-34
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
RWeaver
LTavener
PMarra
MSamuel
SJew

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 08-34	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, 2008	
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)(30) of the Social Security Act 42 CFR 447.204		7. FEDERAL BUDGET IMPACT: a. FFY 4/1/08-9/30/08 \$ 56,467,313 b. FFY 10/1/08-9/30/09 \$ 56,467,313	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 2(c)(v) ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 2(c)(v)	
10. SUBJECT OF AMENDMENT: Outpatient UPL Payments—Non-state Owned or Operated Government General Hospitals (FMAP = 61.59%)			
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:	
13. TYPED NAME: Donna Frescatore		New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: December 8, 2010 (originally submitted June 28, 2007)			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED, ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
April 1, 2008			
21. TYPED NAME:		22. TITLE:	
Don Kelly		Regional Administrator	
23. REMARKS: (Originally submitted paper on June 28, 2007 Attachment 4.19-B Page 2(c)(v) and Page 10(c)(v) was replaced with Attachment 4.19-B Page 2(c)(v) submitted via State's email on December 9, 2010. Attachment 4.19-B Page 10(c)(v) has been withdrawn and is not part of the final approval of SPA 08-34.)			

OFFICIAL

New York
2(c)(v)

**Attachment 4.19-B
(04/08)**

Hospital Outpatient Payment Adjustment

Effective for the period January 1, 2002 through March 31, 2002, and state fiscal years beginning April 1, 2002, for services provided on or after January 1, 2002, the Department of Health will increase the operating cost component of rates of payment for hospital outpatient and emergency room services for public general hospitals other than those operated by the State of New York or the State University of New York, which experienced free patient visits in excess of 20 percent of their total self-pay and free patient visits based on data reported on Exhibit 33 of their 1999 Institutional Cost Report and which experienced uninsured outpatient losses in excess of 75% of their total inpatient and outpatient uninsured losses based on data reported on Exhibit 47 of their 1999 Institutional Cost Report, and are located in a city with a population of over one million. The amount to be paid will be up to thirty seven million dollars for the period beginning January 1, 2002 and ending March 31, 2002 and one hundred fifty-one million dollars annually for state fiscal years beginning April 1, 2002 and ending March 31, 2005. For state fiscal year beginning April 1, 2005 and ending March 31, 2006, the amount to be paid will be \$222,781,000. For state fiscal year beginning April 1, 2006 and ending March 31, 2007, the amount to be paid will be \$229,953,000. For state fiscal year beginning April 1, 2007 and ending March 31, 2008, the amount to be paid will be \$224,050,000. For state fiscal year beginning April 1, 2007 and ending March 31, 2008, the amount to be paid will be \$211,865,219. For state fiscal year beginning April 1, 2008 and ending March 31, 2009, the amount to be paid will be \$183,365,199. 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 outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payment may be added to rates of payment or made as aggregate payments to eligible public general hospitals.

TN #08-34

Approval Date DEC 13 2010

Supersedes TN #07-09

Effective Date APR 01 2008