

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations, CMSO

Deborah Bachrach
Deputy Commissioner
New York State Department of Health
Coming Tower
Empire State Plaza
Albany, New York 12237

SEP 11 2009

RE: TN 09-30

Dear Ms. Bachrach:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 09-30. Effective April 1, 2009, this amendment proposes to reduce supplemental payments to non-public hospitals for recruitment and retention of health care workers.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2) 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. I am pleased to inform you that New York 09-30 is approved effective April 1, 2009 and have enclosed the HCFA-179 and the approved plan page.

If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Andy Mann
Director
Center for Medicaid and State Operations (CMSO)

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-30	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE April 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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)(30) of the Social Security Act 42 CFR Part 447.204		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/09 - 09/30/09 \$0 b. FFY 10/01/09 - 03/31/10 (\$124.98) million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A - Page 230(a)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A - Page 230(a)	
10. SUBJECT OF AMENDMENT: Hospital Recruitment & Retention FMAP calculated at 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			
		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
14. TITLE: Deputy Commissioner Department of Health			
15. DATE SUBMITTED: August 19, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 9-11-09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. [REDACTED]	
21. TYPED NAME:		22. [REDACTED]	
23. REMARKS:			

**New York
230(a)**

**Attachment 4.19-A
(04/09)**

(d) The Commissioner of Health shall adjust medical assistance rates of payment established pursuant to this section for non-public general hospitals for purposes of recruitment and retention of health care workers in the following aggregate amounts for the following periods:

- (1) For non-public general hospitals, up to \$93.2 million for the period April 1, 2002 through December 31, 2002; up to \$187.8 million for the period January 1, 2003 through December 31, 2003; up to \$262.1 million annually for the period January 1, 2004 through December 31, 2006; up to \$131.1 million for the period January 1, 2007 through June 30, 2007; up to \$191.9 million for the period July 1, 2007 through March 31, 2008; [and] \$243.5 million [annually] for the state fiscal year[s] April 1, 2008 through March 31, [2011] 2009; and \$163.145 million for the period April 1, 2009 through November 30, 2009.
- (2) For periods through June 30, 2007, such increases shall be allocated proportionally based on each non-public general hospital's reported total gross salary and fringe benefit costs as reported on exhibit 11 of the 1999 institutional cost report, submitted to the Department as of November 1, 2001, to the total of such reported costs for all non-public general hospitals.
- (3) For periods effective July 1, 2007 and thereafter, 50% of such increases shall be allocated proportionately based on each non-public general hospital's reported total gross salary and fringe benefit costs as reported on exhibit 11 of the 1999 institutional cost report, submitted to the Department as of November 1, 2001, to the total of such reported costs for all non-public general hospitals. The remaining 50% of such increases shall be allocated proportionally based on each non-public general hospital's total reported Medicaid inpatient discharges, as reported in the 2004 institutional cost report, submitted to the Department prior to November 1, 2006, to the total of such reported discharges for all non-public general hospitals, as weighted proportionally to reflect the relative Medicaid case mix of each such hospital.
- (4) These amounts shall be included as a reimbursable cost add-on to medical assistance fee-for-service rates of payment based on Medicaid utilization data in a facility's annual cost report submitted two years prior to the rate year, and shall not be subject to further reconciliation to reflect changes in medical assistance utilization between the year two years prior to the rate year and the rate year. For adjustments effective May 1, 2005 and thereafter, such amounts shall be reconciled to reflect changes in medical assistance utilization between the year two years prior to the rate period and the rate year based upon data reported in each hospital's institutional cost report for the respective rate year. Adjustments effective June 1, 2006 and thereafter may be added to rates of payment or made as aggregate payments to eligible general hospitals.

TN #09-30 _____

Approval Date _____

SEP 11 2009

Supersedes TN #08-15 _____

Effective Date _____

APR - 1 2009