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 Corning Tower Empire State Plaza Albany, New York 12237

AUG 27 2009

RE: TN 09-60

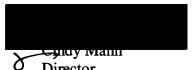
Dear Ms. Bachrach:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 09-60. Effective May 21, 2009 through November 30, 2009, this amendment proposes to authorize high-cost outlier payments to certain hospitals that have not established an ancillary or routine charge schedule. These payments will be equal to the average of high cost outlier payments received by comparable hospitals.

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 09-60 is approved effective May 21, 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,



Director Center for Medicaid and State Operations (CMSO)

Enclosures

ALTH CARE FINANCING ADMINISTRATION		FORM APPROV OMB NO. 0938-
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	I. TRANSMITTAL NUMBER:	2. STATE
	09-60	New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	May 21, 2009	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	May 21, 2007	
. TYPE OF PLAN MATERIAL (Check One):		
INEW STATE PLAN AMENDMENT TO BE CONS	IDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND		amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1902(a) of the Social Security Act, and 42 CFR 447	a. FFY 10/1/08-09/30/09 \$1.37 m b. FFY 10/01/09-09/30/10 \$0.63 n	
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	
Attachment 4.19-A page 138	SECTION OR ATTACHMENT (If )	(pplicable):
	Attachment 4.19-A page 138	
0. SUBJECT OF AMENDMENT: Naimonides Cost Outlier		
1. GOVERNOR'S REVIEW (Check One):		
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## New York 138

## Attachment 4.19-A (04/09)

- (2) A health care services allowance of .614 percent for rate year 1994 and .637 percent for the period January 1, 1995 through June 30, 1995, of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58 shall be added to the cost outlier payments.
  - For the period April 1, 1995 through December 31, 1995, a health care services allowance of 1.42 percent of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58; and
  - (ii) For the period January 1, 1996 through March 31, 1997, a health care services allowance of 1.09 percent of the hospital's non-Medicare reimbursable inpatient costs computed without consideration of inpatient uncollectible amounts and after application of the trend factor described in section 86-1.58.
- (3) Hospitals that have not established ancillary and routine charges schedules shall not be eligible for high-cost outlier payments. <u>However, for the period</u> <u>May 21, 2009 through November 30, 2009, non-public, not-for-profit general</u> <u>hospitals which have not established an ancillary and routine charges</u> <u>schedule will be eligible to receive high-cost outlier payments equal to the</u> <u>average of high-cost outlier payments received by comparable hospitals.</u> <u>Comparable hospitals will be determined using the following criteria:</u>
  - (i) <u>Downstate Hospitals;</u>
  - (ii) Hospitals with a case mix greater than 1.75;
  - (iii) Hospitals with Medicaid revenue greater than \$30M; and
  - (iv) Hospitals with a proportion of outlier to inlier cases greater than 2.0%

TN_#09-60		Approval Date	AUG <b>27</b> 2009	
Supersedes TN _	#05-28	Effective Date	MAY 2 1 2009	-