



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &  
Medicaid Services

Refer to DMCH: SJ

**OCT 20 2011**

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

Jason A. Helgeson  
Deputy Commissioner  
New York State Department of Health  
Corning Tower, Empire State Plaza  
Albany, New York 12237

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #09-65-C has been approved for adoption into the State Medicaid Plan with an effective date of December 1, 2009. The SPA provides for the extension of the Outpatient Ambulatory Patient Group (APG) reimbursement methodology. The APG system was to expire March 31, 2010, but is now being extended for an additional two-year period to March 31, 2012.

This SPA approval consists of 1 Page. We are approving the following Page which was submitted with the State's September 28, 2011 electronic submission to the CMS SPA Mailbox: Attachment 4.19-B-Page 1(e)(1). At that time, New York requested that its original SPA 09-65 submission of December 28, 2009 be split into several components, one of which is 09-65-C. This approval is for SPA 09-65-C only; you will be notified separately on the other 09-65 SPAs.

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 #09-65-C and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew's telephone number is (212) 616-2426.

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

Enclosure: SPA #09-65-C  
HCFA-179 Form

CC: Julberg  
PMossman  
KKnuth  
RWeaver  
LTavener  
MRoss  
PMarra  
SJew

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>09-65-C</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>December 1, 2009</b>	
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: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447.204</b>		7. FEDERAL BUDGET IMPACT: a. FFY 12/01/09-09/30/10 \$0 b. FFY 10/01/10-09/31/11 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, pages 1(e)(1)</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Extend APG system</b>			
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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>September 28, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>October 20, 2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>December 1, 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>The SPA will extend the Outpatient Ambulatory Patient Group (APG) reimbursement methodology for an additional 2 years, with a new termination date of March 31, 2012.</b>			

