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State/Territory Name: New York

State Plan Amendment (SPA) #: 16-0045

The 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

November 27, 2018

Donna Frescatore Medicaid Director New York State Department of Health One Commerce Plaza, Suite 1211 Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #16-0045 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2016. This SPA authorizes hospital outpatient supplemental payments to eligible voluntary sector owned or operated general hospitals, excluding government general hospitals.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2430, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,



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

cc: R. Holligan R. Dayette R. Weaver S. Abbott M. Tabakov M. Lopez



EPARTMENT OF HEALTH AND HUMAN SERVICES REALTH CARE FINANCING ADMINISTRATION		FORM APPROVI OMB NO. 0938-0	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1, TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	16-0045	New York	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
FO; REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2016		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):	· · · · · · · · · · · · · · · · · · ·	:	
NEW STATE PLAN AMENDMENT TO BE CON	the second se	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN			
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in thousands)		
3 1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT: (In thousands) a. FFY 04/01/16-09/30/16 \$.84,750.00. 4,836.00 b. FFY 10/01/16-09/31/17 \$.84,750.00 4,836.006		
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN		
Attachment 4.19-B: Page 2(c)(v.2)	SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B: Page 2(c)(v.2)		
0. SUBJECT OF AMENDMENT:			
2016 Voluntary UPL Payments - Outpatient FMAP = 50%)	· · · · ·		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<u></u>	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: New York State Department of Health		
13. TYPED NAME: Dason A. Helgerson	 Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza 		
14. TITLE: Medicaid Director		Suite 1460	
Department of Health	Albany, NY 12210		
15. DATE SUBMITTED: JUN 3 0 2016			
FOR REGIONAL OFF	TCE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: NOVEMBER 27, 2018		
PLAN APPROVED ONE			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2016	20 SIGNATURE OF REGIONAL C	OFFICIAL:	
21. TYPED NAME: MICHAEL MELENDEZ	Division of Medicaid & Child	Administrator ren's Health	
23. REMARKS:			
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New York 2(c)(v.2)

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

Effective for the period April 1, [2015] <u>2016</u> through March 31, [2016] <u>2017</u>, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the [2015] <u>2016</u> calendar year. Payments under this provision shall not exceed [\$24,570,776] <u>\$19,345,603</u>.

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] <u>2016</u> rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the [2015] <u>2016</u> 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] <u>2015</u>:

(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_i of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-forservice 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] <u>\$400,796,649</u> in outpatient services reimbursed all eligible hospitals in the [2015] <u>2016</u> calendar year.

TN <u>#16-0045</u>	Approval Date _	11/27/2018
Supersedes TN _#15-0033-A	Effective Date	04/01/2018