

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



Financial Management Group

JUN 01 2013

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower, (OCP – 1211)
Albany, NY 12237

RE: State Plan Amendment (SPA) 13-0041

Dear Commissioner Helgeson:

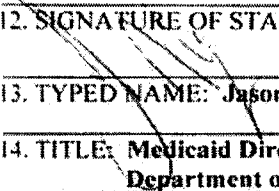
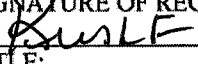
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-0041. Effective April 1, 2013, this amendment continues hospital reimbursement adjustments related to potentially preventable readmissions (PPR) and potentially preventable complications (PPC) through March 31, 2014.

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. This is to inform you that New York 13-0041 is approved effective April 1, 2013. We are enclosing CMS-179 and the approved plan pages.

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

Sincerely,


Timothy Hill
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-0041	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, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/13-09/30/13 \$ (\$17,100.00) b. FFY 10/01/13-03/31/14 \$ (\$17,100.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Pages 120(a)(ii), 120(a)(iv), 120(a)(v), 120(b), 120(b)(i), 120(b)(ii)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-A: Pages 120(a)(ii), 120(a)(iv), 120(a)(v), 120(b), 120(b)(i), 120(b)(ii)	
10. SUBJECT OF AMENDMENT: Potentially Preventable Negative Outcomes (PPNOs)/Potentially Preventable Hospital Readmissions (PPRs) (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: New York State Department of Health Division of Health Care Financing 99 Washington Ave – One Commerce Plaza Room 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 24 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUN 01 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Deputy Director, FMG	
23. REMARKS:			

**New York
120(a)(ii)**

Potentially Preventable Negative Outcomes (PPNOs)**Potentially Preventable Complications (PPC)**

For discharges occurring on and after July 1, 2011 through March 31, 2012 Medicaid rates of payment to hospitals that have higher than expected Medicaid payments related to potentially preventable complications, based on the criteria set forth in the Complication Criteria section, as determined by a risk adjusted comparison of the actual and expected Medicaid payments per case for each hospital as described by the Methodology section, will be reduced in accordance with the PPC Adjustment Factor section. Such rate adjustments for this period will result in an aggregate reduction in Medicaid payments of \$31,257,000. For discharges occurring on and after April 1, 2013 through March 31, 2014, such rate adjustments will result in an aggregate reduction in Medicaid payments of \$41,000,000.

Definitions. As used in this Section, the following definitions [shall] will apply:

1. **Potentially Preventable Complications** [shall] will mean harmful events or negative outcomes that develop after hospital admission and may result from processes of care and treatment rather than from natural progression of the underlying illness, as defined under version 28 of the Potentially Preventable Complication grouping logic software developed and published by 3M Health Information Systems, Inc. (3M). The software identifies 1,450 ICD-9-CM diagnosis codes as a PPC diagnoses. Each ICD-9-CM code designated as a PPC diagnosis was assigned to one of 64 mutually exclusive complication groups called PPCs. A list of such PPCs are available on the following Department of Health website link:

www.health.ny.gov/health_care/medicaid/quality/ppo/complications

2. **Hospital** [shall] will mean a general hospital as defined pursuant to the Hospital Inpatient Reimbursement – Effective December 1, 2009 section, excluding, effective July 1, 2011, those hospitals exempt from the APR-DRG reimbursement methodology and critical access hospitals.
3. **Observed case** [shall] will mean all non-Medicare acute care cases.
4. **PPC Coefficient** [shall] will mean a dollar amount, the result of an indirect standardization, equal to the statewide average incremental Medicaid payment attributable to each of the 64 PPCs.
5. **Adjusted Admission APR-DRG** [shall] will be defined as the assigned hospital admission APR-DRG SOI for each observed case using version 28 of the APR-DRG grouper and results from 3M's PPC grouping logic software. The software results identify each PPC per admission, which has been adjusted to reassign all secondary diagnosis, not identified as a PPC or the direct cause of a PPC, as present on admission.

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**New York
120(a)(iv)**

PPC Adjustment Factor.

1. Effective for the period July 1, 2011 through March 31, 2012, and for periods April 1, 2013 through March 31, 2014, rate adjustments for each hospital will be calculated using 2009 Medicaid claims data for discharges that occurred between January 1, 2009 and December 31, 2009.
2. The hospital-specific coefficient is multiplied by the total number of non-behavioral health Medicaid discharges to compute the PPC penalty. The PPC penalty is then multiplied by the hospital's wage equalization factor (WEF) and, for teaching hospitals, the indirect graduate medical education [(GME)](IME) factor.
3. The Medicaid case payment rate for the applicable rate period shall be used to compute the total Medicaid operating payments for all non-behavioral health Medicaid discharges in each hospital.
4. For each hospital, a PPC adjustment factor will be computed as the ratio of the hospital's PPC penalty and the hospital's total Medicaid operating payments for all non-behavioral health Medicaid discharges in each hospital as determined pursuant to this section.

Adjustment for Hospitals With Unreliable Present On Admission (POA) Data.

Each hospital will be evaluated on five criteria for the reliability of the POA indicator in Medicaid discharge data. POA data was evaluated using 2009 Statewide Planning and Research Cooperative System (SPARCS) data. Two levels of POA quality will be established for each of the criteria, "red" and "grey" zones. The criteria and levels will be as follows:

1. The percent of pre-existing diagnoses that are coded as not present on admission: "red" will be greater than or equal to 7.5%, "grey" will be greater than or equal to 5%, but less than 7.5%.
2. Excluding pre-existing and exempt diagnoses, the percent of remaining diagnoses coded as uncertain: "red" will be greater than or equal to 10%, "grey" will be greater than or equal to 5%, but less than 10%.
3. Excluding pre-existing, exempt, and perinatal diagnoses, a high percentage of remaining diagnoses coded as present on admission: "red" will be greater than or equal to 96%, "grey" will be greater than or equal to 93%, but less than 96%.
4. Excluding pre-existing, exempt, and perinatal diagnoses, a low percentage of remaining diagnoses coded as present on admission: "red" will be less than or equal to 70%, "grey" will be greater than or equal to 70%, but less than 77%; and

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**New York
120(a)(v)**

5. For surgical cases only, the percent of secondary diagnoses coded as present on admission: "red" will be greater than or equal to 40%, "grey" will be greater than or equal to 30%, but less than 40%.
6. Hospitals are determined to have unreliable POA data if any of the five criteria are in the "red" zone, or if two or more of the five criteria are in the "grey" zone.
7. An upstate and downstate average PPC [adjustment factor] penalty will be [applied to each hospital deemed to have unreliable] calculated by computing a weighted average of the hospital-specific coefficients of all hospitals with reliable POA data located in each designated region using the total number of non-behavioral health Medicaid discharges of such hospitals. For each hospital deemed to have unreliable POA data the upstate and downstate average PPC penalty will be multiplied by the hospital's WEF, and, for teaching hospitals, the IME factor. The [upstate and downstate] PPC adjustment factor will be [calculated using a weighted average of all hospitals with reliable POA data located in each designated region] computed pursuant to the PPC Adjustment Factor section.
8. For purposes of this section, the downstate region of New York State will consist of the New York counties of Bronx, New York, Kings, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam and Dutchess. The upstate region of New York State will consist of all other New York counties.

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**New York
120(b)**

Potentially Preventable Hospital Readmissions (PPR)

For discharges occurring on and after July 1, 2010 through March 31, 2012, Medicaid rates of payment to hospitals that have an excess number of readmissions based on the criteria set forth in the Readmission Criteria Section, as determined by a risk adjusted comparison of the actual and expected number of readmissions in a hospital as described by the Methodology Section, [shall] will be reduced in accordance with the Payment Calculation Section. Such rate adjustments [shall] will result in an aggregate reduction in Medicaid payments of \$27.8 million for the period July 1, 2010 through March 31, 2011 and \$12 million for the period April 1, 2011 through March 31, 2012. For discharges occurring on and after April 1, 2013 through March 31, 2014, rate adjustments will result in an aggregate reduction in Medicaid payments of \$27.4 million.

Definitions. As used in this Section, the following definitions [shall] will apply:

1. **Potentially Preventable Readmissions (PPR)** [shall] will mean a readmission to a hospital that follows a prior admission from a hospital within 14 days, and that is clinically-related to the prior hospital admission, as defined under the PPR grouping logic software developed and published by 3M Health Information Systems, Inc. (3M), version 26.1 for the period July 1, 2010 through [June 30] March 31, 2011; [and] version 28 for the period [July] April 1, 2011 through March 31, 2012; and version 29 for the period April 1, 2013 through March 31, 2014.
2. **Hospital** [shall] will mean a general hospital as defined pursuant to the Hospital Inpatient Reimbursement – Effective December 1, 2009 Section, excluding, effective July 1, 2011, those hospitals exempt from the APR-DRG reimbursement methodology and critical access hospitals.
3. **Expected Potentially Preventable Readmissions**, for the period July 1, 2010 through June 30, 2011, are derived using a logistic regression analysis that produces a predicted probability (a number ranging from zero to one) that a hospital admission would be followed by at least one PPR. The total number of expected PPRs shall equal the sum of the expected probabilities of a PPR for all admissions at each hospital. Effective for the period July 1, 2011, through March 31, 2012; and April 1, 2013 through March 31, 2014, the Expected Potentially Preventable Readmissions [shall] will be derived using 2009 SPARCS Medicaid data through an indirect standardization. A statewide PPR rate, the number of at-risk admissions followed by at least one PPR divided by the total number of at-risk admissions, for every APR-DRG severity of illness (SOI) combination will be multiplied by the number of at-risk admissions in that APR-DRG SOI at each hospital. The sum of all APR-DRG SOI combinations will be the Expected PPRs.
4. **Observed Rate of Readmission** [shall] will mean the number of admissions in each hospital that were actually followed by at least one PPR divided by the total number of admissions.

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New York
120(b)(i)

- 5. **Expected Rate of Readmission** shall mean a risk adjusted rate for each hospital that accounts for the severity of illness, APR-DRG, and age of patients at the time of discharge preceding the readmission. It shall equal the number of expected PPRs divided by the total number of at risk hospital admissions at that hospital.
- 6. **Excess Rate of Readmission** shall mean the difference between the observed rate of readmission and the expected rate of readmission for each hospital.
- 7. **Behavioral Health**, for the period July 1, 2010 through June 30, 2011, shall mean an admission that includes a primary or secondary diagnosis of a major mental health related condition. Effective for the period July 1, 2011 through March 31, 2012, and for periods April 1, 2013 through March 31, 2014, Behavioral Health shall mean an admission that is assigned to a Major Diagnostic Category of 19-Mental Diseases and Disorders or 20-Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders.
- 8. **Average Hospital Specific Payment** shall equal the Medicaid operating payment, using the applicable Medicaid rates for such period, of the total number of PPRs identified for each hospital divided by the total number of PPRs identified for each hospital.

Readmission Criteria.

- 1. A readmission is a return hospitalization following a prior discharge that meets all of the following criteria:
 - a. The readmission could reasonably have been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period.
 - b. The readmission is for a condition or procedure related to the care during the prior discharge or the care during the period immediately following the prior discharge and including, but not limited to:
 - i. the same or closely related condition or procedure as the prior discharge;
 - ii. an infection or other complication of care;
 - iii. a condition or procedure indicative of a failed surgical intervention; or
 - iv. an acute decompensation of a coexisting chronic disease.
 - c. The readmission is back to the same or to any other hospital.
- 2. Readmissions, for the purposes of determining PPRs, excludes the following circumstances:

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120(b)(ii)**

- a. The original discharge was a patient initiated discharge and was Against Medical Advice (AMA) and the circumstances of such discharge and readmission are documented in the patient's medical record.
- b. For the period July 1, 2010 through June 30, 2011, the original discharge was for the purpose of securing treatment of a major or metastatic malignancy, multiple trauma, burns, neonatal and obstetrical admissions. Effective for the period July 1, 2011 through March 31, 2012, and for periods April 1, 2013 through March 31, 2014, the original discharge was for the purpose of securing treatments of the admissions listed on the following Department of Health website link:

www.health.ny.gov/health_care/medicaid/quality/ppo/outcomes

- c. The readmission was a planned readmission that occurred on or after 15 days following an initial admission.
- d. For readmissions occurring during the period up through March 31, 2012, and for periods April 1, 2013 through March 31, 2014, the readmissions involve a discharge determined to be behavioral health related.

Methodology.

1. For the period July 1, 2010 through June 30, 2011, rate adjustments for each hospital shall be calculated using 2007 Medicaid paid claims data for discharges that occurred between January 1, 2007 and December 31, 2007. Effective for the period July 1, 2011 through March 31, 2012, and for periods April 1, 2013 through March 31, 2014, rate adjustments for each hospital will be calculated using 2009 Medicaid claims data for discharges that occurred between January 1, 2009 and December 31, 2009.
2. The expected rate of readmission shall be reduced by:
 - (a) 24% for periods prior to September 30, 2010;
 - (b) 38.5% for the period October 1, 2010 through December 31, 2010;
 - (c) 33.3% for the period January 1, 2011 through June 30, 2011.
 - (d) 11.4% for periods on and after July 1, 2011.
3. The excess rate of readmission is multiplied by the total number of at risk hospital admissions at each hospital to determine the total number of risk adjusted excess readmissions.
4. In the event the observed rate of readmission for a hospital is lower than the expected rate of readmission, after the expected rate of readmission has been reduced by the applicable percentage in accordance with this section, the risk adjusted excess readmissions shall be set at zero.

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APR 01 2013

Effective Date _____



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

MAY 19 2015

Mr. Mark Cooley
Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850

Re: SPA #13-0041
Inpatient Hospital Services

Dear Mr. Cooley:

The State is resubmitting and requests approval of the enclosed amendment #13-0041 to the Title XIX (Medicaid) State Plan for inpatient hospital services to be effective April 1, 2013.

Enclosed are the appropriate pages, evidence of tribal consultation, and a revised CMS-179 form applicable to SPA 13-0041.

If you have any questions regarding this State Plan Amendment resubmission, please do not hesitate to contact Mr. John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, at (518) 474-6350.

Sincerely,



Jason A. Helderson
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: John Guhl
Rob Weaver