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State/Territory Name: New York

State Plan Amendment (SPA) #: 15-0005

This 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:PM:SPA-NY-15-0005-FCA

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

RE: TN 15-0005


Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #15-0005 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2015. The SPA adds Erie County Medical Center to the list of Eligible Providers regarding supplemental payments to certain professional practitioners. These supplemental payments are applicable only to the professional component of the eligible services provided.

Enclosed are copies of SPA #15-0005 and the CMS-179 form, as approved.

If you have any questions, please contact Peter Marra at 518-396-3810, ext 104, or Rob Weaver at 410-786-5914.

Sincerely,



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

Enclosures

cc. J. Ulberg
K. Knuth
L. Tavener
R. Weaver
J. Guhl
R. Holligan
P. Marra
M. Lopez

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
15-0005

2. STATE
New York

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)**

4. PROPOSED EFFECTIVE DATE
July 1, 2015

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL. *(Check One):*

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
§ 1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: *(in thousands)*
a. FFY 07/01/15-09/30/15 \$ 212.50
b. FFY 10/01/15-09/30/16 \$ 212.50

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B: Page 1.9

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT *(If Applicable):*

Attachment 4.19-B: Page 1.9

10. SUBJECT OF AMENDMENT:

**Supplemental Physician Payments – Erie County Medical Center
(FMAP = 50%)**

11. GOVERNOR'S REVIEW *(Check One):*

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director
Department of Health**

15. DATE SUBMITTED:

SEP 30 2015

16. RETURN TO:

**New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1460
Albany, NY 12210**

17. DATE RECEIVED:

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:
November 18, 2015

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 01, 2015

PLAN APPROVED – ONE COPY ATTACHED

21. TYPED NAME:
Michael Melendez

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health Operations**

23. REMARKS:

New York
1.9

Supplemental Medicaid Payments for Professional Services

3. Medicare Fee Equivalent Calculation

- a. Effective April 1, 2011, supplemental payments will be made to physicians, nurse practitioners and physician assistants who are employed by a Public Benefit Corporation (PBC), or a non-state operated public general hospital operated by a PBC or who are providing professional services at a PBC facility as either a member of a practice plan or an employee of a professional corporation or limited liability corporation under contract to provide services to patients of such a public benefit corporation for those patients eligible for Medicaid. The supplemental payments will be applicable only to the professional component of the eligible services provided.
- b. Eligible providers are affiliated with:
- i. New York City Health and Hospital Corporation (HHC), excluding facilities participating in the Medicare Teaching Election Amendment.
 - ii. Nassau University Medical Center, [and]
 - iii. Westchester Medical Center, and
 - iv. Erie County Medical Center, effective July 1, 2015.
- Excluded facilities are Federal Qualified Health Centers and Rural Health Centers.
- c. Supplemental payments for eligible services will equal the difference between the Medicare Part B fee schedule rate and the average Medicaid payment per unit otherwise made under this Attachment.
- d. Supplemental payments will be made as an annual aggregate lump sum, and be based on the Medicaid data applicable to the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year. A final payment will be made one year following the initial payment to capture those claims for the payment year dates of service processed subsequent to the initial payment. Supplemental payments will not be made prior to the delivery of services.
- e. Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee-for-service payment has been made to an eligible provider. Non-commercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.

TN 15-0005

Approval Date November 18, 2015

Supersedes TN #11-0007-C

Effective Date July 01, 2015