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State/Territory Name: New York

State Plan Amendment (SPA) #: 15-0054

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: JH:SPA-NY-15-0054-Approval

June 20, 2018

Ms. Donna Frescatore
State Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

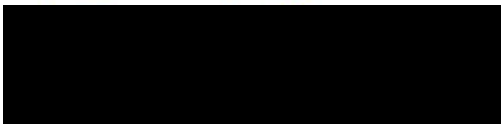
Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #15-0054 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2015. This SPA amends and updates the State's APG system for Freestanding Clinic services.

Enclosed are copies of the Plan Pages for SPA #15-0054 and the HCFA-179 form as approved, with "Pen & Ink" changes for HCFA-179 as instructed by New York State on June 18th.

If you have any questions regarding this amendment, please call Joanne Hounsell at 212.616.2446 or e-mail at joanne.hounsell@cms.hhs.gov.

Sincerely,



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

Enclosures: HCFA-179 Form
State Plan Pages

| | | |
|-----|----------------|-------------|
| cc: | R. Deyette | N. McKnight |
| | P. LaVenía | M. Tabakov |
| | M. Levesque | J. Hounsell |
| | J. Yungandreas | M. Lopez |
| | R. Weaver | |

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

1. TRANSMITTAL NUMBER:
15-0054

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
July 1, 2015

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

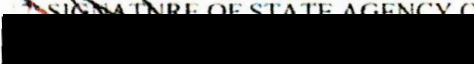
7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 07/01/15-09/30/15 ~~\$-7.33~~ **15.07**
b. FFY 10/01/15-09/30/16 ~~\$-29.34~~ **36.17**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B Pages: 2(g)(2), 2(g)(3.1), 2(k), ~~2(v)(i), 2(w)(r), 2(x)(ii)~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19-B Pages: 2(g)(2), 2(g)(3.1), 2(k), ~~2(v)(i), 2(w)(r), 2(x)(ii)~~

10. SUBJECT OF AMENDMENT:
**July 2015 Freestanding Clinic APG Weight Adjustments
(FMAP = 50%)**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL:

3. TYPED NAME: **Jason A. Helgerson**
4. TITLE: **Medicaid Director
Department of Health**
5. DATE SUBMITTED: **SEP 29 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**

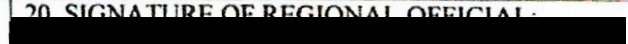
FOR REGIONAL OFFICE USE ONLY

7. DATE RECEIVED:

18. DATE APPROVED:
JUNE 20, 2018

PLAN APPROVED - ONE COPY ATTACHED

9. EFFECTIVE DATE OF APPROVED MATERIAL:
JULY 01, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:


1. TYPED NAME:
MICHAEL MELENDEZ

22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH**

3. REMARKS:
Pen and Ink changes have been made to boxes #7, #8 and #9 as instructed by New York.

New York
2(g)(2)

APG Reimbursement Methodology – Freestanding Clinics

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk*:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "3M Versions and Crosswalks," then on "3M APG Crosswalk" toward bottom of page, and finally on "Accept" at bottom of page.

APG Alternative Payment Fee Schedule; updated as of 01/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from version of 3.6.11.4, updated as of 10/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2011"

APG 3M Definitions Manual; version 3.10 updated as of [01/01/15] 07/01/15 and 10/01/2015:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "3M Versions and Crosswalk."

APG Investments by Rate Period; updated as of 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of [01/01/15] 07/01/15:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

Associated Ancillaries; updated as of [07/01/11] 07/01/15:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

*Older 3M APG crosswalk versions available upon request.

TN #15-0054

Approval Date 06/20/2018

Supersedes TN #15-0016

Effective Date 07/01/2015

**New York
2(g)(3.1)**

No Capital Add-on Procedures; updated as of 04/01/12 and 07/01/12:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on Procedures."

Non-50% Discounting APG List; updated as of [04/01/13] 07/01/15:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Non-50% Discounting APG List."

Rate Codes Carved Out of APGs; updated as of 01/01/15:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

Rate Codes Subsumed by APGs; updated as of 01/01/11 and 07/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Subsumed by APGs – Freestanding Article 28."

Statewide Base Rate APGs; updated as of 01/01/14:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Statewide Base Rate APGs."

Packaged Ancillaries in APGs; updated as of 01/01/12:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Packaged Ancillaries in APGs."

TN #15-0054

Approval Date 06/20/2018

Supersedes TN #15-0016

Effective Date 07/01/2015

**New York
2(k)**

Reimbursement Methodology – Freestanding Clinics

- I. The criteria for using a procedure-based weight or the relative weight in the methodology is as follows: If a procedure-based weight is available for a particular procedure code, then the procedure-based weight is used. If a procedure-based weight is not available for a particular procedure code, then the relative weight (i.e., “APG weight”) is used.

- II. The initial calculation of the APG relative weights were developed using line level charges from 2005 New York Medicaid hospital claims converted to cost using the ratio of cost to charges methodology. The line level costs were brought up to the APG level to determine the average cost of each APG.
 - a. Effective July 16, 2015, [T] the APG relative weights will [shall] be updated no less frequently than every [three] four years based on hospital claims data. These APG and weights are set as of September 1, 2009, and are effective for specified services on and after that date. A link to the list of APGs and their relative weights is available in the APG Reimbursement Methodology – Freestanding Clinics section.

 - b. The APG relative weights shall be re-weighted prospectively. The initial reweighting will be based on Medicaid claims data for hospitals from the December 1, 2008 through September 30, 2009 period. Subsequent reweightings will be based on Medicaid hospital claims data from the most recent twelve month period and will be based on complete and accurate line level procedure and charge data and ratio of cost to charge data.

 - c. The Department shall correct material errors of any given APG relative weight. Such corrections shall make use of benchmarking data consisting of payment information from other payers (including Medicare) reimbursing comparable services. Corrections to material errors in individual APG relative weights shall be made on a prospective basis.

- III. The case mix index is an expression of the average paid APG weight for a given peer group after consolidation, packaging, and discounting. Case mix indices shall be calculated by running applicable freestanding D&TC and ambulatory surgery center claims data through the latest version of the APG software to determine the average final APG weight of the visits. Outlier claims or claim lines may be excluded from this calculation to assure overall accuracy of the final case mix index. Recalculations of case mix indices for periods prior to January 1, 2010, will be based on freestanding D&TC and ambulatory surgery center Medicaid data for 2007. Such revisions for the period commencing January 1, 2010, will be based on such data from the January 1, 2009 through November 15, 2009 period. Subsequent recalculations will be based on freestanding D&TC and ambulatory surgery center Medicaid claims data from the most recent twelve month period.

| | |
|--|---|
| TN <u> #15-0054 </u> | Approval Date <u> 06/20/2018 </u> |
| Supersedes TN <u> #14-0034 </u> | Effective Date <u> 07/01/2015 </u> |