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State/Territory Name: New York

State Plan Amendment (SPA) #: 16-0017

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-16-0017-Approval

June 28, 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) #16-0017 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2016. This SPA amends and updates the State's APG system for Freestanding Clinic services.

Enclosed are copies of the Plan Pages for SPA #16-0017 and the HCFA-179 form, as approved. "Pen & Ink" changes have been made to the HCFA-179 as instructed by New York.

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

Enclosures: HCFA-179 Form State Plan Pages

cc: R. Deyette N. McKnight
P. LaVenia M. Tabakov
M. Levesque J. Hounsell

Division of Medicaid and Children's Health Operations

J. Yungandreas

R. Weaver

M. Lopez

R. Holligan

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0017	2. STATE
		New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MED	The second secon
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):		
3. TIPE OF FLAN MATERIAL (Creck One).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in thousands)	
§1902(a) of the Social Security Act, and 42 CFR 447	a. FFY 01/01/16-09/30/16 (\$ 17.5 b. FFY 10/01/16-09/30/17 (\$ 23.5	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	
. (\/)	SECTION OR ATTACHMENT (If A)	
Attachment 4.19-B Pages: $2(g)(2)$, $2(g)(3)$, $\mathcal{L}(g)(3.1)$		0(0)(21)
	Attachment 4.19-B Pages: 2(g)(2), 2	(g)(3), 2(g)(3.1)
		1
10. SUBJECT OF AMENDMENT:		
January 2016 APG Updates - Freestanding Clinics		
(FMAP = 50%)		
11. GOVERNOR'S REVIEW (Check One):		
□ GOVERNOR'S OFFICE REPORTED NO COMMENT □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPE	CIFIED:
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	New York State Department of Health Bureau of Federal Relations & Provider Assessments	
13. TYPED NAME: Jason A. Heigerson	99 Washington Ave – One Commerc	
14. TITLE: Medicaid Director	Suite 1460 Albany, NY 12210	
Department of Health		
15. DATE SUBMITTED: FEB 1 8 2016		
FOR REGIONAL OFFI	CE LISE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 06/28/2018	
	The second of th	
PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2016		
21. TYPED NAME:	22. TITLE: ASSOCIATE REGION DIVISION OF MEDICAID & CH	AL ADMINISTRATO
MICHAEL MELENDEZ	DIVISION OF MEDICAID & CH	ILDREN'S HEALTH
23. REMARKS:		
fen + Ink changes were made to	boxes 8+9 (to add	
Plan Page 2(g)(3.1) to both) as instructed by	
New York on June 27, 20	18	
New York on a 21, 20		

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:

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] $\underline{3.11.16.1}$, updated as of [10/01/11] $\underline{01/01/16}$:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "[2011] 2016"

APG 3M Definitions Manual; version [3.10] <u>3.11</u> updated as of [07/01/15 and 10/01/15] <u>01/01/16</u> and 04/01/2016:

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 [07/01/15] 01/01/16:

Associated Ancillaries; updated as of 07/01/15:

*Older 3M APG crosswalk versions available upon request.

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Carve-outs; updated as of 10/01/12.	. The full list of carve-outs is contained in Never Pay
APGs and Never Pay Procedures:	

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:

If Stand Alone, Do Not Pay APGs; updated as of 01/01/15:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

If Stand Alone, Do Not Pay Procedures; updated as of 07/01/14:

Modifiers; updated as of 01/01/15:

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

Never Pay APGs; updated as of [07/01/12] <u>01/01/16</u>:

Never Pay Procedures; updated as of [01/01/15] <u>01/01/16</u>:

No-Blend APGs; updated as of 04/01/10:

No-Blend Procedures; updated as of 01/01/11:

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

No Capital Add-on APGs: updated as of 10/1/12 and 01/01/13:

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

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Supersedes TN	#15-0016	Effective Date	01/01/2016

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 Capital Add-on Procedures."	Click on "No
Non-50% Discounting APG List; updated as of [07/01/15] 04/01/16: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm "Non-50% Discounting APG List."	Click on
Rate Codes Carved Out of APGs; updated as of 01/01/15: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm "Rate Codes Carved Out of APGs for Article 28 facilities."	Click on
Rate Codes Subsumed by APGs; updated as of 01/01/11 and 07/01/1 http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm "Rate Codes Subsumed by APGs – Freestanding Article 28."	1: Click on
Statewide Base Rate APGs; updated as of 01/01/14: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm "Statewide Base Rate APGs."	Click on
Packaged Ancillaries in APGs; updated as of 01/01/12: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm "Packaged Ancillaries in APGs."	Click on

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Supersedes TN	#15-0054	Effective Date _	01/01/2016