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State/Territory Name: New York

State Plan Amendment (SPA) #: 12-0002

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-12-0002-Approval

November 7, 2017

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

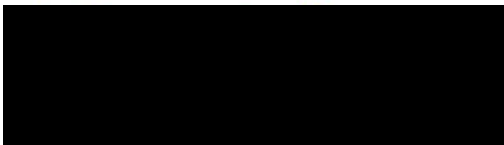
Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #12-0002 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2012. This SPA amends and updates the State's APG system for Freestanding Clinic services.

Enclosed are copies of the Plan Pages for SPA #12-0002 and the HCFA-179 form, as approved.

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,



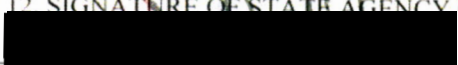
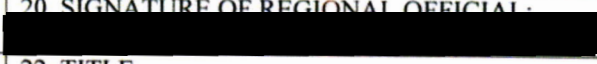
Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form
State Plan Pages

cc: J. Ulberg
R. Deyette
P. LaVenja
M. Levesque

R. Weaver
R. Holligan
N. McKnight

S. Jew
J. Hounsell
M. Lopez

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|--|--|--|-----------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 12-0002 | 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 January 1, 2012 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(30) of the Social Security Act and 42 CFR Part 447.204 | | 7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/12-09/30/12 (\$10,444.34) b. FFY 10/01/12-09/30/13 (\$13,925.79) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 2(g)(2), 2(g)(3), 2(g)(3.1), 2(g)(4) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: 2(g)(2), 2(g)(3), 2(g)(3.1), 2(g)(4) | |
| 10. SUBJECT OF AMENDMENT: January 2012 Freestanding Clinic APG Weight Adjustments (FMAP = 50%) | | | |
| 11. GOVERNOR'S REVIEW (Check One): <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 Finance & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210 | |
| 13. TYPED NAME: Jason A. Helgeson | | | |
| 14. TITLE: Medicaid Director Department of Health | | | |
| 15. DATE SUBMITTED: MAR 27 2012 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: | | 18. DATE APPROVED: NOVEMBER 07, 2017 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2012 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: MICHAEL MELENDEZ | | 22. TITLE: DIVISION OF MEDICAID & CHILDREN'S HEALTH | |
| 23. REMARKS: | | | |

**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 4/1/08, updated as of 10/01/11:

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

APG 3M Definitions Manual; version [3.4 updated as of 07/01/10; 3.5 updated as of 01/01/11; 3.6 updated as of 07/01/11] 3.7 updated as 01/01/12:

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 [quarterly 07/01/10 through 10/01/11] as of 01/01/12:

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:

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

*Older 3M APG crosswalk versions available upon request.

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|---------------|---|----------------|---|
| TN | <u> #12-0002 </u> | Approval Date | <u> 11/07/2017 </u> |
| Supersedes TN | <u> #10-0018 </u> | Effective Date | <u> 01/01/2012 </u> |

**New York
2(g)(3)**

Carve-outs; updated as of [01/01/11 and 04/01/11] 01/01/12. 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 [quarterly 10/01/10 through 07/01/11] 01/01/12:

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

If Stand Alone, Do Not Pay APGs; updated 01/01/11, 04/01/11 and 07/01/11:

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 04/01/11:

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

Modifiers; updated quarterly 07/01/10 through 10/01/11:

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

Never Pay APGs; updated as of 07/01/10, 01/01/11 and 07/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of [07/01/10, 01/01/11, 04/01/11 and 07/01/11] 01/01/12:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

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

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

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 10/01/10, 01/01/11 and 04/01/11:

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

TN #12-0002

Approval Date 11/07/2017

Supersedes TN #10-0018

Effective Date 01/01/2012

New York
2(g)(4)

Freestanding Clinic and Ambulatory Surgery Centers APG Base Rate Table

| Peer Group | Region | Rate Start Date | Base Rate Updated [through 07/01/11] as of 01/01/12 |
|--|-----------|-----------------|---|
| Academic Dental | Downstate | 09/01/09 | [\$162.12] <u>\$155.38</u> |
| Academic Dental | Upstate | 09/01/09 | [\$155.72] <u>\$147.64</u> |
| Ambulatory Surgery Centers | Downstate | 09/01/09 | \$113.92 |
| Ambulatory Surgery Centers | Upstate | 09/01/09 | \$99.15 |
| Clinic ² | Downstate | 09/01/09 | [\$170.66] <u>\$162.19</u> |
| Clinic ² | Upstate | 09/01/09 | [\$143.03] <u>\$135.92</u> |
| Clinic MR/DD/TBI ¹ | Downstate | 09/01/09 | [\$204.80] <u>\$194.62</u> |
| Clinic MR/DD/TBI ¹ | Upstate | 09/01/09 | [\$171.63] <u>\$163.11</u> |
| Renal | Downstate | 09/01/09 | [\$152.73] <u>\$141.29</u> |
| Renal | Upstate | 09/01/09 | [\$138.61] <u>\$126.82</u> |
| School-Based Health Center (SBHC) ² | Downstate | 09/01/09 | [\$170.66] <u>\$162.19</u> |
| School-Based Health Center (SBHC) ² | Upstate | 09/01/09 | [\$143.03] <u>\$135.92</u> |
| Statewide Base Price ³ | Statewide | 01/01/11 | [\$165.00] <u>\$160.00</u> |

¹Mentally retarded/developmentally disabled/traumatic brain injured.

²For Clinic and School-Based Health Center (SBHC), while they share the same base payment rates, please note that their rate codes differ.

³Statewide Base Price is not a service but used for APGs which do not have a payment differentiation for upstate and downstate providers.

Freestanding Clinic and Ambulatory Surgery Center Medicaid rates can be found at the Department of Health's website at:

http://www.health.ny.gov/health_care/medicaid/rates/apg/baserates.htm

TN #12-0002

Approval Date 11/07/2017

Supersedes TN #10-0018

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