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Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10278

December 13, 2010

Donna Frescatore
Deputy Commissioner
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Commissioner Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #07-09 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2007. The SPA provides for hospital outpatient payment adjustments that increase the operating cost components of the rates of payment for hospital outpatient and emergency department services for public general hospitals, other than those operated by the State of New York or the State University of New York, that are located in a city with a population of over one million people. The SPA provides \$211,865,219, total, for the period April 1, 2007 through March 31, 2008. For this period, the federal matching rate was 50%; therefore, the federal financial participation associated with this SPA is \$105,932,610. In order to receive federal funding for this period, you have to submit a timely filing waiver request.

This SPA approval consists of 1 Page. As New York has requested, we are approving the Attachment 4.19B-Page 2(c)(v) which was submitted with the State's December 8, 2010 electronic submission to the CMS SPA Mailbox, which replaced the Attachment 4.19-B-Page 2(c)(v) and Page 2(c)(vi) which were provided with the State's original June 28, 2007 SPA submission. Attachment 4.19B-Page 2(c)(vi) has been withdrawn and is not part of the final approval of SPA 07-09.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of SPA #07-09 and the HCFA-179 form, as approved. If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #07-09
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
RWeaver
LTavener
PMarra
MSamuel
SJew