

NOTICE OF AVAILABILITY OF STATE AND FEDERAL FUNDS

Department of Health
Corning Tower, Rm. 1938
Empire State Plaza
Albany, NY 12237

NYC HOSPITAL THAT PERFORMED AT LEAST ONE BARIATRIC SURGICAL PROCEDURE IN EACH OF 2007 AND 2008

Bariatric Surgical Procedure Reimbursement for Medicaid FFS Recipients

Applicants must be a NYC hospital (in one of the five boroughs) that performed at least one bariatric surgical procedure in each of 2007 and 2008. Bariatric surgical procedures include all surgical procedures included in AP-DRG 288. Applicant hospitals will propose a rate of reimbursement for all preoperative, surgical, and postoperative services for FFS Medicaid recipients. Selected hospitals be reimbursed for all FFS Medicaid recipients at this rate through the life of the contract.

Applications will be accepted through April 6, 2009 for consideration. Applicant hospitals must propose a reimbursement rate for obesity-related bariatric surgical procedures and associated inpatient care for Medicaid FFS beneficiaries that is lower than the current rate of reimbursement for these patients and that is acceptable to the Department. Applicant hospitals must also demonstrate experience in the provision of obesity-related bariatric surgical care, and indicate that appropriate pre- and post-surgical programs are in place. Applicant hospitals must also have CMS Bariatric Center certification, or demonstrate that they currently meet such standards and have a plan for meeting these standards within the contract period. In addition, selected hospitals must agree to share information with the Department that will demonstrate ongoing positive patient outcomes.

Selected hospitals will be the only hospitals that will be reimbursed for the provision of bariatric surgical services and pre and postoperative care for Medicaid FFS recipients (meeting the criteria for inclusion in AP-DRG 288) during the length of this program. It is expected that the volume of bariatric surgical services to Medicaid FFS recipients at each selected hospital will increase during the course of these contracts. This program is based on the belief that patients receiving care at these specialty hospitals will experience significantly better outcomes with significant financial savings over the long term. Contracts for the selected hospitals will initially be for one year, with the possibility of three one year extensions, pending continuing legislative authority for the program.

Complete Applications must be sent to: Michael Lindsey, Office of Health Insurance Programs, New York State Department of Health, Room 1938, Corning Tower, Albany, New York 12237-0066

A complete application package includes a written materials and a CD/DVD containing information entered into an EXCEL spreadsheet.

All applications, including the hard copy and CD/DVD must be received by the Department no later than 5:00 pm on April 6, 2009.

Contact: Michael Lindsey, at the above address, email: ml101@health.state.ny.us

