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State/Territory Name: New York

State Plan Amendment (SPA) #: NY 19-0041

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

August 30, 2019

Donna Frescatore
Medicaid Director
NYS Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

RE: State Plan Amendment (SPA) 19-0041

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 19-0041. This amendment proposes to limit the trend factor for hospital inpatient services to an amount no greater than zero for services provided on and after April 1, 2019.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and, therefore, have approved them with an effective date of April 1, 2019. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Charlene Holzbaaur at (609) 882-4103 Extension 104.

Sincerely,



Kristin Fan
Director

cc:
R. Weaver
R. Holligan
T. Brady
C. Holzbaaur

| | | |
|---|---|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>1 9 — 0 0 4 1</u> | 2. STATE New York |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE April 1, 2019 | |
| 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 1902(r)(5) of the Social Security Act, and 42 CFR 447 | 7. FEDERAL BUDGET IMPACT a. FFY <u>04/01/19 - 09/30/19</u> \$ <u>0.00</u> b. FFY <u>10/01/19 - 09/30/20</u> \$ <u>0.00</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment: 4.19-A: Page 120(a)(i) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment: 4.19-A: Page 120(a)(i) |

10. SUBJECT OF AMENDMENT
Cost Containment - IP
(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

| | |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL | 16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210 |
| 13. TYPED NAME Donna Frescatore | |
| 14. TITLE Medicaid Director, Department of Health | |
| 15. DATE SUBMITTED June 28, 2019 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|-----------------------------------|----------------------------------|
| 17. DATE RECEIVED | 18. DATE APPROVED AUG 30 2019 |
| PLAN APPROVED - ONE COPY ATTACHED | |

| | |
|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL APR 01 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 21. TYPED NAME Kristin Fan | 22. TITLE Director, FMG |

23. REMARKS

**New York
120(a)(i)**

14. Effective for services provided on and after April 1, 2011, the applicable trend factor for the 2011 calendar year period will be no greater than zero.
15. Effective for services provided on and after January 1, 2012, the applicable trend factor for the 2012 calendar year period will be no greater than zero.
16. The applicable trend factor for the 2013 calendar year will be no greater than zero for services provided on and after January 1, 2013.
17. The applicable trend factor for the 2014 calendar year period will be no greater than zero for services provided on and after January 1, 2014.
18. The applicable trend factor for the 2015 calendar year period will be no greater than zero for services provided on and after January 1, 2015 through March 31, 2015 and April 23, 2015 through December 31, 2015.
19. The applicable trend factor for the 2016 calendar year period will be no greater than zero for services provided on and after January 1, 2016.
20. The applicable trend factor for the 2017 calendar year period will be no greater than zero for services provided on and after January 1, 2017 through March 31, 2017 and April 1, 2017 through December 31, 2017.
21. The applicable trend factor for the 2018 calendar year period will be no greater than zero for services provided on and after January 1, 2018.
22. The applicable trend factor for the 2019 calendar year period will be no greater than zero for services provided on and after January 1, 2019 through March 31, 2019[.]and April 1, 2019 through December 31, 2019.
23. The applicable trend factor for the period on and after January 1, 2020 will be no greater than zero.

TN #19-0041
Supersedes TN #17-0044

Approval Date AUG 30 2019
Effective Date APR 01 2019