

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-23-0039**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

November 30, 2023

Amir Bassiri  
New York State  
Department of Health (DOH)  
Medicaid Director  
99 Washington Ave-One Commerce Plaza Suite 1432  
Albany, NY 12210

**RE: New York Plan Amendment (SPA) Transmittal Number 23-0039**

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-23-0039, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 15<sup>th</sup>, 2023. This plan proposes to establish an Alternative Payment Methodology (APM) for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1<sup>st</sup>, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 3 9</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>April 1, 2023</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>§ 1905(a)(2)(B) and 1905(a)(2)(C)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/23-09/30/23</u> \$ <u>67,524,732</u> b. FFY <u>10/01/23-09/30/24</u> \$ <u>135,049,464</u>
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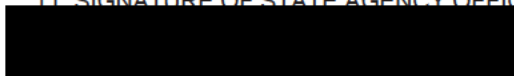
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Pages 2(c)(iv)(f), 2(c)(iv)(g), 2(c)(iv)(h), 2(c)(iv)(i)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <del>Attachment 4.19-B: Page 2(c)(iv)(i)</del> <b>NEW</b>
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9. SUBJECT OF AMENDMENT  
**FQHC APM - 340B**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  <b>Amir Bassiri</b>	15. 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. TITLE <b>Medicaid Director</b>	
14. DATE SUBMITTED <b>May 19, 2023</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>08/15/2023</b>	17. DATE APPROVED <b>November 30, 2023</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>04/01/2023</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS

**Pen and Ink changes:**

**Box 7: Page Number of the Plan Section or Attachment: Attachment 4.19-B: Pages 2(c)(iv)(f), 2(c)(iv)(g), 2(c)(iv)(h)**

**Box 8: Page Number of the Superseded Plan Section or Attachment (if applicable): NEW**

**Box 9: Subject of Amendment: FQHC APM-340-B**

**New York  
2(c)(iv)(f)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers(FQHC)**

**APM: Payment in Addition to Pre-existing PPS Rate**

Effective April 1, 2023, eligible Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be designated as eligible by the Department to receive the additional payment under this section in order to preserve and improve beneficiary access to care and avoid loss of services in areas of concern.

The Department will routinely review eligible providers under this section and obtain information as it deems necessary to evaluate and determine need and effectiveness of previous payments.

For eligible providers, the annual amount of the additional payment that will be paid each state fiscal year, which runs April 1<sup>st</sup> through March 31<sup>st</sup>, on or before June 30<sup>th</sup> will be listed in the table which follows and will not be subject to subsequent adjustment or reconciliation. Furthermore, the FQHC/RHC payments made pursuant to this section are considered an alternative payment methodology (APM) and will be made in addition to the FQHC/RHC Prospective Payment System (PPS) rate. The APM will be agreed to by the Department of Health and the FQHC/RHC and will result in payment to the FQHC/RHC of an amount that is at least equal to the PPS rate. FQHCs/RHCs that do not choose an APM will be paid at their PPS per visit rate.

Additional payments have been approved for the following providers for the amounts listed:

<b>Provider Name</b>	<b>Gross APM Payment Amount</b>
Anthony L Jordan Health Center	\$6,515,434.43
APICHA Community Health Center	\$9,800,000.00
Beacon Christian Community Health Center	\$50,000.00
Bedford Stuyvesant Family Hlth Center	\$2,268,696.78
Betances Health Center	\$4,112,760.34
BronxCare Dr. Martin Luther King, Jr. Health Center	\$6,292,863.53
Brooklyn Plaza Medical Center	\$1,269,587.58
Brownsville Multi-Service Family Health Center	\$6,020,157.32
Care For The Homeless, Inc.	\$1,077,951.00
Community Health Center of Buffalo	\$2,255,800.00
Community Health Center of Richmond, Inc.	\$165,000.00
Community Health Initiatives Inc.	\$424,823.00
Community Healthcare Network	\$6,100,059.42
Cornerstone Family Healthcare	\$3,807,391.81
Cumberland Diagnostic & Treatment Center	\$2,247,276.86

**TN**     #23-0039    

**Approval Date**     November 30, 2023    

**Supersedes TN**     New    

**Effective Date**     April 1, 2023

**New York  
2(c)(iv)(g)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally  
Qualified Health Centers (FQHC)**

**Providers (continued)**

<b>Provider Name</b>	<b>Gross APM Payment Amount</b>
Damian Family Care Center	\$12,047,724.11
East Harlem Council for Human Services Inc.	\$2,380,215.86
East Hill Family Medical Inc.	\$399,946.08
East NY Diagnostic & Treatment Center	\$3,231,301.64
EHS, Inc.	\$15,251,688.05
Ezras Choilim Health Center Inc.	\$1,132,228.17
Finger Lakes Migrant Health	\$863,409.74
Floating Hospital	\$1,100,000.00
Gouverneur Diagnostic and Treatment Center	\$5,598,364.58
HASC Diagnostic & Treatment Ctr Inc.	\$330,000.00
Healthcare Choices NY, Inc.	\$100,000.00
Hempstead Community Health Center	\$500,000.00
Heritage Health Care	\$3,100,000.00
His Branches Inc	\$173,130.00
Hometown Health Centers	\$2,765,458.17
Housing Works East New York	\$10,805,223.00
Institute for Urban Family Health	\$13,667,424.59
Jericho Road Community Health Center	\$5,230,204.31
Joseph P Addabbo Family Health Center	\$5,759,415.57
Lasante Health Center	\$584,736.43
Long Island Select Healthcare	\$3,889,256.51
L'Refuah Medical & Rehabilitation Center	\$2,404,086.96
Michael Callen-Audre Lorde Community Health Center	\$16,833,184.55
Morris Heights Health Center	\$8,114,863.90
Morrisania Diagnostic & Treatment Center	\$1,886,219.55
Neighborhood Health Center of WNY, Inc.	\$4,945,114.91
Oak Orchard Community Health Center	\$2,559,330.00
ODA Primary Health Care Network, Inc.	\$2,365,531.36
Open Door Family Medical Center, Inc.	\$3,150,473.99
Premium Health	\$1,500,000.00
P R O M E S A Inc.	\$2,540,748.91

**TN**     #23-0039    

**Approval Date**     November 30, 2023    

**Supersedes TN**     New    

**Effective Date**     April 1, 2023

**New York  
2(c)(iv)(h)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally  
Qualified Health Centers (FQHC)**

**Providers (continued)**

<b>Provider Name</b>	<b>Gross APM Payment Amount</b>
Refuah Health Center	\$5,922,198.93
Renaissance Health Care Network	\$1,166,977.53
Segundo Ruiz Belvis D & T Center	\$959,252.54
Settlement Health	\$1,016,650.60
Southern Tier Community Health Center Network, Inc.	\$50,000.00
Sun River Health	\$16,165,930.92
Syracuse Community Health	\$2,975,869.92
The Chautauqua Center	\$2,333,954.35
Trillium Health	\$9,764,541.94
Union Community Health Center	\$2,889,188.86
Upper Room AIDS Ministry ADHC	\$5,569,424.71
Upstate Family Health Center Inc.	\$2,654,774.00
Urban Health Plan, Inc.	\$7,651,721.15
Vocational Instruction Project Community Services, Inc.	\$2,408,659.95
Warrensburg Health Center	\$7,198,392.39
Westchester Community Health Center	\$313,500.00
Whitney M Young Jr Health Center Inc.	\$5,386,500.00
William F Ryan Community Health Center	\$8,054,307.96

TN           #23-0039          

Approval Date November 30, 2023

Supersedes TN           New          

Effective Date April 1, 2023