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# **State/Territory Name: NY**

## State Plan Amendment (SPA): NY-22-0030

This file contains the following documents in the order listed:

Approval Letter
 CMS 179 Form/Summary Form (with 179-like data)
 Approved SPA Page

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



#### **Financial Management Group**

February 2, 2024

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

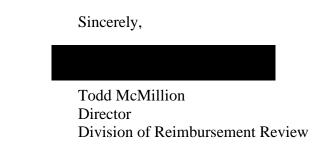
#### RE: New York Plan Amendment (SPA) Transmittal Number 22-0030

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23<sup>rd</sup>, 2022. This plan proposes to extend supplemental upper payment limit distributions for outpatient hospital services to non-state public hospitals.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1<sup>st</sup>, 2022. 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.



Enclosures

DEPARTMENT OF HEALTH ANDHUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY\$25,606,939.00
1905(a)(2)(A) Outpatient Hospital Services	b. FFY\$ 25,606,939.00
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i>
9. SUBJECT OF AMENDMENT 10. 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	
11. SIGNAT     NCY OFFICIAL     1       12. TYPED NAME	15. RETURN TO
13. TITLE	
14. DATE SUBMITTED June 27, 2022	
FOR CMS U	SE ONLY
06/23/2022	17. DATE APPROVED February 2, 2024
PLAN APPROVED - ON	
18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2022	19. SIGNATURE OF APPROVING OFFICIAL
Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
<ul> <li>22. REMARKS Pen and ink changes</li> <li>Box 6- Federal Statute/Regulation Citation- § 1905(a)(2)(A) Outpatient Hospita</li> <li>Box 7- Federal Budget Impact</li> <li>a. FFY 04/01/22-09/30/22 \$25,606,939.00</li> <li>b. FFY 10/01/22-09/30/23 \$25,606,939.00</li> </ul>	I Services

#### New York 2(c)(v.1)

### 1905(a)(2)(A) Outpatient Hospital Services

#### Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals

The State will provide a supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, and (3) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011 and ending March 31, 2012, the amount of the supplemental payment will be \$98,610,666. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$107,953,672. For state fiscal year beginning April 1, 2013 and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. For state fiscal year beginning April 1, 2014 and ending March 31, 2015, the amount of the supplemental payment will be \$26,898,232. For state fiscal year beginning April 1, 2015 and ending March 31, 2016, the amount of the supplemental payment will be \$161,521,405. For state fiscal year beginning April 1, 2016 and ending March 31, 2017, the amount of the supplemental payment will be \$ 112,980,827. For state fiscal year beginning April 1, 2017 and ending March 31, 2018, the amount of the supplemental payment will be \$111,305,328. For state fiscal year beginning April 1, 2018 and ending March 31, 2019, the amount of the supplemental payment will be \$105,303,666. For state fiscal year beginning April 1, 2019 and ending March 31, 2020, the amount of the supplemental payment will be \$106,131,529. For state fiscal year beginning April 1, 2020 and ending March 31, 2021, the amount of the supplemental payment will be \$86,008,434. For state fiscal year beginning April 1, 2021 and ending March 31, 2022, the amount of the supplemental payment will be \$90,820,990. For state fiscal year beginning April 1, 2022 and ending March 31, 2023, the amount of the supplemental payment will be \$102,427,757. Medical assistance payments will be made for outpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

TN #22-0030

Approval Date \_\_\_\_\_\_ February 2, 2024

Supersedes TN <u>#21-0036</u>

Effective Date <u>April 1, 2022</u>