

Table of Contents

State/Territory Name: NY

State Plan Amendment (SPA): NY-22-0027-D

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
230 Dearborn, 33rd Floor
Chicago, Illinois 60604



Financial Management Group

February 7, 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 22-0027-D

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0027-D, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23rd, 2022. This plan proposes to provide Physician Supplemental UPL Payments to New York City Health and Hospitals.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1st, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

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 _____ — _____ D _____ — _____	2. STATE _____
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(5)(A) Physician Services -----	4. PROPOSED EFFECTIVE DATE	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ----- 1.9(b), 1.10	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ ----- 6,658,384.00	
9. SUBJECT OF AMENDMENT ----- Physician Supplemental UPL Payments – H+H	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ----- 1.10	

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 AGENCY OFFICIAL 	15. RETURN TO
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED June 23, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED 06/23/2022	17. DATE APPROVED February 7, 2024
---------------------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS **The State authorizes the following pen and ink changes to the 179:**

Box 1. Transmittal Number: 22-0027D

Box 5. Federal Statute/Regulation Citation: 1905(a)(5)(A) Physician Services

Box 6. Federal Budget Impact (Amount in WHOLE dollars)

a.	FFY 04/01/22-09/30/22	\$0.00
b.	FFY 10/01/22-09/30/23	\$6,658,384.00

Box 7. Page Number of The Plan Section or Attachment: Attachment 4.19-B Pages: 1.9(b), 1.10

Box 8. Page Number of the Superseded Plan Section or Attachment (If applicable): Attachment 4.19-B Pages: 1.10

Box 9. Subject of Amendment: Physician Supplemental UPL Payments – H+H

**New York
1.9(b)**

1905(a)(5)(A) Physician Services

Supplemental Medicaid Payments for Professional Services - NYC Health + Hospitals

Medicare Fee Equivalent Calculation

- a. Effective April 1, 2011, supplemental payments will be made to physicians, nurse practitioners and physician assistants who are employed by a Public Benefit Corporation (PBC), or a non-state operated public general hospital operated by a PBC or who are providing professional services at a PBC facility as either a member of a practice plan or an employee of a professional corporation or limited liability corporation under contract to provide services to patients of such a public benefit corporation for those patients eligible for Medicaid. The supplemental payments will be applicable only to the professional component of the eligible services provided.
- b. Eligible providers are affiliated with:
 - i. New York City Health + Hospitals (H+H), excluding facilities participating in the Medicare Teaching Election Amendment.

Excluded facilities are Federal Qualified Health Centers and Rural Health Centers.
- c. Supplemental payments for eligible services will equal the difference between the Medicare Part B fee schedule rate and the average Medicaid payment per unit otherwise made under this Attachment.
- d. Supplemental payments will be made as an annual aggregate lump sum, and be based on the Medicaid data applicable to the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year. A final payment will be made one year following the initial payment to capture those claims for the payment year dates of service processed subsequent to the initial payment. Supplemental payments will not be made prior to the delivery of services.
- e. Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee-for-service payment has been made to an eligible provider. Non-commercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.

TN: #22-0027-D

Approval Date: February 7, 2024

Superseding TN: NEW

Effective Date: April 1, 2022

New York

1.10

1905(a)(5)(A) Physician Services**Calculating the Supplemental Payments – Nassau, Westchester, Erie, NYC Health + Hospital**

- (1) Each group will calculate their own supplemental payments for professional services using the following methodology:
 - (a) The identification of claims will be based on individual Current Procedural Terminology (CPT) codes contained in the New York State Medicaid program claims processing system- eMedNY.
 - (b) Supplemental payments for eligible professional services are available only for benefits covered by Medicare.
- (2) For Medicaid matched services, a Medicare Part B fee equivalent payment will be calculated by multiplying the Medicaid equivalent services/procedures by the applicable Medicare Part B fee schedule amount.
- (3) For eligible service procedures that are billed to Medicaid using codes that do not correspond to the applicable Medicare fee schedule (“non-matched” procedure), the percentage computed using a calculation of the overall average percent of the Medicaid payment to Medicare payment for the matched procedures will be applied to the non-matched Medicaid procedures.
- (4) The supplemental payment will equal the difference between the Medicare payment per procedure calculated in accordance with the methodology multiplied by the number of Medicaid claims for each procedure, and the applicable Medicaid payments for such procedures. For services where physician extenders will be used the computation will be based on the applicable percentage of the Medicare equivalent not the full physician payment.
- (5) The date of service will dictate the fee schedule to be used. The supplemental payment will be calculated annually using the most recent Medicare Part B fee schedule in effect applicable to the dates of service of the eligible services. The calculation will be based on the Medicare Part B fee schedule for each provider’s geographic region and the Medicaid data applicable to the calendar year.
- (6) The Department will review the submitted computation and attest that the data and computation used to compute the supplemental payment are accurate and comply with the methodology included in the State Plan.

TN #22-0027-DApproval Date February 7, 2024Superseding TN #11-0007-CEffective Date April 1, 2022