

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) NY: 21-0036**

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 15, 2022

Amir Bassiri  
State Medicaid Director  
New York State Department of Health  
99 Washington Ave  
One Commerce Plaza, Suite 1605  
Albany, NY 12237

RE: TN 21-0036

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 21-0036, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29<sup>th</sup>, 2021. This plan amendment updates the Public General Hospital Outpatient Supplemental Payment Adjustment for the state fiscal year beginning April 1, 2021 and ending March 31, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2021. 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 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

2 1 — 0 0 3 6

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, 2021

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

§ 1902(a) of the Social Security Act and 42 CFR 447  
**1905(a)(2)(A) Outpatient Hospital Services**

7. FEDERAL BUDGET IMPACT

a. FFY 04/01/21-09/30/21 \$ 23,602.89 **\$22,705,248**b. FFY 10/01/21-09/30/22 \$ 23,602.89 **\$22,705,248**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Part I: Page 2(c)(v.1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B Part I: Page 2(c)(v.1)

10. SUBJECT OF AMENDMENT

2021 Outpatient UPL  
(FMAP=50%)11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED June 29, 2021

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

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 29, 2021

18. DATE APPROVED

November 15, 2022

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

Pen and ink change authorized via RAI response on 11/9/2022 to block 7 a. and b. from \$23,602.89 to \$22,705,248.

Technical Correction-1/10/22-update to Box 6 to change citation to 1905(a)(2)(A) Outpatient Hospital Services-J. Bennett

**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. 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 #21-0036** \_\_\_\_\_

**Approval Date** November 15, 2022

**Supersedes TN #20-0024** \_\_\_\_\_

**Effective Date** April 1, 2021