

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

November 16, 2020

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

Reference: TN 20-0051

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0051. This amendment revises reimbursement for general hospital inpatient services. Specifically, this SPA proposes to reduce specified payments by an additional one-half percent (0.5%), resulting in a one and one-half percent (1.5%) total reduction for State Fiscal Year (SFY) 2020.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447.

This is to inform you that Medicaid State plan amendment 20-0051 is approved effective April 2, 2020. The CMS-179 and the amended plan pages are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For

Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION <u>(a)</u>	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)

10. SUBJECT OF AMENDMENT

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 	16. RETURN TO
13. TYPED NAME	
14. TITLE	
15. DATE SUBMITTED June 30, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 30, 2020	18. DATE APPROVED 11/16/20
------------------------------------	-------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 2, 2020	20. SIGNATURE OF REGIONAL OFFICIAL  For
21. TYPED NAME Rory Howe	22. TITLE Acting Director

23. REMARKS

Pen and ink change in block #6 per state's request/authorization - 9/17/20

Appendix I
2020 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

New York
A(1)(d)

**Across the Board 1% Payment Reduction – effective 1/1/2020 and thereafter;
additional 0.5% Across-the-Board Payment Reduction – effective on or after 4/2/2020
and thereafter**

(1) For dates of service on and after January 1, 2020, payments for services as specified in paragraph ~~[(2)](3)~~ of this Section will be reduced by one percent (1%).

(2) For dates of service on or after April 2, 2020, payments for services as specified in paragraph (3) of this Section will be reduced by an additional one-half percent (0.5%) to the percent referenced in paragraph (1), resulting in a one and one-half percent (1.5%) reduction.

~~[(2)](3)~~ Payments pursuant to Part I in this Attachment subject to the reduction in paragraphs (1) and (2) are the following:

Part I – Methods and Standards for Establishing Payments – Inpatient Hospital Care

- a) Hospital Inpatient Reimbursement.
- b) Capital Expense Reimbursement.
- c) Adding or Deleting Hospital Services or Units.
- d) New Hospitals and Hospital on Budgeted Rates.
- e) Swing Bed Reimbursement.
- f) Mergers, Acquisitions, Consolidations, Restructurings and Closures.
- g) Administrative Rate Appeals.
- h) Out-of-State Providers.
- i) Hospital Physician Billing.
- j) Graduate Medical Education – Medicaid Managed Care Reimbursement.
- k) Government General Hospital Additional Disproportionate Share Payments.
- l) Government General Hospital Indigent Care Adjustment.
- m) Voluntary Supplemental Inpatient Payments.
- n) Indigent Care Pool Reform.

TN #20-0051
Supersedes TN #20-0015

Approval Date November 16, 2020
Effective Date April 2, 2020