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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-22-0039

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

January 17, 2024
Amir Bassiri
State Medicaid Director
New York State Department of Health
99 Washington Ave
One Commerce Plaza, Suite 1432
Albany, NY 12210

RE: State Plan Amendment (SPA) NY-22-0039

Dear Director Bassiri:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 22-0039. This State Plan Amendment continues the supplemental upper payment limit payment to non-state publicly owned and operated hospitals in the amount of \$395,836,204.

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

This is to inform you that Medicaid State Plan Amendment NY-22-0039 is approved effective April 1, 2022. The CMS-179 and the amended plan pages are attached.

If you have any questions or need further assistance, please contact James Francis at 857-357-6378 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director

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

1. TRANSMITTAL NUMBER <u>2 2</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 April 01, 2022
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5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(1) Inpatient Hospital Services § 1902(a) of the Social Security Act and 42 CFR 447-	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/22-09/30/22</u> \$ 100,000,000 98,959,051 b. FFY <u>10/01/22-09/30/23</u> \$ 100,000,000 98,959,051
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A Part I Page: 161	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A Part I Page: 161
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9. SUBJECT OF AMENDMENT

2022 IP UPL Payments

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. [REDACTED] OF STATE AGENCY OFFICIAL	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
12. TYPED NAME Amir Bassiri	
13. TITLE Acting Medicaid Director	
14. DATE SUBMITTED June 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED June 30, 2022	17. DATE APPROVED January 17, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group

22. REMARKS **The State authorizes the following pen and ink revisions to the HCFA 179:**
Box 5. Federal Statute/Regulation Citation 1905(a)(1) Inpatient Hospital Services
Box 6. Federal Budget Impact (Amount in Whole Dollars)
a. FFY 04/01/22-09/30/22 \$98,959,051.00
b. FFY 10/01/22-09/30/23 \$ 98,959,051.00

New York
161

1905(a)(1) Inpatient Hospital Services

Additional Inpatient Governmental Hospital Payments

For the period beginning state fiscal year April 1, 2022, and ending March 31, 2023, the State will provide a supplemental payment for all inpatient services provided by eligible government general hospitals located in a city with a population over one million and not operated by the State of New York or the State University of New York. The amount of the supplemental payment will be \$395,836,204 and paid semi-annually in September and March. It will be distributed to hospitals proportionately using each hospital's proportionate share of total Medicaid days reported for the base year two years prior to the rate year. Such payments, aggregated with other medical assistance payments will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for non-state government owned or operated government general hospitals for the respective period.

TN #22-0039

Approval Date January 17, 2024

Supersedes TN #21-0033

Effective Date April 1, 2022