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State/Territory Name: New York

State Plan Amendment (SPA) #: 21-0009

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

September 9, 2021

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

Reference: TN 21-0009

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0009. Effective April 21, 2021, this amendment revises the add-on fee-for-service reimbursement for non-state government operated ground emergency medical transportation (ambulance) providers.

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 21-0009 is approved effective April 21, 2021. 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 used to redact the signature of the Acting Director.

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 1 — 0 0 0 9

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

~~January 22, 2021~~ April 21, 20215. 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

7. FEDERAL BUDGET IMPACT

a. FFY 01/22/21-09/30/21 \$ ~~(10,328.83)~~ (6,610.70)b. FFY 10/01/21-09/30/22 \$ (14,875.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page: 104

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-A Page: 104

10. SUBJECT OF AMENDMENT

Ambulance Non-Comparable Add-on Revision
(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

December 30, 2020

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

December 30, 2020

18. DATE APPROVED

September 9, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 21, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

For

21. TYPED NAME

Rory Howe

22. TITLE

Acting Director, Financial Management Group

23. REMARKS

Pen and ink changes in blocks #s 4 and 7 per state request.

**New York
104**

6. *Graduate medical education (GME).*
 - a. *Direct GME (DGME) costs* will mean the reimbursable salaries, fringe benefits, non-salary costs and allocated overhead teaching costs for residents, fellows, and supervising physicians trended for inflation to the rate year by the applicable provisions of this section. Only the costs reported for Interns and Residents Services Salary and Fringes, Interns and Residents Services Other Program Costs, and Supervising Physician Teaching will be included in the direct GME cost development.
 - b. *Indirect GME (IME) costs* will mean an estimate of the costs associated with additional ancillary intensiveness of medical care, more aggressive treatment regimens, and increased availability of state-of-the-art testing technologies resulting from the training of residents and fellows.
7. *High-cost outlier costs* for payment purposes will mean 100 percent of the hospital's total billed patient charges, as approved by IPRO, that have been converted to cost using the hospital's most recent charge convertor for that same service period, as defined in this Section, that exceed the DRG specific high-cost thresholds calculated pursuant to the Outlier Rates of Payment Section.
8. *Alternate level of care (ALC) services* will mean those services provided by a hospital to a patient for whom it has been determined that inpatient hospital services are not medically necessary, but that post-hospital extended care services are medically necessary, consistent with utilization review standards, and are being provided by the hospital and are not otherwise available.
9. *Exempt hospitals and units* will mean those hospitals and units that are paid per diem rates of payment pursuant to the provisions of the Exempt Units and Hospitals Section, rather than receiving per discharge case-based rates of payment.
10. *The wage equalization factor (WEF)* will mean the mechanism to equalize hospital salary and fringe benefit costs to account for the differences in the price of labor among hospitals and groups of hospitals.
11. *Statewide Base Price* will mean the numeric value calculated pursuant to the Statewide Base Price Section, which will be used to calculate DRG case-based payments per discharge as defined in paragraph (2) of this Section.
12. *Non-comparable costs* will mean those base year costs, as defined in this Section, that are excluded from the statewide base price calculation and applied to the case-based rate of payment as an add-on payment. The following will be considered non-comparable costs:
 - a. Medicaid costs associated with ambulance services operated by a facility that are not reimbursed through a supplemental payment program and reported as inpatient costs in the Institutional Cost Report (ICR); and