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State/Territory Name: New York

State Plan Amendment (SPA) #: NY 18-0028-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



New York Regional Operations Group
Financial Management Group

September 19, 2019

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

RE: State Plan Amendment (SPA) 18-0028-A

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 18-0028-A. This amendment continues supplemental payments to New York City's Health + Hospitals, effective April 1, 2018.

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. We have found that the proposed reimbursement methodology complies with applicable requirements and, therefore, have approved them with an effective date of April 1, 2018. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please call Charlene Holzbaur at (609) 882-4103 Extension 104.

Sincerely,



Kristin Fan
Director

cc:

R. Weaver
R. Holligan
T. Brady
C. Holzbaur

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

1. TRANSMITTAL NUMBER 1 8 - 0 0 2 8A	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2018	

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 § 1902(a) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>04/01/2018-09/30/18</u> \$ <u>16,203.69</u> b. FFY <u>10/01/2018-09/30/19</u> \$ <u>16,203.69</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A - Page: 161(0)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A - Page: 161(0)

10. SUBJECT OF AMENDMENT
**IP UPL (Remaining Balance)
(FMAP=50%)**

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 OF STATE AGENCY OFFICIAL 	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
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED June 22, 2018	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED SEP 19 2019

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL APR 01 2018	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Kristin Fan	22. TITLE Director, FMG

23. REMARKS

New York
161(0)

Additional Inpatient Governmental Hospital Payments (Continued)

For the state fiscal year beginning April 1, [2016] 2018 and ending March 31, [2017] 2019, the State will provide an additional supplemental payment for all inpatient services provided by eligible government general hospitals. To be eligible, hospitals must (1) be a government 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. Also, all medical assistance payments when aggregated with both the supplemental payment and the additional supplemental payment 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 hospitals for this period.

The amount of the additional supplemental payment will be [the difference between the amount of \$393,987,995 and the previous supplemental payment amount of \$337,471,812 within the same year] \$64,814,765. Medical assistance payments will be made for all inpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act and calculated using each such hospital's proportionate share of total Medicaid days of all eligible hospitals reported for the base period two years prior to the rate year.

TN #18-0028-A
Supersedes TN #16-0035-A

Approval Date SEP 19 2019
Effective Date APR 01 2018