

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 18-0064

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, 2020

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

Reference: TN 18-0064

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 18-0064. This amendment proposes to increase the operating component of inpatient hospital rates.

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 18-0064 is approved effective November 1, 2018. The CMS-179 and the amended plan page is attached.

If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or Charlene.Holzbaur@cms.hhs.gov.

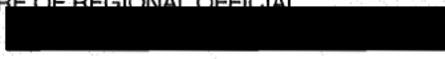
Sincerely,

[Redacted Signature]

For

Rory Howe
Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 8 — 0 0 6 4</u>	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 November 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 11/01/18-09/30/19 \$ 27,860.65 b. FFY 10/01/19-09/30/20 \$ 30,393.44	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A Page: A(1)(c)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment:	
10. SUBJECT OF AMENDMENT Across the Board Hospital Inpatient Investment (FMAP=50%)		
11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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 DEC 28 2018		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED Dec 28, 2018	18. DATE APPROVED 9/9/20	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL Nov 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL  For	
21. TYPED NAME Rory Howe	22. TITLE Acting Director, FMG	
23. REMARKS		

New York
A(1)(c)

Across the Board Hospital Inpatient Increase

(1) For dates of service on and after November 1, 2018, the inpatient rate components listed below for Article 28 hospitals, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across the board increase of two percent (2%). Only those Article 28 hospitals whose total estimated annual Medicaid impact from the two percent (2%) across the board hospital inpatient increase is \$75,000 or greater are eligible for adjustments to the rate components.

a. Sections in this Attachment subject to the two percent (%) hospital inpatient increase are as follows:

i. Statewide Base Price

ii. Add-Ons to the Acute Rate Per Discharge

iii. Exempt units and hospitals

1. Physical medical rehabilitation inpatient services - operating component
2. Chemical dependency rehabilitation inpatient services – operating component
3. Critical access hospitals – operating component
4. Cancer hospitals – operating component
5. Specialty long term acute care hospital – operating component
6. Acute care children's hospitals – operating component
7. Substance abuse detoxification inpatient services – operating component
8. Inpatient psychiatric services provided in general hospitals, or distinct units of general hospitals, specializing in such inpatient psychiatric services – operating component and Direct Graduate Medical Education (DGME)

iv. Graduate Medical Education - Medicaid Managed Care Reimbursement

v. Alternate Level of Care Payments (ALC)

TN #18-0064

Supersedes TN #NEW

Approval Date September 9, 2020

Effective Date November 1, 2018