

Table of Contents

State/Territory Name: NY

State Plan Amendment (SPA): NY-22-0027-A

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
Center for Medicaid & CHIP Services
230 Dearborn, 33rd Floor
Chicago, Illinois 60604



Financial Management Group

February 7, 2024

Amir Bassiri
New York State
Department of Health (DOH)
Medicaid Director
99 Washington Ave-One Commerce Plaza Suite 1432
Albany, NY 12210

RE: New York Plan Amendment (SPA) Transmittal Number 22-0027-A

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0027-A, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23rd, 2022. This plan proposes to provide Physician Supplemental UPL Payments to State University of New York (SUNY).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1st, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 7 A

2. STATE

N Y3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 01, 2022

5. FEDERAL STATUTE/REGULATION CITATION <sup>1905(a)(5)(A) Physician
Services</sup>
~~§ 1902(a) of the Social Security Act and 42 CFR 447~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/22-09/30/22 \$ 0b. FFY 10/01/22-09/30/23 \$ ~~18,950,000~~ 8,925,745.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Pages: 1.1, ~~1.6~~, ~~1.9~~, 1.3(a)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B Pages: 1.1, ~~1.6~~, ~~1.9~~

9. SUBJECT OF AMENDMENT

~~Physician Supplemental Payments-UPL~~ Physician Supplemental UPL Payments-SUNY

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. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Acting Medicaid Director

14. DATE SUBMITTED

June 23, 2022

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

FOR CMS USE ONLY

16. DATE RECEIVED

06/23/2022

17. DATE APPROVED

February 7, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS The State authorizes the following pen and ink changes to the 179:

Box 1. Transmittal Number: 22-0027A

Box 5. Federal Statute/Regulation Citation: 1905(a)(5)(A) Physician Services

Box 6. Federal Budget Impact (Amount in WHOLE dollars)

a. FFY 04/01/22-09/30/22 \$0.00

b. FFY 10/01/22-09/30/23 \$8,925,745.00

Box 7. Page Number of The Plan Section or Attachment: Attachment 4.19-B Pages: 1.1, 1.3(a)

Box 8. Page Number of the Superseded Plan Section or Attachment (If applicable): Attachment 4.19-B Pages: 1.1

Box 9. Subject of Amendment: Physician Supplemental UPL Payments-SUNY

**New York
1.1**

1905(a)(5)(A) Physician Services

Supplemental Medicaid Payments for Eligible Professional Services

1. State University of New York (SUNY)

- (a) Effective April 1, 2011, supplemental payments will be made to State University Eligible Medical Professional Providers for services eligible under this provision ("Eligible Services"). Supplemental payments for Eligible Services will be equal to the difference between the Average Commercial Rate, as defined below, and Medicaid payments otherwise made under this state plan. The supplemental payment will only be applicable to the professional component of the services provided.
- (b) State University Eligible Medical Professional Providers are:
 - (1) Physicians, nurse practitioners and physician assistants;
 - (2) Licensed in the State of New York; and
 - (3) Participating in a plan for the management of clinical practice at the State University of New York.

Excluded providers are federally qualified health centers (FQHCs) and rural health centers (RHCs).

- (c) Eligible Services include only those services provided by a State University Eligible Medical Professional Provider while acting in their capacity as a participant in a plan for the management of clinical practice at the State University of New York. The following clinical practices will participate:
 - (1) SUNY Syracuse
 - (2) SUNY Buffalo, and
 - (3) SUNY Stony Brook
- (d) Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee for service payment has been made to an eligible provider. Noncommercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.
- (e) Supplemental payments will be made as an annual aggregate lump sum payment, based on the Medicaid data applicable to dates of service in the calendar year. Supplemental payments will be based on claims processed within 3 months after the calendar year for those dates of service. A completion factor will be added to the payment to approximate all incurred claims applicable to the base period. Supplemental payments will not be made prior to the delivery of services.

**New York
1.3(a)**

1905(a)(5)(A) Physician Services**(I) Determining the Completion factor value**

The supplemental payment amount will include a Completion factor. The factor is added to the supplemental payment to account for the average amount of time it takes for a claim to be fully adjudicated by the payer. The completion factor is the percentage of estimated incurred claims (ultimate claim amount) already paid through a particular paid date.

The completion factor will be calculated and applied to the supplemental payment by practice plan.

The completion factor is applied to cumulative paid claims as a multiplier to derive an estimate for incurred claims. It will be calculated by averaging the percent of 3 years of claims paid after 12 months of the claim base period extraction (see page 1.1). The periods for the completion factor will be updated annually. The calculated completion factor will be multiplied by the rate year calculation for each practice plan.

Example 3:

Completion factor = (year1+year2+year3)/3

*Average of 3 years of historical data used to calculate the completion factor. Done by Practice plan.

Final

	Year 1 (% of Claims paid over 12mths after Year 1 DOS)	Year 2 (% of Claims paid over 12mths after Year 1 DOS)	Year 3 (% of Claims over paid 12mths after Year 1 DOS)	Completion factor (3-year avg)
Practice plan 1.	2.0%	3.4%	3.4%	2.9%
Practice plan 2.	1.8%	2.2%	1.1%	1.7%

payment to Practice plan = Rate year calculation x (1 + Completion factor)

	Supplemental payment amount - Rate year Calc total	Completion Factor%	Completion Factor value	Final supplemental payment amount
Practice plan 1.	\$ 4,060,769	2.9%	\$119,116	\$4,179,885
Practice plan 2.	\$ 3,159,071	1.7%	\$53,704	\$3,212,775

TN: #22-0027-A

Approval Date: February 7, 2024

Superseding TN: #NEW

Effective Date: April 01, 2022