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State/Territory Name: NY

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

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 South Dearborn
Chicago, Illinois 60604



Financial Management Group

May 24, 2024

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

RE: TN 22-0027-C

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-22-0027-C, which was submitted to CMS on June 23, 2022. This plan amendment provides Physician Supplemental UPL Payments to Westchester, Erie, and Nassau Medical Centers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 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 410-786-1167 or via email at 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 <u>2 2</u> — <u>0 0 2 7C</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)(5)(A) Physician 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> \$ <u>0</u> b. FFY <u>10/01/22-09/30/23</u> \$ <u>18,950,000 3,598,523.00</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Pages: 1.1, 1.6, 1.9, 1.9(a)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Pages: 1.1, 1.6, 1.9
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9. SUBJECT OF AMENDMENT
Physician Supplemental Payments-UPL Physician Supplemental UPL Payments– Westchester, Erie, and Nassau

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 	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 23, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED 06/23/2022	17. DATE APPROVED May 24, 2024
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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: 22-0027C
 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 \$3,598,523.00
 Box 7. Page Number of The Plan Section or Attachment: Attachment 4.19-B Pages: 1.9, 1.9(a)
 Box 8. Page Number of the Superseded Plan Section or Attachment (If applicable): Attachment 4.19-B Pages: 1.9
 Box 9. Subject of Amendment: Physician Supplemental UPL Payments– Westchester, Erie, and Nassau

**New York
1.9**

Reserved

**New York
1.9(a)**

1905(a)(5)(A) Physicians Services

Supplemental Medicaid Payments for Professional Services – Nassau, Westchester, Erie

3. Medicare Fee Equivalent Calculation

- a. Effective April 1, 2011, supplemental payments will be made to physicians, nurse practitioners and physician assistants who are employed by a Public Benefit Corporation (PBC), or a non-state operated public general hospital operated by a PBC or who are providing professional services at a PBC facility as either a member of a practice plan or an employee of a professional corporation or limited liability corporation under contract to provide services to patients of such a public benefit corporation for those patients eligible for Medicaid. The supplemental payments will be applicable only to the professional component of the eligible services provided.
- b. Eligible providers are affiliated with:
 - i. Nassau University Medical Center,
 - ii. Westchester Medical Center, and
 - iii. Erie County Medical Center, effective July 1, 2015.

Excluded facilities are Federal Qualified Health Centers and Rural Health Centers.

- c. Supplemental payments for eligible services will equal the difference between the Medicare Part B fee schedule rate and the average Medicaid payment per unit otherwise made under this Attachment.
- d. Supplemental payments will be made as an annual aggregate lump sum, and be based on the Medicaid data applicable to the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year. A final payment will be made one year following the initial payment to capture those claims for the payment year dates of service processed subsequent to the initial payment. Supplemental payments will not be made prior to the delivery of services.
- e. 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. Non-commercial 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.

TN: #22-0027-C _____

Approval Date: May 24, 2024

Superseding TN: #NEW _____

Effective Date: April 1, 2022 _____