

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: NY-22-0039**

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



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**Financial Management Group**

January 17, 2024  
Amir Bassiri  
State Medicaid Director  
New York State Department of Health  
99 Washington Ave  
One Commerce Plaza, Suite 1432  
Albany, NY 12210

RE: State Plan Amendment (SPA) NY-22-0039

Dear Director Bassiri:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 22-0039. This State Plan Amendment continues the supplemental upper payment limit payment to non-state publicly owned and operated hospitals in the amount of \$395,836,204.

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.

This is to inform you that Medicaid State Plan Amendment NY-22-0039 is approved effective April 1, 2022. The CMS-179 and the amended plan pages are attached.

If you have any questions or need further assistance, please contact James Francis at 857-357-6378 or via email at [James.Francis@cms.hhs.gov](mailto:James.Francis@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe  
Director

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

1. TRANSMITTAL NUMBER 2 2 — 0 0 3 9 2. STATE NY

3. 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 ~~§ 1902(a) of the Social Security Act and 42 CFR 447~~ **1905(a)(1) Inpatient Hospital Services**

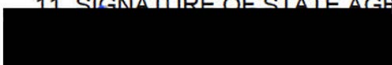
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a FFY 04/01/22-09/30/22 \$ ~~100,000,000~~ **98,959,051**  
b FFY 10/01/22-09/30/23 \$ ~~100,000,000~~ **98,959,051**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-A Part I Page: 161**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19-A Part I Page: 161**

9. SUBJECT OF AMENDMENT  
  
**2022 IP UPL Payments**

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL  
  
12. TYPED NAME  
**Amir Bassiri**  
13. TITLE  
**Acting Medicaid Director**  
14. DATE SUBMITTED  
**June 30, 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

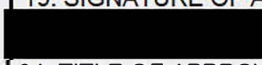
**FOR CMS USE ONLY**

16. DATE RECEIVED  
**June 30, 2022**

17. DATE APPROVED  
**January 17, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**April 1, 2022**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Rory Howe**

21. TITLE OF APPROVING OFFICIAL  
**Director, Financial Management Group**

22. REMARKS **The State authorizes the following pen and ink revisions to the HCFA 179:**  
**Box 5. Federal Statute/Regulation Citation 1905(a)(1) Inpatient Hospital Services**  
**Box 6. Federal Budget Impact (Amount in Whole Dollars)**  
**a. FFY 04/01/22-09/30/22 \$98,959,051.00**  
**b. FFY 10/01/22-09/30/23 \$ 98,959,051.00**

**New York  
161**

**1905(a)(1) Inpatient Hospital Services**

**Additional Inpatient Governmental Hospital Payments**

For the period beginning state fiscal year April 1, 2022, and ending March 31, 2023, the State will provide a supplemental payment for all inpatient services provided by eligible government general hospitals located in a city with a population over one million and not operated by the State of New York or the State University of New York. The amount of the supplemental payment will be \$395,836,204 and paid semi-annually in September and March. It will be distributed to hospitals proportionately using each hospital's proportionate share of total Medicaid days reported for the base year two years prior to the rate year. Such payments, aggregated with other medical assistance payments 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 general hospitals for the respective period.

**TN #22-0039** \_\_\_\_\_

**Approval Date** January 17, 2024

**Supersedes TN #21-0033** \_\_\_\_\_

**Effective Date** April 1, 2022