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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-22-0065

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

October 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: TN NY-22-0065

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-A NY-22-0065, which was submitted to CMS on June 30, 2022. This plan amendment adds a 1% increase to operating components of inpatient rates of reimbursement for hospitals certified under Article 28 of the Public Health Law, as well as out-of-state acute care hospitals, for dates of services on or after April 1, 2022.

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 James Francis at 857-357-6378 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

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 6 5</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

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 \$ 10,000,000
b. FFY 10/01/22-09/30/23 \$ 20,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page: A(1)(c.1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

1% Investment- Inpatient

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:

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
October 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**

**New York
A(1)(c.1)**

1905(a)(1) Inpatient Hospital Services

Across the Board Hospital Inpatient Increase

(1) For dates of service on and after April 1, 2022, the inpatient operating 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 one percent (1%).

- a. Sections in this Attachment applicable to the one percent (1%) hospital inpatient increase are as follows:
 - i. Statewide Base Price
 - ii. Add-Ons to the Acute Rate Per Discharge except as follows:
 - 1. Minimum wage add-on
 - 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)
 - vi. Swing Bed inpatient services – operating component
 - vii. Out-of-State inpatient hospital services – operating component

TN #22-0065 _____

Approval Date October 17, 2024 _____

Supersedes TN NEW _____

Effective Date April 1, 2022 _____