

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-22-0030**

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 Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

February 2, 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 22-0030**

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23<sup>rd</sup>, 2022. This plan proposes to extend supplemental upper payment limit distributions for outpatient hospital services to non-state public hospitals.

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

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](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact 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 3 0</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 <b>April 01, 2022</b>
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5. FEDERAL STATUTE/REGULATION CITATION <del>§ 1902(a) of the Social Security Act and 42 CFR 447</del> <del>1905(a)(2)(A) Outpatient Hospital Services</del>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/22-09/30/22</u> \$ <u>25,000,000</u> - <u>25,606,939.00</u> b. FFY <u>10/01/22-09/30/23</u> \$ <u>25,000,000</u> <u>25,606,939.00</u>
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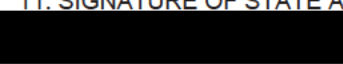
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B Page: 2(c)(v.1)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Attachment 4.19-B Page: 2(c)(v.1)</b>
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9. SUBJECT OF AMENDMENT  
  
**2022 Outpatient UPL Payments**

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

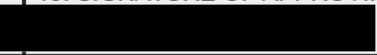
OTHER, AS SPECIFIED:

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 <b>Amir Bassiri</b>	
13. TITLE <b>Acting Medicaid Director</b>	
14. DATE SUBMITTED <b>June 27, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>06/23/2022</b>	17. DATE APPROVED <b>February 2, 2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>04/01/2022</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS **Pen and ink changes**

**Box 6- Federal Statute/Regulation Citation- § 1905(a)(2)(A) Outpatient Hospital Services**

**Box 7- Federal Budget Impact**

a. FFY 04/01/22-09/30/22 \$ 25,606,939.00  
b. FFY 10/01/22-09/30/23 \$ 25,606,939.00

New York  
2(c)(v.1)

**1905(a)(2)(A) Outpatient Hospital Services**

**Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals**

The State will provide a supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, and (3) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011 and ending March 31, 2012, the amount of the supplemental payment will be \$98,610,666. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$107,953,672. For state fiscal year beginning April 1, 2013 and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. For state fiscal year beginning April 1, 2014 and ending March 31, 2015, the amount of the supplemental payment will be \$26,898,232. For state fiscal year beginning April 1, 2015 and ending March 31, 2016, the amount of the supplemental payment will be \$161,521,405. For state fiscal year beginning April 1, 2016 and ending March 31, 2017, the amount of the supplemental payment will be \$ 112,980,827. For state fiscal year beginning April 1, 2017 and ending March 31, 2018, the amount of the supplemental payment will be \$111,305,328. For state fiscal year beginning April 1, 2018 and ending March 31, 2019, the amount of the supplemental payment will be \$105,303,666. For state fiscal year beginning April 1, 2019 and ending March 31, 2020, the amount of the supplemental payment will be \$106,131,529. For state fiscal year beginning April 1, 2020 and ending March 31, 2021, the amount of the supplemental payment will be \$86,008,434. For state fiscal year beginning April 1, 2021 and ending March 31, 2022, the amount of the supplemental payment will be \$90,820,990. For state fiscal year beginning April 1, 2022 and ending March 31, 2023, the amount of the supplemental payment will be \$102,427,757. Medical assistance payments will be made for outpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

**TN**     #22-0030    

**Approval Date**     February 2, 2024    

**Supersedes TN**     #21-0036    

**Effective Date**     April 1, 2022