

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Financial Management Group

June 17, 2020

Donna Frescatore
Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

RE: NY-20-0016

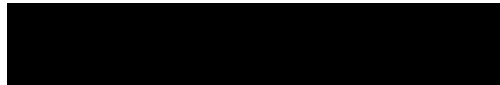
Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0016. This amendment applies a 1% reduction uniformly across payments made under certain sections in the 4.19B section of the state plan.

Based upon the information provided by New York, we have approved the amendment with an effective date of January 1, 2020. 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 Division of Reimbursement Review (DRR) analyst Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov

Sincerely,



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 0 — 0 0 1 6</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
§ 1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 01/01/20-09/30/20	\$ (17,099.44)
b. FFY 10/01/20-09/30/21	\$ (22,799.26)


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19 B: Pages A(7.5), A(7.6), A(7.7)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT
ATB-Non-Institutional
(FMAP=50%)

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TYPED NAME
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED
March 24, 2020

16. 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 REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED 6/17/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS
Pen and Ink Authorization
Block 9 - all pages are NEW pages

**New York
A (7.5)**

Across the Board 1% Payment Reduction – effective 1/1/2020 and thereafter

- (1) For dates of service on and after January 1, 2020, payments for services as specified in paragraph (2) of this Attachment will be reduced by 1%, with the exception of the services listed below that are provided in clinics designated as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services, as well as services provided to Native Americans, where applicable.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:
- a) Physician Services.
 - b) Statewide Patient Centered Medical Home – Physicians and/or Nurse Practitioners, Statewide Patient Centered Medical Home – Hospital Based Clinics and Statewide Patient Centered Medical Home – Freestanding Clinics.
 - c) Advanced Primary Care – Physicians and/or Nurse Practitioners, Advanced Primary Care – Hospital Based Clinics and Advanced Primary Care – Freestanding Clinics.
 - d) Adirondack Medical Home Multipayor Program – Physicians and/or Nurse Practitioners, Adirondack Medicaid Home Multipayor Program – Hospital Based Clinics and Adirondack Medical Home Multipayor Program – Freestanding Clinics.
 - e) Dental Services (including dentures), Podiatrists, Optometrists, Chiropractor’s Services, Nurse Midwives, Nurse Practitioners and Clinical Psychologists.
 - f) Exempt Acute Care Children’s Hospitals.
 - g) Ordered Ambulatory Services (specific services performed by a hospital on an ambulatory basis upon the order of a qualified physician, physician's assistant, dentist or podiatrist to test, diagnose or treat a recipient or specimen taken from a recipient).
 - h) Ordered Ambulatory Services (specific services performed by a free-standing clinic on an ambulatory basis upon the order of a qualified physician, physician’s assistant, dentist or podiatrist to test, diagnose or treat a recipient or specimen taken from a recipient).
 - i) Adult Day Health Care Services for Persons with HIV/AIDS and Other High-Need Populations Diagnostic and Treatment Centers.
 - j) Ambulatory Patient Group System: Hospital-Based Outpatient (Article 28 Services Only).
 - k) Hospital Outpatient Supplemental Payments – Non-Government Owned or Operated General Hospitals.

**New York
A (7.6)**

- l) APG Reimbursement Methodology – Freestanding Clinics (Article 28 Services Only, includes Ambulatory Surgery Centers).
- m) Minimum Wage – Article 28 Freestanding Clinics.
- n) Laboratory Services.
- o) Home Health Services/Certified Home Health Agencies (including services to patients diagnosed with AIDS).
- p) Recruitment and Retention of Direct Patient Care Personnel.
- q) Personal Emergency Response Services.
- r) Services Provided to Medically Fragile Children.
- s) Home Telehealth Services.
- t) Telehealth Services - Store and Forward.
- u) Telehealth Services – Remote Patient Monitoring.
- v) Assisted Living Programs and Minimum Wage Reconciliation.
- w) Outpatient Drug Reimbursement.
- x) Pharmacists as Immunizers and Diabetes Self-Management Training.
- y) Nonprescription Drugs.
- z) Private Duty Nursing, Services Provided to Medically Fragile Children and Nursing Services (Limited).
- aa) Physical Therapy and Occupational Therapy.
- bb) Eyeglasses and Other Visual Services, Hearing Aid Supplies and Services and Prosthetic and Orthotic Appliances.
- cc) Medical Supplies/Orthopedic footwear.
- dd) Durable Medical Equipment.
- ee) Medical/Surgical Supplies.
- ff) General Formula.
- gg) Transportation.
- hh) Out-of-State Services (Fee-based Providers).
- ii) Personal Care Services and Personal Care Services (Limited).

**New York
A (7.7)**

- jj) Community First Choice Option.
- kk) Adult Day Health Care in Residential Health Care Facilities.
- ll) Case Management Services Target Group: C and Case Management Target Group M Method of Reimbursement.
- mm) Harm Reduction Services.
- nn) Preferred Physician and Childrens Program.
- oo) Medicaid Obstetrical and Maternal Services (MOMS).
- pp) Child Teen Health Program.
- qq) Emergency Services for Illegal Aliens.
- rr) Early and Periodic Screening, Diagnostic and Treatment Services.
- ss) National Diabetes Prevention Program (NDPP).