

**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**

September 1, 2020

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

RE: NY-20-0052

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0052. This amendment applies an one and half percent 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 April 2, 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](mailto:Yvette.Moore@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 _____	2. STATE
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE	

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

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

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

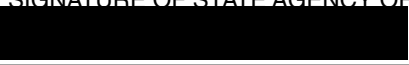
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )

10. SUBJECT OF AMENDMENT

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 	16. RETURN TO
13. TYPED NAME	
14. TITLE	
15. DATE SUBMITTED      June 30, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED 9/1/2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 4/2/2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

**PEN/INK AUTHORIZATIONS to CMS 179:**

**Block #7** - Clarification - State uses the actual dollar impact instead of reporting in thousands.

**New York  
A (7.5)**

**Across the Board 1% Payment Reduction – effective 1/1/2020 and thereafter; additional 0.5%  
Across-the-Board Payment Reduction – effective on or after 4/2/2020 and thereafter**

- (1) For dates of service on and after January 1, 2020, payments for services as specified in paragraph [(2)](3) 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) For dates of service on or after April 2, 2020, payments for services as specified in paragraph (3) of this Section will be reduced by an additional one-half percent (0.5%) to the percent referenced in paragraph (1), resulting in a one and one-half percent (1.5%) reduction, 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.
- (3) [(2)] Payments in this Attachment subject to the reduction in paragraphs (1) and (2) 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.