

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-22-0058**

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 6, 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 22-0058**

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0058, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30<sup>th</sup>, 2022. This plan proposes to end the 1.5% across-the-board payment reduction for non-institutional services.

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,



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 5 8</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 1, 2022</b>
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5. FEDERAL STATUTE/REGULATION CITATION <del>§ 1902(a) of the Social Security Act and 42 CFR 447-1902(a) 2(A), 3, 5(A), 7, 8, 9, 10, 11, 12, 17, 18, 21, 24</del>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/22-09/30/22</u> \$ <u>21,423,167</u> b. FFY <u>10/01/22-03/31/23</u> \$ <u>42,846,335</u>
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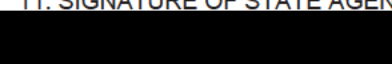
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Att. 4.19-B: Page A (7.5)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Att. 4.19-B: Page A (7.5)</b>
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9. SUBJECT OF AMENDMENT  
**Eliminate 1.5% ATB Rate Reduction - NI**

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

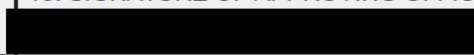
OTHER, AS SPECIFIED:

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 30, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>06/30/2022</b>	17. DATE APPROVED <b>February 6, 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

**Box 5: Federal Statute/Regulation Citation:**  
**§ 1902(a) 2(A), 3, 5(A), 7, 8, 9, 10, 11, 12, 17, 18, 21, 24**

**New York  
A (7.5)**

**Across the Board 1% Payment Reduction – effective 1/1/2020 - 3/31/2022**

- (1) For dates of service on and after January 1, 2020 – March 31, 2022, payments for services as specified in paragraph (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 and after April 2, 2020 - March 31, 2022, 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) 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.

TN     #22-0058    

Approval Date     February 6, 2024    

Supersedes TN     #20-0052    

Effective Date     April 1, 2022