

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**New York Regional Operations Group**  
**Financial Management Group**

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September 19, 2019

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

RE: State Plan Amendment (SPA) 18-0028-A

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 18-0028-A. This amendment continues supplemental payments to New York City's Health + Hospitals, effective April 1, 2018.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and, therefore, have approved them with an effective date of April 1, 2018. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please call Charlene Holzbaur at (609) 882-4103 Extension 104.

Sincerely,

A black rectangular redaction box covers the signature of Kristin Fan.

Kristin Fan  
Director

cc:  
R. Weaver  
R. Holligan  
T. Brady  
C. Holzbaur

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 8 — 0 0 2 8A</b>	2. STATE <b>New York</b>
	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 <b>April 1, 2018</b>	

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 <b>§ 1902(a) of the Social Security Act, and 42 CFR 447</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>04/01/2018-09/30/18</u> \$ <u>16,203.69</u> b. FFY <u>10/01/2018-09/30/19</u> \$ <u>16,203.69</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-A - Page: 161(0)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-A - Page: 161(0)

10. SUBJECT OF AMENDMENT  
**IP UPL (Remaining Balance)  
(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 	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
13. TYPED NAME <b>Donna Frescatore</b>	
14. TITLE <b>Medicaid Director, Department of Health</b>	
15. DATE SUBMITTED <b>June 22, 2018</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED  <b>SEP 19 2019</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>APR 01 2019</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME	22. TITLE 

23. REMARKS

New York  
161(0)

**Additional Inpatient Governmental Hospital Payments (Continued)**

For the state fiscal year beginning April 1, [2016] 2018 and ending March 31, [2017] 2019, the State will provide an additional supplemental payment for all inpatient services provided by eligible government general hospitals. To be eligible, hospitals must (1) be a government 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. Also, all medical assistance payments when aggregated with both the supplemental payment and the additional supplemental payment will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for non-state government owned or operated government hospitals for this period.

The amount of the additional supplemental payment will be [the difference between the amount of \$393,987,995 and the previous supplemental payment amount of \$337,471,812 within the same year] \$64,814,765. Medical assistance payments will be made for all inpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act and calculated using each such hospital's proportionate share of total Medicaid days of all eligible hospitals reported for the base period two years prior to the rate year.

TN #18-0028-A  
Supersedes TN #16-0035-A

Approval Date SEP 19 2019  
Effective Date APR 01 2018