

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #18-0027**

The file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**NEW YORK REGIONAL OPERATIONS GROUP**

---

ROG: SA: SPA NY 18-0027

December 10, 2019

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

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #18-0027 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2018. This SPA authorizes supplemental payments for the 2018 outpatient services of certain public general hospitals.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2424, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,

  
Ricardo Holligan  
Acting Deputy Director  
Regional Operations Group

cc: R. Holligan  
R. Weaver  
S. Abbott  
M. Tabakov  
M. Lopez  
R. Dayette

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		<b>1. TRANSMITTAL NUMBER:</b> 18-0027	<b>2. STATE</b> New York
		<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>4. PROPOSED EFFECTIVE DATE</b> April 1, 2018	
<b>5. TYPE OF PLAN MATERIAL (Check One):</b> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> § 1902 (a) of the Social Security Act and 42 CFR 447		<b>7. FEDERAL BUDGET IMPACT: (in thousands)</b> a. FFY 04/01/18-09/30/18 \$26,325.92 b. FFY 10/01/18-09/30/19 \$26,325.92	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Attachment 4.19-B: Page 2(c)(v.1)		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> Attachment 4.19-B: Page 2(c)(v.1)	
<b>10. SUBJECT OF AMENDMENT:</b> 2018 Outpatient UPL (FMAP = 50%)			
<b>11. GOVERNOR'S REVIEW (Check One):</b> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<b>12. SIGNATURE OF STATE OFFICIAL:</b> [Redacted Signature]		<b>16. RETURN TO:</b> New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
<b>13 TYPED NAME:</b> Donna Frescatoro			
<b>14. TITLE:</b> Medicaid Director Department of Health			
<b>15. DATE SUBMITTED:</b> JUN 27 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>17. DATE RECEIVED:</b>		<b>18. DATE APPROVED:</b> DECEMBER 10, 2019	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> APRIL 01, 2018		<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> [Redacted Signature]	
<b>21. TYPED NAME:</b> RICARDO HOLLIGAN		<b>22. TITLE:</b> Regional Operations Group	
<b>23. REMARKS:</b>			

New York  
2(c)(v.1)

**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. 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 #18-0027

Approval Date 12/10/2019

Supersedes TN #17-0009

Effective Date 04/01/2018