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State/Territory Name: New York

State Plan Amendment (SPA) NY: 22-0082

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 Pages

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

December 15, 2022

Amir Bassiri
State Medicaid Director
New York State Department of Health
99 Washington Ave
One Commerce Plaza, Suite 1605
Albany, NY 12237

RE: TN 22-0082

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 22-0082, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2022. This plan amendment updates outpatient hospital APG rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Jerica Bennett at 410-786-1167 or Jerica.Bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting 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 OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

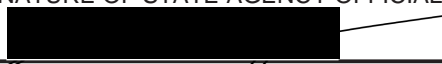
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. SUBJECT OF AMENDMENT

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


12. TYPED NAME

13. TITLE

14. DATE SUBMITTED September 30, 2022

15. RETURN TO

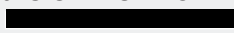
FOR CMS USE ONLY

16. DATE RECEIVED
September 30, 2022

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

New York
1(e)(2)

1905(a)(2)(A) Outpatient Hospital Services

APG Reimbursement Methodology – Hospital Outpatient

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on “Contacts.”

3M APG Crosswalk, version 3.17; updated as of 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm
<https://www.emedny.org/Crosswalk/> Click on “Accept” at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on “Alternative Payment Fee Schedule.”

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on “2022”

APG 3M Definitions Manual Versions; updated as of 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm

APG Investments by Rate Period; updated as of 01/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on “Investments by Rate Period.”

APG Relative Weights; updated as of 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on “Weights, Proc Weights, and APG Fee Schedule Amounts” file.

Associated Ancillaries; updated as of 01/01/20:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on “Ancillary Policy.”

TN #22-0082

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Effective Date July 1, 2022

New York
1(e)(2.1)

1905(a)(2)(A) Outpatient Hospital Services

Carve-outs; updated as of 10/01/12:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of 07/01/12:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

If Stand Alone, Do Not Pay APGs; updated as of 01/01/15:

http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

If Stand Alone, Do Not Pay Procedures; updated as of 07/01/22:

http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay Procedures."

Modifiers; updated as of 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of 07/01/21:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of 01/01/20:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of 01/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend Procedures."

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**New York
1(I)(i)**

1905(a)(2)(A) Outpatient Hospital Services

Effective for dates of service on and after January 1, 2009, payments to general hospital outpatient departments for the following services will be based on fees or rates established by the Department of Health: (1) wheelchair evaluations, (2) eyeglass dispensing, and (3) individual psychotherapy services provided by licensed social workers to persons under the age of 21, and to persons requiring such services as a result of or related to pregnancy or giving birth. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's alternative payment fee schedule rates for the services listed in this paragraph were set September 1, 2009 and are effective for services provided on or after that date. A link to the APG alternative rates for all periods is available in the APG Reimbursement Methodology – Hospital Outpatient section.

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse general hospital outpatient departments for services provided by Licensed Mental Health Counselors (LMHCs), operating within their scope of practice pursuant to Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.32, Subpart 79-9, of the Regulations of the Commissioner of Education, and for services rendered by LMHC limited permit holders operating under the supervision of an LMHC. Reimbursement for LMHCs and LMHC limited permit holders will be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMHC services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule" and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link: https://www.health.ny.gov/health_care/medicaid/rates/methodology/alt_payment_fee.htm

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse general hospital outpatient departments for services provided by Licensed Marriage and Family Therapists (LMFTs), operating within their scope of practice pursuant to Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.33, Subpart 79-10, of the Regulations of the Commissioner of Education, and for services rendered by LMFT limited permit holders operating under the supervision of an LMFT. Reimbursement for LMFTs and LMFT limited permit holders will be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMFT services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule" and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link: https://www.health.ny.gov/health_care/medicaid/rates/methodology/alt_payment_fee.htm

VIII. Rates for services provided in hospital outpatient facilities located outside of New York State will be as follows:

- APG rates in effect for similar services for providers located in the downstate region of New York State will apply with regard to services provided by out-of-state providers located in the New Jersey counties of Sussex, Passaic, Bergen, Hudson, Essex, Union, Middlesex and Monmouth; in the Pennsylvania county of Pike; and in the Connecticut counties of Fairfield and Litchfield; and rates in effect for similar services for providers located in the upstate region of New York State will apply with regard to all other out-of-state providers.
- In the event the Department determines that an out-of-state provider is providing services which are not available within New York State, the Department will negotiate payment rates and conditions with such a provider up to but not in excess of the provider's usual and customary charges. Prior approval by the Department will be required with regard to services provided by such providers.

TN #22-0082

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