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State/Territory Name: NY

State Plan Amendment (SPA): NY-24-0057

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
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

September 18, 2024

Amir Bassiri
New York State Medicaid Director
Department of Health (DOH)
99 Washington Ave-One Commerce Plaza Suite 1432
Albany, NY 12210

RE: TN 24-0057

Dear Director Bassiri:

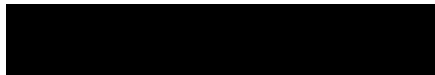
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0057, which was submitted to CMS on June 28, 2024. This plan amendment updates the payment eligibility criteria for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are eligible for the Alternative Payment Methodology (APM).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2024. 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 via email at 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

2 4 — 0 0 5 7

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

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

4. PROPOSED EFFECTIVE DATE

April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(2)(B) and 1905(a)(2)(C)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/24-09/30/24 \$ 0
b. FFY 10/01/24-09/30/25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: Pages 2(c)(iv)(f), 2(c)(iv)(g)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B: Pages 2(c)(iv)(f), 2(c)(iv)(g)

9. SUBJECT OF AMENDMENT

FQHC APM-340B Revision

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

for

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

June 28, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED

06/28/2024

17. DATE APPROVED

September 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

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
2(c)(iv)(f)**

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers(FQHC)

APM: Payment in Addition to Pre-existing PPS Rate

Effective April 1, 2023, eligible Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be designated as eligible by the Department to receive the additional payment under this section in order to preserve and improve beneficiary access to care and avoid loss of services in areas of concern.

The Department will routinely review eligible providers under this section and obtain information as it deems necessary to evaluate and determine need and effectiveness of previous payments. In the event of a change of ownership of the entire FQHC or RHC entity, the new owner will retain the most recently approved payment of the former owner.

For eligible providers, the annual amount of the additional payment that will be paid each state fiscal year, which runs April 1st through March 31st, on or before June 30th will be listed in the table which follows and will not be subject to subsequent adjustment or reconciliation. Furthermore, the FQHC/RHC payments made pursuant to this section are considered an alternative payment methodology (APM) and will be made in addition to the FQHC/RHC Prospective Payment System (PPS) rate. The APM will be agreed to by the Department of Health and the FQHC/RHC and will result in payment to the FQHC/RHC of an amount that is at least equal to the PPS rate. FQHCs/RHCs that do not choose an APM will be paid at their PPS per visit rate.

Additional payments have been approved for the following providers for the amounts listed:

Provider Name	Gross APM Payment Amount
Anthony L Jordan Health Center	\$6,515,434.43
APICHA Community Health Center	\$9,800,000.00
Beacon Christian Community Health Center	\$50,000.00
Bedford Stuyvesant Family Hlth Center	\$2,268,696.78
Betances Health Center	\$4,112,760.34
BronxCare Dr. Martin Luther King, Jr. Health Center	\$6,292,863.53
Brooklyn Plaza Medical Center	\$1,269,587.58
Brownsville Multi-Service Family Health Center	\$6,020,157.32
Care For The Homeless, Inc.	\$1,077,951.00
Community Health Center of Buffalo	\$2,255,800.00
Community Health Center of Richmond, Inc.	\$165,000.00
Community Health Initiatives Inc.	\$424,823.00
Community Healthcare Network	\$6,100,059.42
Cornerstone Family Healthcare	\$3,807,391.81
Cumberland Diagnostic & Treatment Center	\$2,247,276.86

TN #24-0057 Approval Date September 18, 2024

Supersedes TN #23-0039 Effective Date April 1, 2024

**New York
2(c)(iv)(g)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally
Qualified Health Centers (FQHC)**

Providers (continued)

Provider Name	Gross APM Payment Amount
Damian Family Care Center	\$12,047,724.11
East Harlem Council for Human Services Inc.	\$2,380,215.86
East Hill Family Medical Inc.	\$399,946.08
East NY Diagnostic & Treatment Center	\$3,231,301.64
EHS, Inc.	\$15,251,688.05
Ezras Choilim Health Center Inc.	\$1,132,228.17
Finger Lakes Migrant Health	\$863,409.74
Floating Hospital	\$1,100,000.00
Gouverneur Diagnostic and Treatment Center	\$5,598,364.58
HASC Diagnostic & Treatment Ctr Inc.	\$330,000.00
Healthcare Choices NY, Inc.	\$100,000.00
Hempstead Community Health Center	\$500,000.00
Heritage Health Care	\$3,100,000.00
His Branches Inc	\$173,130.00
Hometown Health Centers	\$2,765,458.17
Housing Works East New York	\$10,805,223.00
Institute for Urban Family Health	\$13,667,424.59
Jericho Road Community Health Center	\$5,230,204.31
Joseph P Addabbo Family Health Center	\$5,759,415.57
La Casa De Salud, Inc.	\$2,540,748.91
Lasante Health Center	\$584,736.43
Long Island Select Healthcare	\$3,889,256.51
L'Refuah Medical & Rehabilitation Center	\$2,404,086.96
Michael Callen-Audre Lorde Community Health Center	\$16,833,184.55
Morris Heights Health Center	\$8,114,863.90
Morrisania Diagnostic & Treatment Center	\$1,886,219.55
Neighborhood Health Center of WNY, Inc.	\$4,945,114.91
Oak Orchard Community Health Center	\$2,559,330.00
ODA Primary Health Care Network, Inc.	\$2,365,531.36
Open Door Family Medical Center, Inc.	\$3,150,473.99
Premium Health	\$1,500,000.00

TN #24-0057

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