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State/Territory Name: New York

State Plan Amendment (SPA)# 16-0022

The file contains the following documents in the order listed:

- 1) Approval Letter
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- 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



REGIONAL OPERATIONS GROUP

ROG: SA: SPA NY 16-0022

April 3, 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) #16-0022 has been approved for adoption into the State Medicaid Plan with an effective date of March 1, 2016. This SPA provides for temporary rate adjustments for specified Critical Access Hospital providers of outpatient services.

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. Dayette
R. Weaver
S. Abbott
M. Tabakov
M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 16-0022	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <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)			
6. FEDERAL STATUTE/REGULATION CITATION: §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 03/01/16-09/30/16 \$ 5,685.00 6,145.00 (SA) b. FFY 10/01/16-09/30/17 \$ 1,895.00 2,355.00 (SA)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19- X ^B - 136(d); 136(d.1); 136(d.2); 136(d.3); 136(d.4) 1(g)(v); 1(g)(vi); 1(g)(vii); 1(g)(viii); 1(g)(ix)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Safety Net VAP - \$10M Essential Community Provider- JP ^{OP} Hospital (FMAP = 50%) (SA)			
11. GOVERNOR'S REVIEW (Check One): <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			
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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 15 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APRIL 03, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MARCH 01, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: RICARDO HOLLIGAN		22. TITLE: R REGIONAL OPERATIONS GROUP	
23. REMARKS:			

**New York
1(q)(v)**

c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

Essential Community Providers:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>A.O. Fox Memorial Hospital</u>	<u>\$255,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Adirondack Medical Center</u>	<u>\$75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Alice Hyde Hospital Association</u>	<u>\$130,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$130,000</u>	<u>04/01/2016 - 03/31/2017</u>
<u>Auburn Community Hospital</u>	<u>\$75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Brooks Memorial Hospital</u>	<u>\$245,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$245,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Canton-Potsdam Hospital</u>	<u>\$65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$65,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Carthage Area Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Catskill Regional Hospital Medical Center</u>	<u>\$255,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Cayuga Medical Center-Ithaca</u>	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Champlain Valley Physicians Hospital</u>	<u>\$75,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Chenango Memorial Hospital</u>	<u>\$75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>

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Approval Date 04/03/2019

Supersedes TN NEW

Effective Date 03/01/2016

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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Claxton Hepburn Medical Center</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Clifton-Fine Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Cobleskill Regional Hospital</u>	<u>\$75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Columbia Memorial Hospital</u>	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Community Memorial Hospital</u>	<u>\$130,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$130,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Corning Hospital</u>	<u>\$ 65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 65,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Cortland Memorial Hospital</u>	<u>\$255,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Cuba Memorial Hospital</u>	<u>\$245,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$245,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Delaware Valley Hospital Inc.</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Elizabethtown Community Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Ellenville Regional Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Gouvernor Hospital, Inc.</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Ira Davenport Memorial Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>

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1(q)(vii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Jones Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
<u>Lewis County General Hospital</u>	\$245,000	03/01/2016 – 03/31/2016
	\$610,000	04/01/2016 – 03/31/2017
<u>Little Falls Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$1,185,000	04/01/2016 – 03/31/2017
<u>Margaretville Memorial Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 - 03/31/2017
<u>Mary Imogene Bassett Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
<u>Massena Memorial Hospital</u>	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
<u>Medina Memorial Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
<u>Moses-Ludington Hospital</u>	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
<u>Nathan Littauer Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
<u>Nicholas H Noyes Memorial Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 -03/31/2017
<u>Northern Dutchess Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
<u>O'Connor Hospital</u>	\$105,000	03/01/2016 - 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
<u>Olean General Hospital-Main</u>	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017

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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Oneida Healthcare</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
<u>Oswego Hospital</u>	\$85,000	03/01/2016 – 03/31/2016
	\$85,000	04/01/2016 – 03/31/2017
<u>River Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
<u>Samaritan Medical Center</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
<u>Schuyler Hospital</u>	\$150,000	03/01/2016 – 03/31/2016
	\$150,000	04/01/2016 – 03/31/2017
<u>Soldiers and Sailors Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$495,000	04/01/2016 – 03/31/2017
<u>St. James Mercy Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
<u>St. Mary's Healthcare</u>	\$105,000	03/01/2016 – 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
<u>TLC Health Network</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
<u>Tri Town Regional Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
<u>United Memorial Medical Center – North Street Division</u>	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
<u>Westfield Memorial Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
<u>Wyoming County Community Hospital</u>	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017

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1(q)(ix)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
WCA Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017

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