

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA)# 17-0061

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 17-0061

August 28, 2019

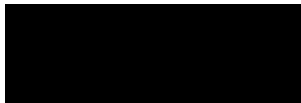
Donna Frescatore
Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #17-0061 has been approved for adoption into the State Medicaid Plan with an effective date of August 1, 2017. This SPA provides temporary rate adjustments for the hospital outpatient services of specified hospitals.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2429, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,



Nicole McKnight
Acting Deputy Director
Regional Operations Group

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0061	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 August 1, 2017	
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 08/01/17-09/30/17 \$ 937.69 937.75 YSA b. FFY 10/01/17-09/30/18 \$4,688.44 4,312.50	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 2(c)(v.2) SA Attachment A Replacement Pages SA		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: 1(q)(ii), 1(q)(iii), 1(q)(iv), 2(c)(v.2) SA Attachment A Replacement Pages SA	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-OP-Critical Access Hospitals (FMAP = 50%)			
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. OFFICIAL: [REDACTED]		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: Jason A. Hergerson			
14. TITLE: Medical Director Department of Health			
15. DATE SUBMITTED: SEP 22 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUGUST 28, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUGUST 01, 2017		[REDACTED]	
21. TYPED NAME: NICOLE McKNIGHT		22. TITLE: Regional Operations Group	
23. REMARKS:			

**New York
1(q)(ii)**

[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Carthage Area Hospital	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
Catskill Regional Medical Center – Hermann Division	\$275,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
Clifton-Fine Hospital	\$350,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
Community Memorial Hospital	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
Cuba Memorial Hospital	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
Delaware Valley Hospital, Inc.	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
Elizabethtown Community Hospital	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
Ellenville Regional Hospital	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017

TN #17-0061

Approval Date 08/28/2019

Supersedes TN #15-0041

Effective Date 08/01/2017

**New York
1(q)(iii)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs)
(continued):**

Gouverneur Hospital, Inc.	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
Lewis County General Hospital	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
Little Falls Hospital	\$342,000	02/01/2014 –
	\$240,000	11/01/2014 –
	\$327,500	10/01/2015 –
	\$327,500	04/01/2016 – 03/31/2017
Margaretville Memorial Hospital	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
Medina Memorial Hospital	\$480,000	10/01/2015 – 03/31/2016
	\$480,000	04/01/2016 – 03/31/2017
Moses Ludington Hospital	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
O'Connor Hospital	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
River Hospital	\$482,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017

]

TN #17-0061 Approval Date 08/28/2019 Supersedes TN #15-0041 Effective Date 08/01/2017

New York
1(q)(iv)

[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs)
(continued):

Schuyler Hospital	\$453,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
Soldiers & Sailors Memorial Hospital	\$220,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017

]

TN #17-0061Approval Date 08/28/2019Supersedes TN 15-0041Effective Date 08/01/2017

**New York
1(q)(ii)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Carthage Area Hospital</u>	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$275,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
<u>Clifton-Fine Hospital</u>	<u>\$350,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>Community Memorial Hospital</u>	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>Cuba Memorial Hospital</u>	<u>\$315,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$445,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$550,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$550,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>

TN #17-0061

Approval Date 08/28/2019

Supersedes TN #15-0041

Effective Date 08/01/2017

New York
1(q)(iii)

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Delaware Valley Hospital</u>	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
<u>Elizabethtown Community Hospital</u>	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
<u>Ellenville Regional Hospital</u>	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
<u>Gouverneur Hospital, Inc.</u>	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
<u>Lewis County General Hospital</u>	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019

TN #17-0061Approval Date 08/28/2019Supersedes TN #15-0041Effective Date 08/01/2017

New York
1(q)(iv)

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Little Falls Hospital</u>	\$342,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
<u>Margaretville Memorial Hospital</u>	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
<u>Medina Memorial Hospital</u>	\$480,000	10/01/2015 – 03/31/2016
	\$480,000	04/01/2016 – 03/31/2017
	\$432,000	08/01/2017 – 03/31/2018
	\$432,000	04/01/2018 – 03/31/2019
<u>Moses Ludington Hospital</u>	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
<u>O'Connor Hospital</u>	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019

TN #17-0061Approval Date 08/28/2019Supersedes TN #15-0041Effective Date 08/01/2017

**New York
1(q)(iv)(1)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>River Hospital</u>	<u>\$482,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$445,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$550,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$550,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>Schuyler Hospital</u>	<u>\$453,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$462,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$462,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>Soldiers & Sailors Memorial Hospital</u>	<u>\$220,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$390,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$390,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>

TN #17-0061

Approval Date 08/28/2019

Supersedes TN NEW

Effective Date 08/01/2017

New York
2(c)(v.2)

Hospital Outpatient Supplemental Payments – Non-government Owned or Operated General Hospitals

Effective for the period April 1, 2017 through March 31, 2018, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the 2017 calendar year. Payments under this provision shall not exceed [~~\$23,636,291~~] \$22,883,791.

To receive payment under this provision, a general hospital, as defined in Attachment 4.19-A of the state plan, must meet all of the following:

- (i) must be non-government owned or operated;
- (ii) must operate an emergency room; and
- (iii) must have received an Indigent Care Pool payment for the 2017 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the 2017 rate year that is greater than zero.

The amount paid to each eligible hospital shall be determined based on an allocation methodology utilizing data reported in eligible hospitals' most recent Institutional Cost Report submitted to the New York State Department of Health as of October 1, 2016:

- (a) Thirty percent of the payments under this provision shall be allocated to eligible general hospitals classified as a safety net hospital, based on each hospital's proportionate share of all safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

For this purpose, a safety net hospital is defined as an eligible general hospital having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.

- (b) Seventy percent of the payments under this provision shall be allocated to eligible general hospitals based on each hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

Eligible Hospitals shall receive payment under (a) and/or (b), as eligible, with each hospital's payment made in a lump sum distribution that is proportionately allocable across the hospital's share of the [~~\$350,013,436~~] \$350,032,365 in outpatient services reimbursed all eligible hospitals in the 2017 calendar year.

TN #17-0061	Approval Date	<u>08/28/2019</u>
Supersedes TN # 17-0040	Effective Date	<u>08/01/2017</u>