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State/Territory Name: New York

State Plan Amendment (SPA)# 17-0069

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 17-0069

November 21, 2019

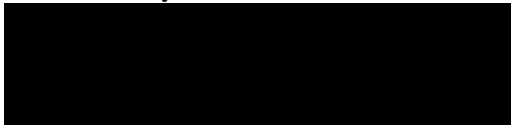
Donna Frescatore
Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #17-0069 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2017. This SPA authorizes supplemental payments for the outpatient services furnished by critical access hospitals during the period October 1, 2017 through March 31, 2018.

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,



Acting Deputy Director
Regional Operations Group

cc: 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: 17-0069	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 October 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 10/01/17-09/30/18 \$ 10,000.00 b. FFY 10/01/17-09/30/18 \$ 0.00 (SP)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 1(r)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: 1(r)	
10. SUBJECT OF AMENDMENT: Critical Access Hospitals – Outpatient (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. SIGNATURE OF STATE AGENCY OFFICIAL: [Redacted]		16. RETURN TO: New York State Department of Health Division of Finance & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: DEC 18 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: NOVEMBER 21, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 01, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]	
21. TYPED NAME: NICOLE MCKNIGHT		22. TITLE: ACTING DEPUTY DIRECTOR REGIONAL OPERATIONS GROUP	
23. REMARKS:			

New York
1(r)
[RESERVED]

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

Rural hospitals will qualify for additional outpatient reimbursement as critical access hospitals for the period October 1, 2017 through March 31, 2018, only if such hospitals are designated as critical access hospitals in accordance with the provisions of Title XVIII (Medicare) of the federal Social Security Act. The gross Medicaid expenditure amount for the period October 1, 2017 through March 31, 2018 is \$20,000,000.

The distribution method for the period October 1, 2017 through March 31, 2018 is based upon a minimum rate adjustment of \$400,000 per hospital, with the remaining funds being proportionally distributed based upon each hospital's share of the total Medicaid Outpatient visits, as reported in their 2015 Institutional Cost Report.

Eligible providers, the amount of the rate adjustment, and the duration of the adjustment will be listed in the table which follows. The adjustment for the effective period will be paid quarterly with the amount of each quarterly payment being made in equal installments. The quarterly payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

The following rate adjustments have been approved for the following providers in the amounts and for the effective periods listed:

Hospital-Based Outpatient Services:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Carthage Area Hospital	\$2,574,839	10/01/2017 – 03/31/2018
Catskill Regional Medical Center – Hermann Division	\$524,464	10/01/2017 – 03/31/2018
Clifton-Fine Hospital	\$597,381	10/01/2017 – 03/31/2018
Community Memorial Hospital	\$1,634,972	10/01/2017 – 03/31/2018
Cuba Memorial Hospital	\$680,929	10/01/2017 – 03/31/2018
Delaware Valley Hospital	\$1,036,816	10/01/2017 – 03/31/2018
Elizabethtown Community Hospital	\$962,825	10/01/2017 – 03/31/2018
Ellenville Regional Hospital	\$1,124,553	10/01/2017 – 03/31/2018
Gouverneur Hospital, Inc.	\$1,171,589	10/01/2017 – 03/31/2018
Lewis County General Hospital	\$2,239,786	10/01/2017 – 03/31/2018
Little Falls Hospital	\$1,305,718	10/01/2017 – 03/31/2018
Margaretville Memorial Hospital	\$525,323	10/01/2017 – 03/31/2018
Moses-Ludington Hospital	\$622,295	10/01/2017 – 03/31/2018
O'Connor Hospital	\$682,218	10/01/2017 – 03/31/2018
Orleans Community Health	\$708,099	10/01/2017 – 03/31/2018
River Hospital	\$1,178,462	10/01/2017 – 03/31/2018
Schuyler Hospital	\$1,436,517	10/01/2017 – 03/31/2018
Soldiers & Sailors Memorial Hospital	\$993,216	10/01/2017 – 03/31/2018

TN #17-0069 _____

Approval Date 11/21/2019

Supersedes TN #13-0002 _____

Effective Date 10/01/2017