

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #19-0051

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 19-0051

December 20, 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) #19-0051 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2019. This SPA authorizes temporary rate adjustments for the outpatient services of specified essential community hospital providers.

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 9 - 0 0 5 1

2. STATE
New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2019

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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
a. FFY 07/01/19-09/30/19 \$ 1,666.83
b. FFY 10/01/19-09/30/20 \$ 5,833.92

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Attachment 4.19-B: Pages: 1(q)(v),1(q)(vi),1(q)(vii),1(q)(viii), 1(q)(ix), 1(q)(x), 1(q)(xi), 1(q)(xii), 1(q)(xiii)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B: Pages : 1(q)(v),1(q)(vi),1(q)(vii),1(q)(viii), 1(q)(ix), 1(q)(x), 1(q)(xi), 1(q)(xii)

10. SUBJECT OF AMENDMENT
Essential Community Providers(ECP-OP-2019-2021)
(FMAP=50%)

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TYPED NAME
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED
September 30, 2019

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

FOR REGIONAL OFFICE USE ONLY

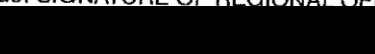
17. DATE RECEIVED

18. DATE APPROVED
12/20/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2019

21. TYPED NAME
RICARDO HOLLIGAN

20. SIGNATURE OF REGIONAL OFFICIAL


22. TITLE
**uty Director
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>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Adirondack Medical Center</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 – 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
<u>Alice Hyde Hospital Association</u>	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
<u>Auburn Community Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 – 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Brooks Memorial Hospital</u>	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$303,500	08/01/2017 – 03/31/2018
	\$303,500	04/01/2018 – 03/31/2019
	\$303,500	07/01/2019 – 03/31/2020
	\$303,500	04/01/2020 – 03/31/2021

TN #19-0051

Approval Date 12/20/2019

Supersedes TN #17-0062

Effective Date 07/01/2019

**New York
1(q)(vi)**

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Canton Potsdam Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
<u>Carthage Area Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Catskill Regional Hospital Medical Center</u>	\$255,000	03/01/2016 - 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Catskill Regional Medical Center – Hermann Division</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Cayuga Medical Center-Ithaca</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021

TN #19-0051

Approval Date 12/20/2019

Supersedes TN #17-0062

Effective Date 07/01/2019

**New York
1(q)(vii)**

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Champlain Valley Physicians Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Chenango Memorial Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Claxton Hepburn Medical Center</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Clifton-Fine Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Cobleskill Regional Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
<u>Columbia Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021

TN #19-0051

Approval Date 12/20/2019

Supersedes TN #17-0062

Effective Date 07/01/2019

**New York
1(q)(viii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Community Memorial Hospital</u>	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
<u>Corning Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
<u>Cortland Memorial Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Cuba Memorial Hospital</u>	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Delaware Valley Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Elizabethtown Community Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021

TN #-19-0051 Approval Date 12/20/2019 Supersedes TN #17-0062 Effective Date 07/01/2019

**New York
1(q)(ix)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Ellenville Regional Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Gouvernor Hospital, Inc.</u>	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$247,500	08/01/2017 – 03/31/2018
	\$247,500	04/01/2018 – 03/31/2019
	\$247,500	07/01/2019 – 03/31/2020
	\$247,500	04/01/2020 – 03/31/2021
<u>Ira Davenport Memorial Hospital</u>	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Jones Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
<u>Lewis County General Hospital</u>	\$245,000	03/01/2016 - 03/31/2016
	\$610,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Little Falls Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$1,185,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021

TN #19-0051Approval Date 12/20/2019Supersedes TN #17-0062Effective Date 07/01/2019

**New York
1(q)(x)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Margaretville Memorial Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Mary Imogene Bassett Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$104,000	08/01/2017 – 03/31/2018
	\$104,000	04/01/2018 – 03/31/2019
	\$104,000	07/01/2019 – 03/31/2020
	\$104,000	04/01/2020 – 03/31/2021
<u>Massena Memorial Hospital</u>	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$203,500	08/01/2017 – 03/31/2018
	\$203,500	04/01/2018 – 03/31/2019
	\$203,500	07/01/2019 – 03/31/2020
	\$203,500	04/01/2020 – 03/31/2021
<u>Medina Memorial Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021
<u>Moses-Ludington Hospital</u>	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$253,500	08/01/2017 – 03/31/2018
	\$253,500	04/01/2018 – 03/31/2019
	\$253,500	07/01/2019 – 03/31/2020
	\$253,500	04/01/2020 – 03/31/2021
<u>Nathan Littauer Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/0018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021

TN #19-0051Approval Date 12/20/2019Supersedes TN #17-0062Effective Date 07/01/2019

**New York
1(q)(xi)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Nicholas H Noyes Memorial Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 -03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Northern Dutchess Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 - 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
<u>O'Connor Hospital</u>	\$105,000	03/01/2016 - 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Olean General Hospital-Main</u>	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Oneida Healthcare</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021
<u>Oswego Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 - 03/31/2021

TN #19-0051 Approval Date 12/20/2019 Supersedes TN #17-0062 Effective Date 07/01/2019

**New York
1(q)(xii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>River Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Samaritan Medical Center</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
	\$58,500	07/01/2019 – 03/31/2020
	\$58,500	04/01/2020 – 03/31/2021
<u>Schuyler Hospital</u>	\$150,000	03/01/2016 – 03/31/2016
	\$150,000	04/01/2016 – 03/31/2017
	\$240,000	08/01/2017 – 03/31/2018
	\$240,000	04/01/2018 – 03/31/2019
	\$240,000	07/01/2019 – 03/31/2020
	\$240,000	04/01/2020 – 03/31/2021
<u>Soldiers and Sailors Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$495,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
<u>St. James Mercy Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>St. Mary's Healthcare</u>	\$105,000	03/01/2016 – 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021

TN #19-0051Approval Date 12/20/2019Supersedes TN #17-0062Effective Date 07/01/2019

**New York
1(q)(xiii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>TLC Health Network</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Tri Town Regional Hospital</u>	\$65,000	03/01/2016 – 03/31/2016
	\$65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
	\$58,500	07/01/2019 – 03/31/2020
	\$58,500	04/01/2020 – 03/31/2021
<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
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Westfield Memorial Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Wyoming County Community Hospital</u>	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
<u>WCA Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$228,500	08/01/2017 – 03/31/2018
	\$228,500	04/01/2018 – 03/31/2019
	\$228,500	07/01/2019 – 03/31/2020
	\$228,500	04/01/2020 – 03/31/2021

TN #19-0051

Approval Date 12/20/2019

07/01/2019

Supersedes TN NEW

Effective Date