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State/Territory Name: New York

State Plan Amendment (SPA) #19-0051

The file contains the following documents in the order listed:

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- 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,

Ricardó Holligan Acting Deputy Director Regional Operations Group

cc: R. Holligan

R. Weaver

S. Abbott

M. Tabakov

M. Lopez

R. Dayette

| · · · · · · · · · · · · · · · · · · · | OMB No. 0938- |
|--|---|
| TRANSMITTAL AND NOTICE OF APPROVAL | OF 1. TRANSMITTAL NUMBER 2. STATE |
| STATE PLAN MATERIAL | $\frac{1}{9} - \frac{0}{0} = \frac{0}{5} = 1$ New York |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL |
| | SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE |
| CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | July 1, 2019 |
| 5. TYPE OF PLAN MATERIAL (Check One) | |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO | DNSIDERED AS NEW PLAN AMENDMENT |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A | MENDMENT (Separate transmittal for each amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION | 7. FEDERAL BUDGET IMPACT |
| § 1902(a) of the Social Security Act and 42 CFR 44 | 7 a. FFY <u>07/01/19-09/30/19</u> \$ <u>1,666.83</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | b. FFY 10/01/19-09/30/20 |
| | 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)(xii), 1(q)(xiii) | Attachment 4.19-B: Pages : 1(q)(v),1(q)(vi),1(q)(vii),1(q)(viii), 1(q)(ix), 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 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | OTHER, AS SPECIFIED |
| · | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL | 16. RETURN TO |
| 13. TYPED NAME | New York State Department of Health Division of Finance and Rate Setting |
| Donna Frescatore | 99 Washington Ave - One Commerce Plaza |
| 14. TITLE | Suite 1432 |
| Medicaid Director, Department of Health | Albany, NY 12210 |
| 15. DATE SUBMITTED September 30, 2019 | |
| FOR REGIONAL C | FFICE USE ONLY |
| 17. DATE RECEIVED | 18. DATE APPROVED |
| PLAN APPROVED - O | 12/20/2019 |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 07/01/2019 | |
| 21. TYPED NAME RICARDO HOLLIGAN | 22. TITLE Uty Director Regional Operations Group |
| 23. REMARKS | ****** |

New York 1(q)(v)

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

Essential Community Providers:

| <u>Provider Name</u> | Gross Medicaid Rate Adjustment | Rate Period Effective |
|----------------------------------|--------------------------------|---------------------------------|
| 381 | \$255,000 | 03/01/2016 - 03/31/2016 |
| | \$255,000 | 04/01/2016 - 03/31/2017 |
| A C. For Managed Heavited | \$328,500 | 08/01/2017 - 03/31/2018 |
| A.O. Fox Memorial Hospital | \$328,500 | 04/01/2018 - 03/31/2019 |
| | \$328,500 | 07/01/2019 - 03/31/2020 |
| | \$328,500 | 04/01/2020 - 03/31/2021 |
| | | |
| Adirondade Madical Contar | \$ 75,000 | 03/01/2016 03/31/2016 |
| Adirondack Medical Center | \$ 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 |
| | | |
| | \$130,000 | 03/01/2016 - 03/31/2016 |
| | \$130,000 | 04/01/2016 - 03/31/2017 |
| Alice Hyde Hospital Association | <u>\$208,000</u> | 08/01/2017 - 03/31/2018 |
| Ance rivue riospital Association | \$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>\$ 75,000</u> | 03/01/2016 - 03/31/2016 |
| | <u>\$ 75,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| Auburn Community Hospital | \$ 78,50 <u>0</u> | 08/01/2017 - 03/31/2018 |
| Addent Continuincy Flospical | <u>\$ 78,500</u> | 04/01/2018 - 03/31/2019 |
| | <u>\$ 78,500</u> | 07/01/2019 - 03/31/2020 |
| | <u>\$ 78,500</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| Bassett Hospital of Schoharie | \$103,500 | 08/01/2017 - 03/31/2018 |
| County-Cobleskill Regional | \$103,500 | <u>04/01/2018 - 03/31/2019</u> |
| Hospital | \$103,500 | <u>07/01/2019 - 03/31/2020</u> |
| <u>Trospical</u> | <u>\$103,500</u> | <u>04/01/2020 – 03/31/2021</u> |
| | | |
| | <u>\$245,000</u> | 03/01/2016 - 03/31/2016 |
| | <u>\$245,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| Brooks Memorial Hospital | \$303,500 | <u> 08/01/2017 – 03/31/2018</u> |
| - DOOKS PICTIONAL FIOSPICAL | <u>\$303,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| | \$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 <u>#17-0062</u> | Effective Date _ | 07/01/2019 |

New York 1(q)(vi)

| Provider Name | Gross Medicald Rate | Data Data di Persia |
|---|--|--------------------------------|
| <u>Floride</u> Name | <u>Adjustment</u> | Rate Period Effective |
| | \$ 65,000 | 03/01/2016 - 03/31/2016 |
| , | \$ 65,000 | 04/01/2016 - 03/31/2017 |
| Contan Datadam Hasnital | \$ 58,500 | 08/01/2017 - 03/31/2018 |
| Canton Potsdam Hospital | \$ 58,500 | 04/01/2018 - 03/31/2019 |
| | \$ 58,500 | 07/01/2019 - 03/31/2020 |
| | \$ 58,500 | 04/01/2020 - 03/31/2021 |
| | NAME OF THE PERSON OF THE PERS | |
| | \$275,000 | 03/01/2016 - 03/31/2016 |
| | \$275,000 | 04/01/2016 - 03/31/2017 |
| Couthogo Aven Hespital | \$353,500 | 08/01/2017 - 03/31/2018 |
| Carthage Area Hospital | \$353,500 | 04/01/2018 - 03/31/2019 |
| [| \$353,500 | 07/01/2019 - 03/31/2020 |
| | \$353,500 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$255,000 | 03/01/2016 - 03/31/2016 |
| | \$255,000 | <u>04/01/2016 - 03/31/2017</u> |
| Catskill Regional Hospital Medical | <u>\$328,500</u> | 08/01/2017 - 03/31/2018 |
| <u>Center</u> | <u>\$328,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| · | <u>\$328,500</u> | <u>07/01/2019 - 03/31/2020</u> |
| | <u>\$328,500</u> | <u>04/01/2020 - 03/31/2021</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>Catskill Regional Medical Center –</u> | <u>\$128,500</u> | <u>08/01/2017 - 03/31/2018</u> |
| Hermann Division | <u>\$128,500</u> | <u>04/01/2018 – 03/31/2019</u> |
| | <u>\$128,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | <u>\$128,500</u> | <u>04/01/2020 – 03/31/2021</u> |
| | | |
| Cayuga Medical Center-Ithaca | <u>\$120,000</u> | 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 |
| | <u>\$153,500</u> | 04/01/2020 - 03/31/2021 |
| | | |

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

New York 1(q)(vii)

| Provider Name | Gross Medicaid Rate | Pata Porio d Effecti |
|---|---------------------|--------------------------------|
| HATING HOUSE | <u>Adjustment</u> | Rate Period Effective |
| · | \$ 75,000 | 03/01/2016 - 03/31/2016 |
| | \$ 75,000 | 04/01/2016 - 03/31/2017 |
| Champlain Valley Physicians | \$103,500 | 08/01/2017 - 03/31/2018 |
| <u>Hospital</u> | \$103,500 | 04/01/2018 - 03/31/2019 |
| | \$103,500 | 07/01/2019 - 03/31/2020 |
| | <u>\$103,500</u> | 04/01/2020 - 03/31/2021 |
| | | |
| | <u>\$ 75,000</u> | 03/01/2016 - 03/31/2016 |
| | <u>\$ 75,000</u> | 04/01/2016 - 03/31/2017 |
| Chenango Memorial Hospital | \$103,500 | 08/01/2017 - 03/31/2018 |
| Chenango memoriai nospitai | <u>\$103,500</u> | 04/01/2018 03/31/2019 |
| | <u>\$103,500</u> | 07/01/2019 - 03/31/2020 |
| | <u>\$103,500</u> | 04/01/2020 - 03/31/2021 |
| | | |
| | \$ 85,000 | 03/01/2016 - 03/31/2016 |
| | \$ 85,000 | 04/01/2016 - 03/31/2017 |
| Claxton Hepburn Medical Center | \$128,500 | 08/01/2017 - 03/31/2018 |
| Ciaxtori riepburii Medicar Center | <u>\$128,500</u> | 04/01/2018 - 03/31/2019 |
| | <u>\$128,500</u> | 07/01/2019 - 03/31/2020 |
| | <u>\$128,500</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$275,000 | <u>03/01/2016 - 03/31/2016</u> |
| | <u>\$275,000</u> | <u>04/01/2016 – 03/31/2017</u> |
| Clifton-Fine Hospital | <u>\$353,500</u> | <u>08/01/2017 - 03/31/2018</u> |
| Cincor y me riospical | <u>\$353,500</u> | <u>04/01/2018 – 03/31/2019</u> |
| <u> </u> | <u>\$353,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | \$353,500 | <u>04/01/2020 - 03/31/2021</u> |
| (1.0 m) (1.0 m) (1.0 m) (1.0 m) (1.0 m) | | |
| Cobleskill Regional Hospital | <u>\$ 75,000</u> | 03/01/2016 - 03/31/2016 |
| CODICONII REGIONAL LIOSPICAL | <u>\$ 75,000</u> | <u>04/01/2016 – 03/31/2017</u> |
| | | |
| Columbia Memorial Hospital | \$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 |
| | <u>\$153,500</u> | 04/01/2020 - 03/31/2021 |
| | | |

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

New York 1(q)(viii)

| name and | Gross Medicaid Rate | Data bearing and the |
|--------------------------------|---------------------|--|
| <u>Provider Name</u> | <u>Adjustment</u> | Rate Period Effective |
| | \$130,000 | 03/01/2016 - 03/31/2016 |
| | \$130,000 | 04/01/2016 - 03/31/2017 |
| Community Managinal Committee | \$208,000 | 08/01/2017 - 03/31/2018 |
| Community Memorial Hospital | \$208,000 | 04/01/2018 - 03/31/2019 |
| | \$208,000 | 07/01/2019 - 03/31/2020 |
| · | \$208,000 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$ 65,000 | 03/01/2016 - 03/31/2016 |
| | \$ 65,000 | 04/01/2016 - 03/31/2017 |
| Country at the section | \$ 58,500 | 08/01/2017 - 03/31/2018 |
| Corning Hospital | \$ 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>\$255,000</u> | 03/01/2016 - 03/31/2016 |
| | \$255,000 | <u>04/01/2016 - 03/31/2017</u> |
| Coutles of Manuscript Heavited | \$328,500 | <u>08/01/2017 - 03/31/2018</u> |
| Cortland Memorial Hospital | \$328,500 | 04/01/2018 - 03/31/2019 |
| | \$328,500 | <u>07/01/2019 - 03/31/2020</u> |
| · | \$328,500 | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$245,000 | <u>03/01/2016 – 03/31/2016</u> |
| | <u>\$245,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| Cuba Memorial Hospital | <u>\$328,500</u> | <u>08/01/2017 - 03/31/2018</u> |
| <u> </u> | <u>\$328,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| , | <u>\$328,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | <u>\$328,500</u> | 04/01/2020 - 03/31/2021 |
| | | |
| | <u>\$ 85,000</u> | 03/01/2016 - 03/31/2016 |
| | \$ 85,000 | <u>04/01/2016 03/31/2017</u> |
| Delaware Valley Hospital | \$128,500 | <u>08/01/2017 - 03/31/2018</u> |
| | \$128,500 | 04/01/2018 - 03/31/2019 |
| | <u>\$128,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | <u>\$128,500</u> | 04/01/2020 - 03/31/2021 |
| | | |
| | <u>\$ 85,000</u> | 03/01/2016 - 03/31/2016 |
| Elizabethtown Community | \$ 85,000 | 04/01/2016 - 03/31/2017 |
| <u>Hospital</u> | \$128,500 | 08/01/2017 - 03/31/2018 |
| | \$128,500 | 04/01/2018 - 03/31/2019 |
| _ | <u>\$128,500</u> | 07/01/2019 - 03/31/2020 |
| | <u>\$128,500</u> | 04/01/2020 - 03/31/2021 |
| | | A STATE OF THE STA |

| TN #-19-0051 | Approval Date | 12/20/2019 |
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| 3uperseues /// | | |

New York 1(q)(ix)

| | Georgia | |
|--|--------------------------------|--------------------------------|
| <u>Provider Name</u> | Gross Medicaid Rate Adjustment | Rate Period Effective |
| | \$ 85,000 | 03/01/2016 - 03/31/2016 |
| | \$ 85,000 | 04/01/2016 - 03/31/2017 |
| | \$128,500 | 08/01/2017 - 03/31/2018 |
| Ellenville Regional Hospital | \$128,500 | 04/01/2018 - 03/31/2019 |
| | \$128,500 | <u>07/01/2019 - 03/31/2020</u> |
| | \$128,500 | |
| | \$126,300 | <u>04/01/2020 - 03/31/2021</u> |
| | ¢275 000 | 02/01/2016 02/21/2016 |
| Gouvernor Hospital, Inc. | \$275,000 | 03/01/2016 - 03/31/2016 |
| Gouvernor Hospital, Inc. | \$275,000 \$247,500 | 04/01/2016 - 03/31/2017 |
| | | 08/01/2017 - 03/31/2018 |
| | \$247,500 #347,500 | <u>04/01/2018 - 03/31/2019</u> |
| Section of Sanctementary (Constitution of Sanctementary) | \$247,500 | 07/01/2019 - 03/31/2020 |
| | <u>\$247,500</u> | <u>04/01/2020 - 03/31/2021</u> |
| | 197F 000 | |
| | \$275,000 | 03/01/2016 - 03/31/2016 |
| <u>Ira Davenport Memorial Hospital</u> | \$275,000 | <u>04/01/2016 - 03/31/2017</u> |
| • | \$353,500 | 08/01/2017 - 03/31/2018 |
| | <u>\$353,500</u> | 04/01/2018 - 03/31/2019 |
| | <u>\$353,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | <u>\$353,500</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$120,000 | <u>03/01/2016 - 03/31/2016</u> |
| Jones Memorial Hospital | <u>\$120,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| , | <u>\$192,000</u> | <u>08/01/2017 - 03/31/2018</u> |
| | <u>\$192,000</u> | <u>04/01/2018 - 03/31/2019</u> |
| | <u>\$192,000</u> | <u>07/01/2019 - 03/31/2020</u> |
| , | <u>\$192,000</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$245,000 | <u>03/01/2016 - 03/31/2016</u> |
| Lewis County General Hospital | <u>\$610,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| · | <u>\$328,500</u> | <u>08/01/2017 - 03/31/2018</u> |
| | <u>\$328,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| <u></u> | \$328,500 | <u>07/01/2019 - 03/31/2020</u> |
| | \$328,500 | 04/01/2020 - 03/31/2021 |
| | | |
| Little Falls Hospital | <u>\$ 85,000</u> | 03/01/2016 - 03/31/2016 |
| | \$1,185,000 | <u>04/01/2016 - 03/31/2017</u> |
| | \$136,000 | <u>08/01/2017 - 03/31/2018</u> |
| | \$136,000 | 04/01/2018 - 03/31/2019 |
| · | \$136,000 | 07/01/2019 - 03/31/2020 |
| | \$136,000 | 04/01/2020 - 03/31/2021 |
| BOOK TO THE THE TANK | | |

| TN #19-0051 | Approval Date _ | 12/20/2019 |
|-------------------------------|------------------|------------|
| | Effective Date | 07/01/2019 |
| Supersedes TN <u>#17-0062</u> | Effective Date _ | |

New York 1(q)(x)

| <u> </u> | Gross Medicaid Rate | |
|--|------------------------|--------------------------------|
| Provider Name | <u>Adjustment</u> | Rate Period Effective |
| | \$255,000 | 03/01/2016 - 03/31/2016 |
| | \$255,000 | 04/01/2016 - 03/31/2017 |
| National Control of the Control of | \$353,500 | <u>08/01/2017 - 03/31/2017</u> |
| Margaretville Memorial Hospital | \$353,500 | 04/01/2018 - 03/31/2019 |
| | \$353,500 | <u>07/01/2019 - 03/31/2019</u> |
| | \$353,500 | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | <u>\$ 65,000</u> | 03/01/2016 03/31/2016 |
| | \$ 65,000 | <u>04/01/2016 - 03/31/2017</u> |
| Many Imagens Bassatt 11 | \$104,000 | <u>08/01/2017 - 03/31/2018</u> |
| Mary Imogene Bassett Hospital | \$104,000 | 04/01/2018 - 03/31/2019 |
| | \$104,000 | 07/01/2019 - 03/31/2020 |
| | \$104,000 | <u>04/01/2020 03/31/2021</u> |
| | | |
| | \$205,000 | 03/01/2016 - 03/31/2016 |
| | \$205,000 | 04/01/2016 - 03/31/2017 |
| Maccana Mamorial Hasnital | <u>\$203,500</u> | 08/01/2017 - 03/31/2018 |
| Massena Memorial Hospital | \$203,500 | 04/01/2018 - 03/31/2019 |
| 1 | \$203,500 | 07/01/2019 03/31/2020 |
| | \$203,500 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$ 85,000 | 03/01/2016 - 03/31/2016 |
| | \$ 85,000 | 04/01/2016 - 03/31/2017 |
| Medina Memorial Hospital | \$136,000 | 08/01/2017 - 03/31/2018 |
| - I learna memoriai i lospitai | <u>\$136,000</u> | 04/01/2018 - 03/31/2019 |
| | \$136,000 | 07/01/2019 - 03/31/2020 |
| | <u>\$136,000</u> | <u>04/01/2020 - 03/31/2021</u> |
| | 1 | 00/04/00 |
| <u> </u> | \$205,000 | 03/01/2016 - 03/31/2016 |
| Moses-Ludington Hospital | \$205,000 | 04/01/2016 - 03/31/2017 |
| _ | \$253,500 | 08/01/2017 - 03/31/2018 |
| ļ | \$253,500 | 04/01/2018 - 03/31/2019 |
| , | \$253,500 | 07/01/2019 - 03/31/2020 |
| | <u>\$253,500</u> | 04/01/2020 - 03/31/2021 |
| | 1 77 000 | 02/04/2046 02/2: /2 |
| - - | \$ 75,000 | 03/01/2016 - 03/31/2016 |
| · · · · | \$ 75,000 #103,500 | 04/01/2016 - 03/31/2017 |
| Nathan Littauer Hospital | \$103,500 \$103,500 | 08/01/2017 - 03/31/2018 |
| | \$103,500 ¢103,500 | 04/01/0018 - 03/31/2019 |
| <u></u> | \$103,500 | 07/01/2019 - 03/31/2020 |
| | <u>\$103,500</u> | 04/01/2020 - 03/31/2021 |
| | | |

| TN #19-0051 | Approval Date |
|-------------------------------|----------------|
| Supersedes TN <u>#17-0062</u> | Effective Date |

New York 1(q)(xi)

| <u>Provider Name</u> | Gross Medicaid Rate Adjustment | Rate Period Effective |
|-----------------------------|--|---------------------------------|
| | And the second s | 02/01/2016 02/21/2016 |
| | \$ 85,000 | 03/01/2016 - 03/31/2016 |
| Nichalas II Neven Menerial | \$ 85,000 | 04/01/2016 -03/31/2017 |
| Nicholas H Noyes Memorial | \$103,500 | 08/01/2017 - 03/31/2018 |
| <u>Hospital</u> | \$103,500 | 04/01/2018 - 03/31/2019 |
| | \$103,500 | 07/01/2019 - 03/31/2020 |
| | \$103,500 | <u>04/01/2020 03/31/2021</u> |
| | T + 6E 000 | |
| | \$ 65,000 | 03/01/2016 - 03/31/2016 |
| | \$ 65,000 | 04/01/2016 - 03/31/2017 |
| Northern Dutchess Hospital | \$ 58,500 | <u>08/01/2017 - 03/31/2018</u> |
| | \$ 58,500 | 04/01/2018 - 03/31/2019 |
| | <u>\$ 58,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | \$ 58,500 | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$105,000 | <u>03/01/2016 - 03/31/2016</u> |
| O'Connor Hospital | <u>\$105,000</u> | <u>04/01/2016 – 03/31/2017</u> |
| | <u>\$128,500</u> | <u>08/01/2017 - 03/31/2018</u> |
| | <u>\$128,500</u> | <u>04/01/2018 – 03/31/2019</u> |
| | <u>\$128,500</u> | <u>07/01/2019 – 03/31/2020</u> |
| | <u>\$128,500</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | <u>\$ 85,000</u> | <u>03/01/2016 - 03/31/2016</u> |
| Olean General Hospital-Main | <u>\$ 85,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| | <u>\$103,500</u> | <u>08/01/2017 - 03/31/2018</u> |
| | <u>\$103,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| | \$103,500 | <u>07/01/2019 - 03/31/2020</u> |
| | <u>\$103,500</u> | <u>04/01/2020 03/31/2021</u> |
| | | |
| | \$120,000 | 03/01/2016 - 03/31/2016 |
| Oneida Healthcare | \$120,000 | 04/01/2016 - 03/31/2017 |
| | \$153,500 | <u>08/01/2017 - 03/31/2018</u> |
| | \$153,5 <u>00</u> | <u>04/01/2018 - 03/31/2019</u> |
| | \$153,500 | <u>07/01/2019 - 03/31/2020</u> |
| | \$153,500 | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$ 85,000 | <u>03/01/2016 03/31/2016</u> |
| Oswego Hospital | \$ 85,000 | 04/01/2016 - 03/31/2017 |
| | \$136,000 | <u> 08/01/2017 - 03/31/2018</u> |
| | \$136,000 | <u>04/01/2018 - 03/31/2019</u> |
| | \$136,000 | 07/01/2019 - 03/31/2020 |
| | <u> </u> | 07/01/2019 - 03/31/2020 |

| TN #19-0051 | Approval Date | 12/20/2019 |
|-------------------------------|----------------|------------|
| | Effective Date | 07/01/2019 |
| Supersedes TN <u>#17-0062</u> | Ellective pare | |

New York 1(q)(xii)

| A | Gross Medicaid Rate | |
|-------------------------------|---------------------|--------------------------------|
| Provider Name | <u>Adjustment</u> | Rate Period Effective |
| | \$275,000 | 03/01/2016 - 03/31/2016 |
| | \$275,000 | 04/01/2016 - 03/31/2017 |
| Disamble and le | \$328,500 | 08/01/2017 - 03/31/2018 |
| River Hospital | \$328,500 | 04/01/2018 - 03/31/2019 |
| | \$328,500 | 07/01/2019 - 03/31/2020 |
| | \$328,500 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$ 65,000 | 03/01/2016 - 03/31/2016 |
| | \$ 65,000 | 04/01/2016 - 03/31/2017 |
| Samaritan Madigal Contar | <u>\$58,500</u> | 08/01/2017 - 03/31/2018 |
| Samaritan Medical Center | \$58,500 | 04/01/2018 - 03/31/2019 |
| | \$58,500 | 07/01/2019 - 03/31/2020 |
| | \$58,500 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$150,000 | 03/01/2016 - 03/31/2016 |
| | \$150,000 | 04/01/2016 - 03/31/2017 |
| Schuyler Hospital | \$240,000 | 08/01/2017 - 03/31/2018 |
| Schuyler Hospital | \$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>\$120,000</u> | 03/01/2016 - 03/31/2016 |
| | <u>\$495,000</u> | <u>04/01/2016 - 03/31/2017</u> |
| Soldiers and Sailors Memorial | \$192,000 | 08/01/2017 - 03/31/2018 |
| Hospital | \$192,000 | <u>04/01/2018 - 03/31/2019</u> |
| Hospital | \$192 <u>,000</u> | <u>07/01/2019 - 03/31/2020</u> |
| | <u>\$192,000</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | <u>\$255,000</u> | <u>03/01/2016 - 03/31/2016</u> |
| St. James Mercy Hospital | \$255,000 | <u>04/01/2016 - 03/31/2017</u> |
| | \$353,500 | <u>08/01/2017 - 03/31/2018</u> |
| · . | <u>\$353,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| | <u>\$353,500</u> | 07/01/2019 - 03/31/2020 |
| | <u>\$353,500</u> | <u>04/01/2020 - 03/31/2021</u> |
| | | |
| | \$105,000 | 03/01/2016 - 03/31/2016 |
| | \$105,000 | <u>04/01/2016 03/31/2017</u> |
| St. Mary's Healthcare | \$153,500 | 08/01/2017 - 03/31/2018 |
| St. 1-ial y S Healthicale | <u>\$153,500</u> | 04/01/2018 - 03/31/2019 |
| | <u>\$153,500</u> | 07/01/2019 - 03/31/2020 |
| | \$153,500 | <u>04/01/2020 - 03/31/2021</u> |
| | | |

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

New York 1(q)(xiii)

| 100 | Gross Medicaid Rate | |
|---|---------------------|---|
| <u>Provider Name</u> | Adjustment | Rate Period Effective |
| | \$275,000 | 03/01/2016 - 03/31/2016 |
| | \$275,000 | 04/01/2016 - 03/31/2017 |
| | \$353,500 | <u>08/01/2017 - 03/31/2018</u> |
| TLC Health Network | \$353,500 | 04/01/2018 - 03/31/2019 |
| | \$353,500 | 07/01/2019 - 03/31/2020 |
| · | \$353,500 | 04/01/2020 - 03/31/2021 |
| | | STREET, |
| | \$65,000 | 03/01/2016 - 03/31/2016 |
| | \$65,000 | 04/01/2016 - 03/31/2017 |
| Tri Town Bosional Hospital | \$58,500 | 08/01/2017 - 03/31/2018 |
| Tri Town Regional Hospital | \$58,500 | 04/01/2018 - 03/31/2019 |
| | \$58,500 | 07/01/2019 - 03/31/2020 |
| | \$58,500 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$75,000 | <u>03/01/2016 - 03/31/2016</u> |
| | \$75,000 | 04/01/2016 - 03/31/2017 |
| United Mornavial Madian Course | \$103,500 | 08/01/2017 - 03/31/2018 |
| <u>United Memorial Medical Center –</u> | \$103,500 | 04/01/2018 - 03/31/2019 |
| North Street Division | \$103,500 | 07/01/2019 - 03/31/2020 |
| | \$103,500 | 04/01/2020 - 03/31/2021 |
| | | |
| | \$275,000 | 03/01/2016 - 03/31/2016 |
| | \$275,000 | 04/01/2016 - 03/31/2017 |
| Westfield Memorial Hespital | \$353,500 | 08/01/2017 - 03/31/2018 |
| Westfield Memorial Hospital | \$353,500 | 04/01/2018 - 03/31/2019 |
| | <u>\$353,500</u> | 07/01/2019 - 03/31/2020 |
| · | \$353,500 | 04/01/2020 - 03/31/2021 |
| | | |
| <u> </u> | \$130,000 | 03/01/2016 - 03/31/2016 |
| Wyoming County Community | \$130,000 | <u>04/01/2016 - 03/31/2017</u> |
| Hospital | <u>\$208,000</u> | 08/01/2017 - 03/31/2018 |
| | \$208,000 | 04/01/2018 - 03/31/2019 |
| | <u>\$208,000</u> | 07/01/2019 - 03/31/2020 |
| | <u>\$208,000</u> | 04/01/2020 - 03/31/2021 |
| | | |
| | <u>\$120,000</u> | 03/01/2016 - 03/31/2016 |
| WCA Hospital | \$120,000 | 04/01/2016 - 03/31/2017 |
| | \$228,500 | 08/01/2017 - 03/31/2018 |
| | <u>\$228,500</u> | <u>04/01/2018 - 03/31/2019</u> |
| | \$228,500 | 07/01/2019 - 03/31/2020 |
| | \$228,500 | 04/01/2020 03/31/2021 |
| 5. 不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 | | |

| TN #19-0051 | Approval Date | 12/20/2019 |
|--------------------------|----------------|------------|
| | | 07/01/2019 |
| Supersedes TN <u>NEW</u> | Effective Date | |