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State/Territory Name: New York

State Plan Amendment (SPA) #: 21-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 20, 2021

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

RE: TN 21-0023

Dear Ms. Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2021. This SPA authorizes temporary rate adjustments for the outpatient services for specific essential community hospital providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 3

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE 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 04/01/21-09/30/21 \$ 2,500.25b. FFY 10/01/21-09/30/22 \$ 5,000.50

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), 1(q)(xiv), 1(q)(v), 1(q)(vi)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), 1(q)(xiii)

10. SUBJECT OF AMENDMENT

Essential Community Provider-OP
(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

June 29, 2021

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

June 29, 2021

18. DATE APPROVED

August 20, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

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

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Corning Hospital	\$ 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
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
Cortland Memorial Hospital	\$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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
Cuba Memorial Hospital	\$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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
Delaware Valley Hospital	\$ 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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Elizabethtown Community Hospital	\$ 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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023

**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
A.O. Fox Memorial Hospital	\$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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
Adirondack Medical Center	\$ 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
	\$ 78,500	04/01/2021 – 03/31/2022
	\$ 78,500	04/01/2022 – 03/31/2023
Alice Hyde Hospital Association	\$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
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023
Auburn Community Hospital	\$ 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
	\$ 78,500	04/01/2021 – 03/31/2022
	\$ 78,500	04/01/2022 – 03/31/2023
Bassett Hospital of Schoharie County-Cobleskill Regional Hospital	\$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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023

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

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Brooks Memorial Hospital	\$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
	\$657,000	04/01/2021 – 03/31/2022
	\$657,000	04/01/2022 – 03/31/2023
Canton Potsdam Hospital	\$ 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
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
Carthage Area Hospital	\$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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Catskill Regional Hospital Medical Center	\$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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023

TN #21-0023

Approval Date August 20, 2021

Supersedes TN #19-0051

Effective Date April 1, 2021

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

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Catskill Regional Medical Center – Hermann Division	\$ 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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Cayuga Medical Center-Ithaca	\$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
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023
Champlain Valley Physicians Hospital	\$ 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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Chenango Memorial Hospital	\$ 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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023

TN #21-0023

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Supersedes TN #19-0051

Effective Date April 1, 2021

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

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Claxton Hepburn Medical Center	\$ 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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Clifton-Fine Hospital	\$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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Cobleskill Regional Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
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
	\$153,500	04/01/2020 – 03/31/2021
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023
Community Memorial Hospital	\$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
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023

TN #21-0023

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Supersedes TN #19-0051

Effective Date April 1, 2021

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

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Ellenville Regional Hospital	\$ 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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Gouvernor Hospital, Inc.	\$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
	\$247,500	04/01/2021 – 03/31/2022
	\$247,500	04/01/2022 – 03/31/2023
Ira Davenport Memorial Hospital	\$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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Jones Memorial Hospital	\$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
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
Lewis County General Hospital	\$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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023

TN #21-0023

Approval Date August 20, 2021

Supersedes TN #19-0051

Effective Date April 1, 2021

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

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Little Falls Hospital	\$ 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
	\$136,000	04/01/2021 – 03/31/2022
	\$136,000	04/01/2022 – 03/31/2023
Margaretville Memorial Hospital	\$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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Mary Imogene Bassett Hospital	\$ 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
	\$104,000	04/01/2021 – 03/31/2022
	\$104,000	04/01/2022 – 03/31/2023
Massena Memorial Hospital	\$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
	\$203,500	04/01/2021 – 03/31/2022
	\$203,500	04/01/2022 – 03/31/2023
Medina Memorial Hospital	\$ 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
	\$136,000	04/01/2021 – 03/31/2022
	\$136,000	04/01/2022 – 03/31/2023

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

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Moses-Ludington Hospital	\$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
	\$253,500	04/01/2021 – 03/31/2022
	\$253,500	04/01/2022 – 03/31/2023
Nathan Littauer Hospital	\$ 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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Nicholas H Noyes Memorial Hospital	\$ 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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Northern Dutchess Hospital	\$ 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
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
O'Connor Hospital	\$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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023

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

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Olean General Hospital-Main	\$ 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
	\$103,500	04/01/2021 - 03/31/2022
	\$103,500	04/01/2022 - 03/31/2023
Oneida Healthcare	\$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
	\$153,500	04/01/2021 - 03/31/2022
	\$153,500	04/01/2022 - 03/31/2023
Oswego Hospital	\$ 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
	\$136,000	04/01/2021 - 03/31/2022
	\$136,000	04/01/2022 - 03/31/2023
River Hospital	\$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
	\$328,500	04/01/2021 - 03/31/2022
	\$328,500	04/01/2022 - 03/31/2023

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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Samaritan Medical Center	\$ 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
	\$58,500	04/01/2021 – 03/31/2022
	\$58,500	04/01/2022 – 03/31/2023
Schuyler Hospital	\$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
	\$240,000	04/01/2021 – 03/31/2022
	\$240,000	04/01/2022 – 03/31/2023
Soldiers and Sailors Memorial Hospital	\$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
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
St. James Mercy Hospital	\$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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
St. Mary's Healthcare	\$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
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023

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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
TLC Health Network	\$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
Tri Town Regional Hospital	\$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
	\$58,500	04/01/2021 – 03/31/2022
	\$58,500	04/01/2022 – 03/31/2023
United Memorial Medical Center – North Street Division	\$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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Westfield Memorial Hospital	\$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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Wyoming County Community Hospital	\$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
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023

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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
	\$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
	\$228,500	04/01/2021 – 03/31/2022
	\$228,500	04/01/2022 – 03/31/2023

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