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State/Territory Name: New York

State Plan Amendment (SPA) #: 11-0026-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approval Letter Good Cause Waiver
- 3) CMS 179 Form
- 4) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: PM:SPA-NY-11-0026-A

October 6, 2016

Jason A. Helgerson State Medicaid Director Deputy Commissioner Office of Health Insurance Programs NYS Department of Health Empire State Plaza Corning Tower (OCP-1211) Albany, NY 12237

RE: TN 11-0026-A

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #11-0026-A has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2012. The SPA provides for a \$300,000 supplemental payment to Oswego Hospital which the state has designated to be a Vital Access Provider for outpatient hospital services furnished during the period 01/01/2013 - 03/31/2013.

Enclosed are copies of SPA #11-0026-A and the CMS-179 form, as approved.

If you have any questions, please contact Tom Brady at 518-396-3810.

Sincerely, 1111100

Michael Melendez, LMSW Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosures

cc.

J. Ulberg R. Gallagher L. Tavener R. Weaver J. Guhl R. Holligan T. Brady M. Lopez DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

October 06, 2016

Jason Helgerson Deputy Commissioner New York State Department of Health Coming Tower Empire State Plaza Albany, New York 12237

RE: Two Year Claiming Waiver

Dear Commissioner Helgerson:

I am responding to your August 8, 2016 letter requesting a "good cause" waiver to the two year timely filing limit for the supplemental payment relating to the outpatient hospital services payment adjustment initiated by State Plan Amendment (SPA) 11-0026-A. CMS has determined that since the State did not receive approval of SPA 11-0026-A until recently; these circumstances resulted in the late filing, and were beyond the State's control. This letter approves your request for a good cause waiver of the two-year timely filing limit; in accordance with 45 Code of Federal Regulations 95.19(d), for the aforementioned claims.

SPA 11-0026 was originally submitted on March 20, 2012; subsequently split; and a portion of it amended and re-submitted as 11-0026-A on August 3, 2016. The SPA requested approval to adjust the operating component of the outpatient hospital rate for Oswego Hospital for the period January 1, 2013 through March 31, 2013. This rate adjustment was subject to the corresponding Upper Payment Limit demonstration. The approval of SPA 11-0026A was delayed while the State and CMS worked on finalizing the State's UPL demonstration.

State claims for Federal financial participation for expenditures made in accordance with SPA 11-0026-A must be submitted in the October to December 2016 Quarterly Expenditure Report (CMS-64); any related claims made after this date that exceed the two-year timely filing period will be considered outside of this waiver approval.

If you have any questions, please contact John Guhl at 212-616-2438.

Sincerely,

Michael Melendez, LMSW Associate Regional Administrator Division of Medicaid & Children's Health Operations

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New York 1(q)

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Hospital-Based Outpatient

A temporary rate adjustment will be provided to eligible providers of outpatient services that are subject to or impacted by the closure, merger, and acquisition, consolidation, or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible providers, the annual amount of the temporary rate adjustment, and the duration of the adjustment shall be listed in the table which follows. The total annual adjustment amount will be paid quarterly with the amount of each quarterly payment being equal to one fourth of the total annual amount established for each provider. 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.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary 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
Oswego Hospital	\$300,000	01/01/2013 - 03/31/2013

TN	#11-0026-A		Approval Date	OCTOBER 06, 2016
Supe	rsedes TN	NEW	Effective Date	APRIL 01, 2012