

## **Table of Contents**

**State/Territory Name:** **NEW YORK**

**State Plan Amendment (SPA) #:** **11-24 C**

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 AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

OCT 10 2014

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

RE: TN 11-024C

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-024C. Effective January 1, 2013, this amendment proposes supplemental payments to certain providers for inpatient hospital services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved it with an effective date of January 1, 2013. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please contact Tom Brady at (518) 396-3810 or Rob Weaver at (410) 786-5914.



Sincerely,



Timothy Hill  
Director

A handwritten signature in black ink, appearing to be 'f' followed by a flourish.

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>#11-24-C</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>January 1, 2013</b>	
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: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/13-09/30/13 \$1,464,938 b. FFY 10/01/13-09/30/14 \$ 594,748	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-A: Page 136(b) 136 (b)(i)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-A: Page 136(b) New</b>	
10. SUBJECT OF AMENDMENT: <b>Assist Preservation of Essential Safety-Nets - IP (Carthage &amp; Woodhull) (FMAP = 50%)</b>			
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: 		16. RETURN TO: <b>New York State Department of Health Bureau of Federal Relations &amp; Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1430 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>July 21, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>OCT 10 2014</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JAN 01 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Kristin Pan</b>		22. TITLE: <b>Deputy Director, FMC</b>	
23. REMARKS:  <b>New York requested 'Pen i nk' changes to Boxes 8 and 9</b>			

**New York  
136(b.1)**

**Hospitals Continued:**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Carthage Hospital</u>	<u>\$250,000</u>	<u>01/01/2013 – 03/31/2013</u>
<u>Woodhull Medical Center</u>	<u>\$1,929,877</u>	<u>01/01/2013 – 03/31/2013</u>
	<u>\$1,499,996</u>	<u>04/01/2013 – 03/31/2014</u>
	<u>\$878,996</u>	<u>04/01/2014 – 03/31/2015</u>

TN #11-24-CSupersedes TN NEWApproval Date 2014 OCT 10 2014Effective Date JAN 01 2013