

## **Table of Contents**

**State/Territory Name:** NY

**State Plan Amendment (SPA) #:** 13-50

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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JAN 28 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 13-50

Dear Mr. Helgeson:

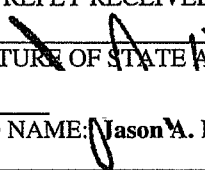
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-50. Effective November 1, 2013 this amendment proposes supplemental payments to certain providers for inpatient hospital services.

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. This is to inform you that New York 13-50 is approved effective November 1, 2013 and I have enclosed the CMS-179 and the approved plan page. If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

  
Cindy Mann  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>#13-50</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE <b>SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>November 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 11/01/13-09/30/14 \$12,225,000 b. FFY 10/01/14-09/30/15 \$ 925,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-A: Page 136(b)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 4.19-A: Page 136(b)</b>	
10. SUBJECT OF AMENDMENT: <b>Safety Net/VAP – IP (Interfaith, Kingsbook Jewish &amp; Montefiore ) (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 Room 1430 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgeson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>November 6, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>JAN 28 2014</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>NOV 01 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Penny Thompson</b>		22. TITLE: <b>Deputy Director, Policy &amp; Financial Mgt, ORS</b>	
23. REMARKS:			

**New York  
136(b)**

- b. Temporary rate adjustments have been approved for the following hospital providers in the amounts and for the effective periods listed:

**Hospital:**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Niagara Falls Memorial Medical Center	\$228,318	4/1/2012 – 3/31/2013
	\$228,317	4/1/2013 – 3/31/2014
	\$228,317	4/1/2014 – 3/31/2015
NuHealth (Nassau County Medical Center)	\$4,000,000	4/1/2012 – 3/31/2013
	\$6,500,000	4/1/2013 – 3/31/2014
	\$7,000,000	4/1/2014 – 3/31/2015
Lincoln Medical & Mental Health Center	\$963,687	4/1/2012 – 3/31/2013
	\$963,687	4/1/2013 – 3/31/2014
Richmond University	\$8,897,955	1/1/2013 – 3/31/2013
	\$2,355,167	4/1/2013 – 3/31/2014
	\$1,634,311	4/1/2014 – 3/31/2015
St. Barnabas Hospital	\$2,588,278	1/1/2013 – 3/31/2013
	\$1,876,759	4/1/2013 – 3/31/2014
	\$1,322,597	4/1/2014 – 3/31/2015
Montefiore Medical Center	\$6,000,000	11/1/2013 – 3/31/2014
Kingsbrook Jewish Medical Center	\$3,700,000	11/1/2013 – 3/31/2014
	\$3,700,000	4/1/2014 – 3/31/2015
Interfaith Medical Center	\$12,900,000	11/1/2013 – 3/31/2014

TN #13-50

Supersedes TN 11-24-A

Approval Date JAN 28 2014

Effective Date NOV 01 2013