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State/Territory Name: NY

State Plan Amendment (SPA) #: 14-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved Good Cause Waiver
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) 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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: GC:SPA-NY-14-0013

October 12, 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 14-0013

Dear Deputy Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #14-0013 has been approved for adoption into the State Medicaid Plan with an effective date of February 1, 2014. The SPA modifies the listing of hospital-based outpatient providers that the state has designated as Vital Access Provider (VAP) payments for the period 02/01/2014 – 03/31/2014.

Enclosed are copies of SPA #14-0013 and the CMS-179 form, as approved.

If you have any questions, please contact Gary Critelli at 518-396-3810.

Sincerely,


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
G. Critelli
M. Lopez

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DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: GC NY SPA 14-0013

October 17, 2016

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

RE: Two Year Claiming Waiver

Dear Deputy Commissioner Helgeson:

I am responding to your August 8, 2016 letter requesting a "good cause" waiver to the two year timely filing limit for certain hospital-based outpatient providers to receive temporary rate adjustments initiated by State Plan Amendment (SPA) 14-0013. CMS has determined that since the State did not receive approval of SPA 14-0013 until October 17, 2016; 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 NY 14-0013 was submitted on March 25, 2014 with a February 1, 2014 effective date.

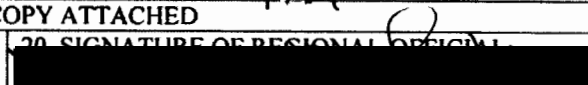
State claims for Federal financial participation for expenditures made in accordance with SPA NY 14-0013 must be reported no later than on the Quarterly Expenditure Report (CMS-64) ending March 31, 2017. Any related claims made after this date that exceed the two year timely filing periods will be considered 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 and Children's Health Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0013	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 February 1, 2014	
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: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 02/01/14-09/30/14 \$3,222.35 b. FFY 10/01/14-09/30/15 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Pages: 1(q)(i), 1(q)(ii)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B Pages: 1(q)(i)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP – NI (Hospital-based Outpatient; CAHs) - Phase 2 (Group 2) (FMAP = 50%)			
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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 25 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 10/17/2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: FEBRUARY 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:			

**New York
1(q)(i)**

Hospital-Based Outpatient Services (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Delaware Valley Hospital, Inc.	\$221,650	01/01/2014 – 03/31/2014
	\$164,400	04/01/2014 – 03/31/2015
	\$66,200	04/01/2015 – 03/31/2016
Ellenville Regional Hospital	\$219,780	01/01/2014 – 03/31/2014
	\$224,176	04/01/2014 – 03/31/2015
	\$699,788	04/01/2015 – 03/31/2016
Oswego Hospital	\$300,000	01/01/2013 – 03/31/2013
	\$750,000	01/01/2014 – 03/31/2014
	\$500,000	04/01/2014 – 03/31/2015
River Hospital	\$1,444,695	02/01/2014 – 03/31/2014
Schuyler Hospital	\$216,113	01/01/2014 – 03/31/2014
	\$215,574	04/01/2014 – 03/31/2015
	\$225,143	04/01/2015 – 03/31/2016

TN #14-0013

Supersedes TN #13-0070

Approval Date OCTOBER 17, 2016

Effective Date FEBRUARY 01, 2014

**New York
1(q)(ii)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$275,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Clifton-Fine Hospital</u>	<u>\$350,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Cuba Memorial Hospital</u>	<u>\$315,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Delaware Valley Hospital, Inc.</u>	<u>\$246,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Elizabethtown Community Hospital</u>	<u>\$410,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Ellenville Regional Hospital</u>	<u>\$384,800</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Gouverneur Hospital, Inc.</u>	<u>\$300,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Lewis County General Hospital</u>	<u>\$370,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Little Falls Hospital</u>	<u>\$342,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Margaretville Memorial Hospital</u>	<u>\$128,600</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Moses Ludington Hospital</u>	<u>\$359,800</u>	<u>02/01/2014 – 03/31/2014</u>
<u>O'Connor Hospital</u>	<u>\$363,800</u>	<u>02/01/2014 – 03/31/2014</u>
<u>River Hospital</u>	<u>\$482,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Schuyler Hospital</u>	<u>\$453,000</u>	<u>02/01/2014 – 03/31/2014</u>
<u>Soldiers & Sailors Memorial Hospital</u>	<u>\$220,000</u>	<u>02/01/2014 – 03/31/2014</u>

TN #14-0013

Supersedes TN NEW

Approval Date OCTOBER 17, 2016

Effective Date FEBRUARY 01, 2014