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State/Territory Name: New York

State Plan Amendment (SPA) #: 14-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page

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



Financial Management Group

MAY 11 2016

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: State Plan Amendment (SPA) 14-0024

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 14-0024. Effective November 1, 2014 this amendment proposes temporary rate adjustments under the Vital Access Provider (VAP) program to specific providers for inpatient hospital services. The temporary rate adjustments are in recognition of the closure, merger, consolidation, acquisition or restructure of a health care provider.

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 the temporary payments comply with applicable requirements and, therefore, have approved the payments with an effective date of November 1, 2014. We are enclosing the CMS-179 and the amended approved plan pages.



If you have any questions, please contact Charlene Holzbaur at (609) 882-4103 Ext. 104.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0024	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 November 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: §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (In thousands) a. FFY 11/01/14-09/30/15 \$18,800.00 b. FFY 10/01/15-09/30/16 \$16,850.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att 4.19-A: Page 136(b), 136(c)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 4.19-A: Page 136(b), 136(c)	
10. SUBJECT OF AMENDMENT: Safety Net VAP / Inpatient (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 Division of Finance and Rate Setting 99 Washington Ave - One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: DEC 3 2 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 11 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: NOV 01 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin FAN		22. TITLE: Director FMG	
23. REMARKS:			

**New York
136(c)**

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Maimonides Medical Center	\$2,500,000	11/01/2014 – 03/31/2015
Montefiore Medical Center	\$6,000,000	11/01/2013 – 03/31/2014
New York Methodist Hospital	\$3,005,000	01/01/2014 – 03/31/2014
	\$3,201,500	04/01/2014 – 03/31/2015
	\$3,118,500	04/01/2015 – 03/31/2016
Niagara Falls Memorial Medical Center	\$228,318	04/01/2012 – 03/31/2013
	\$171,238	04/01/2013 – 12/31/2013
	\$318,755	01/01/2014 – 03/31/2014
	\$501,862	04/01/2014 – 03/31/2015
	\$260,345	04/01/2015 – 03/31/2016
Nassau University Medical Center	\$4,000,000	04/01/2012 – 03/31/2013
	\$6,500,000	04/01/2013 – 03/31/2014
	\$7,000,000	04/01/2014 – 03/31/2015
Richmond University Medical Center	\$8,897,955	01/01/2013 – 03/31/2013
	\$2,355,167	04/01/2013 – 03/31/2014
	\$1,634,311	04/01/2014 – 03/31/2015
St. Barnabas Hospital	\$2,588,278	01/01/2013 – 03/31/2013
	\$1,876,759	04/01/2013 – 03/31/2014
	\$1,322,597	04/01/2014 – 03/31/2015
Soldiers & Sailors Memorial Hospital	\$ 19,625	02/01/2014 – 03/31/2014
	\$117,252	04/01/2014 – 03/31/2015
	\$134,923	04/01/2015 – 03/31/2016
South Nassau Communities Hospital	\$3,000,000	11/01/2014 – 03/31/2015
	\$1,000,000	04/01/2015 – 03/31/2016
Wyckoff Heights Medical Center	\$1,321,800	01/01/2014 – 03/31/2014
	\$1,314,158	04/01/2014 – 03/31/2015
	\$1,344,505	04/01/2015 – 03/31/2016

TN #14-0024Supersedes TN #14-0011Approval Date MAY 11 2016Effective Date NOV 01 2014

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136(b)**

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

Hospitals:

Provider Name	Gross Medical Rate Adjustment	Rate Period Effective
Beth Israel Medical Center	\$15,000,000	11/01/2014 - 03/31/2015
	\$33,200,000	04/01/2015 - 03/31/2016
	\$33,200,000	04/01/2016 - 03/31/2017
Brookdale University Hospital and Medical Center	\$14,000,000	02/01/2014 - 03/31/2014
Brooklyn Hospital Center	\$5,000,000	02/01/2014 - 03/31/2014
	\$5,000,000	04/01/2014 - 03/31/2015
Canton Potsdam Hospital/EI Noble	\$2,000,000	01/01/2014 - 03/31/2014
	\$400,000	04/01/2014 - 03/31/2015
Catskill Regional Medical Center	\$889,105	01/01/2014 - 03/31/2014
	\$1,040,305	04/01/2014 - 03/31/2015
	\$1,164,505	04/01/2015 - 03/31/2016
Healthalliance Mary's Ave Campus Benedictine Hospital	\$2,500,000	02/01/2014 - 03/31/2014
Interfaith Medical Center	\$12,900,000	11/01/2013 - 03/31/2014
Kingsbrook Jewish Medical Center	\$1,480,000	11/01/2013 - 12/31/2013
	\$2,320,000	01/01/2014 - 03/31/2014
Kings County Hospital Center	\$1,000,000	01/01/2014 - 03/31/2014
Lewis County General Hospital*	\$ 65,564	01/01/2014 - 03/31/2014
	\$262,257	04/01/2014 - 03/31/2015
	\$262,257	04/01/2015 - 03/31/2016
Lincoln Medical Center	\$963,687	04/01/2012 - 03/31/2013
	\$963,687	04/01/2013 - 03/31/2014
Little Falls Hospital*	\$21,672	01/01/2014 - 03/31/2014
	\$86,688	04/01/2014 - 03/31/2015
	\$86,688	04/01/2015 - 03/31/2016

*Denotes this provider is a Critical Access Hospital (CAH).

TN #14-0024

Approval Date

MAY 11 2016

Supersedes TN #14-0011

Effective Date

NOV 01 2014