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State/Territory Name: NEW YORK

State Plan Amendment (SPA) #: 14-0040

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
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: SA

October 27, 2016

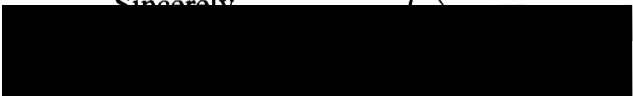
Jason Helgeson
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Deputy Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #14-0040 has been approved for adoption into the State Medicaid Plan with an effective date of November 1, 2014. This SPA modifies the listing of hospital-based outpatient providers approved to receive temporary rate adjustments.

I have enclosed copies of the approved SPA #14-0040 materials. If you have any questions or wish to discuss, please contact Stephen Abbott at (518) 396-3810 Ext. 113 or John Guhl at (212) 616-2438.

Sincerely,


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

cc: JUlberg
RDeyette
RWeaver
LTavener
JGuhl
SJew
SAbbott
MLopez

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
14-0040

2. STATE
New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
November 1, 2014

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ 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 \$ 2,500.00
b. FFY 10/01/15-09/30/16 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Pages: 1(q)(ii); 1(q)(iii)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-B Pages: 1(q)(ii)

10. SUBJECT OF AMENDMENT:
Safety Net/VAP – Hospital Outpatient CAHs
(FMAP = 50%)

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jason A. Helgeson

14. TITLE: Medicaid Director
Department of Health

15. DATE SUBMITTED:

DEC 30 2014

16. RETURN TO:

New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Ave – One Commerce Plaza
Suite 1460
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
OCTOBER 27, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOVEMBER 01, 2014

21. TYPED NAME:

MICHAEL MELENDEZ

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH
OPERATIONS

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

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Carthage Area Hospital	\$325,000	11/01/2014 – 03/31/2015
Catskill Regional Medical Center – Hermann Division	\$275,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Clifton-Fine Hospital	\$350,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
Community Memorial Hospital	\$240,000	11/01/2014 – 03/31/2015
Cuba Memorial Hospital	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
Delaware Valley Hospital, Inc.	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Elizabethtown Community Hospital	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Ellenville Regional Hospital	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Gouverneur Hospital, Inc.	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Lewis County General Hospital	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
Little Falls Hospital	\$342,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Margaretville Memorial Hospital	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
Moses Ludington Hospital	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015

TN #14-0040

Approval Date OCTOBER 27, 2016

Supersedes TN #14-0013

Effective Date NOVEMBER 01, 2014

New York
1(q)(iii)

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

O'Connor Hospital	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
River Hospital	\$482,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
Schuyler Hospital	\$453,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Soldiers & Sailors Memorial Hospital	\$220,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015

TN #14-0040

Approval Date OCTOBER 27, 2016

Supersedes TN NEW

Effective Date NOVEMBER 01, 2014