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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:

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- 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 Helgerson
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Deputy Commissioner Helgerson:

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.

Cincoraly

Michael Melandez, 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		FORM APPRO	
STATE PLAN MATERIAL	L TRANSMITTAL NUMBER: 14-0040	2. STATE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3 DROVER AND ISSUE New York		
	2 PROGRAM IDENTIFICATION: TITLE PARTY		
TO: REGIONAL ADMINISTRATOR	SECORITY ACT (ME)	DICAID)	
HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE November 1, 2014		
DEPARTMENT OF HEALTH AND HUMAN SUBVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE GOVE			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN FEDERAL STATUTE REGULATION CITATION:	SIDERED AS NEW PLAN	AMENDMENT	
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(1902(a) of the Social Security Act, and 42 CFR 447	TEDERAL DUDGET IMPACT: (ii	n thousands)	
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ttachment 4.19-B Pages: 1(q)(ii); 1(q)(iii)	SECTION OR ATTACHMENT (If Applicable):		
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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
		30[31]1013
Catskill Regional Medical Center –	\$275,000	02/01/2014 - 03/31/2014
Hermann Division	\$240,000	11/01/2014 - 03/31/2015
	\$350,000	02/01/2014 02/21/20
Clifton-Fine Hospital	\$325,000	02/01/2014 - 03/31/2014 11/01/2014 - 03/31/2015
Community Memorial Hospital	\$240,000	11/01/2014 - 03/31/2015
	\$315,000	02/01/2014 02/21/2014
Cuba Memorial Hospital	\$445,000	02/01/2014 - 03/31/2014
	3113,000	11/01/2014 - 03/31/2015
Delaware Valley Hospital, Inc.	\$246,000	02/01/2014 - 03/31/2014
Delawate valley nospital, Inc.	\$240,000	11/01/2014 - 03/31/2015
Elizabethtown Community	\$410,000	02/01/2014 02/21/2014
Hospital	\$240,000	02/01/2014 - 03/31/2014 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
Godvernedi Hospital, Inc.	\$240,000	11/01/2014 - 03/31/2015
	\$370,000	02/01/2014 02/21/2014
Lewis County General Hospital	\$325,000	02/01/2014 - 03/31/2014 11/01/2014 - 03/31/2015
	1 \$323,000	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
	\$128,600	02/01/2014 - 03/31/2014
Margaretville Memorial Hospital	\$325,000	11/01/2014 - 03/31/2014
	1 1056 222	
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
Supe	rsedes 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
	*402.000	
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