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State/Territory Name: New York

State Plan Amendment (SPA) #: NY 17-0045

This file contains the following documents in the order listed:

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Financial Management Group

JUL 12 2017

Jason A. Helgerson
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) 17-0045

Dear Commissioner Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 17-0045. Effective May 1, 2017 this amendment proposes to provide temporary quarterly supplemental payments for one additional hospital.

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 letter is to inform you SPA 17-0045 is approved effective May 1, 2017. We are enclosing the CMS-179 and the amended approved plan page.

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

Sincerely,

[redacted]

Kristin Fan
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-0045	2. STATE New York
	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 May 1, 2017	

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 05/01/17 – 09/30/17 $372.09 b. FFY 10/01/17 – 09/30/18 $898.69
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: 136(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19-A: 136(b)

10. SUBJECT OF AMENDMENT:
Safety Net/VAP-IP-Champlain Valley Physicians Hospital Medical Center (OMH-IP)
(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: [redacted]	16. RETURN TO: New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME: Jason A. Helgerson	
14. TITLE: Medicaid Director Department of Health	
15. DATE SUBMITTED: JUN 15 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JUL 12 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMG

23. REMARKS:

FORM HCFA-179 (07-92)

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:

Hospitals:

Provider Name	Gross Medicaid 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/EJ 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
Champlain Valley Physicians Hospital Medical Center	$1,450,852	05/01/2017 - 03/31/2018
	$ 981,422	04/01/2018 - 03/31/2019
	$ 660,708	04/01/2019 - 03/31/2020
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 #17-0045 Approval Date JUL 12 2017

Supersedes TN #14-0024 Effective Date MAY 01 2017