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**State/Territory Name: New York** 

**State Plan Amendment (SPA)# 17-0062** 

The file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 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



#### NEW YORK REGIONAL OPERATIONS GROUP

ROG: SA: SPA NY 17-0062

August 28, 2019

Donna Frescatore Medicaid Director New York State Department of Health One Commerce Plaza, Suite 1211 Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #17-0062 has been approved for adoption into the State Medicaid Plan with an effective date of August 1, 2017. This SPA provides temporary rate adjustments for the hospital outpatient services of specified hospitals.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2429, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,

Nicole McKnight
Acting Deputy Director
Regional Operations Group

cc: R. Holligan

R. Weaver

S. Abbott

M. Tabakov

M. Lopez

R. Dayette

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0062	2. STATE
		New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	August 1, 2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	G ,	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	DERED ÁS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate Transmittal for each am	endment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in t	thousands)
§ 1902(a) of the Social Security Act, and 42 CFR 447	a. FFY 08/01/17-09/30/17 \$ 1,250. b. FFY 10/01/17-09/30/18 \$ 6,250.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI SECTION OR ATTACHMENT (If App	
Attachment 4.19-B: 1(q)(v), 1(q)(vi), 1(q)(vii), 1(q)(viii), 1(q)(ix),		
1(q)(x), 1(q)(xi), 1(q)(xii)	Attachment 4.19-B: 1(q)(v), 1(q)(vi), 1	(q)(vii), 1(q)(viii),
Attachment A Replacement Pages SR	1(q)(ix)	
	Attachment A Replacement Pages &	-
10. SUBJECT OF AMENDMENT:		
Safety Net/VAP-OP-Essential Community Providers (FMAP = 50%)	2	
11. GOVERNOR'S REVIEW (Check One):	<i>t</i>	
OVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECI	FIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
CIAL:	T-4-1 - 12-12-12-12-12-12-12-12-12-12-12-12-12-1	
CIAL:	16. RETURN TO:	
	New York State Department of Health	1 3
ME: Jason A.	Division of Finance and Rate Setting	70
	99 Washington Ave – One Commerce Suite 1432	Plaza
14. TITLE: Medicaid Director	Albany, NY 12210	
Department of Health	Albany, NT 12210	
15. DATE SUBMITTED: SEP 2 2 2017		
FOR REGIONAL OFFIC		
17. DATE RECEIVED:	18. DATE APPROVED: AUGUST 28. 2019	
PLAN APPROVED – ONE C	OPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUGUST 01. 2017		
21. TYPED NAME: NICOLE MCKNIGHT	22. TITLE: Regional Operations G	Group
23. REMARKS:		
<i>A</i> ⊕		
No.	å.	
•		

#### New York 1(q)(v)

c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

### **Essential Community Providers:**

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
A STATE OF THE STA	\$255,000	03/01/2016 - 03/31/2016
A O Fay Managial Hamital	\$255,000	04/01/2016 - 03/31/2017
A.O. Fox Memorial Hospital	\$328,500	08/01/2017 - 03/31/2018
	\$328,500	04/01/2018 - 03/31/2019
Adirondady Modical Contor	\$75,000	03/01/2016 - 03/31/2016
Adirondack Medical Center	\$75,000	04/01/2016 - 03/3 <u>1/</u> 2017
	\$78,500	08/01/2017 - 03/31/2018
	\$78,500	04/01/2018 - 03/31/2019
	\$130,000	03/01/2016 - 03/31/2016
Alice Hyde Hospital Association	\$130,000	04/01/2016 - 03/31/2017
Alice Hyde Hospital Association	<u>\$</u> 208,000	08/01/2017 - 03/31/2018
	\$208,000	04/01/2018 - 03/31/2019
	<u>\$75,000</u>	03/01/2016 - 03/31/2016
Auburn Community Hospital	\$75,000	04/01/2016 - 03/31/2017
Audum Community Hospital	\$78,500	<u>08/01/2017 - 03/31/2018</u>
	\$78,500	04/01/2018 - 03/31/2019
Presett Hearital	\$103,500	<u>08/01/2017 - 03/31/2018</u>
Bassett Hospital	<u>\$103,500</u>	<u>04/01/2018 - 03/31/2019</u>
Auforganismos est faith, leightigairt		
	\$245,000	03/01/2016 - 03/31/2016
Brooks Memorial Hospital	\$245,000	04/01/2016 - 03/31/2017
DIOOKS Memorial Hospital	\$303,500	<u>08/01/2017 - 03/31/2018</u>
	<u>\$303,500</u>	04/01/2018 - 03 <u>/3</u> 1/2019
	dan ay sirin dan ka bibis.	egy talka kata talah jalah k
	<u>\$</u> 65,000	03/01/2016 - 03/31/2016
Canton-Potsdam Hospital	\$65,000	04/01/2016 - 03/31/2017
	\$58,500	08/01/2017 - 03/31/2018
1	\$58,500	04/01/2018 - 03/31/2019

TN <u>#17-0062</u>	Approval Date	08/28/2019	(1
Supersedes TN <u>16-0022</u>	Effective Date	08/01/2017	

### New York 1(q)(vi)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Coulded a August Harmital	\$275,000	03/01/2016 - 03/31/2016
Carthage Area Hospital	\$275,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 - 03/31/2018
	\$353,500	04/01/2018 - 03/31/2019
	\$255,000	03/01/2016 - 03/31/2016
Catskill Regional Hospital Medical	\$255,000	04/01/2016 - 03/31/2017
Center	\$328,500	08/01/2017 - 03/3 <u>1/</u> 2018
	\$328,500	04/01/2018 - 03/31/2019
	\$ 85,000	03/01/2016 - 03/31/2016
Catskill Regional Medical Center -	\$ 85,000	04/01/2016 - 03/31/2017
Hermann Division	\$128,500	08/01/2017 - 03/31/2018
	\$128,500	04/01/2018 - 03/31/2019
Course Madisal Cambau Thans	\$120,000	03/01/2016 - 03/31/2016
Cayuga Medical Center-Ithaca	\$120,000	04/01/2016 - 03/31/2017
	\$153,500	08/01/2017 - 03/31/2018
	\$153,500	04/01/2018 - 03/31/2019
Champlain Valley Physicians	\$75,000	03/01/2016 - 03/31/2016
Hospital	\$75,000	04/01/2016 - 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/2018 - 03/31/2019
Chenango Memorial Hospital	\$75,000	03/01/2016 - 03/31/2016
1	\$75,000	04/01/2016 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/2018 - 03/31/2019
Claxton Hepburn Medical Center	\$85,000	03/01/2016 - 03/31/2016
	\$85,000	04/01/2016 - 03/31/2017
	\$128,500	08/01/2017 - 03/31/2018
	\$128,500	04/01/2018 - 03/31/2019

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### New York 1(q)(vii)

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
Cliffe Ties Hawital	\$275,000	03/01/2016 - 03/31/2016
Clifton-Fine Hospital	\$275,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 - 03/31/2018
	\$353,500	04/01/2018 - 03/31/2019
Cohlockill Dominal Hoonital	\$75,000	03/01/2016 - 03/31/2016
Cobleskill Regional Hospital	\$75,000	04/01/2016 - 03/31/2017
	\$120,000	03/01/2016 - 03/31/2016
Calumbia Mamarial Hassital	\$120,000	04/01/2016 - 03/31/2017
Columbia Memorial Hospital	\$153,500	08/01/2017 - 03/31/2018
	\$153,500	04/01/2018 - 03/31/2019
	\$130,000	03/01/2016 - 03/31/2016
Community Managin Hamital	\$130,000	04/01/2016 - 03/31/2017
Community Memorial Hospital	\$208,000	08/01/2017 - 03/31/2018
W. W. W	\$208,000	04/01/2018 - 03/31/2019
	\$ 65,000	03/01/2016 - 03/31/2016
Couning Hospital	\$ 65,000	04/01/2016 - 03/31/2017
<u>Corning Hospital</u>	\$58,500	08/01/2017 - 03/31/2018
Section 1	\$58,500	04/01/2018 - 03/31/2019
Coutland Managint Harrital	\$255,000	03/01/2016 - 03/31/2016
Cortland Memorial Hospital	\$255,000	04/01/2016 - 03/31/2017
	\$328,500	08/01/2017 - 03/31/2018
	\$328,500	04/01/2018 - 03/31/2019
Cuba Memorial Hospital	\$245,000	03/01/2016 - 03/31/2016
	\$245,000	04/01/2016 - 03/31/2017
	\$328,500	08/01/2017 - 03/31/2018
	\$328,500	04/01/2018 - 03/31/2019

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Super	sedes TN <u>16-0022</u>	Effective Date _	08/01/2017

### New York 1(q)(viii)

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
D.J	\$ 85,000	03/01/2016 - 03/31/2016
Delaware Valley Hospital Inc.	\$ 85,000	04/01/2016 - 03/31/2017
	\$128,500	08/01/2017 - 03/31/2018
	\$128,500	04/01/2018 - 03/31/2019
Elizabethtown Community	\$ 85,000	03/01/2016 - 03/31/2016
Hospital	\$ 85,000	04/01/2016 - 03/31/2017
17	\$128,500	08/01/2017 - 03/31/2018
	\$128,500	04/01/2018 - 03/31/2019
Ell of the Desire of the Land	\$ 85,000	03/01/2016 - 03/31/2016
Ellenville Regional Hospital	\$ 85,000	04/01/2016 - 03/31/2017
	\$128,500	08/01/2017 - 03/31/2018
	\$128,500	04/01/2018 - 03/31/2019
		State State Land State of the case
Gouvernor Hospital, Inc.	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 - 03/31/2017
	\$247,500	08/01/2017 - 03/31/2018
	\$247,500	04/01/2018 - 03/31/2019
		XXX A TOWN YOU SELECTION AS A SELECTION OF THE SELECTION
Ira Davenport Memorial Hospital	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 - 03/31/2018
	\$353,500	04/01/2018 - 03/31/2019
	ALSO NORTH TO STATE OF	Carrier State of the Late of the
Jones Memorial Hospital	\$120,000	03/01/2016 - 03/31/2016
■ 100 AMP	\$120,000	04/01/2016 - 03/31/2017
	\$192,000	08/01/2017 - 03/31/2018
	\$192,000	04/01/2018 - 03/31/2019
Lewis County General Hospital	\$245,000	03/01/2016 - 03/31/2016
	\$610,000	04/01/2016 - 03/31/2017
	\$328.500	08/01/2017 - 03/31/2018
*	\$328,500	04/01/2018 - 03/31/2019

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### New York 1(q)(ix)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$ 85,000	03/01/2016 - 03/31/2016
Little Falls Hospital	\$1,185,000	04/01/2016 - 03/31/2017
	\$136,000	08/01/2017 - 03/31/2018
	\$136,000	04/01/2018 - 03/31/2019
1000	\$255,000	03/01/2016 - 03/31/2016
Manager the Manager to Manager	\$255,000	04/01/2016 - 03/31/2017
Margaretville Memorial Hospital	\$353,500	08/01/2017 - 03/31/2018
	\$353,500	04/01/2018 - 03/31/2019
	\$ 65,000	03/01/2016 - 03/31/2016
Many Imagana Property Hamital	\$ 65,000	04/01/2016 - 03/31/2017
Mary Imogene Bassett Hospital	\$104,000	08/01/2017 - 03/31/2018
	\$104,000	04/01/2018 - 03/31/2019
	\$205,000	03/01/2016 - 03/31/2016
Managemen Management Linesistat	\$205,000	04/01/2016 - 03/31/2017
Massena Memorial Hospital	\$203,500	08/01/2017 - 03/31/2018
	\$203,500	04/01/2018 - 03/31/2019
Madina Mamarial Hamital	\$ 85,000	03/01/2016 - 03/31/2016
Medina Memorial Hospital	\$ 85,000	04/01/2016 - 03/31/2017
	\$136,000	08/01/2017 - 03/31/2018
	\$136,000	04/01/2018 - 03/31/2019
Moses-Ludington Hospital	\$205,000	03/01/2016 - 03/31/2016
	\$205,000	04/01/2016 - 03/31/2017
	\$253,500	08/01/2017 - 03/31/2018
	\$253,500	04/01/2018 - 03/31/2019
Nathan Littauar Hasmital	\$ 75,000	03/01/2016 - 03/31/2016
Nathan Littauer Hospital	\$ 75,000	04/01/2016 - 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/0018 - 03/31/2019

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### New York 1(q)(x)

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
Nicholas H Noves Memorial	\$ 85,000	03/01/2016 - 03/31/2016
Hospital	\$ 85,000	04/01/2016 -03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/2018 - 03/31/2019
		复数牙袋 医血管 医原生性
North or District or Heavited	\$65,000	03/01/2016 - 03/31/2016
Northern Dutchess Hospital	\$65,000	04/01/2016 - 03/31/2017
	\$58,500	08/01/2017 - 03/31/2018
	\$58,500	04/01/2018 - 03/31/2019
O'Connor Hospital	\$105,000	03/01/2016 - 03/31/2016
	\$105,000	04/01/2016 - 03/31/2017
	\$128,500	08/01/2017 - 03/31/2018
	\$128,500	04/01/2018 - 03/31/2019
		THE DAMESTON OF THE PARTY.
Olean General Hospital-Main	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 - 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/2018 - 03/31/2019
Oneida Healthcare	\$120,000	03/01/2016 - 03/31/2016
	\$120,000	04/01/2016 - 03/31/2017
	\$153,500	08/01/2017 - 03/31/2018
	\$153,500	04/01/2018 - 03/31/2019
Oswego Hospital	\$85,000	03/01/2016 - 03/31/2016
CONTRACTOR STATE OF S	\$85,000	04/01/2016 - 03/31/2017
	\$136,000	08/01/2017 - 03/31/2018
	\$136,000	04/01/2018 - 03/31/2019
	的是1665年代整一年YESTY是166	
River Hospital	\$275,000	03/01/2016 - 03/31/2016
V - 2000	\$275,000	04/01/2016 - 03/31/2017
	\$328,500	08/01/2017 - 03/31/2018
	\$328,500	04/01/2018 - 03/31/2019

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### New York 1(q)(xi)

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$ 65,000	03/01/2016 - 03/31/2016
	\$ 65,000	04/01/2016 - 03/31/2017
Samaritan Medical Center	\$58,500	08/01/2017 - 03/31/2018
	\$58,500	04/01/2018 - 03/31/2019
100 - 100 -	\$150,000	03/01/2016 - 03/31/2016
Cobynday Hagnital	\$150,000	04/01/2016 - 03/31/2017
Schuyler Hospital	\$240,000	08/01/2017 - 03/31/2018
	\$240,000	04/01/2018 - 03/31/2019
		yr na ellatoly. Egyfygla e gal-
Soldiers and Sailors Memorial	<b>\$120,000</b>	03/01/2016 - 03/31/2016
Hospital	\$495,000	04/01/2016 - 03/31/2017
	\$192,000	08/01/2017 - 03/31/2018
Description of the second of t	\$192,000	04/01/2018 - 03/31/2019
St. James Mercy Hospital	\$255,000	03/01/2016 - 03/31/2016
	\$255,000	04/01/2016 - 03/31/2017
	<u>\$353,500</u>	08/01/2017 - 03/31/2018
	\$353,500	04/01/2018 - 03/31/2019
St Many's Healthcare	\$105,000	<u>03/01/2016 - 03/31/2016</u>
St. Mary's Healthcare	\$105,000	04/01/2016 - 03/31/2017
	\$153,500	08/01/2017 - 03/31/2018
	\$153,500	04/01/2018 - 03/31/2019
TLC Health Network	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 - 03/3 <u>1/</u> 2017
	\$353,500	08/01/2017 - 03/31/2018
	\$353,500	04/01/2018 - 03/31/2019
Land of Committee Control		one stocker of the
Tri Tour Dagional Hespital	\$ 65,000	<u>03/01/2016 - 03/31/2016</u>
Tri Town Regional Hospital	\$ 65,000	04/01/2016 - 03/31/2017
	\$58,500	08/01/2017 - 03/31/2018
COST CONTRACTOR CONTRA	\$58,500	04/01/2018 - 03/31/2019

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### New York 1(q)(xii)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
United Memorial Medical Center -	\$75,000	03/01/2016 - 03/31/2016
North Street Division	\$75,000	04/01/2016 - 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/2018 - 03/31/2019
Westfield Memorial Hospital	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 - 03/31/2018
*1	\$353,500	04/01/2018 - 03/31/2019
Wyoming County Community Hospital	\$130,000	03/01/2016 - 03/31/2016
	\$130,000	04/01/2016 - 03/31/2017
	\$208,000	08/01/2017 - 03/31/2018
	\$208,000	04/01/2018 - 03/31/2019
WCA Hospital	\$120,000	03/01/2016 - 03/31/2016
	\$120,000	04/01/2016 - 03/31/2017
	\$228,500	08/01/2017 - 03/31/2018
	\$228,500	04/01/2018 - 03/31/2019

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