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State/Territory Name: New York

State Plan Amendment (SPA) #: NY 17-0067

This file contains the following documents in the order listed:

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



Financial Management Group

JAN 30 2018

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) 17-0067

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 17-0067. Effective December 1, 2017 this amendment proposes to continue temporary quarterly supplemental payments for St. Joseph's Hospital Elmira through March 31, 2021.

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 17-0067 is approved effective December 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,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

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 12/01/17-09/30/18 \$ 300.00
b. FFY 10/01/18-09/30/19 \$ 300.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A: Page 136(b.2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Attachment 4.19-A: Page 136(b.2)

10. SUBJECT OF AMENDMENT:
Safety Net/VAP-SL Joseph's Hospital
(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. Holgerson

14. TITLE: Medicaid Director
Department of Health

15. DATE SUBMITTED: DEC 15 2017

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JAN 30 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL: PLAN APPROVED - ONE COPY ATTACHED
DEC 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

22. TITLE: Director, FMR

23. REMARKS:

**New York
136(b.2)**

Hospitals (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---------------------------------------|------------------------------|
| Oswego Hospital | \$250,000 | 02/01/2015-03/31/2015 |
| | \$1,000,000 | 04/01/2015-03/31/2016 |
| | \$1,000,000 | 04/01/2016-03/31/2017 |
| | \$750,000 | 04/01/2017-06/30/2017 |
| Arnot Health, Inc/ St. Joseph's Hospital Elmira [St. Joseph's Hospital] | \$1,553,578 | 09/11/2014 - 03/31/2015 |
| | \$1,773,128 | 04/01/2015 - 03/31/2016 |
| | \$1,710,279 | 04/01/2016 - 03/31/2017 |
| | \$ 300,000 | 12/01/2017 - 03/31/2018 |
| | \$ 600,000 | 04/01/2018 - 03/31/2019 |
| | \$ 600,000 | 04/01/2019 - 03/31/2020 |
| | \$ 300,000 | 04/01/2020 - 03/31/2021 |

TN #17-0067
Supersedes TN #15-0017

Approval Date JAN 30 2018
Effective Date DEC 01 2017