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State/Territory Name: New York

State Plan Amendment (SPA) #: NY 18-0038

This file contains the following documents in the order listed:

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



Financial Management Group

August 06, 2018

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

RE: State Plan Amendment (SPA) 18-0038


Dear Ms.Frescatore :

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 18-0038. Effective April 12, 2018, this amendment will provide temporary quarterly supplemental payments to Oswego 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 18-0038 is approved effective April 12, 2018. We are enclosing the CMS-179 and the approved plan page.

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

Sincerely,


Kristin Fan
Director

Enclosures

c: M. Melendez
R. Holligan
R. Weaver
T. Brady
C. Holzbaur

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0038	2. STATE: New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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: April 12, 2018	
5. TYPE OF PLAN MATERIAL (check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 04/12/18-09/30/18 \$ 96.88 b. FFY 10/01/18-09/30/19 \$ 281.29	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: Page 136(b.2)	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-Oswego Hospital (FMAP = 50%)			
11. GOVERNOR'S REVIEW (check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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 1460 Albany, NY 12210	
13. TYPED NAME: Donna Frescatore			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: AUG 25 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUG 6 - 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 12 2018		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

New York
136(b.2)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Bassett Medical Center	\$861,356	04/01/2018 - 03/31/2019
	\$861,356	04/01/2019 - 03/31/2020
	\$861,360	04/01/2020 - 03/31/2021
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
	\$387,520	04/12/2018 - 03/31/2019
	\$737,626	04/01/2019 - 03/31/2020
	\$374,854	04/01/2020 - 03/31/2021
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
	\$ 301,744	12/01/2017 - 03/31/2018
	\$ 618,290	04/01/2018 - 03/31/2019
	\$ 590,069	04/01/2019 - 03/31/2020
	\$ 289,897	04/01/2020 - 03/31/2021

AUG 06 2018

TN #18-0038

Approval Date

Supersedes TN #18-0003

Effective Date

APR 12 2018