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State/Territory Name: New York

State Plan Amendment (SPA) #: NY 18-0054

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

Financial Management Group

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

RE: State Plan Amendment (SPA) 18-0054

October 23, 2018

Dear Ms.Frescatore :

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 18-0054. Effective July 1, 2018, this amendment will provide temporary quarterly supplemental payments to 4 existing and 3 additional hospitals.

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 18-0054 is approved effective July 1, 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

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

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: **18-0054**

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
July 1, 2018

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 07/01/18-09/30/18 $ 8,111.09
b. FFY 10/01/18-09/30/19 $ 23,634.49

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A: Page 136(b), 136(c), 136(c.1)
Attachment A Replacement Pages

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 4.19-A: Page 136(b), 136(c)
Attachment A Replacement Pages

10. SUBJECT OF AMENDMENT:
Safety Net/VAP-Multiple Hospital Inpatient
(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: **Donna Frescatore**

14. TITLE: **Medicaid Director**
Department of Health

15. DATE SUBMITTED: SEP 2 7 2018

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: OCT 23 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

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
Eastern Niagara Hospital	$1,425,000	07/01/2018 – 03/31/2019
	$1,575,000	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
	$11,110,190	07/01/2018 – 03/31/2019
	$13,505,285	04/01/2019 – 03/31/2020
	$13,384,525	04/01/2020 – 03/31/2021
Jamaica Hospital Medical Center	$8,365,000	07/01/2018 – 03/31/2019
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

*Denotes this provider is a Critical Access Hospital (CAH).

New York
136(c)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
Maimonides Medical Center	$2,500,000	11/01/2014 – 03/31/2015
Montefiore Medical Center	$6,000,000	11/01/2013 – 03/31/2014
	$ 750,000	10/01/2016 – 03/31/2017
	$ 454,545	04/01/2017 – 03/31/2018
	$ 454,546	04/01/2018 – 03/31/2019
	$ 340,909	04/01/2019 – 09/30/2019
New York Methodist Hospital	$3,005,000	01/01/2014 – 03/31/2014
	$3,201,500	04/01/2014 – 03/31/2015
	$3,118,500	04/01/2015 – 03/31/2016
Niagara Falls Memorial Medical Center	$228,318	04/01/2012 – 03/31/2013
	$171,238	04/01/2013 – 12/31/2013
	$318,755	01/01/2014 – 03/31/2014
	$501,862	04/01/2014 – 03/31/2015
	$260,345	04/01/2015 – 03/31/2016
Nassau University Medical Center	$4,000,000	04/01/2012 – 03/31/2013
	$6,500,000	04/01/2013 – 03/31/2014
	$7,000,000	04/01/2014 – 03/31/2015
Richmond University Medical Center	$8,897,955	01/01/2013 – 03/31/2013
	$2,355,167	04/01/2013 – 03/31/2014
	$1,634,311	04/01/2014 – 03/31/2015
	$9,966,329	07/01/2018 – 03/31/2019
	$9,869,000	04/01/2019 – 03/31/2020
	$9,711,500	04/01/2020 – 03/31/2021

*Denotes this provider is a Critical Access Hospital (CAH)

New York
136(c.1)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St. Barnabas Hospital	$ 2,588,278	01/01/2013 – 03/31/2013
	$ 1,876,759	04/01/2013 – 03/31/2014
	$ 1,322,597	04/01/2014 – 03/31/2015
	$ 2,500,000	01/01/2012 – 03/31/2017
	$10,000,000	04/01/2017 – 03/31/2018
	$10,000,000	04/01/2018 – 03/31/2019
	$ 7,500,000	04/01/2019 – 12/31/2019
	$12,000,000	07/01/2018 – 03/31/2019
St. John's Riverside-St. John's Division	$1,800,000	07/01/2018 – 03/31/2019
	$ 700,000	04/01/2019 – 03/31/2020
	$ 500,000	04/01/2020 – 03/31/2021
Soldiers & Sailors Memorial Hospital	$ 19,625	02/01/2014 – 03/31/2014
	$ 117,252	04/01/2014 – 03/31/2015
	$ 134,923	04/01/2015 – 03/31/2016
South Nassau Communities Hospital	$3,000,000	11/01/2014 – 03/31/2015
	$1,000,000	04/01/2015 – 03/31/2016
	$4,000,000	07/01/2018 – 03/31/2019
	$4,000,000	04/01/2019 – 03/31/2020
	$4,000,000	04/01/2020 – 03/31/2021
Strong Memorial Hospital	$4,163,227	04/01/2018 – 03/31/2019
	$4,594,780	04/01/2019 – 03/31/2020
	$4,370,030	04/01/2020 – 03/31/2021
Wyckoff Heights Medical Center	$1,321,800	01/01/2014 – 03/31/2014
	$1,314,158	04/01/2014 – 03/31/2015
	$1,344,505	04/01/2015 – 03/31/2016