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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

April 14, 2020

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

Reference: TN 20-0004

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0004. This amendment proposes to provide quarterly supplemental payments to one hospital.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment 20-0004 is approved effective January 1, 2020. The CMS-179 and the amended plan page(s) are attached.

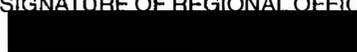
If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or Charlene.Holzbaur@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 0 — 0 0 0 4	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2020	
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 a. FFY 01/01/20-09/30/20 \$ 375.00 b. FFY 10/01/20-09/30/21 \$ 500.00	
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 - Claxton Hepburn Medical Center (OMH-IP) (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 		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 Donna Frescatore			
14. TITLE Medicaid Director, Department of Health			
15. DATE SUBMITTED March 24, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED March 24, 2020		18. DATE APPROVED 04/14/20	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Kristin Fan		22. TITLE Director, FMG	
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
Claxton Hepburn Medical Center	\$ 250,000	01/01/2020 – 03/31/2020
	\$1,000,000	04/01/2020 – 03/31/2021
	\$1,000,000	04/01/2021 – 03/31/2022
	\$ 750,000	04/01/2022 – 12/31/2022
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	\$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

TN #20-0004 Approval Date April 14, 2020 Supersedes TN #18-0038 Effective Date January 1, 2020