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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0031

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

August 10, 2020

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

Reference: TN 20-0031

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0031. 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 20-0031 is approved effective April 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,

[Redacted Signature]

for
Karen Shields
Acting Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 3 1

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

April 1, 2020

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

a. FFY 04/01/20-09/30/20 \$ 250,000.00

b. FFY 10/01/20-09/30/21 \$ 250,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Part I: Page 136(c)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-A Part I: Page 136(c)

10. SUBJECT OF AMENDMENT

Safety Net/VAP - Long Island Jewish Medical Center (IP)
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

June 30, 2020

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 30, 2020

18. DATE APPROVED

August 10, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Karen Shields

22. TITLE

Acting Director, FMG

23. REMARKS

Clarification to Block #7a and 7b - State used actual dollar amount instead of listing in thousands as described in the instructions.

**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
<u>Long Island Jewish Medical Center</u>	<u>\$1,000,000</u>	<u>04/01/2020 - 03/31/2021</u>
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)