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State/Territory Name: NewYork

State Plan Amendment (SPA) #: 21-0025

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

September 17, 2021

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

Reference: TN 21-0025

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0025. Effective April 1, 2021 through March 30, 2022, this amendment proposes to provide supplemental payments to St. John's Riverside hospital and St. Joseph's Medical Center under the state's Vital Access Provider (VAP) program.

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.

This is to inform you that Medicaid State plan amendment 21-0025 is approved effective April 1, 2021. The CMS-179 and the amended plan pages are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the Acting Director.

Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 5

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, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE 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 04/01/21-09/30/21 \$ 750.00b. FFY 10/01/21-09/30/22 \$ 750.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Part I: Page 136(c.1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-A Part I: Page 136(c.1)

10. SUBJECT OF AMENDMENT

Safety Net/VAP-St. John's Riverside Hospital and St. Joseph's 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 29, 2021

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 29, 2021

18. DATE APPROVED

September 17, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

For

21. TYPED NAME

Rory Howe

22. TITLE

Acting Director, Financial Management Group

23. REMARKS

Block 7 is displayed in thousands.

**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 | 01/01/2017 – 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 |
| | \$12,000,000 | 10/03/2019 – 03/31/2020 |
| | \$12,000,000 | 04/01/2020 – 03/31/2021 |
| | \$12,000,000 | 04/01/2021 – 03/31/2022 |
| 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 |
| | \$1,500,000 | 04/01/2021 - 03/31/2022 |
| St. Joseph's Hospital Health Center | \$4,000,000 | 04/01/2020 – 03/31/2021 |
| St. Joseph's Medical Center | \$1,500,000 | 04/01/2021 – 03/31/2022 |
| 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 |
| | \$1,153,579 | 01/01/2020 - 03/31/2020 |
| | \$2,588,381 | 04/01/2020 - 03/31/2021 |
| | \$2,235,555 | 04/01/2021 – 03/31/2022 |
| 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 |