

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

MAY 10 2016

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP - 1211)
Albany, NY 12237

RE: State Plan Amendment (SPA) 13-0068

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-0068. Effective January 1, 2014 this amendment proposes temporary rate adjustments under the Vital Access Provider (VAP) program to specific providers for inpatient hospital services. The temporary rate adjustments are in recognition of the closure, merger, consolidation, acquisition or restructure of a health care provider.

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. We have found the temporary payments comply with applicable requirements and, therefore, have approved the payments with an effective date of January 1, 2014. We are enclosing the CMS-179 and the amended approved plan pages.

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

Sincerely,

A handwritten signature in blue ink that reads "Kristin Fan". The signature is written in a cursive, flowing style.

Kristin Fan
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
13-0068

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
January 1, 2014

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:
Section 1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 01/01/14-09/30/14 \$ 5,052.02
b. FFY 10/01/14-09/30/15 \$ 2,278.81

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Attachment 4.19-A: 136(a), 136(b)

10. SUBJECT OF AMENDMENT:
Safety Net/VAP - IP - Phase 2
(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: **Jason A. Helgeson**

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

15. DATE SUBMITTED: **FEB 11 2014**

16. RETURN TO:

New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Ave - One Commerce Plaza
Suite 1460
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

MAY 10 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 01 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Fan

22. TITLE:

Director, FMG

23. REMARKS:

New York
136(a)

2. *Temporary rate adjustment for Vital Access Provider (VAP) Programs*

- a. A temporary rate adjustment will be provided to eligible hospital providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:
- Protect or enhance access to care;
 - Protect or enhance quality of care; or
 - Improve the cost effectiveness.

Eligible hospital providers, the [annual] amount of the temporary rate adjustment, and the duration of [the] each rate adjustment period [shall] will be listed in the table which follows. The total [annual] adjustment amount for each period shown will be paid quarterly during each period in equal installments [with the amount of each quarterly payment being equal to one fourth of the total annual amount established for each provider.] The [quarterly] temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

TN #13-0068
Supersedes TN #11-0024-A

Approval Date MAY 10 2016
Effective Date JAN 01 2014

**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
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
Interfaith Medical Center	\$12,900,000	11/01/2013 – 03/31/2014
Kingsbrook Jewish Medical Center	[\$3,700,000]	11/01/2013 – [03/31/2014]
	\$1,480,000	12/31/2013
	\$2,320,000	01/01/2014 – 03/31/2014
	[\$3,700,000]	[04/01/2014 – 03/31/2015]
Kings County Hospital Center	\$1,000,000	01/01/2014 – 03/31/2014
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 [& Mental Health] 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
Montefiore Medical Center	\$6,000,000	11/01/2013 – 03/31/2014
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

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

TN #13-0068

Supersedes TN #13-0050

Approval Date MAY 10 2016

Effective Date JAN 01 2014

New York
136(c)Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Niagara Falls Memorial Medical Center	\$228,318	04/01/2012 - 03/31/2013
	[\$228,317]	04/01/2013 - [3/31/2014]
	\$171,238	12/31/2013
	\$318,755	01/01/2014-03/31/2014
	[\$228,317]	04/01/2014 - 03/31/2015
	\$501,862	
	\$260,345	04/01/2015 - 03/31/2016
[NuHealth (]Nassau [County] 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
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
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

TN #13-0068

Supersedes TN NEW

Approval Date MAY 10 2016

Effective Date JAN 01 2014