
Financial Management Group

August 9, 2016

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

RE: State Plan Amendment (SPA) 16-0005

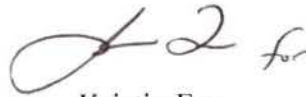
Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 16-0005. Effective June 1, 2016, this amendment proposes a temporary rate adjustment under the Vital Access Provider (VAP) program to a specific provider for inpatient hospital services. The temporary rate adjustment recognizes additional costs of providers impacted by 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 amendment with an effective date of June 1, 2016. We are enclosing the CMS-179 and the amended approved plan page.

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

Sincerely,



Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 16-0005	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 June 1, 2016	
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: (in thousands) a. FFY 06/01/16-09/30/16 \$ 436.22 b. FFY 10/01/16-09/30/17 \$1316.36	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: 136(b.1.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: 136(b.1.1)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-IP-Kaleida Health (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:	
13. TYPED NAME: Jason A. Helgeson		New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave - One Commerce Plaza Suite 1460 Albany, NY 12210	
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 27 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: JANET FROESE		22. TITLE: DEPUTY DIRECTOR / FMS	
23. REMARKS:			

**New York
136(b.1.1)**

Hospitals Continued:

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
Buffalo General Medical Center	\$2,181,085	06/01/2016 – 03/31/2017
	\$2,655,860	04/01/2017 – 03/31/2018
	\$2,709,867	04/01/2018 – 03/31/2019
	\$ 453,188	04/01/2019 - 05/31/2019
Mary Imogene Bassett Hospital	\$1,563,900	11/01/2014 – 03/31/2015
	\$2,050,438	04/01/2015 – 03/31/2016
	\$1,104,187	04/01/2016 – 03/31/2017
	\$281,250	04/01/2017 – 03/31/2018

TN #16-0005Approval Date AUG 09 2016Supersedes TN #14-0022Effective Date JUN 01 2016