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State/Territory Name:

State Plan Amendment (SPA) #: NY 16-0049

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page



Financial Management Group

MAR 16 2017

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) 16-0049

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 16-0049. Effective October 1, 2016 this amendment proposes to add Montifiore Medical Center to the list of facilities receiving a temporary rate adjustment beginning October 1, 2016- September 30, 2019.

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. This letter is to inform you SPA 16-0049 is approved effective October 1, 2016. We are enclosing the CMS-179 and the amended approved plan page.



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

Sincerely,

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

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 16-0049	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 October 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(n) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 10/01/16-09/30/17 \$488.64 b. FFY 10/01/17-09/30/18 \$227.27	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: 136(c)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: 136(c)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-IP-Montefiore Medical Center (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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicoid Director Department of Health			
15. DATE SUBMITTED: DEC 20 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MAR 10 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMCO	
23. REMARKS:			

New York
136(c)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
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
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
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 #16-0049

Approval Date MAR 16 2017

Supersedes TN #14-0024

Effective Date OCT 01 2016