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**Financial Management Group**

MAY 05 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) 17-0016

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 17-0016. Effective January 1, 2017 this amendment proposes a temporary rate adjustment for one additional hospital.

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 17-0016 is approved effective January 1, 2017. We are enclosing the CMS-179 and the amended approved plan page.

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

Sincerely,



Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 17-0016	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, 2017	
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 01/01/17-09/30/17 \$3,750.00 b. FFY 10/01/17-09/30/18 \$5,000.00	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-A: 136(c)	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-St. Barnabas Hospital (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. Helgerson		New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave - One Commerce Plaza Suite 1432 Albany, NY 12210	
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: FEB 24 2017			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 05 2017	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2017		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Kristin Fan</i>	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMC	
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
	\$ 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
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           #17-0016            
Supersedes TN           #16-0049          

Approval Date           MAY 05 2017            
Effective Date           JAN 01 2017