



Financial Management Group

APR 19 2018

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

RE: State Plan Amendment (SPA) 18-0010

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 18-0010. Effective January 1, 2018 this amendment proposes to provide temporary quarterly supplemental payments for United Health Services, Inc through December 31, 2020.

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 18-0010 is approved effective January 1, 2018. We are enclosing the CMS-179 and the approved plan page.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kristin Fan". The signature is fluid and cursive, written over the printed name.

Kristin Fan
Director

Enclosures

c: M. Melendez
R. Holligan
R. Weaver
T. Brady
C. Holzbaur

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-0010	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, 2018	
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 01/01/18-09/30/18 \$ 679.48 b. FFY 10/01/18-09/30/19 \$ 905.97	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page 136(b.3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: Page 136(b.3)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-United Health Services (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. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 09 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APR 19 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2018		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE: Director, FMCE	
23. REMARKS:			

New York
136(b.3)**Hospitals (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St. Joseph's Hospital Health Center-Syracuse	\$ 14,735	02/01/2016 - 03/31/2016
	\$1,621,031	04/01/2016 - 03/31/2017
	\$2,512,304	04/01/2017 - 03/31/2018
	\$1,287,472	04/01/2018 - 03/31/2019
	\$ 245,297	04/01/2019 - 06/30/2019
United Health Services, Inc. [Binghamton]	\$3,427,931	02/01/2016 - 03/31/2016
	\$4,247,865	04/01/2016 - 03/31/2017
	\$3,196,083	04/01/2017 - 12/31/2017
	\$ 452,987	01/01/2018 - 03/31/2018
	\$1,811,948	04/01/2018 - 03/31/2019
	\$1,811,948	04/01/2019 - 03/31/2020
	\$1,358,965	04/01/2020 - 12/31/2020

TN #18-0010

Supersedes TN #16-0012

Approval Date APR 19 2018

Effective Date

JAN 01 2018