DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

September 17, 2021

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

Reference: TN 21-0025

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0025. Effective April 1, 2021 through March 30, 2022, this amendment proposes to provide supplemental payments to St. John's Riverside hospital and St. Joseph's Medical Center under the state's Vital Access Provider (VAP) program.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447.

This is to inform you that Medicaid State plan amendment 21-0025 is approved effective April 1, 2021. The CMS-179 and the amended plan pages are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena. James Hailey@cms.hhs.gov.

Sincerely,

For Rory Howe Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDE		AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate transmittal for each am	nendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY\$ b. FFY\$		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEI OR ATTACHMENT (If Applicable)	DED PLAN SECTION	
10. SUBJECT OF AMENDMENT			
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 16.	RETURN TO		
13. TYPED NAME			
14. TITLE			
15. DATE SUBMITTED June 29, 2021			
FOR REGIONAL OFFI			
June 29, 2021	DATE APPROVED September 17, 2	021	
PLAN APPROVED - ONE			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021	SIGNATURE OF REGIONAL OFFICIAL		
21. TYPED NAME Rory Howe	TITLE Acting Director, Financial Mana	gement Group	
23. REMARKS Block 7 is displayed in thousands.			

New York 136(c.1)

Hospitals (Continued):

	Gross Medicaid Rate	
Provider Name	Adjustment	Rate Period Effective
	\$ 2,588,278	01/01/2013 - 03/31/2013
St. Barnabas Hospital	\$ 1,876,759	04/01/2013 - 03/31/2014
St. Darriabas Hospitai	\$ 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
	\$12,000,000	07/01/2018 - 03/31/2019
	\$12,000,000	10/03/2019 - 03/31/2020
	\$12,000,000	04/01/2020 - 03/31/2021
	\$12,000,000	04/01/2021 - 03/31/2022
	\$1,800,000	07/01/2018 – 03/31/2019
St. John's Riverside-St. John's	\$700,000	04/01/2019 - 03/31/2020
Division	\$500,000	04/01/2020 - 03/31/2021
514131011	\$1,500,000	04/01/2021 - 03/31/2022
	φ1,300,000	04/01/2021 05/51/2022
St. Joseph's Hospital Health Center	\$4,000,000	04/01/2020 – 03/31/2021
St. Joseph's Medical Center	\$1,500,000	04/01/2021 – 03/31/2022
Soldiers & Sailors Memorial	\$ 19,625	02/01/2014 - 03/31/2014
Hospital	\$ 117,252	04/01/2014 - 03/31/2015
Поорна	\$ 134,923	04/01/2015 - 03/31/2016
	\$3,000,000	11/01/2014 - 03/31/2015
Could No see Consum Wes	\$1,000,000	04/01/2015 - 03/31/2016
South Nassau Communities	\$4,000,000	07/01/2018 - 03/31/2019
Hospital	\$4,000,000	04/01/2019 - 03/31/2020
	\$4,000,000	04/01/2020 - 03/31/2021
	\$4,163,227	04/01/2018 - 03/31/2019
	\$4,594,780	04/01/2019 - 03/31/2020
Strong Memorial Hospital	\$4,370,030	04/01/2019 - 03/31/2020
	\$1,153,579	01/01/2020 - 03/31/2021
	\$2,588,381	04/01/2020 - 03/31/2021
	\$2,235,555	04/01/2021 – 03/31/2022
	\$1,321,800	01/01/2014 - 03/31/2014
Wyckoff Heights Medical Center	\$1,314,158	04/01/2014 - 03/31/2015
,	\$1,344,505	04/01/2015 - 03/31/2016

TN	#21-00	025	Approval Date	September 17, 2021	
Sup	ersedes TN	#20-0028-MA	Effective Date	April 1, 2021	