

**NEW YORK**  
*state department of*  
**HEALTH**

Howard A. Zucker, M.D., J.D.  
Acting Commissioner of Health

Sue Kelly  
Executive Deputy Commissioner

July 21, 2014

National Institutional Reimbursement Team  
Attention: Mark Cooley  
CMS, CMCS  
7500 Security Boulevard, M/S S3-14-28  
Baltimore, MD 21244-1850

Re: SPA #11-24-C  
Inpatient Services

Dear Mr. Cooley:

In consultation with CMS, the State split SPA 11-24 into four separate SPAs, 11-24-A; 11-24-B; 11-24-C; and 11-24-D.

The State is resubmitting and requests approval of enclosed amendment #11-24-C to the Title XIX (Medicaid) State Plan for inpatient services to be effective January 1, 2013. This SPA is being re-submitted to move Carthage Hospital from SPA 11-24-D to 11-24-C. Attached are the revised SPA page and CMS-179 form.

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Mr. John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting at (518) 474-6350.

Sincerely,



Jason A. Helgerson  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>#11-24-C</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2013</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: <b>a. FFY 01/01/13-09/30/13 \$1,464,938</b> <b>b. FFY 10/01/13-09/30/14 \$ 594,748</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-A: Page 136(b)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-A: Page 136(b)</b>	
10. SUBJECT OF AMENDMENT: <b>Assist Preservation of Essential Safety-Nets – IP (Carthage &amp; Woodhull)</b> <b>(FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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: <b>New York State Department of Health</b> <b>Bureau of Federal Relations &amp; Provider Assessments</b> <b>99 Washington Ave – One Commerce Plaza</b> <b>Suite 1430</b> <b>Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director</b> <b>Department of Health</b>			
15. DATE SUBMITTED: <b>July 21, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**New York  
136(b)**

- b. Temporary rate adjustments have been approved for the following hospital providers in the amounts and for the effective periods listed:

**Hospitals:**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Carthage Hospital</u>	<u>\$250,000</u>	<u>01/01/2013 – 03/31/2013</u>
Interfaith Medical Center	\$12,900,000	11/01/2013 – 03/31/2014
Kingsbrook Jewish Medical Center	\$3,700,000	11/01/2013 – 03/31/2014
	\$3,700,000	04/01/2014 – 03/31/2015
Lincoln Medical & Mental Health Center	\$963,687	04/01/2012 – 03/31/2013
	\$963,687	04/01/2013 – 03/31/2014
Montefiore Medical Center	\$6,000,000	11/01/2013 – 03/31/2014
Niagara Falls Memorial Medical Center	\$228,318	04/01/2012 – 03/31/2013
	\$228,317	04/01/2013 – 03/31/2014
	\$228,317	04/01/2014 – 03/31/2015
NuHealth (Nassau County 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	\$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
Samaritan Medical Center	\$745,012	01/01/2013 – 03/31/2013
	\$725,008	04/01/2013 – 03/31/2014
	\$741,602	04/01/2014 – 03/31/2015
<u>Woodhull Medical Center</u>	<u>\$1,929,877</u>	<u>01/01/2013 – 03/31/2013</u>
	<u>\$1,499,996</u>	<u>04/01/2013 – 03/31/2014</u>
	<u>\$878,996</u>	<u>04/01/2014 – 03/31/2015</u>

TN #11-24-C

Approval Date \_\_\_\_\_

Supersedes TN #11-24-B

Effective Date \_\_\_\_\_