# **Table of Contents**

## State/Territory Name: New York

### State Plan Amendment (SPA)# 17-0069

The file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages



### NEW YORK REGIONAL OPERATIONS GROUP

ROG: SA: SPA NY 17-0069

November 21, 2019

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

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #17-0069 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2017. This SPA authorizes supplemental payments for the outpatient services furnished by critical access hospitals during the period October 1, 2017 through March 31, 2018.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2429, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,

Acting Deputy Director Regional Operations Group

cc: R. Weaver S. Abbott M. Tabakov M. Lopez R. Dayette

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVI OMB NO: 0938-0
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	I. TRANSMITTAL NUMBER: 17-0069	2. STATE
FOR: HEALTH CARE FINANCING ADMINISTRATION	New York 3. PROGRAM IDENTIFICATION: TITLE XIX OF T SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2017	·
. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSI		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND 5. FEDERAL STATUTE/REGULATION CITATION: § 1902(a) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT: (i a. FFY 10/01/17-09/30/1%8 10,0 b. FFY 10/01/17/09/30/1%8 5 0.00	n thousands) 00.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 1(r)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
	Attachment 4.19-B: 1(r)	
10. SUBJECT OF AMENDMENT: Critical Access Hospitals – Outpatient (FMAP = 50%)	I	
<ul> <li>I. GOVERNOR'S REVIEW (Check One):</li> <li></li></ul>	] OTHER, AS SPE	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	•.•
13. TYPED, NAME: Jasonva, Heigerson	New York State Department of Health Division of Finance & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
14. TITLE: Medicaid Director		
Department of Health 15. DATE SUBMITTED: DEC 1 8 2017		
FOR REGIONAL OFFIC	CE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: NOVEMBER 21, 2019	
PLAN APPROVED – ONE C	OPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 01, 2017	20. SIGNATURE OF REGIONAL O	· · · · · · · · · · · · · · · · · · ·
21. TYPED NAME: NICOLE MCKNIGHT	22. TITLE: ACTING DEPUT REGIONAL OPERATIO	
23. REMARKS:		
	***	

-

#### New York 1(r) [RESERVED] Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

Rural hospitals will qualify for additional outpatient reimbursement as critical access hospitals for the period October 1, 2017 through March 31, 2018, only if such hospitals are designated as critical access hospitals in accordance with the provisions of Title XVIII (Medicare) of the federal Social Security Act. The gross Medicaid expenditure amount for the period October 1, 2017 through March 31, 2018 is \$20,000,000.

The distribution method for the period October 1, 2017 through March 31, 2018 is based upon a minimum rate adjustment of \$400,000 per hospital, with the remaining funds being proportionally distributed based upon each hospital's share of the total Medicaid Outpatient visits, as reported in their 2015 Institutional Cost Report.

Eligible providers, the amount of the rate adjustment, and the duration of the adjustment will be listed in the table which follows. The adjustment for the effective period will be paid quarterly with the amount of each quarterly payment being made in equal installments. The quarterly payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

The following rate adjustments have been approved for the following providers in the amounts and for the effective periods listed:

Provider Name	<u>Gross Medicaid</u> <u>Rate Adjustment</u>	Rate Period Effective
Carthage Area Hospital	<u>\$2,574,839</u>	<u> 10/01/2017 - 03/31/2018</u>
<u>Catskill Regional Medical Center –</u> Hermann Division	<u>\$524,464</u>	<u> 10/01/2017 – 03/31/2018</u>
Clifton-Fine Hospital	<u>\$597,381</u>	<u>10/01/2017 – 03/31/2018</u>
Community Memorial Hospital	<u>\$1,634,972</u>	<u>10/01/2017 - 03/31/2018</u>
Cuba Memorial Hospital	<u>\$680,929</u>	<u>10/01/2017 - 03/31/2018</u>
Delaware Valley Hospital	<u>\$1,036,816</u>	<u> 10/01/2017 – 03/31/2018</u>
Elizabethtown Community Hospital	<u>\$962,825</u>	<u>10/01/2017 - 03/31/2018</u>
Ellenville Regional Hospital	<u>\$1,124,553</u>	10/01/2017 - 03/31/2018
Gouverneur Hospital, Inc.	<u>\$1,171,589</u>	<u>10/01/2017 - 03/31/2018</u>
Lewis County General Hospital	<u>\$2,239,786</u>	<u>10/01/2017 - 03/31/2018</u>
Little Falls Hospital	<u>\$1,305,718</u>	<u> 10/01/2017 - 03/31/2018</u>
Margaretville Memorial Hospital	<u>\$525,323</u>	<u>10/01/2017 – 03/31/2018</u>
Moses-Ludington Hospital	<u>\$622,295</u>	<u>10/01/2017 - 03/31/2018</u>
O'Connor Hospital	<u>\$682,218</u>	<u>10/01/2017 - 03/31/2018</u>
Orleans Community Health	<u>\$708,099</u>	<u>10/01/2017 - 03/31/2018</u>
River Hospital	<u>\$1,178,462</u>	<u>10/01/2017 - 03/31/2018</u>
Schuyler Hospital	<u>\$1,436,517</u>	<u>10/01/2017 - 03/31/2018</u>
Soldiers & Sailors Memorial Hospital	<u>\$993,216</u>	<u> 10/01/2017 - 03/31/2018</u>
enne enter d'a d'Activitie et des la présidence d'Activité de la constante		

#### Hospital-Based Outpatient Services:

TN #17-0069	Approval Date	11/21/2019
Supersedes TN #13-0002	Effective Date	10/01/2017