

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 10, 2021

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

RE: TN 21-0022

Dear Ms. Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2021. This SPA authorizes temporary rate adjustments for the outpatient services for specific critical access hospitals.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 2 2</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2021	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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 a. FFY <u>04/01/21-09/30/21</u> \$ <u>1,875.50</u> b. FFY <u>10/01/21-09/30/22</u> \$ <u>3,751.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Pages 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 1(q)(iv)(2), 1(q)(iv)(3)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B: Pages 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 1(q)(iv)(2)

10. SUBJECT OF AMENDMENT
Critical Access Hospital (CAH)-OP
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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 1432 Albany, NY 12210
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED June 29, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 29, 2021	18. DATE APPROVED August 10, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

**New York
1(q)(ii)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Bassett Hospital of Schoharie County-Cobleskill Regional Hospital	\$372,500	07/01/2019 – 3/31/2020
	\$372,500	04/01/2020 – 03/31/2021
	\$372,500	04/01/2021 – 03/31/2022
	\$372,500	04/01/2022 – 03/31/2023
Carthage Area Hospital	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 - 03/31/2016
	\$520,000	04/01/2016 - 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
	\$532,500	04/01/2021 – 03/31/2022
\$532,500	04/01/2022 – 03/31/2023	
Catskill Regional Medical Center – Hermann Division	\$275,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 - 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
	\$310,000	04/01/2021 – 03/31/2022
\$310,000	04/01/2022 – 03/31/2023	
Clifton-Fine Hospital	\$350,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
	\$532,500	04/01/2021 – 03/31/2022
\$532,500	04/01/2022 – 03/31/2023	

TN #21-0022

Supersedes TN #19-0050

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**New York
1(q)(iii)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Community Memorial Hospital	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021
	\$372,500	04/01/2021 – 03/31/2022
	\$372,500	04/01/2022 – 03/31/2023
Cuba Memorial Hospital	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
	\$532,500	04/01/2021 – 03/31/2022
\$532,500	04/01/2022 – 03/31/2023	
Delaware Valley Hospital	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
	\$310,000	04/01/2021 – 03/31/2022
\$310,000	04/01/2022 – 03/31/2023	

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**New York
1(q)(iv)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Elizabethtown Community Hospital	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
	\$310,000	04/01/2021 - 03/31/2022
	\$310,000	04/01/2022 – 03/31/2023
Ellenville Regional Hospital	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
	\$310,000	04/01/2021 - 03/31/2022
	\$310,000	04/01/2022 – 03/31/2023
Gouverneur Hospital, Inc.	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021
	\$372,500	04/01/2021 - 03/31/2022
	\$372,500	04/01/2022 – 03/31/2023

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**New York
1(q)(iv)(1)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Lewis County General Hospital	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
	\$532,500	04/01/2021 – 03/31/2022
	\$532,500	04/01/2022 – 03/31/2023
Little Falls Hospital	\$342,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021
	\$372,500	04/01/2021 – 03/31/2022
	\$372,500	04/01/2022 – 03/31/2023
Margaretville Memorial Hospital	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
	\$532,500	04/01/2021 – 03/31/2022
	\$532,500	04/01/2022 – 03/31/2023

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**New York
1(q)(iv)(2)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Medina Memorial Hospital	\$480,000	10/01/2015 – 03/31/2016
	\$480,000	04/01/2016 – 03/31/2017
	\$432,000	08/01/2017 – 03/31/2018
	\$432,000	04/01/2018 – 03/31/2019
	\$432,000	07/01/2019 – 03/31/2020
	\$432,000	04/01/2020 – 03/31/2021
	\$432,000	04/01/2021 – 03/31/2022
	\$432,000	04/01/2022 – 03/31/2023
Moses Ludington Hospital	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
O'Connor Hospital	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
	\$310,000	04/01/2021 – 03/31/2022
	\$310,000	04/01/2022 – 03/31/2023
River Hospital	\$482,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
	\$532,500	04/01/2021 – 03/31/2022
	\$532,500	04/01/2022 – 03/31/2023

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**New York
1(q)(iv)(3)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Schuyler Hospital	\$453,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
	\$462,500	08/01/2017 – 03/31/2018
	\$462,500	04/01/2018 – 03/31/2019
	\$462,500	07/01/2019 – 03/31/2020
	\$462,500	04/01/2020 – 03/31/2021
	\$462,500	04/01/2021 – 03/31/2022
	\$462,500	04/01/2022 – 03/31/2023
Soldiers & Sailors Memorial Hospital	\$220,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021
	\$372,500	04/01/2021 – 03/31/2022
	\$372,500	04/01/2022 – 03/31/2023

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