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State/Territory Name: NY

State Plan Amendment (SPA) #: 21-0023

This file contains the following documents in the order listed:

- 1) Technical Correction Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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 20, 2021

Brett R. Friedman
Acting State Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1432
Albany, NY 12210

RE: TN 21-0023

Dear Mr. Friedman:

CMS is issuing this technical correction to the approval for New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2021.

The technical correction is necessary to recognize the correct plan pages in block 8. We are enclosing the revised signed CMS-179 and a copy of the approved state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or Kristina.Mack-Webb@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</u> <u>1</u> — <u>0</u> <u>0</u> <u>2</u> <u>3</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>2,500.25</u> b. FFY <u>10/01/21-09/30/22</u> \$ <u>5,000.50</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Pages 1(q)(v), 1(q)(vi), 1(q)(vii), 1(q)(viii), 1(q)(ix), 1(q)(x), 1(q)(xi), 1(q)(xii), 1(q)(xiii), 1(q)(xiv), 1(q)(v), 1(q)(vi) , 1(q)(xv), 1(q)(xvi)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B: Pages 1(q)(v), 1(q)(vi), 1(q)(vii), 1(q)(viii), 1(q)(ix), 1(q)(x), 1(q)(xi), 1(q)(xii), 1(q)(xiii)


10. SUBJECT OF AMENDMENT
Essential Community Provider-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 20, 2021
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

Pen and ink change authorized by the state to box 8.

**New York
1(q)(v)**

- c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

Essential Community Providers:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
A.O. Fox Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
Adirondack Medical Center	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 - 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
	\$ 78,500	04/01/2021 – 03/31/2022
	\$ 78,500	04/01/2022 – 03/31/2023
Alice Hyde Hospital Association	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 - 03/31/2017
	\$208,000	08/01/2017 - 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023
Auburn Community Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 – 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
	\$ 78,500	04/01/2021 – 03/31/2022
	\$ 78,500	04/01/2022 – 03/31/2023
Bassett Hospital of Schoharie County-Cobleskill Regional Hospital	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023

**New York
1(q)(vi)**

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Brooks Memorial Hospital	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$303,500	08/01/2017 – 03/31/2018
	\$303,500	04/01/2018 - 03/31/2019
	\$303,500	07/01/2019 – 03/31/2020
	\$303,500	04/01/2020 – 03/31/2021
	\$657,000	04/01/2021 – 03/31/2022
	\$657,000	04/01/2022 – 03/31/2023
Canton Potsdam Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
Carthage Area Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Catskill Regional Hospital Medical Center	\$255,000	03/01/2016 - 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023

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**New York
1(q)(vii)**

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Catskill Regional Medical Center – Hermann Division	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Cayuga Medical Center-Ithaca	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023
Champlain Valley Physicians Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Chenango Memorial Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023

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Supersedes TN #19-0051

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**New York
1(q)(viii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Claxton Hepburn Medical Center	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Clifton-Fine Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Cobleskill Regional Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
Columbia Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023
Community Memorial Hospital	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023

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**New York
1(q)(ix)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Corning Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
Cortland Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
Cuba Memorial Hospital	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
Delaware Valley Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Elizabethtown Community Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023

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**New York
1(q)(x)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Ellenville Regional Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Gouvernor Hospital, Inc.	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$247,500	08/01/2017 – 03/31/2018
	\$247,500	04/01/2018 – 03/31/2019
	\$247,500	07/01/2019 – 03/31/2020
	\$247,500	04/01/2020 – 03/31/2021
	\$247,500	04/01/2021 – 03/31/2022
	\$247,500	04/01/2022 – 03/31/2023
Ira Davenport Memorial Hospital	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Jones Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
Lewis County General Hospital	\$245,000	03/01/2016 - 03/31/2016
	\$610,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023

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**New York
1(q)(xi)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Little Falls Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$1,185,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021
	\$136,000	04/01/2021 – 03/31/2022
	\$136,000	04/01/2022 – 03/31/2023
Margaretville Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Mary Imogene Bassett Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$104,000	08/01/2017 – 03/31/2018
	\$104,000	04/01/2018 – 03/31/2019
	\$104,000	07/01/2019 – 03/31/2020
	\$104,000	04/01/2020 – 03/31/2021
	\$104,000	04/01/2021 – 03/31/2022
	\$104,000	04/01/2022 – 03/31/2023
Massena Memorial Hospital	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$203,500	08/01/2017 – 03/31/2018
	\$203,500	04/01/2018 – 03/31/2019
	\$203,500	07/01/2019 – 03/31/2020
	\$203,500	04/01/2020 – 03/31/2021
	\$203,500	04/01/2021 – 03/31/2022
	\$203,500	04/01/2022 – 03/31/2023
Medina Memorial Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021
	\$136,000	04/01/2021 – 03/31/2022
	\$136,000	04/01/2022 – 03/31/2023

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**New York
1 (q)(xii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Moses-Ludington Hospital	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$253,500	08/01/2017 – 03/31/2018
	\$253,500	04/01/2018 – 03/31/2019
	\$253,500	07/01/2019 – 03/31/2020
	\$253,500	04/01/2020 – 03/31/2021
	\$253,500	04/01/2021 – 03/31/2022
	\$253,500	04/01/2022 – 03/31/2023
Nathan Littauer Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/0018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Nicholas H Noyes Memorial Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 -03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Northern Dutchess Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 - 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
O'Connor Hospital	\$105,000	03/01/2016 - 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023

TN #21-0023 Approval Date August 20, 2021 Supersedes TN #19-0051 Effective Date April 1, 2021

**New York
1(q)(xiii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Olean General Hospital-Main	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 - 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/2018 - 03/31/2019
	\$103,500	07/01/2019 - 03/31/2020
	\$103,500	04/01/2020 - 03/31/2021
	\$103,500	04/01/2021 - 03/31/2022
	\$103,500	04/01/2022 - 03/31/2023
Oneida Healthcare	\$120,000	03/01/2016 - 03/31/2016
	\$120,000	04/01/2016 - 03/31/2017
	\$153,500	08/01/2017 - 03/31/2018
	\$153,500	04/01/2018 - 03/31/2019
	\$153,500	07/01/2019 - 03/31/2020
	\$153,500	04/01/2020 - 03/31/2021
	\$153,500	04/01/2021 - 03/31/2022
	\$153,500	04/01/2022 - 03/31/2023
Oswego Hospital	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 - 03/31/2017
	\$136,000	08/01/2017 - 03/31/2018
	\$136,000	04/01/2018 - 03/31/2019
	\$136,000	07/01/2019 - 03/31/2020
	\$136,000	04/01/2020 - 03/31/2021
	\$136,000	04/01/2021 - 03/31/2022
	\$136,000	04/01/2022 - 03/31/2023
River Hospital	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 - 03/31/2017
	\$328,500	08/01/2017 - 03/31/2018
	\$328,500	04/01/2018 - 03/31/2019
	\$328,500	07/01/2019 - 03/31/2020
	\$328,500	04/01/2020 - 03/31/2021
	\$328,500	04/01/2021 - 03/31/2022
	\$328,500	04/01/2022 - 03/31/2023

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Approval Date **August 20, 2021**

Supersedes TN #19-0051

Effective Date April 1, 2021

**New York
1(q)(xiv)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Samaritan Medical Center	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
	\$58,500	07/01/2019 – 03/31/2020
	\$58,500	04/01/2020 – 03/31/2021
	\$58,500	04/01/2021 – 03/31/2022
	\$58,500	04/01/2022 – 03/31/2023
Schuyler Hospital	\$150,000	03/01/2016 – 03/31/2016
	\$150,000	04/01/2016 – 03/31/2017
	\$240,000	08/01/2017 – 03/31/2018
	\$240,000	04/01/2018 – 03/31/2019
	\$240,000	07/01/2019 – 03/31/2020
	\$240,000	04/01/2020 – 03/31/2021
	\$240,000	04/01/2021 – 03/31/2022
	\$240,000	04/01/2022 – 03/31/2023
Soldiers and Sailors Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$495,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
St. James Mercy Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
St. Mary's Healthcare	\$105,000	03/01/2016 – 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023

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Supersedes TN #NEW

Effective Date April 1,

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1 (q) (xv)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
TLC Health Network	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
Tri Town Regional Hospital	\$65,000	03/01/2016 – 03/31/2016
	\$65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
	\$58,500	07/01/2019 – 03/31/2020
	\$58,500	04/01/2020 – 03/31/2021
	\$58,500	04/01/2021 – 03/31/2022
	\$58,500	04/01/2022 – 03/31/2023
United Memorial Medical Center – North Street Division	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Westfield Memorial Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Wyoming County Community Hospital	\$130,000	03/01/2016 - 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023

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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
WCA Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$228,500	08/01/2017 – 03/31/2018
	\$228,500	04/01/2018 – 03/31/2019
	\$228,500	07/01/2019 – 03/31/2020
	\$228,500	04/01/2020 – 03/31/2021
	\$228,500	04/01/2021 – 03/31/2022
	\$228,500	04/01/2022 – 03/31/2023

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