

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



JAN 28 2014

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP - 1211)
Albany, NY 12237

RE: TN 13-50

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-50. Effective November 1, 2013 this amendment proposes supplemental payments to certain providers for inpatient hospital services.

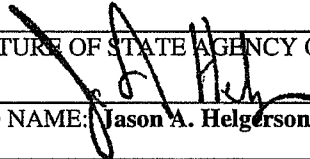

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This is to inform you that New York 13-50 is approved effective November 1, 2013 and I have enclosed the CMS-179 and the approved plan page. If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Mann", is written over the typed name.

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #13-50	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 11/01/13-09/30/14 \$12,225,000 b. FFY 10/01/14-09/30/15 \$ 925,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page 136(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: Page 136(b)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP – IP (Interfaith, Kingsbook Jewish & Montefiore) (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Room 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: November 6, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JAN 28 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: NOV 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Financial Mfg. Ops	
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:

Hospital:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Niagara Falls Memorial Medical Center	\$228,318	4/1/2012 – 3/31/2013
	\$228,317	4/1/2013 – 3/31/2014
	\$228,317	4/1/2014 – 3/31/2015
NuHealth (Nassau County Medical Center)	\$4,000,000	4/1/2012 – 3/31/2013
	\$6,500,000	4/1/2013 – 3/31/2014
	\$7,000,000	4/1/2014 – 3/31/2015
Lincoln Medical & Mental Health Center	\$963,687	4/1/2012 – 3/31/2013
	\$963,687	4/1/2013 – 3/31/2014
Richmond University	\$8,897,955	1/1/2013 – 3/31/2013
	\$2,355,167	4/1/2013 – 3/31/2014
	\$1,634,311	4/1/2014 – 3/31/2015
St. Barnabas Hospital	\$2,588,278	1/1/2013 – 3/31/2013
	\$1,876,759	4/1/2013 – 3/31/2014
	\$1,322,597	4/1/2014 – 3/31/2015
Montefiore Medical Center	\$6,000,000	11/1/2013 – 3/31/2014
Kingsbrook Jewish Medical Center	\$3,700,000	11/1/2013 – 3/31/2014
	\$3,700,000	4/1/2014 – 3/31/2015
Interfaith Medical Center	\$12,900,000	11/1/2013 – 3/31/2014

TN #13-50

Supersedes TN 11-24-A

Approval Date JAN 28 2014

Effective Date NOV 01 2013