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State/Territory Name: New York

State Plan Amendment (SPA) #19-0050

The file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



NEW YORK REGIONAL OPERATIONS GROUP

ROG: SA: SPA NY 19-0050

December 20, 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) #19-0050 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2019. This SPA authorizes temporary rate adjustments for the outpatient services of specified critical access hospitals.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2424, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,


Ricardo Holligan
Acting Deputy Director
Regional Operations Group

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

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

1. TRANSMITTAL NUMBER <u>1 9 - 0 0 5 0</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 July 1, 2019	

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 07/01/19-09/30/19 \$ 1,250.33 b. FFY 10/01/19-09/30/20 \$ 4,376.17
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)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Pages 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1)

10. SUBJECT OF AMENDMENT
Critical Access Hospitals(CAH-OP-2019-2021)
(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 September 30, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED 12/20/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME RICARDO HOLLIGAN	22. TITLE Acting Deputy Director Regional Operations Group

23. REMARKS

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

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	\$372,500	07/01/2019 – 3/31/2020
	\$372,500	04/01/2020 – 03/31/2021
<u>Carthage Area Hospital</u>	\$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
<u>Catskill Regional Medical Center – Hermann Division</u>	\$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	
<u>Clifton-Fine Hospital</u>	\$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	
<u>Community Memorial Hospital</u>	\$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	

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Approval Date 12/20/2019

Supersedes TN #17-0061

Effective Date 07/01/2019

New York
1(q)(iii)

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Cuba Memorial Hospital</u>	\$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
<u>Delaware Valley Hospital</u>	\$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
<u>Elizabethtown Community Hospital</u>	\$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
<u>Ellenville Regional Hospital</u>	\$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

TN #19-0050

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12/20/2019

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Effective Date

07/01/2019

New York
1(q)(iv)

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Gouverneur Hospital, Inc.</u>	\$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
<u>Lewis County General Hospital</u>	\$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
<u>Little Falls Hospital</u>	\$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
<u>Margaretville Memorial Hospital</u>	\$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

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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
<u>Medina Memorial Hospital</u>	\$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
<u>Moses Ludington Hospital</u>	\$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
<u>O'Connor Hospital</u>	\$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
<u>River Hospital</u>	\$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
<u>Schuyler Hospital</u>	\$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

TN #19-0050

Approval Date 12/20/2019

Supersedes TN #17-0061

Effective Date 07/01/2019

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

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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

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Approval Date 12/20/2019

Supersedes TN NEW

Effective Date 07/01/2019