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State/Territory Name: NY

State Plan Amendment (SPA) #: 13-0070

This file contains the following documents in the order listed:

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

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: GC:SPA-NY-13-0070

October 13, 2016

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

RE: TN 13-0070

Dear Deputy Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-0070 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2014. The SPA modifies the listing of hospital-based outpatient providers that the state has designated as Vital Access Provider (VAP) payments for the period 01/01/2014 – 03/31/2016.

Enclosed are copies of SPA #13-0070 and the CMS-179 form, as approved.

If you have any questions, please contact Gary Critelli at 518-396-3810.

Sincerely,

[redacted]

Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc. J. Ulberg
R. Gallagher
L. Tavener
R. Weaver
J. Guhl
R. Holligan
G. Critelli
M. Lopez

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: **13-0070**	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 **January 1, 2014**	

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: **Section 1902(a) of the Social Security Act, and 42 CFR 447**	7. FEDERAL BUDGET IMPACT: (in thousands) **a. FFY 01/01/14-09/30/14 $4,307.58** **b. FFY 10/01/14-09-30/15 $1,985.30**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 4.19-B Pages: 1(q), 1(q)(i)**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Attachment 4.19-B Page: 1(q)**

10. SUBJECT OF AMENDMENT:
Safety Net/VAP – Non-Institutional (Hospital-Based Outpatient) – Phase 2 (FMAP = 50%)

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

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: **New York State Department of Health** **Division of Finance & Rate Setting** **99 Washington Ave – One Commerce Plaza** **Suite 1460** **Albany, NY 12210**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: JAN 30 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: **OCTOBER 13, 2016**
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: **JANUARY 01, 2014**	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted] r
21. TYPED NAME: **MICHAEL MELENDEZ**	22. TITLE: **Division of Medicaid & Children's Health Operations**

23. REMARKS:

FORM HCFA-179 (07-92)

New York
1(q)

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Hospital-Based Outpatient

A temporary rate adjustment will be provided to eligible providers of outpatient services that are subject to or impacted by the closure, merger, and acquisition, consolidation, or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible providers, the annual amount of the temporary rate adjustment, and the duration of the adjustment shall be listed in the table which follows. The total annual adjustment amount will be paid quarterly with the amount of each quarterly payment being equal to one fourth of the total annual amount established for each provider. 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.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

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

Hospital-Based Outpatient Services:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
A.O. Fox Memorial Hospital	$3,031,209	01/01/2014 – 03/31/2014
	$2,529,235	04/01/2014 – 03/31/2015
	$1,705,835	04/01/2015 – 03/31/2016
Clifton-Fine Hospital	$1,225,000	01/01/2014 – 03/31/2014
Cortland Memorial Hospital	$577,633	01/01/2014 – 03/31/2014
	$1,114,173	04/01/2014 – 03/31/2015
	$496,666	04/01/2015 – 03/31/2016

New York
1(q)(i)

Hospital-Based Outpatient Services (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Delaware Valley Hospital, Inc.	$221,650	01/01/2014 – 03/31/2014
	$164,400	04/01/2014 – 03/31/2015
	$ 66,200	04/01/2015 – 03/31/2016
Ellenville Regional Hospital	$219,780	01/01/2014 – 03/31/2014
	$224,176	04/01/2014 – 03/31/2015
	$699,788	04/01/2015 – 03/31/2016
Oswego Hospital	$300,000	01/01/2013 – 03/31/2013
	$750,000	01/01/2014 – 03/31/2014
	$500,000	04/01/2014 – 03/31/2015
Schuyler Hospital	$216,113	01/01/2014 – 03/31/2014
	$215,574	04/01/2014 – 03/31/2015
	$225,143	04/01/2015 – 03/31/2016