

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



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## Financial Management Group

SEP 01 2015

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: State Plan Amendment (SPA) 14-0022

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 14-0022. Effective November 1, 2014, this amendment proposes additional temporary enhanced Vital Access Provider / Safety Net Provider (VAP/SNP) payments to a specific provider 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 regulations at 42 CFR 447 Subpart C. This letter is to inform you that New York 14-0022 is approved effective November 1, 2014. We are enclosing the CMS-179 and the approved plan page.

If you have any questions, please contact Betsy Pinho at 518-396-3810 ext 111.

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy Hill". The signature is stylized and includes a horizontal line at the end.

Timothy Hill  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 14-022	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, 2014	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

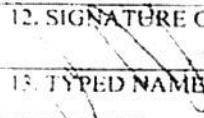
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: § 1902(a) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 11/01/14-09/30/15 \$ 1,295 b. FFY 10/01/15-09/30/16 \$ 789
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-A: Page 136(b.1.1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:  
Safety Net/VAP – Mary Imogene Bussett Hospital  
(FMAP = 50%)

11. GOVERNOR'S REVIEW (Check One):

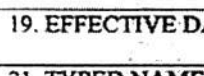
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 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: DEC 31 2014	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: SEP 01 2015
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: NOV 01 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Kristin Fan	22. TITLE: Deputy Director, FMG

23. REMARKS:

New York  
136(b.1.1)**Hospitals Continued:**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
Mary Imogene Bassett Hospital	\$1,563,900	11/01/2014 – 03/31/2015
	\$2,050,438	04/01/2015 – 03/31/2016
	\$1,104,187	04/01/2016 – 03/31/2017
	\$281,250	04/01/2017 – 03/31/2018

TN #14-0022

Approval Date

SEP 01 2015

Supersedes TN NEW

Effective Date

NOV 01 2014