

DEPARTMENT OF HEALTH AND 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**

**MAY 05 2016**

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) 16-0012

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 16-0012. Effective February 1, 2016 this amendment proposes temporary rate adjustments under the Vital Access Provider (VAP) program to specific providers for inpatient hospital services. The temporary rate adjustments are in recognition of providers who are impacted by a closure, merger, consolidation, acquisition or restructure of a health care provider.

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 TN 16-0012 is approved with an effective date of February 1, 2016. We are enclosing the CMS-179 and the amended approved plan pages.

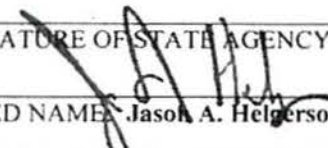

If you have any questions, please contact Charlene Holzbaaur at (609) 882-4103 Ext. 104.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Fan".

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>16-0012</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>February 1, 2016</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: § 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 02/01/16-09/30/16 \$ 3,188.56 b. FFY 10/01/16-09/30/17 \$ 3,160.66	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-A: 136(b.3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-Article 28 IP Hospitals-Behavioral Health Unit (Safety Net-VAP) (FMAP = 50%)			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: FEB 22 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 05 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: FEB 01 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Krystin Fan		22. TITLE: Director, FMG	
23. REMARKS:			

New York  
136(b.3)**Hospitals (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
St. Joseph's Hospital Health Center-Syracuse	\$ 14,735	02/01-2016 – 03/31/2016
	\$1,621,031	04/01/2016 – 03/31/2017
	\$2,512,304	04/01/2017 – 03/31/2018
	\$1,287,472	04/01/2018 – 03/31/2019
	\$ 245,297	04/01/2019 – 06/30/2019
United Health Services Binghamton	\$3,427,931	02/01/2016 – 03/31/2016
	\$4,247,865	04/01/2016 – 03/31/2017
	\$3,196,083	04/01/2017 – 12/31/2017

TN #16-0012

Approval Date MAY 05 2016

Supersedes TN NEW

Effective Date FEB 01 2016