

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

August 10, 2020

Donna Frescatore
Medicaid Director
NYS Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

Reference: TN 20-0028 MA

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0028 MA. This amendment proposes to provide quarterly supplemental payments to one hospital.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment 20-0028 MA is approved effective April 1, 2020. The CMS-179 and the amended plan page is attached.

If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or Charlene.Holzbaur@cms.hhs.gov.

Sincerely,

[Redacted Signature]

for

Karen Shields
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER _____	2. STATE
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE	

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	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)

10. SUBJECT OF AMENDMENT

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
13. TYPED NAME	
14. TITLE	
15. DATE SUBMITTED June 30, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 30, 2020	18. DATE APPROVED August 10, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Karen Shields	22. TITLE Acting Director, FMG

23. REMARKS

PEN & INK AUTHORIZATION:

State requested pen and ink change Box 1 to 20-0028MA

Clarification to Block #7a and 7b - State used actual dollar amount instead of listing in thousands as described in the instructions.

**New York
136(c.1)**

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St. Barnabas Hospital	\$ 2,588,278	01/01/2013 – 03/31/2013
	\$ 1,876,759	04/01/2013 – 03/31/2014
	\$ 1,322,597	04/01/2014 – 03/31/2015
	\$ 2,500,000	01/01/2017 – 03/31/2017
	\$10,000,000	04/01/2017 – 03/31/2018
	\$10,000,000	04/01/2018 – 03/31/2019
	\$ 7,500,000	04/01/2019 – 12/31/2019
	\$12,000,000	07/01/2018 – 03/31/2019
	\$12,000,000	10/03/2019 – 03/31/2020
	\$12,000,000	04/01/2020 – 03/31/2021
	\$12,000,000	04/01/2021 – 03/31/2022
St. John's Riverside-St. John's Division	\$1,800,000	07/01/2018 – 03/31/2019
	\$ 700,000	04/01/2019 – 03/31/2020
	\$ 500,000	04/01/2020 – 03/31/2021
<u>St. Joseph's Hospital Health Center</u>	<u>\$4,000,000</u>	<u>04/01/2020 – 03/31/2021</u>
Soldiers & Sailors Memorial Hospital	\$ 19,625	02/01/2014 – 03/31/2014
	\$ 117,252	04/01/2014 – 03/31/2015
	\$ 134,923	04/01/2015 – 03/31/2016
South Nassau Communities Hospital	\$3,000,000	11/01/2014 – 03/31/2015
	\$1,000,000	04/01/2015 – 03/31/2016
	\$4,000,000	07/01/2018 – 03/31/2019
	\$4,000,000	04/01/2019 – 03/31/2020
	\$4,000,000	04/01/2020 – 03/31/2021
Strong Memorial Hospital	\$4,163,227	04/01/2018 – 03/31/2019
	\$4,594,780	04/01/2019 – 03/31/2020
	\$4,370,030	04/01/2020 – 03/31/2021
	\$1,153,579	01/01/2020 - 03/31/2020
	\$2,588,381	04/01/2020 - 03/31/2021
	\$2,235,555	04/01/2021 – 03/31/2022
Wyckoff Heights Medical Center	\$1,321,800	01/01/2014 – 03/31/2014
	\$1,314,158	04/01/2014 – 03/31/2015
	\$1,344,505	04/01/2015 – 03/31/2016