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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-21-0056

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

October 24, 2023

Amir Bassiri
State Medicaid Director
New York State Department of Health
99 Washington Ave
One Commerce Plaza, Suite 1432
Albany, NY 12210

RE: State Plan Amendment (SPA) NY-21-0056

Dear Director Bassiri:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 21-0056. This State Plan Amendment provides supplemental payments to the following three privately owned and operated inpatient hospitals that are undergoing closure, merger, consolidation, acquisition or restructuring: Eastern Niagara Hospital, Mercy Hospital of Buffalo, and Mount St. Mary's Hospital and Health Center.

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 447 Subpart C.

This is to inform you that Medicaid State Plan Amendment NY-21-0056 is approved effective August 19, 2021. The CMS-179 and the amended plan pages are attached.

If you have any questions or need further assistance, please contact James Francis at 857-357-6378 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 5 6

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 19, 2021

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 447-1905(a)(1) Inpatient Hospital Services~~

7. FEDERAL BUDGET IMPACT (*whole dollars*)

a. FFY 08/19/21-09/30/21 \$ ~~1,500,000~~ 1,500,000

b. FFY 10/01/21-09/30/22 \$ ~~5,750,000~~ 5,750,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Part I: Pages 136(b), 136(c), 136(c.1) , 136(c.2)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-A Part I: Pages 136(b), 136(c), 136(c.1)

10. SUBJECT OF AMENDMENT

Safety Net/VAP- Eastern Niagara Hospital, Mercy Hospital of Buffalo, Mount Saint Mary's Hospital(IP) (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

13. TYPED NAME

Brett Friedman

14. TITLE

Acting Medicaid Director, Department of Health

15. DATE SUBMITTED

September 30, 2021

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 30, 2021

18. DATE APPROVED

October 24, 2023

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

August 19, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Rory Howe

22. TITLE

Director, Financial Management Group

23. REMARKS

Pen and Ink Changes

Box 6: Federal Statute/Regulation Citation: 1905(a)(1) Inpatient Hospital Services

Box 7: Federal Budget Impact (whole dollars)

a. FFY 08/19/21-09/30/21 \$1,500,000

b. FFY 10/01/21-09/30/22 \$5,750,000

Box 8: Page Number of the Plan Section or Attachment: Attachment 4.19-A Part I: Pages 136(b), 136(c), 136(c.1), 136(c.2)

Pen and Ink changes to 21-0056

Box 6: Federal Statute/Regulation Citation

1905(a)(1) Inpatient Hospital Services

Box 7: Federal Budget Impact (whole dollars)

- | | |
|--------------------------|-------------|
| a. FFY 08/19/21-09/30/21 | \$1,500,000 |
| b. FFY 10/01/21-09/30/22 | \$5,750,000 |

Box 8: Page Number of the Plan Section or Attachment:

Attachment 4.19-A Part I: Pages 136(b), 136(c), 136(c.1), 136(c.2)

**New York
136(b)**

1905(a)(1) Inpatient Hospital Services

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

Hospitals:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Eastern Niagara Hospital	\$666,667	08/19/2021 – 09/30/2021
	\$666,667	10/01/2021 – 12/31/2021
	\$666,667	01/01/2022 – 03/31/2022
	\$1,000,000	04/01/2022 – 06/30/2022
	\$1,000,000	07/01/2022 – 09/30/2022

*Denotes this provider is a Critical Access Hospital (CAH).

TN #21-0056

Approval Date October 24, 2023

Supersedes TN #18-0054

Effective Date August 19, 2021

**New York
136(c)**

1905(a)(1) Inpatient Hospital Services**Hospitals (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Interfaith Medical Center	\$13,384,525	04/01/2020 – 03/31/2021
Long Island Jewish Medical Center	\$1,000,000	04/01/2020 – 03/31/2021
Mercy Hospital of Buffalo	\$1,800,000	08/19/2021 – 09/30/2021
	\$1,800,000	10/01/2021 – 12/31/2021
	\$1,800,000	01/01/2022 – 03/31/2022
	\$1,350,000	04/01/2022 – 06/30/2022
	\$1,350,000	07/01/2022 – 09/30/2022
	\$1,350,000	10/01/2022 – 12/31/2022
	\$1,350,000	01/01/2023 – 03/31/2023

*Denotes this provider is a Critical Access Hospital (CAH)

TN #21-0056

Approval Date October 24, 2023

Supersedes TN #20-0031

Effective Date August 19, 2021

New York
136(c.1)

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Mount St. Mary's Hospital and Health Center	\$533,333	08/19/2021 – 09/30/2021
	\$533,333	10/01/2021 – 12/31/2021
	\$533,334	01/01/2022 – 03/31/2022
	\$400,000	04/01/2022 – 06/30/2022
	\$400,000	07/01/2022 – 09/30/2022
	\$400,000	10/01/2022 – 12/31/2022
	\$400,000	01/01/2023 – 03/31/2023

*Denotes this provider is a Critical Access Hospital (CAH)

TN #21-0056

Approval Date October 24, 2023

Supersedes TN #21-0025

Effective Date August 19, 2021

**New York
136(c.2)**

1905(a)(1) Inpatient Hospital Services**Hospitals (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Richmond University Medical Center	\$9,711,500	04/01/2020 – 03/31/2021
St. Barnabas Hospital	\$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	\$ 500,000	04/01/2020 – 03/31/2021
	\$1,500,000	04/01/2021 – 03/31/2022
St. Joseph's Hospital Health Center	\$4,000,000	04/01/2020 – 03/31/2021
St. Joseph's Medical Center	\$1,500,000	04/01/2021 – 03/31/2022
South Nassau Communities Hospital	\$4,000,000	04/01/2020 – 03/31/2021
Strong Memorial Hospital	\$2,588,381	04/01/2020 – 03/31/2021
	\$2,235,555	04/01/2021 – 03/31/2022

*Denotes this provider is a Critical Access Hospital (CAH).

TN #21-0056

Approval Date October 24, 2023

Supersedes TN #NEW

Effective Date August 19, 2021