

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 13-0074-A**

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 Page

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

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DMCHO: GC-SPA-NY-13-0074-A

March 30, 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 13-0074

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-0074-A has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2014. This amendment allows a temporary adjustment to the Medicaid rate for certain Federally Qualified Health Centers (FQHCs) for the period January 1, 2014 through March 31, 2016. These FQHCs will receive the temporary rate adjustment because they are subject to or impacted by the closure, merger and acquisition, consolidation or restructuring of a health care provider.

Enclosed are copies of SPA #13-0074-A and the CMS-179 form, as approved.

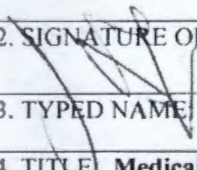

If you have any questions, please contact John Guhl at 212-616-2438 or Gary Critelli at 518-396-3810

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Melendez", written over a horizontal line.

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>13-0074-A</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>January 1, 2014</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/14-09/30/14 \$ 63.48 b. FFY 10/01/14-09-30/15 \$ 84.63	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B: Page 2(a)(3)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Safety Net/VAP – Non-Institutional (FQHCs – Finger Lakes &amp; Rochester) (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <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: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>JAN 30 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>03/30/2016</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			

New York  
2(a)(3)

## Federally Qualified Health Centers (FQHCs):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
Finger Lakes Migrant Health Care Project (d/b/a Finger Lakes Community Health)	\$18,835	01/01/2014 – 03/31/2014
	\$75,342	04/01/2014 – 03/31/2015
	\$75,342	04/01/2015 – 03/31/2016
Rochester Primary Care Network Inc./Rushville Health Center, Inc. – Finger Lake Region	\$23,482	01/01/2014 – 03/31/2014
	\$93,926	04/01/2014 – 03/31/2015
	\$93,926	04/01/2015 – 03/31/2016

TN #13-0074-ASupersedes TN NEWApproval Date MARCH 30, 2016Effective Date JANUARY 01, 2014