

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



cc: John
Ulberg/
Regina
Gallagher
FYI

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

August 12, 2016

Jason A. Helgeson
State Medicaid Director
New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Ave, One Commerce Plaza, Suite 1460
Albany, NY 12210

RECEIVED
AUG 18 2016
NYS DOH-OFFICE OF
HEALTH INSURANCE PROGRAMS
M-279

Dear Mr. Helgeson:

We have completed our review of the submission of New York State Plan Amendment (SPA) 16-0026 which was received in our office on June 30, 2016 and find it acceptable for incorporation into New York's Medicaid State Plan. This amendment proposes to limit the amount of any co-insurance or co-payment liability to eighty-five percent for Medicaid reimbursement of Medicare Part C claims based on enacted state legislation.

Please note that the approval date of this SPA is August 12, 2016 with an effective date of April 1, 2016. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions concerning this SPA, please contact Maria Varon at (212) 616-2503 or Maria.Varon@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Melendez", is written over a faint, larger signature that is partially obscured.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0026	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 April 1, 2016	
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: §1902(a)(30) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/16-09/30/16 \$ (5.725) b. FFY 10/01/16-09/30/17 \$ (11.45)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Supplement 1: Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Implement Cost Sharing Limits to Medicare Part C (FMAP = 50%)			
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:	
13. TYPED NAME: Jason A. Helgerson		New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 30 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUGUST 12, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2016		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPES OF CARE**

Explanation of Payment of Medicare Part C Coinsurance/Copayment for Medicaid Members

The Medicare Part C coinsurance/copayment policy applies to any persons who have both Medicaid and Medicare coverage (dually eligible) and are enrolled in a Medicare Part C health plan (Medicare Advantage or Medicare managed care plan).

If the service is an outpatient service provided to a dually eligible Medicaid member that is enrolled in a Medicare Part C health plan, Medicaid will reimburse eighty-five percent (85%) of the Medicare Part C coinsurance or copayment.

The only exceptions to this policy are:

- If the service is covered under a Medicare Part C health plan and is provided by an ambulance provider or a psychologist, Medicaid will reimburse one hundred percent (100%) of the Medicare Part C coinsurance and/or copayment.

TN #16-0026

Approval Date AUGUST 12, 2016

Supersedes TN NEW

Effective Date APRIL 01, 2016