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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **22-0087**

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 26, 2023

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) 22-0087

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NY-22-0087. This amendment proposes to decrease the administrative burden on enrolled fee-for-service Medicaid members and providers but will continue to meet the federal regulatory requirements at 42 CFR Part 456, Subparts A and B. This will be accomplished through continued utilization monitoring in a post-payment review process, with referral to the Office of Health Insurance Program (OHIP) pre-payment Provider on Review Program, and to the Office of the Medicaid Inspector General (OMIG) where suspected fraud, waste or abuse are identified in the unnecessary or inappropriate use of care, services or supplies by members or providers. The monitoring of service utilization will move from a prospective to a retrospective function and remove the requirement for provider-submitted increase requests, thereby eliminating the current administrative burden to members and providers of requesting increases to benefit limits. This should also remove confusion caused for members and providers which should result in fewer complaints.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 22-0087 was approved on January 26, 2023, with an effective date of October 1, 2022.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 or via email at melvina.harrison@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Regina Deyette, NYDOH

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0</u> <u>8 7</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION §1902(a)(30)(A) of the Social Security Act and 42 CFR Part 456, Sub	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>10/01/22-09/30/23</u> \$ <u>0</u> b. FFY <u>10/01/23-09/30/24</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Supplement: Pages 5, 5(a), 6 Attachment 3.1-B Supplement: Pages 5, 5(a), 6	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Supplement: Pages 5, 5(a), 6 Attachment 3.1-B Supplement: Pages 5, 5(a), 6
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9. SUBJECT OF AMENDMENT

Utilization Threshold

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. 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
12. TYPED NAME Amir Bassiri	
13. TITLE Medicaid Director	
14. DATE SUBMITTED December 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED 12/30/2022	17. DATE APPROVED 01/26/2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2022	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.01.26 14:37:00 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

New York
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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

In addition to the limitations specified on pages 1 through 4 regarding services, the following limitations also apply to the noted services:

2a.; 2b.; 2c.; 2d.; 2j.;

Services will be provided in accordance with the utilization review requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such review requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law.

Laboratory Services

Services will be provided in accordance with the utilization review requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Laboratory Provider Manual. Such review requirements are applicable to specific provider service types including laboratories.

Physician Services

Services will be provided in accordance with the utilization review requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Physician Provider Manual. Such review requirements are applicable to specific provider service types including physicians, for services furnished in the office or patient's home.

TN #22-0087

Approval Date 01/26/2023

Supersedes TN #05-26

Effective Date October 1, 2022

New York
5(a)

A utilization review service unit is decremented each time a patient is seen by a physician including those times when the patient is seen by a physician and an electronic prescription/fiscal order is transmitted for medically necessary pharmaceuticals and select over the counter medications.

TN #22-0087

Approval Date 01/26/2023

Supersedes TN #09-53

Effective Date October 1, 2022

New York
6

Clinic Services

Services will be provided in accordance with the utilization review requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such review requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law.

TN #22-0087

Supersedes TN #20-0066

Approval Date 01/26/2023

Effective Date October 1, 2022

New York
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