



CENTERS for MEDICARE & MEDICAID SERVICES

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Region II
26 Federal Plaza Rm. 37-100
New York, N.Y. 10278

June 7, 2012

Jason Helgeson, Medicaid Director
Office of the Medicaid Director and
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP - 1211)
Albany, NY 12237

Dear Mr. Helgeson:

We have completed our review of New York's State Plan Amendment (SPA) submittal 12-08, Termination of Medication Therapy Management (MTM) Services and find it acceptable for incorporation into the state plan, effective April 2, 2012. This SPA will end the MTM pilot program and the fee-for-service reimbursement.

If you have any questions, please contact Nicole McKnight at 212-616-2429.

Sincerely,

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

Enclosures: SPA # 12-08
CMS-179 Form

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
12-08

2. STATE

New York

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 2, 2012

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:
**NYS Social Svcs Law §367-a(9)(h) & §1915(b) of the Social
Security Act**

7. FEDERAL BUDGET IMPACT:
a. FFY 04/01/12-09/30/12 \$0
b. FFY 10/01/12-09/30/13 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-C: Page 11
Attachment 4.19-B: Page 4(f)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

**Attachment 3.1-C: Page 11
Attachment 4.19-B: Page 4(f)**

****SEE REMARKS BELOW**

10. SUBJECT OF AMENDMENT:

**Termination of Medication Therapy Management (MTM) Services
(FMAP = 50%)**

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director & Deputy Commissioner
Department of Health**

15. DATE SUBMITTED: **March 26, 2012**

16. RETURN TO:

**New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
June 07, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 02, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Michael Melendez

22. TITLE: **Associate Regional Administrator
Division of Medicaid and State Operations**

23. REMARKS:

**** Termination of Medication Therapy Management Pilot Program.**

OFFICIAL

Type of Service: Pharmacy Medication Therapy

Method of Reimbursement:

Fee schedule developed by the Department of Health and approved by the Division of Budget. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers of medication therapy management services. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State pharmacy provider manual available and is also available at http://nyhealth.gov/health_care/medicaid/program/mtm/index.htm. The agency's fee schedule was set as of December 29, 2008 and is effective for services provided on or after January 6, 2010.

Effective April 2, 2012 the Medicaid Medication Therapy Management (MTM) Pilot Program will cease and fee-for-service reimbursement for MTM services will end.

TN # 12-08 Approval Date JUN 07 2012
Supersedes TN # 09-08 Effective Date APR 02 2012

5. Assurances

The State assures EPSDT services will be provided to individuals under 21 years old who are covered under the State Plan under section 1902(a)(10)(A).

Through Benchmark only

As an Additional benefit under section 1937 of the Act

The State assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).

The State assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.

The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.

All modes of transportation are available to Medicaid enrollees, when necessary to access care and service covered under the Medicaid Program. Medicaid transportation is an optional item of medical assistance, per New York **Social Services Law** at § 365-a. Implementation of this law is found at **Title 18 New York Code of Rules and Regulation** at section 505.10 and is on file in New York's State Plan.

6. Economy and Efficiency of Plans

The State assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

7. Compliance with the Law

The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.

8. Implementation Date

The State will implement this State Plan amendment on | **January 6, 2010** | *(date)*.

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