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

June 18, 2013

Jason Helgerson Medicaid Director, Deputy Commissioner Office of Health Insurance Programs NYS Department of Health Corning Tower (OCP- 1211) Albany, New York 12237

Dear Mr. Helgerson:

We have completed our review of the submission New York's State Plan amendment (SPA) 13-26 which was received in office March 26, 2013 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to revise the State Plan to establish a one percentage point increase in the Federal Medical Assistance Percentage (FMAP), effective January 1, 2013, applied to expenditures for adult vaccines and clinical preventive services to cover, without cost sharing, a full list of specified preventive services and adult vaccines.

Please note the approval date of this SPA is June 18, 2013 with an effective date of January 1, 2013. Copies of the approved State Plan pages and the signed CMS – 179 are enclosed.

Should you have any questions or concerns please contact Vennetta Harrison at 212-616-2214.

Sincerely,

Michael Melendez

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

**Enclosures** 

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	13-26			
		New York		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T	TLE XIX OF THE		
	SOCIAL SECURITY ACT (MED	ICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2013			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	>			
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:	7. FEDERAL BUDGET IMPACT:			
Section 4106(b) of the Affordable Care Act	a. FFY 01/01/13 - 09/30/13 \$ 75			
Mereson and Color of the Color	b. FFY 10/01/13 - 09/30/14 \$ 10	0,000		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	SEDED PLAN		
6. FAGE NOWIDER OF THE PROPERTY OF THE PROPERT	SECTION OR ATTACHMENT (If A)			
Attachment 3.1-A Supplement: Page 2(c.1)		- " -		
Attachment 3.1-A Supplement: Page 2(c.1) Attachment 3.1-B Supplement: Page 2(c.1)	Attachment 3.1-A Supplement: Page 2(c.1)			
	Attachment 3.1-B Supplement: Pag			
**Please see remarks		` ,		
	*			
10. SUBJECT OF AMENDMENT:				
Preventive Services- NY Medicaid covers and reimburses USPSTF	Grade A and B preventive services and	approved vaccines		
recommended by ACIP, and their administration, without cost-sha	ring, when provided in a practitioner's	omce.		
11. GOVERNOR'S REVIEW (Check One):				
S GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPE	CIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	•			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	L.			
	16. RETURN TO:			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	New York State Department of Hea	lth		
k 0 1 KM	Bureau of HCRA Operations & Fin	ucu annial Analysis		
13. TYPED NAME: Jason A. Helgerson	99 Washington Ave – One Commer	na Diaza		
13.11.13		CE FIAZA		
14. TITLE: Medicaid Director	Suite 810			
Department of Health	Albany, NY 12210			
15. DATE SUBMITTED: March 26, 2013				
FOR REGIONAL OF	FICE USE ONLY			
17. DATE RECEIVED:	18 DATE APPROVED:			
17. DATE RECEIVED.	June 18, 201.	3		
PLAN APPROVED—ONE	COPY ATTACHED			
	10. SIGNATURE OF THE GIONAL C	FFICIAL		
19. EFFECTIVE DATE OF ARTHONICOPPAL:	1 0:00m / 119 X2			
	22. TITLE: Associate Regiona	Administrator		
21. TYPED NAME: Michael Melendez	Division of Medicaid and	State Operations		
23. REMARKS:				
New York State Medicaid covers and reimburses all United	States Preventive Services Task For	rce (USPSTF)		
grade A and B preventive services and approved vaccines recommended by the Advisory Committee on				
Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practioners				
office. The state will maintain documentation supporting expenditures claimed for these preventive services and				
ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.				
	with the second			

## Attachment 3.1-A Supplement



## New York 2(c.1)

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

https://www.emedny.org/info/formfile.aspx

13c. Preventive Services

New York State Medicaid covers and reimburses all United States Preventive Services
Task Force (USPSTF) grade A and B preventive services and approved vaccines
recommended by the Advisory Committee on Immunization Practices (ACIP), and their
administration, without cost-sharing, when provided in a practitioner's office.

Preventive Services specified in section 4106 of the Affordable Care Act are all available under the State Plan and are covered under the physician, other practitioner, nursemidwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B.

The State will maintain documentation supporting expenditures claimed for these Preventive Services and ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.

TN <u>#13-26</u>	Approval Date	JUN 1 8 2013
Supersedes TN 11-01	Effective Date	JAN 0 1 2013

Attachment 3.1-B Supplement



## New York 2(c.1)

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