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State/Territory Name: New York

State Plan Amendment (SPA) # 21-0013

The file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 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

June 3, 2021

Ms. Donna Frescatore, State Medicaid Director
New York State Department of Health
99 Washington Ave- One Commerce Plaza, Suite
1432 Albany, NY 12210

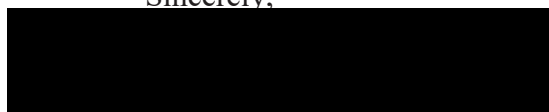
Re: NY State Plan Amendment (SPA) 21-0013

Dear Ms. Frescatore:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number NY 21-0013. This amendment proposes adoption into the State Medicaid Plan with an effective date of January 1, 2021. The amendment proposes to apply a \$2.50 copay to all brand drugs, except when the brand drug cost less than the generic equivalent. The proposed policy will result in a \$1.50 increase in copays for some brand name drugs referred to as “preferred” brand name drugs. Despite an increase in copays on certain drugs, beneficiaries should not be denied access to the drugs if they are unable to pay the higher copay. Approval of the new copay will apply consistent policy to co-pays to all brand name drugs, minimizing confusion on which copay would apply to certain brand name drugs.

This letter is to inform you that NY Medicaid SPA Transmittal Number 21-0013 was approved on May 27, 2021 with an effective date of January 1, 2021. The original approval package forwarded to NY on June 2, 2021, contained an incorrect page. Please use this package for incorporation into the NY State Plan. If you have any questions or wish to discuss this further, please contact Michael Kahnowitz at 212-616-2327.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Nicole Mcknight, CMS, DPO East Branch Manager

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

1. TRANSMITTAL NUMBER
2 1 — 0 0 1 3

2. STATE
New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2021

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
42 CFR § 447.53

7. FEDERAL BUDGET IMPACT
a. FFY 01/01/21-09/30/21 \$ 0.00
b. FFY 10/01/21-09/30/22 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Portal Page: G2A

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

Portal Page: G2A

10. SUBJECT OF AMENDMENT

Revise Co-payments for Brand Drugs
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED March 22, 2021

16. 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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
March 22, 2021

18. DATE APPROVED
May 27, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
James G. Scott

22. TITLE
12:57:48 -05'00'
Director, Division of Program Operations

23. REMARKS

State Name:

OMB Control Number: 0938-1148

Transmittal Number: TN - 21 - 0013

Cost Sharing Amounts - Categorically Needy Individuals **G2a**

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	FDA approved drugs to treat tuberculosis	0.00	\$	Prescription		Remove
Add	FDA approved psychotropic drugs	0.00	\$	Prescription		Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: <input type="text" value="Pharmacy Prescription Brand Name Drugs"/>						<input type="text" value="Remove Service or Item"/>	
Indicate the income ranges by which the cost sharing amount for this service or item varies.							
Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		2.50	\$	Prescription		Remove
Service or Item: <input type="text" value="Pharmacy Prescription Generic and Brand Less Than Generic Drugs"/>						<input type="text" value="Remove Service or Item"/>	
Indicate the income ranges by which the cost sharing amount for this service or item varies.							
Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		1.00	\$	Prescription	When brand drug cost after consideration of all rebates is less than the generic equivalent, the brand is dispensed. Cost Sharing Amount is limited to the generic Cost Sharing Amount, holding member harmless.	Remove
Service or Item: <input type="text" value="Pharmacy Non-Prescription Drugs"/>						<input type="text" value="Remove Service or Item"/>	
Indicate the income ranges by which the cost sharing amount for this service or item varies.							
Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		0.50	\$	Prescription		Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		3.00	\$	Visit		Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		0.50	\$	Procedure		Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		1.00	\$	Item		Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		25.00	\$	Entire Stay		Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		3.00	\$	Visit		Remove

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119