

## **Table of Contents**

**State/Territory Name: NEW YORK**

**State Plan Amendment (SPA) #: 15-0038**

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  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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December 9, 2015

Jason Helgeson  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP-1211)  
Albany, New York 12237  
RE: New York 15-0038

Dear Mr. Helgeson:

We have reviewed the proposed cost-sharing limits to Medicare Part B cross-over services, TN 15-0038, which was submitted to Centers for Medicare & Medicaid Services New York Regional Office on September 30, 2015. This SPA, effective July 1, 2015, aims to prevent the Medicaid program from paying any cost-sharing amount more than the maximum amount that Medicaid would pay for the same service.

Based on the information provided, the Medicaid SPA 15-0038 is approved. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.



If you have any additional questions or need further assistance, please contact Erica Kisiday at (212) 616-2483.

Sincerely,

/s/

Michael Melendez  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-0038</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2015</b>	
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: <b>§ 1902(a) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 07/01/15-09/30/15 \$ (6,210.00) b. FFY 10/01/15-09/30/16 \$ (24,850.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 1 to Attachment 4.19-B: Page 3</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement 1 to Attachment 4.19-B: Page 3</b>	
10. SUBJECT OF AMENDMENT: <b>Cost Sharing Limits for Medicare Part B Crossover (FMAP = 50%)</b>			
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: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave - One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>SEP 30 2015</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>December 09, 2015</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 01, 2015</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

[State/Territory: New York]

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

Payment of Medicare Part A and Part B Deductible/Coinsurance

**Explanation of Medicare Part B Coinsurance Payment for Medicaid Recipients**

This Medicare coinsurance policy applies to:

- Qualified Medicare Beneficiaries (QMBs)
- Qualified Medicare Beneficiaries Plus (QMBs+)
- Any other persons who have both full Medicaid and Medicare

For all recipients noted above New York State Medicaid will pay as follows:

1. If the Medicare payment amount [exceeds the regular Medicaid fee for the service, Medicaid will pay 20% of the Medicare coinsurance liability] is greater than the amount that Medicaid would have paid for that service, then Medicaid will pay \$0.
2. If the Medicare payment [amount is equal to or lower than the regular Medicaid fee for the service, Medicaid will pay the full Medicare coinsurance liability] is less than the amount that Medicaid would have paid for that service, then Medicaid will pay the lower of the difference between the Medicaid rate and the Medicare payment, or the Medicare coinsurance amount
3. If a procedure is designated "inactive" on the procedure code file, i.e., procedures that are not covered by Medicaid and have been assigned a \$0 amount, Medicaid will not reimburse any portion of the Medicare Part B coinsurance amount for these procedures.
4. If the service is an outpatient service certified under Articles 16, 31, or 32 of the Mental Hygiene Law, or is an ambulance or psychologist service, Medicaid will pay the full Medicare coinsurance liability.
5. If the service is an outpatient service certified under Article 28 of the Public Health Law, Medicaid will pay as follows:
  - a. If the Medicare payment is greater than the amount that Medicaid would have paid for that service, then Medicaid will pay \$0.
  - b. If the Medicare payment is less than the amount that Medicaid would have paid for that service, then Medicaid will pay the lower of the difference between the Medicaid rate and the Medicare payment, or the Medicare coinsurance amount.
  - c. If the Medicare payment is equal to the amount that Medicaid would have paid for that service, Medicaid will pay \$0.
6. If the service is a Products of Ambulatory Care Clinic, a clinic primarily serving the developmentally disabled, or a Mental Health comprehensive outpatient program services (COPS) program, Medicaid will pay up to the regular Medicaid fee, even if that fee is higher

TN #15-0038

Approval Date December 09, 2015

Supersedes TN #11-0032

Effective Date July 01, 2015