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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 16-0026**

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) CMS-179 form
- 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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August 12, 2016

Jason A. Helgerson  
State Medicaid Director  
New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Ave, One Commerce Plaza, Suite 1460  
Albany, NY 12210

Dear Mr. Helgerson:

We have completed our review of the submission of New York State Plan Amendment (SPA) 16-0026 which was received in our office on June 30, 2016 and find it acceptable for incorporation into New York's Medicaid State Plan. This amendment proposes to limit the amount of any co-insurance or co-payment liability to eighty-five percent for Medicaid reimbursement of Medicare Part C claims based on enacted state legislation.

Please note that the approval date of this SPA is August 12, 2016 with an effective date of April 1, 2016. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions concerning this SPA, please contact Maria Varon at (212) 616-2503 or [Maria.Varon@cms.hhs.gov](mailto:Maria.Varon@cms.hhs.gov).

Sincerely,

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

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**16-0026**

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 1, 2016**

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:  
**§1902(a)(30) of the Social Security Act, and 42 CFR 447**

7. FEDERAL BUDGET IMPACT: (**in thousands**)  
a. FFY 04/01/16-09/30/16 \$ (5.725)  
b. FFY 10/01/16-09/30/17 \$ (11.45)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B Supplement 1: Page 5**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

10. SUBJECT OF AMENDMENT:

**Implement Cost Sharing Limits to Medicare Part C  
(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:

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

14. TITLE: **Medicaid Director  
Department of Health**

15. DATE SUBMITTED: **JUN 3 0 2016**

16. RETURN TO:

**New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Ave – One Commerce Plaza  
Suite 1460  
Albany, NY 12210**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:  
**AUGUST 12, 2016**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**APRIL 01, 2016**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
**MICHAEL MELENDEZ**

22. TITLE: **ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH**

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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

**Explanation of Payment of Medicare Part C Coinsurance/Copayment for Medicaid Members**

The Medicare Part C coinsurance/copayment policy applies to any persons who have both Medicaid and Medicare coverage (dually eligible) and are enrolled in a Medicare Part C health plan (Medicare Advantage or Medicare managed care plan).

If the service is an outpatient service provided to a dually eligible Medicaid member that is enrolled in a Medicare Part C health plan, Medicaid will reimburse eighty-five percent (85%) of the Medicare Part C coinsurance or copayment.

The only exceptions to this policy are:

- If the service is covered under a Medicare Part C health plan and is provided by an ambulance provider or a psychologist, Medicaid will reimburse one hundred percent (100%) of the Medicare Part C coinsurance and/or copayment.

TN #16-0026

Approval Date AUGUST 12, 2016

Supersedes TN NEW

Effective Date APRIL 01, 2016