Table of Contents

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
June 2, 2021

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

Dear Ms. Frescatore:

This letter is to inform you that New York State Plan Amendment (SPA) #21-0013 was approved on May 27, 2021, for 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.

Enclosed is a copy of the approved State Plan Amendment. 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
210013

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
CENXERS 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

13. TYPED NAME
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED
March 22, 2021

FOR REGIONAL OFFICE USE ONLY

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

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
Director, Division of Program Operations

23. REMARKS

Instructions on Back
Medicaid Premiums and Cost Sharing

State Name: New York
Transmittal Number: TN - 21 - 0013

**Cost Sharing Amounts - Categorically Needy Individuals**

1916
1916A
42 CFR 447.52 through 54

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

<table>
<thead>
<tr>
<th>Services or Items with the Same Cost Sharing Amount for All Incomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Item</td>
</tr>
<tr>
<td>Add</td>
</tr>
<tr>
<td>Add</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services or Items with Cost Sharing Amounts that Vary by Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Item: Pharmacy Prescription Brand Name Drugs</td>
</tr>
<tr>
<td>Add</td>
</tr>
<tr>
<td>Add</td>
</tr>
</tbody>
</table>

| Service or Item: Pharmacy Prescription Generic and Brand Less Than Generic Drugs |
| Add | Incomes Greater than |
| Add | Incomes Less than or Equal to |

TN: 21-0013 Approval Date: 05/27/2021 Effective Date: 01/01/2021

New York G2a
## Medicaid Premiums and Cost Sharing

**New York G2a**

**Service or Item:** Pharmacy Non-Prescription Drugs

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

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than</th>
<th>Incomes Less than or Equal to</th>
<th>Amount Dollars or Percentage Unit</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>100% FPL</td>
<td></td>
<td>$ Prescription</td>
<td></td>
</tr>
</tbody>
</table>

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.
### Medicaid Premiums and Cost Sharing

**Service or Item:** Clinic Visits

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

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than</th>
<th>Incomes Less than or Equal to</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
</tr>
</thead>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Add 100% FPL

| $ | Visit |

### Service or Item: Laboratory Tests

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

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than</th>
<th>Incomes Less than or Equal to</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

Add 100% FPL

| $ | Procedure |

### Service or Item: Medical Supplies

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

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than</th>
<th>Incomes Less than or Equal to</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Add 100% FPL

| $ | Item |
## Medicaid Premiums and Cost Sharing

### Service or Item: Inpatient Hospital Stays (involving at least one overnight stay; is due upon discharge)

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

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than</th>
<th>Incomes Less than or Equal to</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>100% FPL</td>
<td></td>
<td>$</td>
<td>Entire Stay</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Service or Item: Emergency Room - for non-urgent or non-emergency services

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

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than</th>
<th>Incomes Less than or Equal to</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>100% FPL</td>
<td></td>
<td>$</td>
<td>Visit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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. No
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.

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