

Table of Contents

State/Territory Name: **New York**

State Plan Amendment (SPA) #: **14-08**

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

May 5, 2014

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

Dear Ms. Helgerson:

We have completed our review of New York's State Plan amendment (SPA) 14-08 received in our office on March 31, 2014 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to terminate e-Prescribing incentives effective April 1, 2014.

Please note the approval date of this SPA is May 5, 2014 with an effective date of April 1, 2014. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

/s/

John R. Guhl
Acting Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-08	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, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: NYS Social Services Law Section 367-a(9)(i)		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/14-09/30/14 (\$ 1,530,000) b. FFY 10/01/14-09/30/15 (\$ 2,150,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 1(a)(iii), 1(a)(iv), 1(a)(v), 1(a)(vi), 1(a)(vii), 1(a)(viii), 4(e)(1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B: Pages 1(a)(iii), 1(a)(iv), 1(a)(v), 1(a)(vi), 1(a)(vii), 1(a)(viii), 4(e)(1)	
10. SUBJECT OF AMENDMENT: Termination of e-Prescribing Incentive (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: <i>/s/</i>		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: March 31, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 05, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: JOHN R. GUHL		22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

OFFICIAL**New York
1(A)(iii)**

The incentive amount was determined by the Department of Health and participating payors based on a market analysis of the cost to support the conversion of a practice to provide "medical home" patient care and management information systems related to meeting the objectives of this initiative. The participating payors agreed to a per member per month (PMPM) incentive payment of \$7. To calculate the per-visit incentive payment amount the PMPM was multiplied by twelve (12) to calculate an annual per member payment (\$84) and then this annual amount was divided by the average number of annual primary care visits to clinics and practitioners' offices to arrive at a per visit incentive payment. The average annual visit rate, based on two years of claims data (January 1, 2007 – December 31, 2008) for a specific list of providers who agreed to participate in the Multipayor Program, was 3 visits per year. Therefore, the per visit incentive payment is \$28. The incentive amount will be approved by the Division of the Budget.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of primary care "medical home" services in the Mutlipayor Program. The agency's fee schedule rate was set as of December 1, 2009 and is effective for services provided on or after that date. All rates are published on the Department of Health public website.

Patient and health care services participation in the Adirondack Medical Home Multipayor Program is on a voluntary basis. While physician and/or nurse practitioner practices are participating in the Multipayor Program they are precluded from receiving incentive payments from the statewide patient centered medical home program established pursuant to section 364-m of the Social Services Law.

[E-prescription

An e-prescription financial incentive will be paid to physicians for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.]

TN#: #14-08

Approval Date:

MAY 05 2014

Supersedes TN#: #09-56-A

Effective Date:

APR 01 2014

OFFICIAL

**New York
1(a)(iv)**

E-prescription

An e-prescription financial incentive will be paid to physicians for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

Effective April 1, 2014, the e-prescription financial incentive for physicians will cease and reimbursement at 80 cents per electronic prescription/fiscal order will end.

An e-prescription financial incentive will be paid to dentists for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications and supplies prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

Effective April 1, 2014, the e-prescription financial incentive for dentists will cease and reimbursement at 80 cents per electronic prescription/fiscal order will end.

TN #14-08 _____

Approval Date MAY 05 2014

Supersedes TN #09-53 _____

Effective Date APR 01 2014

OFFICIAL

**New York
1(a)(v)**

An e-prescription financial incentive will be paid to podiatrists for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications and supplies prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

Effective April 1, 2014, the e-prescription financial incentive for podiatrists will cease and reimbursement at 80 cents per electronic prescription/fiscal order will end.

TN #14-08

Approval Date MAY 05 2014

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OFFICIAL

**New York
1(a)(vi)**

An e-prescription financial incentive will be paid to optometrists for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications and supplies prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

Effective April 1, 2014, the e-prescription financial incentive for optometrists will cease and reimbursement at 80 cents per electronic prescription/fiscal order will end.

TN #14-08

Approval Date MAY 05 2014

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Effective Date APR 01 2014

OFFICIAL

**New York
1(a)(vii)**

An e-prescription financial incentive will be paid to nurse midwives for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications and supplies prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

Effective April 1, 2014, the e-prescription financial incentive for nurse midwives will cease and reimbursement at 80 cents per electronic prescription/fiscal order will end.

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Approval Date MAY 0 5 2014

Supersedes TN #09-53

Effective Date APR 0 1 2014

OFFICIAL

**New York
1(a)(viii)**

An e-prescription financial incentive will be paid to nurse practitioners for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications and supplies prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

Effective April 1, 2014, the e-prescription financial incentive for nurse practitioners will cease and reimbursement at 80 cents per electronic prescription/fiscal order will end.

TN #14-08

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Effective Date APR 01 2014

