

Department of Health & Human Services
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100 North
New York, NY 10278



September 22, 2011

Jason A. Helgersen
Medicaid Director & Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgersen:

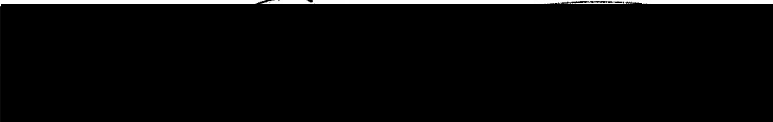
We have received a copy of Larry Reed's letter to you, in which he notified you of the approval of New York's State Plan Amendment (SPA) 11-01. This SPA reflects the additional coverage by New York Medicaid of select active pharmaceutical ingredients (APIs) under the pharmacy section of the State plan to all Medicaid recipients (including full benefit dual eligible beneficiaries under the Medicare Prescription Drug, Benefit-Part D).

Mr. Reed advised you that the New York Regional Office would forward you the signed CMS-179 form as well as copies of the approved pages. These documents are enclosed. The revised pages of Attachments 3.1-A and 3.1.-B submitted to us on September 6, 2011 have replaced the corresponding pages that were included in the State's original SPA submission package.

Please note the approval date of the SPA is September 22, 2011 and the effective date is January 1, 2011.

If you have any questions, please contact Ana J. Balbuena at (212) 616-2410

Sincerely,



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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 11-01	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 January 1, 2011	
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: NYS Public Health Law, Article 2-A Social Security Act, Section 1927		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/10-09/30/10 \$0 b. FFY 10/01/10-09/30/11 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Supplement Page 2(c.1) Attachment 3.1-B, Supplement Page 2(c.1) ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Active Pharmaceutical Ingredients (APIs) (FMAP = 58.77% effective 1/1/11; 56.88% effective 4/1/11; 50% effective 7/1/11 forward)			
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: 		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Jason Helgeson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: September 6, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: MAR 3 1 2011		18. DATE APPROVED: 9/22/2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2011			
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator	
23. REMARKS: Originally submitted pages has been replaced by revised pages submitted on 9/6/11.			

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Attachment 3.1-A
Supplement
(01/11)

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

<https://www.emedny.org/info/formfile.aspx>

TN #11-01 Approval Date SEP 22 2011
Supersedes TN New Effective Date JAN 01 2011

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Attachment 3.1-B
Supplement
(01/11)

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

<https://www.emedny.org/info/formfile.aspx>

TN #11-01

Approval Date SEP 22 2011

Supersedes TN New

New Effective Date JAN 01 2011