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State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0039

This file contains the following documents in the order listed:

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

DMCHO: MT:SPA-NY-13-0039-Approval

November 29, 2017

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP-1211)
Albany, NY 12237

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-0039 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2013. The SPA proposes to carve out the administration of the Long-Acting Reversible Contraceptive (LARC) from the Outpatient APG reimbursement methodology when it is provided on the same Date of Service (DOS) as an abortion.

Enclosed are copies of SPA #13-0039 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov at (212) 616-2503.

Sincerely,

[redacted]

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

cc: J. Ulberg
R. Weaver
R. Deyette
M. Levesque
R. Holligan
M. Tabakov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: **13-0039**	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 **July 1, 2013**	

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: **Section 1902(a) of the Social Security Act, and 42 CFR 447**	7. FEDERAL BUDGET IMPACT: **(in thousands)** **a. FFY 07/01/13-09/30/13 $ 57.26** **b. FFY 10/01/13-09/30/14 $ 229.07**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 4.19-B: Page 1(m)(i)**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

10. SUBJECT OF AMENDMENT:
APG Carve-Out of LARC (Hosp OP)
(FMAP = 90%)

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: **New York State Department of Health** **Division of Finance & Rate Setting** **99 Washington Ave – One Commerce Plaza** **Suite 1432** **Albany, NY 12210**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: SEP 3 0 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: **NOVEMBER 29, 2017**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JULY 01, 2013**	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: **MICHAEL MELENDEZ**	22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR** **DIVISION OF MEDICAID & CHILDREN'S HEALTH**

23. REMARKS:

FORM HCFA-179 (07-92)

New York
1(m)(i)

Effective for hospital outpatient services, on or after July 1, 2013, the administration of a Long-Acting Reversible Contraceptive (LARC) will be carved out of the APG reimbursement methodology when it is provided on the same Date of Service (DOS) as an abortion. The facility will be reimbursed with state funds only for the abortion procedure through APGs which is a prospective payment system that pays based on a facility's base rate and the service intensity weight of the procedure(s) rendered. The facility will submit a separate claim that will pay $208 which will cover the cost of the LARC insertion ($158) and the associated Evaluation and Management services ($50). The facility will submit a third claim to be reimbursed for the cost of the LARC device at the provider's actual acquisition cost.