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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 13-0044**

This file contains the following documents in the order listed:

- 1) 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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DMCHO: JH:SPA-NY-13-0044-Approval

September 1, 2017


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

Dear Commissioner Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #13-0044 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 APG reimbursement methodology when it is provided on the same Date of Service (DOS) as an abortion.

Enclosed are copies of SPA #13-0044 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Joanne Hounsell at (212) 616-2446.



  
Ricardo Holligan  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form  
State Plan Pages

cc: J. Ulberg  
R. Deyette  
P. LaVenja  
M. Levesque

C. Wilson  
R. Holligan  
N. McKnight  
R. Weaver

S. Jew  
J. Hounsell  
M. Lopez

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>13-0044</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2013</b>	
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: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: ( <i>in thousands</i> ) a. FFY 07/01/13-09/30/13 \$ <b>38.18</b> b. FFY 10/01/13-09/30/14 \$ <b>152.71</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B: Page 2(q)(i)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>APG Carve-Out of LARC (Clinic)</b> <b>(FMAP = 90%)</b>			
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: 		16. RETURN TO: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>SEP 30 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>SEPTEMBER 01, 2017</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JULY 01, 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>RICARDO HOLLIGAN</b>		22. TITLE: <b>ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH OPERATIONS</b>	
23. REMARKS:			

**New York  
2(q)(i)**

Effective for freestanding clinic and ambulatory surgery centers, 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. The cost of the physician's professional services is carved out of the ambulatory surgery center payments; the physician is permitted to submit separate claim for those professional services rendered in an ambulatory surgery center. Physician payments will be made per the fee schedule posted online at <https://www.emedny.org/ProviderManuals/Physician/index.aspx>.

TN #13-0044  
Supersedes TN NEW

Approval Date 09/01/2017  
Effective Date 07/01/2013