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State/Territory Name: New York

State Plan Amendment (SPA) #: 17-0029

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- 2) Summary Page (CMS 179)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 24, 2020

Donna Frescatore Deputy Commissioner Office of Health Insurance Programs New York State Department of Health One Commerce Plaza, Suite 1211 Albany, NY 12210

RE: Approval of New York State Plan Amendment Transmittal Number 17-0029

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) Transmittal Number 17-0029 has been approved on June 9, 2020, for adoption into the State Medicaid Plan, with an effective date of July 1, 2017. This SPA proposes to amend the co-payment for brand name prescription drugs dispensed in order to eliminate the difference in co-pay between a preferred drugs and a non-preferred drug.

Enclosed are copies of the approved SPA # 17-0029.

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

Sincerely,

James G. Scott, Director Division of Program Operations

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

	New York (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of digit number with leading zeros. The dashes must also be entered.
Proposed Effective Date 07/01/2017 (mm/dd/yyyy)	
Federal Statute/Regulation Citation §1902(r)(5) of the Social Security	Act and 42 CER 447
g1902(1)(3) of the social security	Act, and 42 CFR 447
Federal Budget Impact	
Federal Fiscal	Year Amount
First Year 2017	\$ 0.00
Second Year 2018	\$ 0.00
	ses to amend the copayment for brand name prescription drugs to eliminate preferred drug and a non-preferred drug, in accordance with SSL §367-a(6)(c)
Governor's Office Review	
Governor's office reporter	
Ocomments of Governor's Describe:	office received
No reply received within Other, as specified	45 days of submittal
Describe:	
Signature of State Agency Official	
Signature of State Agency Official Submitted By:	Michelle Levesque
Last Revision Date:	May 19, 2020
Submit Date:	May 19, 2020

Transmittal Number: NY-17-0029 Approval Date: 06/09/2020 Supersedes: NY-15-0011 Effective Date: 07/01/2017



Medicaid Premiums and Cost Sharing

Cost Sharing Amounts - Categorically Needy Individuals 916	y needy (Mar ring Amoun Dollars or Percentage	iduals.	Yes emove
916 916A 12 CFR 447.52 through 54 The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) ind Services or Items with the Same Cost Sharing Amount for All Incomes Add Service or Item Amount Percentage Unit Explanation FDA approved drugs to 0.00 Prescription FDA approved psychotropic drugs FDA approved Prescription Prescription Services or Items with Cost Sharing Amounts that Vary by Income Service or Item: Pharmacy Prescription Brand Name Drugs Indicate the income ranges by which the cost sharing amount for this service or item varies. Add Greater than than or Equal to Amount Percentage Unit Explanation Add 100% FPL 2.50 Prescription Service or Item: Pharmacy Prescription Generic, Preferred Brand, and Brand Less Than Generic Dru Indicate the income ranges by which the cost sharing amount for this service or item varies. Incomes Incomes Less Dollars or Incomes Less Carlot of this service or item varies.	y needy (Mar ring Amoun Dollars or Percentage	iduals.	Yes
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Approval Date: 06/09/2020 1 of 3 Transmittal Number: NY-17-0029 Supersedes: NY-15-0011 Effective Date: 07/01/2017