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State/Territory Name: New York

State Plan Amendment (SPA) #: 18-0043

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

DMCHO: MT: SPA NY-18-0043

July 18, 2018

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

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #18-0043 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2018. This State Plan Amendment implements changes to the delivery and reimbursement of health care services via telehealth.

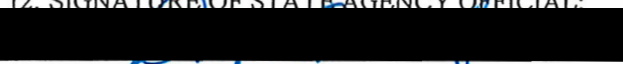

Enclosed are copies of the approved SPA # 18-0043. If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov. Ms. Tabakov can be reached at (212) 616-2503.

Sincerely,

A large black rectangular box redacting the signature of Michael Melendez.

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

cc: P. Lavenia
R. Deyette

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-0043	2. STATE New York
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2018		5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Services Law Section 367-u		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/18-09/30/18 \$ 876.96 b. FFY 10/01/18-09/30/19 \$ 3,507.84	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att 3.1-A Supplement: Page 2(a)(ii)(B); 2(a)(ii)(C) Att 3.1-B Supplement: Page 2(a)(ii)(B); 2(a)(ii)(C) Att 4.19-B : Page 4(a)(i)(6); 4(a)(i)(7)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 3.1-A Supplement: Page 2(a)(ii)(B); 2(a)(ii)(C) Att 3.1-B Supplement: Page 2(a)(ii)(B); 2(a)(ii)(C) Att 4.19-B : Page 4(a)(i)(6); 4(a)(i)(7)	
10. SUBJECT OF AMENDMENT: Telehealth Store and Forward Technology and Remote Patient Monitoring (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Donna Frescatore		17. DATE RECEIVED:	
14. TITLE: Medicaid Director Department of Health		18. DATE APPROVED: 07/18/2018	
15. DATE SUBMITTED: JUN 27 2018		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**New York
2(a)(ii)(B)**

Telehealth Services – Remote Patient Monitoring

Effective on or after [June 1, 2016] April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth services provided by remote patient monitoring.

The purpose of providing telehealth remote patient monitoring services is to assist in the effective monitoring and management of patients whose medical needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

Telehealth remote patient monitoring services use synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an “originating site”; this information is then transmitted to a provider at a “distant site” for use in treatment and management of unstable/uncontrolled medical conditions that require frequent monitoring. Such conditions include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, poly pharmacy, mental or behavioral problems and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Telehealth remote patient monitoring services are based on medical necessity and should be discontinued when the patient’s condition is determined to be stable/controlled.

Telehealth remote patient monitoring services [may be provided] will be ordered by a [facility licensed under Article 28 of Public Health Law or by a] physician, nurse practitioner, or a midwife [, or physician assistant who has examined the patient and] with whom the patient has a[n established,] substantial and ongoing relationship. Payment for remote patient monitoring while receiving home health services through a Certified Home Health Agency (CHHA) is pursuant to public health law 3614 section (3-c) (a-d).

The Commissioner will reimburse for telehealth remote patient monitoring services if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient’s plan of care.

All services delivered via telehealth remote patient monitoring must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by remote patient monitoring, including the actual transmission of health care data and any other electronic information/records.

TN 18-0043 **Approval Date** 07/18/2018
Supersedes TN #16-0015 **Effective Date** 04/01/2018

**New York
2(a)(ii)(c)****Telehealth Services – Store and Forward**

Effective on or after [June 1, 2016] April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth store and forward technology.

Telehealth store and forward technology is the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a [qualified physician, nurse practitioner, midwife, or physician assistant,] provider at an originating site to a consulting physician at a distant site.

[Telehealth store and forward technology may be utilized in the specialty areas of dermatology, ophthalmology and other disciplines, as determined by the Commissioner.]

Reimbursement for telehealth store and forward services is to be provided for Medicaid patients with conditions or clinical circumstances where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

The Commissioner [shall] will reimburse for services, specifically telehealth store and forward technology, if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient's plan of care.

All services delivered via telehealth store and forward technology must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by store and forward technology, including the actual transmission of health care data and any other electronic information/records.

TN **#18-0043**

Approval Date **07/18/2018**

Supersedes TN **# 16-0015**

Effective Date **04/01/2018**

**New York
2(a)(ii)(B)**

Telehealth Services – Remote Patient Monitoring

Effective on or after [June 1, 2016] April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth services provided by remote patient monitoring.

The purpose of providing telehealth remote patient monitoring services is to assist in the effective monitoring and management of patients whose medical needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

Telehealth remote patient monitoring services use synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an “originating site”; this information is then transmitted to a provider at a “distant site” for use in treatment and management of unstable/uncontrolled medical conditions that require frequent monitoring. Such conditions include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, poly pharmacy, mental or behavioral problems and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Telehealth remote patient monitoring services are based on medical necessity and should be discontinued when the patient’s condition is determined to be stable/controlled.

Telehealth remote patient monitoring services [may be provided] will be ordered by a [facility licensed under Article 28 of Public Health Law or by a] physician, nurse practitioner, or a midwife [, or physician assistant who has examined the patient and] with whom the patient has a[n established,] substantial and ongoing relationship. Payment for remote patient monitoring while receiving home health services through a Certified Home Health Agency (CHHA) is pursuant to public health law 3614 section (3-c) (a-d).

The Commissioner will reimburse for telehealth remote patient monitoring services if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient’s plan of care.

All services delivered via telehealth remote patient monitoring must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by remote patient monitoring, including the actual transmission of health care data and any other electronic information/records.

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**New York
2(a)(ii)(c)**

Telehealth Services – Store and Forward

Effective on or after [June 1, 2016] April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth store and forward technology.

Telehealth store and forward technology is the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a [qualified physician, nurse practitioner, midwife, or physician assistant,] provider at an originating site to a consulting physician at a distant site.

[Telehealth store and forward technology may be utilized in the specialty areas of dermatology, ophthalmology and other disciplines, as determined by the Commissioner.]

Reimbursement for telehealth store and forward services is to be provided for Medicaid patients with conditions or clinical circumstances where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

The Commissioner [shall] will reimburse for services, specifically telehealth store and forward technology, if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient's plan of care.

All services delivered via telehealth store and forward technology must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by store and forward technology, including the actual transmission of health care data and any other electronic information/records.

TN **#18-0043**

Approval Date **07/18/2018**

Supersedes TN **# 16-0015**

Effective Date **04/01/2018**

**New York
4(a)(i)(6)****Telehealth Services – Store and Forward**

The Commissioner of Health is authorized to establish fees, approved by the Director of the Budget, to reimburse the cost of consultations in the specialty areas of ophthalmology and dermatology via telehealth store and forward technology.

Telehealth store and forward technology involves the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a [qualified physician, nurse practitioner, midwife, or physician assistant,] provider at an originating site to a consulting physician at a distant site without the patient present. Reimbursement for telehealth store and forward services is to be provided for Medicaid patients with conditions or clinical circumstances where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

The Commissioner [shall] will reimburse for telehealth store and forward technology if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient's plan of care.

Reimbursement will be made to the consulting physician. Telehealth store and forward technology is reimbursed at [50] 75% of the applicable physician fee for the evaluation and management code that applies. The physician fee schedule can be found at

<https://www.emedny.org/ProviderManuals/Physician/>

TN <u>18-0043</u>	Approval Date <u>07/18/2018</u>
Supersedes TN <u>#16-0015</u>	Effective Date <u>04/01/2018</u>

**New York
4(a)(i)(7)****Telehealth Services – Remote Patient Monitoring**

Rates established by the Commissioner of Health and approved by the Director of the Budget [shall] will reflect telehealth remote patient monitoring costs on a [daily] monthly basis when medically necessary remote patient monitoring has taken place. A [daily] monthly fee will be paid to the ordering telehealth provider for each [day] month the telehealth remote patient monitoring equipment is used to monitor/manage the patient's care. [This amount will not exceed a designated monthly rate.]

Effective for services on or after [June 1, 2016] April 1, 2018, rates for remote patient monitoring [shall] will be the amount billed by the provider not to exceed \$48.00 per [day] month. The [maximum rate] minimum time that may be billed for remote patient monitoring is 30 minutes per month per patient [shall not exceed \$32.00]. Services less than 30 minutes are not eligible for reimbursement.

TN #18-0043Approval Date 07/18/2018Supersedes TN # 16-0015Effective Date 04/01/2018