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# State/Territory Name: New York

# State Plan Amendment (SPA) #: 18-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page



#### DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

#### DMCHO-PV-SPA-NY-18-0013-Approval

May 21, 2018

Donna Frescatore Medicaid Director Office of Health Insurance Programs NYS Department of Health One Commerce Plaza, Suite 1211 Albany, New York 12210

Re: NY SPA 18-0013

Dear Ms. Frescatore:

We reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 18-0013. The purpose of this letter is to inform you of the approval of New York 18-0013 effective January 1, 2018. This amendment proposes to provide a physician payment to outpatient clinics of general hospitals and DTCs for primary care practitioner services provided in a patient's residence to a patient unable to leave their residence to receive services, without unreasonable difficulty.

We conducted our review of the submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. Please see enclosed form CMS-179 and the approved plan page.

If you have any questions, please contact Patricia I Vasquez at (212) 616-2470.

Sincerely,

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

cc: R. Deyette P. LaVenia R. Holligan R. Weaver P. Vasquez M. Tabakov M. Lopez

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0013	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	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, 2018	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONS	-	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI 6. FEDERAL STATUTE/REGULATION CITATION:		amendment)
NYS Public Health Law §2803 (11)	7. FEDERAL BUDGET IMPACT: a. FFY 01/01/18 – 09/30/18 \$ 0. b. FFY 10/01/18 – 09/30/19 \$ 0.	00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B: Page 1	
Primary Care Offsite Physician Services (FMAP = 50%) 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 SPE	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	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: Jacon A. Helgerson		
14. TITLE. Medicaid Director		
Department of Health 15. DATE SUBMITTED:		
MAR 1 3 2018		
FOR REGIONAL OFF		
17. DATE RECEIVED:	18. DATE APPROVED: MAY 21, 2018	
PLAN APPROVED – ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2018	20 SIGNATURE OF RECIONAL O	EPICIAL.
21. TYPED NAME: MICHAEL MELENDEZ	22. TITLE: ASSOCIATE REGIONA DIVISION OF MEDICAID & CHIL	
23. REMARKS:		
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### **Physician Services**

Fee Schedules are developed by the Department of Health and approved by the Division of the Budget.

For primary care and specialty physicians meeting the eligibility and practice criteria of and enrolled in the HIV Enhanced Fees for Physicians (HIV-EFP) program, and the Preferred Physicians and Children's program (PPAC), fees for visits are based on the Products of Ambulatory Care (PAC) structure: fees are based on recipient diagnosis, service location and visit categories which reflect the average amount of physician time and resources for that level of visit. The PAC fee structure incorporates a regional adjustment for upstate and downstate physicians. Reimbursement for the initial and subsequent prenatal care and postpartum visit for MOMS is based on the Products of Ambulatory Care (PAC) rate structure. Reimbursement for delivery only services and total obstetrical services for physicians enrolled in MOMS is fixed at 90% of the fees paid by private insurers. Ancillary services and procedures performed during a visit must be claimed in accordance with the regular Medicaid fee schedule described in the first paragraph above. HIV-EFP, PPAC and MOMS fees were developed by the Department of Health and approved by the Division of the Budget. For services provided on and after June 1, 2003, a single fee, regionally adjusted (upstate and downstate) and based on program specific average cost per visit shall be established for the HIV-EFP and PPAC programs, respectively, and shall be paid for each visit. Visits for these programs shall be categorized according to the evaluation and management codes within the CPT-4 coding structure.

Effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Effective January 1, 2018 reimbursement will be provided to outpatient clinics of general hospitals (outpatient clinic) and diagnostic and treatment centers (D&TC) for primary care practitioners who provide home visit primary care services to a patient who is unable to leave his or her residence to receive services at the outpatient clinic or D&TC without unreasonable difficulty due to circumstances, including but not limited to, clinical impairment.

- 1. The patient must have a pre-existing clinical relationship with the outpatient clinic or D&TC, or with the health care professional providing the service.
- 2. The primary care practitioner must be employed by either the outpatient clinic or D&TC and acting at the direction of that provider.
- 3. These services are provided by a primary care practitioner which includes the following: physician, physician assistant, nurse practitioner or licensed midwife.
- <u>4. Primary care services are defined as services ordinarily provided to patients on-site at the outpatient clinic or D&TC and cannot be home care services as stated in Chapter 3602, subdivisions 1 and 2 ( https://codes.findlaw.com/ny/public-health-law/pbh-sect-3602.html ).</u>

TN#:#	18-0013	Approval Date: _	05/21/2018
Supersedes TN	#:#12-0016	Effective Date:	01/01/2018