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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 17-0024-B**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Forms
- 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 OPERATION

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**DMCHO-PV-SPA-NY-17-0024-B- Approvals**

June 14, 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 SPAs 17-0024 A, B, C and D

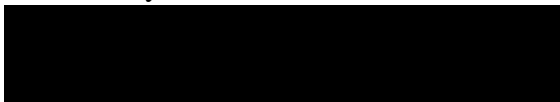
Dear Ms. Frescatore:

We reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal numbers (TN) 17-0024 – A, B, C and D. The purpose of this letter is to inform you of their approvals effective January 1, 2017. The amendment proposes to apply a Medicaid incentive payment to certain evaluation and management codes for eligible Advance Primary Care (Hospital Based Clinics) who obtain and maintain recognition as an advanced care practitioner in New York's statewide Advanced Primary Care (APC) medical home model.

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 forms CMS-179 and the approved plan pages.

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

Sincerely,



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

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>17-0024-B</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</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>January 1, 2017</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 42 CFR 447.204</b>		7. FEDERAL BUDGET IMPACT: ( <i>in thousands</i> ) <b>a. FFY 01/01/17-09/30/17 \$ 626.40 b. FFY 10/01/17-09/30/18 \$ 835.20</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Att. 4.19-B Page 1(c)(i)(B.1)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>Advanced Primary Care (FMAP = 50%)</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			
13. TYPED NAME: <b>Jason A. Helgerson</b>		16. RETURN TO: <b>New York State Department of Health Bureau of Federal Relations &amp; Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>MAR 31 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>JUNE 14, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JANUARY 01, 2017</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			

**New York**  
**1(c)(i)(B.1)**

**Advanced Primary Care – Hospital Based Clinics**

Effective for periods on and after January 1, 2017, the Commissioner of Health is authorized to recognize certain clinics as Advanced Primary Care (APC) practices to improve health outcomes and efficiency through patient care continuity and coordination of health services. Recognized providers will be eligible for incentive payments for primary care services provided to recipients eligible for Medicaid Fee-For-Service (FFS).

Clinic shall mean a general hospital providing outpatient care, licensed under Article 28 of Public Health Law.

To improve access to high quality primary care services, the Medicaid Advanced Primary Care initiative will provide incentive payments to Hospital Based Clinics that meet advanced primary care standards established by the Department. The Department developed the Advanced Primary Care model in consultation with diverse stakeholders as part of the State Health Innovation Plan. The Advanced Primary Care model is a statewide integrated primary care delivery and payment model that was created as part of a Centers for Medicare and Medicaid Innovation (CMMI) State Innovation Model (SIM) Testing grant. The model requires providers to obtain and maintain specific capabilities around patient care quality, access, and outcomes.

Per visit incentive payments will be made to Clinics that meet the Department standards for recognition as an Advanced Primary Care practice. There are three levels that correspond to providers' capabilities: Levels 1, 2, and 3. Eligible providers will receive a per-visit incentive payment commensurate with their level of Advanced Primary Care recognition. Incentive payments will be added to claims from recognized advanced primary care providers for visits with evaluation and management codes identified by the Department as primary care. The advanced primary care recognition level for Clinics is site-specific. Advanced primary care incentive payments are only applicable to claims when Medicaid is the primary payer.

Appropriate incentive payment amounts will be aligned with established incentive payments for primary care services for Medicaid FFS. Incentive payment amounts were determined based on historic data from an incentive payment paid to primary care providers. Factors that were part of the determination included average primary care visits per year, panel size, and level of advanced primary care practice transformation.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers recognized as Advanced Primary Care practices. The agency's fee schedule rates were set as of January 1, 2017, and are effective for services provided on or after that date. All rates are published on the State Department of Health's website, [https://www.health.ny.gov/technology/innovation\\_plan\\_initiative/pcmh/docs/ffs\\_incentive\\_payment\\_rates.pdf](https://www.health.ny.gov/technology/innovation_plan_initiative/pcmh/docs/ffs_incentive_payment_rates.pdf).

To maintain eligibility for incentive payments, Clinics must provide data to the Department of Health to permit the Commissioner to evaluate the impact of advanced primary care practices on quality, outcomes, and cost.

TN <u>                  #17-0024-B                  </u>	Approval Date <u>                  06/14/2018                  </u>
Supersedes TN <u>          #NEW                  </u>	Effective Date <u>                  01/01/2017                  </u>