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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 17-0029**

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**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

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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)

State/Territory name: **New York**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NY-17-0029

Proposed Effective Date

07/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

§1902(r)(5) 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

Subject of Amendment

This State Plan Amendment proposes to amend the copayment for brand name prescription drugs to eliminate the difference in copay between a preferred drug and a non-preferred drug, in accordance with SSL §367-a(6)(c) (iii).

Governor's Office Review

- Governor's office reported no comment  
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal  
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Michelle Levesque**  
Last Revision Date: **May 19, 2020**  
Submit Date: **May 19, 2020**



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: TN - 17 - 0029

## Cost Sharing Amounts - Categorically Needy Individuals G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

### Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	FDA approved drugs to treat tuberculosis	0.00	\$	Prescription		<b>Remove</b>
<b>Add</b>	FDA approved psychotropic drugs	0.00	\$	Prescription		<b>Remove</b>

### Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		2.50	\$	Prescription		<b>Remove</b>

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		1.00	\$	Prescription	When brand drug cost after consideration of all rebates is less than the generic equivalent, the brand is dispensed. Cost Sharing Amount is limited to the generic Cost Sharing Amount, holding member harmless.	<b>Remove</b>

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		0.50	\$	Prescription		<b>Remove</b>