

[Records](#) / [Submission Packages - Your State](#)

NY - Submission Package - NY2022MS00190 - (NY-23-0006) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
James G. Scott, Director
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

June 13, 2023

Amir Bassiri
Acting Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-23-0006

Dear Amir Bassiri,

On December 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-23-0006, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve New York State Plan Amendment (SPA) NY-23-0006 with an effective date(s) of March 01, 2023.

If you have any questions regarding this amendment, please contact Melvina Harrison at melvina.harrison@cms.hhs.gov

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations
Center for Medicaid & CHIP Services

NY - Submission Package - NY2022MS00190 - (NY-23-0006) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID NY2022MS00190
Program Name N/A
SPA ID NY-23-0006
Version Number 4
Submitted By Jennifer Yungandreas
Package Disposition



Submission Type Official
State NY
Region New York, NY
Package Status Approved
Submission Date 12/30/2022
Approval Date 6/13/2023 3:11 PM EDT

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package NY2022MS00190

Authority Eligibility

State NY

Agency Name Department of Health

Submission Date Dec 30, 2022

All Questions

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	We have completed our review of New York's proposed Medicaid state plan amendment (SPA) number NY-23-0006. This SPA proposes to provide 12 months of extended and continuous postpartum eligibility to individuals who were enrolled in Medicaid while pregnant, with a proposed effective date of March 1, 2023. Before we can continue processing this amendment, we need additional or clarifying information. Under sections 9812 and 9822 of the American Rescue Plan Act of 2021 (Pub. L. 117-2), states that elect the postpartum extension in Medicaid must also elect the same policy in the state's separate CHIP. We understand that the state is continuing to work on resolving all questions on the corresponding SPA for CHIP. Please advise when New York has provided satisfactory responses to all informal questions on its CHIP SPA for postpartum extension.	Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (Pub. L. 117-2)	Response: New York has provided responses to all informal questions on the CHIP SPA for postpartum extension as of May 8, 2023.
2	Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	In a series of informal questions about the postpartum extension sent to the state on January 27, 2023, CMS requested information relating to how the state would ensure that people receive high-quality care during the postpartum period (see Correspondence Log ID #9). In its response on March 10, 2023, the state provided information on a Patient Reported Experience Measure (PREM)	Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (Pub. L. 117-2)	Response: NYS will use a population health measurement approach to ensure that the care received during this extended postpartum period is high-quality care. NYS will produce quality measure rates for the extended postpartum population using the Quality Assurance Reporting Requirements data. These include standard postpartum measures defined by HEDIS ((1) Prenatal and Postpartum

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
		<p>survey, administered before discharge from their birthing hospitalization. Because the PREM survey would not cover care delivered post-discharge in the postpartum or extended postpartum period, we want to follow up with the state to confirm specifically how the state plans to ensure the care received in the postpartum period/extended postpartum period is high quality care.</p>		<p>Care and (2) Postpartum Depression Screening and Follow-Up) which do include time periods post 60-days after birth. We will also produce four additional HEDIS measures that cover a broad range of important health concerns for postpartum people including:</p> <ol style="list-style-type: none"> 3. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, 4. Follow-up After Hospitalization for Mental Illness, 5. Adult Immunization Status, and 6. Contraceptive care for all ages for women 21-44 <p>c. Are you setting quality benchmarks?</p> <p>The postpartum population will be compared to the appropriate Medicaid general population. We will apply statistical significance testing to see if there are differences from the statewide performance norms. Depending on population size we will produce the results at a statewide and a plan level.</p> <p>d. How do you plan on addressing performance issues?</p> <p>Results will be monitored by NYS. If performance differences are statistically far from the norm, we may employ root cause analyses with the plans where they investigate measure issues. We will also consider how population changes to the measure through the inclusion of this group may impact performance in ongoing programs to support quality in NYS including the NYS Consumer Guides and the Quality Incentive.</p>

Submission Package was updated by the State in accordance with the response above

- Yes
- No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID NY2022MS00190
Submission Type Official
Approval Date 6/13/2023
Superseded SPA ID N/A

SPA ID NY-23-0006
Initial Submission Date 12/30/2022
Effective Date N/A

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID NY2022MS00190
Submission Type Official
Approval Date 6/13/2023
Superseded SPA ID N/A

SPA ID NY-23-0006
Initial Submission Date 12/30/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID NY-23-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	3/1/2023	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID NY2022MS00190
Submission Type Official
Approval Date 6/13/2023
Superseded SPA ID N/A

SPA ID NY-23-0006
Initial Submission Date 12/30/2022
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives Effective March 1, 2023, this amendment will implement the continuous eligibility for pregnant women and extended postpartum coverage option at 1902(e)(16). Medicaid-eligible pregnant individuals will be able to access full Medicaid benefits for the duration of their pregnancy and the 12-month postpartum period, regardless of any changes in income or household size. The 12-month postpartum coverage period will begin on the last day of the pregnancy and end on the last day of the 12th month.

Federal Budget Impact and Statute/Regulation Citation






Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$10861772
Second	2024	\$18901570

Federal Statute / Regulation Citation

1902(e)(16)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Authorizing Provisions (23-0006) (11-29-22)	12/1/2022 3:20 PM EST	
Postpartum SPA Fiscal Backup (23-0006) (12-2-22)	12/2/2022 8:01 AM EST	
Fiscal Calculations (23-0006) (12-15-22)	12/15/2022 3:55 PM EST	
HCFA 179 (23-0006) (CMS 12-30-22)	12/30/2022 10:24 AM EST	
Original Submission Letter (23-0006) (CMS 12-30-22)	12/30/2022 10:24 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID NY2022MS00190
Submission Type Official
Approval Date 6/13/2023
Superseded SPA ID N/A

SPA ID NY-23-0006
Initial Submission Date 12/30/2022
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019O | NY-23-0006

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Reviewable Unit Name	Included in Another Source Type Submission Package
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	APPROVED

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID NY2022MS00190
Submission Type Official
Approval Date 6/13/2023
Superseded SPA ID N/A

SPA ID NY-23-0006
Initial Submission Date 12/30/2022
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID NY2022MS00190
Submission Type Official
Approval Date 6/13/2023
Superseded SPA ID N/A

SPA ID NY-23-0006
Initial Submission Date 12/30/2022
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
11/15/2022	paper mailing/electronic mailing



All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
12/15/2022	paper mailing/electronic mailing

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Regina	11/15/2022 12:01 PM EST	
Tribal Consultation (23-0006) (Summary) (12-15-22)	12/23/2022 11:15 AM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00190 | NY-23-0006

Package Header

Package ID	NY2022MS00190	SPA ID	NY-23-0006
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	6/13/2023	Effective Date	3/1/2023
Superseded SPA ID	New		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see

below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/13/2023 3:15 PM EDT