

## **Table of Contents**

**State/Territory Name:**                      **NEW YORK**

**State Plan Amendment (SPA) #:**      **16-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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September 26, 2016

Jason Helgeson  
Medicaid Director, Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP-1211)  
Albany, New York 12237

Dear Commissioner Helgeson,

New York submitted State Plan (SPA) #16-0015 which was received by CMS on June 30, 2016. The SPA is being submitted based on section 2301 of the Affordable Care Act and in accordance with Department regulations. The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by 1902(a) (30) of the Social Security Act and 42 CFR 447.204.

Please note the approval of this SPA is September 26, 2016 with an effective date of June 1, 2016. Copies of the approved State Plan pages and the signed CMS – 179 as well as superseding pages are enclosed.


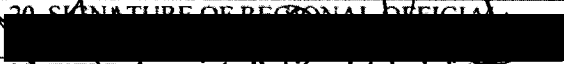
Should you have any additional concerns please contact Vennetta Harrison at 212-616-2214.

Sincerely,

A black rectangular redaction box covers the signature of Michael J. Melendez. Above the box, there is a faint, blue ink scribble that appears to be the start of a signature.

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>16-0015</b>	2. STATE <b>New York</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>June 1, 2016</b>	
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: <b>Social Services Law Section 365-a</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 06/01/16-09/30/16 \$ 416.67 b. FFY 10/01/16-09/30/17 \$ 1,250.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Att 3.1-A Supplement: Page 2(a)(ii)(B); 2(a)(ii)(C)</b> <b>Att 3.1-B Supplement: Page 2(a)(ii)(B); 2(a)(ii)(C)</b> <b>Att 4.19-B : Page 4(a)(i)(6); 4(a)(i)(7)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Telehealth Store and Forward Technology and Remote Patient Monitoring (FMAP = 50%)</b>			
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: <b>New York State Department of Health Bureau of Federal Relations &amp; Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>JUN 30 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>SEPTEMBER 26, 2016</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUNE 01, 2016</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 Operations</b>	
23. REMARKS:			

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

**Telehealth Services – Remote Patient Monitoring**

Effective on or after June 1, 2016, 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, 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 by a facility licensed under Article 28 of Public Health Law or by a physician, nurse practitioner, midwife, or physician assistant who has examined the patient and with whom the patient has an established, 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 16-0015 Approval Date SEP 26 2016  
Supersedes TN NEW Effective Date JUN 01 2016

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

**Telehealth Services – Store and Forward**

Effective on or after June 1, 2016, 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, 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 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.

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

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2(a)(ii)(c)

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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 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 #16-0015

Supersedes TN # NEW

Approval Date SEP 26 2016  
Effective Date JUN 01 2016

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, 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 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% 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 16-0015 Approval Date SEP 26 2016  
Supersedes TN NEW Effective Date JUN 01 2016



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 reflect telehealth remote patient monitoring costs on a daily basis when medically necessary remote patient monitoring has taken place. A daily fee will be paid for each day 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, rates for remote patient monitoring services provided to Medicaid patients shall not exceed \$4.00 per day. The maximum rate for remote patient monitoring per month per patient shall not exceed \$32.00.

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