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1937(STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State: New York

Section 3 – Services: General Provisions

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1902(z), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483

C. Benchmark Benefit Package and Benchmark Equivalent Benefit Package (provided in accordance with 1937 of the Act and 42 CFR Part 440).

The State elects to provide alternative benefits:

X Provided

☐ Not Provided

X Title of Alternative Benefit Plan A- Medication Therapy Management (MTM) Program
☐ Title of Alternative Benefit Plan B

1. Populations and geographic area covered

The State will provide the benefit package to the following populations:

a) X Populations who are full benefit eligibility individuals in a category established on or before February 8, 2006, that may be required to enroll in an alternative benefit plan to obtain medical assistance.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

- Each eligibility group the state will require to enroll in the alternative benefit plan;
- Each eligibility group the state will allow to voluntarily enroll in the alternative benefit plan;
- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

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Required Enrollment	Opt-In Enrollment	Full-Benefit Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	X	Mandatory categorically needy low-income families and children eligible under section 1925 for Transitional Medical Assistance	**See Box Below**	**Bronx County**
		Mandatory categorically needy poverty level infants eligible under 1902(a)(10)(A)(i)(IV)		
		Mandatory categorically needy poverty level children aged 1 up to age 6 eligible under 1902(a)(10)(A)(i)(VI)		
		Mandatory categorically needy poverty level children aged 6 up to age 19 eligible under 1902(a)(10)(A)(i)(VII)		
	X	Other mandatory categorically needy groups eligible under 1902(a)(10)(A)(i) as listed below and include the citation from the Social Security Act for each eligibility group: • • • •	**See Box Below**	**Bronx County**
	X	Optional categorically needy poverty level pregnant women eligible under 1902(a)(10)(A)(ii)(IX)	**See Box Below**	**Bronx County**
		Optional categorically needy poverty level infants eligible under 1902(a)(10)(A)(ii)(IX)		
	X	Optional categorically needy AFDC-related families and children eligible under 1902(a)(10)(A)(ii)(I)	**See Box Below**	**Bronx County**
		Medicaid expansion/optional targeted low-income children eligible under 1902(a)(10)(A)(ii)(XIV)		
		Other optional categorically needy groups eligible under 1902(a)(10)(A)(ii) as listed below and include the citation from the Social Security Act for each eligibility group: • • • •		

Targeting Criteria:
The MTM program will provide focused one-on-one, face-to-face medication management by a qualified pharmacist to Medicaid enrollees (voluntarily enrolled) to improve overall health outcomes and to decrease overall healthcare costs.

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Supersedes TN#: new **Effective Date:** JUN 11 2009

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Asthma will be the initial chronic medical condition to be addressed in the Medicaid MTM program. Beginning as a pilot program, MTM will be offered to Medicaid enrollees with continuous coverage under Medicaid for the last 180 days and who are ages 21-63 with asthma, living in the Bronx. Excluded from the program are dual eligible Medicaid/Medicare enrollees, institutionalized enrollees and managed care enrollees.

The MTM program will be offered to eligible individuals meeting program criteria.

Medicaid enrollees will be identified as eligible for MTM services using the following selection criteria, based on an analysis of Medicaid medication claims and other Medicaid paid claims including hospital and emergency room claims. This group will be refined to contain patients with persistent asthma by applying determinants of disease severity based on resource utilization or suboptimal chronic therapy. All target enrollees must have at least one asthma related hospital or emergency room visit during the past year or suboptimal chronic medication therapy related to asthma.

b) .

The following populations will be given the option to voluntarily enroll in an alternative benefit plan.

Please indicate in the chart below:

- Each eligibility group the state will allow to voluntarily enroll in the alternative benefit plan,
- Specify any additional targeted criteria for each included group (e.g., income standard).
- Specify the geographic area in which each group will be covered.

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
X	Mandatory categorically needy low-income parents eligible under 1931 of the Act	**Same as Section 1a.**	**Bronx County**
X	Mandatory categorically needy pregnant women eligible under 1902(a)(10)(A)(i)(IV) or another section under 1902(a)(10)(A)(i):	**Same as Section 1a.**	**Bronx County**
X	Basic TWWIIA working individuals with disabilities eligible under 1902(a)(10)(A)(ii)(XV)	**Same as Section 1a.**	**Bronx County**
X	Individuals qualifying for Medicaid on the basis of blindness under:	**Same as Section 1a.**	**Bronx County**
X	Individuals qualifying for Medicaid on the basis of disability under:	**Same as Section 1a.**	**Bronx County**
X	Individuals eligible for Social Security benefits under title XVIII of the Act (Health Insurance for the Aged and Disabled)	**Same as Section 1a.**	**Bronx County**
	Individuals who are terminally ill and receiving Medicaid hospice benefits		
	Institutionalized individuals assessed a patient contribution towards the cost of care		
	Individuals dually eligible for Medicare and Medicaid		

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	Children younger than age 19 who are eligible for SSI		
	Disabled children eligible under the TEFRA option - section 1902(e)(3)		
	Children receiving foster care or adoption assistance under title IV-E of the Act		
	Children in foster care or other out-of-home placement		
	Children receiving non-IV-E foster care or adoption assistance		
	Individuals receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V of the Act (Maternal and Child Health Services Block Grant)		
	Individuals who qualify based on medical condition for Medicaid coverage of institutional or community-based long-term care services		
	Women needing treatment for breast or cervical cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)		
	TB-infected individuals who are eligible under 1902(a)(10)(A)(ii)(XII)		
	Illegal or otherwise ineligible aliens who are only covered for emergency medical services under section 1903(v)		
	Individuals eligible as medically needy under section 1902(a)(10)(C)(i)(III)		

c) For optional populations/individuals (checked above in 1a. & 1b.), describe in the text box below the manner in which the State will inform each individual that:

- Enrollment is voluntary;
- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State plan.

The New York State Medicaid program is sending an invitation letter to all eligible enrollees residing in the Bronx stating MTM services are available and enrollment is voluntary. Enrollees are also advised that if they choose to enroll in the MTM program, they may opt out of this program at any time. Invitation letters and enrollment materials will be available in Spanish. All State Plan services will continue to be included for enrollees opting to participate in the MTM program; no State Plan services will be excluded.

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2. Description of the Benefits

☐ The State will provide the following alternative benefit package (check the one that applies).

a) ☐ Benchmark Benefits

☐ **FEHBP-equivalent Health Insurance Coverage** – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(l) of Title 5, United States Code.

☐ **State Employee Coverage** – A health benefits coverage plan that is offered and generally available to State employees within the State involved.

In the text box below please provide either a World Wide Web URL (Uniform Resource Locator) link to the State's Employee Benefit Package or insert a copy of the entire State's Employee Benefit Package.

☐ **Coverage Offered Through a Commercial Health Maintenance Organization (HMO)** – The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State involved.

In the text box below please provide either a World Wide Web URL link to the HMO's benefit package or insert a copy of the entire HMO's benefit package.

X **Secretary-approved Coverage** – Any other health benefits coverage that the Secretary determines provides appropriate coverage for the population served. Provide a full description of the benefits in the plan, including any applicable limitations. Also include a benefit by benefit comparison to services in the State plan or to services in any of the three Benchmark plans above

1) The new State Plan service, MTM, will be available to all eligible enrollees, identified in this SPA, residing in the Bronx meeting specific State defined inclusion criteria.

MTM services will be provided in addition to all State Plan services. These services will continue to be included for enrollees opting to participate in the MTM program; no State Plan services will be excluded.

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2) Medication Therapy Management will provide one-on-one, face-to-face medication therapy services provided by trained, qualified NYS Medicaid MTM pharmacists who possess a New York State pharmacy license. The services will be rendered in Medicaid enrolled retail pharmacies that have received a NYS Medicaid MTM-designation. Asthma will be the initial chronic medical condition to be addressed in the Medicaid MTM program. The services to be provided include:

- patient assessment (medical history as related by the patient);
- comprehensive patient medication therapy review;
- personal medication record (retained by the patient);
- medication action plan (for the patient to follow);
- assistance in finding a primary care physician (if needed);
- documentation of problems, resolutions, education and evaluation of patient response to medication therapy including adverse events; and
- follow-up to ensure patient adherence with medication action plan and;
- encourage patient self-management.

Enrollees will be provided MTM services from State trained, qualified Medicaid MTM pharmacists performing within their scope of practice pursuant to NYS Education Law. Pharmacists will not be providing medical advice to enrollees but will be conferring with the enrollee's prescriber to share recommendations. These pharmacists are expected to also facilitate linkage of the enrollee with a primary care provider (PCP) when the enrollee does not have a PCP.

3) Enrollee choice and consent
The MTM program will be offered to eligible individuals meeting program criteria. Enrollee eligibility for MTM services is based on specific inclusion criteria developed by the New York State Medicaid program described in the targeting criteria. Eligible enrollees will be invited to voluntarily opt into the Medicaid MTM program and will receive notification containing the name and contact information for Medicaid MTM-designated pharmacies in their area. The notification will encourage the enrollee to contact the Medicaid MTM-designated pharmacy of their choice to set up their initial visit.

Medicaid enrollees who agree to participate in the MTM program will be required to sign a consent form, prior to the enrollee's first visit with a qualified Medicaid MTM pharmacist, releasing identifiable health information to practitioners and pharmacists involved in the enrollee's care and MTM program. Enrollees receiving MTM services may choose to change either their Medicaid MTM designated pharmacy, change their qualified Medicaid MTM pharmacist at any time or opt out of MTM services at any time.

4) Service setting
Services will be provided face-to-face by a qualified pharmacist in an area of a Medicaid MTM-designated community pharmacy separate from the dispensing area to afford privacy for discussion of the enrollee's medical and pharmaceutical issues. MTM services will only be available at designated MTM pharmacies in the Bronx.

5) Frequency of service
Enrollees will be eligible for one initial visit and 6 subsequent visits per 12 month period.

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6) Provider qualifications
Medicaid MTM-designated Pharmacies- In order to participate in the MTM program, a pharmacy must: (1) be licensed and registered and in good standing with the Department of Education Board of Pharmacy, (2) be enrolled and in good standing with the NYS Medicaid program, (3) provide a current (and updated, as required) list of qualified MTM pharmacist(s) in its employment and (4) provide a separate and private MTM counseling area.

Qualified Medicaid MTM Pharmacists- In order to participate in the New York State Medicaid MTM program, a pharmacist must: (1) be registered and in good standing with the State Department of Education Board of Pharmacy and (2) be in good standing with the NYS Medicaid program and (3) have completed the NYS Medicaid MTM training.

b) ☐ Benchmark-Equivalent Benefits.

Specify which benchmark plan or plans this benefit package is equivalent to:

(i) Inclusion of Required Services – The State assures the alternative benefit plan includes coverage of the following categories of services: (Check all that apply).

☐ Inpatient and outpatient hospital services;

☐ Physicians' surgical and medical services;

☐ Laboratory and x-ray services;

☐ Well-baby and well-child care services as defined by the State, including age-appropriate immunizations in accordance with the Advisory Committee on Immunization Practices;

☐ Other appropriate preventive services including emergency services and family planning services included under this section.

(ii) ☐ Additional services

Insert a full description of the benefits in the plan including any limitations.

(iii) N\A The State assures that the benefit package has been determined to have an aggregate actuarial value equivalent to the specified benchmark plan in an actuarial report that:

- Has been prepared by an individual who is a member of the American Academy of Actuaries;
- Using generally accepted actuarial principles and methodologies;
- Using a standardized set of utilization and price factors;
- Using a standardized population that is representative of the population being served;
- Applying the same principles and factors in comparing the value of different coverage (or categories of services) without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used; and
- Takes into account the ability of a State to reduce benefits by taking into account the increase in actuarial value of benefits coverage without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used and taking into account the ability of the State to reduce benefits by considering the increase in actuarial value of health benefits coverage offered under the State plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.

Insert a copy of the report.

iv N\A The State assures that if the benchmark plan used by the State for purposes of comparison in establishing the aggregate value of the benchmark-equivalent package includes any of the following four categories of services, the actuarial value of the coverage for each of these categories of services in the benchmark-equivalent coverage package is at least 75 % of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State:

- Prescription drugs;
- Mental health services;
- Vision services, and/or
- Hearings services,

In the text box below provide a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.

c Additional Benefits

☐ Insert a full description of the additional benefits including any limitations.

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☐ Other Additional Benefits (If checked, please describe)

3. Service Delivery System

Check all that apply.

X The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements of section 1902(a) and implementing

regulations relating to payment and beneficiary free choice of provider.

☐ The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements cited above, except that it will be operated with a primary care case management system consistent with section 1905(a)(25) and 1905(t).

☐ The alternative benefit plan will be provided through a managed care organization consistent with applicable managed care requirements (42 CFR 438, 1903(m), and 1932).

☐ The alternative benefit plan will be provided through PIHPs (Pre-paid Inpatient Health Plan) consistent with 42 CFR 438.

☐ The alternative benefit plan will be provided through PAHPs (Pre-paid Ambulatory Health Plan).

☐ The alternative benefit plan will be provided through a combination of the methods described above. Please describe how this will be accomplished.

4. Employer Sponsored Insurance

☐ The alternative benefit plan is provided in full or in part through premiums paid for an employer sponsored health plan.

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5. Assurances

N\A The State assures EPSDT services will be provided to individuals under 21 years old who are covered under the State Plan under section 1902(a)(10)(A).

☐ Through Benchmark only

☐ As an Additional benefit under section 1937 of the Act

X The State assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).

X The State assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.

X The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.

All modes of transportation are available to Medicaid enrollees, when necessary to access care and service covered under the Medicaid Program. Medicaid transportation is an optional item of medical assistance, per New York **Social Services Law** at § 365-a. Implementation of this law is found at **Title 18 New York Code of Rules and Regulation** at section 505.10 and is on file in New York's State Plan.

6. Economy and Efficiency of Plans

X The State assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

7. Compliance with the Law

X The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.

8. Implementation Date

X The State will implement this State Plan amendment on | **January 6, 2010** | *(date)*.

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Type of Service	Method of Reimbursement
Pharmacy Medication Therapy	Fee schedule developed by the Department of Health and approved by the Division of Budget. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers of medication therapy management services. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State pharmacy provider manual available and is also available at http://nyhealth.gov/health_care/medicaid/program/mtm/index.htm. The agency's fee schedule was set as of December 29, 2008 and is effective for services provided on or after January 6, 2010.