



DEPARTMENT OF HEALTH & HUMAN SERVICES

**CMS**

CENTERS for MEDICARE & MEDICAID SERVICES

Refer to: DMCH:MFMB:SG

**MAR 29 2010**

Region II  
Jacob K. Javits Federal Building  
26 Federal Plaza, Room 3800  
New York, NY 10278

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower, Room 1466  
Empire State Plaza  
Albany, New York 12237

Dear Ms. Frescatore:

We have completed our review of New York State Plan Amendment (SPA) submittal 09-63, "Pharmacists as Immunizers" (Attachment 4.19-B, page 4(f)(1); Supplement to Attachment 3.1-A, page 2(xiv)(a); and Supplement to Attachment 3.1-B, page 2(xiv)(a)), and find it acceptable for incorporation into New York's Medicaid Plan, effective November 5, 2009. Enclosed please find copies of State Plan Amendment 09-63 and Form CMS-179.

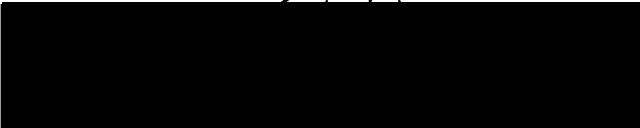
Please note that we have substituted the originally submitted pages with the revised pages that New York transmitted to our office via e-mail on March 8 and 9, 2010.

This amendment satisfies all of the statutory requirements at Sections 1902(a)(13) and (a)(30) of the Social Security Act, and implementing regulations at 42 CFR 447.250 and 447.272.

As of today, New York State legislation approving the budget appropriation to fund this SPA is pending. In order to draw down Federal Financial Participation (FFP), the State is obligated to supply the non-Federal share of the funding for payments made to the provider(s).



We would like to take this opportunity to thank you for the courtesies and assistance provided to our office by State staff during the approval process for this State Plan Amendment. If you have any questions, please contact Suzanne Gallagher at 212-616-2482.

Sincerely,



Michael Melendez  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>09-63</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>November 5, 2009</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</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$4.0 million b. FFY 2011 \$3.4 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, page 4(f)(1), Attachment 3.1A Supplement page 2(xiv)(a), Attachment 3.1B Supplement page 2(xiv)(a)</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>Pharmacists As Immunizers</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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: <b>Donna Frescatore</b>			
14. TITLE: <b>Deputy Director Department of Health</b>			
15. DATE SUBMITTED: <b>December 31, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>MAR 29 2010</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>NOV 05 2009</b>			
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>Originally submitted page Attachment 4.19-B, page 4(f)(1) has been replaced by revised page via State e-mail of 03/08/2010.</b>  <b>Originally submitted pages Attachment 3.1-A, Supplement page 2(xiv)(a) and Attachment 3.1-B, Supplement page 2(xiv)(a) has been replaced by revised page via State e-mail of 03/09/2010.</b>			

**OFFICIAL**

Type of Service

Method of Reimbursement

Pharmacists as Immunizers

Fee schedule developed by the Department of Health and approved by the Division of Budget. State developed fee schedules are the same as the fee schedule established for Physicians. Pharmacies participating in the New York State Medicaid program are reimbursed a vaccine administration fee established at the same rate paid to physicians. The reimbursement to the pharmacy is on behalf of the employed pharmacist, who as the licensed practitioner is the vaccine administrator. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State pharmacy provider manual. The agency's fee schedule is effective for services provided on or after October 15, 2009.

TN # 09-63 Approval Date MAR 29 2010

Supersedes TN # NEW ~~Net~~ Effective Date NOV 05 2009

**OFFICIAL**

6d. Other Practitioner Services (Continued)

Pharmacists as Immunizers

1. Reimbursement will be provided to pharmacies for vaccines and anaphylaxis agents administered by certified pharmacists within the scope of their practice.
2. Service setting.  
Services will be provided by a certified pharmacist in a pharmacy or in other locations where mass immunization may take place, such as retail stores/outlets, assisted living centers, and health fairs.
3. Provider qualifications.  
Pharmacists must be currently licensed, registered and certified by the NYS Department of Education Board of Pharmacy to administer immunizations.

TN#: 09-63

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**New**

6d. Other Practitioner Services (Continued)

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