

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-53	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 15, 2009

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

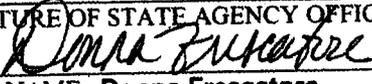
6. FEDERAL STATUTE/REGULATION CITATION: NYS Social Services Law Section 367-a(9)(i)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 (\$1.7 million) b. FFY 2011 (\$3.1 million)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 1(A)(iii), 1(A)(iv), 1A(v), 1(A)(vi), 1(A)(vii), 1(A)(viii) & 4(e)(1), Attachment 3.1-A page 8a, Attachment 3.1-A Supplement pages 2(xv) & 5(a), Attachment 3.1-B Supplement pages 2(xv) & 5(a)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 8a
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**** SEE REMARKS**

10. SUBJECT OF AMENDMENT:
E- Prescribing Incentive

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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: Donna Frescatore	
14. TITLE: Deputy Commissioner Department of Health	
15. DATE SUBMITTED: 10/8/09	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: APR 08 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: NOV 15 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Michael Melendez	22. TITLE: Acting Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

**Att. 4.19B, page 1(A)(iii), 1A(iv), 1A(v), 1A(vi), 1A(vii), 1A(viii), and 4(e)(1).
 All these revised pages are per the State's letter of 3/16/10.
 Att. 3.1A page 5(a) and page 8a. These pages are as revised and submitted per the State's letter of 3/16/10.
 Att. 3.1 A, Supplement page 2(xv). This page is as revised and submitted in the State's e-mail of 4/8/10.
 Attachment 3. IB Supplement page 5 (a). This page is as revised and submitted per the State's letter of 3/16/10.
 Attachment 3. IB Supplement page 2(xv). This page is as revised and submitted in the State's e-mail of 4/8/10.**