



CENTERS for MEDICARE & MEDICAID SERVICES

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Region II
26 Federal Plaza Rm. 3800
New York, N.Y. 10278

APR 08 2010

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


Dear Ms. Frescatore:

We have received a copy of Larry Reed's letter to you, in which he notified you of the approval of New York's State Plan Amendment (SPA) 09-53. This SPA provides an incentive payment to prescribers and pharmacies which utilize electronic prescribing. Mr. Reed advised you that the New York Regional Office would forward you the signed CMS-179 form as well as copies of the approved pages. These documents are enclosed. There were numerous revisions to the submitted pages and the CMS-179 during the development process for this SPA. All of the attached pages are the final versions as submitted in the State's letter of March 16, 2010, with the exception of Attachment 3.1A and 3.1B Supplements, pages 2(xv), which are the final versions of these pages as submitted with the State's e-mail of April 8, 2010.

Please note that the approval date of the SPA is April 8, 2010 and the effective date is November 15, 2009.

If you have any questions, please contact Julie Alberino at (212) 616-2415.



Sincerely,



Michael J. Melendez
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

cc: Sue Irwin
David Moscovic

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): <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: 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)	
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	
** SEE REMARKS			
10. SUBJECT OF AMENDMENT: E- Prescribing Incentive			
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: 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	
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: <p>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.</p>			

New York

1(A)(iii)

OFFICIAL

Attachment 4.19-B

An e-prescription financial incentive will be paid to physicians for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

TN #09-53 _____

Supersedes TN New _____

Approval Date APR 08 2010

Effective Date NOV 15 2009

New York

1(A)(iv)

OFFICIAL

Attachment 4.19-B

An e-prescription financial incentive will be paid to dentists for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

TN #09-53 _____

Approval Date APR 08 2010

Supersedes TN New _____

Effective Date NOV 15 2009

New York

1(A)(v)

Attachment 4.19-B

OFFICIAL

An e-prescription financial incentive will be paid to podiatrists for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

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Approval Date APR 08 2010

Supersedes TN New _____

Effective Date NOV 15 2009

New York

1(A)(vi)

OFFICIAL

Attachment 4.19-B

An e-prescription financial incentive will be paid to optometrists for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

TN #09-53 _____

Approval Date APR 08 2010

Supersedes TN New _____

Effective Date NOV 15 2009

New York

1(A)(vii)

OFFICIAL

Attachment 4.19-B

An e-prescription financial incentive will be paid to nurse midwives for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

TN #09-53 _____

Approval Date APR 08 2010

Supersedes TN New _____

Effective Date NOV 15 2009

New York

1(A)(viii)

OFFICIAL

Attachment 4.19-B

An e-prescription financial incentive will be paid to nurse practitioners for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the counter medications and supplies prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at 80 cents per electronic prescription/fiscal order dispensed.

TN #09-53 _____

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Approval Date APR 08 2010

Effective Date NOV 15 2009

OFFICIAL

An e-prescription financial incentive will be paid to retail pharmacies for the purpose of encouraging the electronic transmission of prescriptions and fiscal orders for select over-the-counter medications prescribed and dispensed in accordance with State and federal requirements. Reimbursement is determined by the State Department of Health at the cost of ingredients plus a dispensing fee which includes 20 cents per electronic prescription/fiscal order dispensed.

TN #9-53 Approval Date APR 08 2010
Supersedes TN NEW Effective Date NOV 15 2009

Revision: HCFA-PM-91 (BPD)
AUGUST 1991

OFFICIAL

Attachment 3.1-A
Page 8a
OMB No.: 0938-

State/Territory: NEW YORK

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a Presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations *
 Not provided

22. Respiratory care services (in accordance with section 1902 (e) (9) (A) Through (C) of the Act. *

Provided: No limitations With limitations *
 Not provided

23. Pediatric or family nurse practitioners' services. [**]

Provided: No limitations With limitations *

* State statute does not recognize service, but it is available to EPSDT population through the clinic and home health benefit.

[** New York State covers all nurse practitioner specialties Recognized under State Law.]

* Description provided on attachment.

TN#: #09-53

Approval Date: APR 08 2010

Supersedes TN#: 91-75

Effective Date: NOV 15 2009

New York
2(xv)

Attachment 3.1-A
Supplement

OFFICIAL

6d. Nurse Practitioners' Services

New York State covers all nurse practitioner specialties recognized under State Law with no limitations.

TN#: #09-53

Approval Date: APR 08 2010

Supersedes TN#: New

Effective Date: NOV 15 2009

New York
2(xv)

Attachment 3.1-B
Supplement

OFFICIAL

6d. Nurse Practitioners' Services

New York State covers all nurse practitioner specialties recognized under State Law with no limitations.

TN#: #09-53

Approval Date: APR 08 2010

Supersedes TN#: New

Effective Date: NOV 15 2009

OFFICIAL

A utilization threshold service is decremented each time a patient is seen by a physician including those times when the patient is seen by a physician and an electronic prescription/fiscal order is transmitted for medically necessary pharmaceuticals and select over the counter medications.

TN #09-53 _____

Approval Date APR 08 2010

Supersedes TN New _____

Effective Date NOV 15 2009

OFFICIAL

Attachment 3.1-B
Supplement

A utilization threshold service is decremented each time a patient is seen by a physician including those times when the patient is seen by a physician and an electronic prescription/fiscal order is transmitted for medically necessary pharmaceuticals and select over the counter medications.

TN #09-53 _____

Supersedes TN New _____

Approval Date APR 08 2010

Effective Date NOV 15 2009