

October 22, 2012

John McCarthy, Medicaid Director  
Office of Ohio Health Plans  
Ohio Department of Job and Family Services (ODJFS)  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

RE: TN 09-036

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-036 To permit reimbursement to providers for the administration of influenza vaccines; effective October 1, 2009.

Please contact Heather Brown-Palsgrove, of my staff, at (312) 886-2417 or [heather.brown-palsgrove@cms.hhs.gov](mailto:heather.brown-palsgrove@cms.hhs.gov) if you have any questions.

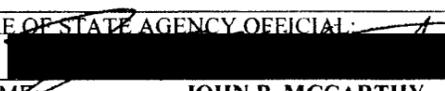
Sincerely,



Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, ODJFS  
Lynne Lyon, ODJFS  
Andy Jones, ODJFS  
Becky Jackson, ODJFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>09-036 REVISED #3</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/01/2009	
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"/> <b>AMENDMENT</b> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60 and 42 CFR 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY 2010      \$ 0 b. FFY 2011      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 6-d-4, Page 1 of 1 NEW Attachment 4.19-B, Item 6-d-4, Page 1 of 1 NEW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: To permit reimbursement to providers for the administration of influenza vaccines.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Becky Jackson Bureau of Health Plan Policy Office of Medical Assistance P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: <b>JOHN B. MCCARTHY</b>			
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <b>7/24/12</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>July 24, 2012</b>		18. DATE APPROVED: <b>OCT 22 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 1, 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Verlon Johnson</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

Instructions on Back

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.

d. Other practitioners' services

(4) Pharmacists' services.

The Department covers the administration of seasonal and pandemic influenza vaccines by licensed pharmacists who are practicing within their scope and employed by pharmacies that contract with Ohio Medicaid. Participating pharmacies and pharmacists must meet all requirements set forth by the Ohio Board of Pharmacy.

TN: 09-036  
Supersedes  
TN: NEW

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(4) Pharmacists' services.

Providers will be reimbursed a fee schedule amount for administering seasonal and pandemic influenza vaccines. Except as otherwise noted in the state plan, the state developed fee schedule rates for seasonal and pandemic influenza vaccine administration are the same for both governmental and private providers. The agency's fee schedule rate was set October 1, 2009, and is effective for services provided on or after that date. The fee schedule may be accessed at the following website: <http://jfs.ohio.gov/OHP/provider.stm>.

When a provider administers a seasonal or pandemic influenza vaccine in a pharmacy, the administration fee is the lesser of the provider's charge or the Medicaid maximum fee schedule amount of ten dollars. This fee schedule amount is effective for services provided on or after October 1, 2009, and applicable to services rendered by governmental and private providers.

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Supersedes  
TN: NEW

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