

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-028	2. STATE: COLORADO
		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 7/1/10	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A 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 1928(c)(2)(C)(ii) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY10 (\$3,513) b. FFY11 (\$12,961)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4.19(m) Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program; Page 66(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 4.19(m) Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program; Pages 66(b) and 66(c) (TN 09-040: Pages 66(b) and 66(c))	
10. SUBJECT OF AMENDMENT Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program – Indicates that the state sets a payment rate below the level of the regional maximum established by the DHHS Secretary and describes the methodology by which client access to immunizations is assured. July 2010 rate changes.			
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated July 29, 2009 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Robert C. Douglas		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Legal Division Director		Attn: David Smith	
15. DATE SUBMITTED 9/30/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 9/30/10		18. DATE APPROVED 11/22/10	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/10		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Diana Maiden		22. TITLE Acting ARA	
23. REMARKS			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

66(b)

4.19 (m) Medicaid Reimbursement for the Administration of Vaccines under the Pediatric
Immunization Program

1928(c)(2)(C)(ii) of the Act

- (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers shall be administered as follows:

- (ii) The State:
 - sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
 - is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with state law.
 - sets a payment rate below the level of the regional maximum established by the DHHS Secretary. State-developed reimbursement rates for vaccine administration are the same for both governmental and private providers.
 - is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:
\$6.38 per immunization vaccine administration, plus or minus any approved physician rate adjustments. State-developed reimbursement rates are the same for both government and private providers using a fee schedule. The current fee schedule can be found at www.colorado.gov/hcpf.

- (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Vaccines for Children (VFC) vaccines are provided to both private and governmental providers in the state. The Colorado Department of Public Health and Environment (CDPHE) shall ensure that providers remain compliant with federal, state, and CDPHE VFC program requirements.

Any qualified Medicaid provider including but not limited to private practitioners, public health agencies, outpatient hospital clinics, Rural Health Centers, and Federally Qualified Health Centers may provide immunization services.

TN No. 10-028
Supersedes TN No. 09-040

Approval Date 11/22/10
Effective Date 7/1/10