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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>   |  | 1. TRANSMITTAL NUMBER:<br><b>09-013</b>  | 2. STATE<br><b>North Dakota</b> |
| FOR: HEALTH CARE FINANCING ADMINISTRATION  |  | 3. PROGRAM IDENTIFICATION:<br><b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>   |                                 |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br><b>July 1, 2009</b>  |                                 |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |  |                                 |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>1928(c)(2)(C)(ii) of the Act</b>   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY <u>2009</u> \$ <u>38,920</u><br>b. FFY <u>2010</u> \$ <u>155,677</u>   |                                 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><b>Page 66(b) and 66(c) of Section 4 of the State Plan</b>  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><b>Page 66(b) and 66(c) of Section 4 of the State Plan</b>                                 |                                 |
| 10. SUBJECT OF AMENDMENT:<br><b>Amends the State Plan to set a payment rate for administration of vaccines under the pediatric immunization program at the level of the regional maximum established by the DHHS Secretary.</b>  |  |  |                                 |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Director,</u><br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u> |  |  |                                 |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  |  | 16. RETURN TO:   |                                 |
| 13. TYPED NAME:<br><b>Maggie D. Anderson</b>   |  | <b>Maggie D. Anderson, Director<br/>Division of Medical Services<br/>ND Department of Human Services<br/>600 East Boulevard Avenue Dept 325<br/>Bismarck ND 58505-0250</b> |                                 |
| 14. TITLE:<br><b>Director, Division of Medical Services</b>  |  |  |                                 |
| 15. DATE SUBMITTED:<br><b>6/22/2009</b>  |  |  |                                 |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                                 |
| 17. DATE RECEIVED:<br><b>6/24/09</b>   |  | 18. DATE APPROVED:<br><b>8/4/09</b>  |                                 |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>   |  |  |                                 |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>7/1/09</b>  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><i>Richard C. Allen</i>   |                                 |
| 21. TYPED NAME:<br><b>Richard C. Allen</b>   |  | 22. TITLE:<br><b>Associate Regional Administrator</b>  |                                 |
| 23. REMARKS:   |  |  |                                 |

66(b)

Revision: HCFA-PM-94-9 (MB)  
JUNE 2009

State/Territory: North Dakota

Citation

4.19 (m) Medicaid Reimbursement for 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 I 1928(c) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

sets a payment rate at the level of the regional maximum established by the DHHS Secretary.\*

\*The State pays the regional maximum for all initial immunizations.

The state pays \$11.02 for each subsequent immunization vaccine administration received during the same visit.

The State pays \$8.93 for each subsequent intranasal/oral vaccine administration received during the same visit.

The reimbursement rates are the same for both public and private providers and the subsequent administration fees will be updated by annual or periodic physician fee adjustments.

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TN No: 09-013  
Supersedes  
TN No: 07-010

Approval Date: 9/4/00 Effective Date: 7/1/05

66 (c)

Revision: HCFA-PM-94-9 (MB)  
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- 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.
- is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal purchase State.

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TN No: 09-013  
Supersedes  
TN No: 07-010

Approval Date: 8/4/05 Effective Date: 7/1/05