

Table of Contents

State Name: Delaware

State Plan Amendment (SPA) #: 14-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT# 100120144071

DEC 23 2014


Mr. Stephen M. Groff, Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 14-0013 to amend the State Plan regarding Increased Medicaid Payment for Primary Care, specifically, Additional Codes Eligible for Enhanced Primary Care Payments.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 2, 2014. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SPA #14-0013

2. STATE
DELAWARE

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
July 2, 2014

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:

Patient Protection and Affordable Care Act (Pub. L. No. 111-148 as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152)), together known as the Affordable Care Act, 42 CFR 447.405, 42 CFR 447.410, 42 CFR 447.415

7. FEDERAL BUDGET IMPACT:

a. FFY **2014** \$ **N/A**

b. FFY **2015** \$ **182.38**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Introduction Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B Introduction Page 4

10. SUBJECT OF AMENDMENT: **INCREASED MEDICAID PAYMENT FOR PRIMARY CARE - ADDITIONAL CODES ELIGIBLE FOR ENHANCED PRIMARY CARE PAYMENTS, SECTION 1202 OF THE AFFORDABLE CARE ACT**

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's comments under separate correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//Stephen M. Groff – signature//

16. RETURN TO:

Stephen M. Groff

Director

Division of Medicaid and Medical Assistance

P.O. Box 906

New Castle, Delaware 19720-0906

13. TYPED NAME:

Stephen M. Groff, Director, Division of Medicaid and Medical Assistance

14. TITLE: **Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services**

15. DATE SUBMITTED:

September 30, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 30, 2014

18. DATE APPROVED:

December 23, 2014

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 2, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Francis McCullough

22. TITLE:

Associate Regional Administrator/DMCHO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Physician Services

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment
Continued

(Primary Care Services Affected by this Payment Methodology – continued)

☒ The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

99408 - Added October 10, 2010	90673 - Added July 2, 2014
99409 - Added October 10, 2010	99481 - Added July 2, 2014
99224 - Added January 1, 2011	99482 - Added July 2, 2014
99225 - Added January 1, 2011	
99226 - Added January 1, 2011	

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate as implemented by the state in CYs 2013 and 2014.

☐ Medicare Physician Fee Schedule rate as implemented by the state and using the 2009 conversion factor.

☒ State regional maximum administration fee set by the Vaccines for Children program.

TN No. SPA #14-0013
Supersedes
TN No. SPA #13-002

Approval Date DEC 23 2014
Effective Date 7/2/2014