

## **Table of Contents**

**State/Territory Name: DE**

**State Plan Amendment (SPA) DE: 24-0012**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



---

**Financial Management Group**

December 16, 2024

Andrew Wilson  
Director  
Division of Medicaid Medical Assistance  
P.O. Box 906  
New Castle, DE, 19720

RE: TN DE-24-0012

Dear Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Delaware state plan amendment (SPA) to Attachment 4.19-B DE 24-0012, which was submitted to CMS on October 8, 2024. This plan amendment modifies the reimbursement methodology for vaccines and vaccine administration.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica Smith at 214-767-6453 or via email at [lajoshica.smith@cms.hhs.gov](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>2</u>	2. STATE <u>DE</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>10/01/2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>IRA, Section 1905(r)(1)(B)(iii) and (5) of the Act, 42 CFR 438.4(a), 42</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>General Program Administration and Table of Contents page 66b</u> <del>Attachment 3.1-A page 6 Addendum 1</del> <u>Attachment 4.19-B Intro page 5</u> <u>Attachment 4.19-B Intro page 6</u> <u>Attachment 4.19-B Intro page 7.3</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>General Program Administration and Table of Contents</u> <del>page 66b Attachment 3.1-A page 6 Addendum 1</del> <u>Attachment 4.19-B Intro page 5</u> <u>Attachment 4.19-B Intro page 6</u> <u>Attachment 4.19-B Intro page 7.3</u>	
9. SUBJECT OF AMENDMENT  <u>Vaccines</u>			
10. GOVERNOR'S REVIEW (Check One)  <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:			
12. TY <u>35F947C98C8B499...</u> <u>Andrew Wilson</u>		15. RETURN TO  <u>Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720</u>	
13. TITLE <u>Director</u>			
14. DATE SUBMITTED <u>10/8/2024   9:33 AM EDT</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>10/08/24</u>		17. DATE APPROVED <u>December 16, 2024</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>10/01/2024</u>		19. SIGNATURE OF APPROVING OFFICIAL <div></div>	
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>	
22. REMARKS  <u>Pen &amp; Ink Authorized by state for Block 7 &amp; 8 to remove 3..1 A page</u>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: 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**

**Documentation of Vaccine Administration Rates**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- ☐ The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \_\_\_\_\_
- A single rate in effect for all vaccine administration services, regardless of billing code.  
The 2024 rate is \$15.00 (fifteen dollars).

- ☐ Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

---

---

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **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**

**Effective Date of Payment**

**E & M Services**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at <https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080>.

**Vaccine Administration**

This reimbursement methodology applies to services delivered on and after October 1, 2024. All rates are published at <https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080>.

**PRA Disclosure Statement**

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

TN No. SPA# 24-0012

Supersedes

TN No. 13-002

Approval Date December 16, 2024

Effective Date October 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **DELAWARE**

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

**Physician Services**

**Medicaid Payment for Primary Care Services CONTINUED**

Effective Date of Payment

a. Evaluation & Management Services

This reimbursement methodology applies to services delivered on or after January 1, 2015. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the Delaware Medical Assistance Program (DMAP) website at:

<https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080>

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both government and private providers.

b. Vaccine Administration

This reimbursement methodology applies to services delivered on or after January 1, 2015. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the Delaware Medical Assistance Program (DMAP) website at:

<https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080>

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both government and private providers.

TN No. SPA# 24-0012  
Supersedes  
TN No.14-015

Approval Date December 16, 2024  
  
Effective Date October 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: DELAWARE

Citation

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

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

1926 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 will 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. The rate is \$15.00 (fifteen dollars).
- ☐ 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:

fee is equal to or greater than the administration fee paid by a major insurance company.

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

comparison of Medicaid fee for administration of pediatric vaccines to the administration fees paid by a major insurance company.

TN No. SPA# 24-0012  
Supersedes  
TN No. SP# 347

Approval Date December 16, 2024  
Effective Date October 1, 2024