

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) : TX-22-0032**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

March 15, 2023

Ms. Stephanie Stephens  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Mail Code: H100  
Post Office Box 13247  
Austin, Texas 78711

RE: Texas TN 22-0032

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#22-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2022. The proposed amendment updates Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Monica Neiman at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov) or via phone at 945-356-1231.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 0 0 3 2

2. STATE

T X

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
**September 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION

**Social Security Act §1902(a)(30); 42 CFR §447.201(b);  
Social Security Act §1905(a)(5)(A); 42 CFR §440.50(a)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ \$37,294b. FFY 2023 \$ \$403,200

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Basic State Plan 4.19(m)  
Page 66(b)**8. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable)**Basic State Plan 4.19(m)  
Page 66(b) (TN 07-09(A))**

9. SUBJECT OF AMENDMENT

**The proposed amendment updates Medicaid Reimbursement for Administration of Vaccines under the  
Pediatric Immunization Program.**

10. 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: Sent to Governor's Office this  
date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

**Stephanie Stephens**

13. TITLE

**State Medicaid Director**

14. DATE SUBMITTED

**September 28, 2022**

15. RETURN TO

**Stephanie Stephens  
State Medicaid Director  
Post Office Box 13247, MC: H-100  
Austin, Texas 78711****FOR CMS USE ONLY**16. DATE RECEIVED  
September 28, 202217. DATE APPROVED  
**March 15, 2023****PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
September 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Reimbursement Review**

22. REMARKS

Revision: HCFA-PM-94-8 **(MB)**  
1994

October

State/Territory: Texas

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 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.

XX 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.

The state pays the following rate for the administration of a vaccine:

\$ 13.75

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

§1926 of  
The Act

Not applicable