

---

## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-09-040

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  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

---

February 23, 2010

Joan Henneberry, Executive Director  
Medical Assistance Office  
Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

RE: Colorado #09-040

Dear Ms. Henneberry:

This is your official notification that Colorado State Plan amendment 09-040 has been approved effective December 1, 2009. This State Plan concerns reimbursement for the administration of vaccines under the Pediatric Immunization Program.

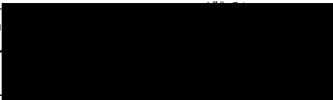

If you have any questions concerning this amendment, please contact Dee Raisl at (303) 844-2682.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Sandeep Wadhwa, M.D.  
David Smith  
Rachel Gibbons

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <b>09 - 040</b>	2. STATE: <b>COLORADO</b>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <b>12/1/09</b>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <b>1928(c)(2)(C)(ii) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT a. FFY10 w/ARRA (\$10,834) b. FFY11 partial ARRA (\$11,166)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>4.19(m) Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program; Page 66(b)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>4.19(m) Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program; Pages 66(b) and 66(c) (TN 08-003; Pages 66(b) and 66(c))</b>	
10. SUBJECT OF AMENDMENT <b>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.</b>			
11. GOVERNOR'S REVIEW (Check One)  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <b>Governor's letter dated July 29, 2009</b>			
12. SIGNATURE OFFICIAL 		16. RETURN TO  Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818  Attn: Rachel Gibbons	
13. TYPE <b>Sandeep Wadhwa, MD, MBA</b>		17. DATE RECEIVED <b>12/29/09</b>	
14. TITLE <b>Medicaid Director</b>		18. DATE APPROVED <b>2/23/10</b>	
15. DATE SUBMITTED <b>12/29/09</b>		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>12/1/09</b>		20. SIGNATURE OFFICIAL 	
21. TYPED NAME <b>Richard C. Allen</b>		22. TYPED NAME <b>Associate Regional Administrator</b>	
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:  
\$6.44 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](http://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.