
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-022

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

July 30, 2014

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado #14-022

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-022. This amendment applies to a rate change that provides for a 2% rate increase for immunization administration services effective 7/1/2014.

Please be informed that this State Plan Amendment was approved July 28, 2014 with an effective date of July 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).


If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

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

cc: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-022	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 1928(c)(2)(C)(ii) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY14-15 \$12,182 b. FFY15-16 \$49,835	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4, Item 4.19(m): Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Section 4, Item 4.19(m): Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program (TN 13-022)	
10. SUBJECT OF AMENDMENT Medicaid reimbursement for immunization administration services, reflecting rate increases as of July 1, 2014.			
11. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 11 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
13. TYPED NAME Suzanne Brennan			
14. TITLE Medicaid Director			
15. DATE SUBMITTED 6/18/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 6/18/14		18. DATE APPROVED 7/28/14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
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 with the exception of those services and providers subject to the minimum payments described at 42 CFR 447.405. 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.

With the exception of those services and providers subject to the minimum payments described at 42 CFR 447.405, the State pays the following rate for the administration of a vaccine:

\$6.59 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.

(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.