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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 19-002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

August 14, 2019

Allison Taylor, Medicaid Director
Family and Social Services Administration
402 West Washington, Room W374
Indianapolis, IN 46204

ATTN: Amy Owens

RE: Transmittal Number (TN) 19-002

Dear Ms. Taylor:

Enclosed for your records is an approved copy of the following State Plan Amendment.

TN 19-002: This State Plan Amendment increases the Vaccines for Children vaccine administration fee maximum from \$8 to \$15.

- Effective Date: January 1, 2020
- Approval Date: August 14, 2019

If you have any questions, please have a member of your staff contact Jennifer Maslowski at (312) 886-2567 or by email at jennifer.maslowski@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

cc: Amy Owens, FSSA
Gabrielle Koenig, FSSA

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-002	2. STATE Indiana
	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 January 1, 2020
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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 1928 (c)(2)(C)(ii) of the Social Security Act	7. FEDERAL BUDGET IMPACT (in thousands) : a. FFY 2020 \$ 27 b. FFY 2021 \$ 36
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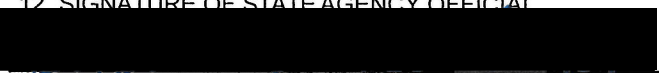
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 66(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 66(b)
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SUBJECT OF AMENDMENT: This State Plan amendment makes conforming changes to the State Plan to increase the VFC vaccine administration fee maximum to \$15. The VFC vaccine administration fee maximum is currently \$8. This change will be effective January 1, 2020.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO: Allison Taylor Medicaid Director Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W461 Indianapolis, IN 46204 ATTN: Amy Owens, Federal Relations Lead
13. TYPED NAME: Allison Taylor	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED 03 July 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED July 3, 2019	18. DATE APPROVED August 14, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE Deputy Director

23. REMARKS

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

State/Territory: Indiana

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.
- X 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:

\$15.00

1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Option C - Practitioner Participation, as set out in Notice with comment MB-84-NC, printed in the Federal Register dated October 3, 1994.