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**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 15-0005-B**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT # 042820154042

January 21, 2016

Shannon McMahon, Deputy Secretary  
Health Care Financing  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street, Room 525  
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 15-0005-B. This SPA is in response to the splitting of SPA MD 15-0005. MD 15-0005-B sets the Medicaid payment rate for administration of vaccines under the Pediatric Immunization Program at the level of the regional maximum established by the DHHS Secretary.

The effective date for this amendment is September 5, 2015. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,

/S/

Francis McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER:</b> 15-0005- B	<b>2. STATE</b> Maryland
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>4. PROPOSED EFFECTIVE DATE</b> September 5, 2015

**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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> N/A	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2015: \$ 0 b. FFY 2016: \$ 0
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Attachment 1, pg 66(b)	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> Attachment 1, pg 66(b)

**10. SUBJECT OF AMENDMENT:** To reduce rates after the Board of Public Works budget cuts. Additionally, to update the Medicare rate reference. To update VFC page in response to 15-0005-A changes.

**11. GOVERNOR'S REVIEW (Check One):**

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     
 Susan J. Tucker, Executive Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     
 Office of Health Services

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> /S/	<b>16. RETURN TO:</b> Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201
<b>13. TYPED NAME:</b> Shannon McMahon	
<b>14. TITLE:</b> Deputy Secretary, Office of Health Care Financing	
<b>15. DATE SUBMITTED:</b> April 27, 2015	

**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b> April 27, 2015	<b>18. DATE APPROVED:</b> January 20, 2016
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**PLAN APPROVED - ONE COPY ATTACHED**

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> September 5, 2015	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> /S/
<b>21. TYPED NAME:</b> Francis D. McCallough	<b>22. TITLE:</b> Associate Regional Administrator, DMCHO

**23. REMARKS:** Per the request of Medicaid officials, changes were made to boxes 1,4,7,8,9, & 10.

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

State/Territory: Maryland

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Citation

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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:

X  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.

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:

1926 of the Act

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

Each child is assigned a primary medical care provider. These providers are responsible for providing EPSDT services, including immunizations.