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State/Territory Name: MN

State Plan Amendment (SPA) #: 13-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

January 22, 2014

James Golden, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Golden:

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

Transmittal #13-009 - Vaccine Rates Increase
--Effective Date: January 1, 2013

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

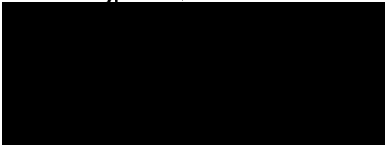
Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-09	2. STATE Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1928(c)(2)(C)(ii) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY '13 \$ 365,000 b. FFY '14 \$ 457,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Vaccine rates			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input 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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: March 29, 2013			
FOR REGIONAL OFFICIAL USE ONLY			
17. DATE RECEIVED: March 29, 2013		18. DATE APPROVED: 1/22/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

2.a. Outpatient hospital services.

Effective July 1, 2013, ~~January 1, 2012,~~ **vaccines** are paid the lower of:

- (1) ~~the submitted charge; or~~
- (2) ~~Medicare's allowable Average Sales Price (ASP) plus 6%; or~~
- (3) ~~the wholesale acquisition cost. if Medicare has not established a payment amount:~~
 - a. ~~the wholesale acquisition cost; or~~
 - b. ~~the average wholesale price minus 5%.~~

Plus the vaccine administration fee paid at the lesser of the submitted charge or the RBRVS rate.

Payment for ~~v~~vaccines available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act is described on page 66(b) of the pre-print, are paid the appropriate administration fee only.

Effective July 1, 2013, vaccines provided through Minnesota's adult vaccine program are paid only an administration fee equal to the lesser of the submitted charge or Minnesota's regional maximum administration fee for vaccines under the VFC program as published by the Secretary.

~~Effective January 1, 2012, vaccine administration is paid the lower of:~~

- ~~(1) Submitted charge; or~~
- ~~(2)~~

<u>Vaccine Administration</u>		
<u>CPT Code</u>	<u>MnVFC Rate</u>	<u>Non MnVFC Rate</u>
90460 (initial)	\$14.69	\$19.24
90461 (additional)	\$0	\$0
90471 (initial)	\$14.69	\$18.97
90472 (additional)	\$7.35	\$9.21
90473 (initial)	\$14.69	\$17.34
90474 (additional)	\$7.35	\$8.94
G0008 (flu)	\$14.69	\$17.34
G0009 (PPV)	\$14.69	\$17.34
G0010 (Hep B)	\$14.69	\$17.34

~~Effective January 1, 2012, all other injectables are paid the lower of:~~

- ~~(1) submitted charge; or~~
- ~~(2) the wholesale acquisition cost~~

Additional payment adjustment for Hennepin County Medical Center and Regions Hospital Effective for services delivered on or after July 1, 2009, in recognition of the services provided by the two largest safety net hospitals, an additional adjustment will be made annually, within two years of the close of the federal fiscal year, that is the difference between the Medicaid costs for outpatient