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**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 19-0016**

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**

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July 29, 2019

Maureen M. Corcoran, Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 19-016

Dear Ms. Corcoran:

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

Transmittal #19-016            - Payment for services: Update to payment for vaccine administration under the Pediatric Immunization Program  
   - Effective Date: April 1, 2019  
   - Approval Date: July 29, 2019

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

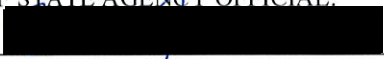
Sincerely,

/s/

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

Enclosures

cc: Carolyn Humphrey, ODM  
Becky Jackson, ODM  
Greg Niehoff, ODM

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>19-016</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 <b>April 01, 2019</b>	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b> 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 Act		7. FEDERAL BUDGET IMPACT: a. FFY 2018      \$0 b. FFY 2019      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 4.19 (m) page 66(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  Section 4.19 (m) page 66(b) (TN 09-017)	
10. SUBJECT OF AMENDMENT: Payment for Services: Update to Reimbursement for Administration of Vaccines under the Pediatric Immunization Program			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <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 <b>The State Medicaid Director is the Governor's designee</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>MAUREEN M. CORCORAN</b>		<b>Carolyn Humphrey</b> <b>Ohio Department of Medicaid</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <i>June 24, 2019</i>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <i>June 24, 2019</i>		18. DATE APPROVED: <i>July 29, 2019</i>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>April 1, 2019</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: <i>Ruth A. Hughes</i>		22. TITLE: <i>Deputy Director</i>	
23. REMARKS:			

Instructions on Back

Revision: HCFA-PM-94 (MB)  
1994

State/Territory: OHIO

Citation  
1928(c)(2)  
the Act

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

(i) A provider may impose a charge for the administration of (C)(ii) 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.

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

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

The Ohio Department of Medicaid collaborates with the Ohio Department of Health to monitor children’s vaccinations by utilizing the statewide automated Immunization Information System (Impact/SIIS). The agencies have an interagency agreement (IAA) that addresses information sharing regarding the provision of vaccines to Medicaid-eligible children. This IAA is included in the State Plan as Attachment 4.16-A.