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**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 22-0024**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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February 24, 2023

Kim Bimestefer, Executive Director  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

Re: Colorado State Plan Amendment (SPA) CO-22-0024

Dear Ms. Bimestefer:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) CO-22-0024. This amendment proposes to cover COVID-19 vaccines and vaccine administration to comply with the vaccine coverage and administration requirements at section 1905(a)(4)(E) of the Social Security Act (the Act).

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Colorado also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Colorado's Medicaid SPA Transmittal Number CO-22-0024 is approved effective March 11, 2021.

If you have any questions, please contact Curtis Volesky at 303-844-7033 or via email at [Curtis.Volesky@cms.hhs.gov](mailto:Curtis.Volesky@cms.hhs.gov).

Sincerely,

Courtney L.  
Miller -S

Digitally signed by  
Courtney L. Miller -S  
Date: 2023.02.24  
08:03 39 -06'00'

Courtney Miller  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

#### Enclosures

cc: Adela Flores-Brennan, [Adela.Flores-Brennan@state.co.us](mailto:Adela.Flores-Brennan@state.co.us)  
Bettina Schneider, [Bettina.Schneider@state.co.us](mailto:Bettina.Schneider@state.co.us)  
Alex Lyons, [Alex.Lyons@state.co.us](mailto:Alex.Lyons@state.co.us)  
Jami Gazarro, [Jami.Gazzerro@state.co.us](mailto:Jami.Gazzerro@state.co.us)  
Amy Winterfeld, [Amy.Winterfeld@state.co.us](mailto:Amy.Winterfeld@state.co.us)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0</u> <u>2 4</u>	2. STATE <u>CO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>March 11, 2021</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>Social Security Act, Section 1905(a)(4)(E)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2021</u> \$ <u>0</u> b. FFY <u>2022</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 7.7-A – COVID-19 Vaccine and Vaccine Administration at section 1905(a)(4)(F)* (E) of the Social Security Act – Page 1-4 of 4 (NEW)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT  
**This SPA will cover COVID-19 vaccines and vaccine administration.**

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:  
**Governor's letter dated 14 July 2021**

11. AGENCY OFFICIAL [REDACTED]	15. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818  Attn: Amy Winterfeld
12. TYPED NAME Bettina Schneider	
13. TITLE Chief Financial Officer	
14. DATE SUBMITTED 11/28/2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED 11/28/2022	17. DATE APPROVED February 24, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 3/11/2021	19. SIGNATURE OF APPROVING OFFICIAL <b>Courtney L. Miller -S</b> Date: 2023.02.24 08:04:04 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL Courtney Miller	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS  
**Box 7: CMS made a pen and ink correction to the statutory citation to remove (F)\* and replaced by (E) to read as "section 1905(a)(4)(E)" on 2/22/23.**

**Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

The state assures coverage of COVID-19 vaccines and administration of the vaccines.<sup>1</sup>

The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

**Reimbursement**

<sup>1</sup> The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

x   The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

Supplement to Attachment 3.1-A, Item 6.d, Other Practitioner Services, Part 5, Services provided by licensed Pharmacists (TN# 18-0019), Add Subpart 5.c:

In accordance with state law, the State covers the ordering of COVID-19 vaccines by licensed pharmacists, and the administration of COVID-19 vaccines by licensed pharmacists, pharmacy interns, and pharmacy technicians.

Attachment 4.19, Payment for Services, 66(b), 4.19(m) Medicaid Reimbursement for the Administration of Vaccines under the Pediatric Immunization Program (TN# 16-0007), requires that pediatric immunizations be provided specifically through the Vaccines for Children (VFC) program, by providers enrolled as VFC providers. The Department authorizes all providers licensed to administer vaccines to administer pediatric immunizations if the vaccine product used was provided free of cost by the federal government, outside of the VFC program.

Attachment 4.19, Payment for Services, 66(b), 4.19(m) Medicaid Reimbursement for the Administration of Vaccines under the Pediatric Immunization Program (TN#16-0007) also sets a reimbursement rate of \$18.93 per vaccine administration, plus or minus any approved physician rate adjustments, with the exception of those services and providers subject to the minimum payments described at 42 CFR 447.405. Effective September 1, 2021, the Department authorizes a payment of \$61.77 for administration of the COVID-19 vaccine, for each of the initial doses and for subsequent boosters, and an additional \$35.00 for vaccine administration within the member's home or residence. The increased reimbursement rate for COVID-19 vaccines will be temporarily extended for one calendar year after the end of the COVID-19 public health emergency. COVID-19 vaccines will remain a benefit, without cost-sharing, as long as they are ACIP-recommended. The Department's fee schedule is published at the following website: <https://hcpf.colorado.gov/provider-rates-fee-schedule>

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Federally Qualified Health Center (FQHC) Services, Pages I-A to I-I, establishes the reimbursement methodology for FQHCs. Effective with dates of service starting February 21, 2021 through the end of the Public Health Emergency, through this APM, the Department authorizes FQHCs to receive an additional reimbursement at the fee schedule amount for the administration of COVID-19 vaccines by staff who have authority under state law to administer the COVID-19 vaccine and are covered under Colorado Medicaid's State Plan. Payments under this APM are to cover the additional costs associated with the administration of COVID-19 vaccines by FQHCs, as the PPS cost base for FQHCs did not include these costs. The supplemental amount paid under this APM for COVID-19 vaccine-only visits is the CO Fee Schedule rate for COVID-19 vaccine administration and PPS plus the CO Fee Schedule rate when COVID-19 vaccine

administration is provided alongside a PPS eligible service. This alternative payment methodology will be agreed to by the Department and the FQHC and will reimburse, in total, an amount that is no less than what would be paid under PPS.

Attachment 4.19-D, Nursing Facility Benefits, Page 3, Item 14(b) amended to:  
 Non-prescription drugs ordered by a physician; excluding COVID-19 vaccines where Medicaid reimbursement is available directly to a 3<sup>rd</sup> party.

\_\_\_ The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

\_\_\_ The state’s rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

- \_\_\_ Medicare national average, OR
- \_\_\_ Associated geographically adjusted rate.

\_\_\_ The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state’s rate is as follows and the state’s fee schedule is published in the following location :

Effective September 1, 2021, the Department authorizes a payment of \$61.77 for administration of the COVID-19 vaccine, for each of the initial doses and for subsequent boosters, and an additional \$35.00 for vaccine administration within the member’s home or residence.

  x   The state’s fee schedule is the same for all governmental and private providers.

\_\_\_ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

\_\_\_The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

\_\_\_The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

x\_\_\_The state's rate is as follows and the state's fee schedule is published in the following location :

The Department's rate and fee schedule for vaccine counseling (code G0314) is published at this [link](#).

***PRA Disclosure Statement*** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.