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STATE/TERRIORITY NAME: MINNESOTA

STATE PLAN AMENDMENT (SPA)#: 23-0011

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



June 9, 2023

Julie Marquardt
Assistant Commissioner and Minnesota Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0983

Re: Minnesota State Plan Amendment (SPA) 23-0011

Dear Ms. Marquardt:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) and accompanying section 1135 waivers submitted on March 15, 2023 under transmittal number (TN) 23-0011. This amendment corrects a mis-statement made in Attachment 7.7-A, page 2, which states that previously-approved SPA 21-0013 is a disaster relief SPA when it is actually a regular state plan amendment. Additionally, the state is adding a child rate related to COVID-19 vaccine rates to page 2 of Attachment 7.7-A.

Pursuant to section 1135(b)(5) of the Social Security Act (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 Minnesota 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.

The State of Minnesota also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

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 Minnesota's Medicaid SPA Transmittal Number 23-0011 is approved effective March 11, 2021.

If you have any questions, please contact Sandra Porter at 312-353-8310 or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,



Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Patrick Hultman
Melorine Mokri
Patricia Callaghan

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 1

2. STATE

MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 11, 2021

5. FEDERAL STATUTE/REGULATION CITATION

Sec 9811 PL117-2; Sec 1905(a)(4)(E)(F) & Title XIX of Soc Sec Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.7-A, page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same

9. SUBJECT OF AMENDMENT

ARP Required COVID-19 mandated coverage for vaccines ATTACHMENT 7.7-A, page 2

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Patrick Hultman

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
March 15, 2023

15. RETURN TO

Patrick Hultman
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED
March 15, 2023

17. DATE APPROVED
June 9, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 11, 2021

19. [Redacted] IAL

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

6/2/23: CMS made a pen and ink change to Box 5 per communication with state.

Reimbursement

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:

The Medicare rate for COVID-19 administration of vaccines was adopted in the Medicaid State Plan under Disaster Relief SPA 21- 09: where vaccine administration is separately reimbursable at the fee schedule rate, payment for administration of COVID-19 vaccinations is made at the rates established by Medicare in effect at the time the service is provided; COVID-19 vaccine administration will be paid at 100% of the geographically adjusted (GCPI) Medicare equivalent rates.

The Medicare rate for COVID-19 vaccines, separately administered, was adopted under ~~Disaster Relief~~ MN SPA 21-13: the rate is at 100% of the geographically adjusted (GCPI) Medicare equivalent rates.

The established rate for vaccine counseling for children under age 21 (Code #99401) is \$28.35.

___ 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:

___ The state's fee schedule is the same for all governmental and private providers.