

## **Table of Contents**

**State Territory Name: MINNESOTA**

**State Plan Amendment (SPA) #: 24-0037**

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

December 16, 2024

John Connolly, Assistant Commissioner  
State Medicaid Director  
State of Minnesota, Department of Human Services  
540 Cedar Street PO Box 64983  
ST. Paul, MN 55167-0983

RE: TN 24-0037

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota state plan amendment (SPA) to Attachment 4.19-B 24-0037, which was submitted to CMS on October 23, 2024. This plan amendment sunsets payments for the COVID 19 vaccine made at the Medicare rate.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or via email at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the Director.

Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 3 7

2. STATE

MN3. 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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440 and Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 10

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

same

9. SUBJECT OF AMENDMENT

This SPA ends Medicare rates for COVID-19 vaccinations.

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

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

October 23, 2024

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

October 23, 2024

17. DATE APPROVED

December 16, 2024

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Approved: December 16, 2024

Supersedes: 21-13 (17-11, 14-01, 11-02, 10-21, 09-25, 09-20, 08-17, 07-12, 07-08, 07-09, 07-06, 06-19, 05-21)

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Effective for services provided on or after January 14, 2014, payment for physician services is the lowest of:

- 1) submitted charges; or
- 2) a) The Resource Based Relative Value Scale calculated values (as published by the Centers for Medicare & Medicaid Services in November of the previous calendar year); or
- b) State agency established rate; or
- C) For delivery services, including cesarean delivery services that are not complicated:  
59400, 59510, 59610: \$1387.89  
59409, 59514, 59612: \$540.00  
59410, 59515, 59614: \$696.73

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

- (1) the submitted charge;
- (2) Medicare allowable; or
- (3) if Medicare has not established a payment amount:
  - a. the wholesale acquisition cost; or
  - b. the average wholesale price minus 5%.

An additional payment for administration of the vaccine will be made at a rate equal to the lesser of the submitted charge, or the RBRVS rate.

Payment for vaccines available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act is limited to vaccine administration. The state pays for administration of the vaccine at a rate equal to the lower of the submitted charge, or the RBRVS rate. Payment shall not exceed the regional maximum established by the DHHS Secretary.

~~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. This rate is limited to cases where vaccine administration is separately reimbursable at the fee schedule rate and does not apply to bundled or encounter rates.~~