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State/Territory Name: Montana

State Plan Amendment (SPA) #: 22-0009

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



August 5, 2022

Michael Randol
Montana Medicaid and Health
Services Executive Director/State
Medicaid Director
Montana Department of Public
Health and Human Services
P.O. Box 4210
Helena, MT 59604

Re: Montana State Plan Amendment (SPA) 22-0009

Dear Mr. Randol:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MT 22-0009. This amendment proposes to add coverage of COVID-19 vaccines and vaccine administration in accordance with the American Rescue Plan Act and Section 1905(a)(4)(E) of the Social Security Act (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 Montana 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 Montana's Medicaid SPA Transmittal Number 22-0009 is approved effective March 11, 2021.

If you have any questions, please contact Barbara Prehmus at (303) 844-7472 or via email at barbara.prehmus@cms.hhs.gov.

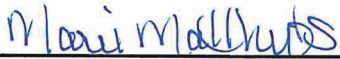
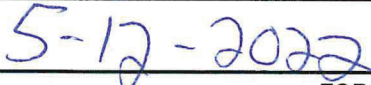
Sincerely,

**Alissa M.
Deboy -S**

Digitally signed by Alissa
M. Deboy -S
Date: 2022.08.05
07:30:20 -04'00'

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 9</u>	2. STATE Montana
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ✓ XIX XXI	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(4)(E) of the Social Security Act		4. PROPOSED EFFECTIVE DATE 03/11/2021	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 7.7-A Page 1-3		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2021 \$ 0 b. FFY 2022 \$ 0	
9. SUBJECT OF AMENDMENT Attests to the state's coverage of the COVID-19 vaccine and administration at section 1905(a)(4)(E) of the Social Security Act		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		OTHER, AS SPECIFIED: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO	
12. TYPED NAME			
13. TITLE Acting State Medicaid Director			
14. DATE SUBMITTED 			
FOR CMS USE ONLY			
16. DATE RECEIVED May 13, 2022		17. DATE APPROVED August 5, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL March 11, 2021		19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2022.08.05 07:30:50 -04'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy		21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services	
22. REMARKS			

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

X The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹

X 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.

X 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.

X 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.

X 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):

TN: 22-0009
Supersedes TN: New

Approval Date: 08/05/2022

Effective Date: 03/11/2021

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

Reimbursement

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:

Attachment 4.19B – Service 2a Outpatient Hospital Services

Attachment 4.19B - Introduction

Attachment 4.19B – Service 6d Other Practitioner Services, Pharmacist Services

Attachment 4.19B – Service 9 Clinic Services

IHS/638 Facilities - Administration of a COVID-19 vaccine will be reimbursed at the applicable fee schedule rate. When the vaccine administration is provided during an all-inclusive rate (AIR) eligible encounter, the vaccine administration will be paid for in addition to the AIR. Vaccine administration is billed with revenue code 771 and the applicable COVID-19 vaccine administration CPT code. If the administration is provided during an office visit, the appropriate revenue codes may be billed for each service.

FQHC/RHC Providers - Administration of a COVID-19 is considered an incident to an encounter, like the flu vaccination, and is therefore not separately reimbursable.

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 :

[Empty rectangular box]

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:

[Empty rectangular box]

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

[Empty rectangular box]

X 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:

Montana covers preventive medicine counseling under RBRVS. When preventive medicine counseling is provided relating to COVID-19 vaccination, providers must append the code with the catastrophe/disaster-related modifier CR. The professional services fee schedule can be found: <https://medicaidprovider.mt.gov/27>

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.