## COVID-19 Treatment at section 1905(a)(4)(F) 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):

Coveraae	for the	Treatment and	Prevention of	f COVID
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1.	Includes any non-pharmacological item or service described in section 1905(a) of
	the Act, that is medically necessary for treatment of COVID-19;
2.	
3.	Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-1
4.	Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5.	Is provided to the optional COVID-19 group, if applicable; and
6.	Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) 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 st sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.
	ate assures compliance with the HHS COVID-19 PREP Act declarations and
	ons, including all of the amendments to the declaration.
authorizati	ons, including an of the amendments to the declaration.

## Coverage for a Condition that May Seriously Complicate the Treatment of COVID

	res coverage of treatment for a condition that may seriously complicate the 19 during the period when a beneficiary is diagnosed with or is presumed to have
X_ The sta	te assures that such coverage:
2. I 2. I 3. I 4. I 5. I 2. C 2. C 2. C 2. C	ncludes items and services, including drugs, that were covered by the state as of March 11, 2021; s provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes; s provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits; s provided to the optional COVID-19 group, if applicable; and s provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) 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, sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.
authorization	ns, including all of the amendments to the declaration.
Additional Information	on (Optional):
<u>Reimbursement</u>	
	res that it has established state plan rates for COVID-19 treatment, including nt and therapies (including preventive therapies).
	es to Medicaid state plan payment methodologies that describe the rates for each applicable Medicaid benefit:

Payment methodologies for COVID-19 treatment are the same as those listed in Attachment 4.19-B of the State Plan under the appropriate benefit category and/or provider type.

The state's rates or 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:

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.