

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 21-0002

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group – Division of Reimbursement Review

June 4, 2021

Patrick Hultman, Acting Deputy Medicaid Director
Minnesota Department of Human Services
Health Care Administration
P.O. Box 64983
St. Paul, MN 55164-0983

RE: TN 21-0002

Dear Mr. Hultman:

We have reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B, MN 21-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2021. This plan amendment updates the Resource Based Relative Value Scale conversion factors for Physician services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 20, 2021. 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 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

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

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 21-0002	2. STATE Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2021 January 20, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.50		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '21 \$0 b. FFY '22 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 10a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Physician Payment Rates			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Patrick Hultman Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Patrick Hultman			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: March 28, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 28, 2021		18. DATE APPROVED: June 4, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 20, 2021		20. SIGNATURE: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director of Review	
23. REMARKS: State authorized pen and ink change to Box 4 changing effective date to one day after Public Notice was issued.			

STATE: MINNESOTA
Effective: January 20, 2021
TN: 21-02
Approved: 6/4/21

ATTACHMENT 4.19-B
Page 10a

Supersedes: 19-01 (17-03, 14-01, 13-03, 12-07, 11-02, 10-06, 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 (continued).

Effective for services on or after January ~~20~~ 19, 2021 ~~19~~, the Resource Based Relative Value Scale conversion factors are:

- Evaluation and Management services: \$25.18 ~~27.90~~
- Obstetric services: \$25.18 ~~27.90~~
- Mental Health services: \$28.43 ~~32.00~~
- All other physician services: \$25.16 ~~25.60~~

Effective for services on or after April 15, 2014, procedure code 58565 pays the lower of:

- 1) Submitted charge; or
- 2) \$1863.65

Effective July 1, 2007, through June 30, 2009, eligible providers are paid an additional \$125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 140/90; and
- Lipids less than 100; and