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State/Territory Name: MN

State Plan Amendment (SPA) #: 13-024

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

June 9, 2014

James Golden, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Golden:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #13-024 - Payment of Medicare Part B Deductibles and Coinsurance
--Effective Date: July 1, 2013

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.


Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-24	2. STATE Minnesota
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(E)(i); 1905(p)(3); 1905(a); 1902(n)(1)(3) CE 6/5/14		7. FEDERAL BUDGET IMPACT: a. FFY '14 \$0 b. FFY '15 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Supplement 1, pages 1 – 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Payment of Medicare Part B deductibles and coinsurance			
11. GOVERNOR'S REVIEW (Check One): <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: Sean Barrett Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: September 19, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 19, 2013		18. DATE APPROVED: June 9, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to the State plan fee-for-service fee schedule rates and payment methodologies, regardless of whether the provider would otherwise receive payment under a different methodology described in the State Plan, for the groups and payments listed below and designated with the letters "SP."

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item __ of this Attachment (see 3, below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate or according to a special method, described on Page 3 in item A of this Attachment, for those groups and payments listed below and designated with the letters "NR."
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in items A and B of this Attachment (see 3, above).

NR - Nursing Facility Payment, Part A Coinsurance

TN No. 13-24
Supersedes
TN No. 12-02, 03-21

Approval Date: 6/9/14

Effective Date: 7/1/2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs: Part A MR Deductibles MR Coinsurance
 Part B SP Deductibles SP Coinsurance

Other Medicaid Recipients:

 Part A MR Deductibles MR Coinsurance
 Part B SP Deductibles SP Coinsurance

Dual Eligible (QMB Plus):

 Part A MR Deductibles MR Coinsurance
 Part B SP Deductibles SP Coinsurance

TN No. 13-24
Supersedes
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item A. Nursing Facility Payment, Part A Coinsurance

Medicaid payment is the lesser of the actual coinsurance amount or the amount by which the Medicaid State plan case mix payment rate exceeds the Medicare rate less the coinsurance amount.

Item B. Part B Coinsurance and Deductibles

Medicaid Payment is the Medicare allowed amount for the following services:

- Mental health services, except for psychiatrist services and advanced practice nurse services
- Dialysis for end stage renal disease

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