

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 13-030**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

February 11, 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 #13-030      -Managed Care  
   --Effective Date: January 1, 2014

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](mailto: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**

1. TRANSMITTAL NUMBER:  
13-30

2. STATE  
Minnesota

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2014

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1932 of the Act

7. FEDERAL BUDGET IMPACT:  
a. FFY '14: \$0  
b. FFY '15: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Preprint p. 71  
Att. 3.1-F, pp. 4, 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT:  
Managed Care

11. GOVERNOR'S REVIEW (*Check One*):

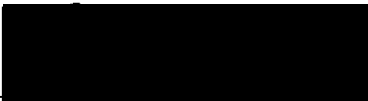
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Sean Barrett  
Minnesota Department of Human Services  
Federal Relations Unit  
P.O. Box 64983  
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

December 18, 2013

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
December 18, 2013

18. DATE APPROVED:  
February 11, 2014

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/14

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:

Verlon Johnson

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: MINNESOTA

Citation

Condition or Requirement

D. Eligible Groups

§1932(a)(1)(A)(i)

1. List all eligible groups that will be enrolled on a mandatory basis.
  - i. ~~parents and caretakers and children under §1931 and transitional assistance, and in other AFDC related categorically needy groups~~
  - ii. categorically needy pregnant women and infants
  - iii. infants in the State Children's Health Insurance Program Medicaid expansion
  - iv. categorically needy children under age 21 ~~in AFDC related groups~~
  - v. ~~adults without children described in Attachment 2.2-A, Page 9b3~~ adults eligible under § 1902(a)(10)(A)(i)(VIII) of the Act.
  - vi. ~~adults without children~~ individuals eligible for coverage under the authority of the Minnesota Prepaid Medical Assistance Project Plus (PMAP+) section 1115 waiver, No. 11-W-0039/5.
  - vii. former foster children eligible under 1902(a)(10)(A)(i)(IX)
2. Mandatory exempt groups identified in §1932(a)(2) and 42 CFR §438.50.

Use a check mark to affirm if there is voluntary enrollment for any of the following mandatory exempt groups.

§1932(a)(2)(B)  
42 CFR §438.50(d)(1)

- i. x Recipients who are also eligible for Medicare. *Note: Applicable to individuals blind or disabled under age 65 whose basis of Medicaid eligibility is something other than a disability.*

If enrollment is voluntary, describe the circumstances of enrollment.  
(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service)

§1932(a)(2)(C)  
42 CFR §438.50(d)(2)

- ii.      American Indians who are members of Federally recognized Tribes, except when the MCO or PCCM is operated by the Indian Health service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health service pursuant to the Indian Self Determination Act; or an Urban Indian health program operating under a contract or grant with the Indian Health Service pursuant to Title V of the Indian Health Care Improvement Act.

§1932(a)(2)(A)(i)  
42 CFR §438.50(d)(3)(i)

- iii.      Children under the age of 19 years who are eligible for Supplemental Security Income (SSI) under Title XVI.

§1932(a)(2)(A)(iii)  
42 CFR §438.50(d)(3)(ii)

- iv.      Children under the age of 19 years who are eligible under §1902(e)(3) of the Act.

§1932(a)(2)(A)(v)  
42 CFR §438.50(d)(3)(iii)

- v.      Children under the age of 19 years who are in state-subsidized foster care or other out-of-the-home placement.

§1932(a)(2)(A)(iv)  
42 CFR §438.50(d)(3)(iv)

- vi. x Children under the age of 19 years who are receiving foster care or adoption assistance under Title IV-E. *Note: Applicable only to children receiving adoption assistance under Title IV-E.*

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TN No. 13-30

Supersedes

TN No. 11-29 (11-01, 05-03)

Approval Date: 2/11/14 Effective Date 1/1/14

State: MINNESOTA

Citation

§1932(a)(4)  
42 CFR §438.50(f)

Condition or Requirement

2. State process for enrollment by default.

Describe how the state's default enrollment process will preserve:

- i. the existing provider-recipient relationship (as defined in H.1.i.).

If it is a new enrollee, the Department determines whether an associated household member has an existing provider-recipient relationship. If there is a relationship, the new enrollee is enrolled in the same MCO.

When applying, an enrollee is asked to select a MCO and a provider.

- ii. the relationship with providers that have traditionally served Medicaid recipients (as defined in H.1.ii).

See 2. i, above.

- iii. the equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them (excluding those that are subject to intermediate sanction described in 42 CFR §438.702(a)(4)), and disenrollment for cause in accordance with 42 CFR §438.56(d)(2). (*Example: No auto-assignments will be made if MCO meets a certain percentage of capacity*)

For all but certain contracts in the Twin Cities' seven county metropolitan area and twenty-seven counties in northern, central, and southeastern Minnesota, there is default assignment enrollment on a rotating basis between MCOs, assigned by the MMIS system, when all of the following are met:

- eligibility is open
- recipient resides in a managed care county
- recipient is not currently enrolled in a MCO
- recipient is not in a §1932(a)(2) excluded group

The system determines a default MCO plan by searching to find if any associated household member is enrolled in managed care. Next, it determines whether that MCO is available for enrollment in the recipient's county of residence.

If no associated household member is enrolled in managed care, or an associated household member is active but the MCO of that household member is not available for enrollment in the county of residence, then selection of a default MCO is determined on a rotating basis using all MCOs available for enrollment in the recipient's county of residence.

For the seven county Twin Cities' metropolitan area and twenty-seven counties in northern, central, and southeastern Minnesota, the state will direct the default assignment to a single MCO for each county, and will adjust the default plan as necessary to manage capacity.

§1932(a)(4)(A), (D)  
42 CFR §438.50(f)  
42 CFR §438.56(c)

3. As part of the state's discussion on the default enrollment process, include the following information:

- i. The state will x /will not     use a lock-in for managed care.

TN No. 13-30

Supersedes

TN No. 11-29, 05-03

Approval Date 2/11/14

Effective Date 1/1/14

Revision: HCFA-AT-84-2 (BERC)  
01-84

OMB No. 0938-0193

State: MINNESOTA

Citation

4.23 Use of Contracts

42 CFR Part 434.4  
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

\_\_\_ Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open procurement process that is consistent with 45 CFR Part 92. The State does not use a competitive bid process, but contracts with any willing and qualified provider that meets the State's contract standards for managed care organizations, with the following exception. The state uses a competitive bid process for twenty-seven counties in northern, central, and southeastern Minnesota and in the seven county Twin Cities' seven-county metropolitan area for contracts affecting families and children and recipients described in Attachment 3.1-F, at D.1. The risk contract is with:

x a managed care organization that meets the definition of §1903(m) of the Act and 42 CFR §438.2

\_\_\_ a prepaid inpatient health plan that meets the definition of 42 CFR §438.2

\_\_\_ a prepaid ambulatory health plan that meets the definition of 42 CFR §438.2

\_\_\_ not applicable.