

Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 15-0001

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
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



March 25, 2016

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

Dear Ms. Zimmerman:

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

Transmittal #15-0001 -- Payment rate increase for dental services delivered by certain providers affiliated with Hennepin County Medical Center.

-- Effective Date: January 1, 2015

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.


Sincerely,

/s/ Alan Freund, acting ARA

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Ann Berg, MDHS
 Sean Barrett, MDHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-01	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 January 1, 2015	
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: 42 CFR § 440.100		7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '15 \$335 b. FFY '16 \$335	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 31d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
10. SUBJECT OF AMENDMENT: Dental			
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 Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: March 31, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2015		18. DATE APPROVED: March 25, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

STATE: MINNESOTA
Effective: January 1, 2015
TN: 15-01
Approved: 3/25/16
Supersedes: NEW

ATTACHMENT 4.19-B
Page 31d

10. Dental services (continued):

Additional payment adjustment for dental services provided at Hennepin County Medical Center: Effective for services delivered on or after January 1, 2015, in recognition of the dental services provided by dentists and other dental practitioners, an additional adjustment, in total for the dental practice groups contracted with Hennepin County Medical Center (Hennepin Healthcare System), will be made in the first quarter of each calendar year, within two years following the close of the federal fiscal year. The adjustment equals the difference between the average commercial payer rates for the services delivered at Hennepin County Medical Center by dentists and other dental practitioners affiliated with Hennepin County Medical Center and the rates paid to those providers under this section of Attachment 4.19-B using rates from the most recently complete calendar year available. Total payments shall be based on the data described below and calculated beginning with payments made in January of each year as follows:

1. For dental services delivered at Hennepin County Medical Center by dentists and other dental practitioners practicing with Hennepin Healthcare System, the set of services (by relevant CPT and CDT code) delivered to Medicaid eligible individuals and billed on a fee-for-service basis shall be determined using MMIS data.
2. Hennepin County Medical Center will supply, from its billing systems, the payment rates for their top three commercial payers.
3. The payment rates for each CPT and CDT code for each of the commercial payers will be averaged to determine the average commercial payer rate for each code.
4. The average commercial payer rate is then multiplied by the Medicaid frequency for each code.
5. The Medicaid payment amount is subtracted from the result in paragraph 4 for each code.
6. The final payment amount is equal to the sum of the amounts in paragraph 5.