

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #: 17-0012**

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



November 6, 2017

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 #17-0012      --Miscellaneous technical revisions made to obsolete language.  
--Effective Date: July 1, 2017  
--Approval Date: November 6, 2017

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](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,

/s/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS  
Sean Barrett, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: CENTER FOR MEDICARE & MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER:  
17-12

2. STATE  
Minnesota

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2017

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:  
42 CFR § 430.10

7. FEDERAL BUDGET IMPACT (in thousands):  
a. FFY '18: \$0  
b. FFY '19: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Preprint pages 36 and 36a  
Attachment 3.1-A, page 15  
Attachment 3.1-B, page 14  
Attachment 4.19-B, pages: 15, 30, 30a, 45, 45a, & 45f  
Attachment 4.19-B, Supplement 2, pages: 2 & 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:  
Miscellaneous Technical Revisions

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

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 14, 2017

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 14, 2017

18. DATE APPROVED:

November 6, 2017

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-99-10 (BERC)  
September 1988

State/Territory: MINNESOTA

<u>Citation</u>		<u>Medicaid Agency Fraud Detection And Investigation Program</u>
42 CFR 455.12; 1902(a)64; AT-78-90; 48 FR 3742; 52 FR 48817	4.5	<p>The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR §455.13 through § 455.21 and 42 CFR §455.23 for prevention and control of program fraud and abuse.</p> <p>Minnesota's process for receiving and compiling data concerning alleged and actual instances of fraud, waste, and abuse is as follows:</p> <ol style="list-style-type: none"> <li>1. Reports from recipients – Each Medicaid recipient receives an Explanation of Medical Benefits (EOMB), which contains the <u>telephone</u> number of the Department's Recipient Help Desk. <del>If a call</del> <u>When the Department is contacted</u>, all information is forwarded to <del>the Department's Surveillance and Integrity Review (SIRS) Unit</del> <u>the Department's Financial Fraud and Abuse Investigation Division (FFAID)</u>. <del>The SIRS unit FFAID determines whether</del> <u>confirms that the caller is a Medicaid recipient and if further investigation is warranted:</u></li> </ol> <p>A. Recipient eligibility fraud: <del>The SIRS Unit assigns the case to the Department's Program Assessment and Integrity (PAI) unit.</del> <u>FFAID coordinates and administers the Fraud Prevention Investigation program.</u> <del>This unit</del> <u>FFAID</u> supervises the work of county <u>fraud prevention</u> investigators, who work closely with county eligibility determination staff (financial workers).</p> <p><del>The PAI Unit</del> <u>FFAID</u> may also investigate eligibility fraud from reports received from county financial workers, from the fraud hot line (posted in each county public assistance office and listed in Medicaid brochures), or from law enforcement. <del>(The unit compiles data using a computer based reporting system.</del></p>

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TN NO. 17-12

Supersedes

TN NO. 98-28, 88-78

Approval Date 11/6/17

Eff. Date 7/1/2017

Revision: HCFA-PM-99-10 (BERC)  
September 1988

State/Territory: MINNESOTA

Citation                      4.5                      Medicaid Agency Fraud Detection And Investigation Program

42 CFR 455.12;  
1902(a)64;  
AT-78-90;  
48 FR 3742;  
52 FR 48817

- B. Provider fraud: ~~The~~ FFAID's Surveillance and Integrity Review Section (SIRS) Unit investigates and, if necessary, refers the case to the Minnesota Attorney General's Office. ~~The SIRS Unit~~ keeps a log of each call and all information received fraud report received.
2. Reports from providers – The Department's Minnesota Health Care Programs Provider Manual informs providers that suspected fraud and abuse should be reported to ~~the~~ SIRS Unit. Additionally, providers are instructed to contact FFAID's Minnesota Restricted Recipient Program ~~the Department's Primary Care Utilization Review Program with regarding~~ suspected or actual ~~misutilization~~ misuse of services or drugs.

STATE: MINNESOTA  
Effective: July 1, 2017  
TN: 17-12  
Approved: 11/6/17  
Supersedes: 98-01, 94-07

ATTACHMENT 3.1-A  
Page 15

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3. Other laboratory and x-ray services.

Coverage is limited to:

- 1) Laboratory services provided by ~~a Medicare-certified laboratory.~~  
~~In addition, such services must be provided by~~ laboratories that comply with the requirements of §353 of the Public Health Service Act (the Clinical Laboratory Improvement Amendments (CLIA) of 1988. Pub. L. 100-578).
- 2) X-ray services provided by an x-ray vendor in compliance with 42 CFR §§ ~~ss~~486.100 to 486.110.
- 3) X-ray services provided by or at the request of a chiropractor are covered only when necessary to support a diagnosis of subluxation of the spine.

STATE: MINNESOTA  
Effective: July 1, 2017  
TN: 17-12  
Approved: 11/6/17  
Supersedes: 98-01, 94-07

ATTACHMENT 3.1-B

Page 14

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3. Other laboratory and x-ray services.

Coverage is limited to:

- 1) Laboratory services provided by ~~a Medicare-certified laboratory.~~  
~~In addition, such services must be provided by~~ laboratories that comply with the requirements of §353 of the Public Health Service Act (the Clinical Laboratory Improvement Amendments (CLIA) of 1988. Pub. L. 100-578).
- 2) X-ray services provided by an x-ray vendor in compliance with 42 CFR §§ ~~ss~~486.100 to 486.110.
- 3) X-ray services provided by or at the request of a chiropractor are covered only when necessary to support a diagnosis of subluxation of the spine.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2017

Page 15

TN: 17-12

Approved: 11/6/17

Supersedes: 11-30b (11-19, 07-12, 04-15(a), 97-21)

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6.c. Chiropractors' services.

Chiropractors are paid using the same methodology as item 5.a., Physicians' services. ~~As provided for in item 5.a., Medical Assistance provides for an additional annual payment for state fiscal year 2011 and thereafter, which includes a Department medical education payment made for each fiscal year and distributed to a sponsoring institution prior to April 30 of each year for the previous fiscal year, for distribution to Medical Assistance enrolled chiropractors.~~

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

W. Professional services rate decrease 2011

cc. Supplemental payment for medical education

STATE: MINNESOTA  
Effective: July 1, 2017  
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Approved: 11/6/17  
Supersedes: 11-30b (11-19,11-02,09-25,08-13,07-12,04-15(a),00-11)

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ATTACHMENT 4.19-B  
Page 30

#### 9. Clinic services

Clinic services are paid using the same methodology as item 5.a.,  
Physicians' services, except:

dental services provided by clinics are paid using the same  
methodology as item 10, Dental services

end-stage renal disease hemodialysis provided by renal dialysis  
clinics is paid using the same methodology as item 2.a., Outpatient  
hospital services

~~As provided for in item 5.a., Medical Assistance provides for an  
additional annual payment for state fiscal year 2011 and thereafter,  
which includes a Department medical education payment for each state  
fiscal year to a sponsoring institution prior to April 30 of each year  
for the previous state fiscal year for distribution to Medical  
Assistance enrolled physician and chiropractic clinics. In accordance  
with Code of Federal Regulations, title 42, section 447.321(b)(2), this  
payment will not exceed the Medicare upper payment and charge limits.~~

#### **Freestanding ambulatory surgical centers:**

Payment for facility services or facility component is the lower of:

(1) submitted charge; or

(2) (a) Medicare rates; or

(b) if there is not a Medicare rate, effective October 1,  
1992, payment is at 105.6% of the 1990 average submitted  
charge; or

(c) if there is not a Medicare rate and there is not a  
105.6% of the 1990 average submitted charge, effective  
October 1, 1992, payment is at the State agency established  
rate, which is derived by backing down the submitted charge  
to 1990 (by using the CPI) and increasing this amount by  
5.6%.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2017

Page 30a

TN: 17-12

Approved: 11/6/17

Supersedes: 14-11a (11-19,11-02,09-25,08-13,07-12,04-15(a),00-11)

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9. Clinic services, continued.

The base rate as described in the item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax rate adjustment
- E. Modifiers subject to an increase in base payment rate
- U. Facility services decrease effective July 1, 2009
- aa. Ambulatory surgery centers facility fees are adjusted by the miscellaneous services and materials rate decrease 2011.
- cc. Supplemental payment for medical education
- gg. Miscellaneous services and materials rate increase effective September 1, 2014.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2017

Page 45

TN: 17-12

Approved: 11/6/17

Supersedes: 11-02 (07-16, 04-15(a), 04-08)

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13.d. Rehabilitative services.

Rehabilitative services are paid using the same methodology in item 5.a., Physicians' services, except as listed below.

**Physical therapy assistants** are paid using the same methodology as item 11.a., Physical therapy.

**Occupational therapy assistants** are paid using the same methodology as item 11.b., Occupational therapy.

With the exceptions below, **Mental health services** are paid the lower of the submitted charge or the Resource Based Relative Value Scale calculated rate.

This rate includes mental health services provided by community mental health centers. For partial hospitalization services provided by community mental health centers, the hourly rate is based on outpatient hospital charges for partial hospitalization.

~~Medical Assistance provides for an additional annual payment for: 1) State Fiscal Year 2006 (July 1, 2005 through June 30, 2006), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2006; and 2) State Fiscal Year 2007 (July 1, 2006 through June 30, 2007), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2007, to Medical Assistance enrolled community mental health centers. The Medical Assistance payment is increased according to the sum of subitems (1) through (3):~~

- ~~1) (Total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus \$4,850,000, multiplied by .9, multiplied by .67, multiplied by [(the number of full-time equivalent trainees at the site multiplied by the average cost per trainee for all sites) divided by (the total~~

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2017

Page 45a

TN: 17-12

Approved: 11/6/17

Supersedes: 14-17 (11-02, 07-16, 04-15(a), 04-08)

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13.d. Rehabilitative services. (continued)

~~training costs across all sites)], for each type of graduate trainee at the clinical site.~~

~~(2) graduate trainee at the clinical site.~~

~~(Total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus \$4,850,000, multiplied by .9, multiplied by .33, multiplied by the ratio of the site's public program revenue to the public program revenue for all teaching sites.~~

~~(3) A portion of: [(the total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus \$4,850,000, multiplied by .10, multiplied by the provider's sponsoring institution's ratio of the amounts in subitems (1) and (2) to the total dollars available under subitems (1) and (2), in the amount the sponsoring institution determines is necessary to offset clinical costs at the site.~~

Community health worker services are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.

Effective January 1, 2015, the following services provided as part of **Adult Rehabilitative Mental Health Services (ARMHS)** are paid as described below:

- A **functional assessment** is paid the lower of the submitted charge or \$20.61 per 15 minute unit;
- Creation of an **individualized treatment plan** is paid the lower of the submitted charge or \$20.61 per 15 minute unit;
- **Basic living & social skills** provided by a mental health professional or practitioner are paid the lower of the submitted charge or \$17.17 per 15 minute unit;
- **Basic living & social skills** provided by a mental health rehabilitation worker are paid the lower of the submitted charge or \$12.87 per 15 minute unit;
- **Basic living & social skills** provided in a group setting, regardless of the provider, are paid the lower of the submitted charge or \$7.55 per 15 minute unit. A "group" is defined as two to 10 recipients.

STATE: MINNESOTA  
Effective: July 1, 2017  
TN: 17-12

ATTACHMENT 4.19-B  
Page 45f

Approved: 11/6/17

Supersedes: 15-17 (15-16, 04-15(a), 04-08)

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13.d. Rehabilitative services. (continued)

**Co-occurring services** address both the client's identified chemical dependency and mental health issues, including standardized mental health screening and appropriate mental health diagnostic assessment, monthly multi-disciplinary case review, and family education addressing both disorders and the interaction between the two. Programs must meet state licensing requirements and program enrollment standards. The rate may be applied to either outpatient, or residential settings, and is based on the additional cost of mental health professionals.

**Special population services** are specifically designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background. Programs must meet state licensing requirements and program enrollment standards. The rate may be applied to either outpatient, or residential settings, and is based on the additional cost of program material translation, amending curriculum to address cultural perspectives, and staff training.

**Civilly committed** recipients present some of the most difficult and complex care needs. They receive high-intensity residential services, have been civilly committed to the care of the Commissioner, and are a potential threat to themselves or others. The rate is based on the increased costs for additional staff attention and monitoring.

**Medical services** include health care, nursing, dietary and emergency physician services that are documented as provided to clients. Programs must be able to meet adequate staffing standards of appropriately credentialed medical staff to assess and address the client's health care needs. The rate is based on additional costs for medical staff.

**The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:**

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- G. Community and Public health Clinics
- I. Exceptions to payment methodology and reconstructing a rate
- P. Rate Increase Effective July 1, 2007
- T. Rate Increase July 1, 2010
- bb. Reimbursement for costs of services provided by a non-state, government-operated community mental health center
- cc. Supplemental payment for medical education
- ff. Professional services rate increase effective September 1, 2014

STATE: MINNESOTA  
Effective: July 1, 2017  
TN: 17-12  
Approved: 11/6/17  
Supersedes: 11-02

Supplement 2 to ATTACHMENT 4.19-B  
Page 2

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Payment for services for patients that are simultaneously covered by Medical Assistance and a liable third party other than Medicare will be made as the lesser of the following:

- a. the patient liability according to the provider/third party payer (insurer) agreement;
- b. covered charges minus the third party payment amount; or
- c. the Medical Assistance rate minus the third party payment amount.

#### **D. MinnesotaCare Tax Rate Adjustment**

Total payment for services provided on or after January 1, 2004, is **increased by two percent** for the following Minnesota providers and services. This is an increase to the rate methodology described elsewhere in this Attachment for the following Minnesota providers and services. This rate increase is applied after all other payment rate increases or decreases described below ~~in paragraphs N-W have been made.~~

- outpatient hospital services (Item 2.a)
- x-ray services (Item 3)
- EPSDT services, excluding rehabilitative services and services provided to a recipient with severe emotional disturbance residing in a children's residential treatment facility (Item 4.b)
- physicians' services (Item 5.a)
- medical and surgical services furnished by a dentist (Item 5.b)
- podiatrists' services (Item 6.a)
- optometrists' services (Item 6.b)
- chiropractors' services (Item 6.c)
- other practitioners' services: mental health, public health nursing, ambulatory surgical center, certified registered nurse anesthetist, nurse practitioner, case management services provided as a component of receiving clozapine, and clinical nurse specialist services (Item 6.d)
- clinic services (Item 9)
- dental services (Item 10)
- physical therapy services (Item 11.a)
- occupational therapy services (item 11.b)
- speech, language, and hearing therapy services (Item 11.c)
- dentures (Item 12.b)
- eyeglasses (Item 12.d)
- diagnostic, screening, and preventive services (Items 13.a, 13.b, and 13.c)
- rehabilitative services: day treatment for mental illness, services for treating chemical abuse, rehabilitative restorative

STATE: MINNESOTA  
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Supplement 2 to ATTACHMENT 4.19-B  
Page 3

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- and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services, and respiratory therapy services (Item 13.d)
  - services for individuals age 65 or older in institutions for mental diseases (Item 14)
  - inpatient psychiatric facility services for individuals under 22 years of age (Item 16)
  - nurse midwife services (Item 17)
  - pregnancy-related and postpartum services for 60 days after the pregnancy ends (Item 20.a)
  - services for any other medical condition that may complicate pregnancy (Item 20.b)
  - certified pediatric or family nurse practitioner services (Item 23)
  - licensed ambulance services, excluding volunteer ambulance services (Item 24.a)
  - emergency hospital services (Item 24.e)

#### E. Modifiers

**22** modifier: unusual procedural services = additional reimbursement based on line description or claim attachment. This modifier specifies a ratio for twin delivery and VBAC delivery. All other services are priced according to the service rendered. (Item 5.a)

**99** modifier: multiple modifier = may be an increase or a decrease to the reference file allowable depending on the modifiers represented within the 99. (Item 5.a)

#### F. Family Planning

Effective for services provided on or after July 1, 2007, **family planning services** provided by family planning clinics, public health clinics and community health clinics are paid 25% over the rate in effect on June 30, 2007. (Item 5.a.)

~~Effective for services provided on or after January 1, 2011, **family planning services** provided by family planning clinics, public health clinics and community health clinics are paid 25% over the rate in effect on January 1, 2011. (Item 5.a.)~~

Effective for services provided on or after July 1, 2013, **family planning services** provided by family planning clinics, public health clinics and community health clinics are paid 20% over the rate in effect on June 30, 2013. (Item 5.a.)

#### G. Community and Public Health Clinic

Effective July 1, 1989, rates for services provided by **community and public health** clinics are increased by 20%, except for laboratory services.