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**State Territory Name: MINNESOTA** 

State Plan Amendment (SPA) #: 23-0003

This file contains the following documents in the order

listed:
) 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

April 6, 2023

Julie Marquardt
Assistant Commissioner and Minnesota Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0983

RE: TN MN-23-0003

Dear Director Marquardt:

We have reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B MN-23-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 10, 2023. This plan amendment the updates the Resource Based Relative Value Scale (RBRVS) based on the annual Medicare Relative Value Unit update.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2023. 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 (312) 886-0360 or <u>Deborah.Benson@cms.hhs.gov.</u>

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DENTERO FOR MEDICANE A MEDICAND DELIVIORE			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2 3 — 0 0 0 3	2. STATE MN	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT		
TO OFFITTED DIPPOTOR	SECONTI ACT O XIX	◯ xxı	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 1, 2023		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amount a FFY 2023 \$ 0	nts in WHOLE dollars)	
42 CFR § 440	a FFY 2023 \$ 0 b. FFY 2024 \$ 0		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 10a	8. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable) same	DED PLAN SECTION	
9. SUBJECT OF AMENDMENT			
This amendment updates the Resource Based Relative Value So	cale (RBRVS) based on the annual Medi	icare Relative Value Unit	
10. 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:		
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO		
	lley Zoellner innesota Department of Human Services		
12. TYPED NAME	ederal Relations Unit		
Patrick Hultman	540 Cedar Street, PO Box 64983	0 Cedar Street, PO Box 64983	
13. TITLE Deputy Medicaid Director	Saint Paul, MN 55164		
14. DATE SUBMITTED			
February 10, 2023			
FOR CMS			
16. DATE RECEIVED FEBRUARY 10, 2023	17. DATE APPROVED April 6, 2023		
PLAN APPROVED - O			
18. EFFECTIVE DATE OF APPROVED MATERIAL  FEBRUARY 1, 2023	19 SIGNATURE OF APPROVING OFFICIA	AL	
20. TYPED NAME OF APPROVING OFFICIAL	. TITLE OF APPROVING OFFICIAL		
TODD MCMILLION	RECTOR, DIVISION OF REIMBURSEMENT REVIEW		
22. REMARKS			

STATE: MINNESOTA ATTACHMENT 4.19-B

Effective: February 1, 2023 Page 10a

TN: 23-03

Approved: April 6, 2023

Supersedes: 22-11 (21-02, 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 February 1, 202<del>2</del>3, the Resource Based Relative Value Scale conversion factors are:

- Evaluation and Management services: \$24.80\\$25.32
- Obstetric services: \$24.80<del>\$25.32</del>
- Mental Health services: \$28.43<del>\$28.44</del>
- All other physician services: \$24.79\$\frac{25.30}{25.30}

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