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State/Territory Name: MN

State Plan Amendment (SPA) #: 26-0011

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 4, 2026

John Connolly, State Medicaid Director
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street PO Box 64983
ST. Paul, MN 55167-0983

RE: TN 26-0011

Dear Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Minnesota State Plan Amendment (SPA) to Attachment 4.19-B 26-0011, which was submitted to CMS on March 6, 2026. This amendment increases the Medicare Resource Based Relative Value Scale (RBRVS) calculated conversion factor values for 2026, for evaluation and management services, obstetrics services, and for all other physician services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of February 1, 2026. 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 Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov.

Sincerely,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 1 1

2. STATE

MN3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440 and Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 10a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 10a

9. SUBJECT OF AMENDMENT

Implements the Medicare resource based relative value scale calculated values for 2026.

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

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

3/6/26

15. RETURN TO

Patrick Hultman

Minnesota Department of Human Services

Federal Relations Unit

540 Cedar Street, PO Box 64983

Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED

March 6, 2026

17. DATE APPROVED

September 4, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

February 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE: MINNESOTA
Effective: February 1, 2026
TN: 26-11
Approved: September 4, 2026

Supersedes: 25-25 (25-09, 24-09, 23-03, 22-11, 21-02, 17-03, 14-01, 13-03, 12-07, 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~~6~~⁵, the Resource Based Relative Value Scale conversion factors are:

- Evaluation and Management services: ~~\$25.43~~ \$26.24
- Obstetric services: ~~\$25.43~~ \$26.24
- All other physician services: ~~\$25.04~~ \$25.73

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

Home births

Effective for Home Birth services provided on or after January 1, 2026, payment for home birth supplies is the lower of:

1. The submitted charge;
2. 70 percent of the statewide average for a facility payment rate made to the hospital for an uncomplicated vaginal delivery as determined using the most recent calendar year for which complete claims data are available.
3. 15 percent of the average facility payment made to a hospital for the services provided for an uncomplicated vaginal delivery as determined using the most recent calendar year for which complete claims data is available, when a recipient is transported to a hospital prior to the delivery.

Effective for services provided on or after January 1, 2026, traditional midwives (Certified Professional Midwives), Certified Midwives, and Certified Nurse Midwives **Professional Services** are paid the lower of the:

- 1) submitted charge; or
- 2) 100% of the rate paid to a physician performing the same services, using the same methodology as item 5.a., Physician services, Attachment 4.19-B Pages 10-10p. An eligible provider who does not perform the delivery must not bill for any delivery services.