

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 19-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



## **Regional Operations Group**

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November 5, 2019

Thomas Moss, Interim Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Mr. Moss:

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

Transmittal #19-0008                      --Clarifying the maximum amount paid for Medicare Part B coinsurance and deductibles for services provided by the Indian Health Services and tribal providers operating under 638 agreements.

--Effective Date: July 1, 2019

--Approval Date: November 5, 2019

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/

Ruth A. Hughes  
Deputy Director  
Center for Medicaid and CHIP Services  
Regional Operations Group

Enclosures

cc:     Ann Berg, DHS  
       Patricia A. Callaghan, DHS

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

1. TRANSMITTAL NUMBER:  
19-0008

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  
July 1, 2019

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:  
Sections 1902(a)(10)(E)(i) and 1902(n)(1)-(3) of the Act

7. FEDERAL BUDGET IMPACT (in thousands):  
a. FFY '19: \$ 37,500  
b. FFY '20: \$ 150,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Supplement 1 to Attachment 4.19-B, page 3  
(CMS authorized change-S. Porter)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:  
Payment of Medicare Part B Deductibles and Coinsurance

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:  
Ann Berg  
Minnesota Department of Human Services  
540 Cedar Street, PO Box 64983  
St. Paul, MN 55164-0983

13. TYPED NAME:  
Ann Berg

14. TITLE:  
Deputy Medicaid Director

September 24, 2019

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
September 24, 2019

18. DATE APPROVED:  
November 5, 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:  
  
/s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Deputy Director

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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**Item A. Nursing Facility Payment, Part A Coinsurance**

Medicaid payment is the lesser of the actual coinsurance amount or the amount by which the Medicaid State plan case mix payment rate exceeds the Medicare rate less the coinsurance amount.

**Item B. Part B Coinsurance and Deductibles**

Medicaid Payment is the Medicare allowed amount for the following services:

- Mental health services, except for psychiatrist services and advanced practice nurse services.
- Dialysis for end stage renal disease.
- Durable medical equipment subject to the Medicare Durable Medical Equipment Prosthetics/Orthotics and Supplies (DMEPOS) competitive bidding program.
- Services provided by a federally qualified health center, Indian Health Service (IHS) facilities and tribal providers operating under 638 agreements, or a rural health clinic.

TN No. 19-08

Supersedes

Approval Date: 11/5/19

Effective Date: 7/1/2019

TN No. 16-03 (13-37,13-24, 12-02, 03-21)