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# State Territory Name: MINNESOTA

## State Plan Amendment (SPA) #: 24-0009

This file contains the following documents in the order

listed:) Approval Letter2) CMS 179 Form/Summary Form (with 179-like data)3) Approved SPA Pages

#### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services John C. Kluczynski Federal Building 230 South Dearborn Street, Suite 330F Chicago, IL 60604-1505



#### Financial Management Group

April 18, 2024

Julie A. Marquardt Medicaid Director Health Care Administration State of Minnesota, Department of Human Services 540 Cedar Street PO Box 64983 ST. Paul, MN 55167-0983

RE: TN 24-0009

Dear Director Marquardt:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-24-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 20, 2024. This plan amendment updates the annual Medicare Relative Value Units (RVU)s for physician services.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2024. 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 DRR analyst name at 1-312-886-0360 or <u>Deborah.Benson@cms.hhs.gov.</u>

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL O	1. TRANSMITTAL NUMBER 2. STATE
STATE PLAN MATERIAL	$\frac{2}{2} \frac{4}{4} = \frac{0}{0} \frac{0}{0} \frac{0}{9} \frac{MN}{1}$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR Chapter 440	a FFY 2024 \$ 0 b. FFY 2025 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	OR ATTACHMENT (If Applicable)
Attachment 4.19-B, page 10a	same
9. SUBJECT OF AMENDMENT	
This amendment updates the Resource Based Relative Valu	e Scale (RBRVS) based on the annual Medicare Relative Value Un
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	O OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	O OTHER, AS SPECIFIED.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
0	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Patrick Hultman
12. TYPED NAME	Minnesota Department of Human Services
Patrick Hultman	Federal Relations Unit 540 Cedar Street
13. TITLE	PO Box 64983
Deputy Medicaid Director	Saint Paul, MN 55164
14. DATE SUBMITTED	
February 20, 2024	
16. DATE RECEIVED February 20, 2024	17. DATE APPROVED April 18, 2024
PLAN APPROVED - (	ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
February 1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review
22. REMARKS	

 STATE: MINNESOTA
 ATTACHMENT 4.19-B

 Effective: February 1, 2024
 Page 10a

 TN: 24-0009
 Paproved: April 18, 2024

 Supersedes: 23-03,22-11 (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. <u>Physicians' services, whether furnished in the office, the</u> patient's home, a hospital, a nursing facility or elsewhere (continued).

Effective for services on or after February 1,  $20\underline{24}$   $\underline{23}$ , the Resource Based Relative Value Scale conversion factors are:

- Evaluation and Management services: \$25.49 24.80
- Obstetric services: \$25.40 <del>24.80</del>
- Mental Health services: \$27.50 28.43
- All other physician services: \$24.79

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