

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Deductible	Coinsurance	Copay*	Amount and Basis for Determination
nonemergency visits to a hospital-based emergency room				\$3.50 per visit. Only one copayment per day, per treating provider. The average payment for a non-emergency visit to a hospital-based emergency room exceeds \$50.01.
* In addition to the services and recipients not subject to a copayment in §1916(a)(2), and in 42 CFR §447.53(b), the following are not subject to copayments: 1) services that are 100% federally funded and are provided by an IHS or 638 facility; and 2) services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.				

TN No. 10-28

Supersedes

TN No. 09-03 (03-34, 03-32, 85-63)

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Approval Date

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

A. The following charges are imposed on the medically needy for services:

Service	Deductible	Coinsurance	Copay*	Amount and Basis for Determination
nonemergency visits to a hospital-based emergency room			X	\$3.50 per visit. Only one copayment per day, per treating provider. The average payment for a non-emergency visit to a hospital-based emergency room exceeds \$50.01.

* In addition to the services and recipients not subject to a copayment in §1916(a)(2), and in 42 CFR §447.53(b), the following are not subject to copayments: ~~1) services that are 100% federally funded and are provided by an IHS or 538 facility; and 2) services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.~~

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