

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:

Type of Charge				
Service	Deductible	Coinsurance	Copay*	Amount and Basis for Determination
<u>nonpreventive visit</u>			X	<u>\$3 per office visit. No copayment for an office visit for physical therapy, occupational therapy, speech therapy, or mental health services. Only one copayment per day, per treating provider. The average payment for a nonpreventive visit exceeds \$50.01.</u>
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: services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.

TN No. 11-24

Supersedes

TN No. 10-28 (09-03, 03-34, 03-32, 85-63)

Approval Date

**FEB - 3 2012**

Effective Date 10/1/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR §447.53(b) are described below:

- Department bulletins and provider updates
- Department's "Minnesota Health Care Programs" provider manual
- State Register notice published June 30, 2003
- recipient notice
- Department's Eligibility Verification system (automated telephone and on-line information service for providers)
- Automated payment system that edits billings for services excluded from copayments. These services are paid at normal rates. If, after a copay is paid, the system receives corrected information regarding the excluded status of a recipient or regarding an excluded service, the system is capable of reprocessing the claim.

E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

- \$12 ~~\$7~~ per month, per person, for prescription drug copayments

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**FEB - 3 2012**

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:

Type of Charge				
Service	Deductible	Coinsurance	Copay*	Amount and Basis for Determination
<u>nonpreventive visit</u>			X	<u>\$3 per office visit. No copayment for an office visit for physical therapy, occupational therapy, speech therapy, or mental health services. Only one copayment per day, per treating provider. The average payment for a nonpreventive visit exceeds \$50.01.</u>
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: services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.

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- Department bulletins and provider updates
- Department's "Minnesota Health Care Programs" provider manual
- State Register notice published June 30, 2003
- recipient notice
- Department's Eligibility Verification system (automated telephone and on-line information service for providers)
- If, after a copay is paid, the system receives corrected information regarding the excluded status of a recipient or regarding an excluded service, the system is capable of reprocessing the claim.

E. Cumulative maximums on charges:

- State policy does not provide for cumulative maximums.
- Cumulative maximums have been established as described below:
  - \$12 ~~\$7~~ per month, per person, for prescription drug copayments

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