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State/Territory Name: MN

State Plan Amendment (SPA) #: 13-0038

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
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 23, 2015

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

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

Transmittal #13-0038 --Revisions to cost sharing related to the family deductible.
 --Effective Date: October 1, 2013

During the review of this SPA, CMS determined that beginning January 1, 2014, Minnesota's cost-sharing policies with respect to non-emergency use of the emergency department, implementation of the five percent aggregate household limit, and exemption of certain American Indians and Alaska Natives and individuals who are eligible on the basis of the breast and cervical cancer eligibility category, were not compliant with the requirements of 42 CFR 447.50 through 447.57. The state has updated its cost-sharing policies through SPA 15-0013, which is being approved concurrently with SPA 13-0038. SPA 15-0013 indicates that the state will comply with the requirements of 42 CFR 447.50 through 447.57, and that the state is completing necessary system changes to correctly implement the exemption for American Indians and Alaska Natives by no later than October 1, 2016, and the tracking and notice requirements for the five percent aggregate household limit by no later than January 1, 2017.

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.


Sincerely,

/s/

Todd McMillion
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS
Sean Barrett, MDHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-38	2. STATE Minnesota
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§ 447.54		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY '14: \$0 b. FFY '15: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.18-A, pp. 1 Att. 4.18-C, pp. 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Recipient Cost Sharing			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: December 31, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 31, 2013		18. DATE APPROVED: December 23, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Todd McMillion		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

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
nonpreventive visit			X	\$3 copay per office visit that was not subject to the family deductible. 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.
nonemergency visits to hospital based emergency room			X	\$3.50 copay per visit that was not subject to the family deductible. Only one copayment per day, per treating provider. The average payment for hospital-based emergency room emergency room exceeds \$50.01.
Monthly family deductible	X			Effective January 1, 2013, one \$2,5565 deductible is applied to the first eligible service received each month. <u>This amount shall be increased each year beginning January 1, 2014, by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year, and then rounded to the next higher five cent increment.</u> No deductible applies to the following: chemical dependency treatment services, pharmacy services, dental services, chiropractic services, eyeglasses, hearing aids and oxygen.

* In addition to the services and recipients not subject to a deductible or copayment in § 1916(a)(2), § 1916(j), and § 1916A(b) of the SSA, and in 42 C.F.R. § 447.53(b), the following are not subject to a deductible or copayment: services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.

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
nonpreventive visit	nonemergency visits to hospital based emergency room	X	X		<p>\$3 copay per office visit that was not subject to the family deductible. 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.</p> <p>\$3.50 copay per visit that was not subject to the family deductible. Only one copayment per day, per treating provider. The average payment for hospital-based emergency room emergency room exceeds \$50.01.</p>
Monthly family deductible	X				<p>Effective January 1, 2013, one \$2.5565 deductible is applied to the first eligible service received each month. This amount shall be increased each year beginning January 1, 2014, by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year, and then rounded to the next higher five cent increment. No deductible applies to the following: chemical dependency treatment services, pharmacy services, dental services, chiropractic services, eyeglasses, hearing aids and oxygen.</p>

* In addition to the services and recipients not subject to a deductible or copayment in § 1916(a) (2), 1916(j), § 1916A(b) of the SSA and in 42 C.F.R. §447.53(b), the following are not subject to a deductible or copayments: services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.