

## **Table of Contents**

**State/Territory Name: MN**

**State Plan Amendment (SPA) #:16-0003**

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



June 21, 2016

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 #16-0003      --Clarifies the maximum amount to be paid for Medicare Part B coinsurance and deductibles for services provided by rural health clinics and federally qualified health centers.

--Effective Date: January 1, 2016

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  
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  
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
16-03

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  
January 1, 2016

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 '16: \$188  
b. FFY '17: \$329

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19-B, Supplement 1, page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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:  
Sean Barrett  
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

15. DATE SUBMITTED:  
March 31, 2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
March 31, 2016

18. DATE APPROVED:  
June 21, 2016

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Associate Regional Administrator

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 or a rural health clinic.

TN No. 16-03

Supersedes

Approval Date: 6/21/16

Effective Date: 1/1/2016

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