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State/Territory Name: MN

State Plan Amendment (SPA) #: 16-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



June 6, 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 #16-0005 --Revises Medical Assistance coverage of acupuncture services to expand coverage beyond the treatment of chronic pain to include all conditions for which the state determines acupuncture is medically necessary.

--Effective Date: February 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.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS
Sean Barrett, MDHS



June 6, 2016

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

Dear Ms. Zimmerman:

This letter is being sent as a companion to the Centers for Medicare and Medicaid Services (CMS) approval of Minnesota State Plan Amendment (SPA) #16-0005 submitted on March 31, 2016. This amendment expands acupuncture coverage beyond the treatment of chronic pain, to include all conditions for which the Department determines acupuncture is medically necessary, effective February 1, 2016.

Although CMS approves the coverage methodology for acupuncture via our review of SPA 16-0005, we have determined that the acupuncture reimbursement methodology lacks a comprehensive description in Attachment 4.19-B on page 18 Item 6.d.C Acupuncture Services. Because the acupuncture reimbursement methodology is not comprehensively described, it does not comply with the Social Security Act and Federal regulations. Section 1902(a)(30)(A) of the Act requires that states have methods and procedures in place to ensure payments are consistent with economy, efficiency, and quality of care. The overall requirement in section 1902(a) of the Act for a state plan and the specific requirements at section 1902(a)(30)(A) of the Act for methods and procedures related to payment, are implemented by Federal regulations at 42 CFR §430.10. These regulations require that the state plan include a comprehensive description of the methods and standards used to set payment rates, and provide a basis for Federal financial participation.

In order to comprehensively describe the acupuncture services payment methodology, we require the state to submit a state plan amendment adding the effective date of the fee schedule for the acupuncture services. We recommend the state use our model effective date fee schedule language as follows:

“Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness). The agency’s fee schedule rate was set as of (insert date here) and is effective for services provided on or after that date. All rates are published (ex. on the agency’s website).”

The state has 90 days from the date of this letter to address the issues described above. Within that period the state may submit a SPA to address the inconsistencies, or submit a corrective action plan describing in detail how the state will resolve the issues identified above in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day period noted above, CMS will be available to provide technical assistance if needed.

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Companion Letter - MN TN 16-0005


If you have any questions concerning this SPA, please contact Sandra Porter, of my staff, at (312) 353-8310.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: A. Berg, MDHS
S. Barrett, MDHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-05	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 February 1, 2016	
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 § 440.60		7. FEDERAL BUDGET IMPACT (in thousands) a. FFY '16: \$147 b. FFY '17: \$223	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 27 Attachment 3.1-B, page 26		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Acupuncture Services			
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 P.O. 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 6, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: February 1, 2016

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TN: 16-05

Approved: 6/6/16

Supersedes: 12-06 (08-13, 94-07, 91-11)

6.d. Other practitioners' services. (continued)

C. Acupuncture Services

Effective for services delivered on or after ~~January~~ February 1, 2016, Medical Assistance covers medically necessary acupuncture services when provided within the qualified provider's scope of practice~~coverage is limited to the treatment of chronic pain, which is pain with a documented duration of a least six consecutive months that has been unresponsive to other forms of therapy.~~

Qualified providers include licensed acupuncturists or other licensed practitioner for whom acupuncture is within the practitioner's scope of practice and who have specific acupuncture training or credentialing, including chiropractors, osteopaths and physicians.

STATE: MINNESOTA
Effective: February 1, 2016
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