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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 16-0010

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



May 16, 2017

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 #16-0010 --Revises the criteria for participation in the critical access dental program, and increases the payment rates for certain critical access dental providers.

 --Effective Date: July 1, 2016

 --Approval Date: May 16, 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.

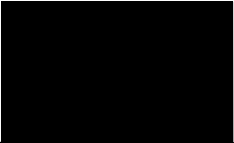
Sincerely,

/s/

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: 16-10	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)	
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>)		4. PROPOSED EFFECTIVE DATE July 1, 2016	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§440.100	7. FEDERAL BUDGET IMPACT (in thousands): a. FFY '17 \$204 b. FFY '18 \$241		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 40d Attachment 3.1-B, page 39d Attachment 4.19-B, page 31b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same		
10. SUBJECT OF AMENDMENT: Dental			
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: September 29, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2016	18. DATE APPROVED: May 16, 2017		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: /s/		
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator		
23. REMARKS:			

Approved: 5/16/17

Supersedes: 15-21 (13-12,11-15,10-14b,10-14a,10-04,08-13,06-14,06-05,03-37,03-24)

10. Dental services. (continued)

- e) have a sliding fee scale based on current federal poverty income guidelines;
- f) do not restrict access or services because of a patient's financial limitations or public assistance status; and
- g) have free care available as needed.

2) Public health clinics;

3) A dental clinic or group owned and operated by a nonprofit corporation with more than 10,000 patient encounters per year with patients who are uninsured or covered by medical assistance or MinnesotaCare;

4) Dental clinics owned and operated by the University of Minnesota or the Minnesota State Colleges and Universities system;

5) County or city owned and operated hospital-based dental clinics;

6) Hospital-based dental clinics owned and operated by an essential community provider that was formerly a state hospital, and is now an outpatient hospital specializing in the treatment of cerebral palsy, spina bifida, epilepsy, closed head injuries, specialized orthopedic problems, and other disabling conditions; and

7) Private practicing dentists if:

- a) the dentist's office is located within the seven-county metropolitan area and more than 50 percent of the dentist's patient encounters per year are with patients who are uninsured or covered by medical assistance or MinnesotaCare a health professional shortage area as defined under Code of Federal Regulations, title 42, part 5, and United States Code, title 42, section 254E; or
- b) ~~more than 50 percent of the dentist's patient encounters per year are with patients who are uninsured or covered by medical assistance or MinnesotaCare; and~~

e) the dentist's office is located outside the seven-county metropolitan area and more than 25 percent of the dentist's patient encounters per year are with patients who are uninsured or covered by medical assistance or MinnesotaCare. ~~the level of service provided by the dentist is critical to maintaining adequate levels of patient access within the service area in which the dentist operates.~~

STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-10

ATTACHMENT 3.1-B
Page 39d

Approved: 5/16/17
Supersedes: 15-21 (13-12,11-15,10-14b,10-14a,10-04,08-13,06-14,06-05,03-37,03-24)

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STATE: MINNESOTA
Effective: July 1, 2016
TN: 16-10

ATTACHMENT 4.19-B
Page 31b

Approved: 5/16/17

Supersedes: 13-12 (12-25,11-30b,10-24,10-04,08-13,06-14,06-05,03-37)

10. Dental services. (continued)

FINAL RATE METHODOLOGY

Costs will be determined using the "Medicaid Reimbursement Department of Human Services Medicaid Cost Report for State Operated Dental Clinics." This CMS-approved cost reporting protocol collects cost data from the State Operated Services dental providers and allocates the costs as allowable or unallowable using Medicare principles of reimbursement. The cost report also allocates allowable costs among payers using total billed charges.

Final payment rates will be equal to total costs multiplied by the result of Medicaid fee-for-service charges divided by total charges.

The Department will settle-up with State Operated Services dental providers within 18 months following the receipt of clean and correct cost data reported by the SOS dental providers for the rate year. If the interim payments exceeded the final rate, the Department will recover the overpayment within 60 days from determination of the final rate.

C. Critical access dental providers include public and private dental providers. The State agency established rate is the same for both public and private dental providers.

Effective for services on or after July 1, 201~~3~~⁶, payment to critical access dental providers not owned by a health maintenance organization, and who qualify under the criteria at Attachment 3.1-A or B, item 10.I.1-6, will be increased by 37.5% above the base payment rate described in Attachment 4.19-B, item 10(A). Payment to critical access dental providers owned by a health maintenance organization, and who qualify under the criteria at Attachment 3.1-A or B, item 10.I.1-6, will be increased by 35% above the base payment rate described in Attachment 4.19-B, item 10(A).