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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 18-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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 13, 2018

Ann Berg, Deputy Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Berg:

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

Transmittal #18-0010 --Implementing Federal Cures Act Requirement to publish a fee-for-service provider directory on State Medicaid Agency's public website.

 --Effective Date: October 1, 2018

 --Approval Date: December 13, 2018

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: Sean Barrett, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 18-10	2. STATE Minnesota
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	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2018
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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)

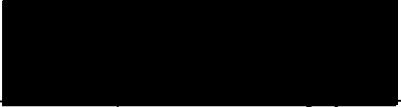
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(83) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY '19 (\$ 0) b. FFY '20 (\$ 0)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: State Plan Preprint: Page 79z	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW
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10. SUBJECT OF AMENDMENT:
Provider Directory

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 Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983
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13. TYPED NAME:
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
November 20, 2018

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: November 20, 2018	18. DATE APPROVED: December 13, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator
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23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Minnesota

4.47 21ST CENTURY CURES ACT – Section 5006:

“Requiring Publication of Fee-for-Service Provider Directory”

- X State is in compliance with the requirements of Section 5006 of the 21st Century Cures Act.
- State will be in compliance with Section 5006 of the 21st Century Cures Act by _____.
- State Plan’s managed care coverage exempts this state from the requirements of Section 5006 of the 21st Century Cures Act.
- State would potentially need to enact legislation to comply with Section 5006 of the 21st Century Cures Act and will discuss compliance with CMS.