

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 19-0007**

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 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



## Regional Operations Group

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October 22, 2019

Thomas Moss, Interim Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Mr. Moss:

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

Transmittal #19-0007      --Clarification that partial hospitalization services are made on a per diem basis.

   --Effective Date: July 1, 2019

   --Approval Date: October 22, 2019

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  
Deputy Director  
Center for Medicaid and CHIP Services  
Regional Operations Group

Enclosures

cc: Ann Berg, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
TN 19-07

2. STATE  
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTER FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2019

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:  
42 C.F.R. §447.201

7. FEDERAL BUDGET IMPACT:  
a. FFY 19: \$0  
b. FFY 20: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, pp. 3, 45

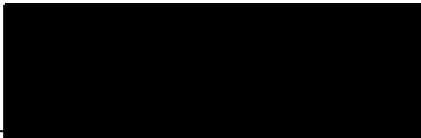
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 4.19-B, pp. 3, 45

10. SUBJECT OF AMENDMENT:  
Payment rates for partial hospitalization services

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:  
Ann Berg  
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:  
9/23/2019

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
September 23, 2019

18. DATE APPROVED:  
October 22, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Deputy Director

23. REMARKS:

STATE: MINNESOTA  
Effective: July 1, 2019  
TN: 19-07

ATTACHMENT 4.19-B  
Page 3

Approved: 10/22/19

Supersedes: 11-02 (09-19, 05-04, 03-10, 01-07)

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2.a. Outpatient hospital services (cont).

Payments for outpatient hospital services may not exceed in aggregate the total payments that would have been paid under Medicare.

Outpatient hospital facility services are paid in accordance with the most recent Ambulatory Payment Classification system rates published by the Centers for Medicare & Medicaid Services in the Federal Register, listed in the column marked "Payment Rate," except that:

- (1) end-stage renal disease hemodialysis for outpatient, per treatment is paid in accordance with composite rate methodology for the Medicare Program in effect prior to April 1, 2005.
- (2) effective July 1, 2019, partial hospitalization is paid the lower of the submitted charge or an hourly rate per diem of that is ~~\$69.55~~ \$322.40 for adults and ~~\$45.36~~ \$217.17 for children.

If there is no Ambulatory Payment Classification rate, outpatient hospital facility services are paid the lower of:

- (1) Submitted; or
- (2) 80% of the 1990 average submitted charge.

If there is no Ambulatory Payment Classification rate or an 80% of the 1990 average submitted charge, outpatient hospital facility services are paid at the consumer price index backdown.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2019

Page 45

TN: 19-07

Approved: 10/22/19

Supersedes: 17-12 (11-02,07-16, 04-15(a), 04-08)

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13.d. Rehabilitative services.

Rehabilitative services are paid using the same methodology in item 5.a., Physicians' services, except as listed below.

**Physical therapy assistants** are paid using the same methodology as item 11.a., Physical therapy.

**Occupational therapy assistants** are paid using the same methodology as item 11.b., Occupational therapy.

With the exceptions below, **Mental health services** are paid the lower of the submitted charge or the Resource Based Relative Value Scale calculated rate.

This rate includes mental health services provided by community mental health centers, except that ~~For partial hospitalization services provided by community mental health centers, the hourly rate is based on outpatient hospital charges for partial hospitalization.~~ are paid using the methodology for partial hospitalization services provided by outpatient hospitals at Attachment 4.19-B, item 2.a.