

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



December 23, 2015

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 #13-0038 --Revisions to cost sharing related to the family deductible.
 --Effective Date: October 1, 2013

During the review of this SPA, CMS determined that beginning January 1, 2014, Minnesota's cost-sharing policies with respect to non-emergency use of the emergency department, implementation of the five percent aggregate household limit, and exemption of certain American Indians and Alaska Natives and individuals who are eligible on the basis of the breast and cervical cancer eligibility category, were not compliant with the requirements of 42 CFR 447.50 through 447.57. The state has updated its cost-sharing policies through SPA 15-0013, which is being approved concurrently with SPA 13-0038. SPA 15-0013 indicates that the state will comply with the requirements of 42 CFR 447.50 through 447.57, and that the state is completing necessary system changes to correctly implement the exemption for American Indians and Alaska Natives by no later than October 1, 2016, and the tracking and notice requirements for the five percent aggregate household limit by no later than January 1, 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/

Todd McMillion
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS
Sean Barrett, MDHS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a) (1) through (5) and (7) of the Act:

| Type of Charge | | | | |
|--|-------------------|--------------------|---------------|---|
| Service | Deductible | Coinsurance | Copay* | Amount and Basis for Determination |
| nonpreventive visit | | | X | \$3 copay per office visit that was not subject to the family deductible. No copayment for an office visit for physical therapy, occupational therapy, speech therapy, or mental health services. Only one copayment per day, per treating provider. The average payment for a nonpreventive visit exceeds \$50.01. |
| nonemergency visits to hospital based emergency room | | | X | \$3.50 copay per visit that was not subject to the family deductible. Only one copayment per day, per treating provider. The average payment for hospital-based emergency room emergency room exceeds \$50.01. |
| Monthly family deductible | X | | | Effective January 1, 2013, one \$2.5565 deductible is applied to the first eligible service received each month. <u>This amount shall be increased each year beginning January 1, 2014, by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year, and then rounded to the next higher five cent increment.</u> No deductible applies to the following: chemical dependency treatment services, pharmacy services, dental services, chiropractic services, eyeglasses, hearing aids and oxygen. |

* In addition to the services and recipients not subject to a deductible or copayment in § 1916(a) (2), § 1916(j), and § 1916A(b) of the SSA, and in 42 C.F.R. § 447.53(b), the following are not subject to a deductible or copayments: services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

A. The following charges are imposed on the medically needy for services:

| Type of Charge | | | | |
|--|------------|-------------|--------|--|
| Service | Deductible | Coinsurance | Copay* | Amount and Basis for Determination |
| nonpreventive visit | | | X | \$3 copay per office visit that was not subject to the family deductible. No copayment for an office visit for physical therapy, occupational therapy, speech therapy, or mental health services. Only one copayment per day, per treating provider. The average payment for a nonpreventive visit exceeds \$50.01. |
| nonemergency visits to hospital based emergency room | | | X | \$3.50 copay per visit that was not subject to the family deductible. Only one copayment per day, per treating provider. The average payment for hospital-based emergency room emergency room exceeds \$50.01. |
| Monthly family deductible | X | | | <u>Effective January 1, 2013, one \$2.5565 deductible is applied to the first eligible service received each month. This amount shall be increased each year beginning January 1, 2014, by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year, and then rounded to the next higher five cent increment. No deductible applies to the following: chemical dependency treatment services, pharmacy services, dental services, chiropractic services, eyeglasses, hearing aids and oxygen.</u> |

* In addition to the services and recipients not subject to a deductible or copayment in § 1916(a)(2), 1916(j), § 1916A(b) of the SSA and in 42 C.F.R. §447.53(b), the following are not subject to a deductible or copayments: services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.