

July 14, 2014

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

Dear Mr. Golden:

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

Transmittal #13-037 -Medicare Part B Coinsurance and Deductibles --Effective Date: October 1, 2013

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at <u>Courtenay.Savage@cms.hhs.gov</u>.

Sincerely,

/s/

Alan Freund Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS Sean Barrett, MDHS

Enclosure

Revision: HCFA-PM-91-4 August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: <u>MINNESOTA</u>

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item A. Nursing Facility Payment, Part A Coinsurance

Medicaid payment is the lesser of the actual coinsurance amount or the amount by which the Medicaid State plan case mix payment rate exceeds the Medicare rate less the coinsurance amount.

Item B. Part B Coinsurance and Deductibles

Medicaid Payment is the Medicare allowed amount for the following services:

- Mental health services, except for psychiatrist services and advanced practice nurse services
- Dialysis for end stage renal disease
- <u>Durable medical equipment subject to the Medicare Durable Medical Equipment</u> Prosthetics/Orthotics and Supplies (DMEPOS) competitive bidding program.

TN No. <u>13-37</u> Supersedes TN No. 13-24 (<u>12-02, 03-21</u>)

Approval Date: <u>7/14/14</u>

Effective Date: <u>10/1/2013</u>