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

CENTERS FOR MEDICARE & MEDICAID SERVICES

December 14, 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 #15-0026 --Amending various sections of the state plan related to managed care.

--Effective Date: July1, 2015

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

Enclosure

cc: Ann Berg, MDHS
Sean Barrett, MDHS

State: MINNESOTA

Citation | Condition or Requirement

xv. a Medicaid-eligible person under item D, subitem 1 for the time period between application and MCO enrollment.

xvi. individuals who are participating in the Chemical Health Care Services Pilot Project authorized in Minnesota Statutes, section 254B.13.

42 CFR §438.50 G. List All Other Eligible Groups Who Will be Permitted to Enroll on a Voluntary Basis

i. children with severe emotional disturbance who receive case management services. These are children with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior and meet the statutory criteria in Minnesota's Children's Mental Health Act.

ii. adults under 65 with severe and persistent mental illness who receive case management services. These are adults who have a mental illness and meet the statutory criteria in Minnesota's Adult Mental Health Act.

iii. children receiving state-funded adoption assistance.

iv. children receiving adoption assistance under Title IV-E.

v. children under 19 receiving SSI who choose ~~an AFDC related~~ MAGI-based categorically needy group.

vi. individuals under age 65 who are receiving Medicare or are blind or disabled, who meet a basis of eligibility under item D, subitem 1.

vii. enrollees described in item D, subitem 1 with private MCO health coverage that is not cost effective, as long as the MCO is the same as the MCO the enrollee chooses.

H. Enrollment Process

§1932(a)(4)(D)
42 CFR §438.50(f)

1. Definitions

i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient.

ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

State: MINNESOTA

Citation	Condition or Requirement
§1932(a)(4) 42 CFR §438.50(f)	2. State process for enrollment by default. Describe how the state's default enrollment process will preserve: i. the existing provider-recipient relationship (as defined in H.1.i.). ~~If it is a new enrollee, t~~ The Department determines whether the recipient or an associated household member has an existing ~~provider~~ MCO-recipient relationship. If there is a relationship, the ~~new~~ enrollee is enrolled in the same MCO. At initial enrollment and annual re-enrollment ~~When applying~~, an enrollee is asked to select an MCO ~~and a provider~~. ii. the relationship with providers that have traditionally served Medicaid recipients (as defined in H.1.ii). See 2. i, above. iii. the equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them (excluding those that are subject to intermediate sanction described in 42 CFR §438.702(a)(4)), and disenrollment for cause in accordance with 42 CFR §438.56(d)(2). *(Example: No auto-assignments will be made if MCO meets a certain percentage of capacity)* The system determines a default MCO plan by searching to find if any ~~associated~~ household member is enrolled in managed care. Next, it determines whether that MCO is available for enrollment in the recipient's county of residence. If the MCO is available, the individual is enrolled in the MCO. If no ~~associated~~ household member is enrolled in managed care, or if ~~a~~an ~~associated~~ household member is active but the MCO of that household member is not available for enrollment in the county of residence, then ~~selection of a~~ the default MCO is ~~determined on a rotating basis using all MCOs available for enrollment in the recipient's county of residence~~ assigned as described below. ~~For all but certain contracts in the Twin Cities' seven county metropolitan area and twenty-seven counties in northern, central, and southeastern Minnesota, there is default assignment enrollment on a rotating basis between MCOs.~~ For all counties in Minnesota, the state will direct the default assignment to a single MCO for each county, and will adjust the default plan as necessary to manage capacity. Defaults are assigned by the MMIS system, when all of the following are met: ▪ eligibility is open ▪ recipient resides in a managed care county ▪ recipient is not currently enrolled in a MCO, or the MCO is no longer available ▪ recipient is not in a §1932(a)(2) excluded group ~~For the seven county Twin Cities' metropolitan area and twenty-seven counties in northern, central, and southeastern Minnesota, the state will direct the default assignment to a single MCO for each county, and will adjust the default plan as necessary to manage capacity.~~
§1932(a)(4)(A), (D) 42 CFR §438.50(f)	3. As part of the state's discussion on the default enrollment process, include the following information:

State: MINNESOTA

Citation		Condition or Requirement
§1932(a)(5)(D)	L.	List all Services that are Excluded for Each Model (MCO & PCCM)

For MCOs:

i. Abortion
~~ii. effective until January 1, 2009, services provided to recipients with severe emotional disturbance residing in children's residential treatment facilities.~~
~~iii. effective until July 1, 2009, mental health targeted case management~~
ii. Child welfare targeted case management
iii. Targeted case management services for persons not receiving services pursuant to a §1915 (c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence
iv. Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP).
v. Nursing facility services
vi. Relocation coordination services

§1932(a)(1)(A)(ii) M. Selective Contracting Under a §1932 State Plan Option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will x /will not ~~x~~ intentionally limit the number of entities it contracts with under a §1932 state plan option.
2. x The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees)* ~~N/A~~ The Department may limit the number of entities it contracts with in a given area, depending on a number of factors, including MCO capacity, networks, and administrative cost and effort

4. ~~x~~ The selective contracting provision is not applicable to this state plan.

Revision: HCFA-AT-84-2 (BERC) 01-84 OMB No. 0938-0193

State: MINNESOTA

Citation	4.23 Use of Contracts
42 CFR Part 434.4 48 FR 54013	The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434. __ Not applicable. The State has no such contracts.
42 CFR Part 438	The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through ~~an~~ a statewide competitive ~~open~~ procurement process that is consistent with 2 CFR Part 200, ~~45 CFR Part 92. The state does not use a competitive bid process but contracts with any willing and qualified provider that meets the State's contract standards for managed care organizations, with the following exception. The state uses a competitive bid process for twenty-seven counties in northern, central, and southeastern Minnesota and the seven county Twin Cities' metropolitan area~~ for contracts affecting families and children and recipients described in Attachment 3.1-F, at D.1. The risk contract is with: x a managed care organization that meets the definition of §1903(m) of the Act and 42 CFR §438.2 __ a prepaid inpatient health plan that meets the definition of 42 CFR §438.2 __ a prepaid ambulatory health plan that meets the definition of 42 CFR §438.2 __ not applicable.