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



May 26, 2017

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 #15-0022

--revises payment rates for providers specializing in the treatment of cerebral palsy, spina bifida, epilepsy, closed head injuries, and orthopedic conditions.

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--Effective Date: July 1, 2015

--Approval Date: May 26, 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/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS Sean Barrett, MDHS

Effective: July 1, 2015 Page 3c

TN: 15-22

Approved: 5/26/17

Supersedes: 14-11 (11-19, 11-02, 09-25, 07-08, 97-21, 97-05)

2.a. Outpatient hospital services, (cont.)

Outpatient chemical abuse programs services are paid using the same methodology in item 13.d., Rehabilitative services.

- A. IHS/638 Facilities.
- B. Critical Access Hospitals paid on a cost-payment system.
- C TPL.
- D. MinnesotaCare tax rate adjustment.
- E. Modifiers subject to an increase in base payment rate.
- K. Copay converted to \$2.50 provider rate reduction.
- M. Rate decrease effective 07/01/02.
- N. Rate decrease effective 03/01/03.
- R. Professional services rate decrease effective 7/1/09.
- S. Professional services rate decrease effective 7/1/10.
- U. Facility services decrease 07/01/09.
- Z. Outpatient hospital facility rate decrease 2011.
- aa. Renal dialysis rates are adjusted by m Miscellaneous services and materials rate decrease 2011.
- gg. Miscellaneous services and materials rate increase effective September 1, 2014.
- jj. Rate increase for miscellaneous services, effective July 1, 2015.

STATE: MINNESOTA ATTACHMENT 4.19-B Effective: July 1, 2015 Page 27a

TN: 15-22

Approved: 5/26/17

Supersedes: 15-12 (14-11,14-03,11-19,11-02,10-29,10-21,10-02,09-25,04-

05,02-02)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (continued)

Effective September 1, 2011, augmentative and alternative communication device manufacturers and vendors must be paid the lower of the:

- (1) submitted charge; or
- (2) (a)manufacturer's suggested retail price minus 20 percent for providers that are manufacturers of augmentative and alternative communication systems; or (b)manufacturer's invoice charge plus 20 percent for providers

that are not manufacturers of augmentative and alternative communication systems.

Enteral products are paid the lower of:

- (1) submitted charge; or
- (2) the 50th percentile of the usual and customary charges submitted for the previous two calendar years minus 20 percent, plus current calendar year Medicare inflation factors; or
- (3) if a payment rate cannot be calculated using submitted charges, an amount determined using one of the following methodologies:
 - a) the manufacturer's suggested retail price minus 20 percent; or
 - b) if no information exists about manufacturer's suggested retail price, payment is based on cost (wholesale) plus 20 percent.
- Pediatric enteral products may be paid at the average wholesale price.

Parental products are paid using the methodology in items 12.a., Prescribed drugs, for drugs dispensed by a pharmacy.

Effective for services provided on or after October 1, 2011, home infusion therapy services provided by home infusion pharmacies are paid the lower of:

- (1) the submitted charge; or
- (2) a per diem amount for home infusion therapy services as defined in home infusion HCPCS codes. The per diem rate is equal to the combined payment rates for the component services which include, but are not limited to, medical supplies and equipment, professional pharmacy services, care coordination, delivery and shipping and products used in a standard total parental nutrition formula.

No dispensing fee is paid for home infusion therapies when dispensed by home infusion pharmacies.

- U. Facility services rate decrease 2009.
- aa. Miscellaneous services and materials rate decrease 2011.
- ee. Rate decrease effective July 1, 2014.
- gg. Miscellaneous services and materials rate increase effective September 1, 2014.
- hh. Rate increase effective July 1, 2015.
- jj. Rate increase for miscellaneous services, effective July 1, 2015.

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TN: 15-22

Approved: 5/26/17

Supersedes: 14-11 (11-19, 01-13, 00-11)

11.a. Physical therapy.

Physical therapy services are paid using the same methodology as item 5.a., Physicians' services.

Effective for services provided on or after January 1, 1997, physical therapy assistants are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the fee schedule rate if the services are provided under the direction of the physical therapist who is on the premises; or
- (3) 65% of the fee schedule rate if the services are provided when the physical therapist is not on the premises.

- aa. Miscellaneous services and materials rate decrease 2011.
- ff. Professional services rate increase effective September 1, 2014.
- jj. Rate increase for miscellaneous services, effective July 1, 2015

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Supersedes: 14-11 (11-23, 11-19, 00-11, 97-21)

11.b. Occupational therapy.

Occupational therapy services are paid using the same methodology as item 5.a., Physicians' services.

Occupational therapy assistants are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the fee schedule rate if the services are provided under the direction of the occupational therapist who is on the premises; or
- (3) 65% of the fee schedule rate if the services are provided when the occupational therapist is not on the premises.

- aa. Miscellaneous services and materials rate decrease 2011.
- bb. Reimbursement for costs of services provided by a nonstate, government-operated community mental health center.
- ff. Professional services rate increase effective September 1, 2014.
- jj. Rate increase for miscellaneous services, effective July 1, 2015.

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Supersedes: 14-11 (11-19, 00-11, 98-20)

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Speech, language, and hearing therapy services are paid using the same methodology as item 5.a., Physicians' services.

- W. Professional services rate decrease 2011.
- ff. Professional services rate increase effective September 1, 2014.
- jj. Rate increase for miscellaneous services, effective July 1, 2015.

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Supersedes: 15-12 (14-11, 11-19, 11-02, 09-25, 00-11, 7-21)

12.c. Prosthetic devices.

Payment is the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount; or
- (3) if Medicare has not established a payment amount for the prosthetic or orthotic device, an amount determined using one of the following methodologies:
 - (a) 50th percentile of the usual and customary charges submitted for the prosthetic or orthotic device for the previous calendar year minus 20 percent;
 - (b) if no information about usual and customary charges exists for the previous calendar year, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
 - (c) if no information exists about the manufacturer's suggested retail price, payment is based upon the wholesale cost plus 20 percent.

The base rates as described in this item, except for those that apply to state operated dental clinics, are adjusted by the following clauses of Supplement 2 of this Attachment:

- U. Facility services rate decrease 2009.
- aa. Miscellaneous services and materials rate decrease 2011.
- ee. Rate decrease effective July 1, 2014.
- hh. Rate increase effective July 1, 2015.
- jj. Rate increase for miscellaneous services, effective July 1, 2015.

STATE: MINNESOTA Supplement 2 to ATTACHMENT 4.19-B

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TN: 15-22

Approved: 5/26/17 Supersedes: 15-21

ii. Dental Services rate increase 2015

Effective for dental services provided by dental providers located outside of the seven-county metropolitan area on or after July 1, 2015, payment rates shall be increased by 9.65 percent from the rates in effect on June 30, 2015. This increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, Indian Health Service, and tribal 638 facilities.

jj. Rate increase for miscellaneous services, effective July 1, 2015

Effective July 1, 2015, payment rates for the following services are increased 90 percent from the rates in effect on June 30, 2015, when provided by an essential community provider that was formerly a state hospital, and is now an outpatient hospital specializing in the treatment of cerebral palsy, spina bifida, epilepsy, closed head injuries, specialized orthopedic problems, and other disabling conditions:

Outpatient hospital facility fees (Item 2.a)

Medical supplies and durable medical equipment not subject to a volume purchase agreement (Item 7.c)

Physical therapy (Item 11.a)

Occupational therapy (Item 11.b)

Speech pathology (Item 11.c)

Prosthetics and orthotics (Item 12.c)

Payments made under this item are not limited by item H of this supplement.