

State/Territory: MINNESOTA

Citation

4.19 Payment for Services

Section 1903(i)(17)  
of the Act

No Medical Assistance payment will be made with respect to any amount expended for items or services not covered under Minnesota's State plan.

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TN No. 98-07  
Supersedes  
TN No. --

Approval Date 6/25/98

Effective Date 01/01/98

Revision: HCFA-PM-93-5  
MAY 1993

(MB)

State/Territory: MINNESOTA

Citation

42 CFR 447.252  
1902(a)(13),  
1902(e)(7), and  
1923

4.19 Payment for Services

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13), 1902(e)(7), and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- x Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

— Inappropriate level of care days are not covered.

TN No. 94-01  
Supersedes  
TN No. 91-29

Approval Date 02/08/94

Effective Date 01/01/94

Revision: HCFA-PM-93-6 (MB)  
August 1993

State/Territory: MINNESOTA

Citation

42 CFR 447.201  
42 CFR 447.302  
52 CFR 28648  
1902(a)(15), 1902(aa),  
1903(a)(1) and 1920  
of the Act, Sec. 702 of  
the Medicare, Medicaid,  
and SCHIP Benefits  
Improvement and Protection  
Act of 2000 (incorporated by  
reference in P.L. 106-554)

4.19(b)

In addition to the services specified in paragraphs 4.19(a), (d), (k), ~~(l)~~, and ~~(m)~~, the Medicaid agency meets the following requirements:

- (1) Section ~~1902(a)(13)(E)~~ 1902(aa) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. ~~The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services.~~ ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) ~~Sections 1902(a)(13)(E) and 1926~~ Section 1902(aa) of the Act, and 42 CFR Part 447.371, ~~Subpart D~~, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

SUPPLEMENT 1 TO ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part. A and B deductible/coinsurance.

1902(a)(10) and  
1902(a)(30) of the  
Act

TN No. 01-04  
Supersedes  
TN No. 93-27

Approval Date 8/27/01

Effective Date 01/01/01

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State MINNESOTA

Citation  
42 CFR 447.40  
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

TN # 78-5  
Supersedes  
TN # \_\_\_\_\_

Approval Date 5-5-78 Effective Date 1-1-78

Revision: HCFA-PM-87-9 (BERC)  
August 1987

OMB No.: 0938-0193

State/Territory: MINNESOTA

Citation 4.19(d)

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for ~~skilled~~ nursing facility and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for ~~skilled~~ nursing facility and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine ~~skilled~~ nursing facility services furnished by a swing-bed hospital. Swing-bed hospitals are also subject to State statute limitations:
- At the average rate per patient day paid to ~~SNPs~~ nursing facilities for routine services furnished during the previous calendar year.
- At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.
- Not applicable. The agency does not provide payment for ~~SNP~~ nursing facility services to a swing-bed hospital.
- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.
- At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.
- At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.
- Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.
- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 01-02  
Supersedes  
TN No. 88-66

Approval Date 5/11/01

Effective Date 01/01/01

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State MINNESOTA

Citation  
42 CFR 447.45 (c)  
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-36  
Supersedes  
TN # \_\_\_\_\_

Approval Date 2-6-80

Effective Date 10-1-79

Revision: HCFA-PM-87-4  
March 1987

(BERC)

OMB No.: 0938-0193

State/Territory: MINNESOTA

Citation  
42 CFR 447.15  
AT-78-90  
AT-80-34  
48 FR 5730

4.19(f)

The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR ~~431.55(g)~~ and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

TN No. 01-02

Supersedes

Approval Date

5/1/01

Effective Date

01/01/01TN No. 87-22, 83-25, 79-26

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State MINNESOTA

Citation  
42 CFR 447.201  
42 CFR 447.202  
AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

TN # 76-86  
Supersedes  
TN #           

Approval Date 2-6-80 Effective Date 10-1-79

Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State MINNESOTA

Citation  
42 CFR 447.201  
42 CFR 447.203  
AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 80-25  
Supersedes  
TN # 75-4

Approval Date 12-16-80  
3-18-75

Effective Date 10-1-80  
1-1-75

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

Citation

1902 (a) (30) (A)  
42 CFR 447.201  
42 CFR 447.204  
At - 78 - 90

4.19(i)

The Medicaid agency provides methods and procedures relating to the utilization of, and the payment for, care and services available under the State plan as may be necessary to safeguard against unnecessary utilization of such care and services. The Medicaid agency's payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population in the geographic area.

The rate methodologies are the same for both governmental and private providers, except as otherwise noted in the plan.

The base rates for payments that are fixed across all providers are available on the agency's website in the Minnesota Health Care Program fee schedules. Methodologies for determining any adjustments to the base rates are found through the Minnesota Health Care Program Provider Manual available through the agency's website or through the Provider Help Desk at 1-800-366-5411 or 651-431-2700.

TN No. 08-02  
Supersedes  
TN No. 98-11

Approval Date DEC 18 2008 Effective Date 1/1/08

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State: MINNESOTA

Citation

42 CFR  
447.201

4.19(j)

The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payme rates.

and 447.205

1903(v) of the  
Act

(k)

The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permaner residence or otherwise permanently residing in the United States under color of law. Payment made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903( of the Act.

TN No. 91-29 Approval Date 1-27-92 Effective Date 10-01-91  
Supersedes  
TN No. 88-84 (~~87-74, 87-37, 82-15~~) HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)  
October 1992

State/Territory: MINNESOTA

Citation

1903(i)(14)  
of the Act

4.19(1)

The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

~~TN No. 92-38~~  
~~Supersedes~~  
~~TN No. 92-27~~

Approval Date 1-15-93

Effective Date 10-1-92